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**Partnership with Civil Society  
to Implement the Programme of Action,  
International Conference on Population and Development**

**Round Table Meeting**

*Dhaka, Bangladesh*

*27-30 July 1998*

**Technical and Policy Division, UNFPA**

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The views and opinions expressed in this report are those of the experts who participated in the Round-Table Meeting on Partnership with Civil Society to Implement the Programme of Action, International Conference on Population and Development, and do not necessarily reflect those of the United Nations Population Fund (UNFPA).

## **FOREWORD**

The Round Table on Partnership to Implement the Programme of Action, International Conference on Population and Development (ICPD), is the third round table in a series of expert meetings and technical consultations on major issues. These meetings have been organized by the United Nations Population Fund (UNFPA) to assess progress since the 1994 ICPD and identify priorities for further action.

More than 85 participants from civil society, Government and the international community from all regions of the world attended the Round Table, which was convened in Dhaka, Bangladesh, from 27 to 30 July 1998. The Round Table was hosted by the Government of Bangladesh and was organized by the Technical and Policy Division, UNFPA, in collaboration with the United Nations Population Division.

During the Round Table, the participants identified areas of progress, examined constraints and recommended actions to strengthen and advance effective partnership initiatives among civil society, including non-governmental organizations and the private sector, Government and the international community to achieve the goals of the Programme of Action. Their conclusions were consolidated in a background report to be reviewed by participants from more than one hundred countries at the ICPD+5 International Forum, scheduled for February 1999 in The Hague, and submitted as an input to the report of the Secretary-General for the Special Session of the General Assembly in June 1999.

I would like to thank the many UNFPA staff members both at Headquarters and the Field Office (Bangladesh), the staff members of the United Nations Population Division and the representatives of the Government of Bangladesh for their dedicated efforts in organizing this Round Table. I would like to especially thank the members of the NGO/Civil Society Theme Group, UNFPA, for their significant contributions for the meeting, and Mr. V. T. Palan, general rapporteur, who prepared this report as well as the background paper for the Round Table.

Mohammad Nizamuddin  
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## TABLE OF CONTENTS

<b>FOREWORD</b> .....	<b>i</b>
<b>ACRONYMS AND ABBREVIATIONS</b> .....	<b>vi</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>vii</b>
<b>INTRODUCTION</b> .....	<b>1</b>
<b>CHAPTER</b>	
<b>I. OPENING</b> .....	<b>3</b>
<b>II. PARTNERSHIP CONCEPTS, PROGRESS AND CONSTRAINTS:-     AN OVERVIEW</b> .....	<b>7</b>
<b>III. PARTNERSHIP TO CREATE AN ENABLING ENVIRONMENT FOR     THE IMPLEMENTATION OF THE ICPD PROGRAMME     OF ACTION</b> .....	<b>13</b>
<b>Plenary Sessions: Presentations and Discussion</b>	
<b>C Partnership in Action: Civil Society, Government and the International Community</b> .....	<b>13</b>
<b>C Role of Parliamentarians in Creating an Enabling Environment</b> .....	<b>17</b>
<b>Working Group Report</b> .....	<b>20</b>

**IV. SOCIAL MOBILIZATION TO PROMOTE AND IMPLEMENT THE PROGRAMME OF ACTION . . . . . 26**

    Plenary Session: Presentations and Discussion . . . . . 26

    Working Group Report . . . . . 29

**V. PARTNERSHIP FOR CAPACITY-STRENGTHENING, ACCOUNTABILITY, COALITION-BUILDING AND FINANCIAL SUSTAINABILITY WITHIN CIVIL SOCIETY . . . . . 38**

    Plenary Session: Presentations and Discussion . . . . . 38

    Working Group Report . . . . . 41

**VI. PARTNERSHIP TO PROMOTE ACCESS TO HIGH-QUALITY REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES . . . . . 47**

    Plenary Session: Presentations and Discussion . . . . . 47

    Working Group Report . . . . . 51

**VII. CLOSING SESSION . . . . . 57**

    Presentation of Working Group Reports . . . . . 57

    Concluding Remarks . . . . . 59

<b>VIII.</b>	<b>CONCLUSIONS AND RECOMMENDATIONS</b>	<b>60</b>
	<b>An Enabling Environment for Effective Partnership</b>	<b>61</b>
	<b>Social and Resource Mobilization</b>	<b>62</b>
	<b>Human Resources and Institutional Capacities of Civil Society</b>	<b>63</b>
	<b>Access to High-Quality Reproductive Health and Family Planning Services</b>	<b>64</b>

## **ANNEXES**

1.	Agenda	66
2.	List of Participants and Invited Speakers	75
3.	List of Papers Presented or Circulated	84

**BOXES**

1. Conclusions of Working Group One: Partnership to Create an Enabling Environment for the Implementation of the ICPD Programme of Action ..... 23

2. Conclusions of Working Group Two: Social Mobilization to Promote and Implement the Programme of Action ..... 36

3. Conclusions of Working Group Three: Partnership for Capacity-strengthening, Accountability, Coalition-building and Financial Sustainability within Civil Society ..... 45

4. Conclusions of Working Group Four: Partnership to Promote Access to High-Quality Reproductive Health and Family Planning Services ..... 55

## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
BRAC	Bangladesh Rural Action Committee
CEDAW	Committee on the Elimination of All Forms of Discrimination against Women; Convention on the Elimination of All Forms of Discrimination against Women
CIS	Commonwealth of Independent States
CSO	Civil society organization
FGM	Female genital mutilation
HIV	Human immunodeficiency syndrome
ICOMP	International Council on Management of Population Programmes
ICPD	International Conference on Population and Development
IEC	Information, education and communication
IPPF	International Planned Parenthood Federation
MMR	Maternal mortality rate
NGO	Non-governmental organization
NIS	Newly Independent States
ODA	Official Development Assistance
PAI	Population Action International
RCH	Reproductive and Child Health (India)
SEWA	Self-Employed Women's Association (India)
STD	Sexually transmitted disease
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WEDO	Women's Environment and Development Organization

## EXECUTIVE SUMMARY

*The Round Table on Partnership with Civil Society to Implement the Programme of Action, International Conference on Population and Development*, was the third round table in a series of expert meetings and technical symposia held on selected population and development issues. These meetings have been organized to assess the progress achieved regarding the goals of the ICPD Programme of Action since Cairo in 1994, and to identify priorities for future action.

The findings, conclusions and proposed future actions from the round table meetings and other symposia will constitute significant inputs for the ICPD+5 International Forum to be convened in The Hague, The Netherlands, 8 to 12 February 1999, and for the report of the Secretary-General for the Special Session of the United Nations General Assembly, 30 June to 2 July 1999.

The Round Table was attended by more than 85 participants from civil society, Government and the international donor community, including United Nations organizations and agencies. The Round Table, held from 27 to 30 July 1998 in Dhaka, Bangladesh, was organized by the United Nations Population Fund, in collaboration with the United Nations Population Division, and was hosted by the Government of Bangladesh.

During the Round Table, participants:

- < reviewed the status of partnership among civil society, Government, and the international community to advocate for and implement the ICPD Programme of Action;
- < identified successes, constraints and lessons learned since the ICPD with respect to policy, legislative, administrative, managerial, strategic and financial aspects regarding tripartite collaboration and partnership, particularly at the country level; and
- < proposed future actions to further promote and enhance partnership among civil society, Government, and the international community to achieve the goals and objectives of the ICPD Programme of Action.

Notable progress had been achieved by the civil society, Governments and the international community in undertaking collaborative efforts. The Round Table adopted the following key recommendations to promote and strengthen the partnership process to implement the ICPD Programme of Action:

## **AN ENABLING ENVIRONMENT FOR EFFECTIVE PARTNERSHIP**

All Governments should adopt measures to facilitate the involvement of civil society in the formulation, implementation, monitoring and evaluation of policies, strategies and programmes. The following actions will assist in the process of creating an enabling environment for an effective partnership among civil society, Government and the international community to advance the implementation of the Programme of Action:

- C Create common forums for dialogue.** Regular and systematic dialogue is to be the key to partnership. Such dialogue should lead to increased involvement of civil society in the planning, implementation, monitoring and evaluation of national policies and programmes and to more coordinated development efforts by Governments, civil society and the international community;
- C Re-examine concepts, assumptions, agendas, priorities.** For partnership to flourish, reflection on and re-examination of agendas and priorities, as well as the basic concepts of “partnership” and assumptions about possible partners, are essential;
- C Listen to and respect the experiences of other partners; and**
- C Identify and build on the comparative strengths of partners and utilize existing relationships.** Mutual respect increases with regular interaction with partners. In this way, the strengths, comparative advantages and weaknesses of each partner can be identified, evaluated and put to use accordingly;
- C Identify key issues.** Key common issues regarding legislation, policy and programmes have to be identified as the basis for collaborative action;
- C Identify key players and institutions.** The identification of key players is crucial. Different approaches may be used to assist in the identification of potential key partners, such as during joint efforts on social issues with other institutions or civic leaders;
- C Develop mutual accountability among partners.** It is essential to develop transparent systems by which partners become accountable to

each other and to the respective communities and constituencies which they serve;

- C **Develop joint plans of action at various levels.** The process of dialogue should lead to joint or complementary plans of action, developed in a transparent and participatory manner; and
- C **Continue monitoring the implementation of the Programme of Action.** Mechanisms are needed to monitor implementation and to provide feedback. Various modalities might be used, such as country-level assessments by Governments, CSOs and donors.

## **SOCIAL AND RESOURCE MOBILIZATION**

Governments and civil society should strengthen and intensify their social and resource mobilization efforts as well as formulate IEC and advocacy strategies which are bolder and more innovative, based on sociocultural and economic research, and designed to reach specific audiences within a broader spectrum of civil society. The following actions would advance this process:

- C Communicate directly and clearly.** The Programme of Action's message must be translated not only into the local language but, equally important, explained in terms which relate to the life experiences of the selected audience;
- C Use media more effectively.** More time and money should be devoted to the effective use of the media. Quality and creativity must match the quantity of media output;
- C Develop new strategic alliances.** New models and inclusive approaches should be used to reach selected audiences, including private sector organizations, parliamentarians and religious communities;
- C Engage ICPD critics and adversaries.** There is a need to conduct detailed study and research on the objections and concerns of the critics and adversaries of the Programme of Action, and, to educate and support effective spokespersons, at all levels, to address these issues;
- C Address controversial topics and cultural taboos.** Public discourse on controversial issues should be opened up for discussion in a culturally sensitive manner and with a commitment to the promotion of justice and sound health; and
- C Mobilize resources.** Increased attention must be given to mobilization of financial and other resources at all levels to ensure that the Programme of Action is well supported.

## **HUMAN RESOURCES AND INSTITUTIONAL CAPACITIES OF CIVIL SOCIETY**

Governments and the civil society, particularly CSOs, with the assistance, as appropriate, of international organizations, should give increased attention to improving and strengthening their respective human resource management and technical capabilities as well as institutional capacities and financial viability. Innovative financial and technical assistance approaches, including direct funding to CSOs, should be adopted to foster partnerships. Actions might be taken to:

- C Strengthen capacities at all levels.** Governments and civil society should formulate a common framework for working together. Donor and NGO partnerships should be broadened to include the provision of financial and technical assistance by donors to build the human resource and institutional capacities of their partner organizations;
- C Promote accountability and transparency.** NGO accreditation should be encouraged. A formal mechanism among NGO partners, Governments and local communities as well as donors should be instituted to ensure exchange of information on programme activities and financing, and to assist in planning strategically, determining future directions, identifying lessons learned and strengthening partnerships. There should be periodic internal and external programme, management and financial auditing;
- C Ensure sustainability.** Government, civil society institutions and the international community should address the critical issue of institutional viability and programme sustainability; and
- C Encourage coalition-building and networking.** Civil society institutions, especially NGOs, should give increased attention to coalition-building and networking at the national and regional levels in order to promote programme replicability, complementarity and synergy, in addition to facilitating information exchange and concerted action for policy and legislative inputs.

## **ACCESS TO HIGH QUALITY REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES**

Given the pressures of economic globalization, Governments, NGOs, the private sector and international organizations should significantly increase their efforts to identify areas and to promote innovative modalities for concerted action to achieve programme complementarity and synergy, particularly with respect to provision of reproductive health services. Actions might be taken to:

- C Formulate reproductive health policies.** Policies and programmes should be formulated by Governments and international donors through consultative processes involving the civil society, particularly the providers and users of reproductive health services;
- C Undertake strategic programme planning.** The sociology of demand and supply, as well as the mode of service delivery, should be reviewed. Capacity-building must be strengthened to ensure that appropriate quality services can be provided, especially to groups such as youth/adolescents, mothers at high risk, and hard-to-reach or underserved, marginalized groups;
- C Provide core financing.** A core grant should be earmarked by Governments to support NGO/civil society involvement and a percentage of country programme funds set aside by international aid agencies for NGOs and civil society participation and execution;
- C Develop quality assurance.** Governments, through legislative action, must enact standards of quality assurance for the provision of reproductive health services and contraceptive commodities. NGOs and professional organizations should take a leadership role in assisting the Government in determining and setting appropriate quality standards and in disseminating these standards among providers and clients;

- C Create built-in sustainability.** Service charges should be introduced on an incremental basis, as appropriate. Clients should be empowered so that they become active seekers of quality services from private and other facilities, on a fee-paying basis, if and as feasible; and
- C Continue External Assistance.** As long as there are unserved, underserved, marginalized, poorer persons who are unable to obtain the basic necessities of life in many developing nations, external assistance will be needed. This assistance must reach poorer persons - through those institutions, Government or NGOs, which are working in the field to provide quality reproductive health services.

## INTRODUCTION

The *Round Table on Partnership with Civil Society to Implement the Programme of Action, International Conference on Population and Development* (ICPD) is part of the ICPD+5 series of international activities aimed at reviewing the progress made since the 1994 Cairo conference. The Round Table, which met in Dhaka, Bangladesh, 27-30 July 1998, addressed programme experiences and policy changes, made primarily at country level, to involve civil society in carrying out the ICPD Programme of Action, identify successes and constraints and recommend key future actions to accelerate progress (see Annex 1 for agenda).

The ICPD Programme of Action recognizes NGOs and other civil society institutions as partners in development in view of their close links to the people and their innovative, flexible and responsive programme design and implementation with grass-roots participation. Civil society organizations, especially NGOs, are often based in and interact with constituencies who are marginalized, poorly served and hard to reach through public-sector programmes. With the ICPD's adoption of a broad reproductive health agenda, including its goal of universal access to reproductive health care, the potential role of civil society groups in all aspects of advocacy, information, education and service delivery has also widened considerably. The ICPD Programme of Action explains the basis for stronger partnership with civil society members, including NGOs and the private sector, in the spectrum of population and development areas. For example, Chapter XV of the ICPD Programme of Action states that:

*The involvement of non-governmental organizations should be seen as complementary to the responsibility of Governments to provide full, safe and accessible reproductive health services, including family planning and sexual health services [paragraph 15.6]. The private, profit-oriented sector plays an important role in social and economic development, including production and delivery of reproductive health-care services and*

*commodities, appropriate education and information relevant to population and development programmes. Private sector involvement may assist or supplement but must not mitigate the responsibility of Government to provide full, safe and accessible reproductive health services to all people [paragraph 15.13].*

This meeting was the third round table in a series of expert meetings and technical symposia held on selected population and development issues. It was attended by approximately 85 participants from Governments, NGOs and other civil society groups, such as academic and research institutions, from about 35 developed and developing countries, as well as representatives of the international donor community -- both bilateral and multilateral organizations (see Annex 2 for a list of participants and invited guests). Recommendations from this Round Table will be consolidated with those from other round tables and symposia and will substantively contribute to the deliberations of the International Forum to be held from 8 to 12 February 1999 in The Hague, The Netherlands. A two-day Non-Governmental Organization (NGO) Forum, scheduled for 6-7 February, will precede the International Forum. A Parliamentarian Forum and a Youth Forum will also be held in early February 1999. These forums will focus on key issues emerging from the ICPD+5 review processes, with an emphasis on operational experiences in implementing the Programme of Action at the country level. The recommendations will also form important background material for the Secretary-General's report to the three-day Special Session of the United Nations General Assembly to be held from 30 June to 2 July 1999.

The Round Table meeting on Partnership with Civil Society to Implement the ICPD Programme of Action had three broad objectives:

- C To review the status of partnership among Governments, civil society, including NGOs and the private sector, and the international community to advocate for and implement the ICPD Programme of Action;
- C To identify successes, constraints and lessons learned since the ICPD with respect to policy, legislative, administrative, managerial, strategic and financial aspects of tripartite collaboration and partnership, particularly at the country level; and
- C To propose key future actions to promote and enhance partnership among Governments, civil society and the international community to achieve the goals and objectives of the ICPD Programme of Action.

The Round Table meeting focused on the following topics:

- < Partnership concepts, progress and constraints - an overview;
- < Partnership to create an enabling environment for the implementation of the Programme of Action;
- < Social mobilization to promote and implement the Programme of Action;
- < Partnership for capacity-strengthening, accountability, coalition-building and financial sustainability; and

- < Partnership to promote access to high quality reproductive health and family planning services.

## I. OPENING

The Speaker of the Parliament of Bangladesh, other leading Government and civil society representatives joined the Executive Director of UNFPA in opening the Round Table on Partnership with Civil Society to Implement the Programme of Action, International Conference on Population and Development. More than 250 people attended the opening session, including more than 80 participants from some 40 countries.

In her opening address, UNFPA Executive Director Dr. Nafis Sadik stated there is widespread agreement today on the value of development partnerships between Governments and “civil society” -- including NGOs and other private associations, community institutions, religious leaders, business associations, professional groups, trade unions, the media, and various activist groups and individuals, among others. The Programme of Action, she noted, emphasizes the need for such partnerships and the several essential roles these partners can play. Civil society organizations have the flexibility to act in areas where Governments are unable or unwilling to act because of political sensitivities or logistical problems. She went on to say that, historically, NGOs and other civil society members have played this role, first, in initiating, for example, family planning programmes and, later, in providing services to those not served by government programmes, including adolescents. They have advocated and persuaded Governments to change policies in various areas. These civil society organizations can now help address key but sometimes sensitive issues such as adolescent reproductive health, the prevention and control of HIV/AIDS infection and promotion of gender equality and women’s empowerment. They can also pilot new approaches that can be used by larger public programmes and help in training government and non-government staff for implementing programmes.

The term "civil society" is used freely, even though it means different things to different people. This is understandable, because different societies have different understandings of the relationship between the State and the people and the scope and role of non-governmental groups. Groups and individuals in civil society cherish their autonomy and their independence.

