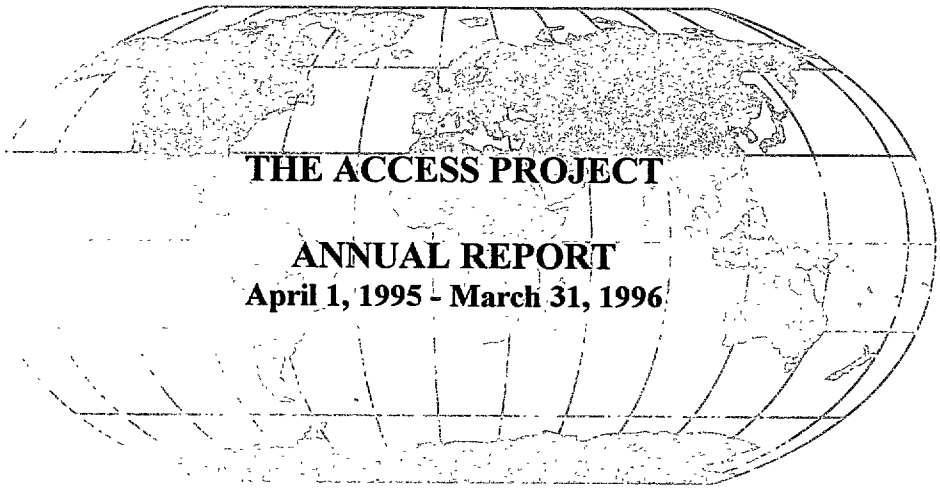

# THE ACCESS PROJECT

## ANNUAL REPORT

**April 1, 1995 - March 31, 1996**

**Prepared by**
**The Centre for Development and Population Activities (CEDPA)**
**Cooperative Agreement Number DPE 3059-A-00-1022-00**

**May 1996**

cedpa

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## LIST OF ACRONYMS

| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ADEMUSA | Organization of Salvadoran Women |
| APHIA | AIDS, Population, and Health Integrated Assistance |
| ASAPROSAR | Salvadoran Association for Rural Health |
| ASDAP | Association de Soutien au Développement des Activités de Population |
| AVSC | Association for Voluntary Surgical Contraception |
| CA | Cooperating Agency |
| CBD | Community Based Distribution |
| CDC | Center for Disease Control |
| CEDPA | The Centre for Development and Population Activities |
| COMPFED | Cooperative Milk Producers' Federation |
| CONSALUD | Corporation of Private Organizations of Public Utility for Sustainable Development |
| CTU | Contraceptive Technology Update |
| CYP | Couple Year's Protection |
| FLE | Family Life Education |
| FLPS | Family Life Promotion and Services |
| FP | Family Planning |
| FPAK | Family Planning Association of Kenya |
| FPAN | Family Planning Association of Nepal |
| FWCW | Fourth World Conference on Women |
| GADA | Gender and Development Action |
| GHANAPA | Ghana AIDS and Population Project |
| GSCPT | Gujarat State Crime Prevention Trust |
| GSMF | Ghana Social Marketing Foundation |
| HIV | Human Immunodeficiency Virus |
| IB | Institution Building |
| IBI | Indonesian Midwives' Association |
| ICPD | International Conference on Population and Development |
| ICRW | International Center for Research on Women |
| IEC | Information, Education, and Communication |
| IFPS | Innovations in Family Planning Services |
| IIDS | Institute for Integrated Development Studies |
| IMF | International Monetary Fund |
| INGO | Indigenous Non-Governmental Organization |
| IUD | Intra-Uterine Device |
| JHU/PCS | Johns Hopkins University Population and Communication Services |
| MCH | Maternal/Child Health |
| MIS | Management Information Systems |
| MYWO | Maendeleo Ya Wanawake Organisation |
| NCO | Nepal Country Office |
| NGO | Non-Governmental Organization |

| | |
|---|---|
| NRCS | Nepal Red Cross Society |
| ORMUSA | Organization of Salvadoran Women for Peace |
| PHN | USAID Center for Population, Health & Nutrition |
| PPRC | Prerana Population Resource Center |
| PROSAMI | Maternal Health and Child Survival Project |
| PROWID | Promoting Women in Development |
| PSI | Population Services International |
| PVO | Private Voluntary Organization |
| RSO | Regional Support Organization |
| QOC | Quality of Care |
| SIFPSA | State Innovations in Family Planning Services Agency |
| STDs | Sexually Transmitted Diseases |
| SUWATA of | Shirika La Uchumi La Wanawake Tanzania (Economic Empowerment Women) |
| TA | Technical Assistance |
| TBA | Traditional Birth Attendants |
| TOT | Training of Trainers |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UP | Uttar Pradesh |
| USAID | U.S. Agency for International Development |
| VSC | Voluntary Surgical Contraception |
| WHO | World Health Organization |
| WIM | Women in Management |

## EXECUTIVE SUMMARY

In 1995, The Centre for Development and Population Activities (CEDPA) celebrated its 20th anniversary at the Fourth World Conference on Women. The ACCESS Project, funded by a Cooperative Agreement through USAID's Office of Population, was also evaluated in August 1995. These events were cause for CEDPA to reflect on its progress towards the goal of women's empowerment and stimulated the development of a strategy for impact in the next decade.

CEDPA's commitment to women-focused family planning and reproductive health care was reinforced and strengthened by the recognition that, to achieve health goals and reduce maternal mortality, major changes need to be made through an integrated approach, linking quality health services with increased socio-economic and political participation. CEDPA's alumni network of nearly 4,000 women and men in 118 countries are role models as leaders in health and development, advocates in influencing policy and activists in promoting civil society.

The ACCESS Project has been highly effective in achieving its objectives since 1991. It supported 15 subprojects in Africa and 7 subprojects in Asia in 1995. The Project has served 479,759 clients and delivered 576,686 Couple Years Protection (CYP) from 1991-1995. ACCESS has successfully combined service delivery and advocacy and, in so doing, promoted the role of women as effective agents of change in their communities and in the national and international arenas. The midterm evaluation found that ACCESS had met or exceeded all its objectives and commended ACCESS for its excellence, flexibility, and responsiveness in management. The evaluation report recommended that the Project build on its comparative advantage of service delivery and advocacy for women's empowerment and that it focus on sustainability planning with subprojects. The ACCESS Project embodies USAID's Center for Population, Health & Nutrition (PHN) Strategic Objective #1: *Increased use by women and men of voluntary practices that contribute to reduced fertility.*

This annual report covers the period April 1, 1995 to March 31, 1996. ACCESS accomplishments and progress towards objectives are presented and key results highlighted. The report provides a summary of accomplishments by country, followed by case studies which offer lessons learned with regards to key facets of the ACCESS Project's integrated approach, incorporating service delivery, advocacy, and capacity building.

# I. INTRODUCTION

## A. CEDPA's Mission

CEDPA's 20th anniversary was a time for celebration and rededication to the mission of empowering women at all levels of society to be full partners in development. The Fourth World Conference on Women (FWCW) in Beijing provided a special opportunity to reflect on the gains that have been made around the world for women's development and to develop new strategies for change and improvements in the lives of girls and women over the next decade.

The Program of Action from the International Conference on Population and Development (ICPD) and the Platform for Action which emanated from the Beijing Conference provided the world with comprehensive frameworks for empowering women. CEDPA's commitment to women's empowerment and women-focused family planning and reproductive health care was reinforced and strengthened by the recognition that, to achieve health goals and reduce maternal mortality, major changes need to be made at the socio-economic, political, and community levels, as well as in expanding access to quality health services.

In order to achieve the goals of gender equity and equality, development strategies must be interlinked and women's empowerment must be advanced simultaneously on the following fronts: reproductive health and rights; human and legal rights; prevention of violence against women; increased sharing of family responsibilities; gender-equal education; environment; economic security; and full political participation. **(Figure 1, Women's Empowerment Strategies)**

CEDPA is a private voluntary organization (PVO) and a minority firm as defined by the Grey Amendment to the Foreign Assistance Act. CEDPA is an internationally focused organization with a 1996 operating budget of $12 million. Over twenty years, CEDPA has grown into a dynamic global network of individuals and organizations influencing change through management and leadership development, institutional capacity-building, community based programs, advocacy for gender equity, and policies to eliminate gender disparities in all sectors and facets of development.

ACCESS to Family Planning through Women Managers **(the ACCESS Project)**, funded by the U.S. Agency for International Development (USAID) represents the family planning services component of CEDPA's overall program to empower women. The primary goal of the Project, which began in 1991, is to improve the health and well-being of women by broadening choice of contraceptive methods; increasing access to family planning and reproductive health services; and promoting participation in the planning, implementation, and evaluation of family planning programs.

## B. CEDPA's Development Strategies

**Management and leadership capacity building** represent the core of CEDPA's development approach. CEDPA provides participatory training through its Washington, D.C.-based workshops on **Women in Management (WIM)** and **Institution Building (IB)** and through regional and in-country training programs. CEDPA's alumni network consists of nearly 4,000 development professionals from 118 countries. Youth leadership and gender and advocacy training are the most recent additions to the training series. In 1995, CEDPA organized its first Women In Management workshops in India and Kenya.

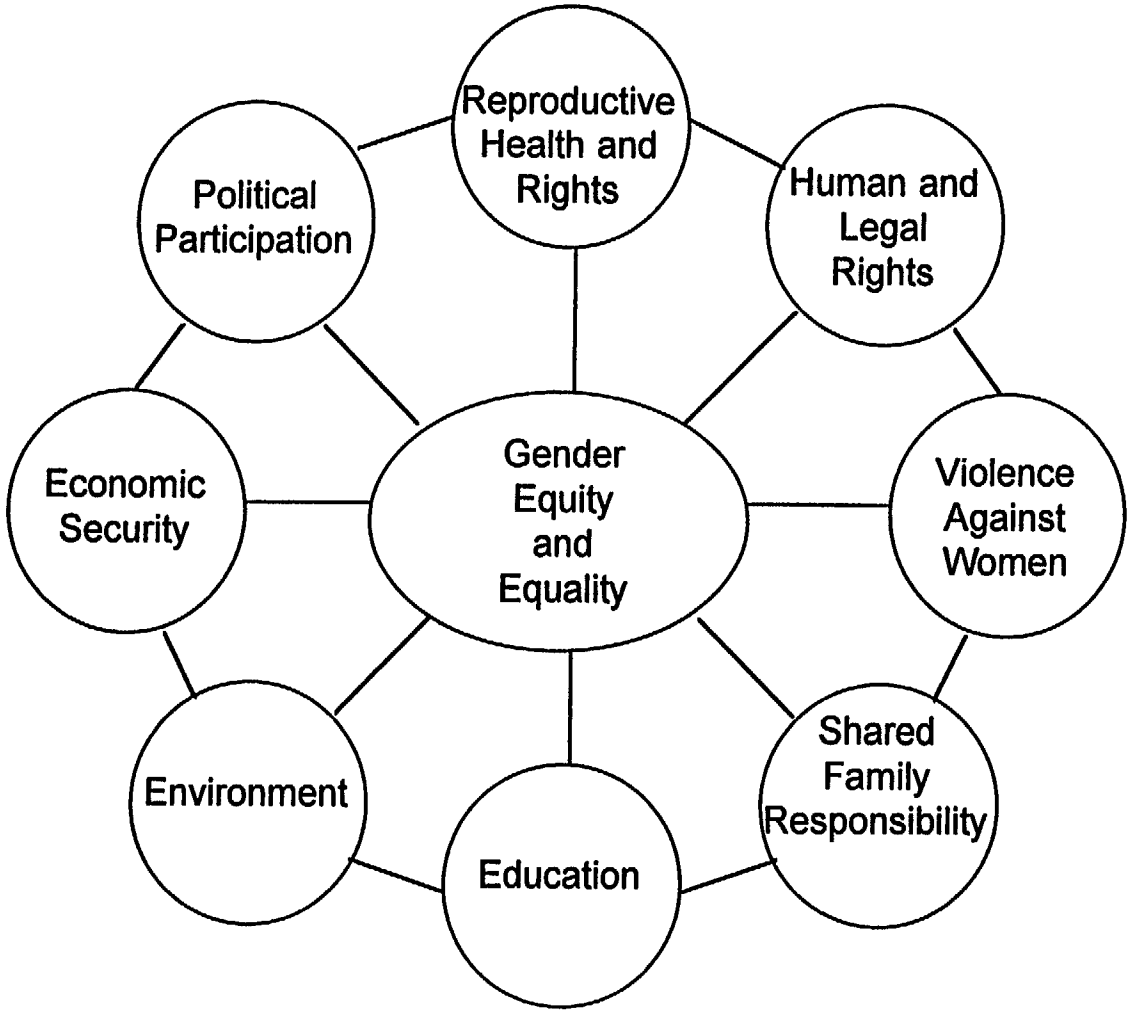
CEDPA is committed to **strengthening the capacity of NGOs and women's institutions**. Through field offices in **India, Nepal, Kenya, Nigeria, Egypt, and Romania**, CEDPA provides technical and financial resources to improve organizational systems and planning for sustainable development. CEDPA relies primarily on local technical resources to support indigenous NGO partners in the design, implementation, and evaluation of programs.

**Family planning service delivery** is implemented through the **ACCESS Project** and the **Romania Project**. These projects offer quality family planning education and services, integrated, as appropriate, with STD/HIV prevention and also support for reproductive rights and women's empowerment. The Romania Project, funded in 1991 by a grant from the USAID Bureau for Eastern Europe/Newly Independent States, has developed private sector family planning services and family life education through two local NGOs serving six cities in Romania.

CEDPA's youth programs have grown significantly over the last two years. Its **Better Life Options Program** was founded in 1987 to focus on the needs of the girl child. Through private funds, the project supports NGOs in Asia, Africa, and Latin America to increase life options for girls and young women and to provide adolescents with reproductive health information. In 1995, the **Partnership Projects for Girls and Young Women** was launched through a grant from USAID/Cairo to promote an integrated approach to health, education, and development in Upper Egypt. CEDPA's **Gender and Adolescent Reproductive Health Project** in Sub-Saharan Africa was funded by UNFPA to conduct surveys, pilot innovative models, and increase awareness of the special needs of adolescents for reproductive health services in ten African countries.

To **advocate for positive social change and gender equity,** CEDPA supported the participation of women leaders at the Cairo and Beijing Conferences. In 1995, CEDPA was awarded three subcontracts for advocacy and participation: 1) CEDPA will assist NGOs to participate in policy processes through the **POLICY Project** with The Futures Group; 2) a subcontract with the Johns Hopkins University's Population Communications Services (JHU/PCS) for Information, Education, and Communication will support CEDPA's role in training for advocacy, gender awareness, and community mobilization; and 3) CEDPA will work with the International Center for Research (ICRW) in implementing the "Exploring New Directions for Women in Development Project" **(PROWID)** and will provide small grants in advocacy and pilot interventions to support new strategies for women's development.

# CEDPA
# Women's Empowerment Strategies

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## II. THE ACCESS PROJECT

### A. Goal and Objectives

The goal of the ACCESS Project is to improve the health and well-being of women through family planning. The ACCESS Project is a direct reflection and implementation of CEDPA's mission to empower women. The Project aims to: 1) lower fertility through increased access to family planning services, and 2) help to ensure that unmet demand for these services is addressed through provision of appropriate financial, technical, and human resources. Project objectives are as follows:

1. Expand quality, cost-effective service delivery and promote more effective methods;
2. Enhance women's participation in family planning;
3. Strengthen the capacity of institutions to deliver sustainable family planning services;
4. Cluster subprojects strategically in three regions;
5. Develop field resources to support subprojects; and
6. Provide short-term technical assistance to develop and strengthen family planning programs and project management.

CEDPA recognizes that for family planning services to be optimally effective and sustainable, they must be linked with individual and organizational capacity building, gender equality, and community mobilization. ACCESS builds the capacity of its non-governmental organization (NGO) partners as individuals and organizations, develops community-sensitive approaches for quality family planning and reproductive health services, and supports local partners to mobilize their communities to change attitudes and beliefs that promote gender discrimination and restrict opportunities for girls and women. Subprojects integrate the delivery of family planning services with selected reproductive health interventions, including primary health care, STDs/HIV/AIDS education, and strategies to increase male involvement.

The Project works closely with other Cooperating Agencies (CAs) and other CEDPA programs to **leverage resources** and broaden the range of complementary programs in selected countries. For example, ACCESS works closely with CEDPA's Training Division to develop training workshops, manuals, and curricula for ACCESS partners, and collaborates with the Better Life Options Program in Asia and the Gender and Adolescent Reproductive Health Project in sub-Saharan Africa to provide additional opportunities for training and testing new reproductive health models for youth.

### B. ACCESS Project Status

The ACCESS Project is funded by a Cooperative Agreement through the USAID Office of Population from August 1991 to August 1997. The total project budget in 1995 was $7,355,000 from core and field support funds from the population office. This total included a grant of

$325,000 from the USAID Asia-Near East Bureau for HIV/AIDS prevention through women's groups.

In 1994, the Cooperative Agreement ceiling was raised from $15.6 million to $27 million and extended for one year until August 1997. A second ceiling increase is anticipated by mid-1996 to bring the ceiling level to $32.5 million.

