

# Annual Report 2007

*Excellence in Management of Population Programmes*



**Policy Dialogues**



**Good Practices**



**Leadership**



**International Council on Management  
of Population Programmes**

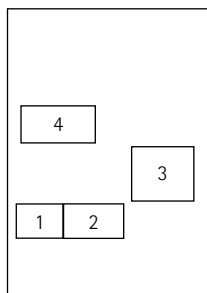


Photo 1: Dr. Sunday Jenner Lengmang  
Photo 2: Murari Choudhury  
Photo 3 and 4: ICOMP

# Table of Contents

Message from Chairperson and Executive Director	2
STRENGTHENING LEADERSHIP AND MANAGEMENT CAPACITY	3
Leadership Development and Organisational Effectiveness	4
Enhancing Sustainability of Civil Society Organisations in Indonesia	5
Towards Organisational Excellence in the Philippines	6
PROMOTING GOOD PRACTICES	8
Integrating Gender in the Quality of Care Approach in China	9
Empowering Communities for Reproductive Health in Batam Islands	10
Strengthening Capacity of NGOs for Engendered Linked Response to Reproductive Health and HIV AIDS	12
PROMOTING POLICY DIALOGUES	14
Asia Pacific Alliance: Advancing the ICPD Agenda	15
Integrating Population-Development Inter-linkages in Development Planning in the Philippines	16
MDGs in Uganda: Strengthening Population Secretariat's Capacity	17
Executive Committee (2007-2009)	19
ICOMP Members	19
Donors	22
Partners	22

## Message from the Chairperson and Executive Director



ICOMP continued to steadily progress towards its mission of contributing to excellence in population programmes which contribute significantly to improving quality of life and to sustainable development. It focuses on institutional capacity development for universal access to reproductive health to implement the ICPD agenda and achieve the Millennium Development Goals (MDGs). It strengthens institutional capacity in three ways: (i) strengthen individual and organisational capacity for leadership and management, (ii) enhance utilisation of promising programme practices, and (iii) promote policy dialogues.

It had developed models for leadership development in population and reproductive health for NGOs through focus on individuals and for government through teams of senior officers at national/province and district levels. In 2007, it began implementing a model of leadership development in India that combines its focus on individuals and organizations as district teams for improving performance and bringing about systemic change.

Organizational excellence for NGOs has been a focus of ICOMP for several years in the Philippines and Indonesia. In their quest for excellence, NGOs are assisted to build a solid foundation of effectiveness, good governance and sustainability.

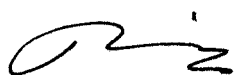
For about a decade, ICOMP has been assisting the National Population and Family Planning Commission of China in developing and testing a management and evaluation system. More recently the system is being further refined to integrate gender.

The promising practices for empowering communities for reproductive health in Batam Island in Indonesia and for engendered linked response to reproductive health and HIV/AIDS in Ethiopia, Uganda and Zambia are being scaled-up.

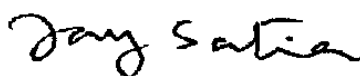
To catalyze policy dialogue, ICOMP worked with population agencies in the Philippines and Uganda for integrating Population-Development inter-linkages at decentralized levels.

Thus, ICOMP continues to assist in strengthening country capacity and enhancing south-south collaboration in its quest for excellence in population programmes.

We would like to express our appreciation to members, partners and donors for their continued commitment and support that helped us to move forward. Our thanks are due to the Malaysian Government for its support to ICOMP's Secretariat.



H.E. Dr. Baige Zhao  
*Chairperson*



Prof. Jay Satia  
*Executive Director*



## **Strengthening Leadership and Management Capacity**

Capacity is the ability to produce results.

Capacity development is, therefore, the process of developing abilities to produce results. This is the challenge for leaders and managers. ICOMP uses a two-pronged strategy for strengthening individual and organisational capacity for leadership and management through:

- i. Developing leadership capacity of managers of government and NGO programmes both individually and as a team; and
- ii. Working with NGOs to improve their governance, organisational effectiveness and sustainability in their quest for excellence.

# Leadership Development and Organisational Effectiveness

*We now have more financial resources and we need to use them well.*

*Leadership development is an important input for performance improvements.*

ICOMP continues to develop individual leadership capacity concurrently with organisational strengthening to improve family planning and reproductive health (FP/RH) status. One of ICOMP's initiatives in this field is a project on Leadership Development and Organisational Effectiveness (LDOE), which is being implemented in both governmental and non-governmental sectors in the states of Bihar and Jharkhand in India with funding support by the David and Lucile Packard Foundation.

ICOMP is partnering with the Xavier Institute of Social Service (XISS) based in Ranchi, Jharkhand, to develop and institutionalise its capacity for designing and implementing the LDOE training and learning process. This strategy includes collaboration on field activities, training manual and staff development which was implemented during the year. The structure and contents of the training manual were finalised and a self-learning module was disseminated to prospective participants from district health teams and NGOs. The district health teams and NGOs used the self-learning module to initiate some personal learning on leadership.

The LDOE is working with three districts in Jharkhand: Deoghar, Koderma and Palamau. Each district health team has eight members comprising the four key district officers and four block officers. In addition, three state-level officers are participating in LDOE. The discussions with district officers identified that inadequate infrastructure, weak motivation of staff and poor socio-economic conditions continue to hamper improvement in health status. However, there are also many opportunities through recent initiatives by government and collaborations with private sector and NGOs.

