

ANNUAL REPORT 2011

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Contact:

Cristina Marich
Executive Assistant
Tél.: +41 (0)21 341 41 00
Fax: +41 (0)21 341 41 01
Email: cmarich@ifpd.org

International Foundation for
Population and Development (IFPD)
Place Claparède 5
CH – 1205 Genève
www.ifpd.org

INTRODUCTION

This Annual Report provides an overview of the activities carried out by the International Foundation for Population and Development (IFPD) during the year 2011.

IFPD's core activities in Switzerland include the maintenance of a small administrative unit, fundraising for projects in the field and for general support for IFPD, as well as organising and participating in activities relevant to the core objectives of IFPD, including those organised by European and international organisations and agencies.

On the level of field activities abroad, the replication of the Women of India Network (WIN) programme in India entails the development of projects based on the general underlying principles of the WIN project in Mumbai, namely design and implement community based integrated programmes and project activities in health, including reproductive health and family planning, education and income generation. This approach is very flexible and allows the adaptation to local situations and needs with regard to the target groups and project activities to be developed.

OPERATIONAL REPORT

The Board of Trustees decided that a full-fledged office was not warranted given the workload. In view of the unsuccessful search for a suitable candidate for the post of part-time Executive Director, the Board requested one of its members, Dr Alphonse L. MacDonald, to suspend his functions as Board member and to carry out the functions of an Executive Director on a part-time basis until December 2011. He was supported by Ms Cristina Marich as Executive Assistant. The IFPD management team was completed by Mr Frederic Naville (Polygone Consultants) who, as Senior Advisor, provided his services as a volunteer to maintain the IFPD accounts and deal with financing requirements. The collaboration between these three people proved to be highly effective.

FIELD OPERATIONS

At the start of the year, IFPD was financing a project in Mumbai, the WIN project. The project is implemented by the Centre for the Study of Social Change (CSSC) and is in operation since 2001. During 2011, IFPD started to progressively fade out its support to the WIN project, which will be fully taken over by local donors in the course of 2012; its sustainability will thus be ensured in the long term. After ten years of active support, IFPD is able to retire from the project with the great satisfaction of having been able to successfully conclude its mission.

Early in 2011, IFPD contracted two consultants to assess the possibilities of initiating a new project in India. They identified several options, and IFPD chose to work in a slum resettlement area in Delhi, in collaboration with a highly competent and committed Indian partner organisation called Agragami India (<http://agragamiindia.org/>). From July to September 2011, IFPD provided emergency support to Agragami to enable it to retain its trained staff while the project was being developed and funds for its implementation were being sought.

MadanpurKhadar (MPK) is a slum resettlement area of approximately 5 km², with an estimated population of 72,000 persons, i.e. about 13,000 families. Average family income amounts to around CHF 100.00 per month. Population density is very high. The plots of land being very small (10 or 15 m²), multi-storied housing units have been constructed to accommodate the population. Families of 5 to 6 persons often live in a space of less than 10 m². Public and private sanitary conditions are very poor; only 40 % of the population have access to private toilet facilities. The streets are narrow, with an open sewage system that overflows in the rainy season. There is no reliable and safe water supply, and no garbage collection. The use of kerosene and wood for cooking and heating increases the unhealthy conditions in the already cramped living quarters.



Streets are narrow...



... and sanitary conditions very poor.

Many inhabitants, especially children, suffer from various diseases caused by the unsanitary surroundings (diarrhoea, pulmonary diseases, skin ailments, etc.). Infants and small children often die from untreated common childhood diseases. Many inhabitants suffer from chronic anaemia due to poor nutrition. Furthermore, the prevailing custom of early marriage and pregnancies represents a major problem. The health and life of many young mothers and their children are thus endangered, which leads to increased maternal and infant morbidity and mortality. Adequate care for pregnant women and new-borns is unavailable.

The project, named KHUSHALI (meaning "well-being" in Hindi), has been developed following the same principles applied in Mumbai, i.e. a global and comprehensive approach of the various problems linked to extreme poverty (health, education, training, income generation), in order to achieve a sustainable evolution in the beneficiaries' living conditions. A strong accent is put on children and youth, who greatly suffer from the lack of infrastructure and opportunities to develop their potential. Specific emphasis is placed on the avoidance of early marriage and childbirth by offering alternatives through education and employment, and by promoting gender equality.

