

CONSULTATION MEETING ON STRATEGIC POLICY DEVELOPMENT

**20-23 June 2007
Dhaka, Bangladesh**



**Partners in Population and Development (PPD)
A South-South Initiative
Website: <http://www.partners-popdev.org>**

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Abbreviation and Acronyms

AC	Absorptive Capacity
AIDS	Acquired Immune-Deficiency Syndrome
CD	Capacity Development
CDC	Cairo Demographic Centre
FP	Family Planning
GLP	Global Leadership Program
HIV	Human Immuno-deficiency Virus
HR	Human Resource
HRD	Human Resource Development
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
PCC	Partner Country Coordinator
PGRH	Population, Gender and Reproductive Health
PPD	Partners in Population and Development
PPD-Sec	Partners in Population and Development Secretariat
P & D	Population and Development
PIs	Partner Institutions
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RH/FP	Reproductive Health/ Family Planning
SBP	Strategic Business Plan
SI	Strategic Inquiry
SP	Strategic Plan
SS	South-South
SSC	South-South Cooperation
TOT	Training Of Trainers
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VLP	Visionary Leadership Program
VPN	Virtual Private Network
WHO	World Health Organization

1. INTRODUCTION

Partners in Population and Development (PPD) organized a “Consultation Meeting on Strategic Policy Development” from 20 to 23 June 2007 in Dhaka, Bangladesh. The objective of the meeting was to review the results of an assessment of needs and priorities of PPD member countries in the areas of population and poverty, gender and reproductive health in order to develop a Business Plan for PPD for four years, 2008-2011, to address those needs and priorities through South-South Cooperation.

The four-day consultation workshop was divided into eight sessions, namely, Strategic Policy Development, Capacity Development Assessment, South – South Cooperation, Improving PPD, Resource Mobilization, Partnership and Networking : Reproductive Health Commodity Security, Strategic Result Frameworks and Strategic Business Plan.

The meeting brought together eminent international experts in the field of Reproductive Health Population and Development from USA, Thailand, China and Indonesia, a senior representative from UNFPA-New York and PPD Secretariat Staff.

2. OPENING SESSION

The Chair of the Session Mr. Jyoti Singh invited Mr. Harry S Jooseery, Executive Director of PPD to briefly describe the objectives and expected outcome of the meeting. Mr. Jooseery said that PPD has a 10-year Strategic Plan already in force since 2005. What it needs is to develop a four-year Strategic Business Plan for 2008-2011 in line with the needs and priorities of the member states that were reflected in the Strategic Inquiry conducted preceding this workshop. He also emphasized that the Strategic Business Plan (SBP) should consider activities that will help member states to attain the ICPD Goals and MDGs.

3. BUSINESS SESSIONS

3.a. Session-One: Strategic Policy Development

On request from the Chairperson Mr. Jyoti Singh, Dr. K S. Seetharam presented an outline of the proposed Strategic Business Plan developed in line with the finding of the strategic inquiry. Mr. Moussa LY of PPD presented an overview of the program activities PPD has implemented in the past and been implementing at present. The presentation focused further on the background, strategic goals and program priorities of PPD. The participants said that the presentation is a comprehensive one which could be used as an advocacy tool with further improvement with updated information organized in a chronological order.

3.b. Session-Two: Capacity Development Assessment

Dr. SLN Rao made a presentation on the Needs, Priorities and Strategies: Preliminary Findings of the Strategic Inquiry (SI). Dr. Rao said that the methodology of the assessment was conducted in line with the following four approaches:

- a. UNFPA Suggested Hierarchy of Capacity Needs
- b. Mc Kinsey’s Approach to Capacity Assessment of Institutional Capabilities.
- c. UNDP Diagnostics Approach
- d. A self-assessment Instrument to collect information on capacity needs at systemic, institutional and individual levels.

