



**Partners in Population and Development (PPD)**

**INVENTORY  
OF  
PRODUCTS AND SERVICES  
AMONG  
PPD MEMBER COUNTRIES: 2006-2008**

**PPD Secretariat  
Dhaka, Bangladesh  
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## **1. Introduction and Objectives**

Partners in Population and Development (PPD), an intergovernmental organization established in 1994, is mandated to promote and facilitate South-South Cooperation (SSC) among its members as well as with other developing countries to support the implementation of the International Conference in Population and Development (ICPD) Programme of Action (PoA). This year marks the fifteenth year since the adoption of the ICPD PoA and the establishment of PPD, and during this fifteen year period membership in the organization has increased from 9 countries to 24, representing more than half of the world population.

The secretariat of PPD has strived to report on the progress and accomplishments of PPD to its Board, consisting of Ministers/Senior Officials of Member Countries, through the annual reports of the Executive Director, which are also made available to the wider audience, including the organizations and foundations that have supported PPD's programmes. However, in order to track progress, monitor "results", and enhance accountability to stakeholders it was felt that a systematic approach should be initiated to collect and disseminate an "inventory of products and services" exchanged among Member Countries – in support of population and reproductive health policies and programmes – on a regular basis.

This report presents the results of the first attempt by PPD to initiate the compilation of an inventory of products and services exchanged among Member Countries and with other developing countries.

Specific objective of the initiative, results of which are summarized in this report, is:

- To develop an inventory of "products and services" exchanged among Member Countries and with other developing countries.

It also aims to develop a format for the systematic collection of information on the exchange of "products and services" among Member Countries on a regular basis.

The report is organized into six sections. While this section has outlined the background and objectives, section 2 provides information on the methodology used in collecting the information as well as its limitations. Section 3 provides the findings, broadly categorized into the following categories that form the central goals of PPD's Strategic Business Plan (SBP): 2008-2011: capacity development, exchange of information and lessons learned, reproductive health commodity security, and policy and programme advocacy. Sections 4 and 5 respectively deal with efforts to strengthen national capacity and mobilize resources for SSC which are also among the goals of the Strategic Business Plan and pivotal for the successful promotion of SSC.

## **2. Methodology and Limitations**

The methodology involved the collection of information on the “products and services” exchanged among Member Countries through a draft format (See Annex 1). In doing so, it was decided that the format will be designed to collect information on the products and services exchanged-- received as well as those provided-- by member countries during the three year period 2006-2008 and will relate to the broad areas outlined in the preceding section. It was also agreed that, information on such exchanges will try to cover products and services received or provided by the Member Countries of PPD, as well as other reported exchanges that have taken place between the Member Countries and other developing countries, through bilateral agreements and/or facilitated by other agencies, to gain a broader understanding of the South-South exchanges that are taking place. Additional information relating to the exchanges of “products and services” among Member Countries, that are initiated or facilitated by PPD, is also utilized to verify the information provided in the format and/or supplement them in preparing this inventory.

At first, it should be noted that 21 Member Countries provided the information, and that the responses from the countries reveal several limitations. First, unless there is a system at the national level to track the exchange of products and services, the responses will be limited to the understanding of and the knowledge and information available to the respondent, in this case the Partners Country Coordinators (PCCs), who furnishes the information. In addition, father back the time period the more difficult it becomes to get the information, even when records of such exchanges are kept. Second, the responses indicate, in some cases, misunderstanding of the general purpose and/or the specific nature of the information requested. For example, some countries included training activities undertaken in a developed country and south-south exchanges in the broader areas of health as well as development.

## **3. Findings on South-South Exchanges**

### **3.5 Capacity Development**

Capacity Development is one of the key goals of PPD. While capacity development encompasses development at individual, institutional and at systems levels, following sections deal mainly with exchanges among countries that will lead to development at the individual levels, though some of the exchanges will also help to improve capacities at institutional and systems levels.

#### **a. Short-term training**

Table 1 provides a summary of the information on the number of persons sent for or have received short term training (less than three months duration) from another Member Country or another developing country which is not a member of PPD during the period 2006-2008. It can be seen that the total number of persons who received short term training is 430, of which 314 is from Bangladesh alone. Indonesia (25),

Uganda (14) and China (13) are the only other countries with more than 10 persons sent for short term training.

