

Annual Report 2009

Excellence in Management of Population Programmes



Good Practices




Leadership



Policy Dialogues



International Council on Management of Population Programmes



Recognised for making a
critical difference in
population programmes.

Vision

Mission



To achieve excellence
in the management of
quality population
programmes at country,
regional and international
levels.

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Message from **Chairperson and Executive Director**

The International Council on Management of Population Programmes (ICOMP) was founded to strengthen the population and reproductive health programme capacity and effectiveness. ICOMP's strategies to achieve this objective comprise of leadership and management development, managing innovative programmes and promoting policy dialogue in issues pertaining to population and reproductive health, including HIV/AIDS.

In Sub-Saharan Africa, ICOMP has strengthened the capacity of the partner NGOs for linked response to reproductive health and HIV/AIDS. The recent project focused on family planning integration into voluntary counseling and testing and prevention of mothers and child transmission of HIV was implemented in Ethiopia, Uganda and Zambia. The project has improved access and utilization of family planning commodities by community members especially people living with HIV, post-partum mothers and young people.

ICOMP continues to catalyze policy dialogue on issues pertaining to reproductive health and population. With funding support from World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), ICOMP held a symposium to address linkages between HIV/AIDS and sexual and reproductive health. The symposium was convened during the 5th Asia Pacific Conference on Sexual and Reproductive Health and Rights (APCSRHR) held in Beijing, China.

As Civil Society Organisations (CSOs) play an important role in reaching the key populations with higher risk of HIV exposure, ICOMP is strengthening leadership capacity of CSOs in Bangladesh, Nepal and Sri Lanka to empower them as well as to progress towards organizational excellence to sustain the impact.

ICOMP is currently strengthening the leadership and organizational capacity of individuals and organizations for population and reproductive health through several initiatives. In India, 'Project LDOE' is currently being implemented in the state of Bihar and Jharkhand to improve leadership development and strengthen organizational effectiveness to increase coverage and improve quality of family planning and reproductive health services. In the Philippines, ICOMP is strengthening organizational leadership capacity for NGOs working on population and reproductive health.

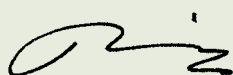
After successful implementation of the project to enhance the sustainability of NGOs in Indonesia, ICOMP is scaling-up the initiative with new partner NGOs and continue to expand efforts with other partners as well. Aiming to build up organizational excellence of partner NGOs, ICOMP provides technical assistance in the areas of governance, organizational effectiveness and sustainability to enable them to mobilize funding sources for long term viability.

ICOMP continues to promote the use of promising practices through learning and demonstration. The three-year community-based initiatives project to institutionalize reproductive health commodity security was successfully implemented in Batam, Indonesia. The project has empowered the indigenous community through community groups for income generation activities, which was used as an entry point to improve access and utilization of reproductive health services through village pharmacies.

In implementing the above initiatives, ICOMP uses approaches that promote men's participation and women's empowerment towards gender equity and equality and also promote the South-South Cooperation for population and reproductive health.

ICOMP has played significant supporting role to the Asia Pacific Alliance in the eight cycle of the Small Grant Programme and will continue to support the Alliance activities, especially to promote the advancement of ICPD agenda and MDGs.

ICOMP would like to express our appreciation to the contributions and support from our members, donors and partners. Our thanks are due to the Malaysian Government for its support in ICOMP's Secretariat.



H.E. Dr. Baige Zhao
Chairperson



Wasim Zaman, PhD
Executive Director





Catalyzing 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.

Symposium on Linkages of HIV/AIDS and RTI/STIs Prevention with Sexual and Reproductive Health and Rights

A Symposium to address Linkages of HIV/AIDS and RTI/STIs Prevention with Sexual and Reproductive Health and Rights (SRHR) was held during the Fifth Asia Pacific Conference on Reproductive and Sexual Health and Rights (5th APCRSR) in Beijing from 17-20 October 2009.

The Symposium was jointly organised by the UNAIDS, WHO and ICOMP, with a panel of speakers to deliberate on those issues and areas that bear the greatest relevance to support linkages of HIV/AIDS and RTI/STIs prevention with SRHR.

The symposium was chaired by Dr. Nafis Sadik, Special Advisor to the UN Secretary General, and Special Envoy on HIV/AIDS in Asia. The speakers

were (i) Mr J V Prasada Rao, UNAIDS Regional Support Team for Asia and the Pacific; (ii) Dr Michel Mbizvo, Director, WHO Department of Reproductive Health and Research; (iii) Dr Wasim Zaman, Executive Director, International Council on Management of Population Director (ICOMP); and the discussant was Dr Warunee Fongkaew, Associate Professor, Youth Family and Community Development (YFCD), Chiang Mai University.

The Symposium 4 focused on gender issues, the role of men particularly due to the feminisation of HIV/AIDS, increasing concerns on intimate partner transmission, mother-to-child transmission (MTCT) as well as working with young people for HIV prevention.

