

Real Life Experience Sharing On Consulting for Reproductive Health



Partners in Population and Development (PPD)

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CDC	Cairo Demographic Center
CTO	Cairo Technical Office
EC	Emergency Contraception
FP	Family Planning
GLP	Global Leadership Programme
HIV	Human-Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
MDGs	Millennium Development Goals
MENA	Middle East and North Africa
M&E	Monitoring and Evaluation
NCW	National Council for Women
NPC	National Population Council
ONFP	Office National pour la Famille et Population (National Office of Health and Population)
PCCs	Partner Country Coordinators
PPD	Partners in Population and Development
PoA	Program of Action
RCT	Regional Center for Training (in Family Planning and RH)
R&D	Research and Development
RH	Reproductive Health
SBP	Strategic Business Plan
STAS	South-South Technical Advisory Service (Consultation Development Skills)
STIs	Sexually Transmitted Infections
ToT	Training for the Trainers
UNFPA	United Nation's Population Fund
USAID	United States Agency for International Development
UN	United Nations
VLP	Visionary Leadership Programme

PREFACE

The post second World War era had set a trend in the world history; it enables consultants from the developed countries extend their expertise to the developing countries for advancement in all fields - be it agriculture, education, or technical fields like medical sciences, or fields like social development etc. This trend assumes that experts in any field have to come necessarily from the North. By challenging this concept, Partners in Population and Development (PPD) contends that the South is capable of extending its expertise as consultants to the South and even to the North. From this new concept PPD chalked out a five year project plan, entitled the South-South Technical Advisory Services (STAS). The objective of the project is to create and expand opportunities for developing countries to benefit from each other in terms of expertise and experience on Reproductive Health (RH), population and development.

Within the 5 year time-frame of STAS, PPD aimed at achieving several targets which include, among others, enabling the pool of new consultants to share their real-life experiences. Towards this end a workshop was organized titled Real-Life Experience Sharing Workshop.

Funded by the Government of Netherlands, the Real-Life Experience Sharing Workshop was organized in Cairo, Egypt between 02 to 05 July, 2007.

The project implementation had three distinct phases:

1. Establishment of the PPD Consultant Database to allow a system for identifying and promoting a selected group of high quality experts who have been directly involved in the implementation of successful RH, and population and development programs.
2. Building of the consultancy skills of professionals in Reproductive Health. PPD has a pool of 117 Consultants from the 21 PPD Member States that have been trained in Reproductive Health consultancy skills and techniques. Their areas of expertise vary from strategic planning, management of program, management information system, monitoring and evaluation, research to capacity building and others. From 2004 to 2006, PPD organized a series of training and orientation programme for the Consultants to upgrade their knowledge and skills and also to expand their field of consultancy through six participatory seminars organized in Uganda, Thailand, Indonesia, Yemen, Jordan and Morocco for both the Francophone and Anglophone member states.
3. Development of a Marketing Strategy and Action Plan for more efficient utilization of the trained consultants. A Handbook in English and French has been developed to facilitate and enhance consultancy practices among the trained consultants. Copies of the Handbook are available at PPD Secretariat and can also be downloaded from PPD website. A Consultant Database has been created with bio-data of all the consultants, that they can periodically update using their passwords.

The Real Life Experience Sharing Workshop organized in Cairo was to bring together consultants of varied degree of experience to share their real life experience on RH consultancy, discuss the constraints and weaknesses in providing consultation and to come up with concrete recommendations for improvement. The workshop was facilitated by Mr. Ezekiel Byangwamu Kalaule and also had expert interventions from

Dr. Martha M. Campbell from the Center for Entrepreneurship in International Health and Development (CEIHD), and Dr. Malcolm Potts, Fred H. Bixby Endowed Chair, School of Public Health, University of California, USA,

We would like to place on record the valuable assistance and support we received from Dr. Martha Campbell, Dr. Malcolm Potts, Mr. Ezekiel Byangwamu Kalaule, the Government of the Arab Republic of Egypt, most particularly the Honourable Minister of Health and Population and PPD Board Member, Dr. Hatem El-Gably, Dr. Safa El-Baz, Assistant Minister, Ministry of Health and Population, Dr. Osama Refaat Sherif, Deputy Director, Regional Center for Training (RCT) in family planning and reproductive health, Egypt, and Dr. Abdelghany Mohamed Abdelghany, Director, Cairo Demographic Centre (CDC), Egypt.

We are grateful to the Government of Netherlands, particularly to Mr. Gerard van den Bergh, Mrs. Ir R.M. Buijs and Ms. Marion van Schaik from the Social Policy Division of the Ministry for financial and technical cooperation.

Harry S Jooseery
Executive Director
PPD

EXECUTIVE SUMMARY

This document constitutes a report on the two Day “Real-Life Experience Sharing Workshop” organized by Partners in Population and Development (PPD). PPD is an inter-governmental alliance of 21 developing countries that was established to promote South-South Cooperation at the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. In fulfilling one of its operational strategies PPD has trained over 117 reproductive health professionals drawn from its Member Countries in the subject of consultancy and consultancy skills between the year 2004 to 2006. The idea behind this strategy is to create a pool of consultants which PPD and other organizations can draw upon to provide various Reproductive Health (RH) services to various Member Countries and others through the South-South cooperation approach.

To maintain the momentum of the achievement of the previous 4 years’ work in identifying possible consultants and upgrading their skills, PPD brought together in a workshop setting some of the formerly trained consultants to help them exchange real life experiences in consultancy in the area of population and development and sexual reproductive health, and thereby learn from each other. The workshop was held during the period 2- 3 July 2007 inclusive in Shepheard Hotel – Cairo, Egypt. The workshop was officially opened by Mr. Harry S Jooseery, Executive Director, PPD.

The opening of the workshop was blessed with the attendance of Dr. Safa El-Baz Assistant Minister of Health & Population for National Population Council, Government of the Arab Republic of Egypt and Prof. Nabiha Gueddana, the Director-General of the National Office of Health and Population (ONFP), from Tunisia. She expressed her delight in having been welcomed to participate in the workshop.

25 Participants, from 15 different countries attended the workshop. The 15 countries from where these professionals were selected from cover the regions of Africa, the Arab world, China and South East Asia. Most of them were not only consultants but also employees of various organizations responsible for RH and population and development in their respective countries.

The workshop methodology and content were structured so as to enable participants to learn the emerging issues in population and development and RH and define their role vis-a-vis the emerging issues; refresh their knowledge in organizational diagnosis to identify client problem; share their real consultancy experiences on various issues including among others factors that promoted successful consultancy, factors that hindered/constrained consultancy, issues to consider in setting up and running consultancy business and marketing selves as consultants. Participants were encouraged to make recommendations pertaining to the improvement and use of consultants by PPD.

1.0 INTRODUCTION

Partners in Population and Development (PPD) came into being at the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. Established to promote South-South Cooperation, PPD is an inter-governmental alliance of 21 developing countries. In fulfilling one of its operational strategies, PPD has between the year 2004 and 2006, trained 117 reproductive health professionals drawn from its member countries on consultancy and consultancy skills. The idea behind this strategy is to create a pool of consultants which PPD and other organizations can draw upon to provide various reproductive health services to various Member Countries as well as to other countries through the South-South Cooperation approach. The core objective of the Cairo Workshop was to maintain the momentum PPD has achieved in the last 4 years' work to this end, and to enable some of these trained professionals to exchange their real life experiences in consultancy in their particular fields in a formal workshop setting. The particular fields are population and development and sexual reproductive health. The trained professionals are now upgraded to serve their counties and beyond as competent consultants in these fields. The workshop was held during the period 2- 3 July 2007, at Shepheard Hotel, Cairo, Egypt.

2.0 GOAL AND OBJECTIVES

The overall goal of the workshop was to provide an opportunity to prospective PPD consultants, most of whom had gone through former PPD consultancy skills training, to share their real experiences on the ground and thus learn from each other.

