



# **Partners in Population and Development**

A South-South Initiative  
Permanent Observer at the United Nations

**Strategic Plan: 2012-2016**  
**Partners in Population and Development**  
**Africa Regional Office (PPD ARO)**

## **Partners in Population and Development**

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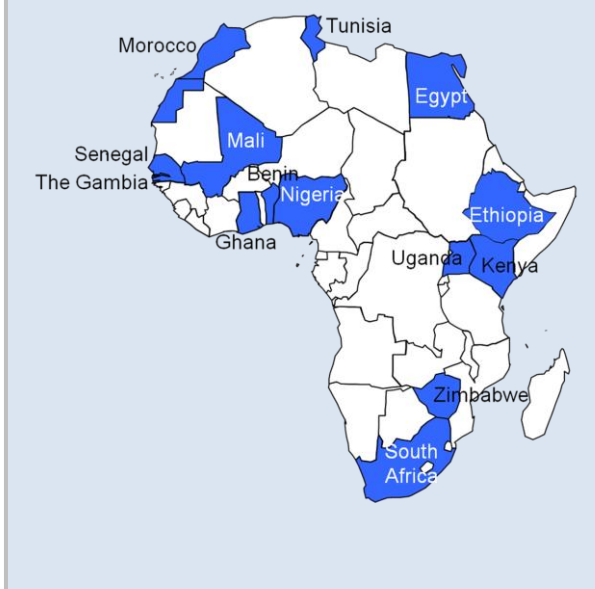
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## Executive summary: A South-South force for reform

Partners in Population and Development Africa Regional Office (PPD ARO) is a southern-led southern-run inter-governmental organisation linking 14 African countries (Figure 1), each with a strong commitment to the partnership's vision—*a continent that meets its reproductive health needs, promotes the population and development agenda and thereby addresses poverty, through South-South cooperation*. Recognizing that reproductive health and population are not solely health issues, PPD ARO approaches SRHR and population issues from a rights-based perspective and aims to strengthen and mainstream the links between gender equality, SRHR, social justice, poverty reduction, development and the achievement of the MDGs.

The PPD Africa Regional Office was founded in 2007 as a regional presence of Partners in Population and Development, the global South-South alliance of 25 countries. South-South dialogue is a particularly effective mechanism to hold leaders and countries accountable on the commitments they have made, such as implementation of the Maputo Plan of Action, the ICPD Programme of Action, and the MDGs.

**Figure 1**  
PPD member countries



PPD ARO has already made a tangible difference in Africa in its first three years. Highlights include:

1. **Developed parliamentary leadership** for, and commitment to, family planning and reproductive health resulting in increased tabling of private members' bills in countries including Kenya, Malawi, Namibia, Swaziland, Uganda and Zimbabwe, and engagement with ministers of health and finance on the need to allocate increased resources for SRHR in national budgets throughout Eastern and Southern Africa.
2. **Created champions for SRHR in Africa**, including the First Lady of Uganda and the Nnabagereka (Queen) of Buganda Kingdom, Uganda to advocate for and make strong statements on the health of women and children, and to support SRHR specifically.
3. **Helped strengthen accountability for the Maputo Plan of Action**. PPD ARO helped develop a Progress Assessment Tool to hold countries accountable for their commitments to Maputo in partnership with the AU, UNFPA, WHO, Marie Stopes International, and IPPFAR (International Planned Parenthood Federation Africa Region), resulting in the decision by AU Heads of State to extend it from 2010 to 2015 to coincide with the MDGs review.
4. **Built first lady champions for the MDGs to reduce maternal and child mortality**: PPD ARO sponsored a July 2010 meeting where the first ladies in the Organization of African First Ladies against HIV/AIDS (OAFLA) resolved to expand their focus to include maternal health. Specific focus topics include advocacy for increased family planning budgets, and increasing

political awareness by working with parliamentarians, and cultivating national, regional, and global support for family planning.

5. **Tripled funds in Uganda for family planning supplies** by working with the Ministries of Health and Finance, the National Medical Stores, and Parliamentarians to streamline funding.

Moving forward, PPD ARO is pursuing four strategies to achieve its goal of improving SRHR and wellbeing of over 9 million African women and children by 2016:

1. **Policy and funding advocacy:** PPD ARO's outcomes are to: a) have supportive SRHR policies (such as commodity security, community-based services, and other Maputo-related policies) in at least 5 countries; b) have at least 7 countries incorporate important SRHR activities into country-level development plans and link SRHR with achieving MDG goals; c) increase SRHR funding from national governments and donors from 2010 levels by at least 50% each in at least 3 countries; and d) advocate for appropriate country-specific policies and funding increases.

To accomplish these outcomes, PPD ARO creates SRHR champions (including ministers, parliamentarians, and first ladies) in PPD member countries, increases the knowledge and appreciation of the linkages between SRHR and development of key policy makers, and advocates for funding by meeting directly with international aid and philanthropic organizations, meeting with policymakers in PPD member and collaborating countries, and organizing sessions between ministers and development donors to advance SRHR.

2. **Accountability for SRHR commitments:** PPD ARO's outcomes are that: a) all 14 PPD ARO member countries publicly report progress against the Maputo Plan of Action; b) all PPD ARO member countries publicize gaps to the Abuja health spending targets of 15% of their annual budgets to the health sector; and c) at least 12 countries have clear budget and expenditure line items for family planning that are publicly available.

To accomplish these outcomes, PPD ARO works with partners to ensure PPD member countries report progress publicly against Maputo, publicizes any gaps against Abuja spending targets at regional, economic, and PPD meetings, and works with ministries and NGOs to advocate for family planning line items in country budgets.

3. **Networking and strategic Southern partnerships:** PPD ARO helps to create enhanced leadership by Southern-led institutions in national, regional and international efforts for SRHR.

To accomplish this outcome, PPD ARO increases the focus on SRHR by the African Union and its Regional Economic Communities through strategic partnerships and reproductive health networks and coordinates efforts with SRHR-related NGOs, CSOs and research institutions.

4. **South-South best practice transfer:** PPD ARO is working to transfer at least three best practices in SRHR, population and development across PPD member and collaborating countries by 2016.

To accomplish this outcome, PPD ARO identifies and documents best practices and increases the knowledge of key policymakers in PPD member and collaborating countries through focused sessions, informational exchange visits, and other appropriate channels of dissemination (including meetings, newsletters, briefs, reports, and websites).

Now, as PPD ARO approaches its fifth anniversary, the organization is reviewing its strategy to ensure the greatest possible positive impact going forward. Based on an outside assessment of the organization's distinctive strengths, on interviews with funders, country members, and expert colleagues, and on outside research, this document provides a snapshot of the resulting plan.

# Introduction

## Reproductive health is essential for health and development

The people of Africa, especially its women, children and youth, continue to suffer in abject poverty and dehumanizing conditions, foremost among which is an unparalleled burden of disease. At the same time, they face the special perils of the twenty-first century: urbanization at unprecedented speed, the growth of urban slums, and the HIV/AIDS pandemic.

Amongst the most severe impediments to achieving the Millennium Development Goals (MDGs) is the dual burden of Africa's high birth rate and the poor reproductive health (RH) conditions of so many of the continent's people, especially its women. It is clearly understood today that achievement of nearly all the MDGs depends upon success in achieving the principal goal of the landmark International Conference on Population and Development (ICPD) in Cairo, Egypt in 1994: universal access to reproductive health services. Unless people, especially women, are able to achieve full control over their own reproduction and to achieve a good state of reproductive health, it will be nearly impossible to meet such MDGs as reducing child mortality, improving maternal health, achieving universal primary school enrolment, ending hunger, improving the environment, rolling back the AIDS pandemic, or significantly reducing the proportion of people living in extreme poverty. All of these goals depend upon slower rates of population growth and healthier, more productive women.

As Jeffrey Sachs<sup>1</sup> stated in 2002, "Reproductive health services are not just desirable in and of themselves – which they certainly are – but are absolutely critical tools for alleviating poverty, and in particular for achieving the Millennium Development Goals."<sup>2</sup> Reproductive health is squarely at the center of Africa's development and health.