Dr. Rao mentioned that within the framework of the current UNFPA-PPD Project, necessary steps will be taken to:

- a) Incorporate selected urgent priority needs for Capacity Development into PPD Strategic Business Plan, 2008-2011, and
- b) Formulate a PPD Action Plan on Capacity Development for review and approval by Partners Board, in November 2007

On development of Strategic Business Plan, a mapping of the capacity needs has been done in two broad areas:

- a) Capacity Assessment of seventeen Partner Training Institutions: using Mc Kinsey Approach.
- b) Capacity Assessment of nineteen PPD countries:

Some limitations of Strategic Inquiry and their implications in the development of Capacity Development Strategy were as follows:

- 1) Given the UNFPA-PPD project design, time and budgetary constraints, SI has attempted to obtain information on self-assessment of capacity at systemic, institutional and individual levels,
- 2) Systemic and institutional capabilities recorded might reflect more of the capacities of PCC rather than those of the member country at large;
- 3) Individual capacities and potentials recorded might reflect more of the capacity, profiles and potentials of PCC and the nodal agency rather than those of the member country officials in general.
- 4) Quality of responses is generally good, but answers to some questions are not clear.

Following issues were observed from SP Inquiry findings:

1. Only a handful of PPD countries have good capacities in PGRH areas;
2. Five PPD member countries need capacity development in most of the areas;
3. Inadequate capacity of the countries in specific areas as reflected in Inquiry would be useful in the identification of focus areas of CD plans;
4. While no single institution can address all the capacity needs, PPD will have to be very selective and focused in its CD strategies.
5. Country-specific capacity needs at systemic and institutional levels might be beyond the ability of an organization like PPD to help in building capacity through country-specific actions;
6. Capacity needs in technical disciplines and skills-upgrading in technical and/ or programmatic areas could be the basis for CD actions by PPD.

Specific areas of capacity needs for countries were identified from the SI analysis by listing the countries according to areas requiring substantial improvement and alternative methods were proposed to address them at three different levels: 1) System 2) Organizational, and 3) Individual level (Detailed in Annex B).

Following strategies were suggested by Dr. Rao for CD

1. Knowledge services and learning (training, technical education, On-the-job skills transfer, focus groups, workshops, etc)
2. Leadership development and systemic changes (management skills, leadership skills, advocacy and networking, resource mobilization, etc)
3. Institutional Reforms and Change Management
4. Programmatic Systems and Skills

Discussions by participants on the presentation revealed that:

- The presentation was very comprehensive as this provides valuable information and PPD is in the right track but need to focus on prioritization on issues such as: population and development, accountability, data management, gender based violence, macro economics, etc.
- PPD should adopt a multi-country approach with an Action Plan listing the countries' skills requirements and other priorities in research and training.
- A list of new institutions (PIs) should be done immediately
- PIs can share their planned activities with each others.
- PPD can facilitate/ develop institutional forum (a secondary list) for information sharing (training modules, fellowships, etc.)
- At system level, the issue of capacity development needs to be addressed. Many countries do not perform well due to the lack of proper system.

Mr. R. Royan mentioned that, the paper was an excellent analysis of the survey; however the question remains on how we can move forward strategically. He put emphasis on the need to conduct mapping the areas of strengths and weaknesses requiring support. He mentioned that if PPD does the mapping part, it would be easier for PPD to market it to UN agencies such as UNFPA.

Dr. Wilopo said that PPD can sell this tool of assessment to other stakeholders. Mr. Hu Hongtao appreciated the presentation of the findings. However he urged that there is a need for further discussion and clarifications with PCC's to verify the information provided in the Strategic Inquiry. He said that our recommendations should be practical and feasible, specific in character and doable in kind and if possible to be presented to the Board in November this year.

Dr. Rao pointed out that the findings of the survey have certain limitations. However, the findings are to be considered as benchmark to monitor output. Agreeing on the UNFPA's suggestions on mapping the needs and capacities, he said that we might have to do the matrix in terms of 'recipient' and 'provider' points of view. He also suggested visiting some of the countries for obtaining additional information and bringing the Board members together to discuss the findings.

Mr. Jooseery mentioned that the outcome of our discussion will be utilized by all of us as these will be incorporated into the SBP. We need to develop a Master Plan on CD for PPD for four years and accordingly formulate more projects on CD. We have to make information available for our stakeholders through our website and other means. In addition, Mr. Royan suggested the information could also be shared through UNFPA website. He said that the SBP needs to be validated by the PPD Board

3.c. Session-Three: South—South Cooperation

On request of the Chair, Dr. K. Seetharam presented the paper on ‘Commitments to South-South Cooperation; SI results.’ It was found in his presentation that all the countries participating in this Strategic Inquiry indicated the necessity for strengthening South-South Cooperation (SSC) as high priority. He further noted that commitment of member states and donor agencies to SSC has been gradually declining and suggested necessary actions for strengthening and sustaining their commitment to SSC. Dr. Seetharam recommended additional resource allocation for the SSC by the member countries which is currently absent.

