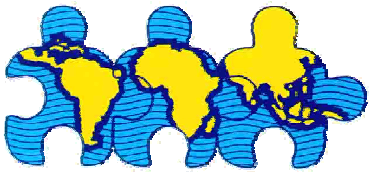
PPD Partner Institutions:

An Overview of Programs and Capacities



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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AHRC	African Health Research Council
ARH	Adolescent Reproductive Health
BCC	Behavioural Change Communication
BKKBN	National Family Planning Coordinating Board, Indonesia
CAFS	Centre for African Family Studies, Kenya
CBO	Community-based Organization
CDC	Cairo Demographic Center, Egypt
CELADE	Centro Latinoamericano y Caribeno de Demografia
CEFOREP	Centre de Formation et de Recherche en Sante de la Reproduction, Senegal
CPS	College of Population Studies, Thailand
CTC	China Training Centre of Reproductive Health & Family Care
GDP	Gross Domestic Product
HIPC	Highly Indebted Poor Countries
HlV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
ICPD Plus 5	The five-year review of the ICPD
ICMH	Institute Of Child and Mother Health, Bangladesh
ICPD PoA	The Programme of Action of the International Conference on Population and Development
IEC	Information, Education and Communication
IFORD	Institut Regional de Formation et de Researche Demographique
IHMR	Institute of Health Management Research, Jaipur
IIPS	International Institute for Population Sciences, Mumbai
INAS	Institute National d' Administration Sanitaire, Maroc
LDCs	Least Developed Countries
MD	Millennium Declaration
MDGs	Millennium Development Goals
MIS	Management Information System
MTCT	Mother-to-Child Transmission
NACC	National AIDS Coordination Committee
NGO	Non-Governmental Organization
NIHA	National Institute of Health Administration, Morocco
NIHFW	National Institute of Health and Family Welfare, India
NITC	Nanjing Population Program Training Centre International
PPD	Partners in Population and Development
PRH	Population and Reproductive Health
PRSP	Poverty Reduction Strategy Paper
RCH	Reproductive and Child Health
RH	Reproductive Health

RHCS	Reproductive health commodity security
RIPS	Regional Institute of Population Studies, Ghana
RTIs	Reproductive Tract Infections
SRH	Sexual and Reproductive Health
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SWAps	Sector-Wide Approaches
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing

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I. Introduction

The Millennium Development Goals, (MDGs), the centerpiece of the Millennium Declaration, adopted in 2000 by Heads of State and Government at the dawn of the new millennium, serve as an unprecedented milestone in the history of development agenda. Since that adoption, the set of eight ambitious goals[1] have become a policy framework for domestic investments for development within the developing countries, as well as, for the international development cooperation of bilateral and multilateral agencies. While almost all countries are serious in their commitment to help achieve those goals, the track record in achieving them is mixed. A large number of studies, national, regional and global, have documented the absence of uniform progress across the developing countries. Most have noted the existence of three clusters of countries: one group of countries which will achieve the goals well in time by 2015, or even sooner; a second group most likely to reach most of the goals by that date; and a third group of countries, manly in sub-Saharan Africa, which is unlikely to achieve the goals even by 2015. Progress by and large can be discerned on achieving goals related to primary schooling, reducing infant and child mortality, and to a lesser extent in improving maternal health, promoting gender equality and empowering women, reversing HIV/AIDS pandemic and environmental sustainability. Absolute poverty persists in the poorest of the PPD and other developing countries, affecting the prospects for achieving additional goals. Adverse patterns in population dynamics and demographic factors are a concern in many of those countries.

As a preparatory activity to MDGs Summit Follow up meeting and for undertaking the monitoring of the implementation of interventions, reviews of progress toward achieving the MDGs have been undertaken by a large number of countries concerned, as well as by many bilateral and multilateral agencies including (United Nations

* An earlier version of this paper was presented as a technical background document at **the Consultative Meeting of Experts on Capacity Development** held at China Training Center, in Taicang, China during May 10-15, 2007.

[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.

Development Programme (UNDP), the World Bank, the Millennium Project, the United Nations and others. Many of those reviews, as stated before, have not only undertaken an in-depth analysis of progress on MDGs, but also of factors facilitating the achievement of MDGs, as well of factors hampering the progress on those goals[2]. While it is beyond the scope of this brief report to attempt a detailed presentation or review of those analyses, two main points need to be emphasized here. First, substantively speaking, the studies have demonstrated that implementing the population, gender and reproductive health (RH) agenda will be critical for the attainment of all MDGs, especially in the poorest countries; and second, in terms of institutional impediments limiting the progress, many inadequacies in the policy, planning and budgeting processes of countries and organizations, and in operational aspects of program development and implementation, as well as in monitoring, assessment and tracking of progress require urgent corrective actions. Two common strategic elements that have been acknowledged as requiring immediate strengthening are the lack of capacities in a large of number of countries, and the need for an aggressive mobilization of resources. The lack of analytical capacity to mainstream the MDGs and International Conference on Population and Development (ICPD) goals in the policy, planning and programming processes of countries should thus be addressed as a priority by all concerned. It is within this context that the present exercise is being undertaken.

II. Background and Purpose of the Study

The adoption, by the MDG Follow up Summit in 2005, of universal access to reproductive health as a target to be achieved by 2015, 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 MDGs-based poverty reduction and other strategies of countries. The United Nations Population Fund

[2] For a comprehensive overview of all developing countries, see, Millennium Project, Investing in Development: A Practical Plan to Achieve the Millennium Development Goals, Overview (New York, Millennium Project, 2005); for a simple but comprehensive analysis of country level experiences and perspectives of PPD countries, refer to, PPD, In Pursuit of Millennium Development Goals: Implementing the Cairo Agenda. (PPD :2005)

(UNFPA), as the lead multilateral agency for population and RH, has been at the forefront of leading international efforts and supporting national attempts in the development of required analytical tools, as well as in helping to build analytical capacities of countries to enable them to formulate and implement population-sensitive poverty reduction strategies.[3]

Partners in Population and Development (PPD), an intergovernmental alliance of 21 developing countries, was created to promote and improve transfer of knowledge, experience and skills in population and reproductive health through South-South collaboration. In line with this vision, PPD has undertaken over the last several years a number of substantive studies, supported a number of capacity development activities, organized several policy dialogues on ICPD and MDGs, and has promoted exchange of information and experience among its member countries. In 2005, it undertook an in-depth study of experiences and perspectives of its member countries in implementing ICPD Program of Action (ICPD PoA) and in pursuing the MDG[4]s. That study concluded that:

a) Population dynamics and RH issues should receive higher commitment and support for their inclusion into the Poverty Reduction Strategy Paper (PRSP), Sector-Wide Approaches (SWAps) and other development frameworks of PPD Member Countries;
b) Integration of RH and HIV/AIDS-related services has the potential to increase the outreach and effectiveness of those services by addressing shared challenges and opportunities;
c) 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;

[3] Among the many publications from UNFPA related to MDGs and ICPD, see in particular, UNFPA, UNFPA's Contribution to Meeting the MDGs: Findings from the United Nations Millennium Project, displayed in UNFPA web--site; UNFPA, In Reducing Poverty and Achieving the Millennium Development Goals (New York: UNFPA, 2005); UNFPA, Investing in People: National Progress in Implementing the ICPD Programme of Action (New York: UNFPA, 2004); and UNFPA. Stockholm Call to Action: Investing in Reproductive Health and Rights as a Development Priority.
[4] PPD, In pursuit… Op. Cit,

d) The need is urgent for training future experts and program 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 programs, to include population, RH and gender as a basic and integrated component; and
e) Recognizing the overarching significance of capacity building, PPD might consider sharing widely the experiences of its Member Countries and others in key capacity areas through South-South Cooperation with other developing countries.

In follow up to these recommendations, especially with respect to points four and five above, PPD has undertaken , with financial support from UNFPA, an Inquiry among selected Partner Institutions (PIs) to review on-going training and research activities at those Institutions in the context of helping to achieve the MDGs and the ICPD goals, as well as to assess the current and potential capabilities of those Institutions to build capacities of developing countries. The Inquiry was conducted to help PPD in organizing a Consultative Meeting of Capacity Development Experts in Taicang, China to discuss training gaps and strategies to address those gaps.

The main purpose of analysing o the Inquiry was, in concert with the presentations that were made by the representatives from the Institutions at the Taicang Meeting, to show the extent to which the activities and experiences of Partner Institutions taken together are meeting the analytical requirements for supporting the MDGs and ICPD goals, with the possibility of identifying the existing gaps in training and research and the potential roles the PIs could perform in bridging those gaps.

III. Methodology and Institutions included in the Study

The methodology adopted for the study was very simple. Ideally, an in-depth exercise with site visits, interviews, and focus group discussions with staff of the PIs would have been more appropriate. But, due most notably to time constraints and budgetary reasons, a simple structured inquiry was canvassed among all selected PIs. Information was collected on the capabilities and experiences of institutions in

building professional capacities in the broad areas of population, RH, gender and development. The questionnaire elicited basic information on each institution including:

a) A brief historical overview;
b) Aspirations as reflected in mission, vision and overarching goals;
c) Strategy, meaning the coherent set of programmatic actions aimed at fulfilling the organizational overarching goals;
d) Self-assessment of programmatic actions covering: Training: long-term courses; short-term courses; country courses; Research: analytical; MDGs-related; policy analysis; and operations research; and technical assistance and advisory services;
e) Collaboration with other institutions in implementing programmatic actions;
f) Training capabilities of institutions by examining information on the extent to which certain pre-selected MDGs-related issues have been incorporated into the current training courses at the institutions;
g) Capabilities of institution covering (a) financial management and (b) human resources management;
h) Organizational structure, institutional systems and infrastructure; and
i) Capability for South-South Cooperation and capacity development needs of the institution for South-South Cooperation.

The number of institutions included in the study were small, and were purposively selected. The study was restricted initially to training and research institutions in PPD Member Countries with whom PPD had worked in the past. **Table 1** gives the list of institutions included in the study with acronyms that will be used throughout the paper. Clearly, the institutions included in the study taken together only provide a partial (though important) picture of training and research in PPD Member Countries, and even more so of all developing countries. Perhaps, at a later stage the study can be extended, subject to availability of funds, to include other institutions with a view to both enhance geographic spread and broaden institutional exposure to capture greater diversity of situations and experiences. For example, the following institutions could be added: in sub-Saharan Africa, Regional Institute of Population Studies (RIPS) in Ghana, Institut Regional de Formation et de Researche Demographique

(IFORD) in Cameroon, and African Health Research Council (AHRC) in Kenya; The Centro Latinoamericano y Caribeno de Demografia (CELADE) in Latin America,; and, other institutions in other sub-regions.