Specific workshop objectives were that through the sharing process at the end of the workshop participants would have:

- i. Learned the emerging issues in population and development and Reproductive Health
- ii. Defined their role vis-a-vis the emerging issues
- iii. Refreshed their knowledge in organizational diagnosis to identify client problem
- iv. Shared their real life consultancy experiences on various issues including among others:
 - Factors that promoted successful consultancy
 - Factors that hindered/constrained consultancy
 - Issues to consider in setting up and running consultancy business
 - Marketing self as consultants
- v. Made some recommendations - general and specific - to PPD

3.0 EXPECTED OUTPUTS

- i. A number of consultants are able to learn from each other through structured exchange of experiences
- ii. A workshop report covering workshop proceedings and highlights of workshop is prepared and distributed to relevant organisations

4.0 PARTICIPANTS

Participants came from 15 different countries encompassing regions of Africa, the Arab world, China and South East Asia. Most of them were consultants but also employees of various organizations responsible for reproductive health (RH) and population and development in their respective countries. They all had a wealth of experience in consulting RH and population and development related fields. Their common expectation was to share experience with each other. List of participants is attached as Appendix III.



Participants at the Cairo Workshop

5.0 METHODOLOGY AND CONTENT

The workshop was initiated with an Opening Session, followed by Working Session which included presentations, discussion, group work and expert interview. A field visit was undertaken at the end of the event.

5.1 PRELIMINARY and OTHER ACTIVITIES

i. Preliminary Activities

- a. The request for consultancy proposal, contracting and supply of some reference materials were done through email correspondence between PPD and the consultants.
- b. Logistical issues including inviting participants, arranging their travel and booking workshop venue and participant accommodation were handled by PPD staff from the Secretariat in Dhaka.

ii. Workshop Implementation

1. The PPD staff team handled all the logistics ranging from the production of materials, payment of per-diems and handling the audio-visual equipment.
2. Technical facilitation was handled by the consultant who was assisted by Dr. Martha Campbell and Dr. Malcolm Potts.
3. The workshop programme attached as an appendix to this report was adhered to as much as possible.
4. Overall facilitation of the workshop was done by Mr. Ezekiel Byangwamu Kalaule.

5.2 OPENING SESSION

The Opening Session was addressed by three guests, Dr. Safa El-Baz, Prof. Dr. Nabiha Gueddana and Mr. Harry S Jooseery, Executive Director of PPD.

Opening Speech by Dr. Safa El-Baz

The Welcome address was given by Dr. Safa El-Baz, Assistant Minister of Health & Population for National Population Council, Government of the Arab Republic of Egypt. She welcomed the participants to Egypt and pointed out that population and development influence each other. She proceeded to illustrate this point by outlining some of the issues related to the population in Egypt.



Dr. Safa El Baz, from Government of the Arab Republic of Egypt, delivering her welcome speech

In her speech Dr. Safa El Baz pointed out that changes in the structure, distribution, and size of population are interlinked with all facts of sustainable development. Governments and International agencies can generate the political will to appropriately address current and future needs by tracking these changes and analyzing population trends, she added.

Dr. El Baz mentioned that the population in Egypt has almost reached 76.5 million with nearly 40% of the population below the age of 15. This particular feature of the population has evident and serious implications in designing the national population strategy for the coming years. Dr. El Baz also highlighted special programmes which have been drawn up to address these implications in the demographic field, including adoption of the concept of RH; fostering the linkage between women's issues and population at large; and enhancing institutional coordination between governmental institutions and non-governmental ones.

“...the changes in the structure, distribution, and size of population are interlinked with all facts of sustainable development. Tracking these changes and analyzing population trends helps governments and international agencies generate the political will to appropriately address current and future needs.”

- Dr. Safa El Baz

Assistant Minister of Health and Population for National Population Council
Government of the Arab republic of Egypt.

Second Speech by Prof. Dr. Nabiha Gueddana

The second address was given by Prof. Dr. Nabiha Gueddana, Director-General of the National Office of Family and Population, in Tunisia. She expressed her delight to participate in the workshop and shared the experience of the Tunisian National Family and Population Board in the field of training and capacity building of experts, professionals and staff working in reproductive health and population areas and mentioned that the success the Board has had in building capacity of reproductive health personnel in French speaking Africa and the Arab world. She closed her speech by wishing the workshop a great success.



Prof. Dr. Nabiha Gueddana, the Honorable Board Member of PPD from Tunisia addressing the participants

Final Speech by Executive Director, PPD, Mr. Harry S. Jooseery

The Executive Director (ED) of PPD Mr. Harry S. Jooseery delivered the third and final address. He thanked H.E Dr. Hatem El-Gably, Honourable Minister of Health and Population, Government of the Arab Republic of Egypt and Board Member of PPD, for hosting this workshop and for all the extended support and assistance provided to PPD. Due to circumstances beyond his control the Minister could not attend the workshop opening ceremony but was ably represented by his Assistant Minister Dr. Safa El-Baz.



Mr. Harry S. Jooseery, ED, PPD, highlights the success of the STAS project in his welcome speech

In his speech, Mr. Jooseery, ED mentioned Cairo as a motherland of ICPD Programme of Action (PoA) and of PPD. He pointed out that ICPD was a landmark in reshaping the RH environment, and of its intrinsic link to population and development. It is ICPD that has ushered a paradigm shift from Family Planning (FP) to RH focus, created a framework for concerted action by promoting the South-South Cooperation as a key route for the attainment of ICPD goals and implementation of its PoA.

He reiterated that Egypt is one of the ten founder members of PPD and that since 1994 it has continuously played a leading role in promoting South-South Cooperation and has demonstrated its commitment to support the advancement of both South-South Cooperation and PPD. He recalled the role Egypt played in establishing the Arab Network for South-South Cooperation in population and Reproductive Health in 2001 together with Jordan, Lebanon, Syria, Palestine, Sudan, Yemen, Morocco and Tunisia. He thanked Cairo Demographic Center (CDC) for providing fellowships to PPD Member States since 1999 on its one year Diploma course in Demography. This offer has been increased to 10 seats against 5, effective as from 2008.

Highlighting the successes of the project, the ED indicated that Egypt has achieved remarkable progress in delivering RH services to its people and towards achieving the ICPD goals and the MDGs. 95% of the population live within 5 km of a primary health care centre and nearly 57% of married women use modern contraceptives. Maternal, infant and child mortality rates have all fallen by more than half since 1990. Average life expectancy has increased to 70 years and the overall literacy rate has climbed to nearly 66% of the adult population in 2005. Poverty has been reduced significantly over the past two decades.

PPD has already a pool of 117 consultants on Reproductive Health from 28 developing countries in 4 Regions capable of providing high quality consultative services to other developing and developed countries.

The specific objective of the workshop, the ED informed the audience, was to share real life experiences of consultants in RH. He highlighted the fact that PPD has already a pool of 117 competent consultants on RH from 28 developing countries from 4 regions who can provide high quality consultative services to other developing and developed countries. He committed himself to extending his cooperation to Egypt for being a meaningful stakeholder and partner in promoting RH, Population and Development Programme in the country and to provide the framework for an improved Programme through South-South Collaboration. The ED pointed out that some countries like India, China, Indonesia, Brazil, and Tunisia are producing very cheap generic drugs and contraceptives which need to be marketed in other developing countries. He said that Egypt can take a leading role in the region in facilitating the issue. In response to the changing socio-economic environment, Mr Jooseery reminded his audience that PPD intends to take a second look at the existing programme to address population growth, adolescent sexual health and specific issues like gender violence, and harmful practices.

“The changing socio economic environment and the impending new challenges urge us to re-look at existing programme to address population growth, adolescent sexual health and specific issues like gender violence, and harmful practices.”
-says the ED in his opening address

The ED ended his address by introducing and welcoming to the workshop Dr. Malcolm Potts and Dr. Martha Campbell who are world-wide renowned figures, reputed for their immense contribution in addressing emerging issues related to RH, Population and Development in developing countries.

5.3 PRESENTATIONS IN PLENARY

After the opening ceremony, the working sessions of the workshop started with presentations and discussions.

A number of presentations were made in plenary on selected issues to create an

atmosphere for brainstorming. In this regard the following three presentations were made.