The project is built on existing services and activities in health and informal education undertaken by AGRAGAMI in the intervention area since 2008, covering about 15% of the population of the settlement. IFPD supplemented these activities by introducing additional activities in the areas of formal education and income generation. To achieve their common goals, IFPD and AGRAGAMI agreed on a work programme of seven years, which started in October 2011. The work programme consists of three phases:

- **Phase I, October 2011 to September 2012:** preparatory phase, currently under way; its financing was ensured through IFPD. During this period, AGRAGAMI will consolidate the achievements of its experimental phase and will progressively increase its field staff and the coverage of the population to create optimal conditions for the second phase. At the end of the preparatory phase, about 40 % of the target population will have been included in the programme activities.
- **Phase II, October 2012 to September 2015:** during this phase, all project components will be implemented, namely in the fields of health, education and income generation. The whole target population will be covered by these services as of 1 January 2013.
- **Phase III, October 2015 to September 2018:** during this phase, measures will be taken to ensure self-reliance and sustainability of the programme activities. The work programme and financial requirements will be determined following an independent evaluation at the end of the second phase (in 2015).

KHUSHALI promotes a comprehensive approach of the various problems linked to extreme poverty and favours the active participation of beneficiaries on the level of need assessment as well as project implementation. Close collaboration is established and maintained with local stakeholders, the

private sector – including other NGOs – and relevant governmental organizations. AGRAGAMI has arrangements with local industries / suppliers to obtain basic medicines at cost price or as donations. Vaccinations are offered for free by the Government, as are vitamin A, iron and folic acid supplements, and contraceptives. Furthermore, AGRAGAMI already collaborates with other health NGOs (HIV/AIDS, malaria, tuberculosis) to provide services free of charge to the population.

The project strategy includes services aimed at children and youth and at adults. Specific activities are programmed for girls and boys aged 6 to 10 years, 10 to 14 years, and 15 to 19 years, young married couples with and without children, pregnant women and mothers. The parents of children and young people are also included in the health information and education activities. Close contact is maintained with community leaders.

Some of the expected results of the health component at the end of the implementation phase can be estimated as follows: at least 30% of young married couples use contraception to postpone the first pregnancy until women are 21 years old; approximately 60% of pregnant women register for ante-natal care by the 12th week of pregnancy; 60% of pregnant women are protected against tetanus, and receive iron and folic acid supplementation; 60 % of post-partum women adopt exclusive breast feeding, and adopt contraception for child spacing; 70% of infants are vaccinated; 60% of infant mothers follow nutrition courses to ensure a healthy development for their children; 70% of adolescents aged between 10 and 14 years receive weekly iron and folic acid supplements.



Mothers wait to have their children vaccinated...



...and so do fathers.

Also, it is anticipated that at least 70 % of eligible girls aged 12 to 19 years, and at least 50 % of boys aged 15 to 19 years will have increased awareness of issues concerning reproductive health and gender equality, which are likely to affect their present and future life. These targets can be adjusted when more reliable population estimates become available.

The detailed activities and expected results of education and income generation will be established following assessment studies aimed at evaluating the needs and available resources; the educational needs assessment study is scheduled for 2012 as is the preliminary income generation facilities study. A detailed income generation options study is scheduled for 2013.

IFPD and AGRAGAMI have agreed on monitoring, reporting and evaluation procedures in conformity with international standards. Substantive and financial reports will be prepared on a quarterly and annual basis.

In September 2011, Dr Alphonse L. MacDonald, the Executive Director of IFPD, carried out a field visit to Delhi with the following objectives:

- Establish an operation work plan for the IFPD – AGRAGAMI programme in MadanpurKhadar, Delhi, India;
- Discuss options for fundraising by AGRAGAMI in support of the programme;
- Discuss options for fundraising by the nascent IFPD India;
- Visit the area of operation and the AGRAGAMI premises.

In November 2011, a team consisting of Ms Christine Magistretti (Chair of the Board), Ms Dominique Brustlein (Board member), Ms Anne Headon (Board member), and Ms Rosalie Hoffmann (FondationHoffmann) visited the Mumbai and Delhi projects. Their visit had following objectives:

- Visit the area of operation and premises of WIN Mumbai, meet the project management;
- Conduct interviews with beneficiaries of the programme, which will be formalised for fundraising and profiling purposes;
- Visit the area of operation, premises and management team of AGRAGAMI in Dehli
- Sign a Memorandum of Understanding with the AGRAGAMI Board Members;
- Meet with various corporate executives for fundraising purposes.

FUNDRAISING

IFPD's fundraising activities cover two objectives: fundraising for project activities in the field and fundraising for general activities. IFPD has developed a funding strategy, which it will implement during the coming years.

With regard to support for general activities, IFPD signed a Memorandum of Understanding with the Fondation Hoffmann on 30 June 2011. Under this agreement, the Fondation Hoffmann provides financial support to IFPD's general activities and the replication of its general WIN approach. In addition, donations are received from private citizens in Switzerland and from abroad. Special appeals for donations are launched via the IFPD website, mailing lists, and via a newly established IFPD Facebook account. IFPD opened a PayPal account (link on the Website donation page) to facilitate donations.