IV. Findings

This paper summarizes some of the major findings of the Inquiry and provides an overview of:

a) Institutional focus and programmatic actions in support of Partner Institutions' Mission and Goals;
b) Training courses by duration and thematic focus;
c) "Coverage Ranking" by institution of certain ICPD and MDGs-related substantive issues and concerns in the training courses;
d) Research conducted by the Partner Institutions;
e) Institutional collaboration;
f) Organizational capacities covering selected areas of finance, human resources, and structures and facilities;
g) Current and future South-South activities at Partner Institutions, and a summary of constraints to such South-South collaboration; and
h) Identification of major issues for discussion on the basis of future activities and constraints.

The seventeen institutions participating in the study come from twelve PPD Member Countries—Bangladesh, China, Egypt, India, Indonesia, Kenya, Mexico, Morocco, Senegal, Thailand, Tunisia and Uganda. These are all training and in some cases research institutes also. While all of them are involved to a varying degree in population and health issues, particularly reproductive health, eleven can be characterized as health institutions, five as population institutions, and one as multi-subject organization. Ten of the seventeen institutions offer formal degrees either at the Doctoral or Master's level. All of them provide non-degree professional training courses. Four are Francophone institutions, one Spanish-speaking, and the remaining twelve are Anglophone institutions. Clearly, Francophone Africa is severely under represented, as is Latin America.

A. Overview of Institutional Strategy and its Components

In line with the structured inquiry, institutions were asked to provide information on training courses conducted, research activities undertaken, other substantive activities carried out, and capacity development activities performed. Taken together, the scope of activities performed by the institutions is indeed very impressive. Training activities dominate the institutional profiles, closely followed by research and to a much smaller extent by advisory services.

Under training, three types of training courses were distinguished—long-term, short-term and country courses. Ten institutions offer long-term courses and confer Doctoral and/or Master's degrees. Almost all of them offer post-graduate diploma courses in Demography, Population Studies or Health and or Public Health. In all, these ten institutions offer sixteen long-term courses, ranging from one year for a diploma to several years for the doctoral degree. All the seventeen institutions offer short-term or country courses on a wide array of topics in population, gender and reproductive health of varying lengths, ranging from one week to several months.

Under research, four types of research were differentiated—analytical, MDGs-related, policy analysis and operations research. From the descriptions of project activities provided by the institutions, it can be said that many of the population institutions are undertaking analytical studies, while the health institutions are conducting operations or program research. Both types of institutions conduct sample surveys and analysis. However, policy analysis is few and far between, and MDGs-related research is yet to become common.

B. Training

1. Overview of Component Courses

a. Long-Term Courses

A detailed mapping of long-term courses by thematic topics and institutions offering them is presented in **Table 2**. While every one of the population institutions offers certified courses, only five of the health institutes do so. The topics offered in

population institutions include Demography, Population Studies, Population and Development, Demography and Environment, Social Demography, Population andRreproductive Health or Population and Sustainable Development. On the other hand, the thematic topics covered by health institutions includeChild Health, Health Administration, Health and Hospital Management, Health and Family Welfare, Obstetrics and Gynecology, Community Health Administration, Population and Reproductive Health and Public Health. While most institutions offering long-term courses consider their courses to be good, three institutions, as, Cairo demographic Center (CDC), IHMR, INAS, rated their long-term courses as "excellent".

b. <u>Short-Term and/or Country Courses</u>

Reflecting the diversity of institutions, the thematic focus of short-term courses, especially by health institutions, is also varied. For the purpose of this analysis, only courses directly related to population, gender and RH have been considered. Accordingly, **Table 3** provides a detailed mapping of major short-term courses by thematic focus, duration and host institutions. In all, the seventeen institutions offer a total of 134 courses on 48 topics in this category, with durations ranging from one-to-two weeks to thirteen weeks. By broad substantive areas, a total of 26 courses are offered on various aspects of reproductive health, four on gender issues, seven on demography and population studies, six on statistics, methods and indicators, and five on development reforms. The number of courses conducted varies considerably by institution, with a small number of courses by College of Population Studies, Thailand (CPS) to over twenty courses by Centre for African Family Studies, Kenya (CAFS). It is noteworthy that six institutions--CAFS, CEFIR, NITC, BKKBN, IHMR and INAS alone account for fifty percent of all the 134 courses offered. Most institutions conduct at least four short-term courses. The following institutions have rated their short-term courses as "excellent"-- CDC, ICMH, IHMR, INAS, IPMH, NIHFW and NITC.

i. Reproductive health

A total of 26 short-term or country courses are conducted on reproductive health. All the Partner Institutions conduct at least one course on RH. The thematic focus of these courses vary and cover different aspects of reproductive health, including

reproductive health framework; the components of reproductive health such as, maternal and child health, family planning, adolescent reproductive health, and HIV/AIDS and abortion; planning of reproductive health programs; quality of reproductive health services; behavioral change communication (BCC) in support of reproductive health, including IEC, counseling and advocacy; monitoring and evaluation of RH; management of reproductive health including clinical, operational and programmatic aspects; training of trainers in reproductive health; development of didactic and pedagogical training materials for reproductive health; technical aspects of clinical, medical and contraceptive technology aspects; and logistics and management of supplies and reproductive health commodity security. (RHCS) Many details about thematic focus, course duration and the name of the host institution offering the specific courses can easily be gleaned from **Table 3**. A large number of courses in reproductive health are conducted, in particular, by CAFS, CEFIR, NITC, INAS, and BKKBN

ii. Demography and Population Studies

Seven Partner Institutions conduct a total of 13 courses covering seven different thematic issues in population studies and demography. The topics covered include technical aspects of demography, population analysis, population aging, population and development linkages, population and poverty, and population policy and program. Most of the seven institutions conduct a couple of courses each, with no single institution dominating. Institutions important in this category include CDC, IIPS, PSRI, ISAE, IHMR, NIHFW and CAFS.

iii. Gender

Relatively, only a few courses are conducted on gender issues. Only seven institutions offer nine courses related to four aspects of the gender agenda, including, gender, reproductive health and development; mainstreaming gender in reproductive health; managing gender issues in health care; and gender based violence. Most of the seven institutions offer just one course on gender. Institutions active in this area include BKKBN, CAFS, CDC, CEFIR, IIPS, NITC and IHMR.

iv. Statistics, Methods and Indicators

Under this category, seven institutions conduct eleven courses covering six thematic topics. Specific topics include statistical analysis, large-scale sample surveys, indicators on MDGs, GIS for health management, health MIS, and health data management. Institutions active in this area are CDC, CTC, CAFS, IIPS, IHMR ISAE, and NIHFW.

v. Development Agenda Reforms

Under this last category, six institutions conduct ten courses covering five thematic topics. Specific topics covered include results-based management (RBM) and strategic planning; management, public health and health sector reforms; health polices, planning and management; health sector reforms and sustainable financing; and applied health economics and financing. Institutions active in this category are BKKBN, CAFS, IHMR, INAS, NITC and NIHFW. The one institution clearly pioneering a course each on health sector reforms and health financing issues is the NIHFW.

In sum, training is an important role that all the seventeen institutions are playing. All modalities of training such as long-term, short-term and country courses are being implemented in these institutions. While population, gender or reproductive health issues are the thematic topics of many training courses, training in population tend to be formal, degree courses. By contrast, most reproductive health courses are short-term, non-degree professional training. Gender training courses tend to be few in number and isolated and do not cover economic, social, health and empowerment issues in an integrated manner. Although a welcome beginning has been made on including development reform issues as a topic for training, it is yet uncommon. Taken together, these thematic courses on population, gender or reproductive health represent an impressive picture. But, what seems to be still missing is an integrated approach to training on this interrelated complex of issues and a lack of systematic consideration of multi-dimensional aspects of the gender issue. Two considerations require careful reflection here. First, the extent to which a multi-disciplinary approach is being adapted to training on these issues; second, the extent to which the

curriculum contents of existing training courses incorporate constraints and challenges that are slowing down the progress in the three interrelated areas of population, gender and reproductive health. An attempt is made in the next section to examine indirectly the latter issue.

2. Overview of Coverage of ICPD and MDG-related Issues in Training Courses

As remarked before, many studies by UNFPA, PPD and the Millennium Project and others have underscored the strong linkages that exist between ICPD goals and MDGs. PPD study[5] cited before has summarized the implications of those linkages and has drawn the associated actions required to address them in policy, planning and budgeting processes on the one hand and into operational aspects such as program formulation and implementation, monitoring, assessment and tracking, and associated capacity development efforts on the other. In a follow up study[6] of South-South Cooperation in selected PPD Memeber Countries, PPD identified a number of areas in strategic policy and planning, as well as in implementation, management and service delivery spheres as critical in capacity development efforts. Based on the findings of those two studies, PPD Inquiry of PIs included a table containing a list of substantive areas and requested the institutions to provide an informal rating of the extent to which those areas had been incorporated in the current or planned training programs of the institution. **Table 4** provides an overview of how those areas are being given coverage in the training courses. For the sake of clarity, findings specific to planning and specific to implementation are discussed separately below. Furthermore, the table does not include those institutions whose coverage of the areas is "none" or "low" in training courses. It includes only those who reported "high" coverage of the topics. The table presents the number of institutions that have rated "high" for each area on the list. It indirectly demonstrates the prevalence of responsive course contents to address the MDG-related concerns. A large number of

[5] PPD, In Pursuit… Op. Cit.,
[6] PPD, South-South Collaboration in Capacity Development: Lessons Learned From Successful Interventions. (Dhaka: PPD, 2006).

institutions reporting "high" coverage for a given issue are interpreted to mean a wide prevalence of responsive courses to address that particular issue.

i. Strategic policy and planning

It is clear from Panel A of **Table 4** that the analytical foundation for addressing ICPD and MDGs concerns is being laid in developing countries through training courses of Partner Institutions. While this aggregate generalization is valid, there is a wide diversity with respect to the coverage of specific substantive areas. For instance, issues such as conceptual frameworks to link RH with MDGs, linkages between population, gender and reproductive health, operation research for policy and program development, mutli-sectoral approaches in achieving MDGs and ICPD goals, and population and poverty are being "well" addressed in courses at a large majority of institutions. By contrast and perhaps not surprisingly, population and reproductive health issues in the context of development reforms like SWAps, PRSPs, etc, and macroeconomic and financial aspects of goals and interventions are not yet as common. Scenario building and costing of strategies to achieve MDGs, especially related to health , are yet to be commonly addressed. While all the institutions cannot be expected to address all the policy and planning issues equally and comprehensively, the low prevalence of coverage in these specific areas is more than likely to be limiting the capacity development of human resources in developing countries. A "high" coverage of topics in strategic policy and planning areas seem to exist at the following institutions: BKKBN, CDC, CEFIR, CTC, ICMH, IHMR, IIPS and INAS.

ii. Implementation, management and service delivery issues

It is clear from Panel B of **Table 4** that implementation and service delivery issues are being covered in courses at a large majority of institutions. Adolescent reproductive health issues and quality of reproductive health care are "well" addressed at almost all institutions. Integrating HIV/AIDS and RH is also widely prevalent. Two areas that could benefit from wider prevalence would seem to be monitoring and tracking of progress on MDGs through indicators and results-based management and achieving reproductive health commodity security. The training coverage for implementation,

management and service delivery spheres are noteworthy at CDC, CEFIR, CTC, ICMH, IHMR, IIPS, and NITC.