Twelve NGOs in Bihar and Jharkhand have been selected to participate in the project and it is expected that these NGOs will go towards 'excellence' status. An assessment was conducted to determine where the strengths and, in particular, the weaknesses of each organisation were and what actions could be put in place to address them. Findings from the assessments show that the three key concerns that need to be addressed are: (i) sustainability, (ii) resource mobilisation and utilisation, and (iii) networking and public relations. As a result the training process will include additional sessions on these issues. Each NGO will also be provided with guidance and support to address their chosen organisational challenges.

**To attain an enhanced systemic impact for FP/RH, LDOE aims to achieve these three inter-related outcomes within the framework of the National Rural Health Mission (NRHM):**

- **Leadership development and strengthening organisational effectiveness process for districts and NGOs leading to increased coverage and improved quality of FP/RH services.**
- **Capacity of critical institutions for systemic change – regional resource centres and state health societies – is strengthened to support LDOE of NGOs and districts.**
- **Sustainable in-country capacity for LDOE is established.**





Meeting NGO leaders in Koderma district, India

LDOE is also working with two NGOs - the Network for Enterprise Enhancement and Development Support (NEEDS) and the Integrated Development Foundation (IDF) - for development of community-level leadership capacity. A formative analysis was carried out to identify community leadership development needs. Based upon this analysis, the LDOE developed a proposal to mobilise additional resources for community leadership programme

The training programmes for the district and NGO participants will be completed in 2008 and they will be supported to develop and implement action plans to strengthen their organisations for improving performance in maternal health, family planning and quality of abortion services through improved execution of NRHM.

## Enhancing Sustainability of Civil Society Organisations in Indonesia

*Business planning exercise helped NGOs explore new ways to enhance sustainability*

**S**ustainability has become a critical issue for non-governmental organisations (NGOs) everywhere. As Indonesia is progressing towards becoming a middle-income country, the changing donor environment has pushed sustainability concerns to the forefront.

The Ford Foundation funded project, 'Enhancing Sustainability of Civil Society Organisations' has been in progress since 2005, and was designed to address the growing sustainability needs of reproductive health NGOs in Indonesia. Working with eight partner NGOs, the project focus is on enhancing partners' financial sustainability, organisational and programme effectiveness, and developing community empowerment mechanisms to enhance their sustainability in the quest for excellence. Depending upon their needs partner NGOs enhanced their staff capacity, reviewed

some management systems and carried out strategic planning.

Partners' sustainability action plans, however, revealed their concerns and appreciation of the need to diversify sources of revenue for organisational sustainability. This was achieved through in-depth internal dialogues which served as a crucial step towards identifying potential ideas for the development of a business plan. This internal process presented a number of challenges, not least among them the necessity for partners to re-visit, understand and appreciate their vision, mission and values - determining what programmes and/or services they should undertake and what they should possess (in terms of structure, staff and skills) to achieve their mission and organisational values.

Using a revenue mix analysis tool, partners were presented with a mix of four broad revenue sources that could be utilised: (i) direct beneficiaries/individuals; (ii) local sponsors; (iii) international donors; and (iv) earned income/endowment funds. Actions that emerged from partner organisations' application of the revenue mix analysis showed the need to restructure current activities or undertake related activities for programme cost recovery, revenue source and stability. Areas that have the potential to mobilise resources from clients, communities and international donors were also identified. Several partner NGOs saw the need to diversify their donor base and in some cases, business ideas to generate earned income were identified.

Sustainability concerns to diversify revenue bases for financial endurance were, therefore, addressed through the development of business plans, and marketing and fundraising skills. Partner

NGOs are currently at various stages in the implementation of their sustainability plan. As the project draws to a close in September 2008, the aim is to ensure that all participating NGOs will be able to put into action their plans to enhance organisational sustainability



Business Plan Workshop in Jakarta, Indonesia

*We know that an NGO is not a business but to be sustainable, an NGO needs to be 'business-like'*

Participant at Business Plan Workshop, Jakarta, August 2007

## Towards Organisational Excellence in the Philippines

*NGOs took several steps towards organisational excellence - formulation of business and strategic plan, strengthening financial practices and exploring possibilities of mobilising recent avenues of philanthropy*

In the Philippines, the call for NGO Excellence and organisational effectiveness is being addressed through the project 'Towards Organisational Excellence' implemented by ICOMP, with support from the David & Lucile Packard Foundation.

Since 2006, the nine partner NGOs on the quest for excellence, were guided with technical assistance for minimum compliance for accreditation to the Philippine Council for NGO Certification (PCNC); capacity building to enhance governance systems and management practices; and provision of intensive support to tap

on non-traditional sources of funds. The PCNC provides extensive reviews and recommendations that enable certified NGOs to become eligible for tax-deductible corporate donations. On their part, partner NGOs needed to strengthen their capacity in corporate fundraising and finally, given the competition for funds from corporate philanthropy, the need has emerged for accredited NGOs to enhance their performance by seeking excellence in all aspects of their work.

Preparing for accreditation to PCNC involved the formulation of business and strategic plans, developed in tandem with mock PCNC



assessments, carried out to determine partners' readiness for PCNC accreditation. The mock assessments focused primarily on the viability of partners' financial management and accounting practices against PCNC standards. Accordingly the partner NGOs strengthened their financial management procedures.