The table also shows the host countries that provided the training, which as can be seen from the Table also includes countries – Malaysia, Philippines, Vietnam etc. – that are not members of PPD.

*Table 1: Number of persons sent for short-term training*

<b>Country</b>	<b>Number sent for training</b>	<b>Host country</b>
Bangladesh	314	Indonesia (88), Malaysia (57), Philippines (24), Thailand (133) and Vietnam (12)
Benin	9	Morocco (8) and Tunisia (1)
China	13	Bangladesh (2), Indonesia (5), Jordan (2) and Thailand (4)
Egypt	--	
Ethiopia	6	China (2) and Indonesia (4)
Gambia	--	
Ghana	--	
Indonesia	25	Bangladesh (2), China (6), Philippines (6), Thailand (7) and Vietnam (4)
India	4	China (2) and Egypt (2)
Jordan	5	Bangladesh (1), Egypt (1) and China (3)
Kenya	10	China (2), Indonesia (4), Tanzania (3) and South Africa (4)
Mali	--	
Morocco	--	
Nigeria	--	
Pakistan	9	Bangladesh (1), China (4) and Thailand (4)
Senegal	--	
Thailand	8	Bangladesh (1) and China (7)
Tunisia	1	Bangladesh (1)

Uganda	11	China (5) and Kenya (6)
Yemen	9	China (4) and Indonesia (5)
Zimbabwe	6	Bangladesh (1), China (1), Egypt (1) and Uganda (3)
<b>Total</b>	<b>430</b>	

Table 2 provides data on short-term training by countries providing/hosting training. Thailand (148) followed by Indonesia (104) are the major destinations for short term training with Malaysia (57), China (35) and Philippines (30) contributing significantly as the host countries. While facilities for training constitute an important factor, geographic proximity, cultural-religious-language factors also determine the choice of the host country.

*Table 2: Number of persons receiving short-term training during 2006-2008 by host country.*

<b>Host Country</b>	<b>Number trained</b>
Bangladesh	9
China	35
Egypt	4
Indonesia	104
Jordan	2
Kenya	6
Malaysia	57
Morocco	8
Philippines	30
Tanzania	3
Thailand	148
Tunisia	1
South Africa	4
Uganda	3

Vietnam	16
<b>Total</b>	<b>430</b>

Table 3 provides the classification of short-term training by broad fields of study. As the classification is heavily impacted by the number of trainees from Bangladesh, the table provides the classification for the total number of trainees and for Bangladesh. Moreover, the categories listed in the format have been grouped into the list of categories shown in the table.

As can be seen a large number of short term training is in the area of RH, including Family Planning and Safe Motherhood. Programme management and monitoring and evaluation are other important areas of short term training. Training in BCC/IEC and leadership also emerges as important areas.

*Table 3: Short term training by fields of study*

<b>Areas of study</b>	<b>Total</b>	<b>Bangladesh</b>
Population and Development	17	16
RH/FP Programme including ARH	111	89
MCH Care+EOC	43	28
BCC/IEC	37	27
Monitoring and Evaluation+MIS	50	44
Logistics Management and Procurement	23	16
Management	81	58
Leadership	29	24
Others	39	12

## **b. Long term training**

Long term training covers those that are of duration exceeding 3 months, including those leading to degree or diploma. According to the information provided, the total number of persons who have been sent for long term training is 31, as shown in Table 4. The table also shows that Bangladesh has sent the largest number (13) to Thailand (12) most of which relates to degrees in public health. The number of trainees going to Egypt (15) comes from a number of countries, as seen in the Table, and pursues study in Demography/Population Studies at the Cairo Demographic Centre (CDC), which is

one of the Partner Institutions offering fellowships for trainees from PPD Member Countries. Though not shown in the Table most of the long term training has been in Population Studies and Public Health.