3. Areas for Improvements in Training

About half the institutions provided information on what needs to improve in training programs. Since most of the points raised by them are generic and apply generally to any type of course and many institutions, they are summarized here. Areas for improvement suggested include: training needs assessment exercises and design of appropriate courses; periodic review of course topics and scope of training courses; enhancement of skills of teaching staff and support staff, especially in presentation skills; participation of international experts and advisers to augment training capacity at institutions; review of training methodology and development of training materials; need for collaboration with other institutions; more rigorous monitoring and evaluation of training courses; international sponsorship of courses and adequate provision of budgetary resources; and strengthening of infrastructures, including space, equipment, library, and computing.

C. Research: An Overview

In line with their mandate and mission, all Partner Institutions undertake research activities. Reflecting the diversity of substantive focus of the institutions, the kinds and types of research activities pursued by the intuitions are indeed very extensive. It would be beyond the scope of this brief note to make any detailed presentation of that rich research agenda. A simple attempt here is made to provide just a concise summary of the thematic topics that are being pursued at the institutions. While the totality of such activities cover a wide spectrum including, demographic, economic, social, anthropological, medical, clinical, statistical, public health, methodological and bio-medical aspects of a whole range of policy and programmatic issues, only those topics that are directly related to population, gender and reproductive health are considered here.

The list of thematic topics pursued at the institutions, using a simple typology, is presented in **Table 5.** In all, over one hundred thematic topics have been the subject of innumerable research projects, with around forty projects on issues of reproductive health, followed by thirty related to data and methods, over twenty-five topics in demography and population studies, and around six on gender issues.

i. ***Reproductive health***

The list of research topics pursued in the area of reproductive health is substantial and is not surprising given that a large majority of Partner Institutions included in the study are health and public health institutes. Topics deal with the main components of reproductive health like adolescent issues, Family Planning (FP), STDs and HIV/AIDS, maternal health and others. A number of studies deal with operational and programmatic aspects of reproductive health care services. A number of useful operation research studies on RH are noteworthy.

ii. Data and methods

A large number of research projects deal with the topic of evaluation studies of policies, programs, approaches, outcomes and effectiveness of interventions. Many institutions are involved in the conduct of large sample surveys on a variety of issues and on measurement tools useful in monitoring. A number of them deal with studies of health systems and on how to make them work better or work for target groups.

iii. Population

As can be expected, most topics are traditional , dealing with fertility, mortality, and family studies, population aging, contraceptive issues, migration and employment studies, and interrelationship studies between population and development factors. But, policy-oriented studies of population aging and the elderly, with focus on models of institutional care and needs of the elderly are a welcome addition. Although few in number, MDGs-related studies on prospects of achieving them, especially the poverty and maternal mortality goals are also noteworthy.

iv. Gender

Despite the critical importance of gender issues and their implications for achieving both the population and RH concerns, the number of research studies on gender issues is scanty . The topics researched deal with health implications, trafficking, labor force participation and linkage with MDGs. Not many policy-oriented, program-related or multi-dimensional studies on gender are currently being undertaken.

In sum, the research activities being undertaken cover, to a varying extent, studies dealing with analytical research, MDGs-related, policy research, and operations research. While the institutions are pursuing an impressive agenda of research and are undertaking in total a large number of projects, it would seem that policy and MDGs-related studies are not many, similar to gender studies. Operational research studies focusing on how to mainstream population, gender and RH issues within the context of development reforms like PRSPs and SWAps as well as on costing and financing aspects of achieving the MDGs are yet to become common. International migration studies, especially with policy perspectives are just too few. Only a few PIs consider (for example, CDC, ICMH, IHMR and INAS) that policy research and MDGs-related research work done by them is "excellent".

D. An Overview of Institutional Collaboration

The Inquiry elicited information on the nature of collaboration between the Partner Institution and other institutions in the conduct of its training, research and other activities. The summary of such collaboration by the institutions is given in **Table 6**. Every institution in the study has been working with other agencies/ partners in the conduct of its activities. As can be expected, the larger the number of activities conducted by the institution, the greater is the number of collaborating agencies and kinds of collaborating activities. Institutions with an international profile have substantial international collaboration, especially with well-known academic institutions of developed countries. Several American and European universities (Johns Hopkins, Tulane, Brussels, Barcelona, Oxford, Connecticut, Washington, Nihon, etc) and many international training centers, such as, London School of Tropical Medicine, the World Bank Institute, and others are actively collaborating in

the conduct of training courses. Many Partner Institutions including NITC, CTC, IHMR, IIPS, CAFS, INAS, and CEFIR all have numerous collaborating activities with Northern Institutions. In the case of research, collaboration with national agencies and governmental departments are a lot more common. Multilateral funding and technical agencies, as well as private foundations, are also working closely with many of the Partner Institutions. Generally, such collaboration is for funding of research activities. Many national institutions within a country are cooperating with Partner Institutions within a framework of consortium. Many good examples exist at NIHFW, NITC, CTC, INAS, CPS, CDC and others. Most institutions hope to strengthen further their collaboration in the future.

E. Organizational Capabilities

The Inquiry of the Partner Institutions was designed to look at not only the institution's training and research activities and South-South program efforts, but also at the organizational capabilities of the institution including, (1) financial management capability;(2) human resources capability;(3) systems and infrastructure; and (4) organizational structure. A brief overview of findings on these aspects is presented in the ensuing pages.

1. Financial Management Capabilities

In the Inquiry, financial capability of the institution was ascertained by examining current capabilities in financial resource management, resources planning and projections, resources mobilization including fund raising, sources of funding and capacity for self-financing. According to the data presented in **Table 7** for the seventeen Partner Institutions in the Inquiry, the number of institutions reporting adequacy in the various components of financial capability varies from almost all (15 out of 17) for financial resources management, followed by 14 for resource planning and projections, 10 for resources mobilization and fund raising, and only 5 for self-financing capacity. It is thus clear that, while there is some capacity for internal planning and management of financial resources, there is limited capacity among Partner Institutions for resource mobilization and approaches to self-financing.

Table 7 provides the detailed distribution of institutions by components of financial capability. Only a handful of institutions (NITC, CDC and NIHFW) stand out for having an adequate or good level of capacity on all aspects of financial management capabilities, as well as in having a diverse base of funding, including international support. By contrast, a large number of institutions, especially ICMH, IPMH, CTC, IIPS, PSRI, CAFS and ISAE have expressed that their capacity for fund raising and self-financing is too limited. Perhaps, a workshop among the institutions, to discuss issues and strategies to help build those specific capacities would be useful.

2. Human Resources Capabilities

Human resources are at the centre of organizational capabilities. As said before, the Partner Institutions represent a wide array of substantive disciplines and greatly vary by size and outreach. The number of full-time academic and research staff varies from five (5) in CEFOREP to more than (40) in IHMR. They can be classified into three categories by the total number of professional staff—small, medium and large:

Small (less than 10)	CEFOREP, PSRI, CAFS
Medium (11-29)	FMPFF, CPS, ICMH, ISAI, NITC, IPMH, CTC
Large (more than 30)	INAS, IHMR, IIPS, BKKBN, CDC, NIHFW

In order to obtain a bird's eye view of human resources capabilities at the institutions, the Inquiry collected information on the number, gender, academic background, years of experience, language familiarities and fields of specialization for all staff, including academic, research and administrative categories. A summary profile of the institution on these attributes has been presented in **Table 8**. The findings are very diverse, making generalizations rather difficult. For example, the ratio between academic and research staff to administrative staff is very large across the institutions; and the ratio between the number of male and female staff members is likewise very high. None of these ratios seem to be related to the overall size of the institutions. While most institutions have a preponderance of males among its staff, only exceptions to this are IPMH in China, BKKBN in Indonesia, FMPFF in Mexico, and CPS in Thailand. As

can be expected from the kinds of institutions selected for the Inquiry, the commonalities among the institutions appear to be the fact that there are very few international staff working in these institutions, and that English is the most commonly used language. The fields of specialization, while being wide, revolve around population sciences, medicine and public health, management and social sciences. The larger institutions seem to have a good complement of diverse human resources to implement the programmatic activities, while at the same time offering opportunities for collaboration with multi-disciplinary perspectives in the conduct of training and/or research activities. Taken together, the range in professional expertise available at the institutions is very impressive.

3. Systems and Infrastructures

The organizational capability of Partner Institutions in systems and infrastructure is examined by looking at seven component elements: capacity for operational and strategic planning; structures and process of decision-making within the institution; systems for quality control and assurance; efforts at knowledge management; administrative systems to support programmatic activities; physical infrastructures; and technical infrastructures. The detailed listing of institutions by degree of capability in these areas are presented in **Table 9** and the overall findings from the analysis are as follows:

Planning Capacity.

Almost all the Partner Institutions seem to have good functioning planning systems. While they conduct routinely operational planning and work with parent organizations or ministries, the concept of strategic planning and its practice as a routine activity is not yet well rooted in most institutions. By self-assessment, CEFOREP in Senegal, INAS in Morocco and NIHFW in India have excellent systems for planning.

Decision-Making Process

Most of the institutions included in the Inquiry were training and/or research institutions, and in line with standard practice governing such organizations, the institutions have established structures at various levels or layers. Generally, a board

of governors or directors for policy making, an academic council for training and research activities, standing committees for operational aspects and an executive management team for day to day management. Many of them are moving towards transparent and participatory systems of decision making. Ten of the 17 institutions have rated their decisions making systems as good. IIPS in India, NIHFW in India and PSRI in Kenya deem their systems as excellent.

Management and Control of Quality

The Inquiry attempted to obtain information and views of the institutions on how they control, manage and monitor quality of activities. Generally, training activities are assessed through formal instruments and research projects are followed up using the log frame approach and monitoring and evaluation guidelines. Those institutions that have a service provision component in their spectrum of activities have had a good rating for service (FMPFF in Mexico, ICMH in Bangladesh and NIHFW in India). While some systems of quality management exist, they are not always implemented. Only four institutions consider their systems for quality management as good (CDC in Egypt, CEFIR in Tunisia, IHMR in India and IPMH in China).

Knowledge Management

The concept of knowledge assets and their management is still in its early stages of mainstreaming in most institutions. Many institutions mainly emphasize the lessons learned and dissemination of project findings that they undertake as knowledge management. According to data presented in **Table 10**, half the Partner Institutions feel their capacity in this area is inadequate or at best modest. Another six institutions consider their capacity for knowledge management as good (CDC, CEFIR, CEFOREP, FMPPF, IPMH AND NIHFW). An orientation workshop on this topic among the PIs would be useful to help strengthen knowledge management activities at the institutions.