The Project supports 15 subprojects in Africa and 7 subprojects in Asia (2 of which are technical assistance only). The countries are India, Nepal, Kenya, Tanzania, and Nigeria, all of which are joint programming countries as defined by the Global Bureau of USAID. In addition, CEDPA provides technical assistance and training support in Ghana, Indonesia, El Salvador, and Mali.

A midterm evaluation in August 1995 found that ACCESS had met or exceeded all its objectives and that it made a special contribution to USAID's agenda through the synergistic interaction between training, long-terms partnerships, empowerment, and technical assistance. The evaluation team commended ACCESS for its excellence, flexibility, and responsiveness in management and recommended that the Project build on its comparative advantage of service delivery and advocacy for women's empowerment:

> *"ACCESS's holistic and integrated model for sustainable development and quality service delivery - with its emphasis on empowerment and institutional strengthening - is an effective approach for increasing contraceptive prevalence. ACCESS's on-going relationship with the in-country network of CEDPA alumni, coupled with its linkages with local communities and its knowledge of service delivery issues at the local level, gives CEDPA a unique advantage with respect to advocacy for family planning and reproductive health."*

The report recommends that ACCESS should continue to focus both on service delivery and advocacy and that USAID should consider ways in which CEDPA can play a leadership role in the design, implementation, and management of family planning and reproductive health service delivery in the non-governmental sector.

### C. USAID's Strategic Objectives and Results

USAID's goal is to stabilize world population and protect human health in a sustainable fashion. The Agency's Strategic Objectives are: 1) sustainable reduction in unintended pregnancies; 2) sustainable reduction in maternal mortality; 3) sustainable reduction in child mortality; and 4) sustainable reduction in STD/HIV transmission among key populations.

Although these Strategic Objectives are linked, the ACCESS Projects falls primarily under Strategic Objective #1. The corresponding PHN Center Strategic Objective is: *Increased use by women and men of voluntary practices that contribute to reduced fertility.*

The program results which apply to the ACCESS Project are as follows:

> Objective # 1.3 *Enhanced capacity for public, private, NGO, and community-based organizations to design, implement, and evaluate sustainable family planning programs.*
>
> Objective # 1.4 *Demand for, and access to, quality family planning and other selected reproductive health information and services increased.*

USAID's Center for Population Health and Nutrition has established priorities at the program and activity level based on key principles, including customer-driven and participatory programs, cost effectiveness, sustainability, and ability to leverage resources. The Center has learned key lessons which are pertinent to the ACCESS Project including: 1) the importance of access to high-quality family planning and health programs to ensure impact and appropriate care; 2) that program sustainability should be addressed at the early stages of program planning; 3) that programs must make use of a wide variety of implementation methods; and 4) that local participation is essential to the design and implementation of programs.

Table 1

**The ACCESS Project**
**Objectives and Accomplishments**
**August 1991 - March 1996**

| I. Expand Quality, Cost-Effective Service Delivery and Promote More Effective Methods | | | |
|---|---|---|---|
| **Service Delivery** | **1995-96** | **1991-96** | **1997 Goal** |
| 1. Serve new acceptors | 84,848 | 479,759 | 435,000 |
| 2. Deliver CYPs | 150,206 | 576,686 | 700,000 |

| II. Enhance Women's Participation in Family Planning Advocacy and Management | | | |
|---|---|---|---|
| **Training** | **1995-96** | **1991-96** | **1997 Goal** |
| 1. Train Alumnae Consultant Corps | 0 | 32 | 75-100 |
| 2. Train Women Managers | | | |
| • Washington-based workshops | 7 | 62 | |
| • Regional/Country workshops | 110 | 170 | |
| Total | 137 | 232 | 60 |
| 3. Recruit 25 women's organizations or networks to promote or provide family planning | | | |
| • Service delivery | 2 | 18 | |
| • Advocacy | 0 | 13 | |
| Total | 2 | 31 | 25 |
| 4. Train women in advocacy | 33 | 158 | |
| 5. Support participation of women to conferences | | | |
| • international & regional conferences | 2 | 84 | |
| • national conferences | 20 | 22 | |
| Total | 22 | 106 | |

Table 1
*(cont.)*

**The ACCESS Project**
**Objectives and Accomplishments**
**August 1991 - March 1996**

| **III. Strengthen Capacity of Institutions to Deliver Sustainable Family Planning Services** | | | |
|---|---|---|---|
| **Activity** | **1995-96** | **1991-96** | **1997 Goal** |
| 1. Conduct workshops in strategic planning, contraceptive tech, quality of care, and financial sustainability | 10 | 31 | 8 |
| 2. Conduct TA visits to strengthen management systems | | | |
| • Staff and U.S.-based (visits) | 38 | 375 | Minimum of 2 visits per year per subproject |
| • Local and regional (visits) | 32 | 258 | |
| Total (visits) | 70 | 633 | |
| 3. Conduct technical meetings for women subproject managers | | | |
| • National | 5 | 5 | |
| • Regional | 3 | 10 | |
| • International | 1 | 2 | |
| Total | 9 | 17 | 4 |
| 4. Support training of: | | | |
| • Subproject managers | 390 | 494 | |
| • Field workers | 4,343 | 11,527 | |

| **IV. Cluster Subprojects Strategically in Three Regions** | | | |
|---|---|---|---|
| **Activity** | **1995-96** | **1991-96** | **1997 Goal** |
| 1. Implement new subprojects | 9 | 13 | 9-18 |
| Total | 22 | 28 | |
| 2. Develop smaller, high-risk subprojects in strategically selected countries | 0 | 2 | 6 |

| **V. Develop Field Resources to Support Subprojects** | | | |
|---|---|---|---|
| **Activity** | **1995-96** | **1991-96** | **1997 Goal** |
| 1. Establish field offices | 0 | India, Nepal, Nigeria, Kenya, Egypt | 6 |

| **VI. Provide Short-Term Technical Assistance to Develop and Strengthen Family Planning Programs** |
|---|
| 11 consultancies conducted in 1991-96 for non-ACCESS activities upon USAID request. |

## D. ACCESS Project Objectives and Results

The ACCESS Project has accomplished or exceeded all of its key objectives in service delivery, development of women leaders, and institution-building of NGO partners. Furthermore, the Project has broadened its range of services to include integrated reproductive health services and expanded its advocacy for reproductive health and reproductive rights **(Table 1)**.

### Objective 1: Expand quality, cost-effective service delivery, and promote more effective methods

From 1991-1995, the ACCESS Project funded 13 new subprojects in Kenya, Uganda, Mali, Tanzania, Nigeria, India, Nepal, Pakistan, Egypt, and Turkey. From 1991-1995, a total of 479,759 new clients and referrals were served and 576,686 CYP were generated. The majority of programs are community based distribution and outreach programs. However, there are two clinic programs in Kenya which offer family planning, STD/HIV diagnosis and prevention, and primary health/maternal and child health (MCH) care. The majority of NGO partners also offer other women's development programs such as literacy and income generation, and one offers legal services. A total of 28 subprojects have been funded since 1991 (See Appendix A - Service Delivery Subprojects).

### Objective 2: Enhance women's participation in family planning

Under the ACCESS Project, 62 women managers attended CEDPA's Women in Management and Institution Building workshops in Washington, D.C., and a total of 170 managers received training through regional and in-country workshops. ACCESS partners employed 4,000 staff of whom 75 % are women . Of the 250 managers and supervisors, 52% are women (See Appendix B - Gender Breakdown). About 160 women received training in advocacy, principally through participation in CEDPA-led workshops at Cairo and Beijing, and 31 new women's networks were added to support family planning.

### Objective 3: Strengthen the capacity of institutions to deliver sustainable family planning services

Building the capacity of individual leaders and institutions for self-directed, participatory development is core to the ACCESS Project's purpose. ACCESS training, management assistance, and technical support enables partners to provide cost-effective quality services and to strengthen the strategic planning, human resource and financial management, and sustainability of their organizations. ACCESS conducted 31 technical workshops in quality of care (QOC), management information systems (MIS), and service delivery. A total of 633 technical assistance (TA) visits have been conducted since 1991, over half of which were by local or regional

consultants (See Appendix C - Short Term Technical Assistance). In addition, ACCESS has provided 494 trainings for subproject managers and 11,527 trainings for family planning field workers.

**Objective 4: Cluster subprojects strategically in three regions**

In 1995, the ACCESS portfolio consisted of eight countries. The Africa region is represented by Kenya, Tanzania, Ghana, and Nigeria. The Asia region includes India, Nepal, and Indonesia, and Central America is represented by El Salvador. Since its inception in 1991, a total of 13 new subprojects and two high risk subprojects in Uganda and Kenya have received ACCESS funding. The Middle East portfolio (Egypt and Turkey) and the program in Pakistan were closed out under ACCESS due to changes in USAID priorities and strategies.

**Objective 5: Develop field resources to support subprojects**

The ACCESS Project supports field offices in India, Kenya, Nepal, and Nigeria. An office in Egypt was closed in 1994. Resident Advisors play key roles in program development and technical assistance to subprojects. These field offices represent CEDPA to USAID missions, government agencies, other donors, and CAs to coordinate activities and maximize the use of resources. ACCESS remains committed to the use of local staff and consultants to provide technical support to subprojects.

**Objective 6: Provide short-term technical assistance to develop and strengthen family planning programs**

The ACCESS Project provides expertise in planning, program design, and evaluation of family planning projects upon the request of USAID. ACCESS consultants participated in the USAID strategic planning process in Washington and were leading members of the project design team in India for the Innovations in Family Planning Services (IFPS) project. The ACCESS Project also provided technical support to the ICPD preparatory process in New York and Egypt. A total of eleven technical consultancies were supported upon USAID's request.

## E. Analysis of Service Delivery Data

The ACCESS Project Service Delivery data are organized and entered at the field level. The statistics are collected at the service delivery point and forwarded to subproject managers on a quarterly basis, where they are summarized for monitoring purposes and forwarded to CEDPA/Washington for entry, analysis, and reporting for the overall ACCESS Project. The service delivery data reported are for the period January-December 1995 and cumulatively for 1991-1995. Nigeria data is not reported since data is being verified. Nigeria suprojects were converted from technical assistance status to direct funding in 1995.

Table 2 Methods Chosen by New/Referrals
Table 3 New Clients/Referral by Country
Table 4 CYP by Method
Table 5 New Clients by Age
Table 6 New clients by parity
Table 7 New Clients/Referrals by Region and Program Goals
Table 8 CYP by Region and Program Goals

The major methods chosen by new clients and referrals, as illustrated in Table 2, are condoms (44.0 %) and the pill (36.9%). Since the majority of programs are community based distribution and outreach, short-term methods are used more often then long-term methods. Injectables are chosen 8.4% of the time. Referrals for voluntary surgical contraception (VSC) of women and men constitute 6.0 % of all methods.

The ACCESS Project has continued to increase the numbers of new clients served and CYPs delivered through the subprojects. The largest number of new clients was in Kenya (259,452) and India (60,767) (see Table 3). The total number of new clients in 1995 was 84,848 which produced a project total of 479,759 clients since 1991. (Table 3)

The couple years protection (CYP) total by method, shown in Table 4 demonstrates the linkage between the distribution of family planning methods and protection for many years to come. As expected, VSC provided the most protection for the longest period to time, with female sterilization at 39.8% of CYP from 1991-95 and 44.3% in 1995. IUDs, condoms, and the pill provided over 52.3% of the CYP in 1991-95. Total CYP for 1995 is 150,206 while total cumulative CYP is 576,686. Condoms represent 44% of methods chosen by new clients but only 21.3% of CYP.

The service statistics show that programs have been successful in reaching young, low parity women in both Africa and Asia. This is consistent with the main goal of the ACCESS project, that is, to improve the health and well-being of women by increasing access to family planning services and delaying fertility.

The largest group (69%) of new female clients reached through ACCESS subprojects are ages 20-29 and are primarily using pills or condoms (Table 5). Approximately 29% of new female

clients are ages 30-39 and mostly use condoms, pills, or VSC. The largest number of users who choose VSC is in age group 30-34 followed by age group 25-29 in India and Nepal.

In Table 6, the lowest mean parity by method is among condom users who average 2.13 children in Africa and 2.25 children in Asia. This supports the objective that ACCESS subprojects reach low-parity women. The long-term methods, such as injectables and female VSC, are used by women who have higher parity, 3.38 and 3.77 respectively. The mean parity for female sterilization in Asia is 3.63 children while the mean parity for Africa (Uganda and Kenya) is 5.64 children.

As seen in Table 7, new clients increased by 17% in 1995, from 409,343 to 479,759. The Africa Region subprojects contributed 10% to this year's increase; Asia Region subprojects contributed the other 7%. The number of clients in 1995 has surpassed the program goals set for 1997.

The total CYPs have increased by 26%, from the 1991-94 total of 426,500 to 576,686 in 1995 (Table 8). Subprojects in Africa delivered 21% of the 1995 CYPs, while subprojects in Asia delivered 79% of the 1995 CYPs (Table 8).

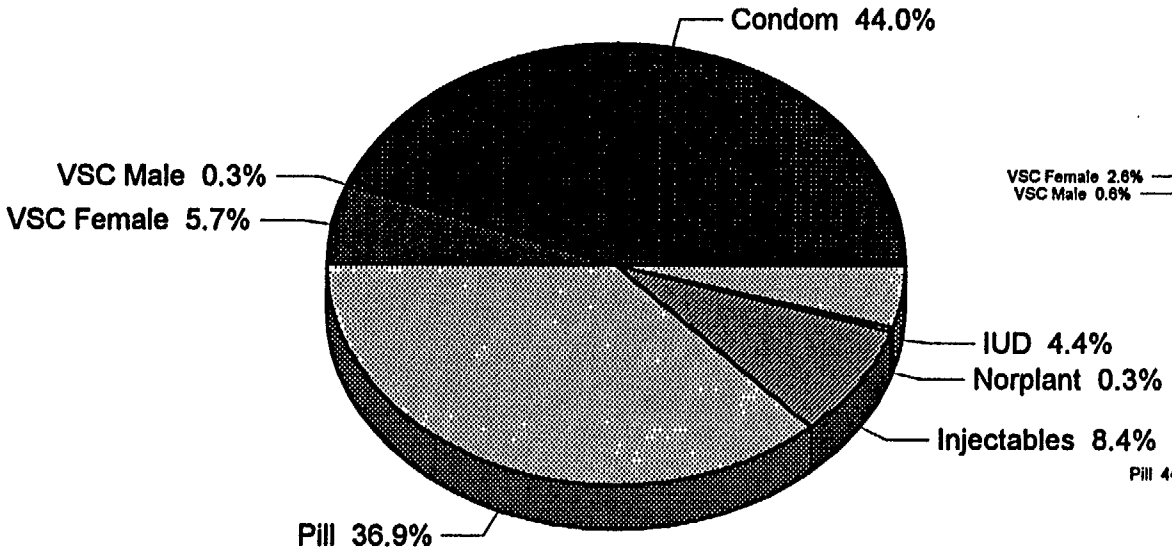
Appendix A provides specific data on each subproject which was supported in 1995 with the exception of Nigeria subprojects for which service data is being verified.