Mr. Jyoti Singh mentioned that it is not too late for PPD to work towards the improvement of member country commitment to SSC. He further added that SSC programs should not depend solely on donor support but member country should attach high priority to it and allocate increased resources. He cited example of China, Indonesia, Thailand and India in this regard.

Mr. Rabbi Royan mentioned that the countries should demonstrate their commitment to SSC through technical collaboration and allocation of resources within the national fiscal budget etc. Dr. Rao added that some countries (i.e. China) have continued their support for SSC at the national development programs.

Mr. Jooseery asked about the indicators to measure and evaluate the degree of commitment. He mentioned that mere declaration of commitment is not enough which needs to be translated into action. PPD will develop appropriate strategies to reinforce the understanding of and commitment to PPD and SSC.

Mr. Hu Hongtao added that the Minister of NPFPC and Chair of PPD monitors the South-South Cooperation activity very closely. He further added that UNFPA China is also very much interested in South-South activity. Mr. Hu Hongtao suggested to set-up indicators for monitoring SS activities.

Dr. K. S. Seetharam presented his second paper of the session on ‘Knowledge and Information Management, and Communication: SI Results’. In his presentation, he suggested actions at national level (focal points/PCCs) and global level (PPD Secretariat and sub-offices) towards development of a knowledge/information management and communication strategy. Dr. Seetharam laid emphasis on building the knowledge management and communications capacity of PPD Secretariat. Dr. Siswanto Wilopo said that network organizations like PPD can not work without proper HR and equipments and should improve/upgrade the equipments for better communication.

Mr. Jyoti Singh said that we need to develop a database of institutes, upload the same on PPD websites and post information on syllabus, fellowships, internships etc. He mentioned that e-newsletter can be a good way of communication and informing others of our activities. Dr. Siswanto Wilopo cited the examples of Info project of John Hopkins University and USAID to disseminate information. Mr. Singh suggested to link PPD website with other important interested websites.

Mr. Humayun Kabir Shishir described in short about PPD’s website, how it was maintained and how it’s being currently organized, the database of experts and a project entitled “VPN or Virtual Private Network” being developed by PPD.

3.d. Session-Four: Improving PPD

Mr. Harry Jooseery, Chairperson made his introductory remarks on the theme of the session and invited Dr. K Seetharam's to present his paper on "***System and Structure for SSC at country level: Strategic Inquiry Results***". In his presentation, Dr. Seetharam highlighted on the systems and structures for SSC at country level and mentioned this as one of the constraints identified in PPD's Strategic Plan 2005-2014. He cited the key findings from the SI and suggested action to strengthen capacity of PPD focal points in the member states.

Mr. Jyoti Singh provided guidelines on future action to be developed for improvement of PPD. He embarked on the improvement of the support structure of SS to ensure sustainability of PPD. He advised on broadening of the existing network of PPD by inclusion of other groups interested in SSC like training and research institutes, parliamentarian groups, women's group etc and bring them together in meetings annually or semi-annually. He also advised to establish working relationship with UNFPA Country offices. Mr. Singh also suggested that PCCs need to be supported by the network to be able to perform better.

Mr. Jooseery said that SSC need to be integrated in the mainstream national level programs and activities and other Ministries and departments of the Government should be involved in its planning and implementation. The nature of PPD as an intergovernmental organization warrants the involvement of the parliamentarians and various interest groups in the countries in its activities. The SS programs of PPD should also be incorporated in the national fiscal budget of the Government. Since frequent transfer of the PCCs from their position makes communication with countries difficult, he proposed for two focal points instead of one. Mr. Rao agreed with the above discussions and suggested to prepare a brief handbook for PPD and SS centers at the country level. Mr. Rabbi Royan emphasized on the need to analyze the main problems and develop a national support structure for the SS center and the type of support that member states need to provide. Mr. Hu Hongtao emphasized on the staffing structure for national focal offices and suggested to discuss the issue during the Board Meeting.