In her opening remarks, Dr Nafis Sadik mentioned that despite improvement in HIV and AIDS treatment, as well as all the funds pouring into treatment programmes, still innumerable people who are HIV positive remain untreated. UNAIDS expects the number of people needing treatment to rise dramatically over the next few years. On the other hand, demand for SRH information and services are increasing rapidly in every region. Thus, integrating programmes for reproductive health (RH) and HIV and AIDS prevention will improve the likelihood of success of all these efforts. Integration is highly cost-effective. It allows the health systems to apply human and financial resources efficiently; it makes use of existing infrastructure, including plant,





facilities, transport, and trained staff; and offers possibilities of improving it. A guaranteed, regular, sufficient supply of male and female condoms is needed for contraception as well as HIV and AIDS prevention. All of these assets are in short supply, especially in the poorest areas and communities. Integration will make best use of the resources available.

Mr Prasada Rao provided a case on vulnerable women group infected by their intimate partners and some constraints faced in terms of strategies to address changing situations and needs of certain groups, especially young women. Most importantly, a new brand of politics of AIDS is urgently needed to respond to the critical gaps-such as shortage of resources and low level of political commitments as well as gap in strategies and services; including factors that increase vulnerability, which could lead to successful and sustainable integrative

programme implementations. Furthermore, each country has to find out its own model.

Dr Michael Mbizvo shared the systematic review on the linkages between SRH and HIV. The review identified some gaps that need to be addressed in order to maximise the universal access and coverage of services by using combination efforts, responding to contextual HIV/AIDS epidemic and vulnerability basis as well as identifying indicators that can ensure success of the programme.

Dr Wasim Zaman shared ICOMP's initiatives in strengthening the capacity of the partner organisations in Sub-Saharan Africa for SRH and HIV/AIDS linkages using gender-integrated and youth-friendly linked response approaches. The experiences from Africa can be replicated in Asia and the Pacific and can contribute to the achievement of goal and targets of ICPD, Millennium

Development Goals (MDGs) on the Universal Access to Reproductive Health.

Dr Warunee Fongkaew supported the views of all speakers that the MDG's goals and targets will never be achieved without strengthening linkages between SRH and HIV/AIDS programmes because these linkages will lead to a number of important public health benefits. The speakers pointed out how key policy and programme actions must be firmly established by providing some case studies. Even though efforts have been made and there is some progress in increased coverage and fostering the linkages of SRH and HIV/AIDS in the Asia-Pacific Region, there is a great need for actions to be taken in order to respond to the actual needs of the vulnerable population. The issue is that how does one best integrate HIV prevention into on-going SRH programmes as well as SRH promotion into on-going HIV prevention programme.

Asia Pacific Alliance: Advancing ICPD Agenda

Since the first cycle until the current eighth cycle, the Small Grants Programme (SGP) was facilitated by ICOMP. ICOMP is a supporting organization to the Asia Pacific Alliance (APA). Since the APA's inception in 1999, the SGP had been implemented by the APA country members in Australia, Canada, Japan, Korea, New Zealand, and Thailand. The funding support for each of the cycle was provided by the David and Lucile Packard Foundation.

At the end of the eighth cycle of the SGP in February 2010, ICOMP handed over the management of the SGP to the APA Secretariat, Bangkok now that it has a Regional Coordinator. For ICOMP, it has been a pleasure to facilitate the SGP since its first cycle. We look forward to continuing collaboration with the APA Secretariat.

During the implementation of the eighth cycle of the SGP by the APA country members, some of the lessons learned are summarized below:

Australia - **Collaboration** with other international aid NGOs is effective. However, more needs to be done to promote and advocate for the **integration of population, environment and development** in project activities.

New Zealand - **The linkages** (inter-connection between economic development, poverty alleviation, population and SRHR, and how SRHR relates to all areas of development) are beneficial because they highlight how ICPD PoA is fundamental to all aspects of development. A good understanding of them will ensure that population issues will not be neglected when exploring wider development and environment issues, and vice versa.

Japan - A strong and legitimate advocacy and campaigning requires the **expertise and experiences of civil societies** working on different issues since the Tokyo International Conference on African Development (TICAD) IV Yokohama Action Plan. The support of the civil societies provides a more powerful voice when advocating to the government on keeping the TICAD commitment and attaining the MDGs.

Thailand - More rounds of **informal forums** with various sectors prior to the advocacy events would have built up the joint learning and shaped the advocacy issues. Getting some **high profile organizations** working on issues of migrant workers to join the project working group would have resulted in more buy-in from stakeholders on the issue migrant workers' RH.





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, organizational effectiveness and sustainability in their quest for excellence.