## PPD ARO can make a difference

In order to improve development and health across Africa, reproductive health and population issues need to be brought to the forefront of discussion, from the highest political levels down to the community level. Partners in Population and Development (PPD) was created to catalyze this change in Africa.

PPD is a southern-led, southern-run inter-governmental organization with deep commitment to improving the reproductive health and rights in collaborating and partner countries, in strategic partnership with NGOs and other civil society organizations. PPD was founded with ten country members in 1995 to promote South-South cooperation in reproductive health and population and development. Since 1995, PPD's global work has entailed promotion of South-South cooperation, representation of the point of view of developing countries in international meetings and advocacy for the inclusion of reproductive health, family planning, HIV/AIDS, population and development issues as essential to achieving socio-economic development and reducing poverty.

PPD has since grown to 25 countries, 14 of which are in Africa. PPD created an African Regional Office (PPD ARO) in 2007 to stimulate progress specifically in African countries.

PPD ARO has made a tangible difference in African countries since opening in 2007, with highlights described above in the executive summary.

## PPD ARO's overall goal

**PPD ARO's overall goal is to improve the sexual and reproductive health and rights (SRHR) and well-being of 9.3 million women and children by 2016 through improved reproductive health policies, increased funding for SRHR, and better implementation of SRHR activities in Africa.** PPD ARO will accomplish this by building a commitment to excellence by African policy makers, including ministers and parliamentarians of PPD member and collaborating countries.

Through its work, PPD ARO aims to contribute to: 1) Improved sexual and reproductive health and rights, 2) Averted unintended pregnancies by addressing unmet need for family planning, 3) Reduced infant and maternal morbidity and mortality, 4) Gender equity and equality, and 5) Reduced poverty and achieved sustainable development.

Over time, across PPD ARO member countries, this can improve the lives of the 30 million<sup>3</sup> women with an unmet need to limit or delay births, reduce infant and maternal mortality rates (currently 70 and 680 deaths per 100,000 live births on average, respectively), and protect the rights of over 140 million<sup>4</sup> women of reproductive age, 60% of who live on less than \$2 per day. Improving Africa's SRHR is crucial to achieve the MDGs, as well as accelerating poverty reduction, ultimately improving the lives of women and families.

## PPD ARO's focus areas

To contribute to the ultimate outcomes above, PPD ARO will continue to build on the mission elements of the PPD ARO 2007-2011 Strategic Plan: advocacy and policy dialogue, building strategic partnerships and sharing of best practices. In addition, PPD ARO will invest in improved accountability for family planning and reproductive health (SRHR) commitments, as well as improved SRHR policy and funding outcomes in PPD member and collaborating countries. Sharing and transfer of best practices using South-South cooperation will continue to be an overarching strategy for guiding PPD ARO's interventions among and across PPD member and collaborating countries. South-South cooperation therefore is the guiding principle of all of PPD ARO's work.

PPD ARO is well-positioned to advance the goals listed above through four strategic focus areas: 1) policy and funding advocacy, 2) Accountability for SRHR commitments, 3) Networking and strategic Southern partnerships, and 4) Transfer of best practices through South-South cooperation. These focus areas, with eight major outcomes, are further described below:

- 1) **Policy and funding advocacy:** PPD ARO will advocate for increased funding and improved policies with policymakers, first ladies and other champions, with specific intermediate outcomes of:
  - a. Presence of supportive SRHR policies, such as commodity security, community-based services, and other Maputo-related policies in at least 5 PPD member countries by 2016
  - b. 7 PPD member countries incorporate important SRHR activities, such as financing, logistics, quality of service, and/or awareness-raising campaigns into country-level development plans and link SRHR with achieving MDG goals by 2016
  - c. SRHR funding from national governments and from donors increased from 2010 levels by at least 50% each in at least 3 PPD member countries by 2016
- 2) **Accountability for SRHR commitments:** PPD ARO will increase accountability for SRHR budgeting and spending across Africa, with specific intermediate outcomes of:

- a. All 14 African PPD member countries report progress against Maputo Plan of Action with results publicly accessible by 2016
  - b. Gaps of PPD member countries to Abuja health spending targets of 15% of their annual budgets to the health sector publicized by 2016
  - c. At least 12 African PPD member countries have clear budget and expenditure line items for family planning that are publicly available by 2016
- 3) **Networking and strategic Southern partnerships:** PPD ARO will work in partnership with key regional and international institutions, as well as supporting regional health networks, with a specific intermediate outcome of:
- a. Enhanced leadership by Southern-led institutions (including the African Union and its Regional Economic Communities (EAC, SADC and ECOWAS) and NGOs, CSOs and research institutions involved in SRHR) in national, regional and international efforts for SRHR by 2016
- 4) **Transfer of best practices through South-South cooperation:** PPD ARO will document, share and support the transfer of best practices and lessons learnt, with a specific intermediate outcome of:
- a. At least 3 best practices (in SRHR, population and development) transferred across PPD member and collaborating countries by 2016

**Country-specific policy and funding advocacy:** PPD ARO will also pursue country-specific policy and funding advocacy, as capacity and funding allow, with an initial focus on Uganda, Tanzania, and potentially Senegal. Country-specific intermediate outcomes include:

- a. In Uganda, government's commodity funding to the National Medical Stores (NMS) is tripled to \$3.9 million by 2013, with a clear contraceptive line item in the NMS budget to ensure that NMS are always stocked with essential medicines, that no shortages occur, that contraceptives are included, and that there is financial transparency of commodities
- b. In Uganda, increased funds at NMS are used to leverage an additional \$5 million from international sources by 2013
- c. In Uganda, Village health teams (VHT) integrate SRHR information and select services (e.g. Depo-Provera, condoms, misoprostol) into their activities by 2013
- d. In Uganda, Family planning is prioritized and integrated into local government (district and lower) planning and budgeting processes by 2015
- e. In Tanzania, the current \$9 million Ministry of Health and Social Welfare (MOHSW) Reproductive Health line item is increased by 50% by 2014 and is used to help leverage an additional \$5 million from international sources by 2015
- f. In Tanzania, in line with Tanzania's 2010 National Costed Implementation Plan, contraceptive security is ensured and champions are developed by 2015
- g. In Senegal, resources for FP and Sexual and Reproductive Health and Rights (SRHR) are increased by \$3.1M from the government of Senegal and international donors by 2016
- h. In Senegal, family planning is repositioned as key for the attainment of the MDGs through incorporating FP and SRHR into development plans by 2016

A full list of outcome and targets is in Appendix A. PPD ARO's plan of action for each of these four strategic focus areas is described in the sections that follow.



# 1. Policy and funding advocacy

PPD ARO has been successful in its targeted advocacy work, and expects to see additional tangible results from its work over the next few years. PPD ARO will continue engaging policymakers through policy dialogue to ensure that SRHR is included in the development agenda. In this regard, PPD ARO will work to ensure a favorable SRHR policy environment, as well as increased funding for SRHR.

PPD ARO's three major outcomes within policy and funding advocacy are: a) presence of supportive SRHR policies, such as commodity security, community-based services, and other Maputo-related policies in PPD member countries, b) PPD member countries incorporate important SRHR activities, such as financing, logistics, quality of service, and/or awareness-raising campaigns into country-level development plans and link SRHR with achieving MDG goals, and c) SRHR funding from national governments and from donors increased from 2010 levels by at least 50% each in multiple PPD member countries.

To achieve these outcomes, PPD ARO will work across member countries to increase funding and improve policies by pursuing the following four sets of activities:

- ▶ **Create SRHR champions to promote SRHR.** PPD ARO will work to create at least ten SRHR champions (including ministers, parliamentarians, and first ladies) in PPD member countries who promote a favorable SRHR environment through supportive statements. PPD ARO will engage and educate potential champions on the importance of SRHR to development. PPD ARO will show the linkages and benefits of investing in SRHR for development by using evidence-based advocacy tools (e.g. RAPID, REDUCE model, etc.) as well as Spitfire, Demographic Health Surveys and National Health Accounts, to effectively advocate for a favorable SRHR policy environment and higher funding levels.
- ▶ **Increase knowledge and appreciation of the linkages between SRHR and development.** PPD ARO will increase knowledge and appreciation of the linkages between SRHR and development of key policy makers in PPD member countries as measured by supportive statements or legislative action. To accomplish this, PPD ARO will support meetings and capacity building sessions to enhance advocacy and funding skills for ministers, parliamentarians, senior government officials, first ladies and champions.