Table 2

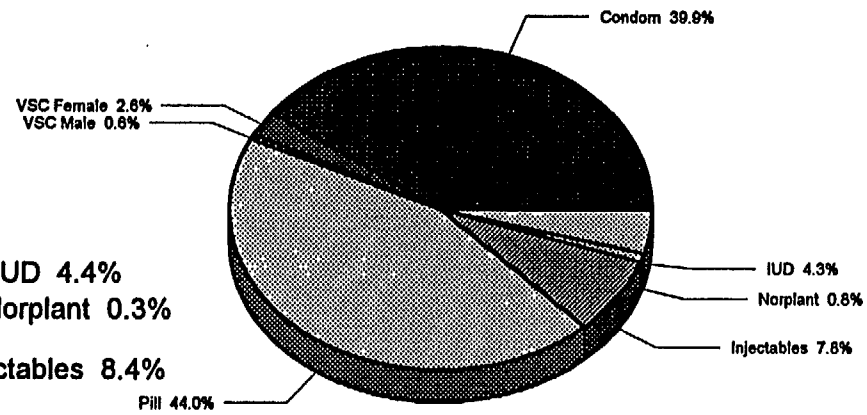
# ACCESS

## Methods Chosen by New Clients/Referrals

September 1991 to December 1995




January 1995 to December 1995

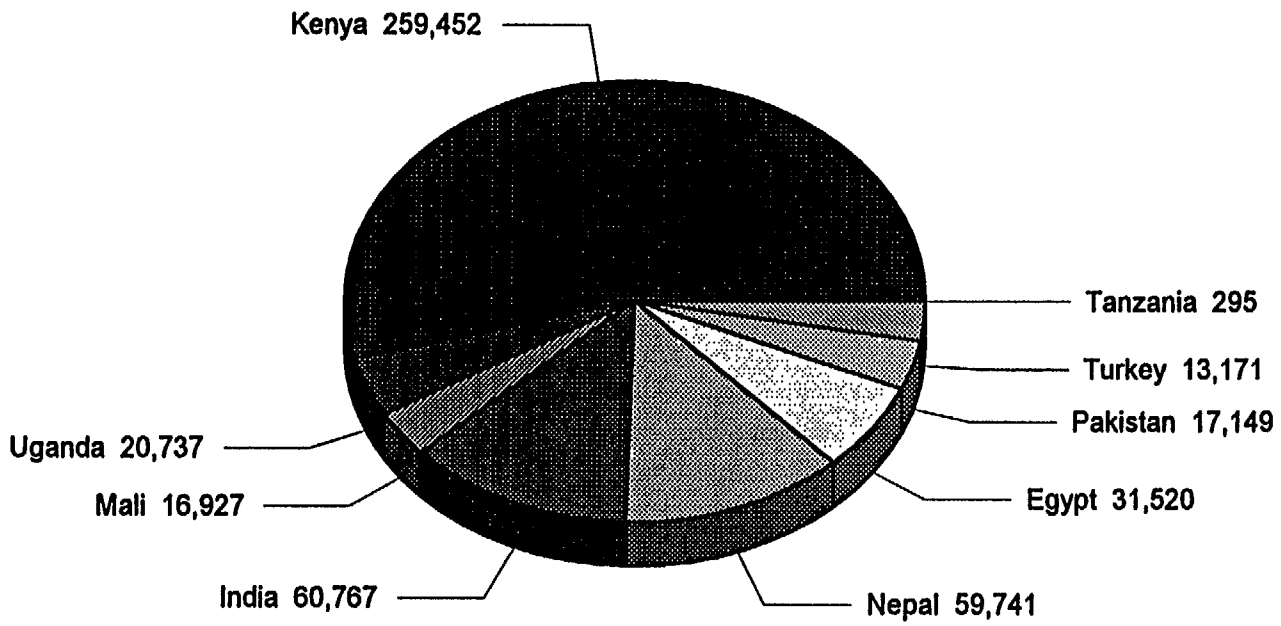



| Total New Clients/Referrals | |
|---|---|
| 1991-94 | 428,136 |
| 1995 | 84,848 |
| TOTAL | 479,759 |

# ACCESS

Table 3

## New Clients/Referrals By Country*
## September 1991 to December 1995




| Total New Clients/Referrals | |
|---|---|
| 1991-94 | 428,136 |
| 1995 | 84,848 |
| TOTAL | 479,759 |

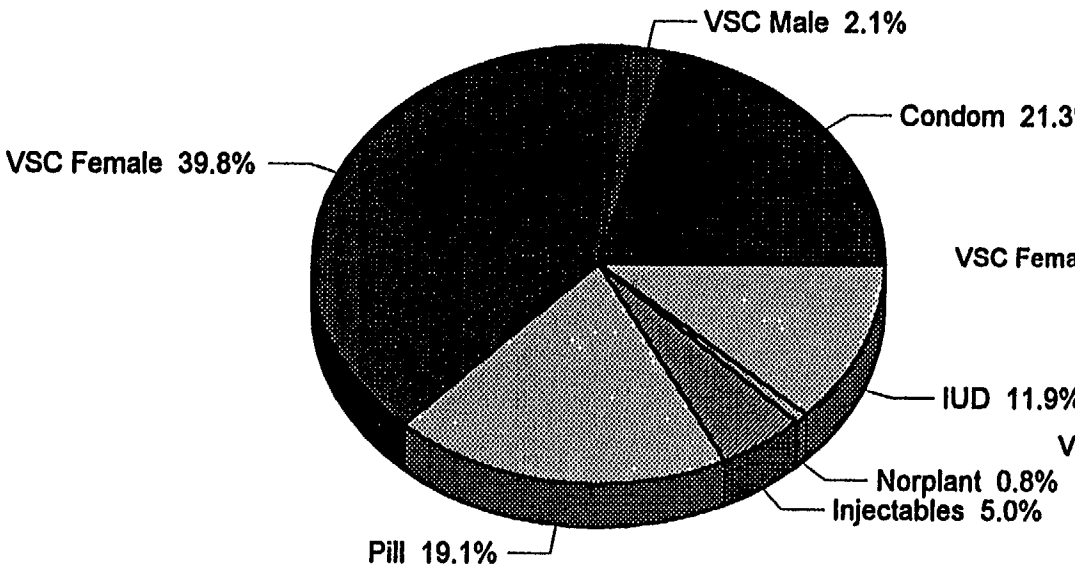
*The new client and referral data from Nigeria is being verified and has not been included in this report.

Table 4

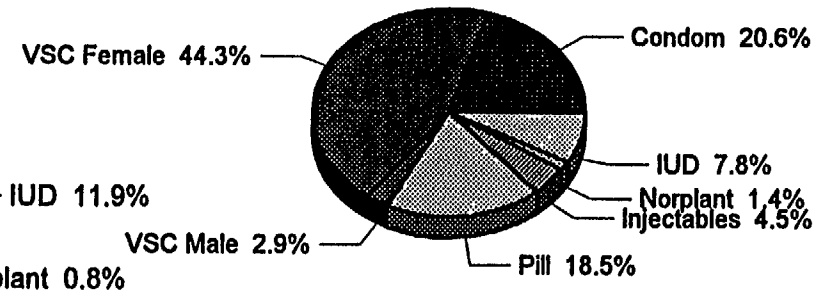
# ACCESS

## CYP By Method

September 1991 to December 1995




January 1995 to December 1995



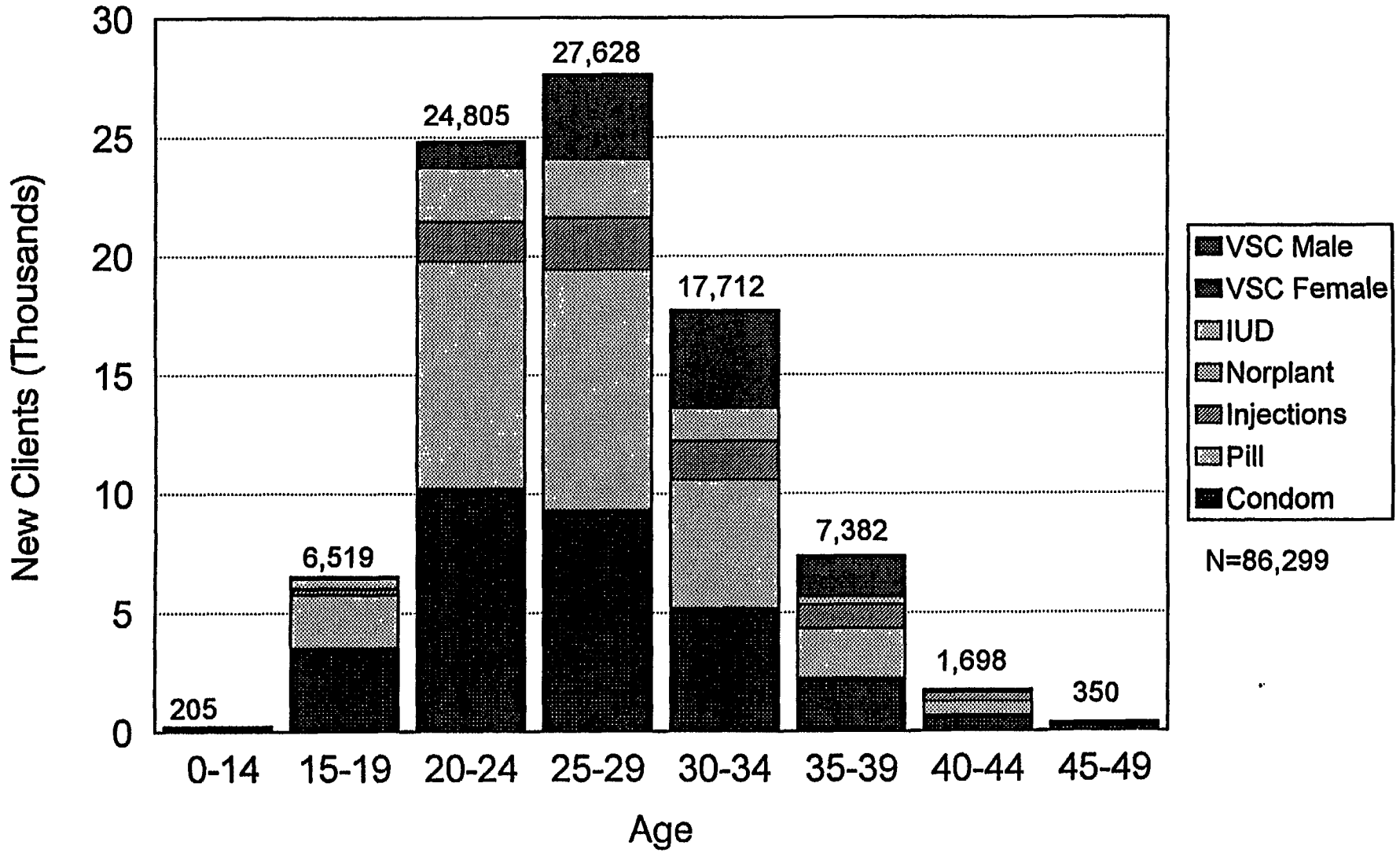

| TOTAL CYP | |
|---|---|
| 1995 | 150,206 |
| 1991-95 | 576,686 |

Table 5

# ACCESS

## New Clients By Age Group and Method*

September 1991 to December 1995



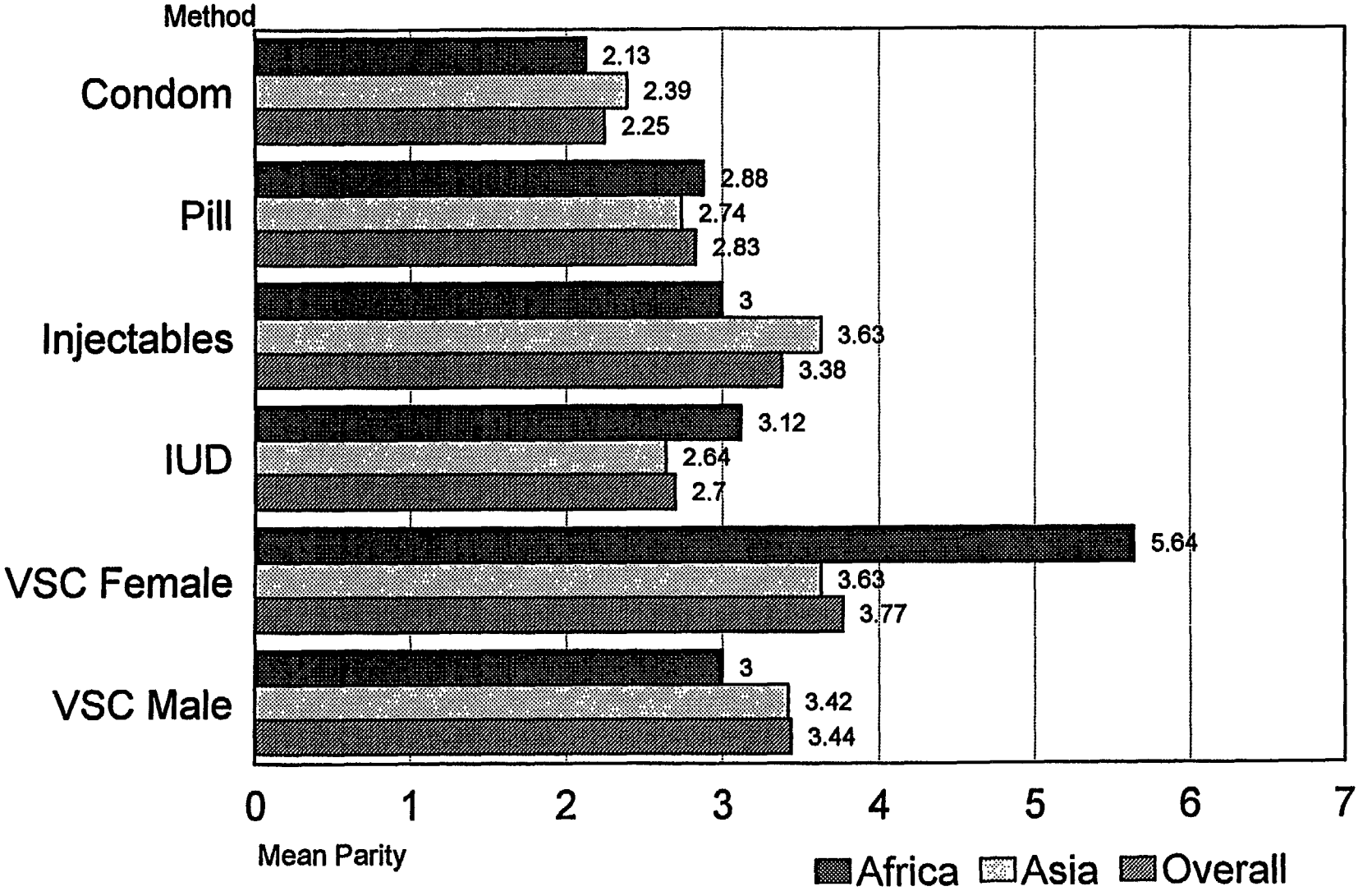

*Includes (7) subprojects in India, Nepal, Uganda and Tanzania.

