

**Partners in Population and Development (PPD)
A South-South Initiative**

**Strategic Business Plan (SBP)
2008-2011**



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SECTION 1: BACKGROUND, RATIONALE AND STRUCTURE

1.1 Background and Global Context

Adoption of the Millennium Declaration by the Heads of State and Government in 2000 and the Millennium Development Goals (MDGs), the centerpiece of the Millennium Declaration, serve as a milestone in the history of development agenda. Since that adoption, the set of eight ambitious goals¹ have become a policy framework for domestic investments for development within the developing countries, as well as for international development cooperation of bilateral and multilateral agencies alike. Recent assessments of progress in achieving MDGs demonstrate progress *albeit* with significant differences among the countries and regions as well as in the achievement of specific goals and targets. Significant progress is noted in achieving goals related to primary schooling and in reducing infant and child mortality. Progress has been modest in improving maternal health, promoting gender equality and reversing the HIV/AIDS pandemic. Poverty remains persistent in many countries and among population groups and is severe in countries and population groups with adverse population and reproductive health conditions.

The report of the Millennium Group entitled "Investing in Development: A Practical Plan to Achieve Millennium Development Goals" recognizes the important linkages between MDGs and ICPD goals and recommends that MDG-based poverty reduction strategies to focus on gender equality; women's and girl's health (including reproductive health) and education outcomes; access to economic and political opportunities; right to control assets; and freedom from violence.

The adoption of Universal Access to Reproductive Health by 2015 as a target, by the MDGs Follow up Summit in 2005, has given a new legislative impetus to pursue more rigorously the ICPD Goals in the context of MDGs. Given the close linkages amongst population, poverty, gender and reproductive health (RH), priority action is required to mainstream these issues in MDG-based poverty reduction strategies and programmes.

1.2 Role of Partners in Population and Development (PPD)

Promoting partnership and cooperation among different stakeholders has been recognized as a key strategy to achieve the MDGs and the ICPD goals. In this context, cooperation among the developing countries, termed "South-South Cooperation", is important because the experiences and lessons learned are easily transferable among them and are cost-effective. It is also based on the

¹ The eight goals are: eradication of extreme poverty; achieving universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria and other major diseases; ensuring environmental sustainability, and developing a global partnership.

premise that many developing countries have, over the last three decades, acquired sufficient knowledge, expertise and experience that could and should be shared with other developing countries.

Partners in Population and Development (PPD), an intergovernmental alliance created in 1994, currently has a membership of twenty-one developing countries accounting for 54 percent of the world population. PPD is mandated to promote exchange of knowledge, experience and expertise among the member countries and with other developing countries. As an intergovernmental alliance it can mobilize support and take a lead role in driving the global agenda on population and reproductive health and gender, and in promoting South-South cooperation as an effective modality to mainstream these issues in MDG-based poverty reduction strategies and programmes.

PPD's programmes are developed through a consultative process and reflect the needs of Member Countries. These programmes are implemented in close cooperation with and support from the Partner Country Coordinators (PCCs) who are senior officials from the government and are governed by its Governing Board (GB) and the Executive Committee (EXCO), consisting of Ministers and senior officials from Member Countries (MC), which meet annually.

PPD and its membership remain resolute in their commitment to further promote and strengthen the implementation of the recommendations contained in the ICPD PoA and its 5 and 10 year reviews and to make it a central front in its efforts to accelerate the achievement of MDGs. While the challenge is wide ranging, it will focus on the following priority areas and actions in accordance with the PPD Strategic Plan 2005-2014, approved in 2004.

Priority areas:

- (i) Integration of MDGs and ICPD goals by ensuring that the linkages between population dynamics, reproductive health, gender equality and poverty remain central to the formulation and implementation of development and poverty reduction strategies and plans;
- (ii) Promotion of reproductive health and rights;
- (iii) Improving gender equality;
- (iv) Strengthening the integration of RH and HIV/AIDS services;
- (v) Improving adolescent sexual and reproductive health (ASRH) and
- (vi) Improving Reproductive Health Commodity Security (RHCS) –access to affordable RH commodities --with particular focus on the poor and vulnerable segments of the population.

Key Actions:

- (i) Need based capacity development;
- (ii) Focused and targeted advocacy;
- (iii) Improved information sharing and communication;
- (iv) Net-working and
- (v) Resource mobilization.

1.3 Vision, Mission, Strategic Directions and Organizational Priorities

The ten year Strategic Plan covering the period 2005-2014. drawn up through an intensive consultative process and adopted by the PPD Board in 2004, has clearly articulated the “Vision”, “Mission” and the “Strategic Directions” which form the basis of the four year (2008-2011) Strategic Business Plan (SBP) of PPD.

Vision:

“By the year 2014, Partners in Population and Development, as an Intergovernmental Alliance, is driving the global reproductive health and population agenda to attain sustainable development.”

Mission:

“To assist each other and other developing countries to address successfully the sexual and reproductive health and rights, including family planning (FP) 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.”

Strategic Directions:

The following four strategic priorities constitute the central pillars of PPD’s four year SBP:

- **ALIGN with member countries’ priorities:**

The Alliance will align and be responsive to Member Countries’ priorities in reproductive health and rights, including FP and HIV/AIDS, and population and development.

- **ADVOCATE for the alliance and its priorities:**

The Alliance will obtain support from different stakeholders, both at the national and international levels, by advocating for South-South Collaboration.

- **ALLIANCES building at all levels:**

Partners in Population and Development will form strategic alliances with selected stakeholders to advance strengthened partnerships in meeting the ICPD/PoA and MDGs in the Member Countries.

- **ASSETS creation and consolidation for the Alliance's sustainability;**

The Alliance will increase its financial base assets for supporting South-South collaboration activities on a sustainable basis, by diversifying the sources of funding and raising its endowment fund.

Organizational priorities:

In line with the above strategic directions, PPD has established the following set of organizational priorities that it will focus on during the SBP period, 2008-2011, in consultation with Member Countries (MC) through the conduct of two interrelated inquiries that are discussed in more detail in the next section.

- Strengthened South-South Cooperation
- Strengthened capacities at systems, institutional and individual levels
- Strengthened networks and partnership
- Improved voluntary FP and other RH services
- Enhanced resource availability

1.4 Value Added and Core Assets of PPD

PPD is an Alliance formed by a common vision and mission that has full support at the highest level in the governments of the member countries. Governed by the member countries, PPD's programmes have a unique mission "to assist each other and other developing countries to address successfully the sexual and reproductive health and rights, including family planning and HIV/AIDS and population and development challenges....". As an intergovernmental Alliance, with Permanent Observer status at the United Nations General Assembly, it has significant scope as well as the power to form common goals and strategies to shape the global agenda for action in the pursuit of achieving MDGs and ICPD goals including through a strengthened South-South Cooperation. The membership of the Alliance consists of a wide range of countries each with its own economic, cultural and social milieu as well as invaluable experience in dealing with these issues and there is an increasing willingness by the more advanced countries of the Alliance (e.g China) to provide support for sharing and exchanging of experiences and expertise.

PPD derives its unique strength from the absolute commitment of the Member Countries to consolidate and strengthen South-South Cooperation as an important goal and a strategy to achieve MDGs and ICPD goals. PPD has gained wide recognition, including the Permanent Observer status at the United Nations General Assembly and has a liaison office in New York. Moreover, a regional office for Africa has been established in Kampala (Uganda) in 2007, with support from Hewlett Foundation, to strengthen and coordinate its programme in Africa. PPD has also a programme office in Taicang (China) to coordinate its programmes supported by China. Its close partnership with more than 20 premier institutions, known as Partner Institutions (PIs) in member countries gives it a unique advantage in undertaking capacity development

activities, in organizing policy advocacy, and in identifying and documenting lessons learned among others.