*Table 4: Number of persons sent for long-term training*

<b>Country</b>	<b>Number of persons sent</b>	<b>Host countr(ies) and (number)</b>
Bangladesh	13	Egypt (1) and Thailand (12)
Benin	1	Morocco (1)
China	2	Thailand (1) and Egypt (1)
Egypt	--	
Ethiopia	1	Thailand (1)
Gambia	2	Egypt (2)
Ghana	--	--
India	1	Egypt (1)
Indonesia	--	
Jordan	--	
Kenya	1	Egypt (1)
Mali	1	Egypt (1)
Morocco	1	Mauritania (1)
Nigeria	--	
Pakistan	2	Egypt (2)
Senegal	--	
Thailand	1	Egypt (1)
Tunisia	--	
Uganda	4	Egypt (4)
Yemen	1	Egypt (1)
Zimbabwe	--	
<b>Total</b>	<b>31</b>	<b>Egypt (15),Thailand (14), Morocco (1) and Mauritania (1)</b>

### **c. Attachment training**

Attachment training, as opposed to other forms of training, involves the placement/participation of one or more staff members to work with those who have experience and are involved in a specific activity for a specified period of time which could be long or short.

Most countries reported no such training activities between the countries during the three year period. Only Ethiopia reported attachment training in Indonesia on "RH Leadership" and in South Africa on "Logistics Management System and Reproductive Health Commodity Security". While the former training was sponsored by PPD, the latter was supported by UNFPA and the duration of training ranged from one month to one week.

### **d. Study Tours**

These are relatively of shorter duration, lasting one to two weeks, where one or a group of senior to mid level officials visit other countries for observation and discussion with the officials of the host countries on issues of policies, programmes, management and the like and is employed quite widely for exchanging experiences among the countries.

A total of 336 persons have gone on study tours from one member country to another country – member or non-member – during the three year period as Table 5 indicates. China reportedly sent 203 persons on study tours and the cost has been borne by the Government of China through NPFPC. Indonesia (33), Ethiopia (26), Bangladesh (21) and Senegal (16) are the other countries that follow in terms of the number of persons sent on study visits.

As can be seen from the last row of the Table, many countries have hosted study tours with Thailand (63) and Indonesia (52) topping the ranking. China (37) and South Africa (31) are the other countries that follow in terms of the number of persons hosted for study visits.

In addition to the Government of China/NPFPC which has supported study visits of its staff as well as a few from other countries visiting China, Government of Bangladesh and the Government of Indonesia have supported the study visits of their staff to other countries. UNFPA has supported study visits of staff from a number of countries (Ethiopia, Morocco, Thailand, Tunisia, Uganda and Zimbabwe). PPD Africa Regional Office, Government of South Africa, and JICA have also supported some of the study visits.

*Table 5: Number of persons sent on study tours*

<b>Country</b>	<b>Number of persons</b>	<b>Host countr(ies) and number</b>
Bangladesh	21	Thailand (21)
Benin	--	
China	203	Bangladesh (10), Egypt (26), India (21), Indonesia (36), Kenya (20), Pakistan (8), South Africa (26),Thailand (36) and Uganda (20)
Egypt	--	
Ethiopia	26	Ghana (7), Indonesia (7), Mali (11) and South Africa (1)
Gambia	--	
Ghana	6	China (6)
India	--	--
Indonesia	33	China(21), Malaysia (6) and Thailand (6)
Jordan	--	
Kenya	1	South Africa (1)
Mali	--	--
Morocco	10	Benin (3), Senegal (3) and Tunisia (4)
Nigeria	--	
Pakistan	--	
Senegal	16	China (2), Egypt (4) and Morocco (10)
Thailand	6	China (8)
Tunisia	4	Indonesia (4)
Uganda	4	Indonesia (1) and South Africa (3)
Yemen	--	
Zimbabwe	4	Indonesia (4)
<b>Total</b>	<b>336</b>	<b>Bangladesh (10), Benin (3), China (37), Egypt (30), Ghana (7), India (21), Indonesia (52), Kenya (20), Malaysia (6), Mali (11), Morocco (10), Pakistan (8), Senegal (3), South</b>

		<b>Africa (31), Thailand (63), Tunisia (4) and Uganda (20)</b>
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**e. Technical Assistance**

There are few examples of countries receiving technical support from either a Member Country or another developing country, funded by a Member Country and/or by a donor agency.

For example, it has been reported that, during the three year period, Mali has received financial assistance from Luxemburg to get the services of a technical expert for a two year period for programme and project formulation, evaluation and for capacity development to conduct research. Uganda, likewise, has received technical and related financial support from China for establishing a model reproductive health centre. Uganda has also received technical assistance from Ghana for a period of one year for policy review with support from UNFPA and DANIDA, and from Malaysia for the integration of population in development planning with support from UNFPA and ICOMP. Other examples include technical assistance provided by Morocco to Benin with support from JICA, and by Uganda to Ethiopia supported by PPD ARO.