A key aim of the Round Table, Dr. Sadik stressed, was to find creative ways to build the widest possible range of constituencies to promote the Cairo consensus. Achieving this goal depends on overcoming mistrust between partners. "Governments are sometimes leery of activist groups because of their potential for opposition and disruption," Dr. Sadik said. "Such groups, on the other hand, are sometimes strident in their criticisms, alienating potential partners. What we need are dialogue, cooperation and synergy."

UNFPA has been working with civil society groups, especially NGOs, since its inception almost 30 years ago, and has accepted hundreds of NGOs as executing agencies for UNFPA-supported projects, the Executive Director said. More than 15 per cent of its current allocations are

*While organized groups of NGOs are essential to programme implementation, other sectors of civil society must also be involved. They can contribute to winning support for and helping design programmes, lobbying for better quality and more responsive programmes from both the public and the private sectors; monitoring service delivery; mobilizing resources; and advocating changes in laws, policies, procedures and guidelines, as needed.*

-- Dr.  
Nafis Sadik

for projects directly executed by such groups, with much higher proportions in some country programmes (for example, 53 per cent in Haiti, 40 per cent in South Africa and 32 per cent in Egypt). In absolute terms, expenditures for NGO-executed programmes have nearly doubled since 1990.

Dr. Sadik reiterated the need to build on and accelerate the progress already made in forging a strong partnership with civil society. One key element in this has to be the need to promote long-term sustainability, in the context of dwindling resources and growing competition for funds as new organizations proliferate. Promoting sustainability must be an essential component of all programmes and this requires capacity-building, management and financial skills as well as skills in mobilizing resources. Greater financial independence is desirable and essential and requires civil society groups to diversify their funding sources.

Dr. Sadik said that NGOs and other sectors of civil society can help win support for and help design programmes, lobby for better programmes, monitor service delivery, mobilize resources and advocate changes in laws, policies and guidelines. The private sector, for example, can play roles that go beyond the manufacture and distribution of contraceptive products; private employers can educate their staff on issues such as gender-based violence and human rights. Religious and community leaders can also make a difference, she added. For example, the spiritual leader of Al-Azhar University in Egypt supported reproductive health when he declared that family planning does not contravene the Koran.

Dr. Sadik concluded her speech by stating that UNFPA is “trying its best now to influence -- and I hope the ICPD review process will in itself influence -- the Governments to do more, and help them remember the

agreement that they have reached for the year 2000. We should not allow it to slip too much further, maybe by the year 2002 we should get the goal of \$17 billion from the developing countries and the donor community.”

In his address to the opening session, the chief guest, the Speaker of the Bangladesh Parliament, Mr. Humayun Rashid Chowdhury, said the race to slow population growth has become an absorbing topic of discussion across many sectors of society.

*Economic problems and increasing population are placing increasing stress on many countries' ability to continue developing; resource mobilization and partnership with various actors in civil society are, therefore, critical to efforts to check today's unprecedented rates of population growth.*

-- Mr. Humayun  
Rashid Chowdhury

The involvement of lawmakers in the endeavour to create partnership is crucial, he continued, since lawmakers represent the people of their respective countries, whose support is required for all measures to meet the goals of the ICPD Programme of Action. Bangladesh can make significant contributions to implementing the Programme of Action even as it tackles the low standard of living of its hard-core poor, provides emergency assistance to children, strives to reduce malnutrition and poverty and works to empower women.

The Minister of Health and Family Welfare, Mr. Salahuddin Yusuf, reported that, in line with ICPD recommendations, Bangladesh recently unified its health and family planning programmes as part of its effort to

accelerate development to keep pace with population growth. Since its founding in 1971, he said, the country has lowered the fertility rate and improved child health care; its contraceptive prevalence rate has risen by 50 per cent, the fertility rate has dropped to 3.3 children per woman, child immunization has increased from 10 per cent to 70 per cent, and deaths of children under 5 have been cut considerably. Bangladesh still has a 1.7 per cent population growth rate, and its population will increase from 124 million people to nearly 220 million in the next 50 years. The Government looks forward to recommendations from the Round Table to help alleviate poverty, he added.

The Secretary, Ministry of Health and Family Welfare, Mr. Muhammed Ali, said Bangladesh feels the pressure of population growth due to lack of resources and land, making interventions in population necessary to develop human resources. The Government has made significant progress in lowering mortality among mothers and children, set up programmes to tackle its population- and poverty-related problems and created mechanisms for implementing the ICPD Programme of Action. Since Cairo, it has introduced a client-centred reproductive health care approach which, Mr. Ali said, will increase the cost-effective use of resources, give clients a “one-stop shopping” option for reproductive health and other basic services, improve the quality of services, and increase access for the poor, women and children. “In Bangladesh, health and population programmes over the last three decades have made significant progress...But we are still facing formidable challenges. Gender differentials in health remain a major challenge, maternal malnutrition, mortality and morbidity have remained unchanged for the past few years....”

Civil society was represented in the opening session by Mr. Fazle Hasan Abed, founder and Executive Director of a Bangladeshi NGO, BRAC (the Bangladesh Rural Action Committee). He said BRAC's efforts to increase women's access to income had improved their health and reduced fertility. In addition to its work in income- and employment-generation, BRAC works with community organizations of the poor, helping to raise awareness of social issues and providing micro-credit, health care, training and capacity development for poor women. With 20,000 full-time staff, BRAC works in 50,000 villages in Bangladesh and provides financial and technical support to 2.5 million women, providing them with loans of some \$150 million in 1997 alone. Under its health programme, BRAC covers 34 million people in more than 25,000 villages.

“Cairo is synonymous with inclusiveness, cooperation and consensus,” Mr. Abed continued, and civil society groups should help spread the message of the Programme of Action. Men and women should also be organized into partnerships to build better futures for women; such an alliance must start immediately, he added. “The lesson we have from BRAC is that we have to build from our own successes and learn from our failures,” he said. “For this partnership to succeed, we must not forget the need for capacity-building in the civil society organizations.”

The State Minister for Health and Family Welfare, Dr. M. Amanullah, addressed the opening session stating that “without the support of the people and the partnership of development we would not have achieved the success of bringing down the population growth rate from 2.7 per cent to 1.6 per cent in about two decades.”

## **II. PARTNERSHIP CONCEPTS, PROGRESS AND CONSTRAINTS: AN OVERVIEW**

During this session, the distinguished panelists were invited to discuss the conceptual basis for civil society - Government - international community partnership. They were requested to forthrightly consider such issues as: the definition of the “civil society”; the current role of civil society *per se* and *vis-a-vis* Government in the development process; the potential role of civil society as an effective partner with government and the international community. The panelists also provided an overview of the progress and constraints in advancing the implementation of the Programme of Action and suggested a set of issues to be taken up during the Round Table..

The three panelists were: Mr. Rehman Sobhan, Chairman, Centre for Policy Dialogue; Ms. Ingar Brueggemann, Secretary-General, International Planned Parenthood Federation (IPPF); and Dr. Ghulam Samdani, Secretary, Ministry of Population Welfare, Government of Pakistan. Mr. Mohammad Nizamuddin, Director, Technical and Policy Division, UNFPA, was the Moderator.

Mr. Nizamuddin reiterated that the aim of the Round Table was not to discuss substantive issues of reproductive health but rather the process and the ways in which civil society organizations are contributing and working together in partnership. He went on to state that the ICPD Programme of Action was a 20-year agenda. What the meeting needs to focus on is “the next fifteen years, what actions are required.” Mr. Nizamuddin challenged the participants to consider ways in which human resources can be mobilized and which are, in a way, available in various civil society structures. “How can we mobilize civil society groups and leaders as well as average citizens, so that we don’t really miss this opportunity? Otherwise,

we will be speaking the same language we are speaking today in ten years if we miss out on mobilizing these human resources and not take action now.”

Bangladeshi development expert Mr. Sobhan said that Governments in many countries no longer have the resources to shoulder their responsibilities and are being reduced to “mere coordinating agencies” for aid donors. These external actors have appropriated the development policy agenda, getting Governments to implement the policies they formulate by attaching conditions to their assistance. The crisis of external dependence has led to the disempowerment of domestic policy-making and the policy-making process. It is counter-productive to good investment and to the sustainability of these development initiatives.

*Policy-making is too important a subject to be left to the care of Governments. There is a need to engage a much broader cross section of society . . .who will hold Governments accountable for the policy agendas designed for the population at large.*

-- Mr. Rehman Sobhan

Mr. Sobhan called on the meeting to address the question of agendas being appropriated by external sources, the lack of ownership of programmes and, more important, the lack of sustainability both in terms of spontaneous mobilization at home and in terms of the capacity to generate resources to underwrite these initiatives.

“No area has been more affected by this process than the area of reproductive health and family planning,” he said. Conflicting recommendations by various international donors that provide resources for family planning programmes have sometimes resulted in “projects with

competing aims, and a waste of resources.” Donors had a variety of perspectives, and Governments developed an unlimited appetite for these external resources and accepted them in a totally unstructured way. “We had hoped that this process would be corrected by the emergence of NGOs originally coming forward as agents of civil society. This, in fact, to some extent is starting to become part of the problem.”

The concept of “civil society” -- the focus of the Round Table -- has been abused over the years, he continued. NGOs, he argued, do not by themselves constitute civil society, which includes citizens engaged in civic mobilization to improve their communities. Civil society originated as the spontaneous efforts of citizens who were “infected” with a sense of public purpose to improve the society around them. Many of those actors were organized locally around such issues as supporting family planning, improving the environment or opposing military dictatorships, in Bangladesh’s case. Civil society pre-dates today’s NGOs, dating back more than one hundred years in the Indian subcontinent, for instance, to protests against the burning of widows.

Governments are being downsized, demoralizing civil servants, and many of their functions are being taken over by privatization, on the one hand, and “NGO-ization”, on the other. Ironically, he contended, the increasing reliance on NGOs to carry out programmes has weakened and disempowered civil society in many nations. Mr. Sobhan urged participants at the meeting to note that “at the end of the day, the emergence of NGOs as alternative delivery agents for aid flows in place of the Government is, in fact, going to perpetrate the same problems that were faced by aid-dependent states.” The real problem over the years has been misuse, inefficiency and malfeasance in the ways resources have been used. This has meant that

countries have realized much less mileage from these resources. “There has been a total absence of transparency in resource use, a lack of accountability in the way these resources are used, which has contributed to the problem.” The same problems are now seen among NGOs as they graduate from being spontaneous organizations of civil society, put together by dedicated individuals driven by public service, to large bureaucracies employing thousands of people, with lack of transparency and accountability. “I would argue NGOs remain both less transparent and less accountable, in fact they are only accountable to their donors.”

Small and effective civil society groups should be mobilized to counter well-funded forces that are actively opposing the ICPD’s reproductive health agenda, he suggested. He also called on participants to suggest ways in which the State and civil society can cooperate on reproductive health and related issues.

Mr. Sobhan concluded by saying: “I would hope that this group . . . will keep in mind that civil society is not made up only of NGOs, even though NGOs have played an important role. You must distinguish NGOs between their much better funded persona as agents of resources and the much less funded components of NGO activities involved in advocacy and civic mobilization. You need to find out how you can mobilize citizens' groups which are engaged out of a sense of civic responsibility and involve them in the area of reproductive health care.”

In her statement to the overview plenary, Ms. Brueggemann said partnerships between Governments and civil society must strike a balance between cooperation and the clear demarcation of the respective roles of each sector or organization.

Mrs. Brueggemann gave her perspective from the point of view of an international NGO involved in reproductive health for well over 45 years. She outlined IPPF's origins as an indication of civil society's responses to meet the societal needs of the 1950's, essentially by women who were "brave and angry", and were concerned that reproductive health services that could have been provided were not being provided. These brave and angry women were, in effect, giving expression to their conscience, even when there was no organizational form.

She then touched on the question of how to improve the "partnership" and define what it means. Civil society is a vague term and triggers different reactions, but this is not new. Indeed, it goes back in history to the time of Plato and the discourse on the interplay between people and government obligation. In that sense, she noted, it is people that we are concentrating on -- people in individual environments, family environments, educational environments, work and community environments, and national and political environments. Ms. Brueggemann stressed the need for partnerships to be outward looking to all these groups and not a cosy relationship among a small group. This will be one of the most daunting challenges for the implementation of the ICPD Programme of Action -- finding the right balance between cooperation and the identification of the individual role. The Round Table, she urged, should address this interplay among different partners who have their own functions and identity and, yet, give a part of themselves to this joint effort.

"NGOs must not allow Governments to abdicate their social responsibility," she stressed. They should continue to act as "a nagging force" advocating for change. They should concentrate their activities on

those they can carry out effectively, with a proper division of labour between themselves and Governments.

*NGOs should retain their independence by stating clearly under what terms they will enter into affiliations. In cooperating with Governments and other sectors of civil society, NGOs can perform a variety of functions: they can establish and develop sexual and reproductive health as a movement; act as watchdogs; help determine and monitor standards; become donors; and provide technical assistance.*

-- Ms. Ingar Brueggemann

Partnerships and networking -- with less exclusivity -- should become the norm throughout the world, Ms. Brueggemann said. NGOs should work to overcome resistance to dialogue with Governments and other NGOs, and take advantage of their respective competitive and comparative advantages.

Mrs. Brueggemann cautioned those present to respect the fact that there is enormous diversity globally, and yet there is a need for uniformity in terms of policy as to where we are going.

Dr. Samdani said he agreed with the view that many NGOs are neither transparent nor accountable, although there is an increasing transfer of roles to them. Regarding Mr. Sobhan's view that policy-making is too important to be left to government alone, he said democracies are run by the elected representatives of a country's people. While bureaucracies are often criticized, he said it should be kept in mind that these bureaucracies are to carry out policies and not to make them.

The ICPD agenda has been accepted by Governments, since they were signatories. Even though it is a challenging agenda, the Government alone cannot deliver the final success. Civil society should be involved in development and in implementing the Programme of Action as there are

many things that Government cannot do, he continued. For example, in Pakistan, an Islamic society, NGOs can discuss reproductive issues more openly than the Government can. Dr. Samdani felt that NGOs should accept their roles as partners of Government, work together and take the ICPD agenda forward together to save the world from a population explosion that will affect the entire global community. “All of us, all citizens, all Governments, all NGOs and all civil society actors must be involved in carrying out the ICPD agenda. In that endeavour, a partnership of all sides is necessary,” he added. The key question is to evolve workable instruments nationally on how to involve civil society effectively in policy-making and the implementation of the ICPD Programme of Action. Dr. Samdani defined civil society to include NGOs, the private sector, registered medical practitioners, *hakims*, religious scholars, the community and the entire population.

*All of us, all citizens, all Governments, all NGOs and all civil society actors must be involved in carrying out the ICPD agenda. In that endeavour, a partnership of all sides is necessary.*

-- Dr. Ghulam Samdani

In the discussion that followed the panel presentations, several challenging observations and questions were raised. One of the first comments was on the term “civil society.” The definition is not clear. Some participants questioned why Governments should be excluded from “civil society” -- since partnership between civil society and Governments presumes NGOs are civil, while Governments are uncivil and not part of the civil society? If NGOs and Governments are providers of services, both are

competing for funds, both are run by salaried people, and some are better paid than others with similar backgrounds. In most countries, civil servants through elected Governments are answerable to the people. Moreover, if NGOs are to watch over Governments, who will be watching over the NGOs? Both Governments and NGOs need to be watched over by civil society. The issue of who monitors whom has to be clearly addressed if there is to be effective partnership in the implementation of the ICPD Programme of Action.

Another commentator from the floor felt that it was not helpful to have a discussion in oppositional terms. There should be four concerns for everyone in terms of the ICPD Programme of Action:

- C Continuing the consensus and commitment to the Programme of Action;
- C Identifying activities and, through that process, partners. This requires an analysis of the gaps that need to be addressed, and the capacity and roles of partners in redressing them through specific activities;
- C Remaining women-centred in terms of the Programme of Action; and
- C Recognizing that democratic societies must structure the relationships between Governments and civil society. There are weak and strong Governments and weak and strong NGOs. This scenario will always be different in different places and at different times.

Overriding all of these concerns has to be the focus on sustainability -- financial, administrative and managerial.

Another observation from the floor was that partnership is a continuum covering a broad spectrum, from hostility to partnership. It was argued that the concern should be with what NGOs can do, since most of them are small and have little money.

The Panel made the following additional points:

- C In Bangladesh, 25-30 per cent of aid in the population field went to NGOs. The relevant issue is that, in the aggregate, government administrations are being progressively downsized and disempowered, leading to much uncertainty and, hence, demoralization of the public service;
- C Policies emanate from members of Parliament. Historically, bureaucracies and international organizations have typically developed programmes without being accountable. Both Governments and NGOs have competed for funds, and the civil society has often been left out. Civil society should be encouraged to hold both NGOs and Governments accountable for the use of resources. The ultimate goal of an empowered civil society will be reached when every woman who is a recipient of reproductive care is able to take to task and to hold accountable the providers of these services in terms of their quality and how they can be improved. Civil society should be able to register its concerns as beneficiaries of, as well as those otherwise affected by, policies; and
- C One should not be too ambitious in trying to achieve total success for NGO-civil society involvement in a relatively short time. The focus

should be on strengthening the partnership and on encouraging smaller NGOs which, at present, tend to be ignored.

### **III. PARTNERSHIP TO CREATE AN ENABLING ENVIRONMENT FOR IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION**

The Round Table Session One, "Partnership to Create an Enabling Environment for the Implementation of the ICPD Programme of Action," included two panels, which focused first on the operational aspects of partnership, and secondly, on the role of Parliamentarians in helping to institute an environment conducive to partnership.

#### **Plenary Presentations and Discussion**

#### **C Partnership in Action: Civil Society, Government and the International Community**

The first panel discussion of this session was on the theme "Partnerships in Action: Civil Society, Government, and International Community". The Moderator for first panel discussion was Ms. Susan Davis, Executive Director of Women's Environment and Development Organization (WEDO). Speakers for this panel were Ms. Mirai Chatterjee, General Secretary of India's Self-Employed Women's Association (SEWA); Dr. N. F. Maforah, Chief Director, Social Development, National Department of Welfare and Population Development, Government of South Africa; and Ms. Amy Coen, President, Population Action International (PAI).