1.5 Progress since establishment and Strategic Plan 2005-2014

Since establishment, PPD has undertaken a number of substantive studies, supported a number of capacity development activities, organized several policy dialogues, and has promoted exchange of information and experience among its member countries with support from the member governments and the sustained support that it has received from UNFPA. PPD has also received significant support from the Rockefeller Foundation, The William and Flora Hewlett Foundation, The Ford Foundation, The David and Lucile Packard Foundation and Bill and Melinda Gates Foundation, UNFPA, Andrew Mellon Foundation, DFID-UK, The World bank, The European Commission, USAID, OXFAM-Quebec and the Government of Netherlands in implementing its programmes .

PPD has been active in developing national capacity through the organization and conduct of management and leadership training programmes. It has identified centres of excellence and established excellent working relationship with PIs and scholars. PPD has signed an MoU with China to undertake two training courses each year until. The China Training Center (CTC) in Taicang, China, one of the PIs, organizes and conducts a number of training courses for PPD member countries with support from the Government of the People's Republic of China.

PPD has also undertaken a number of high level advocacy and policy dialogues, in conjunction with its Board Meetings. As a result, its membership remain resolute in their support to create the enabling environment at all levels and ensure that improving reproductive health and gender equality remain at the centre of development strategies. At the tenth anniversary of PPD held in Wuhan in Hubei Province, China in September 2004, the Alliance adopted the Yangtze Declaration urging all governments and development partners "to pursue efforts at all levels including strengthening partnerships to intensify the implementation of ICPD-PoA and the MDGs". The Declaration also called upon countries "to more fully integrate the sexual and reproductive health and HIV/AIDS programmes", and "to accord due importance to integral relationship between reproductive health and poverty alleviation".

Further elaboration took place at the International Forum on Integration of ICPD and Millennium Development Goals, organized jointly by PPD and the Ministry of Health and Family Welfare, Government of India in 2005 in Agra, India. The Forum provided a platform to share and exchange knowledge, information and experiences in the integration of the ICPD and MDGs, reproductive health and HIV/AIDS services as well as in accelerating the Reproductive Health Commodity Security (RHCS) as a cross-cutting dimension.

Through the Agra Declaration, the Forum reaffirmed its commitment to use

effectively the available external and internal resources to achieve ICPD goals and MDGs. The Forum also reaffirmed its commitment to implement universal access to reproductive health by 2015. It recognized the importance of improving human resources, developing institutional capacity and strengthening integration of reproductive health and HIV/AIDS programmes. The Forum called on the Governments to secure a political will to make accessible quality reproductive health services and commodities for its people.

Also at the 11th Executive Committee (EXCO) meeting of PPD held on 25th April 2006 in China, members reaffirmed the need to enhance effective partnership and build broad-based coalitions and resolved to establish close collaboration and cooperation links with UNFPA for the accomplishment of its mission.

In order to enhance commitment and broaden the network, PPD has also organized a number of national dialogues among the senior policy makers and development partners in a number of developing countries.

Furthermore, to strengthen its programmes and make it more relevant and responsive to the countries of the South in general and to member countries in particular PPD has developed a Strategic Plan (SP) covering the period 2005-2014. In 2005, it undertook an in-depth analysis of experiences and perspectives of its member countries in implementing ICPD Programme of Action and in pursuing the MDGs². The study concluded that:

1. Population dynamics and reproductive health issues should receive higher commitment and support for their inclusion into the PRSPs, SWAPs and other development frameworks of PPD Member Countries;
2. Integration of reproductive health and HIV/AIDS-related services has the potential to increase the outreach and effectiveness of those services by addressing shared challenges and opportunities;
3. Greater attention should be given in PPD Member Countries to improving maternal health and adolescent issues given the need for much progress in these areas and to working together to help develop effective strategies; and
4. The need is urgent for training of future experts and programme professionals on the new perspectives and their integration into development planning frameworks such as PRSPs and SWAPs. PPD should, working with its network, help broaden the scope and character of training courses and programmes, to include population, reproductive health and gender as a basic and integrated component.

To make its programmes more responsive to the needs and priorities of member countries PPD has also carried out two inquiries, one on partner institutions and the other on country needs and priorities, in 2007.

² Partners in Population and Development, In Pursuit of Millennium Development Goals: Implementing the Cairo Agenda. (Dhaka, 2005)

1.6 Rationale of the Strategic Business Plan

The Strategic Business Plan 2008-2011 aims to enhance the effectiveness of PPD in planning, implementing and monitoring the South-South cooperation programme towards fulfilling its “Vision”.

Accordingly, the specific objectives are:

- To clearly define the long term goals as well as the measurable “results/outputs” that PPD would deliver during the period 2008-2011, in line with the Strategic Plan 2005-2014,
- To provide a realistic programme of work which PPD plans to implement during the four year period to achieve the “outputs”,
- To specify the roles and responsibilities of PPD, including the member countries, in the implementation of the programme of work,
- To improve the management of PPD, including the development of a culture of learning and the institution of a results-based approach, with a focus on monitoring and evaluation system, and
- To lay the foundation for the long term sustainability of PPD that will include strengthening its human resources and building its resource base.

The Business Plan will also serve as a tool for the mobilization of resources to implement the proposed programme.

1.7 Guiding Principles and Structure of the Business Plan

PPD is a non-profit, non-political intergovernmental Alliance of developing countries bound by values and principles of the ICPD PoA and the Millennium Declaration and committed to promote a rights based approach and accompanying responsibility to improve access to services, products, information, technology, and equality and equity among the people, including gender equality and equity.

PPD believes that through common voice, commitment and joint action it can contribute to human development and that South-South cooperation is a key strategy for human centred, balanced and sustained development of developing countries.

PPD endeavours to uphold accountability to its stakeholders, to promote good governance and to the sharing of authenticated information.

The Strategic Business Plan is organized into seven sections. Following this introduction, Section 2 highlights the priority needs and strategies as identified by the member countries and includes a discussion of the process that was followed in identifying them. Section 3 provides the long-term goals and the intermediate-term “outputs” that PPD will endeavour to deliver at the end of the Business Plan period 2008-2011. Section 4 highlights the strategic programme interventions and resource requirements and section 5 deals with the implementation and management plan. This is followed by an analysis of resource needs, availability and gaps in Section 6. Finally, the conclusions and decisions are presented in Section 7.

SECTION 2: PRIORITY NEEDS AND STRATEGIES

2.1 Needs identification and strategy development:

As indicated in the preceding section, PPD, in 2005, undertook an in-depth analysis of experiences and perspectives of some of its Member Countries in implementing ICPD PoA and in pursuing the MDGs. Based on the results of its findings and in line with the strategic directions contained in the Strategic Plan 2005-2014, PPD carried out two inquiries in 2007.

First, a Capacity Needs Assessment of Partner Institutions was conducted to review their ongoing training and research activities in the context of helping to achieve the MDGs and the ICPD goals, as well as to assess the potential capabilities of those Institutions to build capacities of developing countries. To supplement the Needs Assessment, PPD also commissioned a set of papers by reputed scholars from different regions to highlight priority issues and suggest workable strategies to enhance both individual and institutional capacities.