Mr. Singh discussed about the future proposal for action which are as follows:

- PPD in consultation with other stakeholders should develop a guideline indicating action needs to be undertaken for strengthening the organization
- A System of reporting/ monitoring/evaluation should be in place
- Develop a good rapport with UNFPA field offices to elicit support in decentralized activities at country level
- Work with UNFPA headquarters to issue notifications to UNFPA field offices to support PPD country activities

Dr. S. A. Wilopo made his presentation on "***Human Resource Development: Secretariat, Sub-Offices, Country focal points, Partner Institutions.***" He mentioned the goals and objectives of HR plan for PPD and discussed the framework of assessment of Human Resources and Organizational Design. Dr. Wilopo described organizational design in relation to other management activities. Resources and capabilities of PPD were discussed along with framework of organizational network and human resources needed. He also gave importance on networking with PPD member states, intra-organization and inter-organization coordination and efforts needed to improve the coordination mechanism.

Mr. Jooseery appreciated Dr. Wilopo for his academic and conceptual framework of the HRD plan and mentioned that this will be taken into consideration while developing the Strategic

Business Plan. Mr. Jooseery appreciated Dr. Wilopo's suggestions on the human resource development of PPD Secretariat. He also requested Dr. Wilopo to go through the personnel manual and code of conduct and make recommendations for necessary amendment.

Mr. Singh appreciated Dr. Wilopo's conceptual framework for HRD Strategy and advised that it should be in conformity with the SBP. It should identify the basic functions that the Secretariat needs to maintain on a regular basis apart from program activities.

Mr. Rabbi Royan observed that HR plan is a part of the larger SP and PPD as a facilitator need to know the type of skills and competency its staffs should have and prepare the HR plan according to needs of its stakeholders.

Mr. Hu Hongtao said that political commitment is essential for sustainability and successful implementations of the programs of the organization.

Dr. Wilopo mentioned that in case of shortage of staffs we can request international organizations, agencies to second staffs to PPD as HR is the key to the organization.

3.e. Session-Five: Resource Mobilization

Dr. K. Seetharam presented his paper on "*Resource Mobilization: Preliminary Findings from Inquiry*". The presentation highlighted the mobilization of resources for PPD SSC activities. The assessment revealed that the expectation for resource mobilization by PPD was high among most of the countries. Key findings from the SI and actions suggested for resource mobilization reflected in the presentation is annexed to this report.

Dr. Rao presented his paper on "*Absorptive Capacity: Preliminary Findings from Inquiry*". He mentioned that absorptive capacity (AC) is an issue in five countries like: Mali, Nigeria, Pakistan, Yemen and Zimbabwe. But for four countries such as Gambia, Indonesia, Kenya, Uganda AC is not an issue but stand with qualifier. For five countries it is not an issues and stand without qualifier, as, Bangladesh, China, Jordan, Senegal and Tunisia. The presentation provides a detailed assessment of the absorptive capacity of the member countries.

Dr Rao put forward four recommendations to overcome the situation:

1. Harmonization of financial procedures to reduce transaction cost.
2. Use of flexible measures by both government and donors;
3. Capacity building in programme management
4. Staff recruitment and expansion of skills

The issue was identified as short-term constraints by some countries highlighting on aid volatility, inadequate public expenditure systems, adverse incentives on public officials' performance, lack of adequate infrastructure and equipment and uncoordinated donor intervention.

Again the issue was identified as a long-term constraint by other countries highlighting as, debt sustainability, major deficiencies in institutions and policy process, levels of aid dependency, resource management capacity, social and cultural factors determining demand for services, quality of service to frontline users, technical and managerial skills of public officials, lack of accountability structures (doctors, nurses, teachers), donor's practices and procedures.

Dr. Seetharam made a brief presentation on *“Advocacy: A Proposal”* based on the findings and recommendations from the SI to strengthen commitment to SS through Advocacy. He mentioned it as one of the strategies of PPD’s Strategic Plan 2005-2014 and is important for advocacy for SSC. He said that the purpose of advocacy is to strengthen net-working and partnerships, built consensus and forge common strategies. He put forward some recommendations in order to achieve the purpose:

- a. Organize policy dialogues and seminars (in conjunction with the Board Meetings, regional and sub-regional dialogues, national workshops)
- b. Participate actively (PPD and member countries) in the forthcoming global and regional conferences.
- c. Involve and cooperate more actively with parliamentarian’s association, civil society organizations etc.
- d. Reorganize and better manage information and knowledge sharing (document best practices, improve contents and management of the web-site etc)