5.3.1 PPD Programme Review

Reiterating the fact that PPD is operating in 21 countries covering 54% of the world population in the fields of RH, population and development, Dr. Riffat H. Lucy, Programme Officer PPD, in her speech helped all recall the three important issues:

- The background and mandate of PPD
- The programme focus for PPD
- Selected achievements of PPD

Key PPD priorities outlined in the paper were as follows:

- Appropriate integrations of RH into FP and RH into HIV/AIDS programmes
- Ensuring adequate allocation resources for securing comprehensive RH and rights
- Addressing Adolescents Sexual and Reproductive Health
- Reduction of Maternal Morbidity and Mortality
- Prevention, care and treatment of STIs and HIV/AIDS
- Poverty alleviation
- Development and implementation of health reforms and equity

The following achievements of PPD were highlighted in the paper:

- 1 Alternative Approach to Sustain Improvements in RH
- 2 Global Research and Communication Programme
- 3 Global Leadership Programme (GLP)
- 4 Visionary Leadership Programme (VLP)
- 5 Capacity Development-R&D
- 6 Capacity Development of Partner Institutions
- 7 Fellowship programme
- 8 Documentation
- 9 South-South Models
- 10 Consultation Development Skills (STAS)
- 11 Strategic Business Plan (SBP)

The speaker, Dr. Riffat H Lucy, reiterated the fact that STAS has been implemented in three phases, where each phase had its particular objectives.

- i. **Phase One** was implemented during the period January to December 2003. The objectives of this phase were to:
 - a. Establish the PPD Consultant Database
 - b. Identify administrative & other barriers in the recruitment and utilization of the consultants.
- ii. **Phase Two** was implemented during the period January 2004 to December 2006 with the following objectives to-

- a. Build the consultancy skills of selected Professionals
- b. Market them to expand their consultancy skill globally
- c. Develop a Handbook for Consultants (English & French versions) as documentation.

iii. **Phase three**, or the **phase-out**: It is a crucial wrap-up stage of the project that covers the period January to December 2007 and its objectives are:

a. Manage the Database

To have the database that is continuously updated so that the users can find relevant and accurate information fast as and when they need it. Otherwise, the database developed by PPD stands a chance of losing its credibility.

b. Develop and market an Action Plan

To have the Marketing Action Plan that will contain review and analysis of the marketing strategy and propose specific recommendations to further increase the recruitment rate of the consultants. The plan will include understanding of the emerging constraints and will have suggestions to overcome those as well.

c. Share Real-Life Experience

Based on the high demand expressed by the consultants to share their real life experiences with each other beyond the theories presented in the earlier training workshops, PPD prepared and organized this **Real Life Experience Sharing Workshop** to assist the consultants to share and learn from each other. An expert consultant, Dr. Malcolm Potts, University of California, was invited to facilitate the workshop that enabled the newly developed consultants to have face to face interactions with each other.

The three Objectives of STAS in phase III are to:

- a. Manage a Database
- b. Develop and Market an Action Plan
- c. Share Real-life Experience

5.3.2 Scale and Equity: A Bold Approach in Reproductive Health

The workshop ushered fruitful discussions and new thoughts on the key presentation on 'Scale and Equity: A Bold Approach in Reproductive Health'. The paper was presented by Dr. Martha M. Campbell, Co-Director, Center for Entrepreneurship in International Health and Development (CEIHD) and lecturer, School of Public Health, University of California, Berkeley, USA.



Dr. Martha M. Campbell, Co-Director, Center for Entrepreneurship in International Health and Development (CEIHD) and Lecturer, School of Public Health, University of California, Berkeley, USA, presenting her paper at the Cairo workshop

The presentation made a case that if the population factor is not properly paid attention to, it will be difficult and indeed impossible to achieve the Millennium Development Goals (MDGs) or equity between the poor and the rich. Through figures and graphs the presenter illustrated how each of the MDGs including poverty and hunger, education, gender equality, child mortality, maternal health, HIV/AIDS and other diseases and environment is negatively affected by unregulated population. It is in the poor countries of Africa, Asia and Latin America that unregulated population is still a problem compared to the rich western countries and the United States. Family Planning (FP) – a critical tool for fertility regulation- is still not widely practiced in the poor countries, yet these are the countries where the people need it the most and where there are innumerable barriers to FP practices. The barriers to FP existent in these countries include the following facts.

Barriers to Family Planning

- 1 Religious practices put constrain on the providers
- 2 Mothers-in-law are in charge of decision
- 3 Young brides lack power of reproductive health information & decision.
- 4 Unmarried young females are excluded from the FP services.
- 5 RH and FP services are too expensive.
- 6 Outlets are unreachable and unaffordable.
- 7 Medical rules make getting contraception difficult.
- 8 Misinformation about contraception is prevalent among the general mass.
- 9 Government services on RH are poor.
- 10 Advertisement on RH and FP is not allowed.
- 11 Para medicals are not active in providing services.
- 12 Pills are either restricted or not understood.
- 13 Methods of choices of FP are limited.
- 14 Safe abortion is hard for poor women to obtain.
- 15 Emergency Contraception (EC) using existing birth control pills: No one has

bothered to inform most women.

The fact was highlighted in the presentation that an estimated 201 million couples around the world do not want another child (at all, or soon) – but are not using any modern contraception. In most cases they cannot obtain the technologies or correct information on RH and FP. The unmet need for FP was illustrated by a table – reproduced below, indicating in selected countries the percentage of women who do not want more than two children.

Country	Percentage of married women who want no more than two children
Bolivia	65.6
Bangladesh	63.8
Nepal	59.4
Philippines	53.2
Kenya	33.9
Jordan	22.8
Tanzania	11.1

The information was provided to improve efforts which should be directed to removing barriers to reach FP services. This would lead to effective fertility regulation which in turn would enhance the chances of equity and the achievement of development goals. The presentation was supported by a handout. (See Annex)

5.3.3 Possible sources of problems in organizations

A short presentation was delivered by the consultant to inform the workshop participants, who from time to time undertake management or organizational development related consultancies, on areas to look at as they do a diagnosis where the problems they have to solve originate from. The presentation was supported by a handout that listed and briefly described a number of areas identified as sources of problems. The areas that were the sources of issues are highlighted here:

Sources of problems

- Organizational Identity
- Governance
- Structure and Strategies
- Human Resource Management Issues
- Programme Issues
- Partnerships
- Resource Mobilization
- Commodity management
- Financial management
- Tools and equipment
- External Environment
- Sustainability

5.3.4 Outline on effective consultancy for reproductive health

This was a short interactive presentation led by the consultant, Dr. Ezekiel Kalaule and it intended to bring out the major phases in a consultancy process and the highlighted essential activities needed to be addressed in each phase. In this process four major phases were identified and discussed.



Interactive Session conducted by Mr. Ezekiel Byangwamu Kalaule outlining effective consultancy for RH

Phase 1: Engagement

Key elements in this phase include:

- 1 The client stating the assignment to be done.
- 2 Prospective consultant will bid with other consultants by submitting a proposal. Proposal should spell out the prospective consultant's understanding of the pending assignment and spell out his/her proposed approach in tackling the problem at hand.
- 3 Selected consultant gets ready to enter the contract with client. At this stage the consultant should ensure clarity of and consonance on terms of reference including the work load, time-frame, deliverables, and the role of the client organization in terms of logistic arrangements, facilities and resource provision. Consultancy fees and their mode and timing of payment should also be clear.
- 4 Consultant signs the contract and proceeds to start working on the assignment

Phase 2: Undertake Assignment

- 1 Prepare a comprehensive plan for implementing the assignment which will outline types of data to be collected, their sources and methods of collection; these will include a data analysis plan, resource requirements for the assignment and the action plan for implementing key activities and responsibilities.

- 2 Mobilize resources and invoke the plan to actually undertake the assignment. In this regard collect and analyze data and interpret data to identify causes of the problem at hand.
- 3 Monitor the implementation process all along.
- 4 Prepare report outlining the process of assignment implementation; the key findings; and recommendations of interventions for resolving detected problems.
- 5 Submit report and discuss the findings with client.
- 6 Incorporate suggested changes into the report to finalize the final version of the report.
- 7 This could be the end of the consultant's involvement for a number of consultancies.