Using the outputs from the above, PPD organized a Consultative Meeting of Experts on Capacity Development in Taicang, in China in May 2007 to assess training and research needs in population, gender and RH in Africa, Asia and the Arab region; to map out the various training programmes that are currently being implemented by Partner Institutions to help build analytical capacities of developing countries; to assess the training gaps in population, gender and reproductive health and to suggest modalities to address those gaps; to identify research needs and propose a strategy to address them; and to assess capabilities of PIs in facilitating cooperation among developing countries themselves for capacity development through South-South Cooperation.

The report of the Taicang Meeting³ identified training gaps in the areas of population, poverty, gender and reproductive health, by examining the specific needs for training in PPD Member Countries on the one hand and the range of existing training courses offered by PIs on the other. It also identified specific issues and topics in the afore-mentioned substantive areas that needed to be given greater emphasis in the training programmes. To help incorporate those issues through a common approach, the Meeting suggested the formulation of generic training modules on population, ICPD goals and MDGs, on reproductive health, on gender, and on population and poverty linkages to systematically deal with the training gaps. The participating institutions expressed their commitment to review and assess their ongoing training courses with a view to integrate those issues and topics required to address the training gaps identified by them in the meeting.

In follow up to those recommendations, the PPD organized a meeting of experts

³ Partners in Population and Development, Consultation on Capacity Development Taicang, China, May 2007 (Dhaka: PPD, 2007)

in Dhaka during 18-19 June 2007 to review and finalize the draft Training Modules that were developed using the Taicang recommendations, as well as to discuss the implications of institutionalizing the modules within ongoing training programmes of the PIs.

Second, a “Strategic Inquiry” (SI) was launched among the PPD Member Countries to identify focus areas for capacity development (CD) and to document related CD needs and priorities of individual Member Countries. It also collected information on the potential capacities in each country to assist other developing countries, as well as, on the specific training needs in a number of specified technical, managerial and programmatic areas, relevant to implementing the ICPD Programme of Action and the MDGs.

The Strategic Inquiry ascertained Member Country’s views on issues that constrain the promotion of South-South Cooperation that have been identified in the Strategic Plan 2005-2014 which include the following: commitment of Member Countries as well as the donor community, adequacy of systems and structures at country level to facilitate and promote South-South Cooperation, availability and prospects for mobilization of resources from different sources, including from Member Countries, and adequacy of communication and knowledge and information management. It also elicited Member Countries’ expectations from PPD as well as lessons learned from past PPD programmes on transfer of skills and expertise and experience among the countries.

Preliminary results from the SI were discussed at a meeting in Dhaka, Bangladesh during 20-23 June to further examine capacity development needs; to formulate the overarching goals and outputs of PPD programmes, based on country expectations and the organizational priorities of PPD; to develop strategies to address factors limiting South-South Cooperation; to strengthen human resources and enhance financial sustainability; to develop a results and resources framework, including indicators to monitor progress; to improve partnerships and networking; to identify strategies to improve RHCS and to give guidance in the development of the Strategic Business Plan.

2.2 Key findings and proposed actions

A. Strengthening South-South Cooperation

As an intergovernmental Alliance committed to accelerate the achievement of ICPD goals and MDGs much needs to be done to strengthen South-South Cooperation by creating awareness and a supportive environment. The Strategic Inquiry has revealed the continued commitment to South-South cooperation in all member countries, except in a few, which is due mainly to lack of resources and/or adverse economic conditions. However, the Inquiry has revealed significant differences among the member countries in terms of the structure and systems available in the country to support South-South cooperation programmes, including those organized by PPD. For example, most countries report that planning for South-South cooperation programmes on population and reproductive health does not emanate from a national consultative process involving all stakeholders and in many countries there are no systems in place to

monitor the implementation or assess their impact. The Inquiry has also revealed that information sharing and communication, while generally satisfactory, needs to be improved.

Improving systems and structures at the country level for planning and implementation of South-South cooperation programmes, therefore, is important and will be achieved through:

- (i) Developing and maintaining a support structure/mechanism, involving different stakeholders, at country level with PCCs, the national focal points of PPD, playing the central role,
- (ii) Broadening the annual and semi annual consultations to include the participation of key stakeholders, including the partner institutions,
- (iii) Evolving a South-South Cooperation plan and identifying its key activities and programmes,
- (iv) Advocating with key stakeholders, including the Ministries of Finance, Planning etc to make specific allocations in the national/agency budget, and
- (v) Promoting partnerships in support of South-South Cooperation.

The national level support structure will include the creation of a “Task Force” involving key stakeholder representatives or the identification of a “Collaborating Centre” which will establish a functioning net-work of people/representatives of institutions/organizations committed to sharing and exchanging experiences through South-South Cooperation. As indicated earlier, PCCs will be central to the national support structure.

In this regard, it is necessary to define the functions and establish a system for collaborative planning, implementation, monitoring and evaluation of South-South programmes and provide the necessary human resources linked to clearly defined functions. Towards this end, PPD will develop a “guidance note” for establishing the structure and systems.

Strengthening information sharing and communication among Member Countries and between PPD and member countries is another important strategy and PPD plans to make it more effective. Towards this end PPD will:

- (i) Identify and document successful approaches and lessons learned in regard to integrating reproductive health and family planning into poverty reduction policies and strategies, promoting voluntary family planning in the context of a rights based approach to the provision of reproductive health services, integrating HIV/AIDS with the context of broader reproductive health services etc. and share them with developing countries,
- (ii) Utilize new technologies and methods to expand access to information to member and non member countries, and
- (iii) Develop PPD’s capacity to collect, manage and share information with member countries.

B. Capacity Development

Analysis of the inquiry of PIs⁴, regional reviews of priority needs and the discussions during the Consultative Meetings in Taicang in China in May 2007 and in Dhaka, Bangladesh in June 2007 have resulted in the identification and development of the modules on:

- (i) Population and Poverty
- (ii) Reproductive Health
- (iii) Improving human capacity to address gender in development strategies
- (iv) Historical and Institutional perspectives on Population, ICPD Goals and MDGs

In addition, a module on advocacy for better promotion of policies has also been developed.

The Strategic Inquiry has confirmed the findings of the “Needs Assessment” of PIs and, therefore, the focus of capacity development by PPD will be to improve skills and capacities for training and research at individual and institutional levels. However, as noted earlier, PPD, in partnership with other organizations, will advocate for capacity development at systems level which is also critical.

Responsibility for institutionalizing the modules rests with the countries and in particular the partner institutions themselves. Towards institutionalizing the modules, PPD will develop teaching materials and other aids and make them available to partner institutions as well as other institutions for review and incorporation into their curricula and training programmes after appropriate modifications to suit regional/national needs. PPD will also organize training of trainers to institutionalize the modules. PPD will expand the network of PIs by bringing in other well established institutions. PPD will also support the creation of a database of PIs for exchange of information, research findings and expertise.

PPD will organize training courses in cooperation with PIs. For, example, two training courses will be organized each year until 2010 at China Training Center (CTC), Taicang, China as per the MoUs signed between PPD and China. In addition to the 100 fellowships that are provided annually by China as per the MoU, the Cairo Demographic Centre (CDC) Cairo, Egypt offers fellowships for study at CDC. PPD has also obtained commitment for award of fellowships from other institutions in Bangladesh and Morocco. PPD will continue its efforts to secure fellowships as well as funding from donor organizations to supplement the fellowships that are provided by Member Countries.