Mr. Moussa Ly presented his paper on *“PPD Africa Strategic Plan”* which highlighted on the objectives, contents of the Africa Strategic Plan. He also analyzed the strength, weaknesses and strategic thrusts of the plan. He briefly highlighted the key steps for the implementation of the strategic plan:

- a. Establish a functioning Africa office
- b. Consult key stakeholders including donors to refine the Strategic Plan
- c. Develop an indicative annual work plan
- d. Develop proposals for funding
- e. Organize consultations with the PCCs and other strategic partners to disseminate to them the Strategic Plan and identify their roles for ownership
- f. Disseminate the Strategic Plan to stakeholders
- g. Undertake consultative and advocacy missions.

3. f. Session-Six: Partnership and Networking: Reproductive Health Commodity Security

On request of the Chairperson, Dr. K. Seetharam presented his paper on *“Reproductive Health Commodity Security (RHCS)”* and mentioned RHCS as an access to affordable RH/FP commodities of client’s choice which is a focus area for PPD.

The presentation highlighted on various constraint of RHCS, such as, administrative, socio-cultural factors, supply chain management, knowledge on commodity needs by population groups, Policy and programme, Commodity forecasting and procurement, Shortage of skilled providers, Private sector expansion, Supply constraints, Access to affordable generic drugs, Commitment of policy makers, etc.

3. g. Session – Seven: Strategic Result Frameworks

Dr. K. Seetharam presented his paper on the *“Strategic Result Frameworks”*, which described the goals, outcomes, outputs and indicators. The framework establishes a basis for monitoring and evaluation and reporting results of various interventions.

The Goals and Outputs developed in the framework is attached with this report.

3. h. Session-Eight: Strategic Business Plan

On requested from Mr. Rabbi Royan, Dr. K.S. Seetharam made a presentation on the “*Strategic Business Plan*”.

He divided his presentation into seven sections and highlighted the issues as mentioned below:

- Section 1. Background, Rationale and Structure
- Section 2. Priority Needs, Focus and Strategies
- Section 3. Goals and Expected Outputs
- Section 4. Work Plan
- Section 5. Implementation and Management Plan
- Section 6. Budget / Resource Gap
- Section 7. Conclusions and Recommendations

The Chair Mr. Royan mentioned that during the last few days, participants reviewed the findings of the SI which can be considered as situational analysis with focus on how to address these issues in view of PPD’s priorities, strengthening capacities and resource mobilization.

Dr. Rao stated that the SBP needs to consider issues contained in PPD Africa Strategic Plan. The 7 components of Strategic Plan of Africa are in conformity with those identified in the SBP while some of them are specific for Africa region only.

Mr Jooseery invited participants to consider the 5 priority areas of PPD and reorganize the outputs in line with these priorities. Mr. Singh proposed to reformulate the goal taking the uniqueness of PPD into consideration. He said that policy dialogue at the national level is essential for strengthening PPD.

4. CLOSING SESSION

In his concluding remarks, Mr. Jooseery gave an overview of four days proceedings and expressed his satisfaction on the outcome of the meeting. He thanked all the participants for their valuable inputs.

He requested Mr. Rabbi Royan to convey his appreciations to UNFPA for all its support and assistance to PPD and particularly to Dr. Rogelio Fernandez-Castilla who has been very supportive to PPD initiatives on development of Capacity Development Plan and Strategic Business Plan. He also extended his heartfelt thanks and gratitude to Dr. Thoraya Obaid for her support to PPD’s ongoing and future projects The ED also thanked the PPD Staff for their hard work and dedication.

5. ANNEXES

Annex A: List of participants



Partners in Population and Development (PPD)
Consultation on Strategic Policy Development
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Annex B: Specific areas of capacity needs

Specific areas of capacity needs identified from the SP Inquiry analysis:

An alternative way to address at three different levels:

- 1) System
- 2) Organizational, and
- 3) Individual level.