Phase 3: Implement Interventions

Occasionally the client may invite the consultant to assist with the implementation of the interventions he proposed. If this happens the key issues for the consultant are:

- 1 Negotiating the new contract if this phase was not part of the initial contract
- 2 Development of possible intervention options and agreeing the same with client
- 3 Development of the intervention plan including the component of team building
- 4 Implementation of the intervention plan in close collaboration with the team of the client organization
- 5 Monitor /supervise the implementation process
- 6 Preparation, discussion and finalization of intervention implementation report

Phase 4: Exit

This is the phase when the assignment is considered completed and the consultant has to wind up. "A consulting engagement should end in a way that is satisfactory to the client, consultant and donor. If done well it can provide an important learning experience for the client and the consultant, and also keep the door open for future work with the organization". Consultant should ensure that he parts on good note and that he is paid all his dues in line with the contract agreement.

5.4. GROUPWORK AND GROUPWORK OUTPUT

Participants were divided into groups of five or six and assigned various topics to discuss in their respective groups. Each group chose its own internal facilitator who acted as chair and its own secretary responsible for recording agreed group outputs.

All groups were asked to discuss and document consultancy related issues that came up during group discussion, were outside the assigned discussion topics but were considered important by the group in question.



Mr. Thomas M. Osias (Philippines), Mr. Bakerny KANTE (Mali), Dr. Hu Xiaoyu (China) and Ms. Sellema Houij (Tunisia) are exchanging views in their group work

Groups were also asked to generate any recommendation they thought were appropriate for the advancement of consultancy in population and development and RH in general and those that PPD could consider to effect. Groups were asked to record summaries of their deliberations electronically for presentation and discussion in plenary.



Ms. Sumalee Permpaengpun (Thailand), Ms. Mariah J. Mosomi (Kenya), Dr. Shaikh Abdus Salam (Bangladesh), Mr. Tauseef Ahmed (Pakistan), and Prof. Sarlito Sarwono (Indonesia) at their group discussion

The group assignments are presented below:

Group I	<ul style="list-style-type: none"> ▪ Factors on the ground that have tended to promote the success of consultancies. Describe ways in which they have been helpful. ▪ Constraints on the ground that have tended to hinder success of consultancies. What did you do to resolve them?
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Group II	<ul style="list-style-type: none"> ▪ Issues/factors to consider in setting up and running small consultancy businesses based on your experience on the ground.
Group III	<ul style="list-style-type: none"> ▪ Marketing selves as consultants. How have you been doing it?
For all groups	<ul style="list-style-type: none"> ▪ Other issues: Emerging outside assigned topics – summarize them and present them in plenary when the time comes
Plenary	<ul style="list-style-type: none"> ▪ Group work output presentations and discussions ▪ Documentation of key emerging issues ▪ Recommendations – general ▪ Recommendations - specific for PPD ▪ Round Robin - In what area of PPD work would you like to provide consultancy services if the opportunity arises?

Group 1 Output

a) Factors that promoted the success of consultancies

- 1 Knowledge of participants and infrastructure on which the work focuses
- 2 Good working relationship
- 3 Clarity of objectives and terms of reference for assignment
- 4 Good preparatory work
- 5 Availability of baseline data
- 6 Good cultural understanding of the target population
- 7 Credibility with the client
- 8 Sound support and resources to complete assignment
- 9 Good rapport with client and target population
- 10 Continuous communication with client at each step
- 11 Establishing good monitoring/checklist

b) Factors that tended to hinder success of consultants

- 1 Inadequate cooperation and commitment from target groups
- 2 Opportunity cost - No compensation on the part of the participants
- 3 Cultural and religious taboos
- 4 Poor Monitoring Assignment System
- 5 Institutional bureaucracies
- 6 Inadequate logistical support
- 7 Non Acceptance of findings by the client
- 8 Problem/conflict areas

Group 2 Output

Issues/factors to consider in setting up and running small consultancy businesses

As the group had had a slight misunderstanding of this assignment, a good discussion took place in the plenary and produced good responses summarized below:

- 1 The consultant must first assess himself in respect of whether he has sufficient technical competency to run the business in the area of consultancy he wants to go into
- 2 The consultant must also assess his marketing competencies as marketing is a critical factor in running consultancy business
- 3 The consultant must also ascertain his financial competencies- ability to plan and get the money he will need to start the business and keep it running
- 4 If the answer to the above three issues is positive he should then decide on the legal structure he wants his business to adapt. Here the choice is between sole proprietorship, partnership, and the corporation
- 5 Once the business is registered and running, the consultant has to handle operational issues like insurance, financial management to keep overheads low, maintaining records and payment of appropriate taxes, setting consultancy fees and developing partnerships with other similar businesses.



Dr. Osama Refaat Sherif (Egypt) and Mr Alford Phiri (Zimbabwe) are preparing their presentation at the group work session

Group 3 Output

Self marketing as a consultant

Whether one is a freelance consultant or a consultant who owns or works for a consultancy firm, it is important for this particular individual to market himself and the services he can offer. The group observed that consultancy is a business like any other business and therefore marketing consultancy services and the consultants who provide them should take into account and manipulate **the four Ps** of marketing namely –**Product, Price, Place and Promotion**. The group added a fifth **P** and called it **Pride** which is product of the good work the consultant is doing. Specific action areas proposed by the group were that:

- 1 Consultant should introduce himself to society and official people with a view to making himself visible at the local, regional, national and international levels.
- 2 Dissemination of consulting experience brochures, curriculum vitae, news letters and articles published in various periodicals
- 3 Consultant should do a good job once he gets it
- 4 Consultant should ensure that his fees are in line with the market

The Four Ps of Marketing

Product

Price

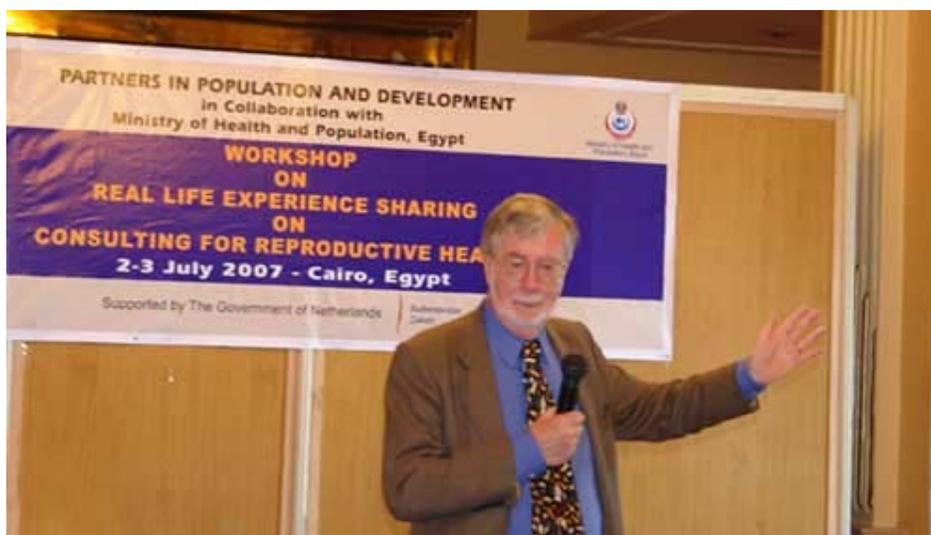
Place

Promotion

Pride

5.5 EXPERT INTERVIEW

One session of one and a quarter hours was set aside for what was termed the “Expert Interview”. Dr. Malcolm Potts- Fred H. Bixby Endowed Chair – School of Public Health, University of California, USA wields a lot of experience in the field of gynaecology and Public health. He is also an experienced consultant and researcher. Participants were allowed to ask him one consultancy related question each to which he responded.



Dr. Malcolm Potts- Fred H. Bixby Endowed Chair – School of Public Health, University of California, USA shares his rich experience on aspects of consultancy

Key issues that emerged from Dr. Malcolm Potts' responses:

- i. Consultants should not shy away from assignments whose terms of reference may contain elements that are not within their domain of competency. He advised that when such a situation arises a consultant should take up the assignment and deal with those areas he is capable of handling properly. With some little additional learning effort and the cooperation of other people the consultant will do a satisfactory job of the whole consultancy including the areas he thought he was not competent in.
- ii. Small consultancy businesses and individual consultants should not fear competition from the giant consulting firms because the small consultancy businesses and individual consultants have some advantages over the big ones. They are less expensive; they can take on small consultancies; and can very easily penetrate many organizations.