To strengthen national capacities for research PPD will develop a research agenda in consultation with PIs, support collaborative research projects and facilitate the formation of research groups. PPD will also facilitate and support exchange of research findings.

⁴ Rao S.L.N, “PPD Partner Institutions: An Overview of Programmes and Priorities”, Technical Report (PPD, Dhaka, 2007) and Partners in Population and Development, *ibid*

C. Expanding networks and partnerships

The consultative meeting held in Dhaka underscored the importance of building alliances, as indicated in the Strategic Plan 2005-2014, and, towards that end, to expand net-works and partnerships at national, regional and global levels. This is seen as central to promote South-South cooperation and to forge consensus on key issues for advocacy at various fora, including the upcoming follow-up conferences/events marking the 10 and 15 years of adopting the Millennium Declaration and the ICPD PoA. PPD will also collaborate more with regional/global organizations in organizing key advocacy activities.

Proposed actions also include organizing various national and regional policy dialogues and seminars in partnership with key stakeholders. Furthermore, as noted in the preceding sections PPD will establish networks at national level involving various stakeholders and also facilitate the creation of a network of PIs.

D. Improving voluntary family planning and other reproductive health services and strengthening reproductive health commodity security

One of the priority areas identified during the consultative meeting held in Dhaka (June 2007) is to improve voluntary family planning and other reproductive health services and, towards that end, strengthen reproductive health commodity security. Achieving this will entail considerable advocacy at highest echelons of governments and development partners through the convening of high level global and regional fora for policy dialogue to:

- (i) Reposition FP as a central component of RH services, and
- (ii) Ensure that population, reproductive health, and gender issues are integrated into the national development and poverty reduction policies, strategies and programmes and, most importantly, in the allocation of resources.

Important issues for advocacy also include the need to integrate RH and HIV/AIDS services and to address the unmet RH needs of adolescents and young people who constitute the highest proportion of the population ever in many countries today. Such advocacy efforts will also address emerging issues, such as traditional harmful practices and ageing, that are of concern in many Member Countries. Also, in regard to ageing, it is important to underscore the benefits afforded by the changing age structure.

Furthermore, PPD will carry out the following in order to improve RHCS in member countries:

- (i) Facilitate easy access to member countries information on availability of stocks of RH commodities, donor support etc. by drawing on the databases that are available,
- (ii) Assist in the provision of commodities and equipment from countries that produce and are able and willing to donate them to countries in need through facilitating bi-lateral/multi-lateral agreements,

- (iii) Assist Member Countries to plan for attaining RHCS by assessing the requirements and by helping to establish links with donors,
- (iv) Assist in processing prequalification requirements of commodities and in that regard develop a roster of consultants and experts whose services could be sought to render assistance,
- (v) Develop information materials for generic drug manufacturers and organize periodic meetings with them, and
- (vi) Develop internal capacity within PPD to facilitate the above tasks.

E. Augment resources and ensure sustainability

Shortages in resources have been identified as an important constraint to strengthen South-South Cooperation, including PPD, and to ensure the sustainability of PPD and its programmes.

One of the important goals of the Strategic Business Plan is, therefore, to address this important concern. In the Strategic Inquiry a third of PPD member countries expressed their willingness to increase the annual membership dues of US\$20,000.00 set more than 10 years ago. Possibility of increasing annual contributions, on a voluntary basis, could, therefore, be considered. It is also necessary to recognize that member countries themselves share significant part of the cost of South-South cooperation programmes as support from donor organizations will remain limited. Towards this end, PPD focal points in Member Countries, with support from PPD secretariat, will, through active advocacy and networking, lobby for the allocation of resources in the national/nodal agency budgets to promote South-South cooperation programmes on population, reproductive health and gender concerns. Furthermore, following the example of China, more advanced countries of the Alliance will be encouraged to allocate funds in their national/nodal agency budgets to carry out specific activities envisaged in the Strategic Business Plan. PPD will develop projects for funding from external sources on the basis of the Strategic Business Plan and will facilitate the provision of technical assistance to member countries in developing project proposals for national level activities to strengthen South-South cooperation.

PPD and its membership will establish a system to build its assets—financial and human resources. Steps will include augmenting the “endowment fund” by voluntary contributions from Member Countries, donor agencies etc as well as by earmarking a portion of the management support costs of PPD programmes to be added to the endowment fund and by the judicious use and efficient management of this fund to promote the sustainability of PPD. PPD will also invest in building its human resources. (See Human Resources Development Plan). These actions will help PPD to improve its human capital and financial resource base over time and contribute to its sustainability in the long run.

F. Strengthen PPD

Strengthening PPD (the Secretariat, Africa Regional Office, China Programme Office, national focal points, and management systems) is important for it to deliver the “results” that is envisaged in the Strategic Business Plan in the short

run and to build a sustainable South-South Cooperation programme that meets Member Country expectations from the Alliance. As indicated in the preceding sections key strategies to strengthen PPD will include:

- (i) building its assets base—both financial and human resources(see section 2.2.E)
- (ii) building the foundations and support for South-South Cooperation at the country level through establishing the systems and structures with clearly defined goals and functions (see section 2.2. A)
- (iii) strengthening the information sharing and communication among the members of the Alliance.(see section 2.2.A) and
- (iv) improving management (see section 5 below)

SECTION 3: GOALS AND EXPECTED OUTPUTS

Based on strategic directions of the Strategic Plan 2005-2014, the findings of the Needs Assessment and the Strategic Inquiry and the recommended actions identified during the technical consultations in Taicang, China in May 2007 and in Dhaka, Bangladesh in June 2007 the following “goals” and “outputs” of the Business Plan have been identified as follows (see also Annex - 3).

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, RH 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, RH, 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 programme development

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

Outputs:

1. Established a network of collaborating institutions in training and research
2. Strengthened and expanded sharing of information, collaborative programme planning and common advocacy through partnerships and coalition building for accelerated achievement of MDGs

Goal 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.

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. Increased integration of RH and HIV/AIDS services.
4. Facilitated RHCS through better access to databases on contraceptive supply and management, coordination of contributions by Member Countries of supplies and equipment, policy advocacy for increasing access to and affordability of services and supplies and increased allocation of resources for RH Commodities; prequalification of contraceptives and generic drugs.

Goal 5: Enhanced resource availability including greater mobilization of resources from member countries and from donor countries/organizations 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.
2. 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.
3. Mobilized additional resources from external donors including intergovernmental organizations, bi-lateral agencies, foundations and private sector for undertaking programme activities in accordance with SBP.

Goal 6: Strengthened PPD through strengthened human resource base and improved programme collaboration with non-member countries.

Outputs:

1. Developed working relationship and programme collaboration with non-member countries.
2. Strengthened PPD through improved human resources, programme planning and management

SECTION 4: STRATEGIC INTERVENTIONS AND RESOURCE REQUIREMENTS

In order to realize the abovementioned “goals” and “outputs” PPD has identified Strategic Interventions and estimated the resources that would be needed to implement and manage the proposed programme of interventions. These are shown in Table 1. In estimating the costs PPD has taken into account the costs of additional human resources and skill development of staff that would be needed (as per Human Resource Development Plan). Furthermore, the estimated resource requirements together with the commitments from member countries and donor organizations, grouped under each goals and outputs, are presented in the Table on “Results and Resources Framework” in Annex 1.

It may be mentioned here that costs to cover the salaries of core staff are met from the annual membership contributions of member countries and are not included in the above estimates. Also not included are costs associated with the premises of Headquarters, Africa Regional Office and China Programme Office. Estimates related to these and borne by member countries are shown separately in the section on “Budget and Resource Gap” below.