Strengthening Leadership and Organizational Capacities for FP/RH in Bihar and Jharkhand, India



The implementation of the “Leadership Development and Organizational Capacity Building for Family Planning and Reproductive Health in Bihar and Jharkhand, India” project (LDOE) is progressing towards most of the indicators related to the three outcomes specified in the project document. As a result of the joint activities since initiation of the program in 2007, ICOMP and its national implementing partner, Xavier Institute of Social Service (XISS) were able to:

- a. **Reassess and address the leadership and organizational needs of participating NGOs and identify and address the leadership and management gaps identified by district health teams.** The district health teams and partner NGOs are actively engaged in implementing their respective action plans developed during the two round tables and the advanced training. The LDOE team made follow up visits to each district and partner NGOs to work with team members on their action plans to increase coverage of contraceptives and institutionalize maternal death audit system. A review of respective quantitative indicators focused on maternal health and FP service delivery revealed that institutional delivery has increased in all three districts, mainly due to the government’s Janani Suraksha Yojana (JSY) schemes and contraceptives uses have also improved with free supply of condoms and pills in most hospitals and PHCs. Among the challenges identified were the frequent transfer of senior level health personnel and top managers who participated in the LDOE training leading to gap in the implementation of planned actions. Lack of adequate health personnel (medical doctors and ANMs), lack of coordination between line

Expected Outcomes of LDOE Programme:

Outcome 1: Leadership Development and Strengthening Organizational Effectiveness process to increase coverage and improve quality of FP/RH services.

Outcome 2: Strengthening Capacity of Critical Institutions for Systemic Change - regional resource centres and state health societies - to support LDOE of NGOs and districts

Outcome 3: Sustainable in-country capacity for LD/OE process is established



departments and need for proper management of fund flow system under the JSY program have been identified as other challenges in effective functioning of the PHCs and RH/FP service delivery.

- b. **Refine and finalize training module/manual on the leadership development and organizational effectiveness in local language (Hindi) and initiate LDOE program for the Community-based organizations.** A community-based leadership training module was developed based on findings of a quick assessment of leadership gaps and needs among the partner CBOs of six selected partner NGOs of the LDOE program conducted in 2008. Five of the 10 partner NGOs currently associated with the program are using the training module for strengthening LDOE capacity of three of their respective CBOs through a series of training and learning process. It is expected that the module will develop and strengthen the LDOE capacity of at least 15 CBOs at the grass roots level to work more efficiently and effectively.
- c. **Finalisation of Community-level leadership development training manual and initiation of implementation of the Community-level Leadership Development program.** ICOMP continued to provide technical support to XISS and two NGO partners - the Network for Enterprise Enhancement and Development Support (NEEDS) and Integrated Development Foundation (IDF) in developing and finalizing a training curriculum for community leadership

development program (CLP). This manual was designed based on findings of a formative research study to assess leadership competency needs of specific group of community leaders - heads and members of Panchayati Raj Institutions, village health committees, government community health workers and women's groups (ANMs, ASHA and Shahiya) and youth leaders. This training curriculum will be used for creating a cadre of 800 community leaders in 200 Panchayats (village) of 20 Blocks in 6 districts of Bihar and Jharkhand under the new CLP supported by the Jamsetji Tata Trust Fund (JTTF) and implemented by the XISS in collaboration with other two national NGOs - IDF and Nava Bharat Jagriti Kendra (NBJK). At the Panchayat level, these community leaders will form a leadership team to advance the implementation of the National Rural Health Mission (NRHM), the national health policy of the Government of India and, thereby, accelerate the achievement of NRHM goals.

- d. **Initiate the organization of a leadership development workshop for LDM Fellows:** A leadership training for those RH Fellows who have not received a formal leadership course has been planned in collaboration with the Institute of International Education - Leadership Development for Mobilizing Reproductive Health Program (IIE-LDM). The training design has been developed based on findings of LPI Survey and a rapid needs assessment of Fellows and extensive technical discussions amongst ICOMP, IIE and XISS. Two back-to-back 3-day long training sessions are scheduled to be held in February 2010, in Bihar, India.

One example of Best Practices:

Among the PHCs visited in the three project districts, the Chainpur PHC in Palamau was found to have improved significantly in terms of infrastructure and quality 24x7 functional FP/RH service delivery. The PHC is demonstrated as one of the most effective PHCs and considered as a role model in the district. Community participation was the main source of resource mobilization of the PHC. It was admitted that things have improved and geared up only after the LDOE training and thanked LDOE program for their training inputs and recognizing their efforts.

Strengthening Leadership of CSOs in South Asia

The project entitled “Strengthening Leadership of Civil Society Organizations (CSOs) in South Asia: Empowering Key Populations with Higher Risk of HIV Exposure” funded by the Joint Programme of United Nations on HIV/AIDS (UNAIDS) commenced in July 2009. As CSOs play an important role in reaching the key populations with higher risk of HIV exposure - injecting drug users, female sex workers, men who have sex with men, and migrant labourers - there is an urgent need to strengthen leadership of CSOs to empower them as well as to progress towards organizational excellence to sustain this impact.

The objectives of the project were:

- Strengthen leadership capacity of the two-person leadership teams, one team from each

of the nine CSOs, serving key populations with higher risk of HIV exposure in Bangladesh, Nepal and Sri Lanka through a carefully orchestrated process of self-learning and advanced training;

- Improve programme processes and contents of the nine CSOs to enhance empowerment of the key populations with higher risk of HIV exposure as well as progress towards organizational excellence through a reconfiguration of systems, governance processes, financial management system and staff capacity; and
- Refine and further enhance the framework, processes and tools of Leadership Development for CSOs on empowering key populations with higher risk of HIV exposure, for scaling-up and replication in other similar CSOs.