- iii. Departments of health in developing countries should be advised to focus on improving the well being of the poor through provision of effective reproductive health (RH) services particularly family planning (FP). Such departments should proceed systematically in implementing RH programmes keeping in mind the constraints of particular communities, and should not aim for too much at a goal.
- iii. Poverty is a barrier to development efforts including the implementation of RH programmes. It is normally the poor who will not get services. There is a need to give sufficient RH information and education to the poor.
- iv. FP should be taken to the people in a non-threatening manner. People should have a sense and level of knowledge to weigh between risks and benefits. FP service deliveries should use evidence based information to convince people about the need and importance of FP. In FP it is not the facts only which matter, it is also the perceptions.
- v. In negotiating consultancy fees, a consultant should take what s/he earned last time and add 15% to that as a basis of discussion.

This session was video taped. Verbatim questions and answers will soon be available on a video tape or DVD at PPD.

Key Issues from Dr. Malcolm Potts' interactive session:

- Consultants should not shy away from assignments
- Small consultancy businesses and individual consultants should not fear competition from the giant consulting firms
- Departments of health in developing countries should be advised to focus on improving the well being of the poor through provision of effective RH services, particularly family planning
- There is a need to give sufficient RH information and education to the poor
- FP should be taken to the people in a non threatening manner
- In negotiating consultancy fees, a consultant should take what s/he earned last time and add 15% to that as a basis for discussion

5.6 CONSULTANCY PRIORITY AREAS

Participants were asked to mention three priority areas of expertise in the field of population and development and reproductive health for which they can be called upon by PPD to provide consultancy services to other countries or indeed in their respective countries. In a Round Robin approach each participant mentioned the three areas he/she was most comfortable in. These were recorded simultaneously as they were being mentioned. PPD can use this as a reference and a basis for recommending the consultants for various consultancy services when a demand for such services emerges in various countries. 19 people participated in this exercise. A list of what was expressed is attached as Appendix I.

5.7 WORKSHOP CLOSING

The workshop was officially closed on the afternoon of Tuesday July 03, 2007 by the Executive Director, PPD. In his closing remarks he thanked the PPD team, the participants and facilitators for the hard work they put in to ensure the success of the workshop. He also thanked the Government of Egypt for the support it provided to PPD in organizing the workshop. He observed that the South-South Consultancy Club proposed during the workshop was acceptable and that the consultancy data base at the PPD Secretariat would be maintained and updated from time to time. He closed his speech by wishing everyone a bon voyage.



Mr. Harry S. Jooseery thanking the Government of Egypt in his closing speech

5.8 FIELD VISIT

The participants had the opportunity to visit the Cairo Demographic Center (CDC). CDC is one of partner institutes of PPD and is linked with PPD since 1999 by offering fellowships to the PPD Partner Countries. Mr. Abdelghany Mohamed Abdelghany Ibrahim, the Director of CDC, welcomed the participants and made a presentation on an overview and activities of CDC. The ED expressed his appreciation to the CDC for their support and assistance to PPD.



Participants outside the Cairo Demographic Center (CDC)
on their field trip

6.0 RECOMMENDATIONS

- i. The recommendation was made that PPD should organize similar workshops for the rest of the former trainees so as to bring the whole consultancy pool at the same level, because the Cairo Workshop enabled only one third of the entire pool of participants to exchange their experiences and thereby learn from each other. Drawn from the experience of this workshop, it was proposed that if similar workshops are organized, the duration should be increased to three days instead of two to enable the participants internalize the experience they have exchanged.
- ii. A proposal to start a South-South Consultancy Club was made. It is commendable that the Executive Director accepted this proposal giving the hope that PPD will facilitate its formation and functioning. It was proposed to get together a group of about 5 participants from those who were present at the workshop. The proposed group would prepare an operational document outlining, among other things, the goal and objectives of the club and its *modus operandi*.
- iii. PPD should recommend the consultants from its database to provide consultancy services in population, development and RH. This information is very important and PPD should use it to market the consultants in different countries.
- iv. It was recommended to develop a mechanism through which one can get structured information about consultancies conducted by the former trainees of PPD. The content and structure of such instrument should be part of the assignment for the group that will conceptualize the formation of the Club referred above. It is also recommended that the information should be edited and circulated in a newsletter to all former trainees.
- v. Once the information is obtained through the mechanism proposed above, PPD should liaise with the organization and collect an evaluation of the

consultant from that particular organization. An instrument for this evaluation is also required.

RECOMMENDATIONS

- PPD should organize similar workshops for the rest of the former trainees so as to bring the whole consultancy pool at the same level.
- PPD should start a South-South Consultancy Club.
- The information about possible consultancy services in the fields of Population, Development and RH is important and PPD should use it to market the consultants and recommend them for assignments when they occur in different countries.
- PPD should develop a mechanism through which one can get structured information about consultancies conducted by the former trainees of PPD.
- PPD should liaise with the organization and collect an evaluation of the consultant at the end of the consultancy. An instrument for this evaluation is also required.

7.0 APPENDICES

Appendix I: Priority Competencies of Consultants

Group One			
Sl. No	Country	Name of Participant	Priority Competencies
1	Bangladesh	Dr. Shaikh Abdus Salam	Health and Population Communication Media and Population Training Programme Management
2	Pakistan	Mr. Tauseef Ahmed	Impact Assessment Evaluation Studies Policy Formulation
3	Indonesia	Prof. Sarlito Wirawan Sarwono	Adolescent RH Family Counselling Cross Cultural Research
4	Kenya	Ms. Mariah J. Mosomi	Qualitative Research Safe Motherhood Monitoring and Evaluation (M&E)
5	Thailand	Mrs. Sumalee Permpaengpun	Programme Management in FP M&E Adolescent RH
6	South Africa	Ms Linda Mildred Van	Population and Development programme management Advocacy and Information Systems Population Capacity Building
7	South Africa	Ms Olga Mabititsela	M&E Research Advocacy and IEC

Group Two			
Sl. No	Country	Name of the Participant	Priority Competencies
1	Jordan	Dr. Ahamad (Al-haj Saleh) Alqatit	Project Design and Management Training of Trainers in RH Training in Counselling
2	Thailand	Dr. Panee Vong-Ek (Ms.)	Research on Maternal Child Health Qualitative Research Health Promotion focusing on MCH
3	Zimbabwe	Mr. Alford Phiri	Operations and Interventions research M&E focus on FP/RH Programmes Proposal Development

4	Egypt	Dr. Osama Refaat Sherif	FP/RH TOT and Curriculum Design Strategic Planning Quality of RH care and accreditation Management and Supervision
5	China	Dr. Wu Shangchun	Female FP technologies including service provision, clinical operations research, counselling and training

Group Three			
Sl. No	Country	Name of the Participant	Priority Competencies
1	Mali	Mr. Bakary KANTE	Economic production specially in rural area Programme and project formulation Project Evaluation
2	Tunisia	Prof. Dr. Nabiha Gueddana	Programme Policies and Management Advocacy Training and Research
3	Morocco	Prof. Chraïbi Chafik	Theory and Practical of FP training Training on Safe motherhood Training in Counselling
4	Tunisia	Ms. Sellema Houij	Training in Counselling Management of IEC projects
5	Egypt	Dr. Amr El-Noury	Training in RH / FP Research in RH Development and Monitoring of Policies and clinical guidelines and standards
6	Philippines	Mr. Tomas M. Osias	Population and Development plans, Programmes and Strategic Development Organizational diagnosis and Capacity Building Policy Formulation and Advocacy, Programme Promotion and Programme Management
7	China	Dr. Hu Xiaoyu	ARH Counselling in RH / FP TOT in RH / FP