It can be seen from Table 1 and Figure 1 that the proportionate share of resource requirements for the strategic interventions is as follows: policy advocacy (18.11 percent); capacity development (40.25 percent); improving RHCS (19.53 percent); information management and dissemination (4.44 percent); networking and partnership building (3.85 percent); mobilizing resources (1.45 percent); strengthening national level support structure (4.92 percent); and sustaining and strengthening PPD (7.45 percent).

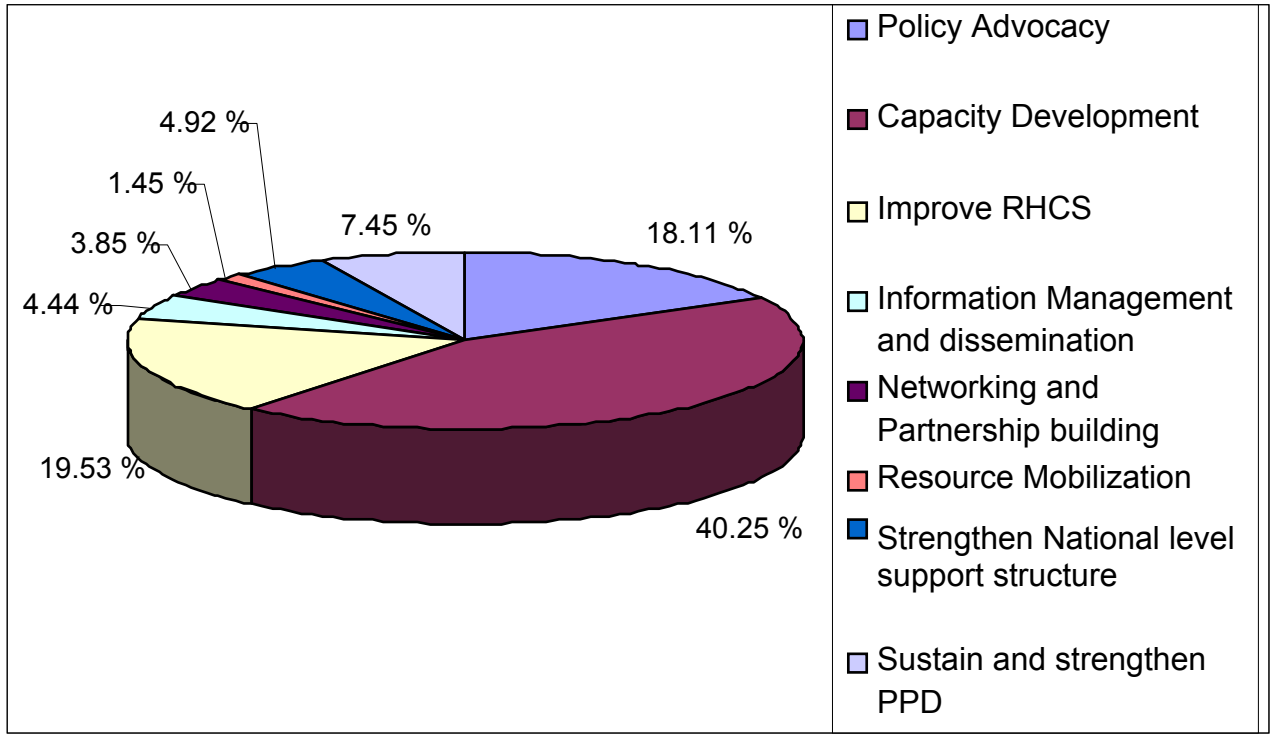
The Table also reveals that only 48.4 percent (\$7.1 million) of the total required resources for programmes are available and/or are committed and the remainder 51.6 percent (\$ 7.5 million) will have to be mobilized from member countries as well as donor organizations.

Table 1: Strategic Interventions and Resource Availability Status

Strategic Interventions	Resources Requirements			Percentage
	2008-2009	2010-2011	2008 - 2011	
Policy Advocacy	1,306,561	1,350,369	2,656,930	18.11
Capacity Development	3,674,887	2,228,945	5,903,832	40.25
Integrate modular training courses	389,232	507,490	896,722	
Improve Capacity for research, policy development and programme management	460,200	480,000	940,200	
Strengthen Capacity for service delivery	2,825,455	1,241,455	4,066,910	
Improve RHCS	1,444,903	1,419,790	2,864,693	19.53
Information Management and dissemination	363,620	287,804	651,424	4.44
Documentation and lesson learnt	304,720	207,121	511,841	
Publication and dissemination	58,900	80,683	139,583	
Networking and Partnership building	300,924	263,706	564,630	3.85
Resource Mobilization	133,800	78,309	212,109	1.45
Strengthen National level support structure	321,969	399,495	721,464	4.92
Sustain and strengthen PPD	602,609	489,699	1,092,308	7.45
Improve Communication	194,664	101,016	295,680	
Improve Human Resources			-	
Improve Management	225,632	221,956	447,588	
Increase Membership	182,313	166,727	349,040	
Total Required	8,149,273	6,518,117	14,667,390	100
Total Available			7,099,000	48.4
Total to be mobilized			7,568,390	51.6

- *Included in the costing of other Strategic Interventions*

Figure 1: Strategic Interventions and Resource Requirements



SECTION 5: IMPLEMENTATION AND MANAGEMENT PLAN

5.1 Implementation Strategies

PPD will strengthen its policy advocacy at global, regional and national levels to accelerate the achievement of MDGs and the ICPD goals and to promote the integration of the goals of ICPD into national poverty reduction strategies.

Towards this end and in accordance with the directions of the Strategic Plan 2005-2014, PPD will expand and strengthen its net-work at the national, regional and global levels and work closely with the development partners and the members of the net-works in implementing the SBP.

Also, strengthening the national level support structure and systems will be another important strategy to ensure that the programmes remain relevant to member country needs and priorities. An improved national level support structure will ensure periodic consultations with the stakeholders and their participation in the implementation and management of the South-South cooperation programmes in the member countries.

Another important strategy during the SBP period 2008-2011 would be to meet the capacity development and other priority needs for improving access to and quality of reproductive health, including family planning services, facilitating reproductive health commodity security, and for integrating HIV/AIDS with reproductive health programmes, particularly in the countries of Africa where the needs are greatest. In this regard, PPD secretariat, working closely with the Africa Regional Office, will continue to facilitate bi-lateral/tri-lateral agreements, for the provision of support from the more advanced countries to those in Africa.

Improving programme planning and management, including strengthening of PPD secretariat, the Africa Regional Office and the China Programme Office, along the lines described below will constitute an important strategy for implementing the SBP.

5.2 Programme Management Plan

PPD will strengthen the existing management systems and structures and, in that regard, take the following steps to improve the implementation and management of the Strategic Business Plan.

PPD will reconstitute the now defunct International Advisory Committee as an International Programme Advisory Committee (IPAC) which, meeting periodically will give guidance for the development and implementation of PPD's programme envisaged in the Strategic Business Plan.

PPD will strengthen internal management structures including finance, programme and management committees to improve monitoring and supervision

and ensure accountability. Working closely with the newly established offices in Kampala (Uganda) and Taicang (China) and the national focal points, PPD will strengthen the involvement of member countries in the planning, implementation and monitoring of its programmes to ensure that its programmes responds to Member Country needs and priorities.