Administrative Systems

All the Partner Institutions consider their administrative systems (staff, structures, processes and procedures, etc) as adequate or good. Some institutions highlighted the capacity of their administrative staff, while others underscored the decision-making

bodies and management structures. At least eleven institutions consider their administrative systems as good or excellent (CAFS, CDC, CEFIR, CPS, ICMH, IHMR, IIPS, CEFOREP, FMPPF, INAS AND NIHFW).

Physical Infrastructures

A large majority of Partner Institutions (eleven) considers their infrastructure as good or excellent. Only five institutions deem their facilities as inadequate or modest at best (CAFS, PSRI, CEFOREP, IIPS and IPMH). Among the eleven institutions with good infrastructures, the types of facilities that they have listed includes office premises, classrooms and auditoriums, computer centers, audio and video centers, library and reference centers, hostels/dormitories, cafeterias/canteens, banks, guest houses, printing press, and prayer rooms. CTC, ICMH, IHMR AND INAS consider their physical infrastructures as excellent.

Technical Infrastructures

A complement of physical infrastructure is the technical infrastructure. The various partner institutions possess different degrees of self-sufficiency in technical infrastructure. All of them have computers, internet connections and websites. But, a few have achieved a very high degree of sophistication with electronic reading rooms, multi-media equipment, capacity for web design and management, as well as networking capabilities. At least ten institutions believe that their technical infrastructure is very good, with CPS in Thailand, CTC in China and INAS in Morocco considering their capacity as excellent.

4. Organizational Structures

Each Partner Institutions was also asked to provide information and assessment of the organizational structure of the institution. Most of the institutions have established two sets of structures to direct and guide their programmatic activities. At the policy level, almost all of them have a high-level committee of senior policy makers and ministers, called differently as Board of Directors, Steering Committee, Executive Council, Governing Body and the like. At the programmatic level, they have instituted Advisory Committees again called variously as Academic Committee, Program

Advisory Committee, or Board of Studies and Research, to provide guidance to programmatic activities.

To provide guidance and supervision, on a day-to-day basis, for the different types of activities that the institutions are involved, larger institutions, in particular, have established a number of internal committees comprising academic, administrative, research and other professional staff. Some of the examples of such committees among PIs include Training Management Committee, Research Committee, Ethical Committee, Hospital Management Committee, Publications Committee, Contracts and Purchase Committee, Accommodation and Cafeteria Committee, IT Management Committee, Library Committee, Student Affairs Committee, etc.

While institutions provided information on organizational structures to help support programmatic activities, assessments of the adequacy of the organizational structures were few and generally vague. About six of the institutions stated that the structures were adequate, good or were not a constraint in the implementation of programmatic activities.

5. <u>Overall assessment of organizational capacity.</u>

By taking into account the degree of adequacy in organizational capacity covering the many areas considered in the Inquiry, the following ten institutions seem to exhibit good capacities: CPS, CTC, IHMR, IPMH, NIHFW and NITC in Asia; CDC, CEFIR and INAS in Arab States; and CEFOREP in Africa.

F. South-South Cooperation

South-South Cooperation or Collaboration is defined as an exchange of experience, expertise, knowledge, information, and of products between individuals and organizations from developing countries, disregarding the origin of funds for financing these activities. PPD was created to promote and improve transfer of knowledge, expertise, and skills in population and reproductive health through South-

South collaboration. Since its founding in 1994, PPD has undertaken a large number of activities in support of such South-South Cooperation. In undertaking those activities, PPD has indeed utilized the staff and services of many of the PIs represented in this study. Furthermore, most of the Partner Institutions, as premier institutions in PPD Member Countries, are already involved in South-South Cooperation. In this section, an attempt has been made to highlight an overview of such activities in the PIs and to identify some of the constraints that are faced by institutions in promoting South-South activities.

1. Current experiences and future opportunities

All the seventeen Partner Institutions have been involved in South-South Cooperation to one degree or another. **Table 10** provides, for each partner institution, a concise description, wherever available, of staff skills, capacity development activities, collaboration with other organizations, capability in multi-disciplinary skills, funding and future plans. Taken together, these institutions are contributing significantly to developing capacities of PPD Member Countries, as well as of other developing countries. Over a dozen of them enjoy a high profile for South-South Cooperation; these include NITC, IPMH, CTC, CDC, NIHFW, IHMR, IIPS, BKKBN, CAFS, INAS, CEFOREP, CEFIR and ISAE. Others are building their own capacities and have plans to strengthen South-South Cooperation in the future. Of the thirteen with high profile, two are outstanding training and research institutes for Demography and Population Studies. The remaining eleven of them are all health-related institutions with good capabilities for sexual and reproductive health (SRH) training. Of these eleven, three are Francophone institutes and the rest Anglophone institutions. As several institutions have pointed out, many of the training courses and other capacity development activities need to be supported by international donors and provided with sponsorship. PPD should facilitate an active networking amongst the institutes and assign a staff member in Dhaka and perhaps another in Kampala to promote and expand such networking.

2. Constraints to capacity development activities

Institutions were asked to identify and comment on constraints they are facing in undertaking capacity development activities. Four kinds of constraints were specified—policy, financial, institutional and staff capability. An analysis of the responses provided by the institutions is summarized below.

i. Major Policy Constraints

Among the seventeen institutions in the study, six Institutions did not perceive any policy constraints to promoting or conducting South-South Cooperation activities. The constraints cited revolve around the following issues:

1. Poor leadership that does not value and practice partnership and lack of strategic leadership within departments of the institutions.
2. Experience and expertise of staff available at particular institutions are generally country-specific in character and often they are not adequate for regional or interregional capacity development. The faculty needs international experience.
3. Lack of capacities in countries to address their own country needs, let alone capacity to help other countries;
4. Political leadership in the country can become a constraint especially given the sensitive nature of issues in population and RH.
5. Need to ameliorate the quality of policy-relevant training and research programs.

ii. Major Financial Constraints

Almost all institutions emphasized the lack of financial resources as a critical constraint for South-South Cooperation. For a few, it was the most serious constraint. Some of the issues mentioned in this regard are:

1. Inadequate budget from government. Needs financial support from Development Partners.

2. What is needed are better marketing skills, needs assessments and promotional trips for advocacy.
3. Financial support for trainees to go to other countries, or support for the training team of Institution to go to a target country to conduct country courses.
4. Inadequate funding to support international experts, hiring additional part-time staff; or for obtaining research materials, equipment and adequate remuneration for staff.
5. Many institutions are striving for self-sustainability, but needs to achieve a lot more.
6. National budgets reserved for the promotion of South-South Cooperation are not adequate.

iii. Major Institutional Constraints

Many institutions did not consider institutional constraints as a major problem**.** However, some of the issues cited are:

1. Lack of modern equipment, vehicles, instruments and training facilities and space/accommodation;
2. Need for skills to develop more sophisticated capacity building including fund raising, and program management.
3. To meet external demand, support from international organizations is required.

iv. Major Staff Capacity Constraints

A minority of institutions considered staff capacity as a constraint. But, for most others, it is an important element in the further promotion of South-South Cooperation. Some of specific issues raised include:

1. Staff capacity issues are shortage of staff, inadequately trained staff, and not having appropriate profiles;
2. Academic staff lack capacities in presentation and facilitation skills;

3. Major staff constraints emanate from language barriers. Lack of English and French have been both identified as constraints.
4. Many institutions are facing retirement of qualified staff and difficulties of replacing them with qualified and experienced staff.
5. Poor writing skills are limiting the abilities to documenting and sharing of experiences.
6. Need for international sponsorship and for secondment of well-trained international staff for mentoring, staff motivation and staff development.

V. Implications of Findings and Issues for Discussion

While the findings of the Inquiry have many implications at different levels and for various aspects of institutions, a limited number of priority issues are identified here for reflection and action:

a. Reflection on the adequacy of existing training courses and on training gaps

It is clear that taken together, the compilation of courses at PIs cover with few exceptions, a large array of topics in population and reproductive health in both English and French. What is not clear though is whether or not the courses that are currently offered or being undertaken address all the needed requirements in population, gender and reproductive health issues in the context of rapidly achieving the MDGs and ICPD goals. In the absence of a systematic and periodic assessment of training needs in developing countries, the adequacy of currently available capacity development activities at PIs , as well as the identification of what else is required cannot be rigorously assessed. However, the four regional overviews of training needs presented at the Meeting, as well as the findings of another recently concluded PPD Inquiry among its members on recording their capacity needs do confirm the main conclusions drawn here, that is, there exists a number of important training gaps in the currently available training courses on population, gender and reproductive health at PIs.

b. *Need for an integrated perspective in training on population, gender and reproductive health*

As is well known, the purposes of training courses are many, among others, intensification of disciplinary expertise, skills enhancement, strengthening professionalism and/or performance improvement. The various courses that are being conducted by the PIs are in support of any or many of those purposes and thus meet a particular niche. However, in the context of building capacities of developing countries to help achieve the MDGs and ICPD goals, there would appear to be a need for a new or at least a modified perspective to training on population, gender and reproductive health issues. The three are conceptually highly interrelated among themselves and together they are critical for the achievement of most of the MDGs, especially for eradication of poverty, promotion of gender equality and empowerment of women, reduction of child mortality, improvement of maternal health, combating HIV/AIDS, and ensuring environmental sustainability. One of the implications is the need for an integrated perspective on population, gender and reproductive health in current or future training courses, and the following points, among others, require discussion:

- Is there a need for a self-standing course on population, gender and reproductive health? Or only an integrated perspective on the three needs to be incorporated into any training course on population, gender or reproductive health? Or a combination thereof?
- Should the course or the perspective include only conceptual linkages or only policy and program issues or both?
- What changes are required in action programs in the three areas to reflect an integrated perspective?
- Is there a need for new data sets to conduct research, based on an integrated perspective?
- What types of modular approaches would be required in integrated training?
- What could be the thematic outline for a modular approach?
- How to promote multi-disciplinary collaboration through inter-institutional cooperation for training with an integrated perspective?