Among the issues that emerged most strongly was the need to prepare annual budgets. To meet this need, an Annual Budgeting Workshop was convened to:

- Revisit the importance of annual budgeting to produce outputs and achieve objectives for the organisation;
- Examine the different elements of organisational budgeting in contrast to programme or activity-based budgeting, and
- Develop an organisational budget and/or template suitable to the needs of partner NGOs.

To chart their direction in line with their purpose, values and modes of operation, partners were supported to formulate strategic plans that had broad objectives to:

- Revisit the organisation's vision, mission, goals and strategies to determine their relevance to the current social, economic, cultural and political climate;

- Map out current internal and external issues to be addressed or leveraged to enhance its effectiveness to achieve its vision and realise its mission, and
- Develop strategies and operational plans to guide the organisation's direction for the next three years.

The development of business plans enabled partner organisations to identify non-traditional sources of revenue. Using a revenue mix analysis tool, partners were introduced to four broad revenue sources, classified as party-payments. Each 'party' was then examined in relation to expectations, capacity to pay, willingness to pay, other providers addressing current concerns, preferences, demographics, etc.

In November 2007, a Philanthropy Dialogue was held to promote an understanding of philanthropy in the Philippines covering issues such as individual giving, community foundations, corporate philanthropy, diaspora philanthropy, and electronic philanthropy. The dialogue also examined the accessibility of different forms of philanthropy in the country. Partner NGOs were encouraged to look into the future and to adapt to long term trends, focusing on opportunities to use philanthropy to mobilise resources for sustainability.

*"The budget template will enable us to have a good overview of our sources of revenue, providing a clearer and more realistic scenario of annual resources."*

Participant at Annual Budget Workshop, Manila, December 2007



Sustainability Workshop in Manila, Philippines



## Promoting Good Practices

A critical role of programme managers is to ensure that their programmes build on good practices and adapt to the local context to optimise use of resources. In this, ICOMP provides assistance through pilot programmes, action research, benchmarking, knowledge management, bridging the gap between ‘knowledge’ and ‘action’, and scaling-up proven practices. Lessons learnt from the programme experience are disseminated to a wider audience.

# Integrating Gender in the Quality of Care Approach in China

*Pilot counties have merged gender and sexual and reproductive health concerns into routine family planning work*

Since 2001, with support from the Ford Foundation, ICOMP has assisted the National Population and Family Planning Commission of China (NPFPC) in pilot-testing 'Management and Evaluation Systems' to improve Quality of Care (QoC). The current phase of the project works in five selected counties - Heping District (Tianjin), Jimo County (Shandong), Xuanwu District (Beijing), Deqing County (Zhejiang), and Juachao County (Anhui) - to further refine the system for a more comprehensive QoC approach that integrates gender and rights-based perspectives.

The refined Management and Evaluation System consists of four inter-linked components which support each other:

- Management Information Systems (MIS) and collecting age-gender disaggregated data at all levels.
- Modifying work plans based on needs assessments and a Gender Toolbox developed in collaboration with X'ian Jiaotong University.
- Implementing work plans including gender sensitive protocols and interventions. This includes, for example, training for FP managers to incorporate gender into daily work and IEC materials for couples on men's responsibility and RH.

- Evaluation and developing gender indicators including those for gender awareness and male participation in RH activities and services.

All five pilot counties have integrated gender in their annual FP work plans and implemented new gender interventions to build on the QoC and client-centred approach. Since introducing the project at the management and service level, gender and broader SRH perspectives are now merged into routine FP work - managers have increased gender awareness and mainstreamed it into FP and service providers integrate the gender concept in technical services.

***The Quality of Care (QoC) Approach has successfully transformed family planning (FP) programmes in China towards informed choice and client-centred services.***



Gender-sensitive and couple counselling on FP



Pilot counties sharing experiences at the QoC Annual Meeting

Although several gender challenges still need to be addressed, the pilot counties offer valuable lessons as the project draws to a close in 2008. As male participation in RH services remains low, activities need to target couples and attract men such as combining male clinics with educational events. Counselling protocols for informed choice need to be revised to be gender sensitive and promote effective contraceptive use to reduce abortion rates. An important lesson is that greater coordination and exchange of information is needed between FP and other departments (Health, Education, Justice, Women).

The processes and results of the earlier project are already documented in the form of an information pack and QoC Guide and through a QoC website. After the pilot counties complete the implementation of gender interventions, their experiences will be shared through a Management and Evaluation Guide for Integrating Gender. These will be distributed to province and county leaders to advocate for scaling up the project to other counties in China.

*"We now see gender as a practical not just theoretical concept and have shifted our focus from advocacy and training on gender to developing gender interventions."*

*"Gender inequality can be improved and integrating actions, such as newlywed services, can be sustainable. Gender issues can also be measured by quantitative indicators and scores."*

**Feedback from Pilot Counties**

## **Empowering Communities for Reproductive Health in Batam Islands**

*Creating linkages between poverty reduction and reproductive health (RH) is increasingly recognised as a viable strategy for changing RH behaviour in Batam communities, particularly for poor women.*

**I**COMP's project in Indonesia shows how an integrated approach to simultaneously address multiple needs can empower communities to become self-reliant. The setting to the project is one where local communities have limited access to economic opportunities and health care. The

impact of the 1997 Asian economic crisis and the 2000 decentralisation in Indonesia has further led to dwindling family planning (FP) and RH supplies as well as government services.