5.3 Assets Management Plan

PPD will take steps to improve its human resources, as per the Human Resources Development Plan and emphasize continuous learning as part of skill development among its staff.

PPD will improve its information technology platform to improve access to information and communication among member countries and between member countries and PPD.

PPD will also improve its resource position and resource management to ensure longer term sustainability. In this regard, PPD will strive to augment the “endowment fund” and invest part of the resources for “learning and growth” to build up its human and financial assets.

5.4 Management, Monitoring and Evaluation

PPD’s programmes are governed by the Governing Board and the Executive Committee. Meeting annually the Governing Board and the Executive Committee oversee the progress in the implementation and management of its programmes. To improve these functions PPD will put in place an efficient e-management information system which will include close monitoring of progress based on the indicators provided in Annex 2. PPD will also undertake evaluations of the planning, implementation and management of its programme by independent consultants by the end of the second year and also at the end of the SBP period. Findings of the evaluation as well as monitoring will be presented to the Executive Committee and the Board during the annual meetings.

5.5 Reporting

Executive Director of PPD will report on the progress made in implementing the Business Plan based on the “results and resources framework” and the “results indicators” annually to the Executive Committee and the Board.

PPD’s Board and Executive Committee will review progress and the recommendations made by the IPAC and the Executive Director during its annual meetings, take necessary actions and oversee the progress in their implementation.

SECTION 6: BUDGET AND RESOURCE GAP

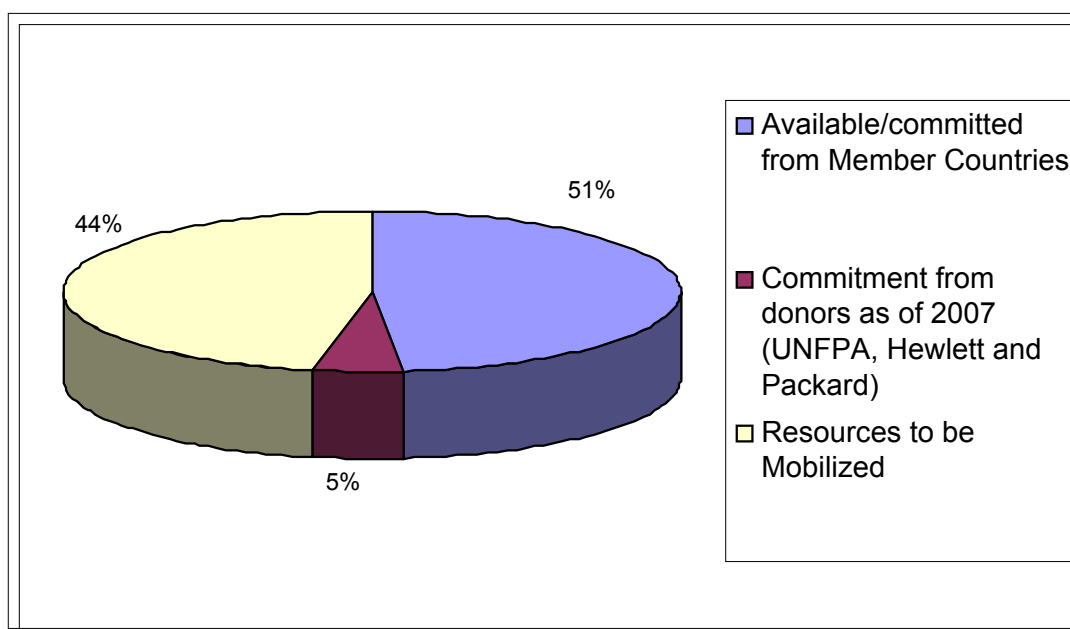
6.1 Total Resource Requirements

Estimated total resource requirements (core and programme) for PPD during the SBP period 2008-2011, as can be seen from Table 2 and Figure 2, is approximately US\$17.1 million, of which \$8.7 million (51.0 percent) is available/committed by member countries and \$0.9 million (5.0 percent) is committed by donor organizations. Thus US\$ 7.5 million (44.0 percent) needs to be mobilized during the period 2008-11 in order to implement the SBP.

Table 2: Summary of Total Resource Requirements (Core and programme) and status of availability

Description	Amount	Percentage
Total Resources Required (core activities and programmes)	\$ 17,165,390	
Available/committed from Member Countries (core support and programme support)	\$ 8,722,000	51 %
Commitment from donors as of 2007 (UNFPA, Hewlett and Packard)	\$ 875,000	5 %
Resources to be Mobilized	\$ 7,568,390	44 %

Figure 2: Resource requirements and availability status



6.2 Resources for core activities

Table 3 provides expected contributions, including the payment of outstanding membership dues of \$640,000, is shown in Table 3. Resource requirements for core activities, which include cost of premises, core staff, operational costs and logistics, convening of the annual Board and Executive Committee meetings could be met from the expected contributions, and the payment of outstanding membership dues.

Table 3: Estimated Resource Availability from Member Countries

Estimated resources for core activities from member countries	2008-2011
Member Country Contributions	1,600,000
Outstanding membership dues	640,000
Office space	258,000
Total	2,498,000

6.3 Resource Requirements and Availability for Programmes

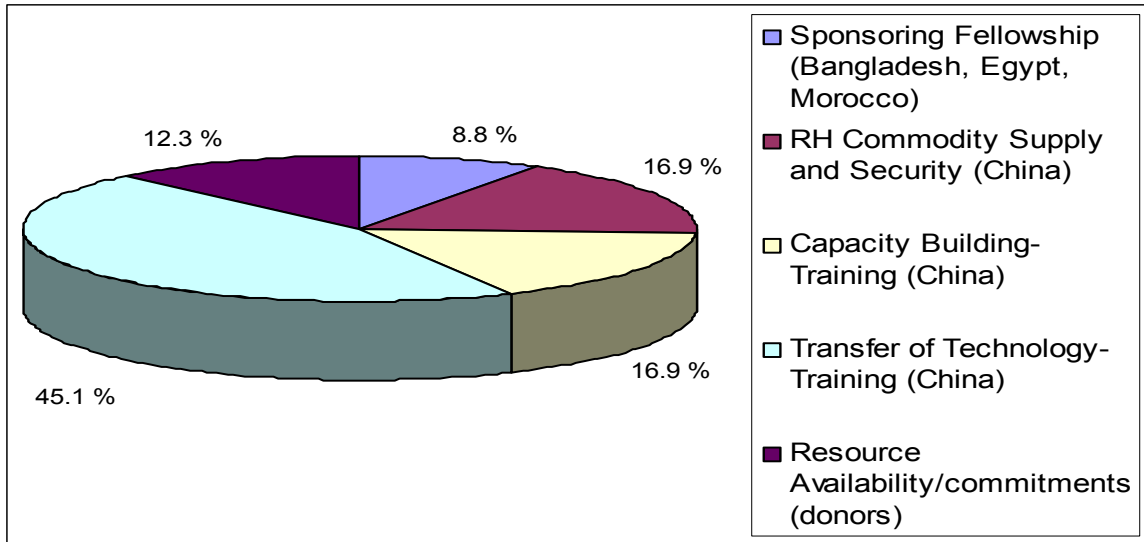
As discussed in section 4 total resource requirements to implement the programme of activities contained in the SBP is US\$ 14.6 million (See Table 4 and Figure 3) while resource commitments for the SBP period totals US\$ 7.1 million. It should be noted that of these commitments US\$5.6 million comes from China to support training, commodity supply and transfer of expertise and technology and an estimated US\$0.6 million from Bangladesh, Egypt and Morocco for fellowships to study in the Partner Institutions in their respective countries. Donor support/commitment on the other hand totals only \$0.9 million.