Table 6

# ACCESS

## Mean Parity By Method and Region

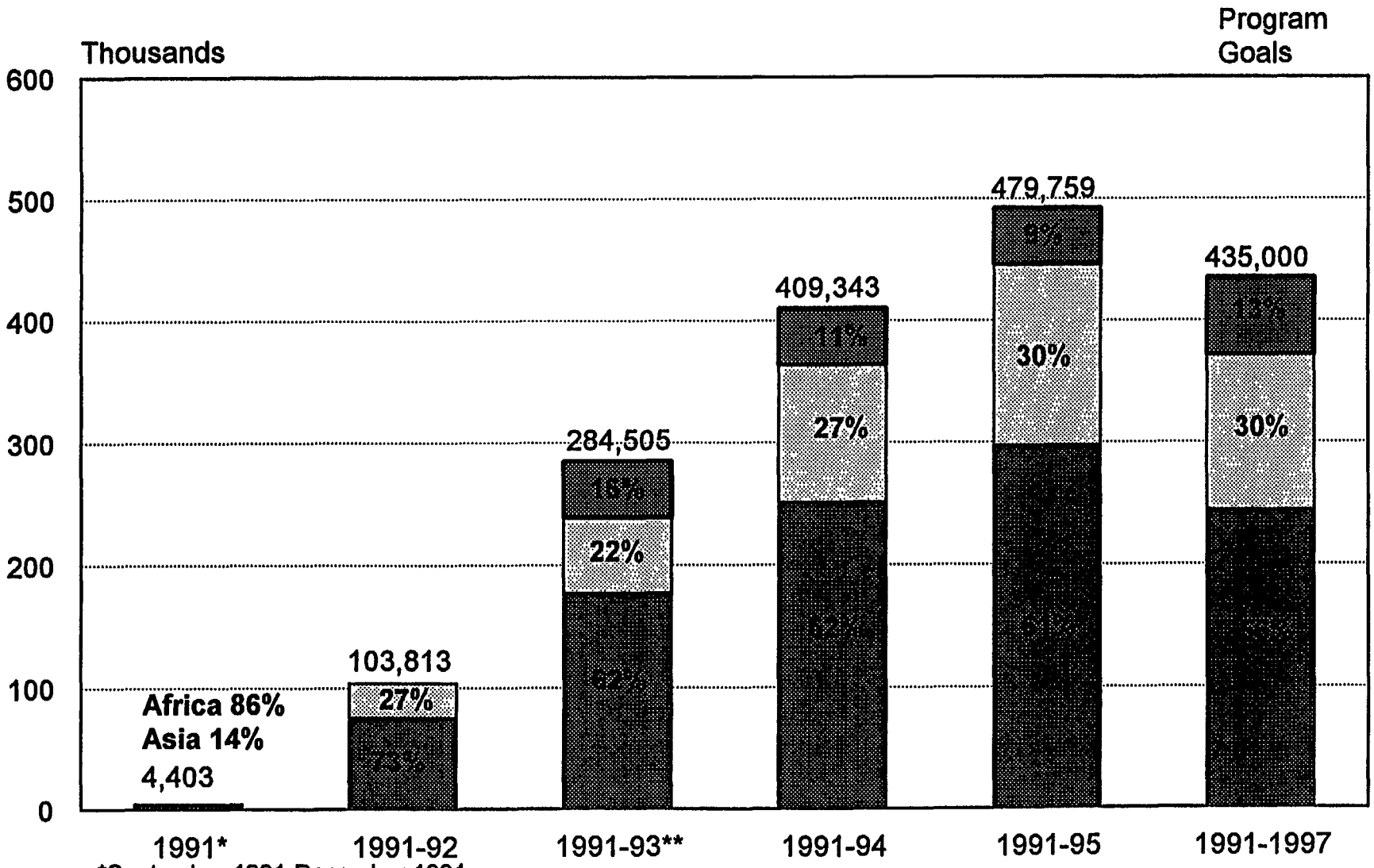
September 1991 to December 1995



# ACCESS

Table 7

## New Clients By Region And Program Goals



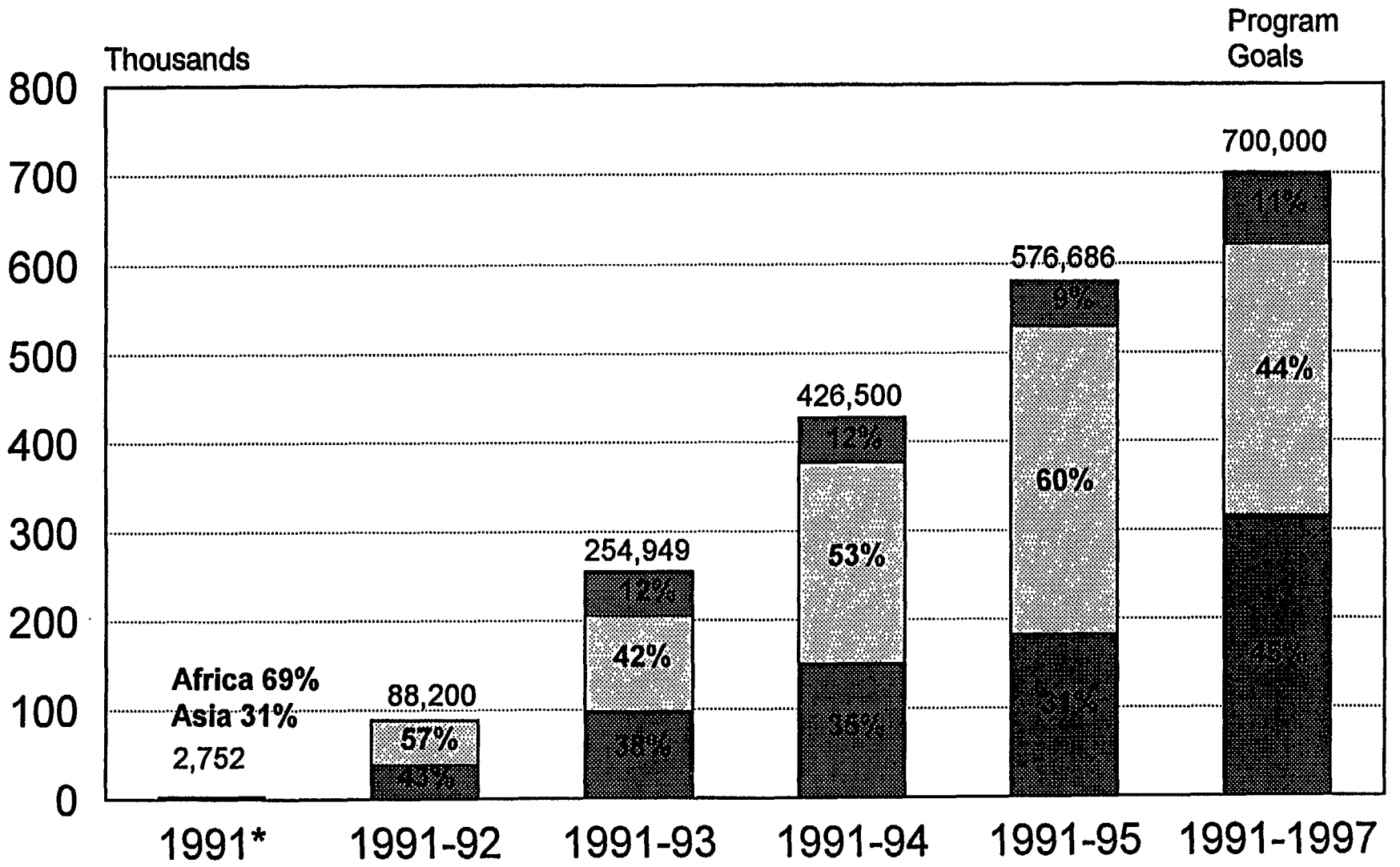

*September 1991-December 1991

** Data was entered at close of project in 1993.

# ACCESS

Table 8

## CYP By Region And Program Goals




*September 1991-December 1991

** Data was entered at close of project in 1993.

# KEY ACCOMPLISHMENTS

# BY COUNTRY

## III. KEY ACCOMPLISHMENTS BY COUNTRY

### A. El Salvador

#### 1. Background

In July of 1995, CEDPA initiated a training and institution building effort in El Salvador which sought to strengthen the organizational structure of the Corporation of Private Organizations of Public Utility for Sustainable Development (CONSALUD), a network of Salvadoran NGOs working in Maternal/Child health. The CONSALUD consortium was born out of the Maternal Health and Child Survival Project (PROSAMI), through which USAID/San Salvador supported 35 NGOs in their efforts to improve the health status of 350,000 Salvadorans in rural and urban areas. As PROSAMI disengages from this program, CONSALUD requires critical support to ensure its independence through the transition period.

A key element of CEDPA's development strategy is building upon the leadership and management skills of women and, in particular, CEDPA's alumni base. In the case of El Salvador, CEDPA has relied heavily upon a number of alumnae from organizations such as the Salvadoran Association for Rural Health (ASAPROSAR), the Organization of Salvadoran Women (ADEMUSA), and the Organization of Salvadoran Women for Peace (ORMUSA). These alumnae have participated as facilitators and training team members in the various activities conducted by CEDPA in the past year.

**Local partner:** Organización de Mujeres Salvadoreñas (ORMUSA)

#### 2. Advocacy and Participation

As a result of the *Advocacy and Institution Building* workshop, a group of 15 NGOs formed an Advocacy Network in Population and Development and conducted follow-up advocacy activities to promote the ICPD Program of Action. The follow-up activities included developing a resource management manual for women, training volunteer health promoters in STD prevention, replicating the *Advocacy* workshop for other groups, and producing an informational bulletin about AIDS.

#### 3. NGO Capacity Building

Under ACCESS Project funds, a consultant conducted a nine-day needs assessment trip to El Salvador in July of 1995 with the objective of assessing the institution building needs of CONSALUD. The consultant met with representatives of USAID/San Salvador, the Board of Directors of CONSALUD, public sector health organizations, and a Parliament Member. She also made field visits to observe the work of ASAPROSAR, ADEMUSA, and ORMUSA. The consultant worked with a coordinating team of three CEDPA alumnae - Vicky Guzmán, Marina Peña, and Jeannette Urquilla - to design CEDPA's



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training strategy for El Salvador. The Board of Directors of CONSALUD approved the following three-part institution building approach which was developed in response to key areas of institutional need:

- a strategic planning workshop for the Executive Directors of CONSALUD
- a workshop on advocacy skills for CONSALUD members
- a workshop on gender issues for CONSALUD technical staff

The first workshop, *Institution Building for CONSALUD: Towards Change and Sustainability*, introduced the concept of strategic planning as a management tool. A total of 30 participants from 24 organizations attended the workshop. The majority of participants were executive directors of their respective NGOs. The workshop was held at Lago Coatepeque in the Department of Santa Ana. As a result of the workshop, CONSALUD's membership developed a strategic action plan around which to orient the consortium's mission, key work areas, and objectives.

The second workshop, *Advocacy and Institution Building*, was funded by the UN Population Fund (UNFPA) and coordinated by CEDPA's Training Division. Prior to the workshop in El Salvador, two Salvadoran NGO leaders attended a three-week advocacy workshop at CEDPA's office in Washington, DC. With technical assistance from CEDPA, they coordinated an in-country version of the Washington-based workshop. A total of 20 participants, most of whom represented CONSALUD members, attended the workshop held in December 1995 at Costa del Sol.

In March of 1996, the ACCESS Project coordinated a two-part gender activity in El Salvador. The first activity was a high-level policy meeting entitled *Gender and Reproductive Health Policy*. Held in San Salvador, the meeting was attended by 18 representatives of the public sector, NGO community (including the CONSALUD Board of Directors), and donor agencies. The objective was to develop a conceptual framework for gender and to analyze existing reproductive health policies according to that framework. The meeting served to strengthen the cross-sector dialogue about gender issues. CEDPA also conducted a workshop on *Gender Analysis at the Community Level* for the technical staff of CONSALUD member organizations. Out of the 27 participants in attendance, 26 represented CONSALUD organizations.

**4. Future Initiatives**

The CONSALUD network is currently undergoing significant change and reassessment following the end of USAID support on April 15, 1996. CEDPA is in close consultation with CONSALUD's leadership about the most strategic use of remaining project funds. Recent communication between CEDPA and CONSALUD indicates a need for a follow-up component to the strategic planning workshop held in October of 1995. The ACCESS Project anticipates supporting this follow-up workshop to help CONSALUD chart its future in an uncertain funding environment.

## B. Ghana

### 1. Background

In February 1995, the ACCESS Poject was invited to attend a meeting of Cooperating Agencies (CA) organized by USAID/Ghana in support of the Ghana AIDS and Population Project (GHANAPA). The purpose of the meeting was to identify technical assistance needs requested by the Government, National Population Commission, and potential NGO partners for implementation of the new project. The mission confirmed that GHANAPA would include a new emphasis on adolescents and a greater role for demand generation and services through the NGO community. During the CA meeting CEDPA's technical assistance was requested in two areas: a) conducting an adolescent needs assessment; and b) NGO capacity building. The ACCESS Project initiated partnerships with the Ghana Social Marketing Foundation (GSMF) which has an umbrella network of 18 NGOs that are currently selling contraceptives under the mission project. A November 1995 CA meeting was held to refine technical assistance needs and to generate workplans for Year Two of the GHANAPA project.

Through its private funds, CEDPA has been providing technical and financial support to the YWCA for the past four years in establishing the first Youth Counseling Centre located in Abaraka, in downtown Accra. The Centre has served as a basis for introducing Family Life Education (FLE) and services to YWCA members and youth during outreach activities of its peer educators in Accra. Technical assistance was requested to conduct a management assessment to identify strategies for expanding YWCA services in the Ashanti Region.

**Local Partners:**

| | |
|---|---|
| YWCA, Accra | Planned Parenthood Federation of Ghana |
| YWCA, Kumasi | Rural Integrated Health Project |
| Habitat | Muslim Family Counseling Services |
| Freedom From Hunger | Ghana Association of Adolescent Reproductive Health |

### 2. Adolescent Reproductive Health Assessment

CEDPA is coordinating country assessments on adolescent reproductive health in ten countries in sub-Saharan Africa with support from UNFPA/New York. The objective of this assessment is to provide a situational analysis of adolescent reproductive health issues in selected African countries and to provide guidelines for promoting adolescent reproductive health care in the region. In Ghana, CEDPA contracted a local team of demographers to undertake the assessment. The work was also done in collaboration with the mission through JHU/PCS under GHANAPA. The survey covered three of the nine regions in Ghana and included a literature review, questionnaires to 300 NGOs and focus groups with over 600 youth, parents, teachers, traditional leaders, and public sector policy

makers. The preliminary findings indicated that Ghanaian youth are sexually active and that there are strong concerns among both youth and adults on the need to address this issue in the future. Plans are underway with JHU/PCS to hold a series of dissemination workshops by mid-1996 and for the findings to be presented during a CEDPA/UNFPA Africa-wide Youth Forum in December 1996. It is planned that the Ghana assessment will be used by the Government and donors to facilitate planning for a national strategy on adolescent reproductive health.

**YWCA Management Assessment**

In an effort to assess the capacity of NGOs to expand their ability to implement service delivery projects, the ACCESS Project contracted a local management consultant to conduct an assessment of the YWCA. The purpose of the assessment was to identify strengths and weaknesses in the YWCA's program and financial management systems; IEC and training; MIS and record-keeping; innovations in project design; and strategies for reaching youth with FLE and appropriate family and reproductive health services. The preliminary findings suggest that the YWCA (Kumasi Branch) has been successful in training over 200 FLE workers to provide information and communication through their network of peers. However, it was recommended that the YWCA obtain more assistance in training and innovative IEC materials which can be provided to young clients during IEC sessions. In addition, FLE workers have not been trained in social marketing and are unable to provide supply methods on demand. It was agreed that CEDPA would work with the YWCA to identify the next steps in responding to the management assessment and determining proposed interventions for a new project in Kumasi.

### 3. NGO Capacity Building

The GHANAPA project is designed to include a greater role for the NGO sector in demand creation and promotion of supply methods through their networks. As a result, eight GSMF managers were selected to attend CEDPA's *Women in Management* (WIM) and *Institutional Building* (IB) courses in Washington in May and July, respectively. Upon their return from the Washington-based training, NGO partners developed concept papers for expanding family planning and reproductive health services through their networks.

### 4. Training on STDs/HIV Integrated Services

The initial training by GSMF had primarily emphasized information and education related to promoting contraceptive use for pregnancy prevention. In order to expand impact, NGOs requested that the ACCESS Project conduct a Training of Trainers (TOT) among the 18 NGO partners to improve STD counseling skills. Using CEDPA's STD Integration Manual, *Phase I* included a two-week workshop for 58 NGO managers to enable them to introduce STDs education into the activities of their fieldworkers and CBD agents. The training was conducted in November 1995 and included basic information on STD/HIV/AIDS transmission, risk assessment techniques for community based workers, counseling and interpersonal communication, cultural and gender issues, condom

negotiation skills, and preventive education. A team of six local master trainers was provided with orientation and co-facilitated sessions with the CEDPA team to enable them to assist in implementing *Phase II,* which is the actual training of over 600 CBDs in the coming months.

**5. Future Initiatives**

GSMF had originally requested technical assistance in strengthening the technical skills of NGOs in financial management and record-keeping. However, after further work with GSMF, it was discovered that technical assistance needed to be broadened to assist NGOs in addressing the issue of long-term organizational issues on sustainability through strategic planning. Therefore, the ACCESS Project, in collaboration with SOMARC and the INITIATIVES Project, have worked to develop a curriculum which will be used for training up to 15 GSMF NGOs on Strategic Planning for Reproductive Health. The purpose of the workshop will enable NGOs to develop strategic visions and directions for their organizations for the next five years, including a specific plan for reproductive health activities within the context of national priorities and GSMF goals.

## C. India

### 1. Background

CEDPA manages the Liaison Office for the Innovations in Family Planning Services (IFPS) Project, a 10-year USAID-funded project to improve access to quality family planning services in the state of Uttar Pradesh. CEDPA, under ACCESS Project funds, provides technical assistance to the State Innovations in Family Planning Project Agency (SIFPSA) and local NGO partners. CEDPA supports the Prerana Population Resource Center (PPRC) in Lucknow to work with local NGOs in the design and implementation of family planning programs and supports two other partners in Gujarat and Bihar states to provide family planning services.

**Local Partners:**

Prerana and its Population Resource Center located in Lucknow
Gujarat State Crime Prevention Trust (GSCPT)
Bihar Cooperative Milk Producers' Federation (COMPFED)

### 2. Service Delivery Through Local NGOs

CEDPA has worked closely with SIFPSA in the identification of NGOs in four districts of Uttar Pradesh (U.P.) including Tehri-Garhwal, Rampur, Gorakhpur, and Allahabad, and has provided technical assistance to develop proposals for SIFPSA approval. Since NGOs in U.P. are small and have limited capacity for services, CEDPA and SIFPSA developed a consortium approach to assist smaller NGOs from these districts to develop and submit an integrated proposal to extend coverage within a district. By working as a consortium, NGOs are able to cover whole districts in a phased manner. Tehri-Garhwal has six NGOs and Gorakhpur district has 14 NGO projects which cover a large percentage of the districts' populations. To date, SIFPSA has funded about 43 NGO projects and CEDPA has provided technical assistance to most of these NGOs in various ways, including identification and assessment, project formulation, project review, training of NGO personnel, and technical assistance in reproductive health.

### 3. Advocacy and Participation

A meeting on women's advocacy was held in Lucknow, hosted by SIFPSA for twenty women leaders from Uttar Pradesh. Peggy Curlin, President of CEDPA, attended the meeting and helped the group conceptualize what is required for a successful women's empowerment movement to take place within the districts. Plans are now underway to develop an advocacy strategy which will, in the initial phase, focus on advocating women's issues and reproductive health through panchayat leaders. Regional Support Organizations (RSO) will provide training to panchayat leaders in their respective regions (cluster of districts). These RSOs will collaborate with the Prerana Population Resource Centre and the National Centre for Advocacy Studies to integrate training components on

reproductive health and advocacy skills development. For developing leadership and advocacy skills among women managers, CEDPA plans to work with the Institute for Career Studies, a training organization, to develop and implement the training program for these women leaders.

**4. NGO Capacity Building**

**SIFPSA**

CEDPA staff assisted in strengthening SIFPSA's staff capabilities through the recruitment of senior staff officers. By using one of the leading management recruitment consultancy firms in India, CEDPA assisted SIFPSA to identify and interview candidates for three general manager positions. Over 350 candidates applied for the positions, and four candidates were short-listed for each post. CEDPA also assists in staff orientation and development and participant training.

SIFPSA was given technical support to computerize administrative operations and develop its management information systems. Financial software packages were tested and a budget framework for SIFPSA sub-grantees was developed. The financial accounting system will be computerized in 1996. CEDPA is also working with PPRC and SIFPSA to adapt the field-based MIS used by CEDPA around the world for IFPS use (See Appendix D - IFPS Newsletter).

**PPRC**

Over the last two years, PPRC conducted 35 training workshops, assisted 77 NGOs, and trained 570 women and men. A key component of PPRC's strategy to expand the numbers of trained NGO personnel is to develop a cadre of lead trainers at the district level. These lead trainers will be trained as trainers (TOT) in the courses that PPRC provides, e.g. reproductive health, community based distribution, gender sensitization, and family life education. Lead trainers will be considered extension staff and will enable PPRC to scale up its training activities throughout the state. The first lead trainer TOT took place in January on reproductive health with technical assistance from CEDPA staff and consultants. The second lead trainer TOT was conducted in April on community based distribution. Plans are underway to conduct the gender sensitization and family life education TOTs. These four TOT courses will be repeated several times to create a large pool of district level trainers in these topics. CEDPA anticipates that the TOTs will impact several thousands of community based field workers. TOTs are during June and July 1996, and district level lead trainers will train over 1,300 newly recruited field workers in reproductive health and community based distribution in collaboration with CEDPA and PPRC.