- What is required to institutionalize the modules at host institutions, including sponsorship and international support, as well as what efforts are required to achieve self-sustainability?

c. Mainstreaming population, gender and reproductive health in PRSPs, SWAps and other development frameworks

It is apparent that, not only have the MDGs become the pivotal purpose of development strategies of poorer countries and a rallying force for international development cooperation, but they have also become the development framework for both domestic investments and development financing. Many developing countries are facing difficulties in mainstreaming population, gender and RH issues in the new frameworks. There is a general lack of analytical and planning expertise regarding progress or future action in this area among the developing countries . As the analysis indicates, there exist only few courses on these issues and that too in only a couple of institutions. Thus, the need to include these concepts and tools in training of professionals working on policy, planning or programming aspects of population, gender and reproductive health issues is an important implication, with the following points requiring discussion:

- How to ensure participation of population, gender and reproductive health professionals in the design and implementation of PRSPs and SWAps?
- What kind of analytical research work is required and where can it be done? How to introduce gender-sensitive and population-sensitive budgeting?
- What should be the policy and advocacy support?
- What kind of data and information are required?
- How to build scenario analysis and costing of population, gender and reproductive health interventions?
- To help integrate them into budgetary, planning and allocation processes.
- What kind of a training module would be beneficial?
- How and where should these modules be institutionalized?

d. Pursuing a more rigorous capacity development program through South-South Cooperation

It is evident from the analysis that many institutions have the mix of capabilities necessary to effectively conduct capacity development activities. A few indeed have already undertaken and continue to undertake significant training, research or technical advisory services to other developing countries. The institutions that have participated in holding various training courses have, by their own active involvement, built technical, managerial and organizational capacities. There have been clear instances of collaboration and networking with other institutions in the Partner countries. The constraints that have been voiced by the institutions for South-South Cooperation have obvious relevance for what has to be done. Some of the more urgent issues for discussion are:

- The need to advocate policy makers and political leadership in PPD Member Countries to give greater priority and commitment to South-South activities in order to enable their premier institutions launch or strengthen capacity development efforts.
- The need to appeal for international monetary support for South-South activities. In development circles and international gatherings, there is recognition that South-South Cooperation is a cost-effective modality to build capacity in developing countries. But, international support and sponsorship for South-South activities remain inadequate, therefore, it is necessary to understand how to counter the neglect and attract attention that this situation deserves .
- The need to ensure publicity and encouragement for initiatives from the South, and to identify the supporting roles that PPD and UNFPA could play in this regard. The Inquiry has documented the existence of several competent training courses on familiar topics in demography and reproductive health, as well as a few courses in newly emerging fields (e.g. SWAps, health macroeconomics and financing at NIHFW, Population and Public Health at INAS to name a few).
- The need to recognize the support that international organizations could extend for capacity development of PIs. Several institutions have underscored the felt

needs for capacity enhancement of their own staff by way of upgrading or enrichment of professional skills to perform a more effective role in South-South activities. In this context, what could the international organizations like UNFPA, PPD, and other foundations do, among others, to support "training of trainers (TOT)", institutional twinning arrangements, sabbatical at well-known institutions in the North, and supporting the presence of international expertise at those institutions?

d. Need to strengthen organizational capacities of Partner Institutions

The analysis of capabilities clearly points to current inadequacies in many areas of organizational capacities in several institutions. A case-by-case approach would be required to help strengthen organizational capacities of such PIs . An alternative and more pragmatic step would be to hold a number of workshops on common topics of interest and/or need among the institutions, such as, approaches to self-financing of activities; concept and practice of knowledge management; technical infrastructure requirements for networking; and on improving technical and coordination skills of academic and professional staff.

VI. Discussions at Taicang and Follow Up Actions

While many of these and other important issues were discussed in-depth at the Taicang Meeting, and the Taicang Report provides a detailed summary of both the proceedings and conclusions, only a few major summary points will be highlighted here to give a glimpse of on-going developments in this regard. At the end of Taicang Meeting, the participants had agreed on the following:

a. A list of identified training gaps in population, reproductive health and gender based upon an juxtaposing analysis of the training needs of developing countries in the context of achieving ICPD goals and MDGs on the one hand, and an understanding of ongoing training courses at Partner Institutions on the other;

b. A set of matrices containing specific topics and issues to be included in training courses in population, gender and RH, with a recommendation for the institutions to review their own training courses with a view to integrate the identified topics and issues into courses;
c. A recommendation to PPD that it help organize as soon as possible a meeting to formulate and finalize a set of generic training modules on Population and Poverty, Gender, Reproductive Health and historical perspective on population, ICPD goals and MDGs; and
d. A set of suggested actions to help promote South-South Cooperation and to strengthen the capacities of PIs to undertake such South-South activities.

As agreed at the Taicang Meeting, PPD commissioned a team of experts, who participated at the Taicang Meeting, to design the four generic modules, and finalized the same through a Consultative Meeting in Dhaka during 16-18 June 2007. The set of generic modules have been since circulated by PPD to all concerned.

VII. Conclusions

PPD Inquiry conducted, with financial support of UNFPA, Partner Institutions in its Member Countries has provided a wealth of information on each institution's capabilities in a number of areas including training, research, technical advice, organizational capacities, and capacity building of other countries. A concise analysis of that information presented here has shown that much progress has occurred at many Partner Institutions in PPD Member Countries in undertaking training and research activities in support of implementing the ICPD Program of Action and in achieving the MDGs. While capacity development in many substantive areas are being addressed through short-term and long-term courses, there is a need to address a few areas even more widely through training and research. Based on this analysis and other inputs at the Taicang Meeting, a number of initiatives to help build analytical capacities of human resources of PPD Member and other countries have been undertaken. In this regard, mention should be made of a set of matrices of training gaps and of a set of generic training modules that have been developed.

A number of institutions have had good experience in building capacities of other countries. Many recognize that to strengthen further their own capabilities to undertake capacity development efforts, it would be necessary to mainstream multi-disciplinary collaboration through multi-institutional cooperation. A few have already begun the process. Institutional strengthening through capacity building and international support is required in the case of a few institutions to enable them to become partners in South-South Cooperation. Even those at the vanguard require enhancement of staff capacities and sponsorship of South-South activities. It is hoped that international agencies like UNFPA and others would encourage and support those activities. PPD has initiated actions to help establish a system for networking among Partner Institutions. PPD is envisaging a series of follow-up actions for it and seeking external support to help launch it.

Lastly, PPD, as an agency created for South-South Cooperation in population and reproductive health, should be expected to expand its outreach with the cooperation of PPD-member and non-member developing countries alike, as well as by greater financial and political support of the international community.

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ANNEX: TABLES

Table-1: Partner Training Institutions Included in the Study

Name of Partner Institution	Acronym Used in the Paper
Bangladesh	
1. Institute of Child and Mother Health, Dhaka	ICMH
China	
2. Nanjing International Population Program Training Center	NITC
3. China Center for Reproductive Health Technical Instruction and Training, Shanghai	IPMH
4. China Training Centre for Reproductive Health and Family Care	CTC
Egypt	
5. Cairo Demographic Centre, Cairo	CDC
India	NIHFW
6. National Institute of Health and Family Welfare, New Delhi	IHMR
7. Institute of Health Management Research, Jaipur	IIPS
8. International Institute for Population Sciences, Mumbai	
Indonesia	BKKBN
9. Center for International Training and Collaboration, National Family Planning Board, Jakarta	
Kenya	PSRICAFS
10. Population Studies and Research Institute, University of Nairobi	
11. Centre for African Family Studies, Nairobi	FMPPF
Mexico	
12. Fundación Mexicana Para la Planeación Familiar, A.C., Mexico	INAS
Morocco	CEFOREP
13. Institut National D'Adminsitration Sanitaire, Rabat	
Senegal	
14. Centre de Formation et de Recherche en Sante de la Reproduction, Dakar	CPS
Thailand	
15. College of Population Studies, Chulalongkorn University, Bangkok	CEFIR
Tunisia	ISAE
16. The Centre International de Formation, ONFP, Tunis	
Uganda	
17. Institute of Statistics and Applied Economics, Makerere University, Kampala	

Table 2: Overview of Long-Term Training Courses

TYPE OF TRAINING COURSE	SUBSTANTIVE AREA	INSTITUTION OFFERING THE OURSE
Long-Term and Degree		
1. **Doctoral Degree** M.D. M.D. PhD	a. Pediatrics (3yrs)	ICMH
	b. Community Health Administration (3yrs)	NIHFW
	c. Demography or Population and Dev (3/4 yrs)	CDC, CPS, IIPS, ISAE, PSRI,
2. **Masters Degree (**M. Phil**)**	a. Demography (2yrs) b. Social demography or Demo. and Environ. or. Demo. And Public Health	CDC, IIPS CPS,
3. **Master's Degree** (M.Sc/M.A/ M.P.H/ MBA.)	a. Demography or Population and Dev.(1or 2 yrs) b. Population and Reproduction Health (2yrs) c. Public Health (2yrs) d. Obstetrics and Gynec. (3yrs) e. Health and Hospital Management (2yrs) f. Adolescentlogy (2yrs)	CPS, CDC, IIPS, ISAE, PSRI ISAE INAS ICMH IHMR/ NIFHW, INAS, CEFIR
4. Post-Graduate Diploma	a. Demography/ Population and Development (1yr) b. Health Administration (2yrs) c. Health and Family Welfare (1yr) d. Child Health (1yr) e. Hospital Managment (1yr)	CDC, IIPS, ISAE NIHFW NIHFW ICMH NIHFW
5. Bachelor's Degree	a. Demography	ISAE

Table-3: Overview of Short-Term Training Courses by Duration and Thematic Areas in Population, Gender and Reproductive Health

Topics	Duration	Institutions offering Courses
A. Reproductive Health		
1. Reproductive Health and Population	2 WKS	CDC, CEFIR, IIPS, INAS, ISAE, NITC
2. Leadership on Legal and Cultural Barriers to RH	2 WKS	CEFIR
3. Mother and Child Health	1-2 WKS	ICMH, INAS
4. Adolescent RH Issues	2-3 WKS	CAFS, CEFIR, IPMH, INAS, FMPFF, NITC
5. HIV/AIDS Prevention	1-2 WKS	CAFS, FMPFF, NITC
6. Planning and Management of HIV/AIDS Programs	2 WKS	CAFS, IHMR
7. Improving Quality of Services	2 WKS	BKKBN, CEFOREP, CPS, CTC, INAS, IPMH NITC, FMPFF
8. Counseling Skills in RH/FP	1-2 WKS	BKKBN, CEFIR, CTC, FMPFF, IPMH, NIHFP, NITC
9. Monitoring and/or Evaluation of Pop and RH Programs	2-4 WKS	CEFIR, CEFOREP, INAS, ISAE, PSRI
10. Management of Reproductive Health Programs	3-8 WKS	CAFS, CEFIR, CEFOREP, CTC, NITC
11. Strategic Leadership on Management of RH/FP	1-3 WKS	BKKBN, CAFS, CEFIR, ICMH, IHMR, INAS, NITC
12. Management of IEC Elements in RH Programs	1-4 WKS	CAFS, CDC, CEFIR
13. Audio-Visual Communication Elements of RH Programs	7 WKS	CEFIR
14. Training of Trainers on Reproductive Health and its Elements	1-3 WKS	CAFS, CTC, CEFIR, ICMH
15. Clinical Management in RH and FP	1-3 WKS	CEFIR, ICMH, NITC

Table-3: (Continued) Overview of Short-Term Training Courses by Duration and Thematic Areas in Population, Gender, and Reproductive Health