Table 4: Estimated Resource Requirements and Resource Availability for Programmes

Resource Requirements and Resource Availability	2008-2011
Resource requirements	\$ 14,667,390
Resources available/committed (a+b) :	\$ 7,099,000
(a) Resource availability/commitments (from member countries):	\$ 6,224,000
Sponsoring Fellowship (Bangladesh, Egypt, Morocco)	\$ 624,000
RH Commodity Supply and Security (China)	\$ 1,200,000
Capacity Building- Training (China)	\$ 1,200,000
Transfer of Technology- Training (China)	\$ 3,200,000
(b) Resource Availability/commitments (donors):	\$ 875,000
UNFPA	\$ 225,000

Hewlett	\$ 500,000
Packard	\$ 150,000

Figure 3: Resource Availability for Programme by Source



6.4 Resource Gap and mobilization strategies

Estimated resource gap for programme activities, therefore, is about \$7.5 million for the SBP period. In bridging the resource gap a significant share should be borne by the member countries. For example, improving the systems and structures for South-South cooperation including net-working, at the national level could be met by the member countries. Furthermore, PPD will identify and develop projects/programmes addressing specific needs among members of the Alliance or of a group of countries, based on the SBP and the work-plan, funding for which could be sought from one or more of the advanced countries of the Alliance.

Concurrently, PPD will also develop project proposals, based on the SBP, for funding by the different donor organizations, including the foundations and the private sector.

SECTION 7: CONCLUSIONS AND DECISIONS

The Strategic Business Plan, developed through a process of intensive consultations among member countries, provides a framework for the development and implementation of South-South cooperation programmes to be implemented by PPD, in cooperation with the Africa Regional Office and the China Programme Office, national focal points/structures, and other net-work members during the four year period 2008-2011. It responds to the needs of Member Countries and aims to make South-South cooperation an efficient modality and PPD a sustainable organization.

The proposed programme of work, though ambitious, can be implemented if resources are available and capacity of the secretariat of PPD, including the sub-offices and national focal points, are enhanced.

Recognizing that a strengthened PPD is critical to forge common goals and strategies to accelerate the achievement of MDGs and the ICPD Goals, and

Noting that the Strategic Business Plan provides the framework for action to further advance these goals,

The Board unanimously adopts the Strategic Business Plan and directs the Executive Director to take actions to implement the Strategic Business Plan through management and programme activities, and report on the progress at the annual meetings of the Board.

In this regard, the Board calls upon all member countries to support the implementation of the Business Plan by establishing and strengthening the national level structures and systems as described in the Strategic Business Plan and by actively advocating for the allocation of resources for the implementation of activities contained in the SBP.

The Board also directs the Executive Director to seek funding from external sources within the framework of the Business Plan.

To ensure sustainability, the Board further directs the Executive Director to take steps to improve the “assets base” of PPD and report on progress at the annual meetings of the Board.

Further recalling that PPD, as an Intergovernmental Alliance of Member Countries, is committed to promote South-South cooperation the Board urges all its Members, together with the Executive Director, to take full ownership of the Strategic Business Plan and commit themselves to synergize their efforts and advocate for the mobilization of resources to successfully implement the Strategic Business Plan and make PPD acquire the status it deserves.

Annex 1: Results and Resources Framework

Goals/Outputs	Resource Requirements and Availability Status			
		2008 – 2009	2010 – 2011	Total (2008-2011)
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.	Total	1,637,914	1,621,001	3,258,915
	Available	341,180	-	341,180
	Required	1,296,734	1,621,001	2,917,735
Output-1: Enhanced commitment of policy makers and programme managers to address priority population, reproductive health and gender issues translated into concrete actions.	Total	1,158,281	1,157,490	2,315,771
	Available	221,180	-	221,180
	Required	937,101	1,157,490	2,094,591
Output-2: Improved sharing of information and communication among member countries leading to more effective and results oriented programmes.	Total	217,664	148,016	365,680
	Available	70,000	-	70,000
	Required	147,664	148,016	295,680
Output-3: Strengthened support systems and structures at national level for more effective South-South cooperation	Total	261,969	315,495	577,464
	Available	50,000	-	50,000
	Required	211,969	315,495	527,464
Goal 2: Strengthened capacities at systems, institutional and individual levels in Member Countries through training, research and information and experience sharing.	Total	4,112,832	2,524,583	6,637,415
	Available	3,654,332	1,512,000	5,166,332
	Required	458,500	1,012,583	1,471,083
Output-1: Institutionalized modular training courses such as on population and poverty, gender, reproductive health, historical and institutional perspectives on ICPD and MDGs framework.	Total	334,232	445,490	779,722
	Available	29,132	-	29,132
	Required	305,100	445,490	750,590
Output-2: Strengthened technical and programmatic skills among professional staff in	Total	3,611,500	1,870,410	5,481,910
	Available			

priority thematic fields		3,561,000	1,512,000	5,073,000
	Required	50,500	358,410	408,910
Output-3: Increased capacity for utilization of evidence-based research findings for policy formulation, planning and programme development	Total	167,100	208,683	375,783
	Available	64,200	-	64,200
	Required	102,900	208,683	311,583
Goal 3: Strengthened networks and partnerships with institutions, civil society organizations, private sector and development partners.	Total	402,422	362,961	765,383
	Available	100,738	-	100,738
	Required	301,684	362,961	664,645
Output-1: Established a network of collaborating institutions in training and research to exchange knowledge, information, experience, and expertise in the areas of population, poverty, gender and reproductive health (marked in red added from CD proposal)	Total	105,000	60,000	165,000
	Available	30,000	-	30,000
	Required	75,000	60,000	135,000
Output-2: Strengthened and expanded sharing of information, collaborative programme planning and common advocacy through partnerships and coalition building for accelerated achievement of MDGs	Total	297,422	302,961	600,383
	Available	70,738	-	70,738
	Required	226,684	302,961	529,645
Goal 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.	Total	1,636,405	1,360,535	2,996,940
	Available	918,000	400,000	1,318,000
	Required	718,405	960,535	1,678,940
Output-1: Compiled and shared good practices and lessons learned on culturally sensitive approaches especially targeted at religious leaders and faith-based groups.	Total	80,000	80,000	160,000
	Available	-	-	-
	Required	80,000	80,000	160,000
Output-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.	Total	80,000	80,000	160,000
	Available	-	-	-
	Required	80,000	80,000	160,000
Output-3: Increased integration of Reproductive Health and	Total	133,000	80,000	213,000