During this session, discussants were requested to share their operational experiences frankly and forthrightly and to examine various factors regarding the status of partnership among civil society, Government and the international community and the attributes of an enabling environment necessary to promote and strengthen such partnership. Discussion topics included, *inter alia*:

- C Current attitudes (positive and negative) of the three partner groups with respect to their own roles and the roles of the other two groups regarding possible or actual partnership in population and development efforts;

- C Viewpoints as to the basis and need, if any, for partnership;
- C The impact of globalization on the provision of basic social services and the consequent impact on the roles of Government and the civil society, including NGOs and the private sector, to meet social service needs and to share societal responsibilities;
- C Successful experiences as well as failed efforts at partnership, particularly with respect to the inclusion of NGOs in the development planning processes;
- C Obstacles and constraints to partnership as well as partnership strategies and modalities (*e.g.*, use of coordinating bodies) which are effective in strengthening partnership, and lessons learned;
- C Priority and special issues requiring further attention; and
- C Future actions to promote partnership.

Ms. Chatterjee initiated the panel presentations. She provided valuable insights and lessons based on her group's work in mobilizing rural women, especially the poor. In India, some 94 per cent of women work in the unorganized sector, which is characterized by the lack of employer-employee relationships, no legislative cover and little access to social security. In general, the most vulnerable and poorest women in the country are working in this sector, most working to survive. Women are the most disadvantaged and have a triple burden -- being poor, working in an unorganized sector and being women in a male-dominated society. Ms. Chatterjee discussed how to build effective and workable partnerships on the basis of her own field experience and the work of SEWA, which is aimed at empowering women and providing them with tools to think about themselves and ways to change their lives.

Ms. Chatterjee shared with participants her "wish list," which included her hope for involving local people, particularly women, in the decentralized planning and implementation of health and family planning programmes; the development of holistic and integrated programmes for development; and the involvement of men in discussions of men's roles and responsibilities in society.

Addressing the issue of partnership, she said that women should be accepted as equal partners rather than being seen as liabilities or merely recipients of charity. Their significant contributions as workers must be recognized, and their rights to control their work and health should be acknowledged. In its 25 years of work with women, SEWA has developed a system of tripartite consultation, working together with employers and the Government. There is also a joint partnership with the slum community, municipal and corporate sector.

She noted that health and family planning programmes need to be decentralized and designed and run by local people -- including community organizations, village councils, women's associations, labour unions and cooperatives. Greater integration of health and family welfare services at the grass-roots level is also needed, with an emphasis on improving the health and nutritional standards of poor communities. Grass-roots women's organizations should play a lead role "because their programmes and services can reach the poorest of the poor."

Ms. Chatterjee said that after the Cairo meeting, the Ahmedabad Management Association and SEWA jointly developed "Health Watch," starting with international NGOs. Now it has 300 organizations working together with Governments and donors for better health. "Health Watch" has also managed to obtain access and give inputs to what have hitherto been "closed meetings" of the Government, in which many new policies are decided. In all of this work, there have always been "ups" and "downs", as it is difficult to keep an effective network with a constant change of players.

At the same time, she added, men should be involved in all aspects of health and family planning programmes, and many men are open to such involvement. They should be given information on family planning, about their own health and that of women, and how to deal with addictions, such as alcoholism, and prevent sexually transmitted diseases (STDs), including HIV/AIDS.

In conclusion, she raised four points for discussion:

- C The need to promote the involvement of local people, particularly women, in decentralized planning and implementation of not only

health and family planning programmes but also broad economic and rural development programmes;

- C The need to develop holistic and integrated programmes for development. “Once we did a head count and found that a poor woman in an Indian village is visited or has to interact with sixteen different development workers,” she noted;
- C The need for the involvement of men, especially in those areas and matters which are considered to be a man’s responsibility; and
- C Representation of the poor in policy-making.

*Partnerships are very important, not because we want to implement programmes that so far have not been implementable, but because we believe that it is everybody’s responsibility, and all of us need to work together for our nation’s development, and we need to learn from each other and build on each other’s strength.*

-- Ms. Mirai Chatterjee

Responding to questions from the floor, Ms. Chatterjee stated that women at the local level may be uneducated, but they know what they want, what the issues are and how they need to be addressed.

The next speaker, Dr. Fidelia Maforah, presented gave a broad overview of the unique historical circumstances in South Africa. As a new democracy, South Africa is living in exciting times and, in some ways, is in an advantageous position as it will have to redo many of the things done in the past. The country is also aware of what needs to be done in the legislative and social environment. This challenging reconstruction and development process has to be within an all-inclusive framework that is sensitive to the needs of people who had for decades been in a non-participatory role. The reconstruction process and poverty programmes are clear on issues of community participation and involvement -- in all aspects, from policy-making processes to the implementation and monitoring of progress. Mechanisms have been set in place for a local transformation at every committee level, however remote, to determine the agenda of the community. In that sense, she felt that South Africa is well advanced in engaging and in including civil society as partners.

*In South Africa, efforts are directed to making the people affected become partners and monitors of poverty-alleviation programmes. The Government has helped to create an enabling environment for the promotion of ICPD objectives by introducing a new Constitution, including a Bill of Rights, and enacting such legislation as the Not-For-Profit Organizations Act, which ensures the rights of all NGOs to be registered; the Termination of Pregnancy Act; and the Population Policy Act.*

-- Dr. Fidelia Maforah

In discussing the enabling environment, Dr. Maforah stated the focus is on integrated, comprehensive programmes. Furthermore, every department has a gender desk or a gender focal point, so that all programmes and policies address gender issues. The State Deputy President's Office coordinates all gender activities.

One problem to be addressed, she said, is that many South African NGOs are not based in local communities. In creating partnerships to empower women and advance the ICPD's broad objectives, she suggested, NGOs should do more to involve grass-roots women and their organizations in policy-making.

Ms. Amy Coen spoke in broad terms about the role of PAI as a U.S.-based advocacy group and the type of research conducted towards this end. PAI faces great challenges in undertaking its own advocacy work and in finding NGOs to do advocacy work in 13 countries. Partnership in that sense becomes crucial. One needs to be aware of the interconnectedness and what makes partnership work. She provided some insights into how to foster coalitions and partnerships and find funding and new supporters of the cause. In working with people, one needs to be aware that they need information and tools to be advocates.

Ms. Coen spoke about the need to involve new partners in the effort to fund reproductive health and population programmes. This is critical, she said, because donor Governments are not meeting the financial commitments made at the ICPD. She suggested that civil society groups seek funding from private foundations as well as from corporations, but acknowledged that businesses may be reluctant to become involved in reproductive health issues because of the controversy surrounding abortion.

*The challenge is to create new partnerships with new players and to discuss new ways to meet future challenges...One has to find new people and new ways to talk to them.*

-- Ms. Amy Coen

### **C Role of Parliamentarians in Creating an Enabling Environment**

Next, the Round Table turned to a discussion on the “Role of Parliamentarians in Creating an Enabling Environment” for implementing the Cairo programme. The Moderator for this Panel discussion was Mr. Krasae Chanawongse, Member of Parliament from Thailand. The members of the panel included: Ms. Grace Akello, Member of Parliament from Uganda; Ms. Beatriz Merino, Member of Parliament from Peru; and Ms. B. Narantsetseg, Member of Parliament from Mongolia.

The Parliamentarians were requested to share their operational experiences and examine various factors which enhance or hinder partnership efforts. Discussion topics included, *inter alia*:

- C Policy, legislative and regulatory changes to promote collaboration;
- C Mechanisms and structures to promote partnership;
- C Success stories, failed efforts, constraints, obstacles and lessons learned;
- C Priority and special issues requiring further attention; and
- C Future actions to promote an enabling environment for partnership.

Ms. Grace Akello, Member of Parliament, Uganda, related her experiences and the role played by legislators in encouraging mutual collaboration for the attainment of the ICPD Programme of Action goals. Lawmakers can use all of their traditional roles -- as legislators, budget appropriators and mobilizers -- to help carry out and promote the Programme of Action. In addition, they can serve as a bridge linking community-based organizations and NGOs with Governments and international bodies.

She reported that Uganda's parliamentarians have enacted laws that promote women's rights, including a Land Act which recognizes women as co-owners of land for the first time. A group of lawmakers have formed the Uganda Parliamentarians' Forum on Food and Security, Population and Development. This Forum works to enact progressive laws and ensure their enforcement as well as to lobby for the allocation of adequate resources for population programmes.

She went on to say that elected parliamentarians the world over are the voice of the people. They bridge the cultural world, the religious world and the ethnic world that makes a State or nation. Parliamentarians should be at the very core in the formulation, coordination and implementation of policy on population or any other issue that involves civil society. Parliamentarians can agitate, advise, persuade and move the population.

The time period of 20 years to achieve the goals of the ICPD Programme of Action may well be too long, noted Ms. Akello. Why not a shorter period to show results? With respect to the question of gender equity and women's empowerment, women have had many pent-up feelings over decades. Therefore, women's issues have to be discussed, and policies, strategies and definitive programmes set in place to address these issues.

The next speaker for this session was Ms. Beatriz Merino, Member of Parliament, Peru. After giving brief information on Peru's population profile, she touched on some basic ideas to promote the enabling environment between civil society and Governments in the context of Peru and identified a few of the future challenges.

Ms. Merino highlighted laws that promote the rights of women in her country. One of them is a 25 per cent quota that encourages the election of women to political positions. She said that parliamentarians should enact stronger legislation to protect women, outlaw domestic violence and promote women's self-employment. NGOs should try to convince government finance ministries that money spent on women's reproductive health is a worthy investment, she added.

In terms of an enabling environment, she identified some basic ideas. First, there must be an institutional framework. In Peru, in the last two to three years, three basic institutions were created to foster collaboration

between civil society and the Government: the Ministry of Women, with the basic vision of promoting women and family, created in October 1996; a Women's Committee in Congress, created in August 1996; and the office of the Ombudsman. Second, there must be legislation which is supportive on issues of most concern to the people. Peru, according to Ms. Merino, is in the forefront of legislation in Latin America on the issues of domestic violence, affirmative action on women's representation, women in the military, DNA for parent recognition, and prohibition of the expulsion of pregnant adolescent mothers from school.

In terms of future challenges, she noted that, even though it is a long-term obligation, education is very important. As long as women do not know what their rights are, they have little opportunity to stand up for these rights and to defend them. An enabling environment should be created for universities, Congress, NGOs and women's groups to work together in making women's rights legislation known to women all over the country.

She concluded her presentation by highlighting the importance of partnership at all levels. She related a success story concerning legislation which would prevent the pardoning of a rapist, based on his marrying his victim. This legislation initially failed passage but which was subsequently passed unanimously by Congress, in large part due to a public signature campaign, local and international radio, TV and newspaper coverage, outcries by civil society groups and public statements by the national Ombudsman.

Ms. B. Narantsetseg, Member of Parliament, Mongolia, began by providing an overview of the changes that have taken place in Mongolia, economically and socially, as a result of the political changes. Mongolia adopted a new Constitution in 1992, which not only allowed for a multi-party political system but also for, *inter alia*, the introduction of human rights, freedom of speech and free elections. The structure before 1992 only had one organization for women, one for youth, one for elderly citizens and only one trade union. Building a new society has meant changes on several fronts, and these changes had to be carried out quickly.

*Mongolia has now come to realize the importance of NGOs, because Governments cannot do everything in the new free market system. In the last few years, new local women's NGOs have begun operating in Mongolia and are working on addressing issues such as domestic violence. NGOs have now been drawn in to help draft the laws on family, policy on agricultural reform and the law on private land ownership.*

-- Ms. B. Narantsetseg

Since Mongolia's transition to a market economy, it has faced social problems such as high unemployment and prostitution. Some 36 per cent of the population lives in poverty, according to the World Bank. There were no real NGOs under the country's former socialist Government, she said; the country has since encouraged the formation of genuine civil society organizations by exempting them from taxes on the donations they receive from corporations.

Among the comments from the floor, it was observed that the issue of male involvement should be tackled differently and as appropriate in different societies. There has to be research on attitude change and the role of men and women as partners in the context of a family. In response to the questions from the floor, a panelist pointed out that efforts are now being directed at the role of men. Men want to be good fathers and play a larger role in the family. If one isolates young women and gives them all the education and if the young men are not involved, there can be resistance to change by the men, and one would lose all the benefits of training. It is important to learn how to include men. Research is now being conducted on the attitudes and behaviour of men and boys regarding their roles in the family and society.

The following additional observations were made:

- C In the implementation of the ICPD Programme of Action, what should men do specifically? In the Caribbean, when the women's movement started, a majority of the men ignored what was being said. Many persons thought that the movement would eventually fade away. But the movement persisted. Today, men have grouped themselves into "Fathers Incorporated" to take their role as parents seriously, redefine their role and, initially, analyse what is it to be a male.

- C Can poor women analyse their situations? The answer to this has to be a categorical affirmation. The very fact that women can sit and talk to government employees is, in itself, radical thinking. “These are women who, in their first meeting with an employer who was seated on a chair, would sit on the ground because they had never sat in an equal position.” Women don’t have to go to school to understand their experiences and to contribute to policy-making and planning.

### **Working Group Report**

Four years after Cairo, changing development paradigms have shifted the roles of Government, civil society and the international communities as reflected in the ways in which the ICPD Programme of Action is being implemented. Partnership has emerged as a basic element in the enabling environment that has to support the operationalization of democratization and decentralization processes (as reflected in legal and policy frameworks such as those of South Africa) to enhance the implementation process.

Partnerships are not considered as something new, but they do emerge out of dynamic processes. Examples of this are to be found in many societies. For instance, India has demonstrated that such initiatives can bring about positive changes in attitude and society. Partnerships have also been essential in safeguarding gender-based population and development dynamics in the Caribbean. Whereas positive changes in attitudes towards partnerships have taken place and new paradigms for participation are being set, a number of issues, such as representing the poorest and the most disadvantaged women, and adopting different approaches to health, will require enhanced partnerships supported by different mechanisms and structures in the future.

### **Major Areas of Progress and Constraints**

The Working Group first reviewed the progress achieved through the tripartite partnership of civil society, Government and the international community to implement the ICPD Programme of Action. The Group then identified a number of constraints to collaboration as well as constraints in the implementation of the Programme of Action. The Group noted that these constraints are not present in all countries or, if present, in equal magnitude.

*Major areas of progress*

- C Positive changes in concept and breadth of participation. Recognition of the critical role of civil society in population and development, with Governments beginning to see NGOs as strong partners that maximize outreach to the public, a factor important for the success of any social programme;
- C Inclusion in consultation processes. Increasing inclusion of NGOs by more Governments in formulation, implementation, monitoring and evaluation of population and development policies, plans and programmes;
- C Recognition of changing roles of civil society. Enhanced support for community-based NGOs due to increasing recognition that they are very effective in addressing population needs at the community level. NGO-Government partnerships are facilitating the acceptance by the community of the work of NGOs, for example, those implementing HIV/AIDS prevention programmes or adolescent reproductive and sexual health programmes;
- C Change towards wider sustainable development approach. Acceptance of integrated development and the wider sustainable development approach by the global community;
- C Actual decentralization of administrative processes. Greater potential for improved communication between government and civil society organizations and local community leaders and enhanced responsiveness by government to community needs;
- C Disaggregated implementation, namely different partners implementing different aspects of a programme or project;
- C Steps taken to reduce violence against women; and
- C Enhanced partnerships among United Nations agencies.

***Major constraints to partnership and collaboration***

- C Differing, divergent and parallel agendas and priorities among partner groups;
- C Lack of clear legal framework/regulations and guidelines on the partnership;
- C Volatile and differing political climates;
- C Lack of commitment to the partnership, as demonstrated by rhetoric which is translated into action;
- C Unresolved stereotypes, including biases; lack of trust among partner agents/agencies, including fear of perceived dominance of the partnership by some players;
- C** Cultural, language, class, race and religious biases and barriers; geographical, regional, locational biases. Including an urban-centric bias;
- C Historical legacies, especially former negative experiences regarding attempts at collaboration or partnership;
- C Protection of vested interests;
- C Lack of communication among partners;
- C Lack of information on the ICPD;
- C** Loss of momentum/ interest since the ICPD.
- C Insufficient financial resources, especially as concerns access, utilization and sustainability; and,
- C Lack of human resource capacity, especially to implement and manage decentralized government administration.

*Areas in which the ICPD agenda has been constrained*

- C Advocacy with trade unions and employers associations for implementation of the ICPD Programme of Action has received less attention with a reduction in degree in interaction;
- C Commitment of bilateral donors has lessened in some countries regarding their financial support for and in their partnerships with civil society; decreased ODA funding for reproductive health has occurred in several countries; and
- C Competition for funds among NGOs has intensified, particularly where levels of available financial support has have decreased.

**Conclusions: Creating an Enabling Environment for Partnerships**

The Working Group identified nine elements for initiating the tripartite relationship and creating an enabling environment for collaboration among partners in implementing the ICPD Programme of Action goals and objectives. The conclusions of the Working Group are provided in Box 1.

**Box 1. Conclusions of Working Group One Concerning Partnership to Create an Enabling Environment for the Implementation of the ICPD Programme of Action**

The Working Group identified nine ways of creating an enabling environment for partnership.

**1. Create common forums for dialogue and consultation**

All stakeholders should feel a sense of ownership of the process of dialogue so that they are committed to its continuation. The key is to initiate dialogue so that the next stage of working together on developing policies and programmes may be attained. The process of dialogue may be initiated by:

- C Governments themselves;
- C Civil society organizing and pressuring for dialogue;
- C International communities playing a catalytic role; and
- C Some combination or all of the above.

Although many countries have been unable to create forums for debate, discussion and dialogue among Government, international agencies and civil society, there are several examples of countries in which the process of dialogue has been initiated. In Ethiopia, for the first time, civil society organizations participated in and contributed to policy action on population issues. The Prime Minister himself initiated the action. In India, interaction between civil society, Government, the corporate sector to an extent, and international agencies moved from dialogue to consultation and then even to granting observer status to NGOs and other members of civil society in hitherto closed-door meetings.

(continued)

**Box 1. Continued**

**2. Re-examine concepts, assumptions, agendas and priorities**

For partnerships to grow and flourish, periodic reflection and re-examination of ideas and concepts, action agendas and priorities need to occur. This can happen in the following ways:

- C Discussion and debate in common forums;
- C Exposure to the work/programmes of different partners, especially the poorest, most disadvantaged groups, such as women;
- C Flexibility in expectations regarding outcomes; and.
- C Discard strongly held beliefs, concepts and assumptions about partners detrimental to creating partnerships.

**3. Listen to and respect each other's experiences**

**4. Identify and build on the comparative strengths of partners and utilize existing relationships**

Partnerships can grow and flourish only in a climate of mutual respect and appreciation of the other partners' viewpoints, even if there is no agreement. All partner experiences need to be valued and respected. In this process, the strengths, comparative advantages and weaknesses of each partner can be identified, evaluated and put to use accordingly. Mutual respect grows with regular interaction and working together. Involved partners who have credibility -- for example, civil society leaders with, *inter alia*, a mass base and years of experience, reputation, integrity -- can enhance mutual respect. In many countries, civil society leaders can be advocates for change. Another example is to build on the human rights culture by working from a "rights-based framework," using the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) to promote and monitor progress in achieving reproductive health and gender equality goals.