Since the project began, ICOMP with support from the UNAIDS offices in Bangladesh, Nepal and Sri Lanka have finalized the selection of the three CSOs and the In-country resource persons in the respective country. It also has obtained the general organizational profile and the resume of the two-leadership team members of all the nine CSOs (three CSOs from each country).

Also, to follow-up on the project development, ICOMP will visit Bangladesh, Nepal and Sri Lanka in April 2010. The purpose of this mission is to meet with the UNAIDS country office, in-country resource person as well as the leaders of the three



selected CSOs. During the visit the following activities will be carried out: (i) brief UNAIDS country office on the progress of the project; (ii) conduct facilitative group meetings with the CSOs to review and discuss the CSOs' assessments made during the self-learning; (ii) review the self-learning outputs with each of the CSO; and (iii) plan and discuss contents and logistics for the 1-week advanced training.

The self-learning module, the first of the two phases on leadership training, was used by the CSOs where they could learn at their own pace without disrupting their daily work prior to the advanced leadership training.

Strengthening Organizational Leadership Capacity for Population and Reproductive Health in the Philippines

With support from David and Lucile Packard Foundation, the project Strengthening Organizational Leadership Capacity for Population and Reproductive Health works with five NGOs in the Philippines.

Organizational work plans of five partner-NGOs towards strengthening organizational excellence have implemented strategic areas of work along organizational development (i.e., systems, staff and governance) and resource mobilization (i.e., fee-based training, individual giving and user-fee).

Technical assistance of ICOMP has paved achievement of successes in support of the work plans of partner-NGOs. With most of partner NGOs opting to offer fee-based training to diversify revenue resources, one of ICOMP's assistance has been towards professionalizing the training design and content, strengthening marketing and enhancing skills of the staff in training. To these ends, ICOMP together with its consultant provided guidance to the partner NGOs in designing their trainings. From series of state of the art training the partner-NGOs are acquiring needed skills to capacitate staff not only in designing training but including teaching and learning methods and evaluation. The technical assistance and the trainings have led to repackaging of the fee-based training of the NGOs with teachers guide and participants' handouts.



Taking off from the objective-need of the partner-NGOs to market the trainings they offer a business consultant walked through with the partner-NGOs in enhancing their capacity in marketing and business planning. The result of this endeavour with partner-NGOs underscored the need to focus on practical application of business concepts that will support the fee-based trainings. Two workshops were held to address this need. First, for NGOs “buying-in” what the business strategic concepts could bring to move forward existing services offered by partner-NGOs either in the field of advocacy, research or publication. The second workshop had the NGOs receiving guidance from experts in marketing / business on how best to strengthen marketing of their fee-based training. After the workshops, NGOs drew-up their business models with guidance from the consultant.

In terms of organizational development, ICOMP has ensured the review of the resource mobilization plans of the partner-NGOs vis a vis organizational vision / mission, structure, staffing and system. This led to re-alignment of their work plans with organizational vision.

Partner-NGOs continue to pursue organizational improvements with one NGO completing the first round of assessment of the Philippine Council on NGO Certification (PCNC); another NGO completing its registration with the Securities and Exchange Commission and one NGO engaged its staff to strategic planning which led to organizational re-structuring to merge redundant offices and have a leaner staff.

One of the major actions adopted by the NGOs is on Board governance, which has led to engaging the Board in strategic planning, development of organizational policies / guidelines on resource mobilization, crafting of Board Manual, and the Board taking on a retreat which adopted to expand its membership.





Scaling-up Sustainability of Civil Society Organizations in Indonesia: Towards Organizational Excellence

After successfully concluding the first phase of the project, Enhancing Sustainability of Civil Society Organizations in Indonesia, ICOMP with support from Ford Foundation - Indonesia is now scaling-up the project to new partner-NGOs in Indonesia and expanding activities with continuing partner-NGOs. With a total of thirteen (13) partner-NGOs, seven NGOs that took part in the first phase of the project move forward to NGO excellence track mainly to strengthen diversifying their resources. On the other hand, six (6) new partner-NGOs take on the NGO sustainability track to enhance organizational viability, financial security, program effectiveness and enduring impact with their constituents.

Aiming to build up organizational excellence of partner-NGOs, ICOMP provides technical assistance in the areas of governance, organizational effectiveness and sustainability to enable them to mobilize fund sources for long term viability. The need to ensure organizational excellence (that is surpassing others in good qualities) becomes more compelling in Indonesia.

Focus is drawn on the need to secure financial viability. The need to diversify fund sources for long term viability is a common theme that runs across the partner-NGOs. International funding constitutes the largest source of NGO support. But the challenge posed by short-term funding is further complicated by the unsteady and inadequate number of proposals in the pipeline. Others have greater success in maintaining donors but these donors take up a big proportion of NGOs' annual funding that eventual withdrawal of support could impair their operations. While there are those partner NGOs with a mix of fund sources, the funds generated through earned income and the like are nil needing serious efforts to make these successful.

Amidst this funding trend, there is a greater call for NGOs to excel and be more transparent and accountable.