HIV/AIDS services.	Available	93,000	-	93,000
	Required	40,000	80,000	120,000
Output-4: 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 increasing access to and affordability of services and supplies	Total	1,343,405	1,120,535	2,463,940
	Available	825,000	400,000	1,225,000
	Required	518,405	720,535	1,238,940
Goal 5: Enhanced resource availability including greater mobilization of resources from member countries and from donor countries/organizations for South-South Cooperation.	Total	133,800	78,309	212,109
	Available	60,000	-	60,000
	Required	73,800	78,309	152,109
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	Total	42,000	47,589	89,589
	Available	-	-	-
	Required	42,000	47,589	89,589
Output-2: 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.	Total			
	Available			
	Required			
Output-3: Mobilized additional resources from external donors including Intergovernmental Organizations, Bi-lateral agencies, Foundations and Private Sector for undertaking programme activities in accordance with Strategic Business Plan.	Total	91,800	30,720	122,520
	Available	60,000	-	60,000
	Required	31,800	30,720	62,520
Goal 6: Strengthened PPD through adequate mobilization of financial support, strengthened human resource	Total	407,945	388,683	796,628
	Available	112,750	-	112,750

base and improved programme collaboration with non-member countries.	Required	295,195	388,683	683,878
Output-1: Developed working relationship and programme collaboration with non-member countries.	Total	182,313	166,727	349,040
	Available	69,000	-	69,000
	Required	113,313	166,727	280,040
Output-2: Strengthened PPD through improved human resources, programme planning and management	Total	225,632	221,956	447,588
	Available	43,750	-	43,750
	Required	181,882	221,956	403,838

Grant Total	Resource Required	8,331,318	6,336,072	14,667,390
	Resource Available	5,187,000	1,912,000	7,099,000
	Resource to be Mobilized	3,144,318	4,424,072	7,568,390

Annex 2: Goals, Outputs and Objectively Verifiable Indicators for Results Based Programme Management

Goals/Outputs	Objectively Verifiable Indicators
<p>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.</p>	<p>1. Increase in the number and type of South-South Exchanges and Cooperation as well as support for them by Member Countries</p>
<p>Output 1 Enhanced commitment of policy makers and programme managers to address priority population, reproductive health and gender issues translated into concrete actions.</p>	<ol style="list-style-type: none"> 1. Allocation in the National/Agency Budget for South-South Cooperation on population, Reproductive Health and Gender 2. Population, Reproductive Health and Gender Programmes integrated into important of Poverty Reduction Policy
<p>Output 2 Improved sharing of information and communication among member countries leading to more effective and results oriented programmes.</p>	<ol style="list-style-type: none"> 1. Number of Publications and other information documents developed and disseminated by PPD 2. Number of documents and information uploaded and updated on PPD website/links by Member Countries/Partner Institutions 3. Policy/ and programme changes resulting from the above in Member countries
<p>Output 3 Strengthened support systems and structures at national level for more effective South-South cooperation</p>	<ol style="list-style-type: none"> 1. Establishment of inter-organizational task forces for South-South cooperation in Member Countries 2. Number of South-South cooperation Planning/review meetings held in PPD Member Countries 3. Annual Work plans for South-South cooperation in Member Countries
<p>Goal 2 : Strengthened capacities at systems, institutional and individual levels in member countries through training, research and information and experience sharing.</p>	<ol style="list-style-type: none"> 1. Increase in the number of Partner Institutions that are capable of developing and offering courses on population, reproductive health and

	<p>gender</p> <ol style="list-style-type: none"> 2. Increase in the number of Partner Institutions that are able to organize and conduct policy and programme related research and communicate the findings to policy makers and programme managers
<p>Output 1 Institutionalized modular training courses such as on population and poverty, gender, reproductive health, historical and institutional perspectives on ICPD and MDGs framework.</p>	<ol style="list-style-type: none"> 1. Number of Partner Institutions incorporating the training modules into their curriculum 2. Number of staff members from the Partner Institutions trained to offer the modular training courses
<p>Output 2 Strengthened technical and programmatic skills among professional staff in priority thematic fields.</p>	<ol style="list-style-type: none"> 1. Number of technical and professional staff from Member countries trained in priority thematic fields i 2. Number of trainers trained in offering training on priority thematic fields
<p>Output 3 Increased capacity for utilization of evidence-based research findings for policy formulation, planning and programme development</p>	<ol style="list-style-type: none"> 1. Number of professional staff in the Member Countries including the PIs involved in conducting policy and programme related research organized through PPD support 2. Number of policy and programme related research conducted by Member Countries/ PIs through PPD research support 3. Number of policy and programme changes introduced by Member Countries resulting from PPD supported research
<p>Goal 3 Strengthened net-works and partnerships with institutions, civil society organizations, private sector and development partners</p>	<ol style="list-style-type: none"> 1. Increase in the number of functioning networks and partnership programmes
<p>Output 1: Established a net-work of collaborating institutions in training and research</p>	<ol style="list-style-type: none"> 1. Documents showing list of membership, Governance structure and the functioning of the network of PIs

<p>Output 2 : Strengthened and expanded sharing of information, collaborative programme planning and common advocacy through partnerships and coalition building for accelerated achievement of MDGs</p>	<ol style="list-style-type: none"> 1. Number of documents developed and shared with other organizations by PPD 2. Number of joint programmes developed and implemented with other organizations by PPD 3. Number of dissemination Workshops conducted by PPD
<p>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.</p>	<ol style="list-style-type: none"> 1. Increase in Contraceptive Prevalence rate (CPR) 2. Decline in the incidence and prevalence of HIV/AIDS
<p>Output 1: Compiled and shared good practices and lessons learned on culturally sensitive approaches especially targeted at religious leaders and faith-based groups.</p>	<ol style="list-style-type: none"> 1. Number of documents on best practices and lessons learned on culturally sensitive approaches prepared and disseminated
<p>Output 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.</p>	<ol style="list-style-type: none"> 1. Number of documents on best practices and lessons learned on efforts to improve quality and expand access to family planning and other RH services prepared and disseminated
<p>Output 3 Increased integration of Reproductive Health and HIV/AIDS services.</p>	<ol style="list-style-type: none"> 1. Increase in the number of countries with policies on the integration of HIV/AIDS with Reproductive Health
<p>Output 4 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 increasing access to and affordability of services and supplies and increased allocation of resources for RH Commodities; prequalification of contraceptives and generic drugs.</p>	<ol style="list-style-type: none"> 1. Databases on commodity availability and needs collected, updated and disseminated periodically 2. Number of agreements among member countries for transfer of skills, equipment and/or supply reproductive health commodities 3. Allocation of resources in national budget for RHCS
<p>Goal 5 Enhanced resource availability including greater mobilization of resources from member countries and from donor countries/organization for South-South</p>	<ol style="list-style-type: none"> 1. Increase in Funds from Member Countries and donors for PPD programmes 2. Increase in the “reserve funds”

Cooperation.	of PPD
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	1. Annual allocations in the national/agency budgets for south-south programmes in Member Countries
Output 2 : Mobilized adequate resources for PPD from member countries, in accordance with the Strategic Business Plan and Human Resources Development Plan, for undertaking core activities and its related administrative and operational costs as an intergovernmental organization	1. Allocation of resources by Member Countries to PPD for implementing SBP 2. Number of MoUs signed by Member Countries and facilitated by PPD
Output 3 : Mobilized additional resources from external donors including intergovernmental organizations, bi-lateral agencies, foundations and the private sector for undertaking programme activities in accordance with the Strategic Business Plan	1. Resources mobilized from external donors, foundations, etc.
Goal 6: Strengthened PPD through strengthened human resource base and improved programme collaboration with non-member countries.	1. Increase in financial support for PPD programmes from Member Countries and donor organizations 2. Increase in technical assistance and supervision of PPD programmes by PPD staff
Output 1 Developed working relationship and programme collaboration with non-member countries.	1. Number of non-member countries participating in PPD programmes 2. Number of countries joining PPD as new member
Output 2 Strengthened PPD through improved human resources, programme planning and management	1. Number of staff and their skill levels 2. Establishment of e-management information system 3. Establishment of International Programme Advisory Committee

Annex 3: PPD Priorities