**5. Identify, clarify and focus on key issues for collaboration re legislation, policies and programmes**

For partnerships to grow and develop, key common issues have to be identified. These will be the basis for further collaborative action. This may entail a process of negotiation. For example, in India, the Government significantly changed its 40-year-old family planning targeting approach in favour of the reproductive and child health approach (RCH). Although many civil society partners consulted by the Indian Government felt that the RCH approach still fell short of reflecting women's priority health areas, some decided to collaborate actively with the Government, contributing ideas, experiences, and how-to activities, because RCH was felt to be a step in the right direction, even if not yet satisfying all priority areas. In Pakistan, the Government has changed its target-oriented approach in favour of reproductive and child health, which has been incorporated into the medical college and nursing school curricula.

**6. Identify Key Players in order to allocate roles, responsibilities and duties so as to maximize synergies of effort**

Identifying key players for building effective partnerships is crucial. Countries have attempted different approaches to this, including:

- C Using, *inter alia*, registration/directories of civil society organizations, employers association, trade unions;
- C Involving various key players such as parliamentarians, women's groups, youth groups, religious groups, corporate/business entities, governmental and international bodies, individual advocates,

(continued)

**Box 1. Continued**

**6. Identify Key Players in order to allocate roles, responsibilities and duties so as to maximize synergies of effort (continued)**

local volunteer groups, national machineries and the media. For example, in Peru, rape laws were successfully changed and made more stringent due to combined action by civil society, government and international organizations; and

- C Creating democratic, community-based structures at local and district levels which then choose their own representatives to interact with other partners. For example, in South Africa, Reconstruction and Development Forums have been created in every province at the local level.

**7. Agree on mutual accountability among partners and develop and institute appropriate procedures to promote accountability among partners and to constituencies**

For partnerships to be sustained, it is essential to develop transparent systems by which partners become accountable to each other. All partners should be accountable to the people they serve. For example, in South Africa, the local structures, democratically elected by communities, have a mandate to interrogate budgets, evaluate and monitor government and the civil society organization sector, and determine local development agendas.

**8. Develop - in a transparent, coherent and participatory manner - joint plans of action at local, state, national and international levels**

The process of dialogue should lead to concrete action by partners. One way to do this, as has happened in the case of Bangladesh, is developing joint action plans for programme implementation at local levels. At the national level, partners can collaborate for the adoption of legislation on various issues. An example is the collaboration among the international community, civil society, parliamentarians, and advocacy for women and children's rights on land matters. As a result of such action, the Ugandan Land Act of 1998 was promulgated. This Act gives women the right to land jointly with their spouses and recognizes the rights of children re land issues.

**9. Continue to monitor the implementation of the ICPD Programme of Action**

Despite commitment to the Programme of Action, there remains a gap between rhetoric and reality in the implementation of the Programme of Action in many countries. Mechanisms are needed to monitor the progress in implementation and provide feedback to all the partners. Some possible mechanisms are as follows:

- C Periodic country-level assessments of implementation of the ICPD Programme of Action should be supported;
- C In several countries, civil society groups are keeping a watch on the implementation of the ICPD Programme of Action. For instance, a nationwide network comprising women's groups, university groups, congresswomen, health and law professionals, and human rights activists is implementing a project called the Cairo Conference. Another example is the Programme Monitoring Project which has promoted the diagnosis of women's health conditions, using the Programme of Action as a guide;
- C A framework of indicators and checklists in the light of the ICPD Programme of Action should be used to monitor progress at different levels;
- C The Government should review statutes, with a view to bringing these, as required, into conformity with the ICPD Programme of Action; and
- C Periodic reviews, evaluations and adaptations of policies, strategies and programmes need to be conducted at all levels.

## **IV. SOCIAL MOBILIZATION TO PROMOTE AND IMPLEMENT THE PROGRAMME OF ACTION**

## **Plenary Session: Presentations and Discussion**

The Moderator for Session Two, "Social Mobilization to Promote and Implement the Programme of Action", was Professor Rehman Sobhan, the Centre for Policy Dialogue, Bangladesh. The panel members were: Mr. Dhruv Dey, Majulika Foundation for Human Concerns, India; Mr. Nelson Agyemang, Executive Director, Youth Development Foundation, Ghana; Ms. Frances Kissling, President and Chief Executive Officer, Catholics for a Free Choice; and Mr. Abdullah Syarwani, Adviser, Nahdlatul Ulama, Indonesia.

Discussants were requested to share their operational experiences and examine various factors to galvanize civil society support and action to achieve the goals and objectives of the Programme of Action. Discussion topics included, *inter alia*:

- C Strategies and modalities by which to inform, educate and mobilize selected target audiences within the civil society;
- C Mechanisms and structures to promote effective partnership among various segments of society to implement activities to advance the Programme of Action objectives;
- C Success stories, failed efforts, constraints, obstacles and lessons learned;
- C Priority and special issues requiring further attention; and
- C Future actions to promote partnership for social mobilization.

The first speaker, Ms. Kissling said that her presentation would take a broad view on mobilization within the religious community in general, rather than providing a perspective with respect to any particular denomination. She noted that religion played a very large part in the ICPD and was seen by some as a constraint rather than as an aid in moving the world forward in terms of understanding population, reproductive health and development.

Organized religions can be both “liberating and constraining,” Ms. Kissling observed. “The ICPD took place in a time when the constraining aspects are in dominance world-wide.” Nevertheless, religions are potential allies in working towards the goals of the ICPD, she said, because they all “start with the...need to reduce the suffering, to create a world that is just, and to take responsibility for the planet and the environment.” Organized religion is “potentially one of the best allies of social transformation,” she emphasized.

According to Ms. Kissling, the ICPD Programme of Action is concerned about social transformation to the extent that it deals with the role of sexuality in the lives of human beings, the nature of marriage and relationships, family structure and the role of men and women in society, among other things. These are the same issues on which religions, from time immemorial, have had strong positions and beliefs concerning propriety and impropriety, morality and immorality and good and evil. It is, therefore, foolhardy for one not to expect religious institutions, which perceived themselves challenged and threatened, to react in an oppositional way. It is important to understand this reaction. NGOs supporting ICPD goals should make a commitment to cultivate allies in the religious community, to talk to those within that community who oppose the ICPD agenda, and work to bring the voices of religious people into discussions on implementing the Programme of Action.

Within society, the religious community and institutions reach more people than other organizations; they see more people every week and have the broadest reach to the media. Religious institutions are also the most extensive providers of social services and have excellent access to Governments. Given these positive factors, Ms. Kissling wondered why more sustained and concentrated efforts had not been made by Governments, international organizations and NGOs to mobilize the elements within the religious community that are natural allies to the ICPD Programme of Action. She suggested that one outcome of the Round Table should be to articulate a commitment to mobilize the religious community.

*There are forces that are calling for liberalization within most religions, including Christianity, Buddhism, Islam and Judaism. Those forces should be engaged in dialogue... Within every religion, there are people of faith who can move the ICPD agenda forward.*

-- Ms. Frances Kissling

Also speaking on the need for partnership with religious organizations was Mr. Abdullah Syarwani, an Adviser with Nahdlatul Ulama (“renaissance of religious scholars”), Indonesia’s largest religious organization. The Jakarta-based organization, with some 40 million members, was formed by Muslim scholars in 1926 to preserve and carry out the Sunni Islamic teaching in the social, cultural and political contexts of modern Indonesia.

Nahdlatul Ulama representatives have worked to improve the lives of families in Indonesia and helped carry out government family planning and population programmes, he said. Its leaders understand that reproductive health is a manifestation of physical health and have issued *Fatwas* (religious edicts) on family planning. They have enabled women to obtain more education and even

helped them become judges in Islamic courts. The organization's strong links with schools, universities and health clinics make it a useful instrument for disseminating new ideas.

Mr. Syarwani stated that Nahdlatul Ulama's involvement in family planning programmes was motivated by the need to provide a better life for the family (*khoiro ummah*), and its activities are called the family welfare movement. This becomes the platform for participation in a reproductive health programme, which leads to healthy spiritual and social lives. Rich religions traditions and a sufficient understanding of the respective problem must be combined in arriving at a particular view of the possible solutions. Once this has been achieved, the decided direction becomes a guiding principle for the community of the faithful.

Mr. Dhruv Dey of the Majulika Foundation for Human Concerns, a former executive with India's TATA Corporation, provided examples of the contributions which the corporate sector can undertake to advance the ICPD Programme of Action, with special reference to the reproductive health of adults, a special focus on youth, and attention to prevention of HIV/AIDS. He described a programme designed for youth, with an emphasis on advocacy and education about reproductive health, including family planning. A special training programme called "Building Bridges" for adolescents was started in 1996. This programme comprised a three-month training module and covered subjects from family planning to sexual health.

*India's TATA Group has been engaged in social mobilization to carry the message of the ICPD Programme of Action to the grass roots. The first step it took was to form partnerships with mothers-in-law, whose support was needed to enable married young women to go for health care services or attend family planning clinics. Next, the Group held consultations and helped initiate community-based clinics run by youth clubs and voluntary organizations. It subsequently worked with tribal communities where contraceptive use was low, counselling and assisting them to use a clinic provided to reduce maternal and child mortality and deal with other reproductive health concerns. To get other companies involved, the TATA Group showed them that investments in reproductive health and related services yielded substantial benefits, he said. It also engaged in advocacy with local community partners by using posters; music, including India's first population song and an AIDS/HIV song; and a dance drama on family planning and reproductive health.*

-- Mr. Dhruv Dey

The founder and Executive Director of Youth Development Foundation (YDF) of Ghana, Mr. Nelson G. Agyemang, spoke about his organization's grass-roots work on adolescent reproductive health and development in six of the country's districts and in Cameroon.

“Advocacy is both a tool and a goal of social mobilization,” he said. The best advocates are those who have experience on a particular issue, who are convinced and who take the initiative. To improve their chances of success, advocates should research their audiences; know how to frame the issues; use information from credible, trusted sources; and present their case in a simple, clear and concise manner.

One key characteristic of social mobilization, which makes it thrive, is the commonality of purpose which should be shared by all partners to the collaboration, despite other agendas and purposes. Because of the difficulty in synergizing different interests, local and grass-root coalitions and networks generally work better than national ones, at least in Ghana.

Mr. Agyemang stated that one of the key challenges for the future is promoting and achieving effective coordination and cooperation within civil society itself. He noted that although many times NGOs complain about government intervention and impediments, it is NGOs themselves which sometimes aggressively compete against each other in matters of funds, leadership and programme jurisdiction and recognition.

In response to a question on how to deal with opposition by some religions to the distribution of condoms to prevent HIV/AIDS, it was reiterated that religious people themselves should speak up on these issues within their respective communities.

## **Working Group Report**

The genius of the ICPD Programme of Action is its move from an approach that emphasized demographic targets and goals to one that emphasizes individual choice, including a model of grass-roots activism, to achieve women's empowerment; human rights; reproductive and sexual health; women's education and economic opportunity; and protection of the environment. For this new model to work, social mobilization is crucial it

is essential to reach those to be empowered, so they will understand and take advantage of new opportunities. It is also key to mobilize the organizations and agencies that will be the means for women's empowerment, as well as the Governments and donors that are needed to provide support for programmes. The Working Group examined the various implications of "social mobilization" and its relationship to partnerships as identified in Chapter XV of the Programme of Action.

The Working Group first explored the meaning of "civil society" as this term relates to the partnerships identified in Chapter XV. It was agreed that, for the purposes of discussion, "civil society" would refer to all partners, including Government, NGOs, the private for-profit sector, and donors.

The first day's deliberation was devoted to the identification of issues, giving particular attention to *obstacles* to social mobilization of the Programme of Action and the *opportunities and strategies* for addressing such obstacles and advancing the ICPD agenda. The remainder of the group's meetings was devoted to analysing five major issues, which were judged to be of the highest priority for social mobilization. Each issue was considered within a matrix in which the sectors (NGO, private, donor and Government) were evaluated in terms of: obstacles, opportunities and strategies, stories of success and failure and recommended future actions.

### **Major Areas of Progress and Constraints**

#### *Communicating the ICPD message directly and clearly*

Every sector faces the problem of effective communication. It is sometimes mistakenly assumed that the language employed to formulate programmes may also be used for mobilizing public support on behalf of those programmes. In almost every case, however, a *deliberate process* of translating the message from in-house "jargon" into terminology and vernacular understandable by the public is necessary.

Strategically, therefore, a plan for social mobilization should include provisions for the essential process of communication and the use of professionals to accomplish this end. All sectors can benefit from partnering in the generation of ideas and methods. User-constituencies should also be involved in the communication process -- in design, testing, implementation,

monitoring and evaluation. Partnership with the media is a way of achieving a much broader impact in the dissemination of, and enlistment of support for, the Cairo agenda.

The failure to translate the ICPD Programme of Action into meaningful and engaging language is most evident in the industrialized nations, where the urgency and rationale for the Programme have not been recognized. Yet there are success stories. In Sweden, a booklet published by the Swedish Association on Sexuality Education interpreted Chapters VII and VIII of the ICPD Programme of Action and suggested relevant actions. In the Dominican Republic, a national information, education and communication (IEC) group (GESIEC) was formed to coordinate the production of educational material that involved representatives from donors, NGOs, Government and the public to be served. Catholics for a Free Choice related the “Principles” of the Programme of Action to the social teachings of the Roman Catholic Church.

In the Netherlands, the World Population Foundation is linking the ICPD agenda to the language of human rights, thus producing better understanding and improved support and enabling the formation of new alliances, for example, with Amnesty International. The organization “2050” translated the most effective materials used elsewhere for Japanese constituencies. The International Women’s Health Coalition produced the *Cairo Consensus*, an analysis of and excerpts from the ICPD Programme of Action, converting it into simple language. In numerous instances, national NGOs that focus on development in different countries and regions supported the Programme of Action and translated the ICPD language into local vocabularies. In Bangladesh, the Programme of Action was translated into Bengali and is being distributed to colleges and universities.

### *Using media effectively*

All partners associated with the ICPD agenda need to make more effective use of the media in achieving social mobilization. The issue is not only the quantity of media used but also the quality and range of communication and the range of media. Again, this is a costly provision, but one that must be accepted if the urgent and compelling message of Cairo is to be understood and embraced by many cultures across the globe and by all age groups within those cultures.

Strategically, this mandate requires that staffs of NGOs themselves become trained in engaging the wide range of media options while enlisting the support of journalists and media personnel on boards of directors and advisory committees. The use of celebrities and opinion leaders to convey the message can be effective. As a larger portion of the public worldwide makes use of the Internet, opportunities in this field should be utilized -- but not at the expense of those populations without this technology.

Examples of successful uses of the media related to ICPD goals include: a broad collaborative effort in Europe to make effective use of media in promoting the ICPD agenda, drawing on real stories from the field, "best practices," and the use of field trips for journalists. Events and channels such as the Global Media Awards and World Population Awareness have also reaped benefits in advocacy for the Programme of Action.

*Relating the ICPD agenda and programmes to other forums and networks*

The comprehensive character of the Cairo agenda -- which integrating areas and concerns that were once only treated separately -- creates both problems and opportunities in social mobilization. Old models, based on an earlier segmentation of issues, are often incomplete and ineffective. They simply do not do justice to the scope and potency of the Programme of Action. New models that reflect the comprehensive and integrative character of the Cairo agenda are needed, which means that creating and utilizing current and potential partnerships for social mobilization are essential.

Obstacles to achieving the potential of these partnerships exist in every sector. All sectors are, at times, insular -- so focused on their own mission that they fail to reach out beyond like-minded groups in a meaningful way. They often lack the time and resources to explore new options. They fear that partnerships may endanger their funding and fail to see the value-added character of the new relationships. The private sector, on the other hand, often lacks the knowledge to make informed decisions and is apprehensive about becoming involved in what are viewed as sensitive issues that might negatively affect profits. Donors sometimes have agendas that are so inflexible and confined that they fail to see opportunities that will, in fact,

advance their purposes. Governments may often be so locked into bureaucracies and paralysed by a concern of possibly losing control that they miss forging and encouraging the cross-fertilization of forums that relate to the broad mandates of Cairo; they also lack experienced staff on many of the international issues of the ICPD and suffer from high staff turnover.

There are many opportunities that allow for the development of new strategic alliances that maximize effectiveness in the social mobilization of the ICPD agenda. NGOs need to give more attention to relations with other membership organizations that have ties to new -- and sometimes large -- constituencies. They need to build alliances with other organizations that are results-oriented. A successful example is the Youth Development Foundation in Ghana, which has brought child rights organizations together for advocacy. Such a network offers a model for the ICPD agenda. Links, for example, with human rights groups and religious organizations in the social sector can open new channels for communication and support. In the private sector, education needs to occur which will show the business/corporate/industrial community that it is in their self-interest to become involved in ICPD issues; this often requires research into cost-benefit analysis strategies. Donors can be especially important in fostering new alliances by creating incentives for cross-forum cooperation and alliance-building. Pressure from ICPD-friendly parliamentarians can move bureaucracies to appreciate rather than fear alliances among service constituencies and can contribute to resource mobilization.

*The ICPD mandates regarding male involvement are an important advance in the thinking about sexual and reproductive health. In the past, men have felt excluded from the discourse and promotion of these issues. Organizations composed primarily of men can play an important role in promoting the ICPD agenda in the professions, business and Government as well as in their personal lives. An example of engaging men in a creative way comes from the Dominican Republic, where the Dominican Association for Family Planning developed a programme with barbers to cultivate awareness concerning reproductive health, responsible parenthood and the prevention of HIV/AIDS; it also provided customers with condoms.*

-- Working Group Two

A particularly striking success story took place in Bangladesh, where, in 1997, the Government initiated a partnership among USAID, seven agencies, including a private sector agency, plus NGO organizations, to implement the National Integrated Population and Health Programme. The NIPHP is a collaboratively designed programme with the strategic objectives of reducing fertility and improving family health. It is already enhancing the capacity of individuals, families and communities to protect and provide for their own health, improve the quality of information and services and strengthen local service-delivery organizations. Another successful model is in Ghana, where the National Population Council has brought Government and NGOs together for advocacy campaigns.

In Europe, 20 family planning associations and population NGOs are networking in the areas of advocacy, media, public education, information technology and field projects. In Sweden, specifically, an umbrella organization focused on development provides the means for cooperation among NGOs from a variety of fields. Both the Cairo and Beijing conferences fostered coalitions among women's groups locally, nationally and internationally.