**f. Provision of Fellowships**

Some countries and/or PPD Partner Institutions (PIs) have instituted full or partial fellowships, earmarked for PPD Member Countries and for study/training in these institutions to facilitate learning exchanges among them.

Government of China, through one of PPD’s PIs, CTC (China Training Center), and Peking University and Renmin University provided 198 such fellowships during the three year period. While a total of 10 fellowships were awarded for studies leading to M.A and Ph.D programmes in Population Studies at Peking and Renmin Universities, those offered through CTC were for short term training in a number of areas: Workshop on South-South Cooperation (40); Capacity Development for Programme Management (30); Maternal and Child Health Care (40); Sexual and Reproductive Health and Rights (40); and Infrastructure, Design and Equipment for RH Services.

Cairo Demographic Center (Egypt), a PPD PI, has committed ten fellowships each year to trainees from PPD Member Countries for study in Population Studies at the Center.

Institute of Mother and Child Health in Bangladesh is another PI that has earmarked fellowships for PPD Member Countries for training. During the three year period it has awarded 20 fellowships for training in RH with focus on safe motherhood, and for new born care.

Morocco has provided 17 fellowships for the years 2008-2009 for study in the area of public health.

Thailand, though has no fellowship programme earmarked for PPD Member Countries per se, has offered number of fellowships through Thailand International Development Cooperation Agency (TICA) in collaboration with UNFPA, UNICEF and other agencies such as JICA for training in a number of health, including reproductive health, related issues. Examples include: Adolescent Reproductive Health (ARH) counseling (TICA/UNFPA, 25 persons); Monitoring and Evaluation of ARH (TICA/UNFPA, 5 persons) and prevention of HIV/AIDS among young people (TICA/UNFPA, 22 persons). Thailand International Post Graduate Programme (TIPP) is another channel providing fellowships for study in population and reproductive health.

In addition:

1. CTC and other institutions in China have provided training for a number of programme managers and service providers from developing countries with support from the various funding agencies and/or the countries themselves.
2. BKKBN, in Indonesia, has organized training courses in RHCS and BCC with funding from UNFPA and JICA.

#### **g. Integration of generic modules**

Since 2006, PPD has identified a number (17) of training institutions (called Partner Institutions (PIs)) in Member Countries (See Annex 3 for the list of PIs), to facilitate networking and capacity development through south-south exchanges among them. PPD, in consultation with the PIs and a number of regional experts, developed a set of four generic modules for integrating them into the curricula of these and other institutions. They are also encouraged to offer specialized training courses utilizing these modules.

PIs in China (CTC and NITC), Kenya (PSRI) and Thailand (CPS) have reportedly integrated the modules into their training programmes. The module on Reproductive Health is also integrated into the curricula of Bangladesh (Institute of Mother and Child Health), Kenya (CAFS) and Morocco (INAS). PI in Uganda (ISAE) is making progress in incorporating them into the curricula by seeking the approval the curriculum committee of the University.

The National Institute of Health and family Welfare (NIHFW), India, organized a training course on gender and development using the generic module (increasing Human Capacity to Address Gender Equity in Development” and has taken steps to integrate the contents into the Institute’s various training programmes. Steps are also being taken by the Institute to incorporate other modules into its regular training programmes.

National Institute of Health Administration (one of the PIs) and the National Center for Reproductive Health in Rabat, Morocco, have offered courses based on the module on Reproductive Health for Managers as well as Practitioners. They have also integrated the module into their training programmes. A large number of African Arab countries

have participated in the training programmes on Reproductive Health offered by the Center based on the module.

National Institute of Health Administration has also offered courses based on the gender module with support from UNFPA and the participation of a number of Ministries and National Institutes.

Three regional networks of PIs (See Annex 2) have been established to strengthen the integration of the modules and to conduct research on issues of common concern. The PIs in East Africa have met to finalize plans for strengthening the incorporation of the generic modules into the curricula and to identify common areas for research.

### **3.2 Information Exchange**

One of the major objectives of PPD is to facilitate the exchange of information and the sharing of experience on best practices and lessons learned among Member Countries.