CEDPA staff also worked with PPRC to develop a series of manuals to support local NGO training. The manual for community fieldworkers was developed as a material reference after their initial training. The reproductive health manual was prepared for supervisors and trainers to provide accurate information about a broader range of

reproductive health topics in their programs. A training video and a supervision training manual are currently under development.

A computerized resource library for PPRC was developed using state-of-the art library software from UNESCO. When PPRC's collection is completely up-to-date, the collection data will be merged with that of the IFPS Liaison Office and eventually with SIFPSA so that all organizations will be connected and a system for retrieval of documents will be developed.

CEDPA played a key role in funding and supporting the development of PPRC in the first two years, and it is working with Prerana to find ways to sustain PPRC without direct donor support. CEDPA has helped PPRC to develop a fee structure for its courses and to develop a training brochure to assist in marketing its training program. Since there are few training organizations in Uttar Pradesh to meet the needs of NGOs, PPRC has the potential to become a major training center.

PPRC was always envisioned as the training institution for NGOs under SIFPSA. In late 1995, CEDPA worked with PPRC to develop a proposal to SIFPSA for direct funding of the training program. The program was approved by SIFPSA to support PPRC's infrastructure, administrative, and training costs. CEDPA will continue to provide technical assistance in developing the training programs.

**5. Sustainability Planning**

**Gujarat Project**

CEDPA provided technical assistance to the Gujarat State Crime Prevention Trust in planning for sustainability and developing a strategic plan. Using the sustainability framework developed by CEDPA/Washington, GSCPT managers discussed organizational issues such as the overall mission of the organization, GSCPT's strengths and weaknesses, and new strategies and program approaches to support GSCPT. It is expected that the family planning project supported by the ACCESS Project will be phased out by mid-1997. An evaluation of the project provided an assessment of the high quality of the project, its well-trained and committed fieldworkers, and its creative IEC strategies. In looking to the future, GSCPT needs to diversify its funding sources and expand the range of services it offers so that it can build upon the infrastructure it has established with CEDPA support. Technical assistance in planning for sustainability will be a major aspect of CEDPA's work with GSCPT over the next year.

**COMPFED Project in Bihar**

The Family Health Project of COMPFED has shown that the dairy cooperative network is an excellent structure on which to "piggyback" health education and services to the community. Strategies to continue family health activities are being developed and tested as part of the work program for the last year of ACCESS Project funding. Fieldworkers are beginning to support their activities through sales of commodities. Other options, such as charging fees for service, are also being explored. The dairy cooperative

federation is looking into the possibility that village dairy societies will support family health activities through a subsidy from the profits on the milk collected by the society. In addition, technical sustainability of the project is being enhanced by expanding the project's own training capacity. This will mean that after ACCESS funds are no longer available, COMPFED will have staff who can help ensure quality of services in the present field sites, and can train field staff for expansion to new villages.

## 6. Future Initiatives

### HIV/AIDS Grants

Under funds from the USAID Asia-Near East Bureau, the ACCESS Project plans to support two new projects in India to provide HIV/AIDS prevention and training through local NGOs. The YWCA project will focus on street children in Delhi and Bhopal, providing family life education/sexuality education to increase awareness of HIV/AIDS among children and adolescents. Adithi is a women-focused organization in Bihar which has the capacity to reach women and men at the village level. Through fieldworker training, development of IEC materials, and staging of events, the new project will raise awareness of HIV/AIDS, increase communication skills, and promote condom use by men with all sexual partners, including their wives.

### Women's Leadership Training

CEDPA will work with a training NGO in Lucknow, UP to develop a women's leadership training program with a focus on advocacy and community participation. Trainers from the NGO will attend CEDPA's WIM workshop in June and work with CEDPA's training division to develop the curriculum. Women leaders from the private and government sectors in selected districts of UP will be the participants in this training.

A new opportunity to mobilize women and support women's empowerment in India was made possible through the government law that reserves one-third of all positions in the panchayat raj (local councils) for women. As these women are newly elected to positions of authority, they will need training with exposure to key issues. The focus of training thus far has been on the administrative and legal aspects of the panchayat leader's role. CEDPA is interested in preparing an advocacy and community mobilization program that can be used to orient panchayat raj leaders to reproductive health and reproductive rights issues.

## D. Indonesia

### 1. Background

In Indonesia, although many women have worked in family planning programs as staff and volunteers, few have been involved in the design or management of programs. There are a number of NGOs, including the Indonesian Midwives Association (IBI) with the potential to contribute at the management and policy levels.

To enable IBI to actively participate in the design and implementation of gender-sensitive family planning programs, USAID/Jakarta asked the ACCESS Project to provide technical assistance and training to IBI members in management and leadership and gender and advocacy.

In April 1996, CEDPA assisted IBI in strengthening its institutional capacity in program development and in determining their training needs in management and gender and advocacy. A training needs assessment was conducted for 27 participants from both IBI's national and provincial levels. The needs assessment was the first step in the design of *Phase I* of workshops to be held in Indonesia in June and July of 1996. During *Phase I*, two workshops will be conducted on TOT and gender and advocacy. A follow-up workshop will be conducted in *Phase II* which will be held later in the year.

In 1995, the Project worked in close collaboration with IBI, CEDPA alumni, and Cooperating Agencies to tailor those workshops to specifically meet the institutional needs of IB in a cost-effective manner.

### 2. Advocacy and Participation

In April 1996, the first CEDPA alumni advocacy reception was held in Jakarta for over 25 representatives from IBI, USAID, and various multilateral and bilateral agencies, including UNFPA, UNDP, the World Health Organization (WHO), and the World Bank. The reception was hosted by CEDPA in conjunction with USAID/Jakarta. The purpose of the reception was for CEDPA's alumni to meet each other, the CEDPA representative, other donors, and IBI to share lessons and strategies and to advocate for women's empowerment, reproductive health, and gender issues. Follow-up advocacy working group meetings will be held in July and November of 1996.

### 3. NGO Capacity Building

**Gender and Advocacy Workshop**
The ACCESS Project will continue to work closely with IBI and a local trainer to develop a five-day customized workshop for training 15 women leaders and managers in advocacy and gender issues. The goal of the workshop will be to improve the knowledge, attitudes, and skills of trainers and managers to create gender-responsive programs and policies.

The training program will enhance advocacy and communications skills to increase the capacity of IBI to influence policy and program changes in reproductive health.

**Training of Trainers (TOT) Workshop**
The TOT will be a six-day program to train 12 experienced trainers from IBI's national and provincial chapters in training methodology, management, leadership, and gender and advocacy. The ACCESS Project will work closely with a local trainer in preparation of conducting the TOT and gender and advocacy workshops. The workshops will be conducted in Bahasa.

## 4. Future Initiatives

Over the next year, CEDPA will work closely with its alumni to strengthen the network and to build coalitions of women leaders and managers who will be able to advocate for gender-sensitive reproductive health programs at the national and provincial levels. Worldwide, CEDPA's network has grown rapidly since ICPD in Cairo and, increasingly, women's empowerment through networking has proven to be an effective strategy to build women's confidence and to share ideas, issues, and advocate for solutions.

## E. Kenya

### 1. Background

The Kenya program began the year with a portfolio of four subprojects providing outreach, education, community based distribution, and clinical services to clients in urban and rural communities in Nairobi, Kisumu, Taita Taveta, Machakos, Embu, and Kitui. The Kenya Regional Office managed the subprojects in Kenya, Tanzania, and Uganda. In 1995, USAID/Kenya designed a new project entitled, "AIDS, Population and Health Integrated Assistance" (APHIA). Under APHIA, USAID's portfolio was consolidated to increase efficiency and focus on strategies for sustainable family planning and health services. Due to reductions in the USAID/Kenya budget and the restructuring of the population portfolio, CA roles and responsibilities for program implementation were uncertain. USAID/Kenya requested that CEDPA transfer two subprojects and reduced support to the program. At the end of the year, the regional office was down-sized and relocated to a smaller space.

**Local Partners:**

Maendeleo Ya Wanawake
Family Planning Association of Kenya (FPAK)
Family Life and Promotion Services (FLPS)
Kabiro Kawangare Health Trust

### 2. Service Delivery

The Kenya program was the largest service program in the ACCESS Project portfolio. The NGOs with which the ACCESS Project works are committed to expanding access to services in rural and urban areas and increasing the range of services to meet the growing demand for STD/AIDS prevention services.

Maendeleo Ya Wanawake program was CEDPA's largest partner in Kenya. With a total of 102 community based distributors in three districts, Maendeleo served 4,739 clients in 1995. As the largest women's association in Kenya, Maendeleo's unique advantage is a network of women's groups in each district reached by volunteers and staff. The Maendeleo family planning program established an extensive referral network for maternal health and family planning clinical services. Maendeleo is also known for its effective work on advocacy and reproductive rights. In August 1995, the Maendeleo family planning project was transferred to Pathfinder International to consolidate the management of the program under one organization.

The Family Planning Association of Kenya (FPAK) serves rural communities in Taita Taveta, a very poor district in Western Kenya bordering on Tanzania. The Western region is one of the highest priorities for population assistance given the unmet need for family planning and low education levels of women. The project is considered one of FPAK's

most successful models for introducing voluntary female sterilization and Norplant in a conservative community. The partnership established between the fieldworkers and district hospital was the basis for the successful referral program for long-term and permanent methods. The CBD approach connected with outreach clinics is an important linkage for rural communities with limited access to services. FPAK will now receive direct funding from USAID under APHIA, but it is uncertain whether funds will be adequate to support Taita Taveta's outreach program.

Family Life and Promotion Services (FLPS) serves the urban population in downtown Nairobi to meet the special needs of workers in the informal business sector. The project is a model program responsive to clients' comprehensive reproductive needs. FLPS implemented the first integrated STDs/AIDS prevention program with family planning services in Kenya. Its aim is to reach women and men who are at risk for HIV/AIDS but have no place to go for confidential counseling and treatment. Over the last two years, the project has provided an integrated clinic offering diagnosis and treatment of sexually transmitted diseases using the syndrome based approach developed by the World Health Organization (WHO). In 1994, FLPS expanded to Kisumu in Western Kenya. This community, which is close to the border with Uganda, has significant exposure to HIV/AIDS. Therefore, the integrated model of FP/STDs/HIV outreach and clinic was also relevant to meet client needs.

Kabiro Kawangare Health Care Trust is a comprehensive community development program. It serves an urban slum area with one of the highest rates of infant mortality and fertility rates in Nairobi. The project has an outreach program of 30 CBD volunteers and a small MCH/primary health clinic. At the clinic, trained Traditional Birth Attendants (TBAs) and nurses provide pre- and post-natal care. With CEDPA's support, the quality of the program has been significantly improved, and facilities and equipment have been upgraded. The Japanese Embassy in Kenya installed a water tower for the clinic. Staff training in management and service delivery has improved the quality of services and a male-to-male program focuses on reaching young men through community activities and programs.

### 3. Advocacy and Participation

A number of coalitions were developed in the process of planning for the ICPD in Cairo and the Fourth World Conference on Women (FWCW) in Beijing. Among the highest priorities was advocacy for youth services, women's empowerment, and reproductive rights. One of CEDPA's strengths and unique advantages in Kenya is the extensive network of 150 alumni who are in all levels of decision-making. The CEDPA alumni network has the potential to serve as a major advocacy group on issues related to women's health and development. CEDPA will continue to support the network through training and technical assistance to develop its role in advocacy and participation for women's empowerment.

## 4. NGO Capacity Building

**Kenya WIM**

The Kenya Regional Office implemented the first Women In Management workshop in Mombasa in November 1995. U.S. Ambassador Aurelia Brazeal gave the keynote address on women's empowerment to the 27 participants. The workshop was CEDPA's first experience in adapting the Washington model to strengthen the leadership and management capacity of women leaders in Kenya. The participants were from diverse regions and organizations and represented a broad range of backgrounds and interest areas including religious-based charities, NGOs, health organizations, and small business (See Appendix E - Remarks by Ambassador Brazeal).

**South to South Cooperation**

In October, the Kenya Regional Office organized a study tour for Tanzanian women managers. Four managers from the new ACCESS-funded subproject in Tanzania were accompanied by Ms. Josselyn Neukom of USAID/Tanzania to visit and learn from the experiences of the FLPS, Kabiro Kawanagere project, and the University of Nairobi STDs unit. Since the Tanzania program was modeled after the FLPS program, the opportunity to learn directly from program staff and visit the sites provided an efficient and effective way to start the Tanzania project and provide guidance and support from a sister organization.

**Sustainability Planning**

The Kenya program has focused on sustainability planning in collaboration with other CAs and donors. The project worked closely with the MCH/Health Care Financing project to assess the strengths and weaknesses of NGO partners and provide technical support in analyzing fee structures. FLPS and Kabiro are also seeking to diversify donor support, and CEDPA is providing technical assistance to assess program management and efficiencies and financial analysis. The ACCESS Project is expected to continue supporting the two subprojects until mid-1997. The Project will collaborate with other CAs under APHIA to assist in developing marketing and sustainability plans for these NGOs.

## 5. Future Initiatives

CEDPA's unique advantage in Kenya is its commitment to women's empowerment through an integrated strategy of quality service delivery and advocacy. CEDPA's alumni network of dynamic leaders can make a special contribution to USAID's APHIA project by influencing policy on reproductive rights, including advocacy for the rights of the girl child; increased access to services for all in need, including youth and young adults; and the reduction of female genital mutilation. CEDPA will continue to seek opportunities to support its network to build its capacity to advocate on behalf of these and other strategies to empower women and expand their participation in civil society.

## F. Nepal

### 1. Background

The Nepal country program has a portfolio of four local NGOs which provide family planning outreach and education through community based distributors (CBD), workers, and depot holders. These family planning outreach programs are linked with literacy and post-literacy programs in 13 districts in Nepal. In January 1995, CEDPA established a field office under the ACCESS Project to provide technical guidance to all subprojects through an expatriate Resident Advisor. The CEDPA-NGO partnership has played a valuable role in strengthening the capacity of local NGOs in service delivery, training, IEC, and advocacy activities.

**Local partners:**

Nepal Red Cross Society (NRCS)
Family Planning Association of Nepal (FPAN)
Institute for Integrated Development Studies (IIDS)
Sristi Associates/CEDPA (formerly NCO)

### 2. Service Delivery

**Linkages with Economic Development**
The Institute for Integrated Development Studies (IIDS) was added to the ACCESS Project portfolio in October 1995. IIDS is known for its income generation groups. Through the ACCESS project, these groups will now become channels for family planning education and services. Since this is the first time in Nepal that linkages between income generation and family planning have been established, expertise in income generation/savings and credit skills will be shared with the other projects in Nepal.

**Linkages with Literacy**
CEDPA's family planning projects (NRCS and FPAN) were partnered with PACT to provide basic literacy classes for women community volunteers and family planning clients through USAID funds. Six-month literacy classes were held in 319 centers. The nearly 9,000 women who participated in courses did so at considerable effort, attending classes after their long work days, six nights a week. In spite of their challenges, there were very few drop-outs, and an additional 8,000 women are now attending similar classes.

After the six-month literacy classes, CEDPA was able to link 6,000 of the original group of women to a post-literacy program, Health Education for Adult Literacy. The HEAL project is a program of World Education and the model includes an intensive three-month follow-up period of literacy activities after which the participants then continue to meet in monthly group meetings over the course of a year. These efforts have been successful in supporting women's literacy in the 180 target villages, but there is very little reading material that is available to them. CEDPA is now seeking to establish Community

Reading Centers in these villages, each run by a local Library Committee. Another positive outcome of the literacy program is that many of the participants have become highly motivated to send their daughters to school.

**Referrals for Permanent Methods**
NRCS also collaborated with Access to Voluntary and Safe Contraception (AVSC) and a local medical provider to provide voluntary permanent methods, including vasectomies and mini-laparatomy to 1600 clients in their districts. This was a highly successful referral strategy. CEDPA has taken leadership through the NGO Coordinating Council to develop a model plan for Depo-Provera to be delivered by non-paramedic staff. CEDPA, World Neighbors, and The Asia Foundation are working with the Government to train and monitor community volunteers in ten districts to provide the second and continuing injections for clients after the initial screening and injections are given by a paramedic.

**3. Special Events**

**Safe Motherhood**
National Clean Delivery Awareness Day was held on International Women's Day and was organized by 20 INGOs and NGOs. CEDPA took the lead, providing support to the Nepal Red Cross Society, which coordinated the distribution of materials to 37 districts. Clean delivery was the theme, trained birthing attendants were promoted, and general education about safe motherhood was displayed and explained. Arzu Rana, the Prime Minister's wife and former employee of NCO, was the honorary chair. The Clean Delivery Awareness Day organizing committee elected to remain active as a safe motherhood advocacy group. They are now planning a safe motherhood workshop to plan activities and a strategy at the community level (See Appendix F - Article on Clean Delivery Awareness Day).