### *Engaging ICPD critics and adversaries*

There are understandable reasons why those from various sectors supporting the ICPD agenda want to avoid engagement with real or perceived adversaries. The opposition often appears to be (or is) big, strong and powerful. The adversaries seem to “live in a different world,” with radically different world views than those who embrace the Cairo mandates. Sometimes, there is a general predisposition against engaging in conflict or seeking to build bridges with those who appear hostile. Too often, NGOs misjudge the strength of adversaries, do not take the time to educate themselves about opponents and lack the courage to engage them in public debate.

NGOs, in particular, have the responsibility and opportunity to develop strategies that counter their understandable apprehension to engage ICPD adversaries. In order to do so, they need to know the opposition. They then need to be able to confront misinformation with facts and offer the public an appealing alternative approach on contentious issues. However, confrontation is not always the only mode of engaging the adversary:

attempts should be made, when appropriate, to seek common ground or find ways of countering or offsetting the opposition. Furthermore, presumptions about adversaries need to be carefully examined, for a presumed opponent may, in fact, be a potential ally. Good examples come from the religious community. Notwithstanding the obvious cases of religious opposition, there is no segment of society that could have a greater effect on the achievement of the goals of the ICPD than religious communities -- advocates of Cairo must make efforts to tap this potentially immense allied resource. Similar efforts must be made to engage the business, corporate and industrial community, although on quite different grounds. What ever the form of engagement -- undertaking confrontation, seeking common ground and/or overcoming prejudices about potential allies -- the NGO advocates of the ICPD agenda must themselves work together. Their own partnership can be the model for enlarging the community of partners which, together, will make it possible to counter adversaries and enlist colleagues and collaborators.

Examples of successful discourse with the religious communities include: the Catholics for a Free Choice's written analysis and point-to-point refutation of inaccurate statements regarding the ICPD; initiatives in Bangladesh to dialogue with Muslim religious leaders through workshops on the importance of family planning.

#### *Addressing controversial topics and cultural taboos*

The Programme of Action is remarkable as an international document in its call for cultural sensitivity and an appreciation of societal conditions. It is creative in bringing together issues that are based on historic mandates and have broad cultural support. Nevertheless, it deals with a number of concerns that are controversial and that, without proper interpretation, can appear to transgress cultural taboos. It is understandable, therefore, that advocates of the ICPD will tend to focus on what goes unchallenged and avoid the controversial. Successful mobilization, however, requires that advocates face the hard issues with sensitivity and courage.

NGOs will need to engage in careful research, establish and maintain credibility, and be vigorous in disseminating findings. The findings, however, must have a human touch as well -- thus, the use of case-studies

and personal stories. Nothing will substitute for creating support at the local level, which can be a slow and painstaking, yet ultimately rewarding process; at the same time, NGOs should not overlook broader support from national and international groups as well as donors. Attempts must continually be made to persuade the private sector that issues of justice, human rights, health, education and economic opportunity for all, and environmental protection are their legitimate concerns -- indeed, are in their short- and long-term self-interest to support. The donor community needs to educate its governing boards on these matters and to appreciate the unique role of boards in promoting social change, even controversial cultural transformation. The administrative, legislative and judicial arms of government must also be used to challenge and address unjust and uncompassionate practices within their societies. To engage these different dimensions of government will require distinctive strategies on the part of other sectors, including such measures as dialogue and discourse, lobbying, voter registration and mobilization, letter writing, and cooperation with sympathetic legislators and public administrators. Whatever the sector, it is important to enlist the support of opinion leaders and issue-shapers from various parts of the society -- including partners in the religious, cultural, private sector and media communities. The central thrust of the ICPD agenda is human-centred development, and particularly promotion of gender equality and equity and the empowerment of women; thus in the social mobilization initiatives, women must have a central role as advocates and leaders.

There is a need for stronger, more well-developed ethical rationales and arguments regarding such important issues as: the right of individuals -- women, men, youth -- to reproductive and sexual health services; adolescent reproductive and sexual health education, counselling and other services, consequences of, and other problems related to, unsafe abortion; women's equal rights and empowerment; the definition of the family. Allegations of racism and imperialism need to be addressed. These sensitive areas have too often become the province of opponents of the ICPD Programme of Action goals. There is, therefore, a need to engage adversaries constructively as well as to involve supporters dynamically in the consideration of a range of values. Success stories in this arena include: women lawyers in Peru successfully overturning the marital rape law; and celebrities and sports stars in the United States giving prominence to ICPD goals and objectives.

**Conclusions: Social Mobilization to Achieve the Goals and Objectives of the ICPD Programme of Action**

The Working Group identified six strategic actions to be undertaken in partnership by and among the members and institutions of civil society, Government and the international community to advance the implementation of the Programme of Action. The conclusions of the Working Group are provided in Box 2.

**Box 2. Conclusions of Working Group Two Concerning Social Mobilization to Promote and Implement the Programme of Action**

**1. Communicate Directly and Clearly**

The social mobilization process has had limited success because the Cairo agenda has not yet been communicated as effectively as it needs to be to grass-roots populations and local organizations. The frequent use of United Nations terminology in interpretative materials is a key problem. The ICPD agenda needs to be translated into clear, direct and culturally sensitive language through a process that involves the constituency to ensure that the contents of the ICPD and the Programme of Action become accessible and understandable to all persons. It is recommended that provisions, including funding, be made for the translation of the Programme of Action into engaging language, especially as a component of planning, implementation and evaluation processes.

**2. Use the Media Effectively**

Social mobilization has been hindered by a less than effective use and involvement of the media. An even more fundamental challenge is the development of messages that engage the public in more creative ways. It is also important to use a wider variety of proven media channels, such as the World Wide Web to bring the ICPD agenda to grass-roots populations and organizations. It is recommended that more time and money be devoted to the effective use of the media. Provisions for this item should be included in budget proposals that also include other specific action plans for effective media use, including communications training and skills development. In those countries where Governments have full control of the mass media, they must be motivated to moderate or remove control.

**3. Develop New Strategic Alliances**

Social mobilization is hindered by limited interaction with other forums, such as the environmental and human rights movements, through which the ICPD agenda could be advanced. The strengthening and development of partnerships are critical. Men, too, have a stake in the ICPD and growing interest in its goals. Outreach to and the inclusion of organizations with predominantly male members are needed.

In all sectors, there is an urgent need to become better informed about the advantages of inter-forum relations and cooperative action. NGOs should give high priority to developing a differentiated database and becoming creators of and participants in umbrella organizations in which information is shared and cooperative strategies developed. NGOs should also expand their governing boards and staffs to include experts from other fields and forums and to enlarge their volunteer base. The private sector should be given opportunities to become acquainted with potential partners in non-governmental sectors and to appreciate the advantages of these new relations. Donors need to broaden their funding criteria to encourage partnerships, and efforts should be made to link grantees. With Government, it is important to build public opinion pressure and mobilize the media to loosen unnecessarily rigid guidelines and structures. Elected parliamentarians and political party leaders should be recognized as potential allies in creating a climate in which partnerships are encouraged in support of the ICPD agenda.

Religious communities are especially important potential allies. It is strongly recommended that a significant representation of leaders and organizations from the world religions be included at the NGO Forum. It is further recommended that the topic of religion be included as an issue area at the Forum, to which representatives of religious communities would contribute; that the representatives be invited to meet together to develop interfaith partnerships and strategies in support of the ICPD agenda; and that appropriate pre- and post-meetings should be encouraged. Given the participation of religious representatives in the Working Group on Social Mobilization at this Round Table, it is recommended that they play a leading role in organizing proposed events at the NGO Forum.

(Continued)

**Box 2 continued**

**4. Engage ICPD critics and adversaries**

The failure to engage the opponents to the ICPD agenda, such as religiously and socially conservative groups, has reduced the effectiveness of social mobilization. Whether from fear or neglect, the unwillingness to confront adversaries has too often allowed anti-ICPD claims to go unchallenged. Insufficient attention to exploring areas of common ground with apparent adversaries may also have led to missed opportunities. More could be done, in the spirit of partnership, to make better use of existing and potential allies.

It is recommended that research be conducted on the criticisms and objections made by adversaries. Identify, train and support effective spokespersons at all levels (including the local level). Be prepared for different types of opponents and “gear up” for specific events. Make effective use of all forms of media. Seek expert accounts of the nature and variety of religious teachings on ICPD-related issues among the world’s religions, and make these accounts available to all segments of civil society. Support women’s leadership. Involve men. Reward courage.

**5. Address controversial issues and cultural taboos**

The social mobilization of the ICPD agenda has been jeopardized by a reluctance to find appropriate ways to address controversial issues and cultural taboos. Apprehension about the loss of respect and financial support, a predisposition to avoid confrontations, the fear of reprisal, and marginalization -- even exclusion -- were among the problems identified for those who must tackle such issues and taboos if the Programme of Action is to be embraced and implemented.

Public discourse and dialogue on controversial issues should be encouraged rather than keeping issues unchallenged. The dialogue should be sensitive to cultural and ethnic issues, but justice and health considerations should be paramount. The judicial system (at appropriate local, national and international levels) should be used to bring justice, fairness, legal relief and change. It is also important to use the media effectively and not to act alone, but to find and work with partners.

**6. Mobilize resources**

Financial constraints and the lack of political will are not the only constraints in the resources area. Another major constraint is the lack of appropriate and sufficient staff expertise, in qualitative and quantitative terms, within bilateral aid agencies. This human resources situation causes an inability to develop appropriate programmes and, thereby, to spend the financial resources that may have been allocated.

Older, larger and more established NGOs can, as professional brokers or intermediaries, help assist smaller or younger NGOs in bringing their demand for services in their communities forward to potential donors, in appropriate and acceptable formats, or project proposals in accordance with donor guidelines.

Regarding insufficient funding, donors should not be allowed to excuse themselves with the observation that either there is no demand or that the demand does not “reach us.” NGOs should know how to approach donors more effectively in order to obtain support for their programme needs. There should concerted efforts to link the ICPD agenda firmly to the 20/20 Initiative of UNDP/UNFPA/UNICEF, of which the ICPD agenda is a key part. There will be great potential for resource mobilization if this strategy can be adopted.

## **V. PARTNERSHIP FOR CAPACITY-STRENGTHENING, ACCOUNTABILITY, COALITION-BUILDING AND FINANCIAL SUSTAINABILITY WITHIN CIVIL SOCIETY**

### **Plenary Session: Presentations and Discussion**

In Session Three, the plenary turned to a discussion of “Partnership for Capacity-Strengthening, Accountability, Coalition-Building and Financial Sustainability.” The Moderator was Ms. Monique Essed-Fernandes, Coordinating Director of Projekta/Women and Development Organization. The members of the panel were: Professor Abul Barkat, Professor of Economics, Dhaka University; Ms. Susan Davis, Executive Director of WEDO; Ms. Glenda Simms, Executive Director, Bureau of Women's Affairs, Government of Jamaica; and Professor Jay Satia, Executive Director, International Council on Management of Population Programmes (ICOMP).

Discussants were requested to share their operational experiences and examine various factors to strengthen the human and institutional resources of civil society sectors, especially NGOs, in order to enable it to play a more effective partnership role. Discussion topics included, *inter alia*:

- C Strategies and modalities by which to promote NGO human resource development, financial sustainability, accountability, transparency, responsiveness to constituencies, and coalition-building;
- C Mechanisms and structures to encourage and promote effective partnership among civil society sectors, including the NGO community at all levels and the private sector, Governments and the international community, including bilateral and multilateral organizations and agencies;

- C Success stories, failed efforts, constraints, obstacles and lessons learned;
- C Priority and special issues requiring further attention; and
- C Future actions to promote more effective partnership through building institutional capacities, especially at the national level.

The first speaker was Professor Abul Barkat. Professor Barkat stated that to expedite the process of attaining the goals and objectives of the ICPD Programme of Action, civil society can play an immense role, but to do so, vigorous efforts are needed to strengthen the quality of the partnership and coalition-building, both in Government and in civil society.

*Those to whom NGOs are accountable need clear information on how their common goals are accomplished. The key to this relationship is transparency. Improved sharing of information is the bridge to build mutual trust and understanding, which form the foundation for successful partnerships. NGOs should listen to and initiate actions with the people they are supposed to serve.*

-- Professor Abul Barkat

Civil society organizations, according to Professor Barkat, are intermediary institutions between the citizens and the State. Partnership has a human dimension and goes beyond just working together. Two situations tend to create tensions in terms of the partnership: first, the different perceptions of Governments and NGOs and, second, the comparisons of government achievements with those of NGOs. The “we”-“they” perception is the source of this tension. It needs to be minimized and mutual trust built for long-term cooperation between civil society and Government. Professor Barkat identified some of the sources of the differences in perception as follows: Governments think that NGOs lack accountability, spend too much money on their operations and rely too much on foreign funds. NGOs, on the other hand, consider Governments to be rigid and bureaucratic, trying to overregulate NGO activities and not distinguishing between NGOs with proven track records and those that are less committed.

The large number of civil society organizations, including NGOs, offers a tremendous resource potential which needs to be utilized to implement the ICPD Programme of Action. It is essential to recognize that the roles and respective contributions of Governments and civil society are complementary. “The Governments set out the broad national development agenda and strategic plans. The NGOs reach out to the communities with specific interventions.”

Professor Barkat noted that NGOs sometimes voice concern over the lack of transparency on the part of Governments, especially with regard to the way rules and regulations are applied to NGOs. Conversely, Governments often express dissatisfaction with NGOs for not disclosing information about their activities or the utilization of their funds.

Touching on the question of accountability and capacity-building, he stated that accountability, capacity-strengthening, coalition-building and sustainability are interrelated concepts and each of them adds value to the other. Professor Barkat concluded his presentation by reiterating that the Government in Bangladesh is increasingly becoming aware that it is no longer possible to shoulder the entire responsibility for development. Flexibility is necessary to allow each partner to do what it does best. The greatest success with lasting impact can be achieved only when Governments and civil society join forces.

Ms. Susan Davis told participants that building coalitions requires skills, confidence and a strategy of using each organization's comparative advantage. At the same time, there must be mechanisms that let groups keep track of the "big picture" -- their common goals and agenda.

With respect to coalition-building, Ms. Davis emphasized that there should be strategic alliances with more stakeholders. She suggested forming women's caucuses or caucuses within Parliaments as one approach. Another approach involved working with peer groups, whereby each group provides peer pressure and support in order to accomplish the overall goals. An example of this, she noted, is the micro-credit summit, a robust peer-group methodology applied to the whole world. A third approach is social

entrepreneurship. This is especially powerful for starting new ventures and where there is no strong NGO community.

For capacity-building, she suggested three key points. First, there must be an investment in people. Second, a system must be created that would encourage a “learning organization;” one way to such an organization would be to establish an internal monitoring, evaluation and research department. The third component for capacity-strengthening is healthy competition.

Ms. Glenda Simms proposed ways for Governments to engage poor and marginalized urban and rural people. In Jamaica, many parties are responsible for carrying out the ICPD Programme of Action. Ms. Simms focused on the partnership initiatives of the Bureau of Women's Affairs and its choice of and partnership with the Jamaican Household Workers Association (JHWA). The JHWA had no resources; its constituency had low levels of education and had never been previously organized. In building up this partnership, the Government ensured that the organization would, in effect, be part of the government machinery, while still allowing the organization its autonomy. It ensured that the organization had complete facilities, such as offices, and that the partners would be open to learning from each other. In practice, this initiative was not easy. The efforts, however, were so successful that this initiative has been viewed as an example of one of the “best practices” in the Caribbean between Government and NGOs.

Building a partnership between Government and NGOs will always entail dynamic tension, Ms. Simms explained, because of the history of mistrust. Government looks on NGOs as formal opposition, while NGOs look at Governments as wanting to control everything and as disliking NGOs’ autonomy. To flourish, however, partnership must be driven by an

ideology, be well organized and be based on mutual respect and mutual benefit.

Professor Jay Satia related to participants the recommendations made by participants from East Asia, who had attended a similar meeting on partnerships for reproductive health which was organized by ICOMP in Malaysia earlier in the year. The participants at that meeting shared their experiences, best practices and future plans regarding partnership activities in their respective countries. One important reminder, they had indicated, for an enhanced civil society role is to be mindful of the social, political and historical context of countries. Second, they noted that neither Governments nor civil society are homogeneous. A third aspect is the timing for garnering support for a cause. For example, in Malaysia, the issue of abandoned babies was in public focus; at that time it was then possible to do a study on adolescent reproductive health and, based on the research findings, receive cabinet support for appropriate action.

In promoting partnership, it is not only important to determine what Government can and will do and what NGOs can and will do but also, and equally important, to determine what each component of civil society can do. Furthermore, to keep the focus on the ICPD Programme of Action, there is a need for continuing efforts at sensitization of Governments and civil society organizations. Those in a position today may not have been those involved in the ICPD process and, hence, need to be sensitized on the issues and strategies.

Professor Satia noted that participants at the Malaysia meeting had emphasized the benefits of an experience base. Every country has many

interesting success stories and failures. It is important that one hears of the failures as much as of the success stories.

Several observations and clarifications were made from the floor. It was noted that Governments within themselves are at times overregulated; Governments have to be accountable for their actions. The issue of accountability is central to the building of a healthy partnership and relationship between the Government and civil society. Open and detailed information about NGO activities and increased transparency of finances and accountability should be essential.

One observer emphasized that Government must be kept in mind as a key stakeholder and key partner of the ICPD Programme of Action. Nevertheless, it is also important that, in building partnerships, organizations go outside of Government- NGO boxes and look for other partners.

### **Working Group Report**

The Group agreed to work on the understanding that civil society was to be defined in terms of organized formal and informal groups of people working together for change, development and the welfare of the people. It examined, *inter alia*, the work that had been done since Cairo, ascertaining whether or not a difference in partnerships had taken place. The following examples were discussed:

- C The Government and NGOs in Bangladesh became more collaborative after Cairo, and the Government became much more willing to allocate funding to NGOs. NGOs became involved in policy development and programme design. Programmes had moved beyond family planning (FP), to maternal and child health (MCH) to reproductive health (RH)

and then to an essential services package (FP, MCH, RH and STD control). A key issue in sustaining women's health and reproductive health was the critical relationship between poverty alleviation and successful reproductive health, particularly in lowering the maternal mortality rate (MMR). Bangladesh has seen marked progress in lowering the infant mortality rate and the total fertility rate and increasing the contraceptive prevalence rate, although the MMR is still unacceptably high;

- C Since the ICPD, there has been intense activity in the countries of central and eastern Europe and the Newly Independent States (NIS) to establish NGOs and to undertake lobbying, education and services for reproductive and sexual health where these were minimal or non-existent before Cairo. For example, the IPPF affiliate family planning associations have played an innovative and leadership role in putting reproductive and sexual health onto policy-making agendas. These NGOs have been catalysts and facilitators in building dialogue across sectors and professions through broad-based membership. Family planning associations in the countries of central and eastern Europe and the NIS have played a major role in advocacy for reproductive and sexual health as rights issues; and
  
- C Coordination and contracting out of project implementation to NGOs by National Youth Councils was cited as another example of how partnership has worked between NGOs and Governments. It was noted that Governments need to state clearly their capabilities and their limitations in trying to achieve the ICPD Programme of Action goals and in partnership-building.