Morocco has shared materials relating to Reproductive Health through a variety of channels and means. The materials include lessons learned/ successful approaches on safe motherhood, reports of surveys, audio-visual materials on Reproductive Health, as well as guides for training in communication skills and group facilitation. Few other countries have also reported that they have distributed or made available reports and other documents through the websites – some of which are linked to PPD website, as email attachments or reports.

PPD annual Forum is a venue where the reports from Member Countries as well as PPD are usually disseminated. Examples of reports and documents disseminated include: reports on Demographic and Health Surveys and utilization of essential services delivery (Bangladesh), National Population Policy (Gambia), and RH/AYRH strategy and National Health Extension Programme (Ethiopia).

PPD publications are distributed in a number of ways, including through its website. These include reports of the annual Forum and the Declarations adopted at these Fora which include highlights of the discussion and the Declarations, adopted at the Board meetings, and reflect a statement of commitment by the countries to pursue the goals of ICPD and MDGs.

### **3.3 Reproductive Health Commodity Security**

Helping Member Countries achieve Reproductive Health Commodity Security (RHCS) is a priority for PPD. Towards this goal, PPD has facilitated the exchange of Reproductive Health, including family planning, commodities and equipment among Member Countries. It has also developed guidelines for generic drug manufacturers and rendered technical support for countries to meet technical standards established by World Health Organization (WHO).

China has earmarked \$1.0 million during the three year period for the supply of RH commodities and equipment to selected Member Countries. Beneficiary countries include: Bangladesh, Egypt, Kenya, Mali, Nigeria, Pakistan, Senegal, Uganda and Yemen.

### **3.4 Policy Advocacy**

One of the major goals of PPD is to actively advocate for accelerating the achievement of ICPD Goals and MDGs with Member Countries and, in that regard, promote and strengthen cooperation and exchange of information and lessons learned among them. Towards this end, PPD has convened an International FORUM annually, in conjunction with the annual meetings of its Board, which is attended by Ministers and senior officials of Member Countries. The main objectives of the FORUM have been to highlight the important issues related to the achievements of ICPD goals and MDGs and to share information and exchange experiences and lessons learned among Member Countries.

All the countries (21) found the FORUM useful and noted that it is a good mechanism for sharing experiences and lessons learned. Most countries also noted that they have utilized the information gained during the FORUM in a number of ways: reporting to higher level policy makers (18), advocacy (15) and in their own planning and programming (15).

One of the countries made specific suggestions for improving the organization of the FORUM. The suggestions included: (1) prior consultations with the Member Countries on the agenda/topics to be discussed at the FORUM and (2) present information on successful approaches for sharing and discussion by Member Countries at the FORUM.

## **4. National Capacity for South-South Cooperation**

The goals of PPD include improving national capacity for and promoting national ownership of SSC. Establishing a unit/or a task force dedicated to planning and implementing SSC programmes, convening of national fora to advocate for SSC activities, developing a SSC plan through a national consultative process, and mobilizing resources are examples of strategies adopted by Member Countries towards this goal.

While five countries (India, China, Gambia, Kenya and Morocco) have established a unit as well as a task force for SSC, six other countries (Ethiopia, Nigeria, Thailand, Tunisia, Uganda and Yemen) have established a unit dedicated to the purpose. Sixteen of the twenty one countries have convened a national forum, ten have developed a plan and seven have mobilized resources for promoting and strengthening SSC.

China has established a programme office for SSC at CTC which is responsible for planning, coordination and resource mobilization.

Ministry of Health in Morocco established a regional office for North Africa and Francophone West Africa in 2000 to promote SSC in the field of population and has signed cooperation agreements with several countries – Burkina Faso, Gabon, Senegal, Mauritania, The Gambia, Republic of Congo, and the Democratic Republic of Congo.

There have been other initiatives taken by Member Countries to promote and strengthen SSC. For example, in Ethiopia the unit responsible for SSC has sought membership in the national population/RH/FP task force. Pakistan has convened a parliamentary seminar to sensitize parliamentarians on SSC. Ghana has developed a programme of SSC, with support from UNFPA.

## **5. Resources for South-South Cooperation**

Regular membership contributions (\$20,000.00 annually, with China and India contributing \$40,000.00) constitute an important source of funding for PPD.