ICOMP, together with local partner Yayasan Masyarakat Tertinggal Riau (YMTR), embarked on a pilot project to test a model for community-based RH commodity security (RHCS) as an innovative response. Supported by the Ford Foundation from 2003-2005, the project targeted three villages areas or 'Kelurahans' located in the Batam Islands of Kepulauan Riau Province. Further support was received for the next three years to scale up the project to cover 34 or half of all villages in Batam.

The key strategies for empowering communities through combining activities for income security with RH promotion include:

- Capacity building and leadership skills for volunteer cadres in the villages.
- Economic empowerment through setting up income generating groups ('Kelompoks').
- Setting up a village revolving fund ('Kas Desa') from channelling 25% the profits from Kelompok activities.
- Establishing a community managed village pharmacy ('Pos Obat Desa') from 5% of Kas Desa funds selling basic medicines and contraceptives at lower than market prices.

*"...I must admit that our family's economy went up significantly. We could send our children to any school that they wanted.... we also renovated our house to become healthier and nicer. We also conduct routine counselling on health issues. We have now established a medicine post for the community with discounted prices 20% lower than the market".*

**Kelompok member**





The project to date has yielded noticeable change, socio-economic and RH benefits in the communities. It also demonstrates the increased benefits of linking poverty reduction and access to RH supplies on improving RH knowledge and contraceptive prevalence rates.

The Batam experience shows that over a period of time, the village revolving fund is an innovative mechanism for communities to meet their own needs (e.g. loans for other Kelompoks, investments in educational activities). Some of the more

successful villages have now expanded their activities at the Pos Obat Desa to 'Posyandu Plus' (integrated village FP and health posts).

The process of community empowerment and change requires long term commitment and mobilising support from other stakeholders for sustaining the benefits and momentum created by the project. At this stage, the Batam model identifies some features of success and offers some valuable lessons for adapting activities to be further scaled up to other areas.

## Strengthening Capacity of NGOs for Engendered Linked Response to Reproductive Health and HIV/AIDS

*Engendered linked response to reproductive health and HIV/AIDS have enhanced male participation*

A growing concern is the feminisation of the AIDS epidemic with the increasing rates of HIV/AIDS prevalence amongst women. In 2007, it is estimated that 15.4 million people living with HIV/AIDS (PLHIV) globally are women, in which almost 61% of adults living with HIV in Sub-Saharan Africa were women (UNAIDS and WHO, 2007).

ICOMP continues to improve the reproductive health (RH) status and reduce the risk of HIV infections, particularly for women through the 'Engendered Linked Response to Reproductive Health and HIV/AIDS' project. Implemented in three countries - Ethiopia, Uganda and Zambia - the overall goal of the project was to enhance existing RH and HIV/AIDS services to improve sexual and reproductive health (SRH) and combat

the HIV epidemic by meeting the SRH needs of a wider population. The project is funded by The Population and Reproductive Health Capacity Building Program of The World Bank's Development Grant Facility.

The project has strengthened the capacity of 12 partner NGOs including seven youth organisations, a faith-based organisation, a network of people living with HIV (PLHIV) and three community-based service providers to provide engendered linked response programmes and services.

Among the positive outcomes expected is the greater involvement and responsibility of men in reproductive health, including family planning, and HIV/AIDS programmes. Women's understanding of reproductive rights and ability to negotiate for safe sexual practices and exercise these rights will be enhanced. In addition, the project is also expected to increase satisfaction of clients by meeting the different needs of men and women, improving service mix and quality of care. At the same time the project aims to improve access to comprehensive care for PLHIV, including that for meeting their sexual reproductive health and rights needs, including family planning.

*"... before I participated in Andinet's activities, I was at risk and vulnerable to STIs and HIV infections. They educate me about safe sexual behaviour, STIs and HIV/AIDS prevention. I am now protected."*

**Andinet Youth, Ethiopia**

In order to achieve the above outcomes, the partner NGOs use strategies such as a gender sensitive approach in services, counselling and peer education and address gender norms related to reproductive health and rights in HIV/AIDS prevention through outreach programmes. The behaviour change communication (BCC) messages and activities are also addressing RH and HIV/AIDS from gender perspective to sensitise men and women on gender equality and equity, reproductive rights and role of men in prevention activities.

Partner NGOs are also addressing different RH needs of men and women, including young people, to provide better quality of care to their clients. RH information, including family planning, is provided to people living with HIV to increase their participation in family planning, which is expected to increase condom use for the prevention of unwanted pregnancy and STI and HIV infections.

Among the early results reported by the partner NGOs are an increased number of male partners coming forward for voluntary counselling and

testing, including couple counselling; more youth referred for STI treatment and anti-retroviral treatment; and a larger number of ante-natal clients counselled, tested and enrolled for prevention of mother-to-child transmission of HIV.

Overall, an engendered linked response approach has significant potential to impact positively on RH status and HIV reduction.

*"... we have seen young people repeatedly come to our centre for STI treatment. Thus, we encourage them to come together with their partners for treatment, as we realised if we do not treat them together, we will not be able to solve the problem."*

**UYDEL Health Worker, Uganda**

Male participation in reproductive health services is vital for improving RH status and preventing HIV transmission to woman





## Promoting Policy Dialogue

Policy is a plan of course of action of a government agency or an organisation intended to influence and determine decisions, actions and other matters. ICOMP promotes policy dialogue through networking and assisting stakeholders at the local government level.