The Working Group noted that adolescent health, male participation, STDs and unsafe abortion have not been dealt with satisfactorily. Other relevant considerations include addressing the consequences of as well as other issues regarding unsafe abortion, including recognizing its role in high maternal mortality rates; and of integrating contraceptive education into pre- and post-abortion care in countries where abortion services are legal and are being provided.

A number of donor countries have not fulfilled their financial commitments in meeting the ICPD target, and funding resources have not significantly increased. The result may be an overall shortfall if current trends continue. In some developing countries, Governments have increased the proportion of their allocations to the social sector, but in countries with economies in transition, health-sector allocations have declined as a proportion of overall national investment.

Parliamentary advocacy has, however, enabled the level of funding to be maintained and sustained in some countries where this was to be decreased or cut (for example, in Australia and Japan). Advocacy has also helped sensitize parliamentarians to the ICPD issues. As a result, the parliamentary movement has grown and its lobbying activity has increased. More all-party parliamentary committees and groups need to be established, where they do not exist, and, where they do exist, strengthened to ensure that Governments meet their commitments to ICPD.

### **Major Areas of Progress and Constraints**

- C Overregulation and bureaucratic obstacles are hindering partnership roles and coalition-building. Some Governments do not facilitate and enhance partnership with civil society organizations;

- C Not all NGOs have adequate technical capacity; this is a factor when considering whether to expand programmes to include ICPD components or to join forces with other better skilled and equipped NGOs;
- C Where health facilities are adding services, a question should be raised about whether enough attention has been given to reinforcing the public health infrastructure;
- C Poverty has increased in some countries despite improvements in some of the health indicators;
- C NGOs do not always have a clear mandate from Government within which to work;
- C Registration is insufficient as an indicator as to whether an organization is a *bona fide* NGO;
- C Efforts to mobilize local resources (*e.g.*, tax exemptions to promote local development and investment.) are insufficient;
- C Funding has been insufficient;
- C Alleged corruption in some areas;
- C There has been a lack of awareness of the need to examine such issues as sex abuse, sex work, violence against women, domestic violence and the plight of girls;

- C Cost recovery and pricing policies might preclude reaching poorest sections of society;
- C Civil society is not developed equally across a country;
- C There has been a failure to identify cultural strengths and positive forces existing within a culture;
- C Donors have overemphasized short-term project objectives at the expense of long-term social impact;
- C Access to emergency obstetric care, medically competent personnel and quality care is insufficient; and
- C Insufficient availability of and access to basic conditions of good health, such as nutrition, poses a constraint to reducing maternal mortality.

**Conclusions: Partnership for Capacity-strengthening, Accountability, Coalition-building, and Financial Sustainability within Civil Society**

The Working Group identified a wide range of efforts, within three major categories, which might be undertaken by civil society members, Governments and the international community to build and strengthen the human resource capabilities and institutional capacities for enhanced partnership. The conclusions of the Working Group are provided in Box 3.

**Box 3. Conclusions of Working Group Three Concerning Partnership for Capacity-Strengthening, Accountability, Coalition-Building and Financial Sustainability with Civil Society**

**1. Strengthen Capacities at All Levels**

Trust-building and deepening understanding could be accomplished by lessening external overregulation and increasing self-regulation. Governments and civil society need to agree on a common framework for working together and establish the underlying principles governing their collaboration and partnership. NGOs, in particular, need to interact more among each other. Clear terms of reference and contractual arrangements need to be agreed to by all partners so that their respective roles are clear and expectations are realistic. More important, it would contribute to programme accountability on all sides.

A clear policy is needed for promoting complementarity between donors and NGOs for mutual benefit. In some countries (*e.g.*, Bangladesh, India and Viet Nam), this was achieved through coordinating agencies. Governments have a role in setting up an enabling environment, although this is often coloured by aid dependency. Donors also need to improve their coordination with one another.

Coalitions need to be encouraged to enable organizations to speak with one voice on some issues. Focused campaigns need to be intensified on issues such as the girl child, child marriage, dowry deaths, incest, sexual violence against women, domestic violence, FGM and early marriage. Innovative strategies need to be developed to keep girls in school and enable them to complete their education.

Coalition-building opportunities need to be developed and maximized with religious groups, community leaders, parliamentarians and the media in order to raise awareness and mobilize the public into action.

Lessons need to be drawn from successes and advances in addressing issues related to violence against women in order to help break the silence on these issues and enable more groups to work together to do so. This should include male-involvement initiatives aimed at stopping violence (including domestic violence), improving male participation in child care and parenting issues and providing reproductive health services for men.

Parent/teacher associations need to be reinforced to increase parent involvement in reproductive health and sexual education. Similarly, more effort needs to be invested in education, including incorporation of reproductive health and sexual education and gender issues into the early years of education, using a “building block” approach. Parliamentarians are encouraged to address the issues of compulsory education and universal access to school education.

More intersectoral approaches need to be adopted in the design and development of programmes. NGO participation in long-term policy-making needs to be increased.

NGOs and academic institutions/universities should interact more frequently. Such interaction would help to strengthen the work of both parties and help further policy and programme development and improve action-based research in reproductive and sexual health. To reduce poverty, NGOs involved in health, family planning and development should collaborate more frequently and make a link to the 20/20 Initiative.

Donor/NGO partnerships should be enhanced by the donor’s willingness to invest in the capacity-building of their partner organizations.

(Continued)

**Box 3. Continued**

**2. Promote Accountability and Transparency**

Accreditation should be encouraged and promoted through the establishment of an independent body, the sole function of which would be to set standards and regulate NGO operations within a country. In countries where this does not exist, NGOs could voluntarily establish such a body as a means of quality assurance and of maintaining the good reputation and professionalism of the NGOs. Donors need to work more with those NGOs and enable them to develop their capacity so as to conform to and meet those requirements. Donors should invest in institutional building (staff training and development, internal managerial systems, governance and the promotion of internal democracy within organizations) for long-term sustainability and the attainment of accreditation standards. The registration of NGOs by Government should be simplified. Guidelines should clarify the process, which should be applied equally to all NGOs.

There should be a formal mechanism between NGO partners and Governments and communities as well as donors to ensure exchange of information on programme activities and financing, and to assist in strategic planning, determining future directions, identifying lessons learned and strengthening partnerships. There should be periodic internal and external programme, management and financial auditing. One modality for this might be peer review. Governments and NGOs need to be mutually accountable. Programme monitoring and evaluation mechanisms would assist this process. NGOs need to build in a system for reflection, self-learning and developing new vision. Often, NGOs become preoccupied with programme implementation and may be in danger of losing sight of why they are good at achieving their mission and how they are actually achieving their goals. A process needs to be put into place for civil society to monitor and assess government progress and performance in accomplishing the goals of the ICPD Programme of Action.

**3. Ensure Sustainability**

There is a strong need to encourage NGO-NGO mentoring, with stronger, larger and well-run NGOs' training and acting as professional brokers to smaller and newer NGOs. Larger NGOs should act as advocates for smaller NGOs and promote them with donor agencies.

Similar programmes demonstrated marked differences in outcomes within regions, suggesting differences in the quality of services. Research and closer investigation are needed at the micro-level to determine why these differences occur and to shed light on such issues as how to reach diverse population groups.

Improvement in the quality of services is a precondition to sustainability of services. Services will be sustainable if clients are satisfied that they have received good services. Professional associations need to assist in developing standards of professional conduct and codes of ethics for all workers, including volunteers, in the area of reproductive and sexual health. Clients' rights should be articulated, advertised and promoted. Referral and back-up systems need to be set up where these do not exist and improved where they do exist.

Local and corporate funding could be enhanced by taxation policies which encourage corporate citizenship for social programmes. Social clubs could support reproductive health programmes.

Governments should not devolve their responsibility to provide high-quality services. There should be more emphasis on institutional and programme efficiency. Donors need to place less emphasis on rapid quantifiable aims and more on qualitative, process-focused activities that will promote transformations in values.

## **VI. PARTNERSHIP TO PROMOTE ACCESS TO HIGH-QUALITY REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES**

### **Plenary Session: Presentations and Discussion**

The Moderator for Session Four, “Partnership to Promote Access to High-Quality Reproductive Health and Family Planning Services,” was Mr. Robert Ssebunya, Minister of Health, Buganda Kingdom, Uganda. Panel members were: Ms. Susana Galdos Silva, Technical Coordinator, Reproductive Health, Movimiento Manuela Ramos, Peru; Dr. Moshira El-Shafei, First Under-Secretary, Ministry of Health and Population, Government of Egypt; Mr. Abu Yusuf Chowdhury, Director, Programme for the Introduction and Adaptation of Contraceptive Technology (PIACT), Bangladesh; Dr. Boniface Oye-Adeniran, President, Confederation of African Medical Associations, Nigeria; and Ms. Janet Jackson, International Planned Parenthood Federation (IPPF).

Discussants were requested to share their operational experiences and to examine various factors regarding partnership among Governments, NGOs, the private sector and the international community to provide quality reproductive health information, counselling and services to a full range of clientele and with an expanded number of delivery points. Discussion topics included, *inter alia*:

- C Policy, legislative, strategic and programmatic changes to promote partnership;
- C Adoption of strategies and modalities to enhance collaboration, for example, among Government, NGOs and private employers to meet employees’ needs for reproductive health information, education and services;
- C Inclusion of reproductive health services in the benefits packages of organized health-care providers and insurers;

- C Cooperation between the private sector and NGOs to strengthen human and institutional resources to ensure appropriate information and effective, quality service delivery;
- C Provision of appropriate and quality commodities;
- C Social marketing;
- C Success stories, failed efforts, obstacles and lessons learned;
- C Priority and special issues requiring further attention; and
- C Future actions for partnership to promote access to high-quality reproductive health and family planning services.

The first speaker, Ms. Susana Galdos Silva, addressed three topics: political, legislative and other changes facilitating NGO partnership with Government; the relationship between the reproductive health programmes of ReproSalud and of the Peruvian Government; and constraints to, achievements in and recommendations for effective partnership.

Ms. Galdos Silva reported that an excellent strategy adopted in Peru to promote partnership between civil society and the Government was the formation of a Tripartite Board. Established in July 1997, the Board has representation from government institutions, civil society and international cooperating agencies. Key strategies are chosen by the participating institutions for follow-up action on such areas as better conditions for women and girls, and male roles and responsibility.

As a way to measure progress and demonstrate impact, baseline indicators were prepared based on surveys and the census. The Tripartite Board meets to discuss and debate issues; it is acknowledged as a way to provide opportunities for dialogue and coordination, in which civil society institutions can join efforts and develop their own agendas and contribute to action plans.

The process of working with grass-roots groups, she said, has educated health providers about women's reproductive health concerns such as pain during delivery, vaginal infections and the health consequences of bearing

of too many children. The partnership supports the aims of the ICPD, by, for instance, campaigning against sexual violence against girls. In addition, she noted, a law punishing violence against women was enacted, and police officers are being trained to enforce it.

Women often mention domestic violence as a cause of reproductive health problems. Ms. Galdos Silva reported that although information on the laws against violence has been distributed, it has not reached the rural areas. Many rural women, she added, still accept the myth that violence is a sign of affection, believing the saying “the more you love me, the more you hit me.”

Reproductive health services should be extended to geographically and culturally isolated communities and laws against violence should be more widely distributed and enforced. Civil society groups should work more closely with local authorities, and families should be more involved in reproductive health programmes. Most important, she stressed, programmes should place greater emphasis on reproductive health needs that clients themselves identify as most important.

In terms of high-quality family planning services, the Peruvian Government has created many good laws and norms to improve women’s health, she concluded. Two important steps must follow, however, if they are to have the desired effect. The first is the diffusion of these laws to the people so that they are aware of and know their rights; the second is to have institutions in place which enforce these laws and to which people can turn and make their complaints or express their views.

*Conducting activities with a more qualitative approach allows participants to voice their reproductive health concerns and give value to their reproductive experiences, often for the first time in their lives. This does not necessarily lead to changes in attitudes and behaviour around their reproductive health, given the multiplicity of factors which influence reproductive decision-making. Yet, our experience shows that it does raise women’s awareness and plants a seed around the value of caring for their own health and their right to live healthy lives.*

-- Ms. Susana Galdos Silva

Dr. Moshira El-Shafei described how the Government, international agencies and civil society groups had increased their collaboration in advocating for reproductive health, including an expansion of family planning services. One result was their successful advocacy against female genital mutilation (FGM), which ultimately led to the prohibition of this practice in Egypt. “Without the help of NGOs and other actors in civil society, we would never have made this kind of progress,” she said.

Dr. El-Shafei noted that health services in Egypt were being provided by partnerships of the public, private and NGO sectors. The private sector was providing about 50 per cent of modern contraceptives; more than 12,000 pharmacists, pharmacy assistants and private doctors have been trained since the Cairo conference. Since 1995, the public-sector provision of services has risen from 38 to 41 per cent.

The most innovative feature of the Ministry of Health and Population's Family Planning and Reproductive Health Programme is the Quality Improvement Programme (QIP), designed to improve the standards of practice in providing services. The key elements of this Programme are:

- C Improved clinic performance, especially in infection prevention and client counselling;
- C Improved physical conditions at clinic sites; effective management systems to improve team functioning;
- C A monitoring system to measure compliance with standards; and
- C A Management Information System to measure compliance with an established list of  
101 Family Planning Clinical Standards, covering clinical services management, support services and facilities and equipment.

Mr. Abu Yusuf Chowdhury called for better coordination between the Government and NGOs. They should agree, for instance, on whether they both will charge prices for their reproductive health and family planning services. Although Bangladesh is a poor country, he suggested the Government might start charging moderate prices for its services just as the NGOs are doing. Safety nets to protect the interest of the poor, however, must be retained.

In the context of Bangladesh, Mr. Chowdhury raised several issues, including the overlapping of activities among NGOs, especially after services were shifted from a home delivery system approach to clinics. This overlap is a duplication of resources, and better coordination is needed. Reproductive health issues for adolescents are an important consideration. In Bangladesh, two-thirds of the population are youth, and more innovative processes need to be formulated to address the reproductive health needs of adolescents.

A large majority of urban and rural people receive health-care services from private medical practitioners. These practitioners, therefore, are an appropriate group to promote social marketing in the area of reproductive health care -- leading to improvements in the quality of care and in the sustainability of the reproductive health programme. Mr. Chowdhury proposed that necessary legislation should be enacted covering the rights of clients for redressing grievances against the negligence of service providers in clinics and hospitals as a step towards delivering quality services at service-delivery points.

Dr. Boniface Oye-Adeniran described his organization's innovative activities. He cited the example of the Nigerian Medical Association as a case-study in how national medical associations can bring about access to high-quality reproductive health and family planning services. Different member organizations, he noted, bring different experiences and contributions. Some NGOs contribute in the area of training, others in advocacy, others in the actual provision of services and still others in the provision of resources.

Dr. Oye-Adeniran recounted that in Nigeria, a unique alliance of NGOs had come together, with the Nigerian Medical Association at the base of the consortium, to eliminate unsafe abortions. He stated that unsafe abortion accounted for a significant portion of Nigeria's high maternal mortality rate. Although abortion was allowed by law only to save the life of a mother, it has nevertheless been available to rich persons but not to poor persons. A group of doctors, nurses, lawyers and social scientists formed an NGO coalition to campaign for a reform of the law. The overall strategy was to create a conducive political and sociocultural climate in the country that would allow women themselves to choose, and to support safe and

accessible abortion-care services. The first task of the NGO alliance was in the area of media sensitization; workers went to media firms and groups to sensitize and inform media practitioners about the impact of the abortion laws in Nigeria. A new draft law to eliminate unsafe abortion is now awaiting approval from the Government.

Ms. Janet Jackson of the London-based IPPF, spoke about IPPF's work with NGOs in central and eastern Europe. She said that women in the region were becoming poorer and were having to pay more and more for reproductive health services. "Women are poor in health because the health system is breaking down due to cuts in the health budgets and the deterioration of the purchasing power of allocated amounts due to inflation," she noted. "The quality of services is sliding, with less choice available to women." One consequence of the transition to market economies, she reported, is that women's voices are heard less than previously. This is partly because women's associations are seen as part of the old socialist regimes. The challenge is to work with civil society organizations to provide more services.

There is an urgent need in eastern Europe for better education on reproductive health services, to correct misinformation about the choices available. To meet this need, NGOs are working with the media to promote contraception and reproductive health, using television and radio messages from respected figures. Partnerships with youth groups have helped to break down taboos surrounding the open discussion of sexuality and to counter the influence of the pornography industry. Parents, she added, have been brought into partnerships to address youth concerns too and to help bridge the generation gap. Partnerships have also helped to reduce the price of contraceptives in some countries.

Another area in which partnership has been fundamental has been private-sector development. One such initiative took place in the Russian Federation, where work has been undertaken with Proctor and Gamble. The company funded a project to go into schools to train teachers and publish leaflets to enable young people to have access to important reproductive health education materials.

In the discussion period that followed, observations focused on the formation of tripartite boards as well as strategies for collaboration with the private sector and the promotion of partnerships.

### **Working Group Report**

To promote accessibility of reproductive health services, the group identified possible “actors” such as:

- C Government - at central, municipal and local levels;
- C Civil society members, *inter alia* - NGOs, advocacy organizations, professional associations, service organizations, youth organizations, consumers groups, corporate sector associations (employers and employees), trade unions, educational institutions, research organizations, private practitioners (modern and traditional), community leaders, religious leaders, media professionals; and
- C International aid agencies.

To promote the accessibility of services, the actors would fulfil their specific roles in the following areas within a partnership paradigm:

- C Partnership to ensure the role of all actors in the policy-making process, from planning and design through implementation, monitoring and evaluation. The respective operational areas of responsibility would be distributed among the various actors;
- C Partnership to facilitate the free flow of information among the different actors (*e.g.*, through Management Information Systems, databases, the Internet) and to promote effective coordination by and among all actors in reproductive health, including family planning activities; and
- C Partnership for the allocation and sharing of resources (institutional, financial, technical and human).