A number of countries have reported mobilizing additional resources for SSC either from their own Governments or from other sources. For example, China has earmarked US\$ 2.1 million from its own resources and mobilized an additional \$350,000 from UNFPA during the three year period. Morocco has mobilized a total of \$238,000.00 from JICA and the Islamic Development Bank. Indonesia (\$106,000.00 from UNFPA and JICA), Thailand (\$237,000.00 from UNFPA) and Ghana are the other countries that have mobilized resources for programmes in SSC. Ethiopia, the Gambia, and Kenya have also reported mobilizing funds from donor agencies for specific south-south activities.

Thailand has allocated resources in its budget to promote SSC in all fields, including population and RH, and is administered through Thailand International Development Agency (TICA). As seen above, this allocation has supported a number of short term training programmes.

Besides, during the specified period, PPD has mobilized substantial resources, with support from bilateral and donor agencies including: UNFPA (\$1,569,879), Dutch Government (\$219,233), Hewlett Foundation (\$1,060,000), Packard Foundation (\$350,000), and Venture Strategies (\$50,000). Their support has contributed to reinforce PPD Capacity Development program into Member Countries.

## **6. Conclusions**

The report on the inventory of products and services exchanged among PPD Member Countries – and with other developing countries – prepared with inputs from Member Countries, supplemented with information from PPD secretariat, highlights the following:

### *Capacity Development*

- Short-term training and study tours are the two important modalities of south-south exchanges for capacity development used by Member Countries.
- Thailand and Indonesia are the major providers of training. China, Malaysia and the Philippines are the other countries which emerge as major destinations for short term training.
- Thailand and Indonesia also emerge as the major countries hosting study tours. China, Egypt, India and South Africa are the other important host countries for study visits.
- China and Thailand have provided substantial support, including fellowships, for short-term training through allocations for SSC in their budgets.
- Thailand and Egypt emerge as the countries providing a significant share of long term training, and Thailand also provides support a number of trainees through its international development agency.
- PIs in Bangladesh, China, Egypt and Morocco have earmarked a number of fellowships for trainees from Member Countries.
- Four generic modules (Historical Perspectives, Population and Poverty, RH and Gender and Development) have been developed by PPD, in close consultation with the PIs, for integration into the curricula of these institutions as well as others.
- PIs in China and Thailand have incorporated all of them into their training programmes. A number of other PIs have only integrated the module on RH and progress is being made in other PIs (e.g Uganda) to integrate the modules into the training programmes.

### *Information Exchange*

- Information exchange among Member Countries is limited to exchange of reports through email or the web and is not well coordinated. Effort is being made by PPD, in consultation with the Member Countries, to document successful approaches and lessons learned in a systematic way with the assistance of UNFPA and the Packard Foundation.

### *Reproductive Health Commodity Security*

- China has supplied contraceptives and selected RH equipment to a number of Member Countries utilizing funds earmarked for promoting SSC.

- PPD has developed guidelines for generic drug manufacturers and rendered technical support for meeting WHO criteria.

### *Policy Advocacy*

- Convening of the annual international Forum is seen as a useful mechanism to exchange experiences and for policy and programme advocacy by Member Countries. A number of countries also reported using the information in planning and programming.
- Recommendations for its Improvement include the participation of Member Countries in setting the Forum agenda and facilitating the sharing of experiences and lessons learned among them.

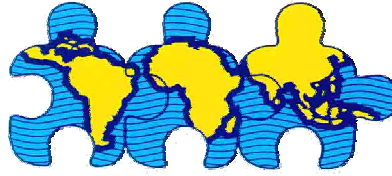
### *National Capacity for South-South Cooperation*

- While some countries have established national level mechanisms (units or task forces) for promoting SSC, more remains to be done in most countries to systematically plan, implement and monitor such programmes.

### *Resource Mobilization*

- Additional resources (over and above annual membership contributions) have been mobilized by PPD Member Countries for SSC in Population, RH and Gender. For example, during the three year period China has allocated \$US 1.0 million for promoting south-south exchanges among the Member Countries. Thailand has specific allocations in the national budget for SSC in all fields and some of the funds have been used to support short and long term training in population and reproductive health through south-south exchanges. China, Ghana, Indonesia, Morocco, and Thailand have also obtained resources for SSC programmes from UNFPA and a number of other countries have obtained resources for specific SSC activities.
- Additional resources have been mobilized from other donors by PPD and the Member Countries for specific programme activities.