In blazing the program implementation, the NGOs take stock of their organizational status with leaders assessing organizational excellence practices and performance against standards and practices using ICOMP's tool. The results of the assessment underscored common themes needing technical assistance in the areas of leadership and governance, program management cycle, financial sustainability / diversifying resources and advocacy / empowerment of constituents. In guiding the NGOs to address these issues, ICOMP has provided technical assistance so the NGOs could develop work plans to achieve organizational excellence.

Most of these work plans engage their Board to strategic planning to set organizational directions, invest on the capacity development of human resources, improve their systems and processes (i.e. development of office manuals), strengthen program and human resource management and diversify their fund sources through a mix of grants and non-traditional fund sources like earned income, event organizing, individual giving and corporate social responsibility. ICOMP has provided seed grants to support NGOs in realizing the activities outlined in their work plans.

In December, 2009 ICOMP conducted a workshop on creating common understanding on organizational excellence and resource mobilization. This was participated in by the 13 partner-NGOs. Individual training of partner-NGOs tailor-fitted to their needs were also carried out during the last quarter of 2009.

Lessons from the first phase of the project brings to mind that the equation on organizational excellence does not rest alone on financial security but in largesse due to organizational vision, mission and goals (i.e., organizational viability), program effectiveness, governance and enduring impact. The appropriate mix of these components brings about excellence.





Promoting Use of Promising Practices Through Learning and Demonstration

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.

Community-based Initiatives to Institutionalise Reproductive Health Commodity Security in Batam, Indonesia



This three year up-scaled project of Batam came to an end in November 2009. To wrap up the project a Final Seminar on Sharing Lessons Learned and Evaluation Results was held on 25 November 2009 in Batam. About 115 participants, including the Ford Foundation Representative of Indonesia, the Riau Island's Deputy Governor, various officials from the local government departments, the village heads as well as the cadres, attended the one-day seminar.

Some of the key lessons learned from the project are as follows:

- a. **Partnerships and commitment** are the key factors for the success in project implementation. Serious attention was paid to building partnerships and commitment with all the stakeholders (for example, village heads, local authorities, and communities as well as cadres). As the project activities were mainly at grassroots level, support from the village heads and leaders, and local authorities were crucial.
- b. By **entrusting the village heads** (Lurahs) to recruit potential village community cadres, this not only led to the project having committed cadres, but also resulted in support from the local authorities for the project. The community cadres, being the backbone of the project, played a vital role in sustaining the income generating groups' activities as well as educating and counseling the community on reproductive health matters.
- c. The need for **knowledge and evidence-based programme development**. To improve the programme's effectiveness, it is recommended that the project uses knowledge and evidence-based information available, instead of setting targets, for developing the village pharmacies (pos obat desa). Likewise, knowledge and evidence-based information could be used in helping to select the right types of economic activities for income generating groups that were making little profit.



Overall, the project has achieved its goals, in which it has successfully empowered the indigenous communities in Riau hinterlands through community groups for income generation activities. There are 62 community income generating groups in 34 villages.

Used as the “entry point,” the income generating groups’ activities have led to improved access and utilization of reproductive health services even though the establishment of village pharmacies (pos obat desa) was below the project’s target. The project’s estimated CPR was much higher than the national and Riau province statistics. The project was supported by the Ford Foundation.

Gender equality as well as male participation in reproductive health were achieved through the income generating groups’ activities, and empowered men and women cadres who reached out to the income generating groups members as well as their village community.

Strengthening Capacity of NGOs for Integration of Family Planning into VCT and PMTCT Services in Uganda, Ethiopia and Zambia

COMP implemented a project on Strengthening Capacity of NGOs for Scaling Up Integration of Family Planning into VCT and PMTCT Services in sub-Saharan Africa with funding support from the Population and Reproductive Health Capacity Building Program of the World Bank. The project was implemented in collaboration with St Francis Health Care Services and Kyetume Community-based Health Care Programme (Uganda); Propride and Eshet Children and Youth Development Organization (Ethiopia) and Independent Churches of Zambia in partnership with the Zambian Helpers Society (Zambia).

The goal of the project was to increase access to and choice in FP, particularly for PLHIV to reduce MTCT as well as for men and youth, by providing comprehensive and gender-integrated FP counseling and services in VCT and PMTCT services. The project was able to strengthen the capacity of five partner NGOs to promote scaling up of family planning services into VCT and PMTCT services.