The group noted that the ICPD Programme of Action has programme, management training and financial implications.

For accessibility two conditions should be fulfilled:

- C *Programmatic* conditions which involve a client-oriented, quality service delivery mode made accessible to everyone, particularly for meeting unmet needs - i.e., the *supply* aspects; and
- C *Non-programmatic* conditions which involve socio-economic, cultural, religious and legal aspects affecting request for services - i.e., the *demand* aspects.

The perfect blending of demand and supply aspects in the right proportion would achieve greater success with minimum cost.

## **Major Areas of Progress and Constraints**

### *Policy formulation*

There has been a paradigm shift away from the demographic target-setting approach to the promotion of reproductive health, involving the life-cycle approach with consideration of, *inter alia*, the unmet family planning needs of clients, prevention of STD/HIV/AIDS and treatment of infertility. Progress has been achieved, as almost all the countries in the world have accepted this paradigm shift as a matter of policy. A constraint, however, can be seen in many countries where pre-Cairo attitudes still prevail, resulting in a gap between policies and practice. Moreover, in certain countries, the commitment by Government is lacking due to the policy shifts adopted by the changing Governments.

### *Strategic programme planning*

The sociology of demand and sociology of supply as well as effective service-delivery modes should be identified for specific communities and groups. Services are less accessible to the following critical groups: youths and adolescents; high-risk mothers; and the underserved, marginalized, hard-to-reach populations, such as homeless persons, slum dwellers in cities, persons in remote geographical locations and refugees. Progress has been made in that some type of service-delivery mechanism exists in every country. The existing modes, however, are not capable of providing quality reproductive health services.

### *Financing of services*

A mechanism should exist which will enable Government and aid agencies funds to reach different actors, including NGOs.

### *Quality Assurance*

Quality standards may be established by Government through legislative action. NGOs and professional organizations might take the leadership role in the formulation and dissemination of standards among providers and clients; for example, via reference manuals on contraceptive technology by IPPF, which has been endorsed by the World Health Organization. Guides to enable self-supervision should be developed to facilitate the monitoring of the quality of services. A clients' bill of rights should be passed to protect clients' rights.

### *Sustainability*

It is difficult to achieve sustainability under conditions of higher demand and lower provision of funding. Innovative approaches should address the issues of how latent demand could be turned into effective demand; how free services might be replaced by incremental service charges; and how subsidized prices would be replaced by free market forces without any subsidy. Such arrangements should constitute the general strategy; a proviso to this general strategy, however, is that health care services should be provided for pregnant women and other vulnerable

groups in emergency situations. Cost-effective mechanisms should be devised through networking and, linkages should be established so that the success of one objective may come as a by-product of other objectives in a sustainable manner.

Many criticisms have been voiced of both Governments and NGOs for their dependence on external funding sources and failure to achieve sustainability. In addition to its significant benefits, the process of external assistance in some cases inadvertently may have some unwanted consequences such as, a weakening of internal capacity to generate funds or dependency and dominance relationships between providers and receivers. While recognizing such positive and negative factors, the main question remains, “Is external assistance needed?”. So long as there are unserved, underserved, marginalized, poorer persons who constitute large sections of the population and are unable to derive the basic necessities of life in many developing nations, assistance is needed. This assistance must reach the poor. This assistance must reach the “actors,” be they Government or NGOs, who are working for and with disadvantaged persons at local levels. There should be a built-in bias in the project formulation in favour of disadvantaged persons to ensure that benefits can reach them.

### **Conclusions: Partnership to Promote Access to High-Quality Reproductive Health and Family Planning Services**

The Working Group identified six strategic actions to be undertaken in partnership by and among the members and institutions of civil society, Government and the international community to promote access to high-quality reproductive health and family planning services. The conclusions of the Working Group are provided in Box 4.

**Box 4. Conclusions of Working Group Four Concerning Partnership to Promote Access to High-Quality Reproductive Health and Family Planning Services**

**1. Formulate Reproductive Health Policies**

Consensus among political parties is necessary for the continuation of the reproductive health programme. Advocacy by the civil society may bring various political parties together. Policies need to be disseminated through a consultative process involving civil society and users of services, which should also include periodic re-examination of whether the design and configuration of services are still appropriate to “post-ICPD” needs. Current views on client rights and current client expectations should be reviewed.

**2. Undertake Strategic Programme Planning**

Efforts should be made to build institutional and managerial capacities for providing quality reproductive health and family planning services, particularly for often neglected groups:

C Youth/Adolescents: For sociocultural, religious and legal reasons, the needs of this large population are unmet. The challenge is to identify how services could be provided under existing constraints. For example, in the Islamic Republic of Iran, parents are provided with sex education and, through parents, youth and adolescents are served. Sex education among adolescents may remove the harmful effect of pornography. Sensitization, awareness promotion and advocacy by the civil society should begin in order to create an enabling socio-economic and cultural environment so that, in the future, either married or single youth may have access to services. Civil society may take the lead. Parliamentarians may be persuaded to play an advocacy role in legislation in favour of the ICPD Programme of Action and reservations might be removed;

C High-risk mothers: Provision should be made for emergency obstetric care (EOC) for high-risk mothers. Referral arrangements between NGO/NGO and private sector might be a more cost-effective modality to meet the needs of high-risk mothers. Information, education and communication (IEC) and behaviour change and communication (BCC) strategies might be used in discussing EOC issues with the clients.

C Underserved and unserved persons: Innovations should be developed for identifying appropriate programmatic approaches to provide services to hard-to-reach groups. In Egypt, government provides services to poor persons, whereas NGOs provide services to middle class persons, and the private sector, to upper middle class and rich persons. In most countries, however, the Government is like a big ship which cannot enter into the small river or canal which NGOs can enter through their innovative approaches which reach underserved groups. Equitable access to services should be ensured, regardless of ability to pay. Corporate-sector programmes, like that of TATA and its support to foundations like the Majulika Foundation or SEWA in India, and private voluntary services or service organizations, like the Rotary Club or similar associations, should be encouraged to contribute to the achievement of ICPD Programme of Action goals, along with the Government and NGOs.

(continued)

**Box 4. Continued**

**3. Provide Core Financing**

A core grant to NGOs should be ensured by the Government. A quota should be earmarked from international aid agencies for NGOs.

**4. Develop Quality Assurance**

The Government may establish quality standards through legislation, and NGOs and professional organizations can formulate and disseminate standards among services providers and clients, with the development of guides for monitoring quality. A clients' bill of rights should be passed to protect clients' rights.

**5. Create Built-in Sustainability**

A sustainability plan should be built into the project design within a stipulated time-frame. Service charges should be introduced on an incremental basis. Clients should be empowered through information so that they may change from passive receivers of services to active seekers of services at clinics and commercial outlets on a payment basis. Cost recovery and other payment-for-services programmes, however, should not preclude the provision of health care services for pregnant women and other vulnerable groups in emergency situations.

**6. Continue External Assistance**

So long as there are unserved, underserved, marginalized, poorer persons who constitute large sections of the population and who are unable to obtain the basic necessities of life in many developing nations, external assistance will be needed. This assistance must reach poor persons. This assistance must reach those institutions or organizations, whether Government or NGOs, which are working in the field to provide needed quality reproductive health services to these persons.

## VII. CLOSING

During the first half of the conclusion of the Round Table meeting, the four Working Groups presented their respective reports and submitted their conclusions and proposed recommendations for adoption by the Plenary. Mr. Nizamuddin, Director, Technical and Policy Division, UNFPA, was the Moderator for this session. The recommendations are summarized in the following chapter.

### **Plenary Session: Presentation of Working Group Reports**

The four Working Groups presented their respective reports and submitted their conclusions and proposed recommended future actions to the Plenary. (The reports of the Working Groups are provided in Chapters III, IV, V and VI, *supra*, of this report.)

During the plenary discussions regarding the presentations, the following clarifications, observations or recommendations were made by the participants or provided by members of the Working Groups:

- C In addition to including such issues as violence against women and the legal age of marriage, the Round Table report should also highlight the plight of the girl child;
- C The issue of nutrition, especially for women, is related not only to the availability of food but also to provision of education on nutrition; such education would better enable women to live healthy lives, thus contributing to reductions in maternal and infant mortality;

- C There is a need to build on what has already been accomplished and to identify what further assistance is required to promote the implementation of the Programme of Action, especially in terms of partnerships. It was pointed out that before the ICPD, advocacy was undertaken with trade unions and employer associations in the general area of population and development. Somehow, after the ICPD, this particular focus seems to have been diminished. The private sector is a potentially important player. As an example, Rotary International has made Population and Development one of its priorities. Linking up with other similar councils or networks of socially responsible business executives should be further explored. At the same time, it is important to continue to support those groups, such as trade unions and employer associations, which were partners before the ICPD
  
- C Religious organizations were identified also as allies, as well as critics;
  
- C Health budgets have suffered in many developing countries. Consequently, funds are used to continue to implement only the same activities and to provide the same services, rather than to move forward towards implementing a comprehensive reproductive health package. There are no funds to introduce new reproductive health components, which would reflect a life-cycle approach;
  
- C The commitment of bilateral donors and ODA seem to be declining, making it difficult to implement the ICPD Programme of Action;

- C The commitment of bilateral donors in both financial support and their partnership with civil society has either regressed or been subject to the imposition of additional conditions, making it more difficult to obtain financial support. Similarly, there appears to have been a great deal of blurring of the subject areas for funding. Previously, there may have been a category "Population and Development," in which everything, including Reproductive Health, could be placed. Now, the classification is unclear and diffused;
  
- C Some donor countries tend to present a picture that developing countries do not want family planning services. Some participants thought that this orientation was partly a reflection of the reluctance of these donor countries to provide funds. The participants therefore proposed that a strong resolution on provision of reproductive health services should be made by the Round Table meeting on behalf of persons in developing countries; and
  
- C On the question of resource mobilization, it was proposed that, besides political will and financial constraints, there is in the donor community - with a few exceptions - a lack of sufficient human resource expertise to address the issues comprising the ICPD Programme of Action. There may be experts on the environment and on women's issues, but few persons in the donor community administrations are experts on the broad scope of the Cairo agenda. It was proposed that the Round Table should call upon Governments to increase such human resource expertise in their systems.

After due consideration and discussion, the Plenary adopted the recommendations, with some revisions and amendments, proposed by the four Working Groups. The recommendations are presented in Chapter VIII.

### **Closing Ceremony: Concluding Remarks**

The Closing Ceremony was officiated by Mr. Muhammed Ali, Secretary, Ministry of Health and Family Welfare. Mr. Nizamuddin, Director, Technical and Policy Division, UNFPA, and Mr. Alain Mouchiroud, UNFPA Representative (Bangladesh) also participated in the closing ceremony.

Mr. Nizamuddin presented an overview of the Round Table deliberations and summarized several of the key recommendations. He further stated that Bangladesh was a most appropriate venue for this Round Table because of the noteworthy involvement of local civil society groups in the reproductive health area, including family planning. On behalf of UNFPA, Mr. Nizamuddin thanked the participants for their numerous contributions to the lively and fruitful discussions and expressed appreciation to the Government of Bangladesh for hosting the *Round Table on Partnership to Promote the Implementation of the ICPD Programme of Action*.

Mr. Mouchiroud, said that actions and trends are moving in the right direction in the country, although more efforts should be undertaken to end discrimination against women and girls, especially in the area of nutrition. The Government, NGOs and donors should identify and address issues that are critical to the country's population problems, as no one can afford costly delays, he said. "We cannot do that without relying on knowledge of all components of civil society," he added, endorsing the participants' recommendations. "We need to open our doors, our ears, our minds -- not to rely only on the 'specialists' or so-called experts."

Mr. Ali stated that Bangladesh had adopted measures to implement the ICPD Programme of Action and was addressing some of the national population and development issues, such as infant mortality and high fertility. Special emphasis was being given to promoting the education of women and girls, as well as to consolidating services in the health and population sectors. Mr. Ali thanked UNFPA for selecting Bangladesh as the site for the Round Table meeting. He also expressed appreciation to the participants and assured them and UNFPA that the recommendations of the Round Table would receive serious consideration.

*Efforts should continue to be made to make this world a better place for the poor, for women, for children and for all those who need support to improve their condition.*

-- Mr. Muhammed Ali

## VIII. CONCLUSIONS AND RECOMMENDATIONS

The ICPD has become synonymous with the spirit of inclusion, cooperation and consensus for a new generation of reproductive health and population-related policies based on human rights, gender equality and equity and partnership. The Programme of Action recognizes that to implement effectively the conceptual shift to an approach highlighting human-centred development and the life-cycle concept of sexual and reproductive health within the fuller framework of sustainable human development, a broad-based and interactive collaboration among Governments, civil society, including NGOs and the private sector, and the international community is required. Thus, the Programme of Action calls for the promotion of an effective partnership between all levels of Government and the full range of NGOs and local community groups in the design, implementation, coordination, monitoring and evaluation of population policies and programmes. It also calls for strengthening the partnership among Governments, international organizations and the private sector to identify new areas of cooperation; and for the promotion of the role of the private sector in service delivery and in the production and distribution of high-quality reproductive health and family planning commodities and contraceptives, which are accessible and affordable to low-income sectors of the population.

While there are positive examples of collaboration, further efforts will be required for the building of strong, dynamic partnerships at the national level. Critical to such an effort is for Governments to take a committed lead role in establishing a positive, supportive enabling environment for partnerships through the promulgation of appropriate policies and legislation; the institution of modalities for interactive discussion and consensus on common objectives and strategies to integrate the Programme of Action into all economic and social activities; and agreement on the respective roles, responsibilities and comparative institutional advantages for programme implementation. For civil society institutions to play an even more effective role as development partners, financial and technical assistance for capacity-building is essential. Human, institutional and managerial strengthening is vital for improved and enhanced accountability, transparency, sustainability, coalition-building and responsiveness to constituencies. Further attention to the role of the private sector is required. For the broad range of companies, their role may encompass the provision of a work environment safe for reproductive health; the provision of reproductive health information, counselling and services for their

employees, on-site or as part of their insurance benefits package; and the promotion of employment practices which advance gender equality and equity. Private-sector companies engaged in commodity production, insurance coverage or service provision have a special role to play in ensuring full access to a wide range of affordable, high-quality reproductive health services.

Government and civil society institutions have another critical role to play -- namely to extend the partnership to the inclusion of all individual members of civil societies. Leaders, including those in the civic, political, business, media and religious spheres, have a special obligation to translate the Programme of Action for their constituencies and to assist them in adopting the Programme's provisions as their own agendas for advocacy and action. In this way, the Programme of Action's vision of human well-being as the central focus of development will be realized by women, men and youth everywhere.

To promote and strengthen partnerships between Governments and the civil society as well as with the international community, including the United Nations system, the Round Table adopted the following recommendations:

## **AN ENABLING ENVIRONMENT FOR EFFECTIVE PARTNERSHIP**

All Governments should adopt measures to facilitate the involvement of civil society, particularly of NGOs, in the formulation, implementation, monitoring and evaluation of policies, strategies and programmes to achieve the Programme of Action objectives. The below summarized actions will assist in the process of creating an enabling environment for an effective partnership among civil society, Government and the international community to advance the implementation of the Programme of Action.

- C Create common forums for dialogue.** Regular and systematic dialogue seems to be the key to partnership. Common forums for dialogue may be initiated by Government, civil society organizations, the international community or all of them in combination. Such dialogue should lead to increased involvement of civil society in the

planning, implementation, monitoring and evaluation of national policies and programmes and to more coordinated as well as joint development efforts by Governments, civil society and the international community.

- C **Re-examine concepts, assumptions, agendas, priorities.** For partnership to flourish, reflection on and re-examination of agendas and priorities, as well as the basic concepts of “partnership” and assumptions about possible partners, are essential. Such re-examination might be undertaken through discussion and debate as well as processes which facilitate openness and transparency.
- C **Listen to and respect the experiences of other partners.**
- C **Identify and build on the comparative strengths of partners and utilize existing relationships.** Mutual respect and appreciation of the views of other partners promotes cooperation. Mutual respect increases with regular interaction and working together. In this way, the strengths, comparative advantages and weaknesses of each partner can be identified, evaluated and put to use accordingly.
- C **Identify key issues.** Key common issues regarding legislation, policy and programmes have to be identified as the basis for collaborative action.
- C **Identify key players and institutions.** The identification of key players is crucial. Different approaches may be used to assist in the identification of potential partners, such as reference to public registers of civil society organizations; through joint efforts on social issues with other institutions or civic leaders; and the establishment of community-based structures at the local level.
- C **Develop mutual accountability among partners.** It is essential to develop transparent systems by which partners become accountable to each other and to the respective communities and constituencies which they serve.
- C **Develop joint plans of action at various levels.** The process of dialogue should lead to joint or complementary plans of action. Such plans should be developed at various levels in a transparent, coherent and participatory manner, especially at the community level.

- C Continue monitoring the implementation of the Programme of Action.** Despite commitment to the ICPD Programme of Action, a gap exists between rhetoric and reality. Mechanisms are needed to monitor implementation and to provide feedback. Various modalities might be used, such as periodic country-level assessments by Governments, CSOs and, when appropriate, international organizations, using a framework of indicators or checklists; periodic international, regional and subregional reviews should also be undertaken.

## **SOCIAL AND RESOURCE MOBILIZATION**

Governments and civil society should strengthen and intensify their social and resource mobilization efforts as well as formulate IEC and advocacy strategies which are bolder and more innovative, based on sociocultural and economic research, and designed to reach specific audiences within a broader spectrum of civil society.

- C Communicate directly and clearly.** The Programme of Action's message must be translated not only into the local language but, equally important, into the vernacular of the selected audience. The Programme of Action should be explained in terms which relate to the experiences and realities of individuals. Such action is crucial if the Programme of Action is to be accepted, adopted and acted upon by all segments and members of civil society. The objective of such action should be to encourage all persons to become stakeholders in the implementation of the Programme of Action.
- C Use media more effectively.** More time and money should be devoted to the effective use of the media. Quality and creativity must match the quantity of media output.
- C Develop new strategic alliances.** Old approaches based on an earlier segmentation of issues are incomplete and ineffective and do not do justice to the scope and potency of the Programme of Action. New models and inclusive approaches should be used to reach selected

audiences, including private sector organizations, parliamentarians and religious communities.