## Asia Pacific Alliance: Advancing the ICPD Agenda

*Population, environment and development NGOs are coming together taking a common ground approach*

During the past year, ICOMP was active in the Asia Pacific Alliance (APA) - a network of NGOs, government aid agencies and foundations from donor countries in the Pacific Rim. Formed in 1999, APA promotes the advancement of the ICPD agenda and Millennium Development Goals (MDGs) through its advocacy activities at the regional and international level.

ICOMP is the facilitator for the 7th Cycle Small Grants Programme, funded by the David and Lucille Packard Foundation. The programme supports APA partner countries (Australia, Canada, Japan, Korea, Thailand and New Zealand) in advocating for the linkages between population, development and environment. The partner activities focused on monitoring the performance of their country Official Development Assistance (ODA) in relation to sexual reproductive health (SRH); in-country campaigns to influence high level stakeholders; and intensifying existing partnerships.

Significant accomplishments have been made in increasing the cooperation among relevant stakeholders and strengthening policy dialogues at all levels. There has also been increased public awareness on the issues and some influence on country ODAs. More work still remains to be done to increase the political, financial and technical support for population, SRH, environment and development objectives. At the

end of the 7th Cycle Small Grants programme in 2007, some lessons learned are:

- Engaging a range of stakeholders: This includes reviewing country networks and collaboration with other international aid NGOs for advocacy activities. Joint efforts by different development NGOs on a single campaign such as Make Poverty History demonstrated a positive result in Australia. Japan realised that approaching the media and influential experts was crucial to implementing their advocacy work for increasing ODA.
- Sustaining advocacy efforts: It is important for partners to take advantage of the interest and awareness generated by advocacy activities. Canadian partners use electronic communications and other NGOs' membership base to continually put pressure on the government to increase its focus on ICPD. After increasing public awareness on women's health and water issues in Africa, Korean partners disseminated advocacy materials to policy makers to initiate projects.
- Effective communication strategies: Key messages need to appeal to different target audiences to ensure resources are used effectively. New Zealand partners discovered that research into the development sector should first assess how best to communicate the issues, such as through individual stories to give photos and statistics a more powerful advocacy message.



Study tour to a health centre in Kenya conducted by Korean partners to raise public awareness.



# Integrating Population-Development Inter-linkages in Development Planning in the Philippines

Local government units developed programme modules to utilise Population-Development inter-linkages for development

From late 2005 to December 2007, the Population Commission of the Philippines (POPCOM) undertook a project in partnership with ICOMP, funded by the UNFPA, which aimed at enhancing its institutional capacity in integrating Population and Development (POPDEV) in local planning. The project objectives are to: (i) improve locally prioritised population and sustainable development indicators in three selected Local Government Units (LGUs); (ii) strengthen the population and sustainable development competencies of three selected LGUs; and (iii) build on the above experiences and use it as a base to strengthen strategic competency of POPCOM at national and regional levels for population and sustainable development.

To implement the project, ICOMP provided technical assistance and capacity development support to POPCOM national and regional offices. Using a “learning by doing” strategy, the project implementation was carried out mainly by a core team of POPCOM at national and regional levels, working with ICOMP.

There were three key outcomes. First, several assessment tools and reports were developed, which outlines the frameworks, approaches and methodologies for operationalising of POPDEV inter-linkages at LGU, national and regional levels. Examples of assessment tools are: Technical Assistance/Support Needs Assessment Survey, POPDEV Assessment Framework, Action Planning Guide, Competency Mapping Survey-National Level, and Competency Mapping Survey-Regional Level. Examples of assessment reports are: POPDEV Planning at the LGU Level and RH Situation at the LGU Level.

Second, the three LGUs (Isulan in Sultan Kudarat, Upi in Maguidanao, and Tagbilaran in Bohol) have each developed and implemented a programme model to enhance their competencies in POPDEV planning and programming. The model that each LGU pursued depended on the issues they face and their level of competencies at the time of the assessment. The two POPDEV models that emerged are: Youth Development Programme and Population-Health-Environment.



*The POPDEV approach to development planning has been instrumental in creating synergy among our different agencies at the LGU level. We have been used to working in silos and within the comforts of our own departments. POPDEV breaks the walls that separate the different sectors and forces different stakeholders to think creatively and make informed decisions. As a result, we discovered that many projects could be implemented more effectively and efficiently with the combined resources and complementing competencies of different players.*



Third, the competencies of the core team have greatly improved resulting from their participation in the project, particularly in: (i) ability to relate POPDEV integration to their agency work; (ii) understanding on the inter-connectivity of different departments to create synergy in local planning; (iii) greater understanding of RH issues in the locality; (iv) ability to plan and programme adolescent development interventions; (v) competency of the youth to manage youth development programmes; and (vi) ability to undertake action research.

The lessons learned from this project are two fold. One, POPDEV being an abstract concept needs to be demonstrated through experiential learning. The challenge for many LGUs is their inability to link POPDEV inter-linkages to their practices. Instead of merely training people through workshops, a more effective process would be provision of support to key stakeholders to actually apply POPDEV inter-linkages approaches

as they prepare their plans. Two, different LGUs are at different levels of maturity in their planning process and sensitivity to POPDEV inter-linkages; hence, a uniform approach will be ineffective. The project has developed frameworks, tools and methodologies as well as demonstrated their utility. They provide a tailored approach to each LGU and can progressively enhance their sensitivity to POPDEV inter-linkages with a view to continually improve the quality of overall planning.