Among the activities undertaken were:

- a. assessment of family planning services at the VCT and PMTCT facilities within areas where the partners are operating. The assessment found that although the health facilities are providing family planning, VCT and/or PMTCT services under one roof, there is no systematic integration/linkages between these services, as services are provided vertically. The service providers realized the potential benefits of linking these services, but there is a gap in terms of knowledge and skills among service

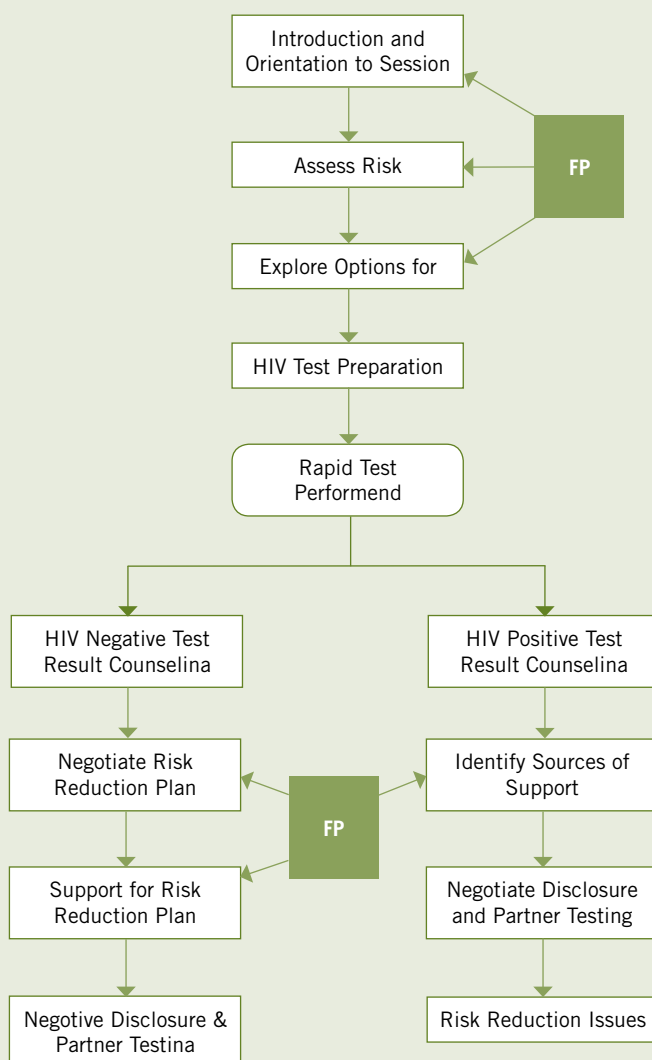
providers in which effective integration/linkages could not be implemented. In addition, operational framework and counseling guide to foster integration/linkages is not available.

- b. training of program managers and service providers. A regional workshop was held in Addis Ababa and was attended by all partner NGOs from Ethiopia, Uganda and Zambia. The purpose of the workshop was to strengthen the capacity of programme managers to provide integrated family planning service within VCT and/or PMTCT. An action plan for integration of family planning within VCT/PMTCT services

and strategy for scaling-up the integration in other health facilities was developed during the workshop.

The regional training workshop was followed by in-country training workshops for service providers from health facilities that provide VCT and PMTCT in Ethiopia, Uganda and Zambia. During the workshop, participants were trained on integrated services, including the framework for integration of family planning within VCT and PMTCT. Pre and post-evaluation questionnaire were distributed to assess the participants' knowledge.

Family Planning within VCT Protocol



c. assist them in scaling up at other VCT/PMTCT facilities by providing services (generally non-clinical contraception) or through referrals (generally for clinical methods of contraception) to clients accessing VCT and PMTCT services. Nine other facilities were identified, in which health providers were trained to provide integrated services. These facilities were further used as demonstration sites for advocacy and networking for further scaling up of family planning services at VCT/PMTCT sites. In addition to the activities mentioned above, a number of community sensitization and outreach activities were conducted to mobilize community members for the integrated services. The community members including men and women as well as young boys and girls responded very well to all activities conducted at the neighborhood.

The availability of family planning services has improved the accessibility of the services and in a long run could improve family planning uptake among VCT and PMTCT clients, especially among people living with HIV. Such improvement can further reduce unwanted pregnancy among women living with HIV and will ultimately reduce the number of babies born by HIV infected mothers.

ICOMP and the partner NGOs continues to sensitize important stakeholders at national, district and community levels through ongoing dialogue and advocacy, dissemination of project outcomes to create a common understanding among various key stakeholders and paved the way for closer integration of family planning with in VCT and PMTCT.

In general, the project was able to enhance the knowledge and skills among programme

managers and service providers to provide family planning services within VCT and PMTCT; Service providers were motivated because their skills and knowledge had improved, and they were able to serve their clients better. There were also changes in some of the organizations, as an example family planning services are now available everyday in most of the health facilities. In facilities where some methods are not available, linkages with other health facilities has been established and strengthened.