Appendix II: Workshop Programme

01 July 2, 2007

Time	Programme	Responsibility
08.30 - 09.00	Registration	
09:00 - 09:45	<p>Opening Ceremony:</p> <p>Welcome Address: Dr. Safa El-Baz Assistant Minister of Health and Population National Population Council Government of the Arab Republic of Egypt</p> <p>Address : Prof. Dr. Nabiha Gueddana Member, PPD Board, and Director General National Office of Health and Population (ONFP) Tunisia</p> <p>Address : Mr. Harry S. Jooseery Executive Director Partners in Population and Development</p> <p>Opening Address: H.E. Dr. Hatem El-Gably Hon. Minister of Health and Population Government of Arab Republic of Egypt Board Member Partners in Population and Development</p>	<p>Master of Ceremony: Dr. Riffat H. Lucy</p>
09:45 - 10:15	TEA BREAK	
10:15 - 10:25	Announcements	Mr. Humayun Kabir
10:25 - 11:00	Introduction and Overview of the Workshop: Goals, Objectives and	Mr. E. Kalaule

	Procedures	
11:00 - 11:30	PPD Programme Overview	Dr. Riffat H. Lucy &

Time	Programme	Responsibility
11:30 - 12:15	Population Dynamics: The New Emerging Agenda and the Role of Reproductive Health Consultants	Dr. Martha Campbell Co-Director, Center for Entrepreneurship in International Health and Development, USA
12:15 - 12:30	Discussion	
12:30 - 13:30	LUNCH	
13:30 - 15:00	Introductory presentation to group work Group work assignment on Consultancy Experience Group Work begins	Mr. E. Kalaule
15:00 - 15:15	TEA BREAK	
15:15 - 17:00	Group work continues	Mr. E. Kalaule
17:00	Wrap up	Mr. E. Kalaule

03 July, 2007

Time	Programme	Responsibility
9:00-9:15	Overview	Mr. E. Kalaule
9:15-10:45	Expert Interview	Dr. Malcolm Potts Fred H. Bixby Endowed Chair, School of Public Health, University of California, USA
10:45-11:00	TEA BREAK	
11:00-12:30	Group work continues- Type group work output ready for presentation	Mr. E. Kalaule
12:30-13:30	LUNCH BREAK	
13:30-14.45	Presentation of group work output	Mr. E. Kalaule and Participants
14:45-15:00	TEA BREAK	
15:00-16:00	Analysis of group work outputs to sift out common real life experiences	Mr. E. Kalaule and Participants
16:00-16:30	Outline of Effective Consultancy for Reproductive Health and Recommendations	Mr. E. Kalaule
16:30-16:45	Wrap up	Mr. E. Kalaule
16:45-17:00	Closing Address	Mr. Harry S. Jooseery

04 July, 2007

Time	Programme	
09.00-12.00	Field Visit	

Appendix III: List of Participants

Sl. No	Country	Name of the Participant	Designation	Contact Details
1.	Bangladesh	Dr. Shaikh Abdus Salam	Professor	Department of Mass Communication & Journalism University of Dhaka Res: 35/E, North Fuller Road. DU Campus, Nilkhat. Dhaka-1000. Tel: - 88-02-8613204, 01712-284227. salam@univdhaka.edu
2.	Bangladesh	Mr. Hafizur Rahman	Finance Officer	Partners in Population and Development (PPD) IPH Building, Mohakhali, Dhaka, Bangladesh hrahman@ppdsec.org
3.	Bangladesh	Dr. Riffat Hossain Lucy	Programme Officer	Partners in Population and Development (PPD) rlucy@ppdsec.org
4.	Bangladesh	Mr. Khandaker Humayun Kabir	Information and Communication Officer	Partners in Population and Development (PPD) hks@ppdsec.org
5.	China	Dr. Wu Shangchun	Professor in Reproductive Health	National Family Planning Research Institute of China 12 Da Hui Si Road, Haidian District, Beijing 100081, China Tel: (8610)62179085 Fax:(8610)62176872/Mobile:(86)13801131787 Email: wu.shang.chun@yeah.net
6.	China	Dr. Hu Xiaoyu	Professor and Deputy Director	China Center for Reproductive Health Technical Instruction and Training 145 Guangyuan Road, Shanghai 200030, China Tel: (8621)64472483

				Fax:(8621)64472483 Mobile: (86) 13701908740 Email: mollyxyhu@yahoo.com.cn humolly@yahoo.com
7.	Egypt	Dr. Yehia El Hadidi	Director	Population and Family Planning Sector at the Ministry, Tel: 00 (202) 27944833
8.	Egypt	Dr. Abdelghany Mohamed Abdelghany	Director	Cairo Demographic Centre, telephone: 00 (202) 25080735, 25080745
9.	Egypt	Dr. Osama Refaat Sherif	Deputy Director	Regional Center for Training in Family Planning and Reproductive Health (RCT) Tel: 00(202) 26859422.
10.	Egypt	Dr. Amr El-Noury	Advisor to the Chairman	Hospital Insurance Organization in quality for hospital accreditation, telephone: 00 (202) 304 9721, mobile: 012 214 6848
11.	Indonesia	Prof. Sarlito Wirawan Sarwono	Head Of Research Institute	Faculty of Psychology University of Indonesia Jakarta, Indonesia. Cell: 62-818181862 sarwono@ui.edu ; sarwono@sarlito.com
12.	Jordan	Dr. Ahmad (Al-haj Saleh) Alqatitat	Deputy Secretary General	Higher Population Council P.O. Box 5118, Amman 11183 Jordan Telephone: (962-6) 5521846 Fax: (962-6) 5519210 E-mail: : aqatitat@johud.org.jo
13.	Mali	Mr. Kanté Bakary	Economiste Agricole/ Consultant	Kara – Consult Magnambougou Projet, Rue 393 Porte 31 Bamako Mali, BP 5045 (Office) 223 646 44 70 (Res) 223 220 02 35/ Fax: 223 223 5563

				E-mail: kanteb56@hotmail.com
14.	Mauritius	Mr. Harry S Jooseery	Executive Director	Partners in Population and Development (PPD) IPH Building, Mohakhali, Dhaka, Bangladesh hjooseery@ppdsec.org
15.	Pakistan	Mr. Tauseef Ahmed	Freelance Consultant to Ministry of Population Welfare	National Institute of Population Studies till April 2007 Add:NO 579, STREET 35, SECTOR E 11/3, NPF ISLAMABAD Tel:Off)0519260024 Res: 0512521843 Cell :- 0300-8501471 tahmed_1@yahoo.com
16.	Philippines	Mr. Tomas Maingat Osias	Executive Director	Commission on Population, Welfareville Compound, Acacia Lane, Mandaluyong City, Philippines Phone(63-2) 531-6805, 531-6983 Fax: 533-5122 Email : osias@popcom.gov.ph webmaster@popcom.gov.ph
17.	Tanzania	Mr. Ezekiel Byangwamu Kalaule	Facilitator	P.O.Box4609,NyayoStadium, Code 00506 Nairobi –Kenya Tel: +254 -20– 603171 House Or +254-20- 608 912 House Mobile: +254 –733 –730 -461 Email: ekalaule@wananchi.com
18.	Thailand	Dr. Panee Vong-Ek (Ms.)	Assistant Professor	Institute for Population and Social Research Mahidol University, Salaya, Phutthamonthon. Nakhon Pathom 73170 Thailand Tel:(Off)441-0201 EXT-305 (Res) 662-467-2110 Fax: 662-441-9333 prpwa@mahidol.ac.th