**Condom Day**
Condom Day was sponsored by the Nepal Red Cross Society with technical assistance provided by CEDPA. The day was conceived as a means of reaching men when they return home for the holidays. The theme was Responsible Fatherhood, and there were fair-like activities held in 30 districts reaching more than 50,000 people. The comments have been favorable, and condoms were promoted openly as both a family planning method and a means of disease prevention. The event will be held again in 1996 and will be expanded to more districts (See Appendix F - Article on Condom Day).

**4. Advocacy and Participation**

CEDPA held meetings with the CEDPA network and women's NGOs prior to Beijing. The US Ambassador hosted discussion programs before and after Beijing and Peggy Curlin, President of CEDPA, led a post-Beijing workshop with Nepali participants from Beijing in Nepal. The Nepali agenda in Beijing focused on issues related to the rights of the girl child including girl trafficking, STDs/AIDS prevention, and forced prostitution.

CEDPA's partners and alumni network have been leaders in advocacy at the local and national levels.

### 5. NGO Capacity Building

Sristi Associate CEDPA was launched as an independent NGO with the focus on serving as a training and resource institution in Nepal. Formerly named NCO/CEDPA , this local NGO is funded by a USAID PVO grant. CEDPA is providing technical assistance in strengthening planning and training capabilities so it can serve as a resource for other NGOs in family planning and reproductive health.

A variety of training workshops were organized and conducted to improve subproject skills in service delivery and to strengthen institutional systems. Examples include:

- Adarsha Bekti (Guiding Light) was designed to encourage female community volunteers to speak up and ask questions by selecting a core group of women leaders and providing them with more in-depth training in communications and leadership. Adarsha Bekti received special training to improve their interpersonal skills and contraceptive technology update (CTU) knowledge. They are now a resource for other community volunteers. The program will be replicated in Dhankuta as well.

- Interpersonal communication training of trainers (TOT) was implemented for supervisors from Nepal Red Cross and Sristi's western region programs to improve quality of care.

- Sustainability workshops were conducted for all subprojects to help each NGO develop definition and plans for sustainability. FPAN and NRCS have developed sustainability plans and have creative ideas at the community level to encourage community support.

- An IEC workshop was held to help subprojects communicate new creative ideas about adapting IEC for the community level. The view master as well as other tools have come from the community as low-cost alternatives to traditional IEC.

- A woman doctor was hired as a medical consultant to provide technical assistance to field personnel to ensure quality service delivery. Prior to this, most training followed a TOT model and was insufficient. Community volunteers welcome the opportunity to talk to a female medical center.

### 6. Future Initiatives

CEDPA and NRCS have developed a new STD/HIV prevention initiative to reach wives of migratory workers in selected districts in Nepal. NRCS will be organizing communication groups for women leaders. Under a grant from the USAID Asia-Near East Bureau, the ACCESS Project and NRCS plan to work through existing family

planning and literacy programs to help women enhance their communication and negotiation skills. This initiative will also utilize the NRCS Junior Red Cross chapters to educate youth in developing IEC materials and peer education. Condom Day will again involve communities in planning and will focus on educating men and women in HIV/AIDS prevention and proper condom use.

To improve maternal child health, CEDPA has been assisting in the promotion and distribution of the safe home delivery kit. In 1996 local NGO partners will expand community-level planning to place more visibility on safe motherhood issues. These activities will include better coordination at the community level with TBAs, local and district health personnel for education and referrals, and advocacy at the national level..

## G. Nigeria

### 1. Background

In 1995, CEDPA/Nigeria took over the direct management and funding of eight NGO subprojects which had previously received only technical assistance from the ACCESS Project. All of the subprojects have demonstrated their capacity to introduce family planning services through their networks, utilizing members of their NGOs as community based distributors. Through integrating family planning information and services, these partners have built credibility with the conservative communities which they serve, promoted improvements in the health of mothers and their children, and emerged as advocates for increasing modern contraception in traditional areas. CEDPA is working in eight of the 31 states of Nigeria with a target population of about 15 million persons.

All of the subprojects are implemented through umbrella NGOs, which have national branches throughout Nigeria and represent affiliates and indigenous NGOs. Given the geopolitical influences in Nigeria, CEDPA has been careful to ensure geographical spread in its NGO portfolio. These grassroots organizations represent community development associations, market women groups, transport associations, vendors and traders, farmers, religious associations, and social and cultural clubs. Although the thrust of the subprojects has been designed to introduce family planning through their networks, each of the subprojects utilize innovative strategies for reaching their target groups with amazing success. The CEDPA/Nigeria field office manages all Project activities under ACCESS Project funds.

### Local Partners:

**Eastern Region:**
National Council of Women's Societies (NCWS)/Abia: "Market-Based Family Planning Project"
National Council of Women's Societies (NCWS)/Anambra: "Market-Based Family Planning Project"
National Council of Women's Societies (NCWS)/ Enugu: "Integrated Community-Based Health Project"
Women in Nigeria (WIN)/Cross River: "Youth and Gender Project"[1]

**Southwest Region:**
National Council of Women's Societies (NCWS)/Osun: "Rural Community Based Distribution Project"
Country Women's Association of Nigeria (COWAN)/Ondo: "Rural Integrated Family Planning Services Project"

**Northern Region**
National Council of Women's Societies (NCWS)/Plateau: "Integrated Market-Based Health Project"
National Council of Women's Societies (NCWS)/Niger: "Community-Based Distribution Subproject"

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[1] The Women in Nigeria Project has been funded through CEDPA's Better Life Option Program through private funds for the past few years to support an adolescent program for in-school urban youth. Under the ACCESS program WIN will be supported to expand education and information to out-of-school youth in rural areas outside the capital city of Calabar.

## 2. Service Delivery

After two years of implementing only family planning components, subprojects reported increasing demand for integrated health interventions responding to broader reproductive needs of their clientele. In March 1995, the subprojects were redesigned to broaden reproductive health activities to introduce child survival interventions and STDs/ HIV/AIDS awareness. Nearly 1,000 CBDs received refresher training for technical aspects of family planning services delivery and strengthening linkages to clinical services. CEDPA collaborated with the Center for Disease Control (CDC) to develop integrated modules for community based workers to promote maternal and child health including immunizations, nutrition, hygiene, care of the new born, and environmental sanitation. Two projects have established clinics at their market sites to pilot the treatment of minor ailments such as headaches, diarrhea, malaria, and minor cuts and bruises. Project staff also received orientation in promoting AIDS awareness and the importance of including STDs/HIV/AIDS risk assessment, counseling, and condom negotiation skills as part of on-going CBD activities.

## 3. Women's Health Care Decision-Making

USAID/Nigeria has focused on the importance of women's health care decision-making as one key aspect of promoting women's empowerment. For CEDPA, promoting women's empowerment and women's health care decision-making acknowledges, legitimizes, and supports the individual and collective efforts of women to improve the quality of their lives. Building on the advocacy strategies utilized by each of its partners, each subproject is promoting women's health care decision-making ability as an aspect of empowerment through their respective programs. This objective will be measured at the household and community level. Building on the mission's indicators, CEDPA developed a set of indicators to begin to measure women's role in health care decision-making at the project level. Key indicators include the following topics: a) economic security; b) status within the household and at work; c) ability to interact effectively in the public sphere; d) active participation in non-family groups; e) self-worth and self-esteem; and g) ability to control/change one's own conditions (Table 10 - Nigeria Program Indicators).

## 4. Advocacy and Participation

Building on their participation in the Cairo and pre-Beijing meetings in late-1994, the CEDPA/Nigeria network played a leading role in meetings leading up the Beijing Conference. Several of the subproject managers who played an active role in program implementation at the local level served as powerful advocates at the national and global level in events leading up to Beijing. For example, several of CEDPA's partners provided key inputs into in-country preparatory meetings, assisted in drafting inputs into the Nigeria Position Paper for the Platform of Action, and participated in global meetings on poverty alleviation. They were also able to mobilize funding to ensure African NGO participation in the Beijing meeting and organize and host a series of workshops, panels, and discussions advocating for broadening women's participation at all levels of development.

One of CEDPA partners organized a "tribunal" at the NGO forum to pressure the World Bank and the International Monetary Fund (IMF) to establish mechanisms for NGOs to access grants directly from multi-lateral institutions to support women's development programs. In November 1995, CEDPA organized a post-Beijing debriefing for USAID/Nigeria to provide highlights on the global meeting.

**5. NGO Capacity Building**

Building on its commitment to strengthen local capacity, CEDPA/Nigeria continued to provide support and technical assistance through local staff and consultants. The office utilized the project review mechanism which brings all of the women managers together on a quarterly basis to review project progress and to share lessons learned, constraints and obstacles, and new innovations occurring in their programs. This has led to greater promotion of South-to-South cooperation between subprojects, exchange visits between subprojects, and exchange of information among CEDPA partners.

In addition, a unique feature of CA collaboration in Nigeria has resulted in technical assistance arrangements in which CEDPA subprojects can benefit from expertise from other implementing partners. For example, JHU/PCS has initiated a "Spokesperson" Project whereby CEDPA partners can be trained as advocates and spokespersons in promoting family planning and reproductive health initiatives. AIDSCAP/Nigeria has organized training in which Nigeria partners have participated.

**6. Sustainability Planning**

The Nigerian environment in the past three years has proved to be very unstable politically, economically, and socially. In 1995, Nigeria was again decertified by the U.S. Government for failure to substantially address drug trafficking. Although AIDS and Child Survival, which are considered humanitarian programs, were exempt, family planning was not. A waiver of decertification was sought from Congress. However, this was not received until September 1995. This resulted in reduced level of programming, no new activities, limited funds, and the ever-present threat of closure. Consequently, the young CEDPA office has had to grapple with implementing a program under difficult and uncertain circumstances. As a result of the uncertainty of the program, Nigerian managers have been forced to reorder their priorities and identify creative means for meeting the needs of clients.

During November 1995, Washington staff participated in the Quarterly Project Review Meeting with women managers to develop strategies for moving forward with implementation. The circumstances brought on by decertification became a focal point for managers during the discussions, and many cited key lessons regarding sustainability:

- *All* family planning programs should be integrated with community development programs to build economic empowerment.

- Managers and donors need to address sustainability at the *beginning* rather than at the end of a subproject.
- NGOs need to shift emphasis to cost recovery/commercial principles for sustaining future activities.
- NGOs need to be strengthened at the national level in order to sustain projects at the community level.

## 7. Future Initiatives

At present, the USAID/Nigeria program is to be scaled back from over a dozen Cooperating Agencies down to six by September 1996. Given the reduced level of funding, CEDPA is poised to continue programming up through mid-September 1997 with support to eight on-going integrated health NGO subprojects, several new NGO subprojects in the North, and the possibility of joint implementation of a democracy project with Johns Hopkins University.

Table 9

**NIGERIA**
**PROGRAM INDICATORS:**

**Increased Participation of Women in Health Care Decision-Making at the Household and Community Level**

| | |
|---|---|
| **Economic security** | * access to/control over money<br>* access to/control over credit<br>* contribution towards family finances<br>* decision-making over allocation of resources for self and others |
| **Status and decision-making within the household and at work** | * authority to make small/large purchases<br>* authority over routine decisions (food preparation, use of time, health needs, children's education)<br>* use of violence or coercion by spouse<br>* attitude towards boys'/girl's education |
| **Ability to interact effectively in the public sphere** | * ability to attend village meetings<br>* ability to speak at village meetings<br>* knowledge of public officials/village affairs<br>* voting experience |
| **Active participation in non-family groups** | * advocacy for a cause<br>* organized or individual protest<br>* ability to join or be active in community groups<br>* ability to participate in activities which enhance own quality of life (literacy, health education, church, etc.) |
| **Self-worth and self-esteem** | * belief in own capability<br>* belief in own achievements and value to family and village<br>* ability to stand up for own beliefs/rights |

Table 9
*(cont.)*

**NIGERIA**
**PROGRAM INDICATORS:**

**Increased Participation of Women in Health Care Decision-Making at the Household and Community Level**

| | |
|---|---|
| **Belief in ability to control/change own conditions** | * ability to affect health of children<br>* ability to affect own health/fertility<br>* ability to change husband's/others' behavior<br>* ability to support her daughters' decisions |
| **Convenience of Service** | * agent/provider respects clients) time (appointments, scheduling, waiting, travel time of client) |
| **Providing Psychosocial support** | * agent offers support/counseling/help by involving spouse or others in decision making or problem resolution<br>* agent/provider spends adequate time with client to answer questions and clarify information |
| **STDs/HIV counseling and referrals** | * agent/provider provides accurate information on regarding STDs/HIV<br>* agent helps client negotiate safe sex with her spouse or partner |
| **Other services** | * agent/provider provides culturally appropriate information for minor ailments and child health |

## H. Tanzania

### 1. Background

In April 1994, CEDPA/Nairobi Field Office staff were invited by USAID/Dar es Salaam to conduct an assessment of NGOs and explore the possibility of working to expand family planning services delivery through their networks. As a result of the assessment, it was determined that CEDPA should provide technical assistance to a women's legal rights organization Shirika La Uchumi La Wanawake Tanzania (Economic Empowerment of Women) (SUWATA) to design a program for expanding family planning and reproductive health services.

In May 1995, CEDPA was awarded its first subproject in Tanzania under the ACCESS Project. The SUWATA project currently maintains a women's legal aid clinic to advise women of their legal rights regarding domestic violence, divorce, and property rights, as well as other issues. For the past five years SUWATA has been providing limited clinical family planning services with support from private funds. Under the new project, program activities were expanded to include: a) integrated reproductive health services including STDs/AIDS; b) community based family planning services in four catchment sites; c) an IEC and advocacy campaign; and d) support for strengthening SUWATA's capacity to implement the project.

### 2. Service Delivery

The purpose of this innovative project is to build SUWATA's capacities to provide quality reproductive health services in the inner city of Dar es Salaam and to improve women's health rights through its legal clinic. The project was expanded to provide family planning services and STD treatment and serve as a basis for introducing outreach activities to clients in the urban informal sector. By December 1995, SUWATA had completed minor renovations on the family planning clinic, curative unit, mini-lab, and pharmacy. This has enabled the project to diagnose and treat routine illnesses for a fee. The two project nurses provide family planning counseling and health education, pills, IUDs, injectable contraceptives, diaphragms, condoms, and foaming tablets. Initially, the project was to refer clients requesting Norplant to the Marie Stopes Clinic. However, due to overwhelming requests to have Norplant provided by SUWATA, the two nurses have now been trained in the procedure.

### 3. SUWATA Base Line Survey

A baseline survey was conducted in the project catchment areas in order to measure awareness and utilization of family planning. The baseline was undertaken to enable SUWATA staff to map out sublocations for CBDs and to determine beneficiary groups to be served under the project. Local baseline consultants were identified in November 1995, and the survey work was initiated in December 1995. The baseline methodology included a sample questionnaire for the target population and focus group discussions to assess

community attitudes regarding family planning and STDs/AIDS prevention. Six hundred and eighty-five respondents were successfully interviewed in the four target areas, of whom 228 were males and 457 were females. Eleven focus group discussions were held to provide additional qualitative information.

**4. Youth Improvement Project**

Given the findings from the baseline study, it was evident that SUWATA needed to respond by incorporating a youth component into the project. As designed, the project did not specifically address the needs of youth. Therefore, CEDPA arranged a small grant from private funds to enable SUWATA to hire a youth coordinator, train an additional 10 youth under 25 years old, and develop "youth friendly" IEC materials for use during outreach and awareness raising activities.

**5. Advocacy and Participation**

In building on its reputation as a legal rights and women's advocacy organization, SUWATA has developed several key initiatives to promote the project. In collaboration with Population Services International (PSI), project staff have introduced "film nights" on the weekends at SUWATA Headquarters. It was agreed that this initiative would be expanded and included in the sublocations as a way to introduce project activities to community leaders and build more ownership as the project expands. The baseline provided a useful entry point for briefing community leaders on the project and soliciting them with nominations for youth to serve as outreach leaders in each locale. As a part of its advocacy activities at the national level, SUWATA is scheduled to hold an Advocacy Workshop in September 1996 for local women and policy-makers. It is envisioned that the workshop will highlight the need for pilot programs which address reproductive health needs of special groups such as youth, men, and high-risk persons.

**6. NGO Capacity Building**

In June 1995, staff from the Kenya Regional Office conducted a start-up visit to assist the project in initiating project activities. During that time, technical assistance was provided in orientation to CEDPA reporting and Terms and Conditions: developing Year One Workplan and Budget, TA plan, financial management, and finalizing plans for recruiting other key technical and financial staff. In November 1995, the SUWATA Director attended CEDPA's first in-country Women in Management Training in Kenya. The training enabled the Director to learn strategies for managing NGO projects from Kenyan counterparts and sharing lessons learned in implementing integrated community based family planning programs. During the latter half of the year, efforts have been focused on securing technical staff, arranging technical training through AIDSCAP and PSI, and establishing linkages with other USAID-funded partner CAs. Finance staff received computer training through a local firm.

# ACCESS

# CASE STUDIES

## IV. ACCESS CASE STUDIES

The ACCESS Project's objectives reflect and advance USAID's Center for Population, Health, and Nutrition's Strategic Objective # 1: *Increased use by women and men of voluntary practices that contribute to reduced fertility*. The ACCESS Project strategies are directed to increasing the demand for, and access to, quality family planning and reproductive health information and services; and to enhancing the capacity of NGOs to design, implement and evaluate sustainable family planning programs.