A. System Level.

Priority areas of many countries are at their inadequate levels of capabilities at systemic level, which is the hardest level to deal with, generally demanding country-specific capacity development strategies. The list of countries needing substantial improvement by type of cross cutting functional capability area is as follows:

a. Leadership:

1. Bangladesh, 2. The Gambia, 3. Kenya, 4. Nigeria, 5. Pakistan, 6. Tunisia, 7. Yemen, 8. Zimbabwe

b. Policy and Legal Framework:

1. Bangladesh, 2. China, 3. Indonesia, 4. Kenya, 5. Nigeria, 6. Pakistan, 7. Uganda, 8. Yemen;

c. Accountability:

1. Bangladesh, 2. China, 3. The Gambia, 4. Kenya, 5. Nigeria, 6. Pakistan, 7. Tunisia, 8. Uganda, 9. Yemen, 10. Zimbabwe

d. Human Resources:

1. China; 2. Indonesia, 3. Nigeria; 4. Pakistan; 5. Tunisia; 6. Yemen,

e. Financial Resources:

1. Bangladesh; 2. Nigeria; 3. Pakistan; 4. Tunisia; 5. Yemen

f. Human Rights:

1. Bangladesh; 2. China; 3. Kenya; 4. Nigeria; 5. Pakistan; 6. Tunisia; 7. Uganda;
8. Yemen; 9. Zimbabwe

B. Institutional Level

Priority areas for CD in technical capabilities in population, poverty, gender and reproductive health of countries are in high priority for upgrading technical skills. Inadequacy is strongly felt in training, research, advisory services, technical assistance, information exchange and advocacy.

a. Training:

Very few countries have capacities, except Indonesia, Jordan and Tunisia

b. Research:

Very few except Tunisia and Jordan

c. Technical Assistance:

Jordan

d. Advisory services:

Tunisia and Jordan and to a lesser extent Indonesia

e. Policy Dialogue :

Indonesia, Jordan, Tunisia and to a lesser extent Uganda, The Gambia and Mali

f. Information Exchange:

Jordan and Tunisia, to a lesser extent in Indonesia, Uganda, Mali and The Gambia

g. Advocacy:

Tunisia, Uganda, Jordan

C. Individual Level:

Capacity needs in specific technical or programmatic skills by broad categories were identified:

a. Research and Analysis

b. Service Delivery Issues

c. Change Management and Reforms Agenda

d. Methods and Tools

For addressing these needs some of the actions were recommended:

1. At system level:

- Individual country capacity development plan or inter-country or multi-country approach.
- Arrange study tours and familiarization visits to selected countries.
- Multi-country workshops, etc.

2. Institutional level:

- Generic training modules to be used
- A master plan for training by PPD
- Institutional collaboration (the need is quite evident)
- Country workshops

3. Individual level:

- Encourage the PIs to arrange short-term training courses
- TOT
- Technical advisory services
- In-service training for staff by international experts
- Staff training in other countries

Annex C: Goals with outputs of the results

The Goals of the Results were:

1. Strengthened SSC in P&D through advocacy, policy dialogue, exchange of information and sharing of expertise, experience and technologies among developing countries.
2. Strengthened capacities at systems, institutional and individual levels in member countries through training and research.
3. Strengthened net-works and partnerships with institutions, civil society organizations, private sector and other development partners.
4. Improved voluntary FP and other reproductive health services utilizing rights-based, gender and culturally sensitive approaches in particular through increasing integration of RH and HIV/AIDS and improved RHCS.
5. Enhanced resource availability including greater mobilization of resources among member countries for SSC.
6. Strengthened PPD through adequate mobilization of financial support, strengthened human resource base and improved programme partnership with non-member countries.

Depending on the goals, outputs were planned with discussion and participation.

Goal 1: Strengthened South-South Cooperation in Population and Development through advocacy, policy dialogue, exchange of information and sharing of expertise, experience and technologies among developing countries.

Outputs:

1. Enhanced commitment of policy makers and programme managers to address priority population, reproductive health and gender issues translated into concrete actions.
2. Improved sharing of information and communication among member countries leading to more effective and results oriented programmes.
3. Strengthened support systems and structures at national level for more effective South-South cooperation.

Goal 2: Strengthened capacities at systems, institutional and individual levels in member countries through training, research and information and experience sharing.

Outputs:

1. Institutionalized modular training courses such as on population and poverty, gender, reproductive health, historical and institutional perspectives on ICPD and MDGs framework.
2. Strengthened technical and programmatic skills among professional staff in priority thematic fields.
3. Increased capacity for utilization of evidence-based research findings for policy formulation, planning and program development.