19.	Thailand	Mrs. Sumalee Permpaengpun	Public Health Technical Officer, M.A. (Population Research) Chief of Social Reproductive Health Group, RH Division	Reproductive Health Division, Department of Health. Ministry of Public Health Tiwanond Road, Nonthaburi 11000, Thailand Tel:Off- (662) 025904248 (Res) (662) 022748801 Fax:(662) 025904163 suppp@health.moph.go.th
20.	Tunisia	Prof. Dr. Nabiha Gueddana	Member, PPD Board, and Director General	National Office of Head and Population (ONFP) 42 Avenue de Madrid, Tunis, Tunisia Tel: (216-71) 341 088/ Fax: (216-71)345 790, 354 967 N.Gueddana@rns.tn
21.	Tunisia	Ms. Houij Sellama	Administrator	National Office of Head and Population (ONFP) Cite Olympique B45 App5A, 1003, Tunis, Tunisia Tel: (216-) 70729090 Fax: (216-71)70728855 sellama.houij@gmail.com
22.	Kenya	Ms. Mariah Jane Mosomi	Consultant	P.O Box 20755 -00202, Nairobi Kenya Tel:(Office) 254-733772177 (Res)-254-20-890679 machandi@yahoo.co.uk
23.	South Africa	Linda Mildred Van Staden	Director	Population and Development Programmes Chief Directorate: Population and Development, Department of Social Development, South Africa Private Bag X901, Pretoria South Africa, 0001 Tel:(Off) +27 +12 3127408/10 (Res) +27 + 12 9971830

				Cell: 27 (0)82 4627113 Fax: +27 +01 3127710 / (0)82 66153806 E-mail: lindavs@DSD.gov.za
24.	South Africa	Mamsie Olga Mabitsela		Population and Development Strategy. Chief Directorate Population and Development Department of Social Development 17 Plaitain Street The Orchards, Pretoria, South Africa Tel. Res. 0027824475141 Tel: (27-12) 312 7660 Fax: (27-12) 312 7932 olgam@socdev.gov.za
25.	USA	Dr. Malcolm Potts, MB, BChir, PhD	Fred H. Bixby Endowed Chair	School of Public Health 314 Warren Hall #7360 University of California Berkeley, California 94720-7360 Tel 510 642 6915 Fax 510 524 4418 http://bixby.berkeley.edu

26	USA	Dr. Martha M. Campbell	Lecturer, Community Health & Human Development UC Berkeley School of Public Health, 140 Earl Warren Hall, Berkeley, CA 94720-7360, USA Co-Director Center for Entrepreneurship in International Health and Development (CEIHD)	Center for Entrepreneurship in International Health and Development (CEIHD) 505/506 Earl Warren Hall, Berkeley, CA 94720-7360, USA Tel.: (1-510) 524-4320; (510) 643-2700 Fax: (1-510) 524-4418 E-Mail: mcbell@berkeley.edu ; campbell_mm@yahoo.com
27.	Zimbabwe	Mr. Alford Phiri	Assistant Director Evaluation and Research	P O Box ST 220, Southerton, Harare, Zimbabwe (Office) 263 4 620281/5; 621250 (Residence) 263 11 883 183 Fax:263 4 620280 alephiri@yahoo.com znfpcaderu@zol.co.zw

Appendix IV: Speeches at Opening Ceremony

a. Speech of Dr Safa El-Baz, Assistant Minister of Health & Population for National Population Council, Government of the Arab Republic of Egypt and PCC PPD

Real-Life Experience Sharing Workshop on Consulting for Reproductive Health, Cairo, Egypt, 2 - 3 July 2007

Distinguish Panel Guests, Prof. Dr. Nabiha Gueddana, Mr. Harry S Jooseery
Ladies & Gentlemen

It gives me great pleasure to be here with you today, to welcome you to Egypt, and to have the privilege to speak to you about such an important subject as that of population and development.

We are at critical junction in both our local and global efforts to link these two issues for the benefit of all and for the well-being of future generations.

In such a short period of time, I cannot provide you with comprehensive coverage of the issues at hand, yet I will touch upon some of the main ones within the Egyptian context, which I hope will be of interest and relevance to you.

“Sustainable Development” may be defined as the processes by which people satisfy their needs and improve their quality of life in the present while maintaining the ability of future generations to meet their own needs. Inherent in the concept of sustainable development is the principle of equity: in order to achieve economic and environmental goals, social goals- such as universal access to education, health care and economic opportunity- must also be achieved. As we all know, the changes in the structure, distribution, and size of population are interlinked with all facts of sustainable development. Tracking these changes and analyzing population trends helps governments and International Agencies generate the political will to appropriately address current and future needs. It is thus important to review what the changes and trends in Egypt have been over the past five years to better understand the complex linkages in question.

The sustainability concept is recognized in Egypt’s National Development Plan 2002-2007, in which emphasis is placed on:

- 1 Improving the quality of life and standard of living.
- 2 Increasing employment opportunities.
- 3 Reducing poverty and provision of social security for poor families.
- 4 Increasing economic growth.
- 5 Increasing female participation in development.
- 6 Improving human resources, and
- 7 Preserving the environment.

Each of these points may obviously be broken down into a variety of sub-items which would require separate discussions, but in terms of linkage to population issues, it is important to note that the population in Egypt has almost reached 76.5 million with nearly 40% of the population below the age of 15. This particular feature of the

population in Egypt has evident and serious implications for the design of the national population strategy for the coming years.

Special programmes have therefore been drawn up to address these implications in the demographic field, including:

- 1 Adoption of the concept of Reproductive Health.
- 2 Fostering the linkage between women's issues and population at large, and
- 3 Enhancing institutional coordination between governmental institutions and non-governmental ones.

In the area of reproductive health, the government has made good progress with the implementation of the National Population Programme particularly with regard to maternal and child care. The maternal mortality rate has declined from 174/100,000 in 1992 to 59/100,000 in 2006.

The infant mortality rate has also decreased from 30.1 in 1994 to 23.7 in 2003. Much progress has also been recorded in the availability, quality, and awareness of reproductive health services, especially in the most under-privileged areas of the country.

Special Programme targeting Youth have also been implemented to provide them with tailored information and services.

Also linked to the issue of Youth, is the improvement of the health education system and integrating reproductive health into the medical students curricula. The family planning programme has also been an important and critical pillar of our population policy.

With regard to the issues specifically related to women, alleviation of poverty and supporting the trend toward slower population growth cannot happen without interventions directed at those most affected and most able to affect – poverty at the local level: women. Women makeup two thirds of the world's poorest people and is nearly twice as likely as men to be illiterate. In Egypt, the National Council for Women (NCW) established in 2000 by a Presidential Decree, has had the objective of enabling women to participate in developmental, political, and social activities. The NCW has made its contributions to modifying legislation related to women's rights. The impact of NCW's activities and goals on population issues could be better recognized and appreciated when one looks at women as motivators, partners, and decision makers, who will inevitably make an impact on future generations.

The trend is thus an inclusive and constructive one, and is moving toward the base of equity necessary for sustainable development.

In the field of institutional coordination the National Population Council (NPC) has a significant role to play in coordinating between executive, legislative, and planning arms of the government, as well as with research institutes and non-governmental organizations. Egypt has a large number of well-established NGOS working in the field of population and development, reproductive health and rights, and the advancement of women.

Thus as you can see, the issues are numerous and interlinked, but I chose to focus on the three main themes of reproductive health linkage with women's issues, and institutional coordination in order to demonstrate that addressing population issues has a direct impact on the process of sustainable development.

I hope that our meeting in Cairo will achieve the high standards of success and I also hope that together, hand in hand, we will work to strengthen the integrated, sustainable, cost effective and quality programmes between South-South countries aiming to serve the interests and improve the lives of individuals, societies, and humanities as a whole.

b. Speech of Prof. Nabiha Gueddana, Director-General of the National Office of Health and Population, Tunisia and Member PPD Board

Mr. Harry Joosery, Executive Director of Partners in Population and Development
Dr. Safa El Baz, Assistant Minister of Health and Population
Distinguished guests
Ladies and Gentlemen

I am delighted to be here today to participate in the workshop on real life experience sharing in reproductive health, population and development organized by the Ministry of Health and Population and the Secretariat of Partners in Population and Development.

I would like to take this opportunity to express my heartfelt thanks to the Government of Egypt and particularly to the Ministry of Health and Population for hosting this meeting and for their firm commitment and continuous support to the South-South activities and programmes and also for the Partners organization.

It is also an excellent occasion to congratulate again the Partners Secretariat staff currently headed by the Executive Director Mr. Harry Jooseery, for the great effort they made over the past ten years and which contributed to the success of our South-South initiative launched since 1994 in this beautiful city of Cairo.