PPD ARO will also facilitate the participation of ministers and other leaders as Voices from the South at international and regional SRHR events. This will provide opportunities for engagement, building of knowledge and development of collaborative relationships with others in the field of SRHR.

- ▶ **Advocate for increased funding for SRHR from international donors and from PPD member and collaborating country governments.** Past work on funding in Africa has shown that developing funding skills (especially local leadership, capacity and demonstrating need to funders) and funding packages with a large mix of stakeholders (governments, multilaterals and bilaterals) has the potential to dramatically increase funding for SRHR.

Across PPD African member countries, core family planning is underfunded by at least \$750 million per year, and broader SRHR needs (reaching ICPD or MDG goals of universal access to reproductive health) are underfunded by over \$4 billion per year. PPD ARO is working to help close the funding gap for SRHR across Africa.

Specifically, PPD ARO will pursue the following activities:

- Meet directly with international aid and philanthropic organizations (e.g., UNFPA, World Bank, Global Fund, EC, USAID, DFID, SIDA, Dutch MoFA, BMZ, Danida, NORAD, etc.) to advocate for increased SRHR-specific funding in Africa
  - Undertake advocacy missions to policymakers in PPD member and collaborating countries to increase domestic funding for SRHR
  - Organize sessions between ministers and development donors to advance SRHR.
- ▶ **Achieving country-specific funding and policy advocacy improvement.** PPD ARO is increasingly seeing opportunities to leverage existing relationships at the individual country level to improve the reproductive health of women through inexpensive activities consistent with its mission. PPD ARO will therefore continue to pursue this country-specific advocacy work and projects, as funding and capacity allow.

In most instances, PPD ARO will play an advisory role, ensuring that the in-country stakeholders, such as PPD's national support structures for South-South cooperation (task forces), Ministries of Health, Ministries of Finance, National Population Councils, and other parties create compelling materials, engage the necessary policymakers, and keep the process moving forward. In these endeavors, PPD ARO will prioritize value for money and strategically use consultants to address capacity needs.

If the targeted work in multiple member countries proves as productive as hoped, it will lead to more country-specific work, and increased funding for these projects. For example, PPD ARO could help facilitate the transfer of specific knowledge gained from work in these countries to other countries.

## 2. Accountability for SRHR commitments

PPD ARO will improve accountability for SRHR commitments by encouraging accountability against international agreements and government funding pledges.

A variety of important international agreements exist that elaborate the importance of SRHR in developing countries. These agreements include:

- ▶ **Abuja Declaration (2001)**<sup>5</sup>, developing countries committed to allocating at least 15% of their annual budgets to the improvement of the health sector, among other health commitments. Additionally, the declaration urges donor countries to designate 0.7% of their GNP as Official Development Assistance (ODA) to developing countries.
- ▶ **Maputo Plan of Action (2006)**<sup>6</sup> is Africa's continental, comprehensive policy framework for achieving universal access to SRHR. In this agreement, countries committed to work on nine policy goals, including increased resources for SRHR, commodity security, youth-friendly services, quality safe motherhood and child survival, and repositioning family planning as key for achieving MDGs.
- ▶ **Other international agreements such as the Millennium Development Goals.** For example, countries committed to achieve MDG5<sup>7</sup> to improve maternal health by 2015, including reducing maternal mortality by 75% from 1990 levels and achieving universal access to reproductive health.

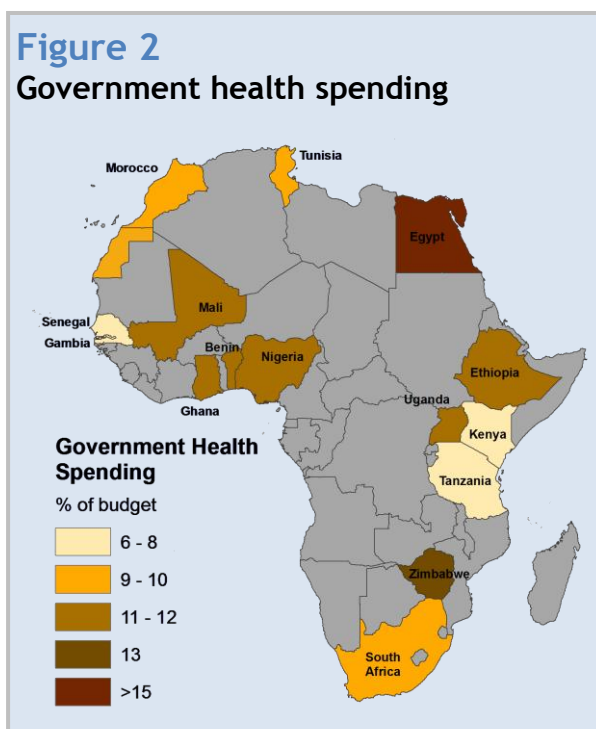
While these commitments were well-intentioned, many countries have yet to make good on them. For example, almost all African countries have yet to allocate 15% of their budget to the health sector, as committed in Abuja (Figure 2).<sup>8</sup> In addition, unmet need continues to be as high as 40%<sup>8</sup> in some PPD member countries.

PPD ARO's three major outcomes within accountability are: a) African PPD member countries report progress against Maputo Plan of Action with results publicly accessible, b) Gaps of PPD member countries to Abuja health spending targets of 15% of their annual budgets to the health sector publicized, and c) African PPD member countries have clear budget and expenditure line items for family planning that are publicly available.

To achieve these outcomes, PPD ARO will pursue the following three activities:

- ▶ **Ensure PPD member countries report progress publicly against Maputo through meetings and websites.** PPD ARO, in partnership with other stakeholders (e.g. African Union, IPPF, Women Deliver), will help hold countries accountable to commitments they have already made (e.g. Maputo) by requiring progress reports at meetings and encouraging the public availability of information on progress of member countries.
- ▶ **Publicize any gaps against Abuja spending targets at regional, economic, and PPD meetings.** In order to improve accountability of PPD member countries against their Abuja commitments to commit 15% of their annual budgets to health, PPD ARO will publicize any gaps against Abuja spending targets at regional, economic, and PPD meetings.
- ▶ **Work with ministries and NGOs to advocate for family planning line items in country budgets.** PPD ARO will support and advocate for accountability along all levels of the funding chain, but with a focus on the budget allocation and funding transmission links. PPD ARO will primarily work with ministries and NGOs to advocate for family planning line items in country budgets. In some countries, work may extend to accountability and publicly available information at the expenditure/service provision level if appropriate. PPD ARO will also encourage Public Expenditure Tracking Surveys (PETS) in member countries to track expenditures from beginning to end to ensure funds reach citizens.

Activities to improve accountability will involve working with partner organizations such as transparency and accountability organizations (e.g., International Budget Project), the Transparency and Accountability Project (TAP), and regional organizations such as ECSA.



### 3. Networking and strategic Southern partnerships

PPD ARO's major outcome within networking and strategic Southern partnerships is to achieve enhanced leadership by Southern-led institutions in national, regional and international efforts for SRHR.

To achieve this outcome, PPD ARO will pursue the following two activities:

- ▶ **Increase focus on SRHR by the African Union and its Regional Economic Communities (EAC, SADC and ECOWAS) through strategic partnerships and reproductive health networks (EARHN, SARHN and WARHN).** PPD ARO will continue working with the African Union and its Regional Economic Communities (RECs) (EAC, SADC and ECOWAS), as well as other regional and research institutions to monitor and evaluate progress on international and regional SRHR frameworks, including Maputo, Abuja, MDGs and others. PPD ARO will build, support and strengthen RH regional networks in the context of the African Union and its Regional Economic Communities and help them to implement strategic plans and annual work plans. This will include offering high-quality regional meetings (East, West, Southern Africa) to provide networking opportunities within the regions.
- ▶ **Coordinate efforts with NGOs, CSOs and research institutions involved in SRHR.** To promote SRHR programmes, PPD ARO will network with governments, UN agencies, NGOs and CSOs with overlapping advocacy agendas. At the technical and managerial level, PPD ARO will reach out to African countries to build and sustain partnerships among PPD member and collaborating countries and coordinate and support Partner Country Coordinators (PCCs) and collaborating country representatives through meetings and capacity-building activities and increased communication. To reinforce South-South collaboration within countries, PPD ARO will engage with PPD's established national support structures for South-South collaboration (task forces) in African PPD member countries.