Through the project, POPCOM is beginning to clarify its mandate and roles, improve its role competencies and skills, especially in providing guidance to the LGUs in ensuring the effective implementation of Philippines Population Management Plan and accelerate progress towards universal access to RH and the achievement of MDGs at the local levels. To move forward, POPCOM needs to mobilise resources to scale-up the approach to assist a larger number of LGUs to incorporate LGUs in their planning.

## **Achieving MDGs in Uganda: Strengthening Population Secretariat's Capacity**

*There are many opportunities for integrating Population-Development inter-linkages in planning process to accelerate progress towards MDGs*

Realising the importance to integrate Population and Development (POPDEV) variables in local planning, ICOMP and Population Secretariat (POPSEC) of Uganda is currently undertaking a project to strengthen POPSEC's strategic capacity in providing capacity development support to districts. In addition, POPSEC is also expected to assist the district in developing a sustainable RH programme intervention model which will contribute in the achievement of locally appropriate MDGs. This

UNFPA-funded project is called "Achieving MDGs in Uganda: Strengthening Population Secretariat Capacity".

The specific objectives of the project are to: (i) strengthen capacity of three districts to integrate POPDEV variables in planning and to develop a sustainable RH programme model within the context of localised MDGs; (ii) enhance strategic capacity of the POPSEC team to provide assistance to districts; and (iii) refine frameworks

***Trends in population variables closely correlate with the trends in general development. High annual population growth will impose pressure on social services, especially health and education, making it very challenging to attain some of the Millennium Development Goals (MDGs). On the other hand, attention to poverty, gender, youth, community development and RH will moderate population growth.***

and assessment instruments for use in enhancing district level capacity.

This project, which began in mid-2007 and is still ongoing, is being pilot tested in three districts (Mayuge, Dokolo and Kanungu) with diverse socio-economic context and at different stages of development. The process involves strategic assessments and development of action plans according to the objectives above.

In the earlier part of the project, assessments were carried out in the three selected districts. The findings indicate that first, conceptually, POPDEV inter-linkages are understood in the districts and by most sectors. However, sectors are unclear as to how it can be integrated into planning, particularly in poverty eradication plans with short-term horizon. Second, sectors that are closely related to POPDEV inter-linkages-gender, youth, and community development-are often underfunded. Third, often the inter-linkages are understood to mean implications of high fertility and population growth for development planning. This uni-directional view of inter-linkages has lead many planners to view POPDEV narrowly, thus equating it only to family planning.

Subsequently, situation analysis was carried out in one district to assess the current level of POPDEV

integration in district planning. Based on that analysis, strategy to enhance district planning has been developed as an input to the district's strategic planning process. The strategy comprises prioritised action by each sector to enhance POPDEV integration.

It was found that some inter-linkages were taken into account in the district strategic planning. Nevertheless, a comprehensive operationalisation of these inter-linkages at the districts is needed. This project shows that there are several benefits to sustainable POPDEV integration such as (i) improved planning with a greater potential for achieving MDGs and reducing poverty; (ii) integrated planning at community level that generate community ownership and address root causes of underdevelopment; (iii) joint cross-sectoral action that results in efficient use of resources; and (iv) coordinated sector response that can provide synergistic outputs.

Throughout the project, ICOMP provided assistance to strengthen strategic capacity of POPSEC to accelerate achievement of MDGs at local level by (i) providing support to districts through demand-led and district responsive efforts in integrating POPDEV variables in local planning; and (ii) developing sustainable RH programme model through hands-on support.



## EXECUTIVE COMMITTEE (2007 - 2009)

### *Chairperson*

#### **H.E. Dr Baige ZHAO**

Vice Minister  
National Population and Family Planning,  
Commission of China

### *Vice Chairpersons*

#### **Dr Mojisola ODEKU**

Director, Reproductive Health Unit, Federal  
Ministry of Health, NIGERIA

#### **Mr Naresh DAYAL**

Secretary, Health and Family Welfare, Ministry of  
Health & Family Welfare, INDIA

### *Treasurer*

#### **Puan AMINAH Binti Abdul Rahman**

Director General, National Population and Family,  
Development Board, MALAYSIA

### *EXCO Members*

#### **Dr Sugiri SYARIEF**

Chairperson, National Family Planning Coordinating  
Board, INDONESIA

#### **Dr Ney Francisco Pinto COSTA**

Director Executive, Sociedade Civil Bem-Estar  
Familiar no Brasil (BEMFAM), BRAZIL

#### **Ms Genet MENGISTU**

Head, Population Department, Ministry of Finance  
and Economic Development, ETHIOPIA

### *Member-Secretary*

#### **Prof Jay SATIA**

Executive Director, ICOMP, MALAYSIA

## ICOMP MEMBERS

### **I. PROGRAMME MANAGERS**

#### Africa and the Middle East

#### **ETHIOPIA**

##### **Dr Tesfanesh BELAY**

Head, Family Health Department,  
Ministry of Health

##### **Mr Negatu MERKE**

Head of HIV/AIDS Prevention and Control Office

#### **GAMBIA**

##### **Ms Mariama JALLOW**

Acting Executive Director, The Gambia Family  
Planning Association

#### **MAURITIUS**

Programme Coordinator  
Mauritius Family Planning Association

#### **MOROCCO**

##### **Dr Drissi ABDESLAM**

Directeur, Ministere de la Sante Publique

##### **Dr M Tahar ALAOUI**

Directeur, Centre National de Formation et,  
Reproduction Humaine, Maternite des Orangers