Executive Committee (2009 - 2012)



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H.E. Dr Baige ZHAO

Vice Minister

National Population and Family Planning
Commission, CHINA

Vice Chairperson

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Reproductive Health Unit
Federal Ministry of Health, NIGERIA

Treasurer

Dato' AMINAH Binti Abdul Rahman

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Ministry of Health and Family Welfare
INDIA

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Coordinating Board, INDONESIA

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Dr Ney Francisco Pinto COSTA

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Sociedade Civil Bem-Estar Familiar
no Brasil (BEMFAM), BRAZIL
(term ending December 2009)

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Executive Director
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I. PROGRAMME MANAGERS

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Dr Tesfanesh BELAY

Head

Family Health Department, Ministry of Health

Mr Negatu MEREKE

Head of HIV/AIDS Prevention and Control Office

GAMBIA

Ms Mariama JALLOW

Acting Executive Director

The Gambia Family Planning Association

MAURITIUS

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MOROCCO

Dr Drissi ABDESLAM

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Dr Anthony MBONYE

Assistant Commissioner

Reproductive Health Services

Ministry of Health

Dr Jotham MUSINGUZI

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Dr EA Meng Try

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National Committee for Population and

Development, Office of the Council of Ministers

Dr MEAN Chhi Vun

Director

National Center for HIV/AIDS



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

Mr CHAI Jianhua

Executive Deputy Director
Training and Communication Center
National Population and Family Planning
Commission of China

Mr SHI Yuanming

Division Director
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Secretary General
Family Planning Association of India

Ms Bhavna Banati MUKHOPADHYAY

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Ministry of Women's Empowerment

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

Dr Laxmi Raj PATHAK

Director
National Center for AIDS & STD
Control, Ministry of Health & Population

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Department of Health

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Philippine NGO Council on Population,
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Director

The Population Division
Ministry of Health & Women's Affairs

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Dr SOMBAT Thanprasersuk

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

Dr METEE Pongkitilah

Director, RH Division
Department of Health
Ministry of Public Health

Director General

Department of Health
Ministry of Public Health

Dr Warunee FONGKAEW

Youth Family and Community Development
(YFCD), Chiang Mai University



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Donors

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

Government of China
Government of India
Government of Indonesia
The David and Lucile Packard Foundation
The Ford Foundation
The Joint United Nations Programme on HIV/AIDS (UNAIDS)
The William and Flora Hewlett Foundation
The World Bank
United Nations Population Fund (UNFPA)
World Health Organization (WHO)

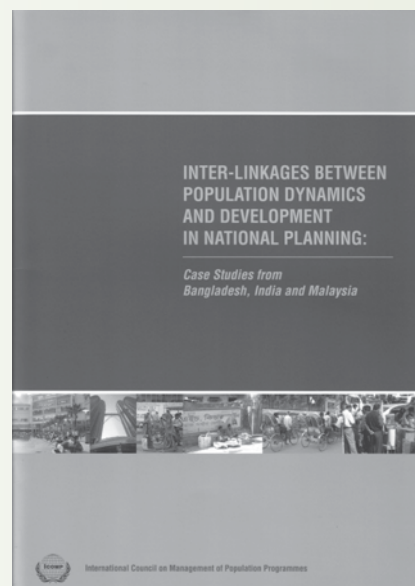
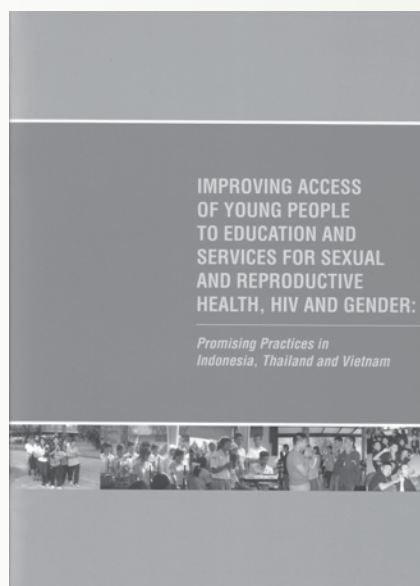
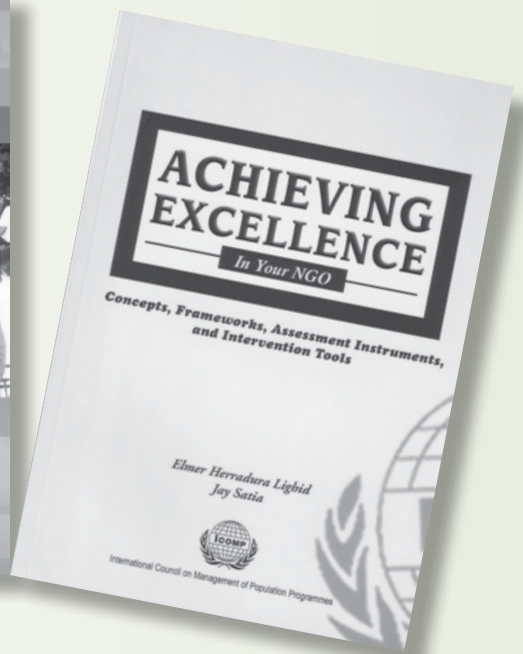
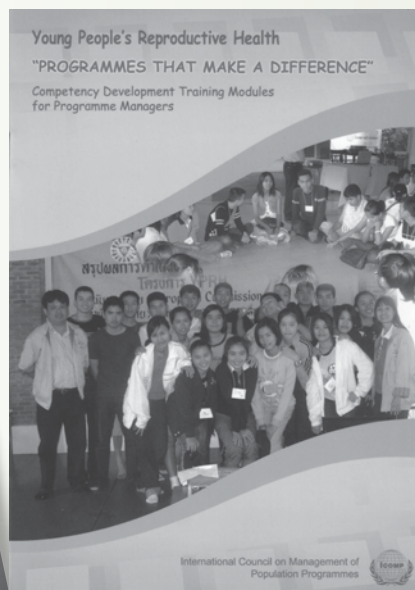
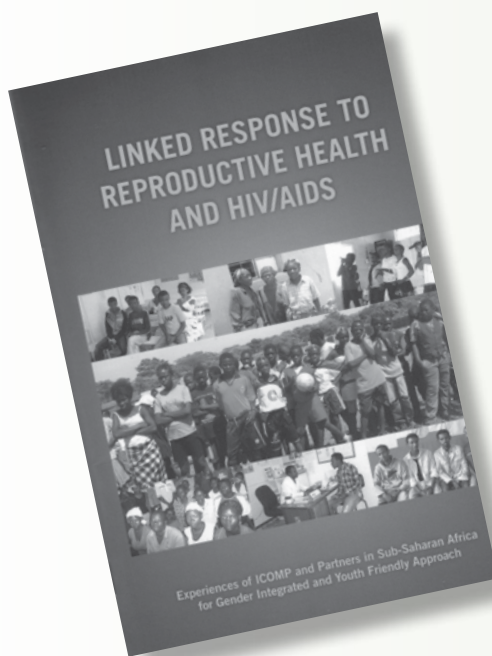
Partners