While focused on improving women's reproductive health, CEDPA's ACCESS partner projects are implementing a wide range of integrated strategies in their efforts to empower women. Building on their respective strengths (and taking into account the particular social, economic, and political conditions in their societies), CEDPA's ACCESS partners are translating the objectives of Cairo and Beijing into action through a variety of holistic approaches.

The following case studies illustrate how four of CEDPA's partners are strengthening their family planning/reproductive health programs and promoting women's empowerment by linking service delivery to additional strategic initiatives and activities.

| | |
|---|---|
| **NEPAL:** | Promoting Women's Empowerment through Community Mobilization |
| **INDIA:** | Promoting NGO Development |
| **TANZANIA:** | Promoting Participatory Project Design |
| **NIGERIA:** | Promoting Women's Empowerment through Civil Participation |



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## A. Promoting Women's Empowerment through Community Mobilization - Nepal

### Need for Comprehensive Approach in Nepal

Nepal is one of three countries in the world where the life expectancy of women is shorter than that of men. This striking figure is reflective of women's low status which results from, and is perpetuated by, the lack of access to health care, high rates of illiteracy, and lack of access to, and control over, resources. Gender biases also restrict women's mobility and constrain women's decision-making and participation in community life. There is little access to reproductive health care in Nepal's mountainous rural villages. Consequently, Nepal's fertility rate is 5.8, and its maternal mortality ratio is one of the highest in the world - 850 pregnancy-related deaths per 100,000 births (Population Reference Bureau).

Female literacy rates in Nepal are among the world's lowest at approximately 13% (*1996 State of the World's Population*). Use of modern contraceptives remains low (24.1 percent in 1991), and services and education are inaccessible in rural and remote areas due to physical and cultural barriers. Due to lack of economic opportunities in their home villages, many Nepali men migrate to cities or India in search of work, placing additional burdens (some with health implications) on Nepali women.

Within this context, multiple and coordinated strategies are critical to breaking down barriers to women's development and to enhancing women's empowerment. CEDPA's program in Nepal supports a number of strategies to link women's reproductive health interventions with development programs to affect program synergies and increase access to limited resources. Key dimensions are access to reproductive health services, literacy, expanding women's rights, and empowering women to participate in the process of development. The Nepal program fits under USAID's PHN Center strategic objective and also USAID/Kathmandu's women's empowerment objective.

In their holistic efforts to improve the lives of women through family planning, reproductive health services, literacy education, training, community mobilization, involvement of men, and projects to improve the life options of girls and prevent girl trafficking, partner projects under the ACCESS Project in Nepal are putting into action a broad range of strategic objectives from both the Cairo and Beijing Platforms.

### Promoting Family Planning and Reproductive Health

USAID's strategic objective is focused on improving the accessiblity, quality and responsiveness of family planning and related reproductive health services. ACCESS works in partnership with Nepali NGOs to provide family planning and reproductive health services in eight districts in Nepal to over 51,000 couples in 180 Village Development Committee areas. During the past year, ACCESS partner projects undertook a number of innovative strategies to increase women's access to quality health care, information and services.

On March 8, for the first time in Nepal, health was the predominant topic of International Women's Day. ACCESS partners -- the Nepal Red Cross Society and the Mothers Clubs -- joined with 20 local NGOs to promote improved health care services for women in labor and their infants. "Clean Delivery Awareness Day" was promoted at health fairs in 37 districts; ACCESS partners demonstrated and sold Safe Delivery Kits and distributed materials; and more than 1,700 people attended the main event in Kathmandu's Patan Durbar Square and similar events in the other districts. The information distributed is of critical importance in that only 6% of births in Nepal are attended by medical personnel (Population Reference Bureau).

Another innovative strategy focused on maternal and child health in the Dhading district, where the Mothers Club organized Nepal's first Healthy Baby Contest. The purpose of the contest -- which attracted 122 mothers with their children under five -- was to encourage families to have healthy babies through birth spacing, improved maternal and child nutrition, and improved child care. The ACCESS Project was delighted when infant girls were awarded first and third prizes. Now neighboring districts are organizing similar events.

**Fostering Men's Support of Reproductive Health**

> *"Innovative programs must be developed to make information, counselling and services of reproductive health accessible to adolescents and adult men."*
> -- ICPD Programme of Action, Chapter 7.8

Last October during the festival of Dasain (a time when many men return from India to celebrate the holiday with their families), CEDPA collaborated with the Nepal Red Cross to organize the first Condom Day in Nepal - a one-day fair held in 30 districts. The theme of "Responsible Fatherhood" was designed to appeal directly to many of the 300,000 men who migrate annually to India for work and who, in increasing numbers, are returning home infected with sexually transmitted diseases, including HIV/AIDS. Local NGO staff and communities held rallies, puppet shows, street dramas, dances, quizzes, contests, and games to promote the use of condoms. The event attracted 50,000 villagers, making it one of the most successful education efforts of its kind. Community health workers report that clients can now negotiate condom use more openly. This year, STD/AIDS information and education are being integrated into family planning programs in Nepal for the first time, with particular emphasis on reaching the wives of migratory men.

**Linking Family Planning and Literacy**

> *"Literacy of women is an important key to improving health, nutrition and education in the family and to empowering women to participate in decision-making in society."*
> -- Beijing Platform for Action, Education and Training of Women, Paragraph 69

Recognizing health care services and literacy as two of the most fundamental components of women's empowerment, the ACCESS Project has helped its Nepali partners to link family planning and reproductive health services with USAID-funded literacy classes for women. The

classes include 6-month basic literacy classes conducted by PACT, and the Health Education for Adult Literacy (HEAL) post-literacy program follow-up program. 8,853 women participated in the initial classes, attending six nights a week from 8:00 to 10:00 p.m. after working long days in the fields and at home. 6,000 of the women continued in post-literacy classes conducted under the HEAL program, with an additional 8,000 now participating in the basic literacy classes. This is one of the first times that family planning programs in Nepal have been directly linked to basic and post-literacy classes.

The experience of Shanta Nepali, a farmer, and her husband, a migratory laborer in India, demonstrates how family planning education, literacy, and community mobilization work together to change attitudes. Shanta is one of the 8,853 volunteer fieldworkers and clients of CEDPA-supported family planning programs who have attended the literacy classes.

The family planning services and literacy classes together have changed Shanta Nepali's life. As she developed basic literacy skills and improved her knowledge about health, family planning, and prevention of STDs/AIDS, Shanta joined a group of family planning clients working to promote community improvement. When her husband returned home for Dasain, Mrs. Nepali, for the first time, discussed sexually transmitted disease and the need for protection with him. She said the family planning project, the literacy classes, and the women's community group "gave me the confidence and knowledge to talk to my husband about AIDS." Because of her newly acquired ability to read and to discuss sexual health, her husband had new respect for her and listened. She convinced him to be tested for AIDS and to use condoms. He now encourages his friends to do the same. The couple were proud to tell their story to hundreds of villagers at "Condom Day."

**Advocacy for the Girl Child**

In Asia, staggering numbers of young women are sold into prostitution every year. The Agro-forestry Basic Health and Cooperatives/Nepal (ABC/Nepal) estimates that as many as 200,000 Nepali girls and women are currently working as prostitutes in Indian brothels. In growing numbers, these young women are returning home to die of AIDS. Nepali girls do not have access to the same resources as boys as they are growing up. There is a gender disparity in education, health care, nutrition, and income opportunities which continues to grow wider as children grow older.

Under private funds last year, CEDPA began to support the Nepali NGO ABC/Nepal (Agroforestry, Basic Health, and Cooperatives). ABC conducts its integrated programs to empower women, including programs to improve the health, literacy, vocational skills and life options of girls and to prevent girls trafficking. During a recent workshop in Ramechhap, the participants saved their lunch money and used it to pay for cooperative fees and to buy a goat. More significantly, ABC has lobbied extensively with government and private sectors to end the selling of girls into prostitution, and it has also raised funds to rescue eleven girl prostitutes from Indian brothels. In the project site of Nawalparasi there is already evidence that both early pregnancy and trafficking have decreased.

**Lessons Learned**

1. In countries like Nepal, where poverty, lack of health services, and illiteracy are combined adversities facing most women, integrated programs which address their many needs are vital to improve their condition and maximize resources. Different models for integration should be tested to determine the most cost effective approaches.

2. Programs to support women's empowerment must begin with basic changes in the home. The value of girls and young women must be increased in the eyes of parents and communities.

3. Community participation and planning - and outreach to men - are key to success in changing behavior with regard to family planning and safer sex prtactices. Condom Day was successful in that it involved many levels of community leaders in the participation and discussion of reproductive health issues.

4. Events drawing wide public attention and press are complementary to supporting individual changes at the household level and reinforce new behaviors - such as regular and correct use of condoms and opening male-female communications on such sensitive issues as sex.

## B. Promoting NGO Development - India

### Background

India's most populous state is Uttar Pradesh (U.P.), representing 16% of India's total population. Eight million women in U.P. have an unmet need for family planning services; U.P.'s fertility rate of 4.8 children is more than 40% higher than the national TFR of 3.4; only 20% of married women ages 13-49 are using contraceptives; and infant mortality in U.P. is 100 deaths per 1,000 births (National Family Health Survey, Indian Ministry of Health and Family Welfare).

The Innovations in Family Planning Services (IFPS) Project aims to improve access to family planning services in Uttar Pradesh through multiple channels, one of which is the NGO sector. The Project has recognized the potential reach of the NGO network in Uttar Pradesh and has sought to utilize it as a vehicle to promote the benefits of family planning by increasing access to services through community-based outreach.

> *"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"*
>
> -- ICPD Programme of Action, Paragraph 15.6

The ACCESS Project has worked with the Prerana Population Resource Centre (PPRC) and the State Innovations in Family Planning Services Agency (SIFPSA) to identify NGOs and to help them develop proposals for family planning programs. Some of these NGOs - Shramik Bharti, Bhuvaneshwari Mahila Ashram, Himalayan Institute Hospital Trust, and Pradeshik Cooperative Dairy Federation - are well-established in their own communities, implementing a range of needed community development programs such as water and sanitation; dairy cooperatives; and curative health services. These NGOs sought CEDPA's assistance in the design of community-based family planning programs, building on the recognized need for these services and the ability to link service delivery with their organizations' broader range of activities. While each encountered challenges, all were able to succeed in establishing community-based service delivery projects.

### Strategies for Developing NGOs

Given the enormous unmet need for family planning services in Uttar Pradesh, the IFPS project needed to develop an NGO strategy which would achieve large-scale impact. Yet the infrastructure of SIFPSA was just being developed, and it did not have the capacity to make a large number of small grants. Therefore, there was a need to develop an NGO strategy which would simultaneously strengthen local NGOs and cover large geographic areas rapidly. This need to scale up called for a strategy that could build on existing umbrella NGOs and/or expand the reach of a few large NGOs that had experience in health and family planning service delivery. Of primary concern was the need to concentrate in geographically contiguous areas to achieve greatest impact. However, the number of umbrella NGOs in U.P. was limited, and the number of credible NGOs that provided health and family

planning services was even smaller (e.g., Parivar Sewa Sanstha - a Marie Stopes affiliate - and the Family Planning Association of India). While PSS and FPAI had already begun implementing large projects, it was considered inadvisable to stretch them beyond their capacity.

**Consortium Strategy**

The ACCESS Project, therefore, worked with PPRC and SIFPSA to create a consortium model. Through this model, a group of NGOs would implement projects in distinct areas, which together would cover a large contiguous area of at least one administrative Block. The consortium could form a committee, comprised of representatives from each member NGO, to coordinate program activities (e.g. creating linkages with the Government health system for commodities and referrals; training; and technical assistance). The consortium strategy takes into consideration the relatively small size of NGOs in U.P.; it facilitates their participation in the IFPS Project; and it strengthens their capacity and geographic coverage by encouraging them to join forces with other NGOs in the area. In the process, service delivery is extended over a much larger geographic area.

With assistance from ACCESS and PPRC, the consortium model was tested in Gorakhpur and Tehri Garhwal districts. Although the NGOs are small in these districts, the consortium strategy enabled them to band together to cover large areas. In Gorakhpur, 14 NGOs are now implementing new projects either individually or in consortia, thus covering about 60 percent of the total population of Gorakhpur district. In Tehri Garhwal, six NGOs have covered about 30 percent of the population. In the next phase, coverage will be expanded to increase access to services over the entire district.

The consortium strategy has made the development of proposals and the provision of training and technical assistance more efficient. Consortium members are trained together since they all operate on the same timeline and have similar needs. The approach has also empowered the members of the consortia, since they draw upon each other's strengths.

**NGO Service Delivery Models**

NGOs typically provide door-to-door community-based distribution services and rely on referral linkages with government subcenters and primary health centers for clinical services. SIFPSA has encouraged NGOs to develop innovative community-based models of service delivery. Interesting variations of service delivery models have emerged at the community level. Inspired by the Indonesian Posyandu model, St. Mary's Polyclinic has adapted the "five-table" service delivery system in the villages, each table offering a certain type of health and family welfare service. The Vidha project is implementing a variation of the *swasth ghar*. The *swasth ghar* (or health depots) are village centers that provide contraceptives, iron and vitamin A tablets, and ORS packets. Another model, the *apna ghar* (or "own home"), implemented by NGOs such as the Nehru Yuvak Kendra, upgrades private village health centers. Each covering about three villages, these health centers provide family planning services, counseling, and safe delivery of babies.

Models that utilize existing systems and community development programs have also taken shape and are thriving. The District Literacy Committee has integrated reproductive health services with their on-

going literacy campaign, and the Pradeshik Cooperative Dairy Federation has used its well-established milk cooperative network to provide family planning services to rural women and men.

**NGO Training and Technical Support**

Training and technical support provide the catalyst for effective NGO participation in family planning. In the case of the IFPS project, it would not have been possible to expand NGO capacity building and participation without the presence of a strong local NGO - the Prerana Population Resource Center (PPRC) - whose main purpose is to strengthen the capacity of NGOs. PPRC has developed a modular training programme to create uniform standards of participatory training in community-based family planning and reproductive health services. The modules cover all relevant topics that enable managers and providers who are new to family planning to implement community-based projects. Such modules include management, supervision, gender awareness, reproductive health, and communications. PPRC's strategy to serve as an apex training institution will extend the reach of trained lead trainers from each district to support the rapidly expanding number of NGOs in the consortium.

"When Prerana (which means to inspire) started 20 years ago," says Asraf Ali Khan, CEDPA alumnus and PPRC director, "CEDPA guided us. Now, through PPRC, we are guiding others to become self-reliant and make a lasting improvement in the reproductive health in the state."

**Lessons Learned**

1. Where the reach of NGOs is limited by their size and capacity, grouping them together as members of consortia empowers and enables them to draw upon each others' skills and strengths. This approach also allows the participating NGOs to cover a large geographic area, thus overcoming limited impact in small scattered catchment areas.

2. A consortium of smaller NGOs allows for a broad range of approaches and models which can be more responsive to the needs of diverse client groups. It also facilitates the introduction of sensitive services by those organizations already trusted by the community.

3. Building the capacity of NGOs takes a long-term commitment from donors and other institutions. NGOs can help each other best in a network, where they can participate by sharing experiences and solving problems as a group. A center for training and support is critical to success and to ensure high quality training and sustainable services.

## C. Promoting Participatory Project Design - Tanzania

### Background

> *"Reproductive health-care programmes should be designed to serve the needs of women... and must involve women in the leadership, planning, decision-making, management, implementation, organization, and evaluation of services."*
> -- ICPD Programme of Action, Chapter 7.7

The ACCESS partner program in Tanzania provides a model of project design and implementation which exemplifies both ICPD's directive and USAID's Strategic Objective 1.3: *Enhanced capacity for public, private, NGO, and community-based organizations to design, implement, and evaluate sustainable family planning programs.*

At the request of USAID/Tanzania, CEDPA's Kenya Regional Office in Nairobi was invited to design a strategy to increase access to community-based family planning and STDs/HIV prevention services in Tanzania. CEDPA's Kenyan staff met with a number of Tanzania NGOs and women leaders to assess their capacity and interest in service delivery, and to help them design a strategy which would have synergistic effects in enhancing women's empowerment.

ACCESS chose to work with Shirika La Uchumi La Wanawake Tanzania (SUWATA), which means "economic empowerment of women" in Swahili. SUWATA is an NGO whose principal focus is on legal rights, advocacy, and services in support of women's economic empowerment. SUWATA was providing limited family planning services, but needed assistance to expand and strengthen its program. The project design process and strategy development were devised to maximize full participation of Kenyan and Tanzanian staff and consultants; sharing of information and lessons learned from other NGOs; South-South technical advising; and gathering of accurate baseline information to assure optimal effectiveness of the project.

### Baseline Study

A baseline survey was conducted in late 1995 to enable SUWATA staff to learn about the client groups to be serviced, to shape the project design and service delivery strategy, and to map out the sub-locations for community-based distributors. An evaluation consultant from Nairobi worked with SUWATA, under the direction of its Project Director, to design and conduct the study in collaboration with Tanzanian field researchers.

The Project Director and Kenyan consultant worked with ACCESS staff for the data analysis and reporting. Using experiences from Kenya and Tanzania and the project's general purposes as guiding references, the analysis and recommendations focused on seven areas of interest: women at risk; unmet need; family planning and reproductive health services; information; education; communication (IEC); and linkages with other SUWATA programs.