**Annex 1: Draft Format**



**Partners in Population and Development (PPD)**

**Inventory of Products and Services Exchanged among  
Member Countries**

## **PARTNERS IN POPULATION AND DEVELOPMENT**

### **Dear Partners Country Coordinators (PCC)**

As you are aware, and as discussed with you at the PCC Meeting held on November 23<sup>rd</sup> in Kampala, Uganda, PPD is doing an inventory of products and services provided by Member Countries through South-South Cooperation (SSC).

A system of collecting this information on a regular basis from Member Countries will also be established.

This questionnaire is designed to collect the above information, which along with supplementary information available at PPD secretariat, will provide the necessary inputs for:

1. The preparation of a report on the "products and services" exchanged among Member Countries, which will be submitted to UNFPA and made available to Member Countries and other partners.
2. Finalizing the FORMAT for periodic "products and services" exchanged among Member Countries and of the activities undertaken to further strengthen SSC.

A time frame of three years, 2006-2008, is recommended. In compiling the information, PCCs are requested to consult with Partner Institutions as well as participants at various PPD sponsored events (e.g the Annual FORUM) and other stakeholders they deem necessary.

It is to be noted that Member Countries could be both providers as well as recipients of various products and services, and the questionnaire is designed to capture both these dimensions. It is also noted that a number of countries have been engaged in SSC without having been channeled by PPD or through PPD, and their activities should also be specifically mentioned in this questionnaire. A note on such activities should be bracketed for record purposes.

Please forward the completed questionnaire to Amadou Moreau and/or Nazrul Islam from PPD Secretariat at: ([amoreau@ppdsec.org](mailto:amoreau@ppdsec.org) and/or [nislam@ppdsec.org](mailto:nislam@ppdsec.org)) by 31<sup>st</sup> December 2008, in order to give enough time for the analysis and preparation of the report, and its submission to UNFPA by 31<sup>st</sup> January 2009.

## INVENTORY OF PRODUCTS AND SERVICES

### A. DETAILS OF "PRODUCTS AND SERVICES" EXCHANGED AMONG MEMBER COUNTRIES BY FOCUS AREAS

#### A.a – Training

A.a.1 – Number of persons sent for short term-training (short term is less than 3 months):

Note: short-term training also includes workshops of one and two week duration but not conferences and meetings.

<b>Topic of training (e.g Programme management)</b>	<b>Host country (China)</b>	<b>2006 (2)</b>	<b>2007 (1)</b>	<b>2008 (0)</b>
1.				
2.				
3.				
4.				
5.				

A.a.2 – Number of persons sent for long term training (more than 3 months)

Note: Include those leading to Diploma or Degree

<b>Topic of training (e.g Population Studies)</b>	<b>Host country (Thailand)</b>	<b>2006 (1)</b>	<b>2007 (0)</b>	<b>2008 (1)</b>
1.				
2.				
3.				
4.				
5.				

A.a.3 – Number of persons sent for attachment training

<b>Host country/Institution</b>	<b>Year / Duration</b>	<b>Sponsor</b>	<b>Objective</b>
1.			
2.			
3.			
4.			
5.			

A.a.4 – Number of persons who were sent for study tours

<b>Host country</b>	<b>Year / Duration</b>	<b>Sponsor</b>	<b>Number of members in team</b>
1.			
2.			
3.			
4.			
5.			

**A.b – Provision of fellowships**

A.b.1 – Number of fellowships provided by a Partner Institution/Government or from other sources

<b>Partner Institutions Names / Other sources</b>	<b>Number of Fellowships (2006-8)</b>	<b>Area of Study</b>
1.		
2.		
3.		

4.		
Other Sources (specify)		

### A.c – Technical Assistance

Received Technical Assistance for: (e.g project development)	From Country (Uganda)	Duration (2 weeks)	Sponsor (UNFPA)
1.			
2.			
3.			
4.			

Note: Include assistance of a technical nature provided by an individual/team from country (ies) in support of one or more activities related to policy/programme, project development, implementation, monitoring, evaluation as well as capacity development, training, research, etc.