### 4. Transfer of best practices through South-South cooperation

PPD was originally founded as a Southern-led, Southern-run inter-governmental organization with deep commitment to South-South cooperation in population and development. Donor agreements such as the Paris Declaration have reinforced the value of, and international commitment to, these Southern-led efforts.

South-South best practice transfer between African countries can improve reproductive health and is seen as an excellent fit for PPD ARO. PPD ARO will therefore document and disseminate best practices across countries by documenting specific Maputo-related policies and targeted advocacy tactics, discussing general best practices with country leaders at meetings, and catalyzing links between leaders in the field through the organization's unique connections. PPD ARO will continue work with Eastern, Western, and Southern Africa regional health and development networks and facilitate informative exchange visits.

Many PPD member countries have best practices that align with the Maputo Plan of Action, leading to the possibility that other countries would benefit from these practices. Country practices that

align with the Maputo Plan of Action include: repositioning FP as key for MDGs, funding for SRHR, quality safe motherhood and child survival, commodity security, monitoring and evaluation and youth-friendly services.

PPD ARO's major outcome within transfer of best practices is to transfer multiple best practices across PPD member and collaborating countries. To achieve this outcome, PPD ARO will pursue the following two activities:

- ▶ **Identify and document best practices in SRHR, population and development.** PPD ARO expects to document and disseminate best practices, working with Partner Country Coordinators (PCCs) and experts, at a rate of two topics per year, beginning in 2011. These best practices will cover the Maputo Plan topics described above, as well as topics to help foster champions and improve policies. Best practices will be written as reports and briefs.
- ▶ **Increase knowledge of best practices among key policymakers in PPD member and collaborating countries by:**
  - **Holding at least one focused session per year (e.g. developing demand-driven funding).** PPD ARO will share best practices among key policymakers, e.g. ministers, parliamentarians and SRHR champions through at least one focused session per year, with materials repeated at regional/other meetings (e.g., developing demand-driven fundraising for RH). PPD ARO will facilitate one or more sessions per year for high-level ministers, first ladies, parliamentarians, and other SRHR champions.
  - **Conducting exchanges between higher performing countries and other member countries.** PPD ARO will facilitate informative exchange visits and work with the Eastern, Western, and Southern Africa regional reproductive health and development networks on planning, resource mobilization and collaborations. PPD ARO will help facilitate country visits, along with other information sharing activities.
  - **Highlighting best practices through other appropriate channels,** including disseminating information at meetings and through newsletters, briefs, reports, and websites. Key meetings can occur at Partner Country Coordinator (PCC) meetings, at the regional RH network meetings, and within PPD member countries, through meetings of PPD's national support structures for South-South collaboration (task forces).

Additional discussions will take place with country leaders and SRHR champions on a more opportunistic basis.

## The budget, staffing and fundraising plan

PPD ARO intends to double its budget from \$1.1 to \$2.2 million per year over the next five years to implement this plan. These funds will be raised with partners targeting specific philanthropic, multilateral, and bilateral donors. Staffing is expected to grow by 2-4 people over the next few years as well. While this level of growth may seem modest, PPD ARO believes that controlled growth is crucial if the organization is to maintain the quality that has led to the organization's success to date. This level of growth is manageable and realistic given expected funding opportunities, human resource needs and availability, and the speed of developing the right relationships and context for successful work.



## Budget and staffing plan

In order to accomplish the goals set by PPD ARO across Africa, PPD ARO seeks to grow its budget from \$1.1 to \$2.2 million over the next five years. A draft breakdown of this budget and a detailed budget can be found in Appendix B.

Salaries and administrative work will support the variety of activities described here, with additional funds for sharing successful programme ideas across all PPD member countries, networking, policy and funding advocacy and accountability.

Since its founding in 2007, PPD ARO successfully raised over \$2 million from the Hewlett Foundation, over \$1 million (over 3 years) from the Gates and Packard Foundations through the Advance Family Planning initiative, and increased the number of staff to 6.5 full-time. Going forward, PPD ARO expects to grow its staff by 2-4 people.

PPD ARO plans to increase and adjust the type and expertise of its staff in order to expand the reach and impact of PPD as described below:

- ▶ **Build internal fundraising capacity:** While PPD ARO has been quite successful in raising funds over the last few years, the organization does not yet have the processes in place, or the capacity to carry them out, to achieve its full fundraising potential. PPD ARO believes that with dedicated resources it could more effectively exploit the PPD ARO ‘brand’ as an African-led, highly effective organization. PPD ARO therefore plans to develop more formal processes, and to expand its organizational capacity to develop relationships and improve follow up on proposals. This capacity will support the fundraising plan described below.
- ▶ **Increase ownership of tasks and outcomes within PPD ARO:** As any organization expands beyond its startup phase, assignment of tasks tends to shift from an ad hoc basis to clear roles and responsibilities within the organization. To increase its effectiveness, PPD ARO intends to assign more specific roles and responsibilities to create greater accountability within the organization.
- ▶ **Increase country-specific capacity and expertise:** Ramping up efforts in specific PPD member countries will require country expertise and close relationships. PPD ARO therefore plans to develop closer relationships in countries and to identify consultants and possible partners where the organization plans to pursue specific advocacy outcomes, working with PPD’s national support structures for South-South collaboration (task forces).

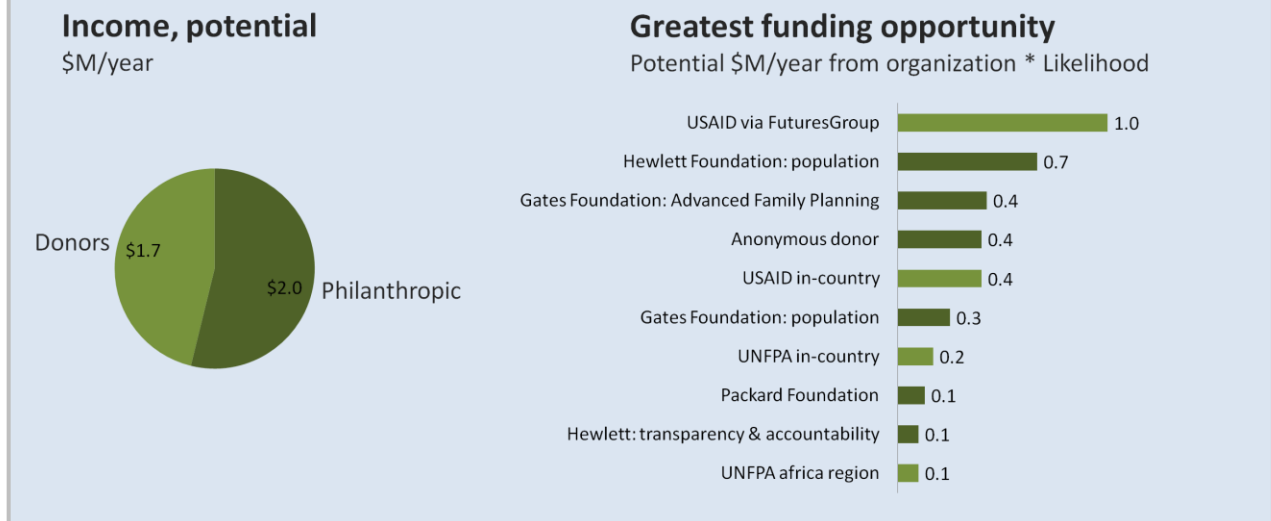
The proposed budget for 2012-2016 is consistent with the level of funds that PPD ARO is expected to raise from a variety of philanthropic institutions and other major donors. In total, the potential income of around \$2.2 million per year requires a fundraising plan to target specific donors and work with partners, which are described more below.