Ladies and Gentlemen

Allow me to tell you in few words the experience of the Tunisian National Health and Population Board in the field of training and capacity building of experts, professionals and staff working in reproductive health and population areas. In fact and since the beginning of the nineties, the ONFP developed international training programmes and study tours toward African French speaking and Arab countries with the aim to enhance the skills and capacities to promote the exchange of experiences and set up new South-to-South projects. This programme allowed the ONFP to improve the skills of the experts it provides to the countries, share its successful strategies and best practices and increase its role as technical assistance organization working for the benefit of developing countries in the field of reproductive health and family planning. It should be mentioned that one of the projects has been considered by several Partners including the World Bank, the UNFPA and the USAID and others as “a path to follow and a model to share”.

Ladies and Gentlemen

Again I would like to reiterate my thanks to the organizers for this excellent opportunity to share our knowledge and learn from each others and hope that at the end of the meeting, we come up with concrete results.

Wishing success to all of you and thank you very much for your attention.

c. Speech of Executive Director, PPD

**Address by- Harry Jooseery,
Executive Director, Partners in Population Development at the Opening
Ceremony of the “Real-Life Experience Sharing Workshop on Consulting for
Reproductive Health, Population and Development”
Cairo, Egypt, 02 July 2007**

Dr. Safa El-Baz, Assistant Minister of Health and Population, National Population Council, Government of the Arab Republic of Egypt
Prof. Dr. Nabiha Gueddana, Member, PPD Board, and Director General, National Office of Health and Population (ONFP), Tunisia
Distinguished Delegates, Consultants, Ladies and Gentlemen
Good Morning and Assalamu Alaikum!

I am pleased to welcome you to the opening of this Real-Life Experience Sharing Workshop on Consulting for Reproductive Health, Population and Development being organized by Partners in Population and Development (PPD) and the Ministry of Health and Population of the Government of the Arab Republic of Egypt at Cairo. I would like in the first instance to express my heartfelt thanks to H.E Dr. Hatem El-Gably, Honorable Minister of Health and Population, Government of the Arab Republic of Egypt and Board Member of PPD, for hosting this workshop and for all the extended support and assistance provided to PPD.

I am happy to be in this gorgeous city of Cairo, not only for its sumptuous and rich heritage that has and continues to fascinate historians, architects, artists, archaeologists and social scientists, but also for being the place where the dream for the modern world started 13 years ago. Indeed in 1994, the international community gathered in Cairo to discuss and agree on the way forward that would trace the future world population and Reproductive Health scenarios. The ICPD has remained a landmark in reshaping the Reproductive Health environment and in delineating its intrinsic link to population and development. It has ushered a paradigm shift from family planning to reproductive health focus, created a framework for concerted action. Together with this new direction to the world community, it also, for the first time in development history, promoted the South-South Cooperation as a key route for the attainment of ICPD goals and implemented its Programme of Action. Cairo is the motherland of ICPD Programme of Action but also of PPD. It is in this city where PPD was born.

Ladies and Gentlemen, Egypt is one of the ten founder members of PPD. Since 1994, Egypt has continuously played a leading role in the promotion of South-South Cooperation and has remained an important Member State of PPD. Egypt has demonstrated on many instances its commitment to support South-South Cooperation and has remained since 1994, a key player in the advancement of both S-S Cooperation and PPD. I would like to place a record the impressive assistance PPD obtained from Egypt especially in the early days of its inception. Egypt played a crucial part in establishing the Arab Network for South-South Cooperation in population and reproductive health in 2001 together with Jordan, Lebanon, Syria, Palestine, Sudan, Yemen, Morocco and Tunisia. I am also very thankful to Cairo Demographic Center (CDC) for having provided fellowships to PPD Member States since 1999 on its one year Diploma course in Demography. PPD Member States have been offered 10 seats against 5 in the past, by the CDC effective as from 2008.

Egypt boasts a number of highly recognized interregional training institutions in population and related fields such as the Regional Centre for Training in Family Planning and Reproductive Health (RCT), the International Islamic Centre for Population Studies and Research and the Cairo Demographic Centre (CDC). Egypt established the Cairo Technical Office (CTO) in 2000 to provide technical assistance to the MENA region and neighbouring collaborating countries. The CTO implemented several international training courses. Apart from these, the Government of the Arab Republic of Egypt has contributed to development of South-South Cooperation by offering numerous training and workshops in Egypt. I would like to thank your Excellency Honourable Dr. Hatem El-Gably the Minister of Health and Population of Arab Republic of Egypt for all the assistance and support.

Ladies and Gentlemen, Egypt has achieved remarkable progress in delivering reproductive health services to its people and towards achieving the ICPD goals and the MDGs. 95% of the population lives within 5 km of a primary health care centre and nearly 57% of married women use modern contraceptive. Maternal, infant and child mortality rates have all fallen by more than half since 1990. Average life expectancy has increased to 70 years and the overall literacy rate has climbed to nearly 66% of the adult population (2005). Poverty has been reduced significantly over the past two decades.

Over the few years proportion of population living below the poverty line decreased from 24.3% to 20.1%, Total Fertility Rate fell from 4.8 to 3.1, Maternal Mortality Rate decreased from 174 to 68, Infant Mortality Rate from 68 to 38, Under five mortality rate from 85 to 46, Percentage of Births attended by skilled health personnel from 41 to 70. These are really impressive achievements and the Government of Egypt needs to be applauded for its contribution in transforming the ICPD dream into reality.

Honourable Minister, PPD commits to stand by your side and be a meaningful stakeholder and partner in promoting Reproductive Health, Population and Development programme in Egypt and to provide the framework for an improved programme through South-South Collaboration. While Egypt can share its experiences with other countries from the South, it can also benefit from expertise of other countries. Some countries like India, China, Indonesia, Brazil, and Tunisia are producing very cheap generic drugs and contraceptives which need to be marketed in other developing countries. I am convinced that Egypt has the potential to take a lead role in the region in the field of Reproductive Health, Population and Development.

This workshop is organized with the specific objective to share real life experiences of consultants in Reproductive Health. PPD has already a pool of 117 consultants on Reproductive Health from 28 developing countries in 4 Regions capable of providing high quality consultative services to other developing and developed countries. The mobilization of the technical expertise among the developing countries has been endorsed by the ICPD Programme of Action and at other major international fora. This initiative is in line with our objective of promoting capacity building through South-South Collaboration. PPD aims to improve the capacity of developing country experts in order to enable them to provide high quality consultation services at the national and international level. Their contribution will improve existing programmes and facilitate efficient replication of already tested models from one country to another using the South-South Collaboration, and by extension will accelerate the implementation of the ICPD, PoA and contribute to the attainment of MDGs.

Of course, we cannot claim to have achieved all that was desired. The changing socio economic environment and the impending new challenges urge us to re-look at existing programme to address population growth, adolescent sexual health and specific issues like gender violence, and harmful practices. We are however, very optimistic that Egypt will address these issues with added enthusiasm and that under the leadership of the Minister of Health and Population Dr. Hatem El-Gably, much more progress will be achieved in coming years.

Ladies and Gentlemen, it is our ardent wish that the Cairo dream of 1994 comes true and that the whole world commits once again to address the population and development agenda with added vigour. The Population agenda needs to be revisited. Population growth in developing countries and global warming are serious causes of concern. We are privileged to have among us Dr. Malcolm Potts and Dr. Martha Campbell who are world wide renowned figures, reputed for their immense contribution in addressing burning and emerging issues related to RH, Population and Development in developing countries. They are among us to share their experience, their long and rich journey in the field of RH and I am convinced that the participants would benefit a lot. We wish that RH consultants become not only task specific but also advocates for the betterment of RH environment. I would like to thank Dr. Potts and Dr. Campbell for having agreed to be with us despite their busy schedule. I would like also to thank Mr. E. Kalaule who has agreed once again to team up with PPD to facilitate this workshop and of course all our Egyptian colleagues from the Ministry of Health and Population for their assistance and support in preparation for this meeting. Thank you once again the Honourable Minister of Health and Population Dr. Hatem El-Gably and the Government of Egypt for the support provided to PPD and South-South Cooperation.

Ladies and Gentlemen, I wish you fruitful deliberations.

Thank you for your kind attention.