#### **NIGERIA**

##### **Prof Babatunde OSOTIMEHIN**

Chairman, National Action Committee on AIDS

#### **TANZANIA**

##### **Dr Catherine SANGA**

Head, RCH Services, Ministry of Health

**TUNISIA****Prof Dr GUEDDANA Nabiha**

Director-General, National Family and  
Population Board

**TURKEY****Prof Dr Ayse AKIN**

Professor, Medical Faculty, Department of  
Public Health, Hacettepe University

**UGANDA****Dr Anthony MBONYE**

Assistant Commissioner, Reproductive Health  
Services, Ministry of Health

**Dr Jotham MUSINGUZI**

Director, Population Secretariat,  
Ministry of Finance, Planning & Economic  
Development

**ZAMBIA****Dr Rosemary M MUSONDA**

Acting Director General, National HIV/AIDS/  
STD/TB Council

**ZIMBABWE****Mr Godfrey TINARWO**

Executive Director, Zimbabwe National Family  
Planning Council

Asia and the Pacific**BANGLADESH****Mr Md Abdul MANNAN**

Director General, Directorate General of  
Family Planning

**Dr Halida Hanum AKHTER**

Director General, Family Planning Association  
of Bangladesh (FPAB)

**CAMBODIA****Dr EA Meng Try**

Executive Director, National Committee for  
Population and Development, Office of the  
Council of Ministers

**Dr MEAN Chhi Vun**

Director, National Center for HIV/AIDS

**CHINA****Ms HAO Linna**

Director-General, Department of International  
Cooperation, National Population and Family  
Planning, Commission of China

**INDIA****Mr A R NANDA**

Executive Director, Population Foundation of  
India

**INDONESIA****Dr Suryadi SOEPARMAN**

Deputy Chairperson for Gender Mainstreaming  
Ministry of Women's Empowerment of the  
Republic of Indonesia

**NEPAL****Dr Bal Krishna SUBEDI**

Director, Family Health Division, Department  
of Health Services, Ministry of Health and  
Population

**PAKISTAN****Mr Syed Anwar MAHMOOD**

Secretary, Ministry of Population Welfare

**PHILIPPINES****Mr Tomas M OSIAS**

Executive Director, Commission on Population  
(POPCOM)

**Dr Yolanda OLIVEROS**

Department of Health

**THAILAND****Dr SOMBAT Thanprasersuk**

Director, Bureau of AIDS, TB and STIs,  
Department of Disease Control, Ministry of  
Public Health

**Dr METEE Pongkitilak**

Director, RH Division, Department of Health,  
Ministry of Public Health

Latin America and the Caribbean

**COLOMBIA**

**Dr Fernando TAMAYO**

**ECUADOR**

**Dr Paolo MARANGONI**

Executive Director, Asociacion Pro-Bienestar  
de la Familia Ecuatoriana

**II. INSTITUTE DIRECTORS****CHINA**

**Mr HUANG Sen**

Executive Director, Nanjing Population  
Program Training Center International

**GHANA**

**Dr Theo B WEREKO**

Director, Ghana Institute of Management &  
Public Administration (GIMPA)

**INDIA**

**Prof Bakul DHOLAKIA**

Director, Indian Institute of Management (IIMA)

Director, National Institute of Health &  
Family Welfare

**PHILIPPINES**

**Prof Felipe B ALFONSO**

Co-Vice Chairman, Asian Institute of  
Management (AIM)

**TANZANIA**

**Prof Bonard MWAPE**

Director General, Eastern and Southern  
African Management Institute (ESAMI)

**VENEZUELA**

**Prof Henry GOMEZ-SAMPER**

Profesor Emeritus, Instituto De Estudios  
Superiores De Administracion (IESA)

**III. HONORARY MEMBERS****GHANA**

**Dr A A ARMAR**

**UNITED KINGDOM**

**Professor Hamid RUSHWAN**

**MALAYSIA**

**Datin Dr NOOR LAILY Dato Abu Bakar**

Chairperson, Nury Institute



## DONORS

ICOMP gratefully acknowledges the financial support of the following (in alphabetical order)

Canadian International Development Agency (CIDA)

Government of China

Government of India

Government of Indonesia

New Zealand Family Planning Association

Partners in Population and Development

Population Secretariat, Uganda

The David and Lucile Packard Foundation

The Ford Foundation

The World Bank

The William and Flora Hewlett Foundation

United Nations Population Fund (UNFPA)

WHO

## PARTNERS

ICOMP gratefully acknowledges the support of the following (in alphabetical order)

ANDINET RH Association, Ethiopia

Democratic Socialist Women of the Philippines (DSWP), Philippines

ESHET Children and Youth Unity Association, Ethiopia

Hiwot, Ethiopia

Independent Churches of Zambia (ICOZ), Zambia

Indian Institute of Management Ahmadabad (IIMA), India

Institute for Social Studies and Action (ISSA), Philippines

Integrated Development Foundation (IDF), India

International Training Programme (ITI), National Family Planning Coordination Board, Indonesia

Kafue Youth with a Destiny, Zambia

Kyetume Community Based Health Care, Ethiopia

Ministry of Public Health (MoPH), Thailand

Mukono Multipurpose Youth Organisation (MUMYO), Uganda

Nanjing Population Programme Training Center International (NPPTCI), China

National Population and Family Planning Commission (NPFPC), China

Network for Enterprise Enhancement and Development Support (NEEDS), India

Network of Zambian People Living with HIV/AIDS (NZP+) - Lusaka District Chapter, Zambia