Goal 3: Strengthened networks and partnerships with institutions, civil society organizations, private sector and other development partners.

Outputs:

1. Established a network of collaborating institutions in training and research

2. Strengthened and expanded sharing of information, collaborative program planning and implementation, and common advocacy through partnerships and coalition-building for accelerated achievement of MDGs and ICPD Goals

Goal 4: Improved voluntary family planning and other reproductive health Services utilizing rights-based, gender and culturally sensitive approaches in particular through increasing integration of RH and HIV/AIDS and improved Reproductive Health Commodity Security.

Outputs:

1. Compiled and shared good practices and lessons learned on culturally sensitive approaches especially targeted at religious leaders and faith-based groups
2. Compiled and shared good practices and lessons learned on efforts to improve quality and expand access to family planning and other reproductive health services
3. Improved service delivery capacity through training of trainers
4. Increased integration of Reproductive Health and HIV/AIDS services
5. Facilitated Reproductive Health Commodity Security through better access to databases on contraceptive supply and management, coordination of contributions by member countries of supplies and equipment, policy advocacy for lowering of cost or increasing affordability and increased allocation of resources for RH Commodities, prequalification of contraceptives and generic drugs

Goal 5: Enhanced resource availability including greater mobilization of resources among member countries for South-South Cooperation.

Output:

1. Established / increased allocation on a regular basis in the national budgets of the member countries for South-South Cooperation in Population and Development and in such areas as capacity development, equipment and supplies, information exchange, policy dialogue and advocacy

Goal 6: Strengthened PPD through adequate mobilization of financial support, strengthened human resource base and improved programme partnership with non-member countries.

Outputs:

1. Mobilized adequate resources for PPD from member countries, in accordance with the Strategic Business Plan and Human Resource Development Plan, for undertaking core activities and its related administrative and operational costs as an Intergovernmental Organization.
2. Mobilized additional resources from external donors including Intergovernmental Organizations, Bi-lateral agencies, Foundations and Private Sector for undertaking program activities in accordance with Strategic Business Plan.
3. Enhanced resources for South-South cooperation
4. Improved net-working and partnerships among and within PPD member countries
5. Strengthened PPD

Annex D: Sections of Strategic Business Plan

Section I: Background, Rationale and Structure

The section will cover the following areas:

- Brief background; Global context, role of partnership, establishment of PPD,
- Progress since establishment and Strategic Plan 2004-2015
- PPD's Vision, Mission, Strategic Directions and Organizational Priorities
- Objectives of the Business Plan
- Value Added and Core Assets of PPD (uniqueness of PPD)
- Guiding Principles
- Structure of the Business Plan

Section 2: Priority Needs, Focus and Strategies

The section covered the following areas:

- a. Capacity Development (Systems, Institutional and Individual level)
- b. Strengthening South-South Cooperation
- c. Enhancing resources and sustainability
- d. Improved reproductive health services through increasing integration of RH and HIV/AIDS and RH Commodity Security.
- e. Improving net-working and partnerships
- f. Strengthening PPD

Section 3: Goals and Expected Outputs

The section covered: **Goals, Outcomes and Outputs**

- a. Strengthened SSC in P&D through advocacy, policy dialogue, exchange of information and sharing of expertise, experience and technologies among developing countries.
- b. Strengthened capacities at systems, institutional and individual levels in member countries through training and research.
- c. Strengthened net-works and partnerships with institutions, civil society organizations, private sector and other development partners.
- d. Improved voluntary FP and other RH services utilizing rights-based, gender and culturally sensitive approaches in particular through increasing integration of RH and HIV/AIDS and improved RHCS.
- e. Enhanced resource availability including greater mobilization of resources among member countries for SSC.
- f. Strengthened PPD through adequate mobilization of financial support, strengthened human resource base and improved programme partnership with non-member countries.