### A.d – Exchange of materials on lessons learned and successful approaches

Developed and/or provided/made available materials (e.g research, survey reports) and documents on lessons learnt/successful approaches (please specify the title and type of documents and means of delivery etc. (e.g email, website, etc.).

Title or type of document	Means of distribution
1.	
2.	
3.	

### A.e – Reproductive Health Commodities and Technical Equipment

A.e.1 – Received commodities and equipment

<b>Received Commodities and/or Equipment</b>	<b>Amount in US\$</b>	<b>From Country / Countries</b>
Commodities		
Equipment		

A.e.2 – Provided Reproductive Health commodities and Technical Equipment

<b>Received RH Commodities and/or Technical Equipment</b>	<b>Amount in US\$</b>	<b>To Country / Countries</b>
Commodities		
Equipment		

## **B. ANNUAL FORUM AND FOLLOW-UP OF DECLARATIONS**

B.1 – Have you attended the international forum during 2005-2007?

Yes             No

B.2 – Did you find the International Forum, held annually, useful?

Yes             No

B.3 – If yes, how have you utilized the knowledge gained in your work?

- Reporting to senior policy makers/planners
- Advocacy
- Policy and programme improvements
- Others (specify) .....

B.4 – Do you think that the Forum is a good mechanism for sharing of knowledge and experience among southern countries?

Yes             No

B.5 – If No, why not? .....

B.5.1 – How can it be improved? .....

### C. STEPS TAKEN TO BUILD NATIONAL CAPACITY FOR SOUTH-SOUTH COOPERATION

C.1 – Have the following modules been used to offer training programmes in the one or more of the Partner Institutions?

Modules	Names of Partner Institutions			
	----- -----		----- -----	
<b>Module 1:</b> Historical and institutional perspectives	yes	no	yes	no
<b>Module 2:</b> Population and poverty	yes	no	yes	no
<b>Module 3:</b> Reproductive health	yes	no	yes	no
<b>Module 4:</b> Capacity to address gender equity	yes	no	yes	no

C.2 – Have any steps been taken by the institutions to integrate the modules into the ongoing training programmes?

Modules	Names of Partner Institutions			
	----- -----		----- -----	
<b>Module 1:</b> Historical and institutional perspectives	yes	no	yes	no
<b>Module 2:</b> Population and poverty	yes	no	yes	no
<b>Module 3:</b> Reproductive health	yes	no	yes	no
<b>Module 4:</b> Capacity to address gender equity	yes	no	yes	no

C.3 – Resource mobilization for South-South Cooperation

Resources (equivalent in US\$) mobilized for South-South Cooperation on population by source

<b>Source to be determined (Government and/or External sources)</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Own Government</b>			
<b>External Sources (name)</b>			
1.			
2.			
3.			

#### C.4 – National level steps taken to strengthen South-South Cooperation

Indicate steps that have been taken to strengthen national ownership of South-South Cooperation activities during the past three years.

- Convened national fora for creating awareness of South-South Cooperation
- Established a unit for South-South Cooperation
- Established task force on South-South Cooperation
- Developed South-South Cooperation plan
- Obtained resources
- Other steps (specify)

**Use additional sheets if necessary**

**THANK YOU FOR YOUR COOPERATION**

## **Annex 2: List of Partner Institutions and Regional Networks**

### **A. Asia**

1. National Institute of Health and Family Welfare (NIHFW), India
2. National Family Planning Coordinating Board (BKKBN), Indonesia
3. China Center for RH Technical Instruction and Training (CCRHITIT), China
4. College of Population Studies (CPS), Thailand
5. China Training Centre (CTC), China
6. Institute of Mother and Child Health (IMCH), Bangladesh
7. Institute of Health Management Research (IHMR), India
8. International Institute for Population Sciences (IIPS), India
9. Nanjing International Training Center (NITC), China

### **B. Anglophone Africa**

1. Center for African Studies (CAFS), Kenya
2. Cairo Demographic Centre (CDC), Egypt
3. Population Studies and Research Institute (PSRI), Kenya
4. Institute of Statistics and Applied Economics (ISAE), Kenya

### **C. Francophone Africa**

1. Institut National d'Administration Sanitaire (INAS), Maroc
2. Centre International de Formation (CEFIR), Tunisie
3. Centre de Formation et de Recherche en Population (CEFOREP), Sénégal