Partners in Population and Development (Partners), Bangladesh  
Philippine Rural Reconstruction Movement (PRRM), Philippines  
Planned Parenthood Association of Thailand (PPAT), Thailand  
Population Foundation for India (PFI), India  
Population Secretariat (POPSEC), Uganda  
Pro Pride, Ethiopia  
St Francis Healthcare Services, Uganda  
State Ministry of Health and Family Welfare, Jharkhand, India  
The Asia Pacific Alliance (APA)  
Uganda Young Positive (UYP), Uganda  
Uganda Youth Development Link (UYDEL), Uganda  
Women's Legal Education, Advocacy and Defense Foundation, Inc. (WomenLED), Philippines  
Xavier Institute of Social Service (XISS), India  
Yayasan Masyarakat Tertinggal Riau (YMTR), Indonesia

## DETAILED STATEMENT OF INCOME AND EXPENSES

### FOR THE YEAR ENDED 31 DECEMBER 2007

	2007 USD	2006 USD
<b>INCOME</b>		
Grants received:		
Canadian International Development Agency (CIDA)	20,933	-
EC/Interact Worldwide	-	20,338
New Zealand FPA	80,720	121,080
Partners' Secretariat, Bangladesh	-	8,383
Population Secretariat, Uganda	15,892	-
The David & Lucile Packard Foundation	550,000	379,230
The Ford Foundation	144,000	366,400
The William and Flora Hewlett Foundation	150,000	150,000
The World Bank	120,000	75,000
UNFPA	16,832	173,935
WHO	10,000	-
	1,108,377	1,294,366
<b>Members contribution:</b>		
China	15,000	15,000
India	10,000	-
Indonesia	7,500	7,500
	32,500	22,500
<b>OTHER INCOME</b>		
Gain on exchange difference	23,646	-
Interest	69,828	55,634
Consultancy service	9,636	13,246
Other receipts	1,393	220
	104,503	69,100
	1,245,380	1,385,966
<b>LESS: EXPENSES</b>		
Programmes	19,501	5,584
Secretariat	42,639	116,634
Projects	840,669	981,975
	902,809	1,104,193
<b>SURPLUS FOR THE YEAR</b>	342,571	281,773

# **BALANCE SHEET**

## AS AT 31 DECEMBER 2007

	<b>2007 USD</b>	<b>2006 USD</b>
<b>NON-CURRENT ASSETS</b>		
<b>PROPERTY, PLANT AND EQUIPMENT</b>	1,998	3,792
<b>CURRENT ASSETS</b>		
Sundry receivables, deposits and prepayments	21,070	49,338
Time and fixed deposits	2,492,510	1,960,004
Trust fund deposits with banks	22,231	49,843
Cash and bank balances	38,867	268,541
	<b>2,574,678</b>	<b>2,327,726</b>
<b>CURRENT LIABILITIES</b>		
Sundry payables and accruals	119,715	189,516
Gratuity Scheme Trust Accounts	22,231	49,843
	<b>141,946</b>	<b>239,359</b>
<b>NET CURRENT ASSETS</b>	<b>2,432,732</b>	<b>2,088,367</b>
	<b>2,434,730</b>	<b>2,092,159</b>
<b>ACCUMULATED FUNDS</b>	<b>651,635</b>	<b>594,110</b>
<b>GENERAL RESERVE FUNDS</b>	<b>660,235</b>	<b>660,235</b>
<b>REVALUATION RESERVE</b>	<b>24,900</b>	<b>24,900</b>
<b>FUNDS DESIGNATED FOR SPECIFIC PROJECTS</b>	<b>1,097,960</b>	<b>812,914</b>
	<b>2,434,730</b>	<b>2,092,159</b>

## International Council on Management of Population Programmes (ICOMP)

The International Council on Management of Population Programmes (ICOMP) is committed in the management of high-quality sustainable reproductive health programmes. Since its establishment in 1973, ICOMP has charted a unique path towards strengthening programme capacity and effectiveness with managerial improvements in numerous developing countries. Thus, it works to narrow the gap between a programme's potential and actual results.

Building on 35 years of experience, ICOMP continues to work towards identifying key pertinent concerns and issues related to population and development, especially in a post-ICPD environment, with focus on MDGs. It assists in management improvement through leadership and management development, promoting use of good practices and catalysing policy dialogues by the use of instruments like assessment tools, organisational/programme diagnosis, training modules, action research and technical assistance.

It builds synergistic alliances and relationships with a number of key population management institutions. ICOMP's clients and partners range from policymakers of government agencies, managers and heads of both government and NGO programmes to grassroots project personnel and researchers.

ICOMP is governed by its members consisting of 29 senior programme managers from 22 countries, 7 associate members, 3 honourary members and an 7-member Executive Committee with decision-making authority. These members are top managers and policymakers of their respective countries' family planning/reproductive health programmes or of large NGOs or heads of management-related institutions.

ICOMP is a Registered Society in Malaysia and has 501(c)(3) charity status with the US Revenue Service

**International Council on Management of Population Programmes (ICOMP)**

No. 534 Jalan Lima, Taman Ampang Utama, 68000 Ampang, Selangor, MALAYSIA.

Tel: 603-4257 3234 • Fax: 603-4256 0029 • e-mail: [icomp@icomp.org.my](mailto:icomp@icomp.org.my)

website: [www.icomp.org.my](http://www.icomp.org.my)