## Fundraising plan

Going forward, doubling PPD ARO’s budget requires a fundraising plan that enlists partners to target the funders with the greatest potential. This set of partners and donors was defined through the strategic development process and interviews of various stakeholders, where both the level of funds and the likelihood of raising those funds were considered.

Fortunately, PPD ARO has received significant funding from the Advance Family Planning (AFP) Project by the Gates and Packard Foundations, and was recently included in a grant submission for \$5 million over five years as part of a Futures Group proposal to USAID. In addition, because of its

**Figure 3**  
**Fundraising plan**



increased attention to specific outcomes in specific countries, new fundraising possibilities are opening up, including funding from in-country offices of aid agencies (such as USAID).

Figure 3 shows the potential funders in descending order of expected funds. Fundraising efforts will likely focus on USAID (via Futures Group), Hewlett Foundation (Population programme), Gates Foundation and Packard Foundation (Advance Family Planning/AFP), anonymous donor, USAID, CIDA, European Union/Commission and European countries (e.g. BMZ, DfID, Danida, Norad, SIDA). Foundations such as Hewlett, Gates, and Packard, UNFPA were estimated to have the highest likelihoods of success. While some of these funds are already secured (Hewlett Foundation, Population; Gates and Packard Foundations: AFP) through 2011, the rest will require a significant fundraising effort.

Working with fundraising partners is sometimes more compelling to donors, and results in a higher likelihood that PPD ARO's outcomes will be achieved. PPD ARO will work with fundraising partners such as John's Hopkins University (JHU), DSW (German Foundation for World Population), FuturesGroup, IntraHealth, PopCouncil, African Population and Health Research Center (APHRC), and Pathfinder to secure grants to promote family planning and reproductive health in Africa.

By developing its capacity, expertise, and influence over the past few years, PPD ARO is now well positioned to achieve outcomes in Africa and successfully raise more money to accomplish these outcomes. Specifically, PPD ARO brings the following attributes to proposals, which will be featured prominently:

- ▶ Southern-led and southern-run, with intimate local knowledge of the key issues, constraints, and political situations
- ▶ A history of important policy and funding advocacy contributions
- ▶ Strong existing relationships with senior officials across PPD member countries
- ▶ Excellent reputation, as part of an inter-governmental organization (IGO)

- ▶ Ability to facilitate South-South collaboration through PPD member countries
- ▶ Unique position in Africa as a regional office of an inter-governmental organization with senior representation from ministries of health who collaborate across borders

Given these advantages, PPD ARO expects its role and funding in partnerships to increase going forward.

## Monitoring and Evaluation

Monitoring and Evaluation (M&E) are important tools for measuring accomplishment and detection of challenges of implementing projects and programs. The monitoring and evaluation of the implementation of this strategic plan will be the responsibility of PPD ARO and will be supported through regular reports and updates from meetings, field visits and consultants reports. Annually, Partners Country Coordinators (PCCs) from PPD member countries will meet to share experiences and lessons learnt and report progress achievements related to the four key focused areas of the strategic plan.

Specifically, PPD ARO will monitor progress against the outcomes and activities as described in its logic model (see Appendix A). In the shorter term (annually), monitoring will focus on activity metrics. Mid-term evaluations (every ~2 years) will focus on outcome measures. Finally, in the longer term (e.g. 5 years), PPD ARO hopes to ultimately evaluate progress against the goals. Data sources for monitoring and evaluation include PPD ARO reports, country Demographic and Health Survey, National Health Account, Maputo Plan of Action Assessment Tool, National Annual Budgets and other national and regional studies and reports.

Appendix B provides additional detail regarding metrics, targets and data sources for PPD ARO's goals, outcomes, and activities.



## Appendix A: Detailed logic model

PPD ARO's logic model, with outcomes and activities is in Figure A1, with country-specific outcomes and activities in Figure A2.



## Figure A2

### Country-specific policy and funding advocacy outcomes (subject to funding and capacity availability)

#### Activities

- i. Work with MOF to create a line item in the NMS budget for commodities, commit to increasing funding and commit to funding earlier in the year
  - ii. Work with NMS procurement to ensure transparency of funding for medical supplies, delivery to allocated areas, and to improve finance, supply chain management and LMIS (logistics, management and information systems)
  - iii. Work with MOH to show how health outcomes can improve with cooperation and to coordinate the transitioning systems
- 
- i. Develop a funding advocacy package and memorandum of understanding with measurable objectives that all parties agree upon
- 
- i. Work with First Lady to promote FP to rural women
  - ii. Work with MOH to highlight FP to district health leaders, change policies, draft FP guidelines for VHT, and fund community-based services
  - iii. Work with district health leaders to promote FP integration into VHT services
- 
- i. Work with the POPSEC to develop budget templates and guidelines provided to planners to prioritize FP, and help develop district-level capacity
  - ii. Work with district leaders in nine key/pilot districts to prioritize and integrate FP into PHC planning and budgets and become champions to support work
  - iii. Work with district health leaders to prioritize and integrate FP into PHC planning and budgets
- 
- i. Develop high-level leadership for SRHR, increase government commitment, and demonstrate government commitment to raise matching funds from international donors
  - ii. Institutionalize accountability to prioritize SRHR at the district level
  - iii. Demonstrate increased needs for SRHR funding given shift by donors to general budget support
  - iv. Provide advice on media campaigns on AIDS/SRHR linkages to increase HIV/AIDS funding dedicated to SRHR
- 
- i. Improve contraceptive commodity security, focusing on finance, access, method mix, and supply chain by working with the MOH & SW and MOF
  - ii. Develop FP champions to advocate for continued support and to promote use of FP
- 
- i. Explore opportunities to build leadership, promote policy dialogue; begin to develop relationships with decision makers, funders, and NGOs to lay the groundwork for future, more targeted funding advocacy
- 
- i. Hold targeted best practice discussions with Senegalese leaders; prepare basic materials to show the seriousness of problems; promote policy dialogue; begin to develop relationships with decision makers

#### Country-specific policy and funding outcomes

- a. In Uganda, Government's commodity funding to the National Medical Stores (NMS) is tripled to \$3.9 million by 2013, with a clear contraceptive line item in the NMS budget to ensure that NMS are always stocked with essential medicines, that no shortages occur, that contraceptives are included, and that there is financial transparency of commodities
- 
- b. In Uganda, Increased funds at NMS are used to leverage an additional \$5 million from international sources by 2013
- 
- c. In Uganda, Village health teams (VHT) integrate SRHR information and select services (e.g. Depo-Provera, condoms, misoprostol) into their activities by 2013
- 
- d. In Uganda, Family planning is prioritized and integrated into local government (district and lower) planning and budgeting processes by 2015
- 
- e. In Tanzania, the current \$9 million Ministry of Health and Social Welfare (MOHSW) Reproductive Health line item is increased by 50% by 2014 and is used to help leverage an additional \$5 million from international sources by 2015
- 
- f. In Tanzania, in line with Tanzania's 2010 National Costed Implementation Plan, contraceptive security is ensured and champions are developed by 2015
- 
- g. In Senegal, resources for FP and Sexual and Reproductive Health and Rights (SRHR) are increased by \$3.1M from the government of Senegal and international donors by 2016
- 
- h. In Senegal, family planning is repositioned as key for the attainment of the MDGs through incorporating FP and SRHR into development plans by 2016

## Appendix B: Monitoring and Evaluation

The tables below provides additional detail regarding metrics, targets and data sources for PPD ARO's goals, outcomes, and activities for PPD ARO's ultimate outcomes (Table B1), main outcomes (Table B2), and country-specific outcomes (Table B3). Additional information related to organizational development is also provided at the end of Table B2.