- C Engage ICPD critics and adversaries.** There is a need to conduct detailed study and research on the objections and concerns of the critics and adversaries of the Programme of Action, and, on the basis of the findings, to educate and support effective spokespersons, at all levels, to address these issues.
- C Address controversial topics and cultural taboos.** Public discourse and dialogue on controversial issues should be encouraged. Issues left uncovered and unchallenged are obstacles to social mobilization. Issues should be opened up for discourse in a way which is culturally sensitive and with a commitment to the promotion of justice and sound health.
- C Mobilize resources.** In addition to social mobilization for programme implementation, increased attention must be given to mobilization of financial and other resources at all levels to ensure that the Programme of Action is well supported. CSOs should learn to approach donors more effectively to obtain support for their programmatic and institutional needs

## **HUMAN RESOURCES AND INSTITUTIONAL CAPACITIES OF CIVIL SOCIETY**

Governments and the civil society, particularly CSOs, with the assistance, as appropriate, of international organizations, should give increased attention to and undertake a more proactive approach to improve and strengthen their respective human resource management and technical capabilities as well as institutional capacities and financial viability. Innovative financial and technical assistance approaches, including direct funding to CSOs, should be adopted to foster civil society and government partnerships.

- C Strengthen capacities at all levels.** Governments and civil society should formulate a common framework for working together and establish the underlying principles governing their collaboration and partnership. In this way, roles will be clear, expectations realistic, and

programme accountability may be promoted. The scope of donor and NGO partnerships should be broadened to include the provision of financial and technical assistance by donors to build the human resource and institutional capacities of their partner organizations.

- C Promote accountability and transparency.** NGO accreditation should be encouraged and promoted through the establishment of an independent body, the function of which would be to set standards for NGO operations. NGOs might voluntarily establish such a body to ensure the professionalism of the NGOs. There should be a formal mechanism among NGO partners, Governments and local communities as well as donors to ensure exchange of information on programme activities and financing, and to assist in planning strategically, determining future directions, identifying lessons learned and strengthening partnerships. There should be periodic internal and external programme, management and financial auditing. Governments and NGOs need to be mutually accountable in partnership ventures. Programme monitoring and evaluation mechanisms would assist this process.
- C Ensure sustainability.** Government, civil society institutions, particularly NGOs, and the international community should address the critical issue of institutional viability and programme sustainability. Models and approaches which have been successful in various countries should be reviewed and, as appropriate, instituted on a pilot basis. Such approaches might include, *inter alia*, tax deductions for personal and corporate contributions to NGOs and advocacy by older and larger NGOs on behalf of newer and smaller NGOs, especially with donor agencies.
- C Encourage coalition-building and networking.** Networking between international and national NGOs has been especially important in the areas of advocacy as well as technical and financial assistance. Civil society institutions, especially NGOs, should give increased attention to coalition-building and networking at the national and regional levels in order to promote programme replicability, complementarity and synergy, in addition to facilitating information exchange and concerted action for policy and legislative inputs.

## **ACCESS TO HIGH QUALITY REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES**

Given the pressures of economic globalization, Governments, NGOs, the private sector and international organizations should significantly increase their efforts to identify areas as well as to promote innovative modalities for concerted action to achieve programme complementarity and synergy, particularly with respect to provision of reproductive health services.

- C Formulate reproductive health policies.** Policies and programmes should be formulated by Governments and international donors through consultative processes involving the civil society, particularly the providers and users of reproductive health services. Policies and programmes should be re-examined to ascertain if the design for service provision is still appropriate within the reproductive health life-cycle approach of the Programme of Action.
- C Undertake strategic programme planning.** The sociology of demand and supply, as well as the mode of service delivery, should be reviewed for specific communities and groups. Capacity-building must be strengthened to ensure that quality services can be provided, especially to groups such as youth/adolescents, mothers at high risk, and hard-to-reach or underserved, marginalized groups. Innovative approaches, especially those involving community-based and supported health service modalities, should be examined and piloted, as appropriate.
- C Provide core financing.** A core grant should be earmarked by Governments to support NGO/civil society involvement and a percentage of country programme funds set aside by international aid agencies for NGOs and civil society participation and execution. This "core" funding is a prerequisite to NGO/civil society operation and participation in the implementation of ICPD Programme of Action, including the provision of quality reproductive health services.
- C Develop quality assurance.** Governments, through legislative action, must enact standards of quality assurance for the provision of

reproductive health services and contraceptive commodities. NGOs and professional organizations should take a leadership role in assisting the Government in determining and setting appropriate quality standards and in disseminating these standards among providers and clients.

- C Create built-in sustainability.** Service charges should be introduced on an incremental basis, as appropriate. Clients should be empowered through information so that they may emerge from being passive receivers of services to becoming active seekers of quality services from private and other facilities, on a fee-paying basis, as feasible. The implementation of fee-based programmes should be carefully monitored to ensure the continued provision of quality reproductive health services to all clients.
- C Continue External Assistance.** So long as there are unserved, underserved, marginalized, poorer persons who constitute large sections of the population and who are unable to obtain the basic necessities of life in many developing nations, external assistance will be needed. This assistance must reach poorer persons. This assistance must reach those institutions or organizations, whether Government or NGOs, which are working in the field to provide needed quality reproductive health services to these persons.

#### ANNEX 1

### ICPD+5 ROUND TABLE ON PARTNERSHIP WITH CIVIL SOCIETY TO IMPLEMENT THE PROGRAMME OF ACTION, INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

The Round Table on Partnership with Civil Society is the fourth in a series of round tables and technical symposia which will be held on selected population and development issues as an integral part of a five-year review of the implementation of the Programme of Action, International Conference on Population and Development (ICPD+5). The United Nations General Assembly, which will convene a three-day Special Session from 30 June to 2 July 1999, has mandated the five-year review.

Results from the round tables and symposia will substantively contribute to the work of an International Forum to be held from 8 to 12 February 1999 in The Hague, The Netherlands. A two-day Non-Governmental Organization (NGO) Forum, scheduled for 6 and 7 February, will precede the International Forum; a Parliamentarian Forum and a Youth Forum will also be held in early February. These fora will focus on key issues emerging from the ICPD+5 review process, with an

emphasis on an analysis of the operational experiences in implementing the Programme of Action at the country level. The Round Table on Partnership with Civil Society is being organized by the United Nations Population Fund (UNFPA) in collaboration with the Government of Bangladesh, which is the host for the meeting. The Round Table will provide an opportunity for approximately 85 participants from about 40 countries to share experiences and exchange information and ideas on strategies and modalities to strengthen partnership among Government, civil society and International Community to advance the implementation of the Programme of Action.

The aims of the Round Table are to:

- < Review the status of partnership among Government, civil society, including non-governmental organizations and the private sector, and the International Community to advocate for and implement the ICPD Programme of Action;
- < Identify successes, constraints and lessons learned since the ICPD with respect to policy, legislative, administrative, managerial, strategic and financial aspects regarding tripartite collaboration and partnership, particularly at the country level;
- < Propose key future actions to further promote and enhance partnership among Government, civil society and the International Community to achieve the goals and objectives of the ICPD Programme of Action.

**ICPD+5 ROUND TABLE  
on  
PARTNERSHIP WITH CIVIL SOCIETY  
TO IMPLEMENT THE ICPD PROGRAMME OF ACTION**

*Dhaka, Bangladesh  
27 - 30 July 1998*

*Agenda*

*Day 1: Monday, 27 July 1998*

8:45 - 10:30    *Opening Session*

Professor (Dr.) M. Amanullah

Honourable State Minister, Ministry of Health and Family Welfare

Mr. Fazle Hasan Abed  
Executive Director, BRAC

Dr. Nafis Sadik  
Executive Director, United Nations Population Fund

Mr. Salah Uddin Yusuf, Honourable Minister  
Ministry of Health and Family Welfare

Chief Guest:  
Mr. Humayun Rasheed Choudhury, Honorable Speaker  
Bangladesh Parliament

Mr. Muhammed Ali, Secretary  
Ministry of Health and Family Welfare

Mr. Mohammad Nizamuddin  
Director, Technical and Policy Division, UNFPA

10:30 Tea/Coffee Break

11:30 - 1:00 ***Partnership with Civil Society to Implement the ICPD Programme of Action: Concepts, Progress and Constraints - An Overview***

**Moderator:** Mr. M. Nizamuddin, Director  
Technical and Policy Division, UNFPA

**Panelists:** Professor Rehman Sobhan, Chairman, Centre for  
Policy Dialogue, Bangladesh  
Ms. Ingar Brueggemann, Secretary-General,  
International Planned Parenthood Federation  
Dr. Ghulam Samdani, Secretary, Ministry of  
Population Welfare, Pakistan

*This session will provide the conceptual basis for Civil Society - Government - International Community partnership and will suggest key areas for discussion in the plenary sessions and the working groups. The panelists will consider such issues as: the definition of the “civil society”; the current role of civil society per se and vis-a-vis Government in the development process; the potential role of civil society as an effective partner with government and the international community. Issues will be presented within the context of advancing the implementation of the Programme of Action.*

Discussion

1:00 - 2:30 Lunch Break

2:30 - 2:45 Plenary Session  
Briefing on Working Groups

2:45 - 6:00 Working Group Meetings

***Four Working Groups will be organized:***

- C Partnership to Create an Enabling Environment for the Implementation of the ICPD Programme of Action (Room: Melonee East);***
- C Social Mobilization to Promote and Implement the ICPD Programme of Action (Room: Suite 800 - Eighth Floor);***
- C Partnership for Capacity-Strengthening, Accountability, Coalition-Building and Financial Sustainability (Room: Melonee West);***
- C Partnership to Promote Access to High Quality Reproductive Health and Family Planning Services (Room: North Ball Room).***

***On Day 1, the working groups will identify substantive issues which need to be addressed according to the objectives of the meeting and will develop the agenda for the working groups for Days 2 and 3. The working groups will then discuss these issues to reach consensus. Conclusions and proposals for key future actions from the working groups will be presented to the Plenary Session on Day 4.***

4:15 - 4:45      Tea/Coffee Break

4:45 - 6:00      Working Group Meetings (continued)

8:00              Official Dinner hosted by the Government of Bangladesh

***Day 2: Tuesday, 28 July 1998***

8:30 - 1:00      ***Session 1. Partnership to Create an Enabling Environment for the Implementation of the ICPD Programme of Action***

8:30 - 9:00      ***Informal Presentation on the ICPD+5 NGO Forum at The Hague***  
(6-7 February 1999)  
Mr. Wouter Meijer, Director, World Population Foundation  
The Netherlands

9:00 - 11:00     ***Partnership in Action: Civil Society, Government and the International Community***

**Moderator:**     Ms. Susan Davis, Women’s Environment and Development Organization (WEDO), USA

**Panelists:**     Dr. N. F. Maforah, Director, Social Development, National Department of Welfare and Population Development, South Africa  
Ms. Amy Coen, President, Population Action International, USA  
Ms. Mirai Chatterjee, General Secretary, SEWA, India

*Panelists will forthrightly focus on operational issues regarding the status of partnership among civil society, government and the international community. Such issues would include success stories as well as failed efforts; effective modalities; obstacles and constraints; lessons learned; priority issues; key future actions to promote effective partnership. The focus will be on policies, strategies and modalities to create an enabling environment for partnership.*

11:00 - 11:30     Tea/Coffee Break

11:30 - 1:00     ***Role of Parliamentarians in Creating an Enabling Environment***

**Moderator:**     Dr. Krasae Chanawongse, M.P., Thailand

**Panelists:**     Ms. Grace Akello, M.P., Uganda  
Ms. Beatriz Merino, M.P., Peru  
Ms. B. Narantsetseg, M.P., Mongolia

*The Parliamentarians will discuss the use of legislation and regulations in promoting an enabling environment. Attention will be given to successful usages as well as the constraints and limitations of the legislative modality.*

Discussion

1:00 - 2:30     Lunch Break

- 2:30 - 6:00 Working Group Meetings
- 4:15 - 4:30 Tea/Coffee Break
- 4:30 - 6:00 Working Group Meetings (continued)
- 7:00 Reception hosted by United Nations Population Fund

***Day 3: Wednesday, 29 July 1998***

9:00 - 1:00 ***Social Mobilization to Promote and Implement the Programme of Action***

**Moderator:** Professor Rehman Sobhan, Centre for Policy Dialogue, Bangladesh

**Panelists:** Mr. Dhruv Dey, Majulika Foundation for Human Concerns, India  
Mr. Nelson Agyemang, Executive Director, Youth Development Foundation, Ghana  
Ms. Frances Kissling, President and CEO, Catholics for Free Choice, USA  
Mr. Abdullah Syarwani, Adviser, Nahdlatul Ulama, Indonesia

*During this session, panelists will focus on strategies and modalities by which to inform, educate and mobilize civil society leaders and communities -- e.g., women, men and youth leaders; the religious community; the business community -- to promote and undertake efforts to achieve the goals and objectives of the Programme of Action.*

Discussion

10:30 - 11:00 Tea/Coffee Break

11:00 - 1:00     ***Partnership for Capacity-Strengthening, Accountability, Coalition-Building and Financial Sustainability within Civil Society***

**Moderator:**     Ms. Monique Essed-Fernandes, Coordinating Director,  
Projekta/Women and Development Organization

**Panelists:**     Prof. Abul Barkat, Dhaka University, Bangladesh  
Ms. Susan Davis, WEDO, USA  
Dr. Glenda Simms, Executive Director, Bureau of  
Women Affairs, Jamaica  
Prof. Jay Satia, Executive Director, ICOMP

*Panelists will present issues concerning strengthening the human and institutional resources of civil society itself in order to enable it to play a more effective and enhanced partnership role. Such issues would include human resource development, financial sustainability, accountability, transparency, responsiveness to constituencies, coalition building.*

Discussion

10:30 - 11:00     Tea/Coffee Break

1:00 - 2:30     Luncheon hosted by Partners in Population and Development:  
South - South Initiative

Presentation by Mr. Balla Musa Silla, Executive Director,  
Partners in Population and Development

2:30 - 4:00     Working Group Meetings

4:00 - 4:30     Tea/Coffee Break

4:30 - 6:00     Working Groups. Preparation of Reports

**Day 4: Thursday, 30 July**

9:00 - 11:00     ***Partnership to Promote Access to High Quality Reproductive Health and Family Planning Services***

**Moderator:**     Mr. Robert Ssebunya, Ministry of Health, Buganda Kingdom, Uganda

**Panelists:**     Ms. Susana Galdos, Technical Coordinator, Reproductive Health, Movimiento Manuela Ramos, Peru  
Dr. Moshira El-Shafei, First Under-Secretary, Ministry of Health and Population, Egypt  
Mr. Abu Yusuf Chowdhury, Director, PIACT Bangladesh  
Dr. Boniface Oye-Adeniran, Confederation of African Medical Associations (CAMAS), Nigeria  
Ms. Janet Jackson, IPPF, London, UK

***Panelists will examine issues concerning partnership among the government, NGO, private sector and international community to provide reproductive health and family planning information, counseling and services to the full range of clientele and in an expanded number of delivery points. Topics will include quality of care issues and social marketing strategies.***

Discussion

11:00 - 11:30     Tea/Coffee Break

11:30 - 1:00     Working Groups. Finalization of Reports

1:00 - 2:00     Lunch

## Round-Table Meeting on Partnership

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2:00 - 5:15 Plenary Session:

Moderator: Mr. M. Nizamuddin, Director  
Technical and Policy Division

Presentation of Reports: Representatives of the four Working Groups

Briefing on Procedures for the Preparation of the Round Table Report:  
Mr. V. T. Palan, General Rapporteur

Discussion

4:15 - 4:45 Tea/Coffee Break

5:15 - 6:00 ***Closing Session***

Chair: Mr. M. Nizamuddin  
Director, Technical and Policy Division

Summation  
Mr. M. Nizamuddin  
Director, Technical and Policy Division

Closing Remarks  
Mr. Alain Mouchiroud  
UNFPA Representative (Bangladesh)

Closing Statement  
Mr. Muhammed Ali  
Secretary, Ministry of Health and Family Welfare

## ANNEX 2

ICPD+5 Round Table on Partnership with Civil Society  
to Implement the ICPD Programme of Action  
27-30 July 1998, Dhaka, Bangladesh

### ***LIST OF PARTICIPANTS AND INVITED SPEAKERS***

#### **International Participants:**

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## Round-Table Meeting on Partnership

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### ANNEX 3

#### List of Papers Distributed at Round Table

- C Abed, F. H. (Founder and Executive Director, BRAC), Speech. Round Table on Partnership with the Civil Society, Dhaka, Bangladesh.
- C Agyemang, Nelson G. (Founder and Executive Director, Youth Development Foundation (YDF)). "Social Mobilisation to Promote and Implement the Programme of Action of the ICPD". Paper presented at the Round Table on Partnership with Civil Society, Dhaka, Bangladesh.
- C Akello, Grace, M.P. "Partnership to Create and Enabling Environment for the Implementation of the Programme of Action: The Role of Parliamentarians in Creating an Enabling Environment". Paper presented at the Round Table on Partnership with Civil Society, Dhaka, Bangladesh.
- C Ali, Muhammed (Secretary, Ministry of Health and Family Welfare). Speech for Opening Session, Round Table on Partnership with Civil Society, ICPD+5, 27 July 1998.
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- C Barkat, Abul, Ph.D. (Professor, Department of Economics, University of Dhaka). "Partnership for Capacity-Strengthening, Accountability and Coalition Building to Implement the ICPD Programme of Action, ICPD". Paper presented at Round Table on Partnership with Civil Society, Dhaka, Bangladesh.
- C Brueggemann, Ingar (Secretary General, IPPF). "Partnership' to promote full access to, as well as high quality and full range of services for reproductive health, including family planning and sexual health." Notes for presentation at Round Table on Partnership with the Civil Society.
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- C Choudhary, Abu Yusuf (PIACT, Bangladesh). "Partnership Among the Government, NGO, Private Sector and the International Community in the Area of Reproductive Health."
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- C Koral, Semra, M.A., Ph.D. (Executive Director of Family Planning Association of Turkey, Chairperson of Voluntary Organizations, National Women’s Health Coalition). “Session Three: Partnership for Capacity Strengthening, Accountability, Coalition-Building within Civil Society”. Paper presented at Round Table on Partnership with the Civil Society to Implement the ICPD Programme of Action, Dhaka, Bangladesh.
- C Lindahl, Katerina (Swedish Association for Sex Education). “Experiences from a Swedish NGO Perspective.”
- C Maforah, Dr. Fidelia (Department of Welfare and Population Development, South Africa). “ICPD+5 Round Table on Partnership with the Civil Society, Dhaka Bangladesh.” Paper presented at the Round Table on Partnership with Civil Society.
- C The Population Institute. “The Population Institute Handbook”. (Draft).
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