Section 4: Work Plan

The section covered the following areas: Specific outputs and related actions including time frame, duration, responsibility etc

Section 5: Implementation and Management Plan

The section covered the following areas:

- Programme management
- Management of technology and its applications
- Monitoring, supervision, evaluation and reporting plan

Section 6: Budget / Resource Gap

Core Funds provided by

- g. Member Countries
- h. Other Sources
- h. Programmes funded by
 - a. Member Countries
 - b. External Sources
- i. Resource Gap (in accordance with Work Plan) to be funded by additional support from
 - a. Member Countries
 - b. Intergovernmental Organizations
 - c. NGOs
 - d. Foundations
 - e. Private Sector

Section 7: Conclusions and Recommendations

Annex E: Agenda of Program of Consultation



Partners in Population and Development (PPD)

Consultation on Strategic Policy Development Dhaka, 20-23 June 2007

Time	Day-1:-Wednesday, 20 June 2007	Responsibility
	Session-One: Strategic Policy Development	Chair: Mr. Jyoti Singh Rapporteur: Dr. Riffat H Lucy
09.00 – 09.10	Introduction and Objective	Dr. K. Seetharam
09:10-10:30	Strategic Policy of PPD: An introduction PPD Programmes: An overview	Mr. Harry Jooseery Mr. Moussa Ly
10:30-11:00	TEA BREAK	
	Session-Two: Capacity Development Assessment	Chair: Mr. Harry Jooseery Rapporteur: Sadhona
11.00-13.00	Mr. Jyoti Singh	Dr. S.L.N. Rao
13:00-14:00	LUNCH BREAK	
	Session-Three: South – South Cooperation	Chair: Dr. Siswanto A. Wilopo. Rapporteur: Ms. M. Sadhona
14:00-15:30	Commitments to South – South Cooperation : Strategies Inquiry Discussion and Agreements	Dr. K. Seetharam

15:30-16:00	TEA BREAK	
16:00-17:00 17:00-17:30	Knowledge and Information Management, and Communication: SI Results China Program on South-South Cooperation	Dr. K. Seetharam Mr. Hu Hongtao

Time	Day 2: Thursday, 21 June 2007	Responsibility
	Session-Four: Improving PPD	Chair: Mr. Harry Jooseery Rapporteur: Dr. Shariful Islam
09:00-10:45	System and Structure at Country Level: SI Result Discussion and Agreements	Dr. K. Seetharam
10:45-11:00	TEA BREAK	
11:00-13.00	Human Resources Development: Secretariat, Sub-Offices, Country Focal Points, Partner Institutions Discussions and Agreements	Dr. S. A. Wilopo
13:00-14:00	LUNCH BREAK	
	Session-Five: Resource Mobilization	Chair: Mr. Joyti Singh Rapporteur: Dr. Riffat H Lucy
14:00-15:30	Resource Mobilization: Preliminary Findings from Inquiry Absorptive Capacity : Preliminary Findings from Inquiry Discussions and Agreements	Dr. K. Seetharam Dr. S. L.N. Rao
15:30-16:00	TEA BREAK	
16:00-16.30 16.30-17.00	Advocacy : A Proposal Africa Strategic Plan	Dr. K. Seetharam
17:00-17:30	Discussions and Agreements	Mr. Moussa Ly

Time	Day-3 : Friday,22 June 2007	Responsibility
	Session-Six: Partnership and Networking : Reproductive Health Commodity Security	Chair: Mr. Harry Jooseery Rapporteur: Mr. Moussa LY
09:00-10:45	Opening Discussion	Dr. K. Seetharam
10:45-11:00	TEA BREAK	
	Session – Seven : Strategic Result Frameworks	
11:00-13.00	Strategic Result Framework : Goals, Outcomes, Outputs and Indicators Discussions and Agreements	Chair: Mr. Rabbi P. Royan Rapporteur: Mr. Moussa LY
13:00-14:00	LUNCH BREAK	
	Session-Eight: Strategic Business Plan	Chair: Dr. Sethu Rao Rapporteur: Dr. Shariful Islam
14:00-15:00	Outline, Contents and Process Discussions and Agreements	Dr. K. Seetharam
15:00-15.15	TEA BREAK	
15.00-17.00	Management Issues Discussions and Agreements	Mr. Joyti Singh
Time	Day 4: Saturday 23 June 2007	Responsibility
	STRATEGIC BUSINESS PLAN	Chair: Dr. Sethu Rao Rapporteur: Dr. Riffat H Lucy
09:00-10:45	Strategic Business Plan Outline, Contents and Process Discussions and Agreements	Dr. K. Seetharam
10:45-11:00	TEA BREAK	
11:00-13:00	Management Issues Wrap up and Closing Session	Mr. Joyti Singh Mr. Harry S Jooseery
13:00:14:00	LUNCH	