**Table B1: Ultimate outcomes and measures**

Ultimate Outcomes	Outcome measures	Goal Indicator [data source]
Improved SRHR policies, increased funding for SRHR, and better implementation of SRHR activities in Africa by building a commitment to excellence by African policymakers (ministers and parliamentarians), champions and key stakeholders in PPD member and collaborating countries.	See all intermediate outcomes, intermediate outcome measures, activities, and activity measures below	<ul style="list-style-type: none"> <li>Improved sexual and reproductive health and rights</li> <li>Averted unintended pregnancies by addressing unmet need for family planning</li> <li>Reduced infant and maternal morbidity and mortality [DHS]</li> <li>Gender equity and equality</li> <li>Reduced poverty and achieved sustainable development [World Development Indicators]</li> </ul>

**Table B2: Main outcomes, activities, and measures**

Intermediate outcome (all by 2016)	Intermediate outcome measure	Activity	Activity measure
<b>1- Policy and funding advocacy</b>			
a. Presence of supportive SRHR policies, such as commodity security, community-based services, and other Maputo-related policies in at least 5 PPD member countries	Maputo Plan of Action assessment tool results by country	i. Create at least ten (10) SRHR champions (including ministers, parliamentarians, and first ladies) in PPD member countries who promote a favorable SRHR environment through supportive statements	<ul style="list-style-type: none"> <li>Number of supportive statements</li> <li>Number of SRHR champions identified and trained</li> <li>Number of advocacy opportunities identified</li> </ul>
b. 7 PPD member countries incorporate important SRHR activities, such as financing, logistics, quality of service, and/or awareness-raising campaigns into country-level development plans and link SRHR with achieving MDG goals	Number of countries with development plans (e.g. PSRPs) with details related to SRHR (such as financing, logistics, quality of service, and/or awareness-raising campaigns) drafted and adopted	ii. Increase knowledge and appreciation of the linkages between SRHR and development of key policy makers in PPD member countries as measured by supportive statements or legislative action	<ul style="list-style-type: none"> <li>Number of meetings and technical sessions conducted</li> <li>Number of sessions organized between ministers and development partners</li> </ul>
c. SRHR funding from national governments and from donors increased from 2010 levels by at least 50% each in at least 3 PPD member countries	<ul style="list-style-type: none"> <li>SRHR funding levels in specific countries over time from local governments</li> <li>SRHR funding levels in specific countries over time from international donors</li> </ul>	iii. Advocate for funding by 1) meeting directly with international aid and philanthropic organizations, 2) meeting with policymakers in PPD member and collaborating countries, and 3) organizing sessions between ministers and development donors to advance SRHR	<ul style="list-style-type: none"> <li>Number of meetings with International Aid Organizations</li> <li>Number of advocacy missions undertaken within and outside Africa for resource mobilization</li> </ul>

2- Accountability for SRHR commitments			
a. All 14 African PPD member countries report progress against Maputo Plan of Action with results publicly accessible	-Number of member countries with publicly-available information for progress against Maputo [Maputo PoA assessment tool]	i. Ensure PPD member countries report progress publicly against Maputo through meetings and websites	<ul style="list-style-type: none"> <li>Number of meetings to encourage countries to publicly report progress against Maputo</li> </ul>
b. Gaps of PPD member countries to Abuja health spending targets of 15% of their annual budgets to the health sector publicized	- Number of meetings with health spending results publicly available [PPD ARO report]	ii. Publicize any gaps against Abuja spending targets at regional, economic, and PPD meetings	<ul style="list-style-type: none"> <li>Number of presentations compiled with analysis of health spending gaps</li> </ul>
c. At least 12 African PPD member countries have clear budget and expenditure line items for family planning that are publicly available	-Number of member countries with clear budget and expenditure line items for family planning that are publicly available, including where applicable, National Health Accounts (NHAs) [National Health Account reports]	iii. Work with ministries and NGOs to advocate for family planning line items in country budgets	<ul style="list-style-type: none"> <li>Number of meetings with health ministries and others to develop line items for family planning</li> </ul>
3- Networking and strategic Southern partnerships			
a. Enhanced leadership by Southern-led institutions in national, regional and international efforts for SRHR	Number of supportive statements and involvement of Southern-led institutions in national, regional and international efforts for SRH	i. Increase focus on SRHR by the African Union and its Regional Economic Communities (EAC, SADC and ECOWAS) through strategic partnerships and reproductive health networks (EARHN, SARHN and WARHN)	<ul style="list-style-type: none"> <li>Number of joint activities with partners (African Union and its Regional Economic Communities)</li> <li>Number of partners attending PPD ARO meetings</li> <li>Number of countries participating in regional networks and implementing activities based on the regional network strategic plans</li> </ul>
		ii. Coordinate efforts with NGOs, CSOs and research institutions involved in SRHR	<ul style="list-style-type: none"> <li>Number of joint activities with partners (UN agencies, NGOs and CSOs)</li> <li>Number of times that PPD ARO, PCCs and collaborating country representatives share information through meetings and electronically, on topics including best practices</li> </ul>
4- South-South best practice transfer			
a. At least 3 best practices transferred across PPD member and collaborating countries	<ul style="list-style-type: none"> <li>- Number of new policies (of best practice) adopted each new country</li> <li>- Number of activities of best practice implemented in each new country</li> </ul>	i. Identify and document best practices in SRHR, population and development	<ul style="list-style-type: none"> <li>Number of reports and briefs shared documenting successful SRHR programs</li> </ul>
		ii. Increase knowledge of best practices among key policymakers in PPD member and collaborating countries through at least one focused session per year (e.g., developing demand-driven fundraising for SRHR), informational exchange visits, and	<ul style="list-style-type: none"> <li>Number of targeted training sessions, and number and quality of attendees</li> <li>Number of informative exchanges conducted between higher performing countries and other member and collaborating countries</li> <li>Number of best practices shared through meetings</li> </ul>

		other appropriate channels (meetings, newsletters, briefs, reports, websites)	and electronically (website, emails)
<b>Organizational development</b>			
a. PPD ARO's funding increased from \$1.2 to \$2.2 million per year, over the next five years	Annual funding of PPD ARO	i. Build fundraising capacity ii. Implement activities effectively based on identified outcomes iii. Assign clear roles and responsibilities to PPD ARO staff iv. Recruit new staff as appropriate v. Hire consultants to conduct work in selective countries as appropriate	Appropriate staffing with clear roles
b. Internal capacity increased by 2-4 persons (with availability of additional funds)	Number of staff and consultants		
c. Ownership of tasks and outcome with PPD ARO is increased	Staff organization		
d. Local presence (using consultants) is built in select countries (with availability of additional funds)	Staff organization and capacity		