Topics	Duration	Institutions Offering Courses
A. Reproductive Health (Continued)		
16. Medical Training for RH and FP	1-2 WKS	CEFIR, CEFOREP, CTC, IPMH, NIHFW
17. Training in Contraceptive Technology	1-3 WKS	CAFS, CEFIR, CEFOREP, IPMH
18. Development of Didactic and Pedagogical Training Materials in RH/FP	1-3 WKS	CAFS, CEFOREP, NIHFW
19. Evaluation of RH and HIV/AIDS Programs	1-3 WKS	CAFS, IHMR, INAS
20. Strategic Communication for RH/FP and Others	2 WKS	BKKBN, CAFS, INAS, IPMH, NITC
21. Advocacy for RH/FP or HIV/AIDS Programs	1-3 WKS	BKKBN, CAFS
22. RH Commodity Security	2 WKS	BKKBN, CTC
23. Logistics and Supply Management in Health and Family Welfare	1WK	NIHFW
24. Community-Based Approaches in RH/FP	1-3 WKS	BKKBN, CAFS
25. Care and Support for People Living With HIV/AIDS (PLWA)	1-3 WKS	CAFS, IHMR
26.Post-Abortion Care	2 WKS	CAFS, CEFOREP

Table-3: (Continued). Overview of Short-Term Training Courses by Duration and Thematic Areas in Population, Gender, and Reproductive Health

Topic	Duration	Institutions Offering Courses
B. Gender		
1. Gender, Reproductive Health and Development	3-4 WKS	BKKBN, CAFS, CDC, CEFIR, IIPS
2. Gender-Based Violence	1-3 WKS	CAFS
3. Mainstreaming Gender and Reproductive Health	1 WK	BKKBN, NITC
4. Managing Gender Issues in Health Care	1 WK	IHMR
C. Population Studies and Demography.		
1. Population and Development or Sustainable Development	3 WKS	CDC, IIPS, PSRI
2. Demographic Techniques	2--3 WKS	CDC, IIPS
3. Demography and Health Statistics	1 WK	NIHFW
4. Population Policy and Program	1-3 WKS	CAFS, CDC
5. Population Analysis for Policymakers	2 WKS	ISAE
6. Population Aging	2 WKS	IHMR, NIHFW
7. Population and Poverty	1-2 WKS	CAFS, IIPS
D. Statistics, Methods and Indicators		
1. Statistical Training	1-2 WKS	CDC, CTC
2. Large Scale Sample Surveys	2 WKS	CAFS, CDC, IIPS

Table-3: (Continued) Overview of Short-Term Training Courses by Duration and Thematic Areas in Population, Gender, and Reproductive Health

Topic	Duration	Institutions Offering Courses
D. Statistics, Methods and Indicators (Continued)		
3. Indicators for Policy and Management Of MDGs	2 WKS	ISAE
4. GIS for Health Management	1 WK	NIHFW
5. Health Survey Research Methods and Data Management	2 WKS	IHMR
6. Health Management Information Systems	1-3 WKS	CAFS, IHMR
E. Development Agenda Reforms		
1. Results-Based Management and Strategic Planning	1-2 WKS	CAFS, BKKBN, IHMR, INAS, NITC
2. Health Policies, Planning and Management	1 WK	IHMR, NITC
3. Management, Public Health and Health Sector Reforms	9-13 WKS	NIHFW, IHMR
4. Health Sector Reforms and Sustainable Financing	1-3 WKS	NIHFW
5. Applied Health Economics and Financing	1-3 WKS	NIHFW

Table-4: Ranking of Substantive Issues and Concerns in Training Programs of Partner Institutions by the Extent of Coverage of ICPD and MDGs Topics

Substantive Issues and Concerns	Number and Name of Institutions with "High" Coverage	
	Number	Name of the Institution
A. Strategic Policy and Planning.		
1. Inter-linkages between reproductive health, gender and development issues	14	ICMH, IPR, CTC, CDC, IHMR, IIPS, BKKBN, PSRI, CAFS, CPS, FMPPF, CEFIR, ISAE, INAS
2. Operations research for policy and program development	13	ICMH, CTC, CDC, IHMR, NITC, CPS, IIPS, PSRI, CAFS, FMPFF, CEFOREP, CEFIR, INAS
3. Reproductive health and Millennium Development Goals	13	ICMH, IPMCH, CTC, CDC, IHMR, IIPS, BKKBN, PSRI, FMPPF, CEFIR, ISAE, CPS, INAS
4. Muti-sectoral approaches in achieving the MDGs and/or ICPD goals	11	ICMH, CTC, CDC, IHMR, IIPS, BKKBN, PSRI, FMPFF, CEFIR, ISAE, INAS
5. Population and poverty reduction	10	CTC, CDC, IHMR, IIPS, BKKBN, CAFS, CEFIR, ISAE, NITC, CPS
6. Religion in reproductive health and family planning	9	ICMH, CDC, BKKBN, NITC, CPS, ISAE, IIPS, CEFIR, NIHFW
7. Mainstreaming population issues in the context of development reforms (SWAps, PRSPs, etc)	9	CPS, CTC, CDC, IHMR, BKKBN, PSRI, CEFIR, INAS, NIHFW
8. Decentralized planning for MDGs and ICPD goals	8	CTC, CDC, ICMH, IHMR, BKKBN, FMPPF, CEFIR, INAS
9. Macro-economics and costing of MDGs and ICPD goals	6	NITC, CTC, CDC, IIPS, CEFOREP, NIHFW
10. Costing of health programs and cost-benefit analysis of health interventions	7	CTC, CDC, IHMR, CAFS, CEFOREP, INAS NIHFW
11. Scenario building and costing of strategies to achieve health MDGs	4	CTC, CDC, CEFOREP, NIHFW

Table-4: (Continued) Ranking of Substantive Issues and Concerns in Training Programs of Partner Institutions by the Extent of Coverage of ICPD and MDGs Topics

Substantive Issues and Concerns	Number and Name of Institutions with "High" Coverage	
	Number	Name of the Institution
B. Implementation, management and service delivery issues		
1. Approaches to address reproductive health needs of adolescents	16	ICMH, NITC, IPMCH, CTC, IHMR, CPS, CDC, IIPS, BKKBN, CAFS, FMPPF, CEFOREP, CEFIR, ISAE, INAS, NIHFW
2. Quality of care in Reproductive Health Services	14	ICMH, NITC, IPMCH, CTC, CDC, IHMR, IIPS, BKKBN, CAFS, FMPPF, CEFOREP, CEFIR, ISAE, INAS
3. Integrating Reproductive Health and HIV/AIDS	12	ICMH, NITC, CTC, CDC, BKKBN, CPS, IIPS, CAFS, FMPPF, CEFIR, ISAE, INAS
4. Mobilizing communities and households to achieve success	10	ICMH, NITC, CTC, CDC, IIPS, BKKBN, CAFS, FMPPF, CEFIR, ISAE
5. Results-based management of programs	9	NITC, IHMR, CTC, CDC, BKKBN, CAFS, FMPPF, CEFIR, INAS
6. Assessing Reproductive Health commodity needs, procurement and distribution	10	NITC, ICMH, CTC, CDC, IHMR, IIPS, FMPPF, CEFIR, INAS, NIHFW
7. Integration of Reproductive Health and Rural Development initiatives	8	ICMH, NITC, CTC, CDC, IHMR, IIPS, FMPPF, CEFIR
8. Monitoring and tracking of progress on MDGs through indicators	8	CDC, IHMR, IIPS, PSRI, FMPPF, CEFIR, ISAE, INAS
9. Making services work for the poor: accountability perspectives	7	CDC, FMPPF, CTC, ICMH, NITC, CEFIR, NIHFW
10. Achieving Reproductive Health Commodity Security	6	NITC, ICMH, CTC, CDC, FMPPF, CEFIR

Table-5: Overview of Major Research Studies of Partner Institutions by Topics in Reproductive Health, Population, Gender and Data

A. REPRODUCTIVE HEALTH

1. Adolescent Issues: study of SRH education for adolescent; needs of adolescents; survey of sexuality education; situation and needs in India; transition to adulthood; study of adolescent reproductive health (ARH); KAP on RH
2. Biomedical Research: studies on cervical and breast cancer; appropriate technology; male hormonal contraceptives;

3. Family Planning: unmet need for FP: implication of user fee, religion and FP; private sector and FP; issues and barriers in management; impact of FP on social sectors; study on natural Family Planning; quality of care in Indian Family Planning; interaction between clients and grass-roots FP workers;

4. HIV: orphaned children; prevention and care; evaluation of national aids control; assessment of care for PLHA; spread of HIV; male sexual concerns; alcohol and sexual health risk; management of national responses with decentralization; assessing women's risk for HIV/STD within marriage in India;

5. Mother's Health: safe motherhood; post-partum care; safe motherhood and child survival; prevention of maternal mortality by emergency obstetric care;

6. STDs: socio-demo and clinical profile of STDs; end line evaluation of RTIs; demographic and behavioral study of sexual service workers in Thailand; the prevention of STDs and HIV Aids among fishermen;

7. Miscellaneous: SES status and RH; role of advocacy in RH; legal norms for RH; RH/FP commodity; quality of RH service; reform of RH/ FP administration; role of incentives and disincentives; role of socio-cultural, health, epidemiological, clinical and institutional factors in implementing RH policies; study on RH quality care in Greater Tunis; needs assessment and feasibility of RH/FP mobile strategy; availability of health facilities and utilization of RH services; utilization of analysis by policy makers and program mangers; health systems evaluation; health systems assessment and improvement of its performance.

B. POPULATION.

8. Contraception And Contraceptives: quantitative and qualitative study on KAP on emergency contraception in Senegal; efficacy of IUD TCU 380;

Table-5 (Continued)

9. Demographic methods: methods for missing data analysis; population growth and changing demographic scenario;

10. The Elderly: dimensions of health care; models of institutional care; study of elderly in Egypt; health problems of elderly; socio-economic and health aspects; estimating life expectancy at older ages; implication of voluntary retirement; comparative study of population aging in four Asian countries; a survey of welfare of the elderly in Thailand;

11. Employment studies: unemployment in India; changing employment patterns; women's work, health and fertility behavior; population and labor force in Thailand; unemployment in Thailand;

12. Fertility, Mortality, Family And Marriage Analysis: Trends and determinants; indirect estimation; childless women; the family in contemporary Thailand; sex preference; Africa family studies; return to fertility decline; impact of consanguinity on child survival; mapping of causes of death; analysis of maternal, infant and neonatal deaths: Thailand's future fertility;

13. Migration: Migration in India; spatial declassification of towns in India; pattern of urbanization and metropolitan growth; the impact of ASEAN migration on human resource development; international migration and situation of migrant laborers;

14. MDGs: prospects for achieving them; elimination of extreme poverty and hunger; implementation of partnership for development; how to reduce maternal mortality;

15. Population Analysis:population and poverty; population, poverty and environment; population and development linkages; a text book on population and development; population, environment and sustainable development; old age poverty and economic survival; man and bio-sphere;

C. GENDER

16. Gender Issues: implications for health; women's participation; linkage with MDGs; consequence of trafficking; obstetrical consequences of female genital mutilation; women's work and child care; women's status and fertility in five Asian countries;

Table 5 (continued)

D. DATA AND METHODS

17. Evaluation: INAS training; basic health care; independently-managed hospitals; national system of health research; regional plans for health development; population aging; HIV/AIDS; medical audit; outcomes of training; effectiveness of IEC; technical assistance needs; evaluation of urban health posts in India;

18. Health Systems: capacity building; performance assessment; health inequities in India; utilization of health care; making health system work for poor; decentralization; operations research for birth- spaced approach;

19. Information Systems: MCH; tracking resource flows; data base for human development;

20. Large Scale Surveys: family health; baseline; end line; use of MCH and FP services; PAPCHILD survey; PAFAM survey; KAP survey on breast cancer; fertility survey in India; national survey on maternal mortality; national survey on poor families; survey on regional population aging; national family health; DHS for Thailand;

21.