With regard to fundraising for projects, IFPD has an established network of local Swiss donors, who supported the WIN project in Mumbai. With regard to the newly developed project in Delhi, IFPD has obtained full funding for the preparatory phase from the Blue Dawn Foundation, and approval in principal from the Fondation Hoffmann to finance all but the health component of the programme for the implementation phase. IFPD is confident that it will also obtain funding for the health component of the programme.

OUTPUT

During the reporting year, a number of internal administrative and policy documents were developed to guide and enhance the functioning of the organisation. These were reviewed, discussed and approved by the Board.

With regard to field operations, the following output can be presented: a comprehensive programme development document including an approved budget for the preparatory phase of the project, and an indicative budget for the implementation phase of the KHUSHALI project, several summary documents prepared for specific fundraising purposes, a detailed work plan and budget for the first

year of functioning for the health component of the KHUSHALIproject, a general work plan for the education and income generation components of the KHUSHALIproject, draft funding agreements with donors, and mission reports.

EMERGING ISSUES

IFPD has recognised the need to:

- Develop a system to finance technical support to the projects, through international and national consultants or by its staff, and possibly volunteers, that are included in the projects;
- Establish a system with objective criteria on how to select IFPD partners for field operations, and under which conditions to enter into cooperative arrangements with potential donors;
- Establish an IFPD facility in India to facilitate the development of new projects and to monitor existing projects.

FINANCIAL REPORT

IFPD's activities are fully supported by donations from individuals, groups and foundations. Up to July 2011, IFPD activities were restricted to the WIN project in Mumbai, and funding came mainly from private individuals and some ad hoc groups. Up to June 2011, there was no administrative structure as all activities were carried out by volunteers, and IFPD had no physical office.

With the grant from the Fondation Hoffmann, it became possible to establish a small administrative facility with part-time paid staff, still without physical office, from July 2011. To finance the field operations of the new programme, additional funds were sought from the Fondation Hoffmann and other Swiss institutions, including other foundations.

As a result, the structure of the expenditures of IFPD was modified and listed under two main categories:

- Administrative costs: they deal with the operations of IFPD that are NOT directly programme or project related, such as Board related activities, publicity, reporting to donors, Website development and maintenance, and general advocacy activities.
- Programme or project costs, which are costs that can be attributed to the field activities. They are subdivided into two categories:
 - Direct project costs: costs related to the implementation of the programme or project activities as well as technical assistance and evaluation.
 - Project support costs: costs that are related to the design, development and monitoring of the programmes or projects and their activities, and fundraising.

With the establishment of the small administrative unit, some changes were evident in the expenditures pattern during 2011.

IFPD accounts were audited by the company FIDINTER SA, based in Lausanne (Switzerland), and found to be in compliance with Swiss legal requirements and its statutes and by-laws (see Annex).

During 2011, IFPD received a total of CHF 153,446 in donations. Its total expenditures amounted to CHF 150,941. The amount of CHF 2,505 (difference between donations and expenditures) corresponds to donations not yet utilised.

Rapport de l'organe de révision sur le contrôle restreint

au Conseil de fondation de
Fondation Internationale pour la Population et le Développement, Lausanne

En notre qualité d'organe de révision, nous avons contrôlé les comptes annuels (bilan, compte de profits et pertes, annexe) de la Fondation Internationale pour la Population et le Développement pour l'exercice arrêté au 31 décembre 2011.

La responsabilité de l'établissement des comptes annuels incombe au Conseil de fondation alors que notre mission consiste à contrôler ces comptes. Nous attestons que nous remplissons les exigences légales d'agrément et d'indépendance.

Notre contrôle a été effectué selon la Norme suisse relative au contrôle restreint. Cette norme requiert de planifier et de réaliser le contrôle de manière telle que des anomalies significatives dans les comptes annuels puissent être constatées. Un contrôle restreint englobe principalement des auditions, des opérations de contrôle analytiques ainsi que des vérifications détaillées appropriées des documents disponibles dans l'entreprise contrôlée. En revanche, des vérifications des flux d'exploitation et du système de contrôle interne ainsi que des auditions et d'autres opérations de contrôle destinées à détecter des fraudes ne font pas partie de ce contrôle.

Lors de notre contrôle, nous n'avons pas rencontré d'élément nous permettant de conclure que les comptes annuels ne sont pas conformes à la loi suisse et aux statuts.

Lausanne, le 2 octobre 2012

Fidinter SA



Gérald Balimann
Expert-comptable diplômé
Expert-réviseur agréé
Réviseur responsable

Giovanni Chiusano
Expert-comptable diplômé
Expert-réviseur agréé

Annexe : Comptes annuels (bilan, compte de profits et pertes, annexe)

Mandats de révision

Fidinter SA • Rue des Fontenailles 16 • C.P. • 1000 Lausanne 6
tél +41 21 614 61 61 • fax +41 21 614 61 60 • lausanne@fidinter.ch • www.fidinter.ch

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