**Table B3: Possible Country-specific outcomes, activities, and measures**

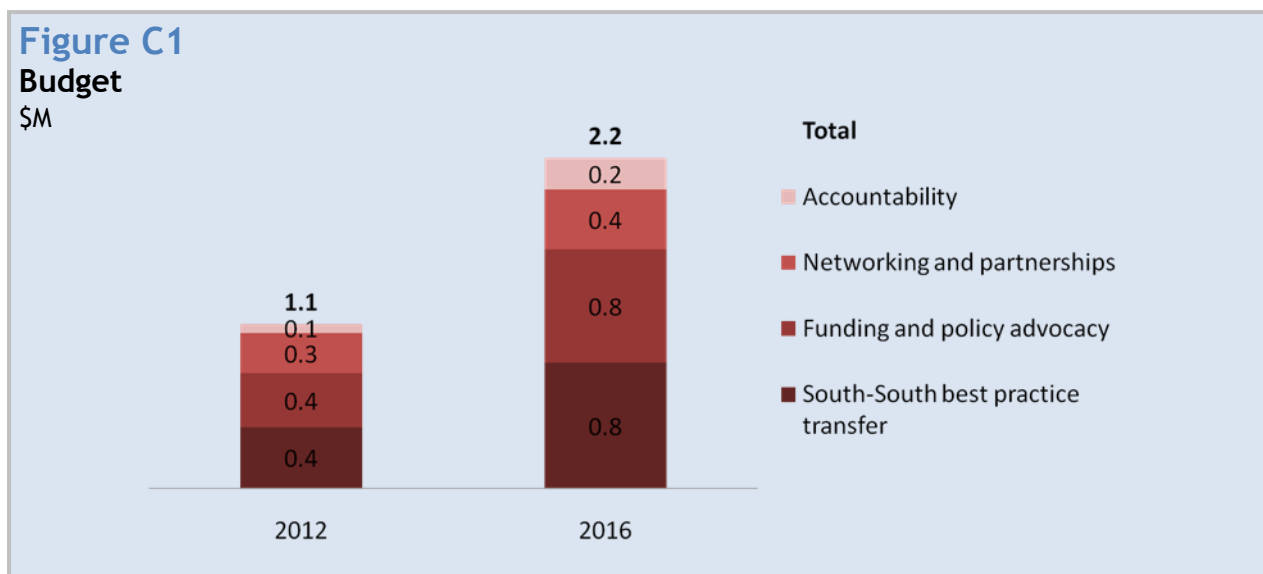
Country-specific intermediate outcome	Intermediate outcome measure	Activity	Activity measure
5a. In Uganda, government's commodity funding to the National Medical Stores (NMS) is tripled to \$3.9 million by 2013, with a clear contraceptive line item in the NMS budget to ensure that NMS are always stocked with essential medicines, that no shortages occur, that contraceptives are included, and that there is financial transparency of commodities	<ul style="list-style-type: none"> <li>In Uganda, government's commodity funding to the National Medical Stores</li> <li>Stock levels (e.g. no shortages)</li> <li>Transparency of commodities</li> </ul>	i. Work with MOF to create a line item in the NMS budget for commodities, commit to increasing funding and commit to funding earlier in the year	<ul style="list-style-type: none"> <li>Number of meetings with MOF and number of follow-up phone calls</li> <li>Statements of commitment to have a separate vote for the NMS so that funds for essential medicines go directly to NMS</li> <li>Agreement to front-load money for NMS by releasing 70% of the budget once the budget is approved by Parliament, with the remaining 30% to be released before the end of fiscal year</li> </ul>
		ii. Work with NMS procurement to ensure transparency of funding for medical supplies, delivery to allocated areas, and to improve finance, supply chain management and LMIS (logistics, management and information systems)	<ul style="list-style-type: none"> <li>Number of meetings with NMS and number of follow-up phone calls</li> <li>Statements of commitment to have a separate vote for the NMS so that funds for essential medicines go directly to NMS</li> <li>Agreement to include FP commodities in the basic kit for essential medicines</li> <li>Agreement to take full responsibility for the procurement of public medicines</li> <li>Increased transparency and accountability</li> </ul>
		iii. Work with MOH to show how health outcomes can improve with cooperation and to coordinate the transitioning systems	<ul style="list-style-type: none"> <li>Number of meetings with MOH and number of follow-up phone calls</li> <li>Statements of commitment to have a separate vote for the NMS so that funds for essential medicines go directly to NMS</li> </ul>

5b. In Uganda, increased funds at NMS are used to leverage an additional \$5 million from international sources by 2013	<ul style="list-style-type: none"> <li>• International donor funding to Uganda</li> </ul>	i. Develop a funding advocacy package and memorandum of understanding with measurable objectives that all parties agree upon	<ul style="list-style-type: none"> <li>• Number of meetings with international donors (bilateral, multilateral, philanthropy)</li> <li>• Memorandum of understanding with measurable objectives related to improved SRHR for increased funding</li> </ul>
5c. In Uganda, Village health teams (VHT) integrate SRHR information and select services (e.g. Depo-Provera, condoms, misoprostol) into their activities by 2013	<ul style="list-style-type: none"> <li>• Number of village health teams that are integrating family planning information and select services (e.g. depo, condoms) into their activities in Uganda</li> </ul>	i. Work with First Lady to promote FP to rural women	<ul style="list-style-type: none"> <li>• Number of meetings with the First Lady of Uganda</li> <li>• Supportive statements by the First Lady of Uganda</li> </ul>
		ii. Work with MOH to highlight FP to district health leaders, change policies, draft FP guidelines for VHT, and fund community-based services	<ul style="list-style-type: none"> <li>• Presentations and meetings to highlight success of community-based distribution of FP (especially long-term methods) in Uganda and Ghana to the Ministry of Health, Decentralized Local Government and Development Partners by end of 2010</li> <li>• Revised guidelines for VHT to incorporate FP by mid 2011</li> <li>• Appropriate curriculum for VHT development, including appropriate training, incentives, monitoring, and evaluation by end of 2011</li> </ul>
		iii. Work with district health leaders to promote FP integration into VHT services	<ul style="list-style-type: none"> <li>• Number of meetings with districts</li> <li>• Number of VHTs trained to provide a mix of family planning methods</li> </ul>
5d. In Uganda, Family planning is prioritized and integrated into local government (district and lower) planning and budgeting processes by 2015	<ul style="list-style-type: none"> <li>• Number of local government plans incorporating and prioritizing family planning into planning and budgeting processes in Uganda</li> </ul>	i. Work with the POPSEC to develop budget templates and guidelines provided to planners to prioritize FP, and help develop district-level capacity	<ul style="list-style-type: none"> <li>• Field study mission conducted in South Africa and or Kenya Meetings held with POPSEC</li> <li>• Working with POPSEC, budget templates and guidelines provided to planners in pilot districts by 2011, to all districts by 2012</li> <li>• Working with POPSEC, package of 3 essential FP/RH interventions (e.g. condoms, pills, depo) defined</li> </ul>
		ii. Work with district leaders in nine key/pilot districts to prioritize and integrate FP into PHC planning and budgets and become champions to support work	<ul style="list-style-type: none"> <li>• Nine individualized presentations and/or documents (one for each pilot district) showing potential cost savings and benefits when including family planning in district planning</li> <li>• Number of meetings with nine key/pilot district leaders and planner</li> <li>• Number of local government planners trained to use pro-FP/RH budget templates</li> </ul>
		iii. Work with district health leaders to prioritize and integrate FP into PHC planning and budgets	<ul style="list-style-type: none"> <li>• Number of meetings with district leaders and planner</li> <li>• Number of local government planners trained to use pro-FP/RH budget templates</li> </ul>
5e. In Tanzania, the current \$9 million Ministry of Health and Social Welfare (MOHSW) Reproductive Health line item is increased by	<ul style="list-style-type: none"> <li>• Tanzania government funding of FPRH (MOH RH line item funding)</li> <li>• International donor</li> </ul>	i. Develop high-level leadership for SRHR, increase government commitment, and demonstrate government commitment to raise matching funds from international donors	<ul style="list-style-type: none"> <li>• Supportive statements for SRHR from government leaders</li> <li>• Increased funding levels by Tanzania government</li> <li>• Number of meetings with government leaders</li> </ul>

50% by 2014 and is used to help leverage an additional \$5 million from international sources by 2015	funding to Tanzania	ii. Institutionalize accountability to prioritize SRHR at the district level	<ul style="list-style-type: none"> <li>• Transparent and accountable district-level budgets</li> </ul>
		iii. Demonstrate increased needs for SRHR funding given shift by donors to general budget support	<ul style="list-style-type: none"> <li>• Training of policy makers in tools such as RAPID</li> <li>• Number of presentations to general budget support donors</li> </ul>
		iv. Provide advice on media campaigns on AIDS/SRHR linkages to increase HIV/AIDS funding dedicated to SRHR	<ul style="list-style-type: none"> <li>• Content for media campaigns on AIDS/SRHR linkages</li> <li>• HIV/AIDS funding dedicated to SRHR</li> </ul>
5f. In Tanzania, in line with Tanzania's 2010 National Costed Implementation Plan, contraceptive security is ensured and champions are developed by 2015	<ul style="list-style-type: none"> <li>• Number of 2010 National Costed Implementation Plan priorities that are implemented in Tanzania</li> <li>• Contraceptive security index</li> <li>• Number of champions developed</li> </ul>	i. Improve contraceptive commodity security, focusing on finance, access, method mix, and supply chain by working with the MOH & SW and MOF	<ul style="list-style-type: none"> <li>• Contraceptive security index</li> <li>• Percent of facilities offering temporary modern methods of family planning (currently 75%)</li> <li>• Percent of facilities that store vaccines, contraceptives, and medicines use daily distribution registers (currently 40-60%)</li> </ul>
		ii. Develop FP champions to advocate for continued support and to promote use of FP	<ul style="list-style-type: none"> <li>• Number of supportive statements</li> <li>• Number of SRHR champions identified and trained</li> </ul>
5g. In Senegal, resources for FP and Sexual and Reproductive Health and Rights (SRHR) are increased by \$3.1M from the government of Senegal and international donors by 2016	<ul style="list-style-type: none"> <li>• Senegal government funding of FPRH (e.g. commodities)</li> <li>• International donor funding to Senegal</li> </ul>	i. Explore opportunities to build leadership, promote policy dialogue; begin to develop relationships with decision makers, funders, and NGOs to lay the groundwork for future, more targeted funding advocacy	<ul style="list-style-type: none"> <li>• Number of meetings with international donors (bilateral, multilateral, philanthropy), government, and civil society (NGOs)</li> </ul>
5h. In Senegal, family planning is repositioned as key for the attainment of the MDGs through incorporating FP and SRHR into development plans by 2016	<ul style="list-style-type: none"> <li>• FP details incorporated into development plans (e.g. PRSP, explicit references to FP in the context of achievement of all the 8 MDGs)</li> </ul>	i. Hold targeted best practice discussions with Senegalese leaders; prepare basic materials to show the seriousness of problems; promote policy dialogue; begin to develop relationships with decision makers	<ul style="list-style-type: none"> <li>• Number of meetings with government representatives from MOH and MOF</li> </ul>