Partner Institution	Elements of Collaboration
FMPFF	The Institute has collaborated with a number of agencies in the conduct of its activities. For training, it has cooperated, among others, with CSOs, IPAS, AMSSA, and CELSAM, as well as Salud y Genero. For research also, it has worked with Grupo de Enlace, Partners for Democratic Change, FEMESS, IPPF and Ministry of Health. The experience has been positive and it plans to expand its collaboration in the future.
INAS	The INAS collaborates with a large number of institutions for conducting its training and research activities. For training, it collaborates with PPD, University of Montreal, MSH Boston, University of North Carolina, Columbia University, Johns Hopkins University, University of Tulane, Universite Libre de Bruxells, Public Health School of Nancy, Institute of Tropical Medicine of Anvers, National Public Health School and WHO, UNFPA, University of Barcelona, Arab League, and GTZ. Elements of cooperation include number of training tasks and e learning. Elements of cooperation include conduct of courses on safe motherhood, Master's course on Health Administration and Public Health, health research methodology, training of trainers, operations research, program evaluation, management of health services, family medicine, hospital management, adolescent and youth health, leadership in reproductive health, epidemiology and bios-statistics, and quality of services and health service audit. For research, INAS has collaborated with many institutions including UNFPA, IMT d' Anvers, WHO. Elements of collaboration have included operations research, joint projects, evaluation of national systems of health research and others.
CEFOREP	The institute has collaborated for training with a number of institutions including Management Sciences for Health, AWARE-RH, and WHO for institutional development, for capacity development and for operations research. For the conduct of its research activities, it has collaborated with Ministry of Health, UNFPA, WHO, Population Council and Others. Elements of collaboration covers technical and financial assistance and partnership in design and implementation of research agenda. Generally, it has had good experience with collaboration.
CPS	The CPS collaborates with a number of national agencies in its work. For training, its consortium of doctoral program in demography brings together CPS, IPSR of Mahidol University and the School of Applied Statistics of NIDA. The collaboration of the three academic institutes in terms of teaching and conducting research is enhancing the capability of the program. In its extensive research program also, it collaborates with a number of national agencies.

Table-6: Overview of Institutional Collaboration
Table-6 (Continued) Overview of Institutional Collaboration
Table-6: (Continued) Overview of Institutional Collaboration

Partner Institution	Elements of Collaboration
ICMH	The institution has collaborated with PPD, ICDEDRB, BRAC and government departments in the conduct of training and research activities. Specific elements of collaboration have included program facilitation, and implementation, technical and financial cooperation, guidelines formulation, program development and technical support. The experience has been excellent.
NITC	The institution has collaborated with a large number of agencies—UNFPA, PPD, Johns Hopkins University, ICOMP, PDA, SIPR and Nanjing college for Population Program Management in the conduct of its training, research and other activities. Specific elements have included capacity development, development of training materials, conduct of training courses, resource sharing, and technical support on national policy issues. More resources and advocacy are needed
IPMH	The institution has collaborated with a few other agencies—IPMCH hospital, WHO, MRC-UK, Hong Kong University, UNFPA—in the conduct of training and technical support. Needs more collaboration.
CTC	CTC has collaborated with a very large number of institutions in the conduct of training, research and other activities. For training, it has collaborated with a number of national agencies, World Association of Perinatal Medicine, Shanghai's Hospital, Nanjing College, and Engender Health. Specific elements have included conduct of training courses, information exchange and experiences, editing of technical documents, and in human resource development. In research, it has collaborated with national agencies, Medical and Technology Corporation, Oxford University, in evaluation studies, feasibility research, policy research, operations research, systems development, appropriate technology, overseas study tours, RH/FP commodity and advocacy.
CDC	CDC has collaborated with a number of institutions in conducting its activities. For training, it has collaborated with Cairo University, and other government departments. In research, it has collaborated with departments of the Government, UNDP, UNFPA, Arab League, National Population Council, National Planning Institute, Cairo University, CAPMAS, The Ford Foundation and others. The experience is excellent.
IHMR	IHMR collaborates with a number of international agencies. For training, it works with Johns Hopkins University, Mahidol University, Ibn Sina Kabul, Koirala Institute of Health Sciences, in Nepal and Indira Gandhi Open University and other national agencies. Elements of collaboration have included health information systems, developing academic programs, and conducting training courses. For research, it has collaborated with Johns Hopkins University on strengthening health systems. Excellent experience with collaboration.

Table 6. (Continued) Overview of Institutional Collaboration

Partner Institution	Elements of Collaboration
CEFIR	The institution has collaborated with a number of other agencies, both national and international. For training, it has collaborated with UNFPA, PPD, JICA of Japan, and WHO. Elements of collaboration include introduction of RH components into training programs, South-South Cooperation in RH, and skills improvement in RH leadership in a number of countries. For research and country advisory services, it has collaborated with WHO, Global Fund, UNFPA, World Bank, Arab League, AFD France, JICA of Japan, and AECI of Spain. Good experience with collaboration.
ISAE	The institute has collaborated with a few agencies in the conduct of its activities. For training, it has cooperated with Uganda Bureau of Statistics, Institute of Public Health, and the Population Secretariat (PPD) in sharing of staff funding and in teaching. For research, it has collaborated with UNDP, UNICEF and USADID. Most of the collaboration has been for the building of the institute's capabilities.

	Elements of Collaboration
NIHFW	The institution as the nodal agency in the country collaborates with a very large number of agencies. It collaborates with 18 collaborating training institutes in the conduct of National Level Training Courses, in particular in specialized Clinical Skill Training and Skilled Attendance at Birth; it also collaborates with national Aids Control Organization and State AIDS Control Society in annual sentinel surveillance. As the secretariat for the National Public Health Consortium and the National Health Management Consortium, the NIHFW collaborates with a number of health institutions like reputed medical colleges and NGOs in the conduct of training end research, as well as with various management and public health institutions. Very good experience with collaboration.
IIPS	The IIPS has collaborated with number of international and national institutions in conducting its activities. For training, it has collaborated with Nordic Council, London School of Tropical Medicine and Hygiene and Johns Hopkins University. Elements of collaboration have included sponsorship, funding and assistance in training. The collaboration is very good and the institutions hope to maintain it in future also. For research, collaboration has included a number of agencies, like, Government of India, UNDP, UNICEF, USAID, WHO, IPAD, Population Council, University of Connecticut, University of Addis Ababa, Cambodia, Nihon University, and others. Experience has been mixed.
BKKBN	The institute has had extensive collaboration with national agencies in the conduct of training and research activities. For training, it has collaborated with University of Jakarta, LAN, JNPK and others in managerial and contraceptive training. The experience has been good with these cooperative activities. For research and other activities, it has worked with other national research institutions and with local government. Experience here has been limited by lack of internal support, of local involvement and of follow up.
PSRI	The institute has collaborated with a few other institutions, like African Population and Research Center, University of Washington and Coordinating Agency fro Population and Development (NCPAD) and the PPD in undertaking training activities. Collaboration is viewed as useful. For research, it has collaborated again with African Population and Research Center and University of Washington ands NCPAD. Elements of collaboration have included joint projects and joint training.
CAFS	CAFS has collaborated with a number of other institutions in its training activities. Agencies include CRHCS, IPPF, MEXIFAM, ICOMP, PPD, RATN, UNAIDS, UNFPA, USAID, World Bank Institute, Packard Foundation, and Rockefeller Foundation. Elements of collaboration have included developing joint training manuals, implementing joint projects and conducting joint workshops and consultancy assignments. The experience is mixed**.**

Table-7 Financial Management Capabilities of Partner Institutions

Components of Financial Management Capabilities	List of Partner Institutions by Degree of Adequacy in Component Areas	
	Inadequate or Limited Capacity	**Adequate or Good Capacity**
Resources Management	ICMH, BKKBN	NITC, IPMH, CTC, CDC, NIHFW, IHMR, IIPS, PSRI, CAFS, FMPPF, INAS, CEFOREP, CPS, CEFIR, ISAE
Resource Planning and Projection	BKKBN, CAFS,	ICMH, NITC, IPMH, CTC, CDC, NIHFW, IHMR, PSRI, FMPPF, INAS, CEFOREP, CPS, CEFIR, ISAE
Resource Mobilization and Fund Raising	ICMH, IPMH. CTC, IIPS, PSRI, CAFS, ISAE	NITC, CDC, NIHFW, IHMR, BKKBN, FMPPF, INAS, CPS, CEFOREP, CEFIR
Capacity for Self-Financing	ICMH, IPMH, IHMR, IIPS, BKKBN, PSRI, INAS, CEFOREP, CPS, CEFIR, ISAE	NITC, CDC, NIHFW, CAFS, FMPPF
Sources of Funding		
Mostly National	ICMH, NITC, IPMH, CTC, CDC, NIHFW, IHMR, IIPS, BKKBN, PSRI, CPS, CEFIR, ISAE	

Partly International	NITC, IPMH, CDC, NIHFW, IHMR, PSRI, CPS, CEFIR
Largely International	FMPPF, CEFOREP
None or Limited International	CTC, ICMH, IIPS, BKKBN

TABLE- 8. Aggregate Profile of Human Resources of Partner Institutions

Partner Institution	Number of Staff						
	Academic and Research	Admin-strative	Inter-national	Sex Ratio	Per-capita Yrs of Exp. (A&R)	Language	Specializations
1.ICMH	12	4	0	100	11	English	Pediatrics, OBGYN
2. NITC	14	5	0	111	20	English	Counseling, Research Methods, Management Preventive Medicine
3. IPMH	14	3	0	40	19	English	Counseling, ARH, MCH, OBGYN
4. CTC	19	5	0	166	15	English, Chinese, &German	Management, RH/FP, Pop. Research, Ante-natal, OBGYN, Health Education, Evaluation Preventive Medicine, Bio-chemistry
5. CDC (Includes Part-time Staff)	43	55	0	253	NA	English & Arabic	Mostly PhDs in Statistics, Demography Education, Regional Planning, Sociology Public, Health, Population Economics
6.NIHFW	36	NA	NA	NA	NA	English	MDs and PhDs: Medicine, Zoology Demography, Education, Journalism Sociology, Economics Communications, OBGYN, Statistics, Psychology, Anthropology

TABLE -8. Aggregate Profile of Human Resources of Partner Institutions (Continued)