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

Association of Youth Organizations Nepal (AYON), Nepal
Blue Diamond Society, Nepal
Community Strength Development Foundation (CSDF), Sri Lanka
Companions on Journey, Sri Lanka
Eshet Children and Youth Unity Association, Ethiopia,
Independent Churches of Zambia (ICOZ), Zambia
Indian Institute of Management Ahmadabad (IIMA), India
Integrated Development Foundation (IDF), India
Kyetume Community Based Healthcare Programme, Uganda
Lembaga Kemaslahatan Keluarga Nahdatul Ulama (LKGNU), Indonesia
Nanjing Population Programme Training Center International (NPPTCI), China
National Population and Family Planning Commission (NPFPC), China
National Federation of Women Living with HIV and AIDS (NFWLHA), Nepal
Natun Jiban Samaj Kallan Sanstha, Bangladesh
Network for Enterprise Enhancement and Development Support (NEEDS), India
Organization of Bangladesh Drug Addict Rehabilitation (BODAR), Bangladesh
Philippine Rural Reconstruction Movement (PRRM), Philippines
Planned Parenthood Association of Thailand (PPAT), Thailand
Population Foundation for India (PFI), India
Population Secretariat (POPSEC), Uganda
Propride, Ethiopia
Saviya Development Foundation (SDF), Sri Lanka
Shustha Jibon, Bangladesh
St Francis Healthcare Services, Uganda
State Ministry of Health and Family Welfare, Jharkhand, India
The Asia Pacific Alliance (APA)
Women's Legal Education, Advocacy and Defense Foundation, Inc. (WomenLED), Philippines
Xavier Institute of Social Services (XISS), India
Yayasan Masyarakat Tertinggal Riau (YMTR), Indonesia
Zambian Helpers Society, Zambia



Publications



Detailed Statement of Income and Expenses

for the year ended 31 December 2009

	2009 USD	2008 USD
INCOME		
Grants Received:		
PPAT/The Packard Foundation	-	167,000
The Ford Foundation	-	308,960
The William and Flora Hewlett Foundation	150,000	-
The World Bank	117,170	124,180
UNAIDS	105,000	-
UNFPA	79,000	110,000
WHO	46,500	-
	497,670	710,140
Members Contribution:		
China	15,000	15,000
India	-	10,000
Indonesia	7,500	7,500
	22,500	32,500
OTHER INCOME		
Interest	21,282	52,726
Other receipts	289	302
	21,571	53,028
	541,741	795,668
LESS: EXPENDITURE		
Programmes	37,730	30,378
Secretariat	91,639	46,768
Projects	779,919	860,472
	909,288	937,618
SURPLUS/(DEFICIT) FOR THE YEAR	(367,547)	(141,950)



Balance Sheet

as at 31 December 2009

	2009 USD	2008 USD
Non-current asset		
Property, Plan and Equipment	15,700	18,385
Current assets		
Other receivables	22,425	20,355
Cash and bank equivalents	1,943,963	2,307,736
	1,966,387	2,328,091
TOTAL ASSETS	<u>1,982,087</u>	<u>2,346,476</u>
REPRESENTED BY		
ACCUMULATED FUNDS	591,319	676,617
GENERAL RESERVE FUNDS	660,235	660,235
REVALUATION RESERVE	8,300	8,300
FUNDS DESIGNATED FOR SPECIFIC PROJECTS	665,379	947,628
TOTAL FUNDS	1,925,233	2,292,780
LIABILITIES		
Current liabilities		
Other payables	26,812	37,576
Gratuity scheme trust accounts	30,042	16,120
	56,854	53,696
TOTAL FUNDS AND LIABILITIES	<u>1,982,087</u>	<u>2,346,476</u>



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 honorary 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 email: icomp@icomp.org.my

website: www.icomp.org.my