## Appendix C: Budget

The budget for PPD ARO is shown in Figure C1, with the break down by category, geography, and separating out salaries and administration for 2012 and 2016 in Table C2.



**Table C2: Detailed budget, \$M**

Category	2012		2016	
<b>Total</b>	<b>\$1.1</b>		<b>\$2.2</b>	
<b>Geography</b>	Africa-wide work	Work focused on targeted countries	Africa-wide work	Work focused on targeted countries
<b>Total</b>	<b>\$0.76</b>	<b>\$0.35</b>	<b>\$1.02</b>	<b>\$1.20</b>
Salaries	\$0.18	\$0.18	\$0.31	\$0.63
Administration	\$0.08	\$0.08	\$0.17	\$0.32
1-Advocating for increased funding and improved policies	\$0.10	\$0.08	\$0.02	\$0.25
2-Increasing accountability	\$0.03		\$0.07	
3-Networking and strategic Southern partnerships	\$0.14		\$0.14	
4-Best practice South-South transfer	\$0.21		\$0.30	



## Appendix D: Vision, Mission, Mandate and Core Values

### Vision

PPD ARO's vision is: "A continent that meets its reproductive health needs, promotes the population and development agenda and thereby addresses poverty through South-South cooperation."

### Mission

PPD ARO's mission is: "As part of the global South-South inter-governmental alliance, provides a platform for the promotion of and resource mobilization for reproductive health, population and development in Africa through four strategic focus areas: policy and funding advocacy, accountability for SRHR commitments, networking and strategic Southern partnerships, and transfer of best practices through South-South cooperation."

### Mandate

1. Promoting South–South cooperation in and among PPD member and collaborating countries and strengthening partnership with stakeholders and networks in the field of sexual and reproductive health and rights (SRHR), population and development
2. Conducting evidence-based advocacy for sound policies and programmes in the promotion of reproductive health, reduction of poverty and ensuring just and equitable development
3. Mobilizing resources for sexual and reproductive health and rights (SRHR), population and development, including for the implementation of International Conference on Population and Development Plan of Action ((ICPD PoA), the Millennium Development Goals (MDGs), the Abuja Declaration and the Maputo Plan of Action
4. Increasing accountability and commitment for policies and funding for SRHR
5. Facilitating need-based, demand-driven technical and capacity building support to both member and collaborating countries in SRHR, population and development in Africa
6. Documenting and disseminating best practices in SRHR, population and development, and facilitating their transfer through South-South cooperation
7. Facilitating the sharing of information, experiences and expertise through South-South cooperation

### Core Values

1. Partners for Population and Development recognize the interconnectedness between sexual and reproductive health and rights, population and sustained economic growth for the attainment of sustainable development. This principle leads PPD to value people as the most critical resource for development.
2. PPD believes in South-South collaboration as a key strategy for human-centered, balanced and sustained development for developing countries.
3. PPD believes that its common voice, commitment and joint action in partnership can contribute to the highest human development.
4. PPD respects and promotes a human rights approach and accompanying responsibility for access to services, products, information and technology.
5. PPD is committed to equality and equity among the people in all countries particularly gender equality, equity and the empowerment of women.
6. PPD believes in fair markets and international trade, freedom from poverty, relief from unsustainable debt and better quality of life for the people in developing countries.

7. PPD upholds accountability to stakeholders, promotes good governance and open sharing of authenticated information. PPD adheres to its commitment to all stakeholders, especially marginalized and vulnerable people.

## Appendix E: Acronyms and Abbreviations

AU: African Union

BMZ: Bundesministerium Für Wirtschaftliche Zusammenarbeit (German Federal Ministry for Economic Development Cooperation)

CIDA: Canadian International Development Agency

Danida: Danish International Development Agency

DFID: Department for International Development (UK)

DHS: Demographic Health Survey

DSW: German Foundation for World Population

EAC: East African Community

EARHN: Eastern Africa Regional Health Network

EC: European Commission

ECOWAS: Economic Community Of West African States

ECSA: East, Central, and Southern African

FP: Family Planning

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

ICPD PoA: International Conference on Population and Development Programme of Action

IGO: Inter-Governmental Organization

IPPFAR: International Planned Parenthood Federation Africa Region

JHU: John's Hopkins University

MDG: Millennium Development Goals

MMR: Maternal Mortality Ratio

NORAD: Norwegian Agency for Development Co-Operation

NMS: National Medical Stores (Uganda)

OAFLA: Organization of African First Ladies against HIV/AIDS

PEPFAR: President's Emergency Plan for AIDS Relief

PETS: Public Expenditure Tracking Survey

PCC: Partner Country Coordinators

PoA: Plan of Action

PPD ARO: Partners in Population and Development Africa Regional Office

PRSP: Population Reduction Strategy Plan

REC: Regional Economic Community

RH: Reproductive Health

SADC: South African Development Community

SARHN: South African Regional Health Network

SIDA: Swedish International Developmental Agency

SRHR: Sexual and Reproductive Health and Rights  
SWAp: Sector-Wide Approach  
UNFPA: United Nations Population Fund  
USAID: United States Agency for International Development  
WARHN: Western Africa Regional Health Network  
WHO: World Health Organization

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<sup>1</sup> Special Adviser to the United Nations Secretary General on the Millennium Development Goals

<sup>2</sup> 2002 UNFPA Population, Reproductive Health and the Millennium Development Goals. [www.unfpa.org/upload/lib\\_pub\\_file/212\\_filename\\_mdg-icpd-eng2.pdf](http://www.unfpa.org/upload/lib_pub_file/212_filename_mdg-icpd-eng2.pdf)

<sup>3</sup> Demographic Health Survey [www.statcompiler.com](http://www.statcompiler.com) 2010; World and African Development Indicators [data.worldbank.org](http://data.worldbank.org) 2010; Moreland, S. et al *World population prospects and unmet need for family planning*, April 2010 [www.futuresgroup.com/wp-content/uploads/2010/04/World-Population-Prospect-and-Unmet-Need-for-Family-Planning.pdf](http://www.futuresgroup.com/wp-content/uploads/2010/04/World-Population-Prospect-and-Unmet-Need-for-Family-Planning.pdf)

<sup>4</sup> World and African Development Indicators 2010

<sup>5</sup> 2006 Maputo Plan of Action on Sexual and Reproductive Health and Rights, The African Union Commission, [www.unfpa.org/africa/newdocs/maputo\\_eng](http://www.unfpa.org/africa/newdocs/maputo_eng)

<sup>6</sup> 2001, April. Abuja Declaration on HIV/AIDS, Tuberculosis, and Other Related Infections Diseases. OAU/SPS/ABUJA/3 [www.un.org/ga/aids/pdf/abuja\\_declaration](http://www.un.org/ga/aids/pdf/abuja_declaration)

<sup>7</sup> [www.mdgmonitor.org](http://www.mdgmonitor.org)

<sup>8</sup> Government health spending from World Development Indicators, 2010.