Partner Institution	Number of Staff			Sex Ratio	Per Capita Yrs of Exp. (A&R)	Language	Specialization
	Academic and Research	Admin-strative	Inter-national				
7. IHMR	43	22	0	NA	NA	English	MDs and PhDs in Medicine, Management, Demography, Statistics, History Sociology, Economics, Nutrition, Psychology
8. IIPS	36	117	0	400	NA	English	Demography, Statistics, Sociology, Economics, Education, Psychology
9. BKKBN	39	6	0	95	12	English	Population Studies, Public Health, Health Administration, Sociology, Public Administration, MIS, Education, Medicine, Political Science
10. PSRI	8	4	0	300	16	English	Demography Population Studies
11.CAFS	8	5	4	100	22	English & French	Management, IEC/BCC, Education Demography Public Health,

TABLE -8. Aggregate Profile of Human Resources of Partner Institutions (Continued)

Partner Institutions	Number of Staff			Sex Ratio	Per Capita Yrs of Exp. (R&A)	Languages	Specialization
	Academic And Research	Admin-strative	Inter-national				
12. FMPFF	22	15	2	57	15	English Spanish	Medicine, RH, RR, Accounting, Management, SRH, Health Services Mgmt, M&E, OR, Demography Statistics, ARH, Public Health
13. INAS (* Includes 25 visiting staff)	33*	16	5*	100	16	French,& Some English	Medicine, Epidemiology Health Planning Women's Health RH, Sociology Bio-statistics, Evaluation
14. CEFOREP	5	3	0	400	10	French &Some English	Statistics, Demography, Epidemiology, OBGYN, Documentation
15.CPS (* Includes affiliated staff)	20*	8	3*	33	NA	English	Public Health, Demography, Sociology, AIDS Communication Environmental Sanitation, Epidemiology, Bio-engineering, Pop and Dev. Studies, Reproductive Health

TABLE- 8. Aggregate Profile of Human Resources of Partner Institutions (Continued)

Partner Institution	Number of Staff			Sex Ratio	Per Capita Yrs of Exp. (A&R)	Languages	Specialization
	Academic and Research	Admin-strative	Inter-national				
16. CEFIR	NA	NA	NA	NA	NA	NA	NA
17. ISAI	**13**	**1**	**0**	NA	NA	**English**	Population Studies

TABLE- 9. Overview of Facilities and Infrastructures of Partner Institutions

Component Area	***DEGREE OF CAPABILITY***	
	Inadequate or limited capacity	Adequate or good capacity
1.Planning Capacity (Operational and Strategic)	BKKBN, ICMH IPMH, FMPPF, ISAE	CAFS, CDC, CEFIR, CPS, CTC, IHMR, IIPS, NITC, PSRI CEFOREP, INAS, NIHFW
2. Decision Making System	ISAE, CAFS FMPPF, CEFOREP	CPS, ICMH, NITC, BKKBN, CDC, CEFIR, CTC, IHMR, INAS, IPMH, IIPS, NIHFW, PSRI
3. Quality Management	BKKBN, CAFS, IIPS PSRI	CEFOREP, CPS, CTC, NITC, ISAE, CDC, CEFIR, IHMR, IPMH, FMPFF, ICMH, INAS, NIHFW
4.Knowledge Management	CAFS, ICMH, CPS BKKBN, CTC, IHMR IIPS, INAS, NITC PSRI	CEFIR, ISAE, CDC, CEFOREP, FMPPF, IPMH, NIHFW
5. Administrative Systems	PSRI, BKKBN	IPMH, CTC, ISAE, NITC, CAFS, CDC, CEFIR, CPS, ICMH, IHMR, IPS, NIHFW CEFOREP, FMPPF, INAS,
6.Physical Infrastructure	CAFS, ISAE, PSRI	CEFOREP, IIPS, IPMH, BKKBN, CDC, CEFIR, CPS, NIHFW, NITC, CTC, FMPPF, ICMH, IHMR, INAS
7.Techncial Infrastructure	ISAE, PSRI	CAFS, CEFOREP, FMPPF, IPMH, NITC, BKKBN, CDC, CEFIR, ICMH, IHMR, IIPS, NIHFW, CPS, CTC, INAS

Table-10: Overview of South-South Profile of Partner Institutions

Partner Institution	South-South Profile
1.ICMH	Undertakes training and research activities with financing from the Government and by income generated by the institution through patient care, research and training fees. Needs support for few more years. Currently, conducts courses on four thematic areas.
2. NITC	Recognizing self-capacity building is critical for a training institution, NITC has focused on building its own staff capacity through overseas training. It undertakes a large number of short-term thematic training and country courses in reproductive health and family planning. Currently conducts courses on 12 thematic areas.
3. IPMH	Committed to South-South Cooperation with good capacity, both language (English) and in a number of fields including basic medicine, clinical medicine, psychology, and sociology. Collaborates with organizations in other developing countries to formulate a feasible training model, as well as to develop a multi-disciplinary ability to improve RH services. Undertakes a few short-term thematic courses in reproductive health. Currently, conducts courses on six thematic areas.
4. CTC	Strong profile for South-South with good expertise and facilities. It is the seat of PPD/CPO to systematically mobilize domestic and international resources for South-South Collaboration among PPD member countries, with particular emphasis on capacity building, information sharing and exchange, and commodity security. With METABASE, enjoys the information platform of population and development in South-South Cooperation. It is also involved in service capacity building in Bangladesh, Kenya, Mali, Nigeria, Uganda and Zimbabwe. Undertakes a large number of courses on seven thematic areas.
5. CDC	As an interregional institution for demography and population studies,it has conducted and continues to conduct a large number of training and research activities and has trained a very large number of population specialists and demographers in the Arab region and elsewhere. A demonstrated center for South-South Cooperation. Currently, conducts a number of courses on nine thematic areas.
6. NIHFW	A well-recognized national institute for population, health and family welfare. Enjoys excellent multi-disciplinary complement of staff skills encompassing public health specialists, medical specialists, MCH specialists, social scientists, health communication experts, bio-medical scientists, statisticians and demographers, training technologists, management experts and others. Currently, conducts a large number of courses on nine thematic areas.

Partner Institution	South-South Profile
7. IHMR	A premier institute for health administration and health care management, with multi-disciplinary expertise to conduct both training and research activities. It enjoys a very good networking both within India and abroad. Has an excellent track record for good quality operations research in health, population and public health fields. Currently, conducts a number of courses on nine thematic areas.
8. IIPS	A well demonstrated institution for training and research in demography and population in the Asia and Pacific region. Over the years, has trained over 1000 population specialists in the ESCAP region under its long-term training program. It also conducts short-term courses with participants from Asia and Africa. The institution enjoys staff capacities in a number of social sciences including statistics, geography, economics, sociology, psychology, etc. Nonetheless, certain other expertise is lacking, including epidemiology, gynecology, health and environmental economics, and program management. A good track record of collaboration with other institutions, both national and international. Institution plans to develop faculty-specialization on different countries of ESCAP. Expects UNFPA and PPD to facilitate funding to implement a plan on this. Currently, conducts a number of courses on six thematic areas.
9 BKKBN	A well-recognized institution for South-South Cooperation in building capacities of other countries in program management, reproductive health and family planning workers, community participation, and involvement of religious and cultural leaders in population and reproductive health. For future, it is strengthening its own capacity in staff professionalism, training capabilities management, methodology, services and facilities. Its activities encompass all the three areas of population, reproductive health and gender issues. The program is well supported by government funds. Currently, conducts a number of training courses in ten thematic areas.
10. PSRI	An institute for population training and research. The Institution is building its own capacity and programs. Currently, conducts two training courses.
11. CAFS	A very good profile on South-South Cooperation. It has multi-disciplinary team supported by a roster of consultants with diverse skills. It has an impressive track record of innumerable activities, encompassing, in particular, areas of population, reproductive health and gender. For future, it intends to expand its partnership with local and international organizations at regional and country levels. Currently, it conducts a very large number of training courses on 22 thematic topics.

Partner Institution	South-South Profile
12. FMPPF	A non-governmental organization devoted to providing technical assistance to other sister organizations in other countries of the South. It has a multi-disciplinary team with expertise in health care, administration, psychology and anthropology. It is building its own capacity by strengthening its staff skills in sexual and reproductive rights, sexual diversity, HIV/AIDS and counseling, post-abortion care. Currently, it conducts two training courses.
13. INAS	A well-recognized institution for South-South Cooperation in safe motherhood training for Francophone countries. It undertakes both long-term and short-term training courses in health administration and public health for Africa and other countries from the South. The INAS is committed to playing a leadership role for South-South in reproductive health, child health and adolescent health. For future, INAS is strengthening its collaboration with other institutions including WHO, Spain, and others. Its status as a collaborating centre with WHO and its institutional placement within the Ministry of Health, directly under the Secretary General will only enhance its profile, reach and access to resources, including from WHO, UNFPA, UNICEF, GTZ, etc. Currently, INAS conducts a large number of courses in nine thematic areas.
14. CEFOREP	It is a regional centre for training and research for reproductive health. The staff skills range over a number of specialties including demography, statistics, medicine, clinical assistance, public health, midwifery, etc. It also supplements these staff skills with a wide array of consultants. It undertakes activities in training, research, policy, planning, needs assessment, service delivery, contraceptive technology, management and monitoring and evaluation areas. It conducts a large array of training courses and undertakes a large number of research projects related to program management and operation research. It also conducts a large number of country workshops on a variety of topics. It indeed has an excellent profile for South-South Cooperation. Currently, it undertakes a large number of courses on seven thematic areas.
15. CPS	CPS is a faculty of population in a university set-up. It has undertaken a number of capacity development programs with various organizations during the past decades. Because of its small size, most of its South-South activities have been undertaken with collaboration with other organizations. For future, it can only undertake South-South activities with outside collaboration and with outside funding since it own funds are limited. Currently, it undertakes regularly only formal courses in demography and population studies.

Partner Institution	South-South Profile
16. CEFIR	CEFIR/ONFP is a well-recognized institution that undertakes a number of South-South activities. It has many senior staff members specialized in the substantive areas of reproductive health and family planning, information, education and communication (IEC), population and development. The functional expertise also ranges in program development, program strategies, strategic planning, evaluation, research, advocacy, and counseling. It has good collaboration with other institutions within Tunisia and is in the process of formulating a Pan Arab Network of South-South Cooperation including Egypt, Yemen, Morocco, Jordan and Tunisia. With likely collaboration with CREDIF, INS, CAWTAR and University of Tunis, CEFIR will be able to provide a multi-disciplinary expertise in training and research. Currently, it conducts a large number of training courses on 14 thematic topics.
17. ISAE	ISAE is faculty for training and research in population. The staff skills are few and inadequate in terms of multi-disciplinary approaches. There is some collaboration with Institute of Public Health, Population Secretariat and Uganda Bureau of Census. It has conducted a South-South Partner's course on population and reproductive health. For future, ISAE plans to increase its collaboration especially with UN agencies, and other international development partners including Inwent. Currently, ISAE conducts courses on four thematic topics.