**Study Results**

Results from the study provided data-based references about the intended clientele and their knowledge, attitudes, and practices about sexuality and prevention of STDs/AIDS. This data is being factored into the project's design and strategies. The study also highlighted two findings of particular interest for the project. The first is that women in the study sample were substantially less likely than men to accept the use condoms as a measure to prevent pregnancy or STDs, and that they were less likely to seek medical assistance if infected with an STD. This finding reinforced the selection of SUWATA as the partner NGO and the use of a women-to-women approach to reach these women at risk. In addition, SUWATA's experience and skills in legal advocacy and services are expected to lend themselves well to advocacy for women's reproductive health and rights. The study also indicated the relevance of the project's having a gender approach, including strategies to reach men.

Another finding of the study is that youth's attitudes and practices differ enough from their older counterparts that SUWATA's youth program should be expanded. It was recommended that SUWATA use younger workers (male and female) to provide services to youth and that SUWATA consider adjusting hours and locations to better accommodate youth's social and work habits. Innovations in project implementation such as these will be documented in terms of outcomes, difficulties, and opportunities in reaching youth in the target areas.

Other study recommendations provided additional programming focus, such as the need to raise awareness among women that they are at risk for contracting STDs/HIV and to develop condom negotiation skills. To successfully meet women's needs, the project will have to overcome social and gender barriers which restrict women's abilities to negotiate safe sex. The development of appropriate IEC strategies is needed to promote discussions of family planning and reproductive health among couples, family members, friends, and youth, and a focus on counseling and condom negotiation will assist women in communicating their needs to male partners. SUWATA will build on opportunities to provide accurate information on modern methods during MCH or primary health care visits.

**Learning from Sister Organizations**

The Kenya Regional Office designed a technical assistance plan based on local expertise and the exchange of experiences with partner NGOs. A group of four Tanzanian managers and staff visited CEDPA's Regional Office and Kenyan subprojects to learn from their experiences. This was an extremely productive trip, not only for the Tanzanians, but also for the Kenya managers who had the opportunity to share what they had accomplished and discuss the key issues they were facing. The Project Manager also participated with Kenyan women leaders in Kenya's first Women In Management workshop in Mombasa.

By using a participatory process to listen to clients and staff, the project must maintain the flexibility to incorporate feedback and adjust and adapt approaches to meet the needs of the people as they define them. SUWATA had initially planned a program which consisted mainly of older women volunteers whom they thought were very motivated and had time to volunteer. However, the baseline survey

pointed to the need for young volunteers and male and female CBD agents who could relate to the needs of young people.

As indicated in the Beijing Platform for Action, women's empowerment is a comprehensive process. Linkages of reproductive health services with SUWATA's credit system, entrepreneurial programs, and Legal Aide Scheme for Women will lead to project synergies which will strengthen the overall impact of each of SUWATA's individual programs and will facilitate the empowerment of women involved in any of the programs. These women will be able to turn to SUWATA not only for economic and legal needs, but also for reproductive health services and defense of their reproductive rights.

**Lessons Learned**

1. Participation of women and community leaders in the planning process is vital to project success. It promotes ownership, responsibility, and the acceptance of project goals. However, a participatory approach requires flexibility in project design and use of project resources since the process must incorporate feedback in the planning and implementation process.

2. South-to-South technical cooperation is beneficial to new projects and provides a special opportunity for more experienced NGOs to reflect on their accomplishments and synthesize their experiences for mutual learning and benefit.

3. Linking reproductive health services with programs already credibly serving women in other areas is an efficient way to reach large numbers of women and to foster their involvement in expanding access to family planning services.

4. To successfully reach youth, a cadre of younger fieldworkers must be trained and prepared to counsel and reach out to youth in a "youth-friendly" style during times, and in places, which are convenient for them.

5. Integrating family planning with STDs/HIV prevention is a gender-specific strategy to reach women who would not otherwise seek services for disease prevention.

## D. NIGERIA: Promoting Women's Empowerment Through Civil Participation

### The Global Agenda for Women's Empowerment

Assuring women of their reproductive rights - access, choice, and participation with regard to reproductive health services - is inevitably linked to the larger issues of gender equality in all areas of women's empowerment and participation in decision-making. Five recent international conferences (on the environment, human rights, population and development, social development, and women's status) underscored the need to increase women's participation in decision-making and democracy-building. In unprecedented numbers, women and NGOs joined the international arena as advocates of a broad range of policies to promote gender equity in all sectors. The efforts of these women serve as a catalyst for creating a new international consensus on women's empowerment and the necessity of women being involved in all aspects of political, social, and economic development, including reproductive rights and services.

### Nigerian Participation in Developing an International Agenda - Cairo, Beijing and Beyond

CEDPA's Nigerian network was well-represented at both Cairo and Beijing, including CEDPA's sponsorship of Nigerian women leaders at Beijing and at the ICPD. At the ICPD in Cairo, Nigerian women joined hundreds of other CEDPA alumni in promoting a comprehensive strategy for women's empowerment, advocating for reproductive health and rights, economic security, access to education, freedom from violence, human and legal rights, a clean environment, more equitable sharing of family responsibility, and full political participation.

At Beijing, the CEDPA network from Nigeria advanced an agenda which connected reproductive health and rights and women's political, economic, and social rights. Nigerian women were visibly in the forefront, supporting other women in every step of the process. They held workshops, strategy sessions, and consultations with government officials to develop a Nigerian agenda that represented the needs and priorities of the grassroots community and would lead to improvements in the status, health, and participation of women in each of the key development areas (See Appendix G - Remarks by Mrs. Amina Esther Sambo, National President, NCWS).

### Women's Past Exclusion from Political Participation

Nigerian women have historically been excluded from the political process. Apart from government restrictions applicable to everyone, traditional political and legal structures, gender discrimination, limited resources, and family demands have all prevented Nigerian women from exercising their political rights. However, in their pursuit of democracy, many women's groups have begun to become engaged in seeking broader participation in all sectors of society. These groups recognize that democracy and sustainable development are linked with protection of human rights (including women's and reproductive rights) and full and informed participation of all citizens, including women.

**Importance of Women's NGOs and Networks in Broadening Civil Participation**

One of the most important mechanisms women use to mobilize and gain access to resources is through women's networks. Women's organizations and networks have been the single most important vehicle that provides women with access to power, status, and resources they would otherwise lack. In Nigeria, CEDPA's ACCESS Project has advanced family planning, maternal and child health, STDs/HIV/AIDS prevention, and adolescent reproductive health through its partnership with leading women's networks. In the process of increasing access to reproductive health services, these organizations have simultaneously mobilized communities, made major contributions to community life and development, and trained women for decision-making and public life. In addition, they have made advocacy an integral facet of their efforts to assure reproductive rights and services and to also affect implementation of the objectives of the ICPD and Beijing.

Through its partnerships with Nigerian women's networks, ACCESS has found these groups to be well-positioned to be able to build on the community support engendered through their family planning and reproductive health projects to encourage broader community participation in civil society and governance, particularly by women. In mobilizing communities to create demand for family planning services, CEDPA's Nigerian partners have developed the capacity of their grassroots networks by training volunteers, community leaders, and market women to influence attitudes and act as change agents. They have recognized the linkage between women's reproductive rights, their empowerment, and the building of a strong civil society. In doing so, they stand ready to take up the challenge of increasing their understanding of legal and human rights and expanding their skills and resources for advocacy and community mobilization.

Two of CEDPA's Nigerian partners illustrate how women's networks have built on their success in creating community based health programs to increase women's participation in a broader sense. They are NCWS/Osun State (National Council of Women's Societies) and GADA (Gender and Development Action):

**National Council of Women's Societies/Osun State (NCWS)**
The NCWS subproject in Osun state was begun in 1994 as one of the National Council of Women's Societies' eight group family planning CBD projects. NCWS/Osun was among the most successful of these projects in coordinating networks of women's NGOs within the state, and this collaborative effort has resulted in far more than the delivery of standard CBD services.

Through community sensitization and mobilization, awareness of the project and its benefits reached approximately 80% of Osun state, and traditional rulers became strong supporters of the program. Activities have included local drama productions, songs, and dances on the themes of family planning; CBD distribution of condoms at local gatherings and multi-state trade fairs; and broad dissemination of family planning messages. In the process, the organizations involved have found that their collaboration and newly acquired skills in project management and implementation have led to increased empowerment of women in their state.

The NCWS/Osun model of cooperation has been expanded and the project coordinator, Chief Bernice A. Kolade, has become leader of the state confederation of 17 male and female NGOs. This network works together in addressing NGO sustainability, women's reproductive health and rights, informal education of girls, environmental degradation, health and development of youth, and women's political participation. Through a community mobilization campaign, and building upon IEC techniques gained from the project, the network undertook a campaign to increase women's participation in politics. The results were exciting - not only did women come out to vote in large numbers, but during the first round of elections, 15 women in the state were elected as councilors, and one has been elected as prospective local government chairperson.

The project has also involved the personal empowerment of Chief Kolade, who has been appointed *iyalode* of Osogbo - the advisor on women's affairs to the *oba* (traditional ruler), the highest traditional title held by a woman. Chief Kolade has been able to draw on skills and knowledge acquired in her multifaceted work in Osun, her training in CEDPA's programs, and her participation in the Dakar and Beijing Conferences. Not only has her own leadership been enhanced, but she has maximized her experience by mentoring other women.

**Gender and Development Action (GADA)**

In March 1996, as a follow-up to the Beijing Conference, GADA held a one-day political summit for 140 women leaders. The purpose of the summit was to examine the role of Nigerian women in civil society and to develop a framework and action plan for ensuring broader participation of women in decision-making. Participants included a broad cross-section of Nigerian women leaders, including political leaders from both grassroots and national levels; NGO leaders; and representatives from the media, business, and women's networks.

The summit focused on a range of concerns affecting women's political participation, including how existing legislation and the legal environment inhibit women from participating in the political process; how processes at the local, state, and national level may intimidate women and dissuade them from seeking elected positions; perceived individual and societal apathy on the continued under-representation and marginalization of women; the need for creating awareness of citizens' rights to demand accountability from elected officials; and the need to promote wider network and coalition-building among women's NGOs and to act as pressure groups to ensure that women's concerns are addressed.

CEDPA's network of women leaders in Nigeria has been extremely effective in mobilizing communities to create demand for family planning services. They have developed the capacity of their grassroots networks by training volunteers, community leaders, and market women to act as agents for change. They now stand ready to take up the new challenge of increasing their understanding of legal and human rights and to collaborate through advocacy in support of women's empowerment and a strengthened civil society. Their work in increasing women's access to reproductive health care is linked to the larger issues of women's empowerment in economic, political, and social realms. They recognize that women's empowerment in all areas is essential for the achievement of democratic governance (See Appendix G - GADA Article).

**Lessons Learned**

1. Grassroots NGOs, in particular women's networks which have served their communities through health and development programs, can build on those programs and community networks to promote women's active involvement in broader civic issues. Within their own organizations, women can also test and implement democratic decision-making practices.

2. Women leaders are motivated to participate in decision-making in both health and family planning and in political participation; however, they require training in the tools of political participation (e.g. advocacy, communications, conflict resolution, etc.) in order to overcome gender barriers.

3. Linkages with the global agenda, and national and international coalitions for women's empowerment, increase the capacity and credibility of indigenous women leaders to mobilize communities in advocating for national changes to improve women's status.

## V. CONCLUSION

Reproductive health services and women's empowerment are inextricably linked, and these are, in turn, key factors in sustainable development. The ACCESS Project has successfully combined community-based family planning and reproductive health services with programs which support women's empowerment and build institutional capacity and sustainability. The Project has provided a special opportunity for women leaders to advocate for reproductive health and reproductive rights, and to strengthen their institutions by assuring women's full participation in all facets of planning and management. The Project has accomplished or exceeded all objectives and is in the process of raising the ceiling level of the Cooperative Agreement to $32.5 million due to USAID demand for ACCESS strategies and programs in the field.

As the ACCESS Project enters its sixth and final year of activity, the project will continue to focus on supporting integrated service delivery programs and planning for sustainability. The Project expects to initiate 3-4 new high risk projects in the areas of youth services and advocacy, male involvement, and STD/HIV prevention. The Project will establish linkages between local NGO partners and CEDPA's new POLICY, PROWID, and IEC projects to strengthen advocacy skills and to develop country-specific plans for advocacy through CEDPA alumni. ACCESS will also work closely with its partners to design marketing and sustainability plans so these projects will be able to sustain their services beyond USAID funding. Finally, ACCESS will focus on assessing the impact of project strategies, documentation of lessons learned and explore new opportunities for inclusion of women's empowerment, gender issues and advocacy in family planning and reproductive health programs in anticipation of the design of a follow-on project.

The Cairo and Beijing Platforms have provided CEDPA with a comprehensive framework for gender equity and women's empowerment. USAID offers lessons on how to accomplish effective and efficient programs, including the critical importance of local participation, addressing program sustainability at the early stages of program design, and a focus on meeting the needs of the end user. Through the combined strategies of service delivery, advocacy, and capacity building, CEDPA has achieved greater impact through project synergies and realized greater advancements towards the goal of gender equity and women's empowerment.

CEDPA's mission--to empower women to be full partners in development--remains stronger than ever. The ACCESS Project, embodying an integrated approach to empowering women through expanding their access, choice, and participation in family planning and reproductive health services, advances CEDPA's mission and that of USAID.

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ACCESS PROJECT
SERVICE DELIVERY SUBPROJECTS
JANUARY - DECEMBER 1995 ACHIEVEMENTS

| COUNTRY | SUBPROJECT NUMBER AND NAME | SUBPROJECT DATES | NEW CLIENTS & REFERRALS ACHIEVED | | | CYP ACHIEVED | | |
|---|---|---|---|---|---|---|---|---|
| | | | THROUGH DEC '94 | JAN-DEC '95 | TOTAL TO DATE | THROUGH DEC '94 | JAN-DEC '95 | TOTAL TO DATE |
| KENYA | Kenya 01-B FAMILY LIFE PROMOTION AND SERVICES | 9/1/91 - 5/31/96 | 40,714 | 18,520 | 59,234 | 18,454 | 11,065 | 29,519 |
| | Kenya 02-B FAMILY PLANNING ASSOC. OF KENYA | 9/1/91 - 1/31/96 | 30,348 | 6,039 | 36,387 | 20,771 | 5,563 | 26,334 |
| | Kenya 04-B* MAENDELEO YA WANAWAKE ORG. | 1/1/92 - 8/31/95 | 94,256 | 4,739 | 98,995 | 49,646 | 3,746 | 53,392 |
| | Kenya 05 KABIRO KAWANGWARE Health Care Trust | 11/1/92 - 5/31/96 | 49,930 | 14,906 | 64,836 | 21,999 | 9,896 | 31,895 |
| | TOTAL KENYA | | 215,248 | 44,204 | 259,452 | 110,870 | 30,271 | 141,141 |
| MALI | Mali 04* FP BASED FAMILY HEALTH PROJECT | 1/1/92 - 2/28/95 | 14,756 | 346 | 15,102 | 33,938 | N/A | 33,938 |
| | #1 Mali 05 ASDAP INTEGRATED FAMILY HEALTH PROJECT | 3/1/95 - 9/30/96 | N/A | 1,825 | 1,825 | N/A | 574 | 574 |
| | TOTAL MALI | | 14,756 | 2,171 | 16,927 | 33,938 | 574 | 34,512 |
| NIGERIA | NCWS - PLATEAU (NIG-01) | 11/1/95 - 2/28/97 | ** | ** | ** | ** | ** | ** |
| | NCWS - NIGER (NIG-02) | 11/1/95 - 2/28/97 | ** | ** | ** | ** | ** | ** |
| | NCWS - OSUN (NIG-03) | 11/1/95 - 8/14/97 | ** | ** | ** | ** | ** | ** |
| | NCWS - ABIA (NIG-04) | 11/1/95 - 8/14/96 | ** | ** | ** | ** | ** | ** |
| | NCWS - ENUGU (NIG-05) | 11/1/95 - 8/14/97 | ** | ** | ** | ** | ** | ** |
| | NCWS-ANAMBRA (NIG-06) | 11/1/95 - 8/14/97 | ** | ** | ** | ** | ** | ** |
| | COWAN-ONDO (NIG-07) | 11/1/95 - 8/14/97 | ** | ** | ** | ** | ** | ** |
| TOTAL NIGERIA | | | ** | ** | ** | ** | ** | ** |

| COUNTRY | SUBPROJECT NUMBER AND NAME | SUBPROJECT DATES | NEW CLIENTS & REFERRALS ACHIEVED | | | CYP ACHIEVED | | |
|---|---|---|---|---|---|---|---|---|
| | | | THROUGH DEC 1994 | JAN-DEC '95 | TOTAL TO DATE | THROUGH DEC 1994 | JAN-DEC '95 | TOTAL TO DATE |
| TANZANIA | SUWATA | 5/95 - 7/97 | N/A | 295 | 295 | N/A | 757 | 757 |
| UGANDA | Uganda 02* YOUNG WOMEN'S CHRISTIAN ASSOC. | 4/1/92 - 2/28/95 | 18,644 | 857 | 19,501 | 4,640 | N/A | 4,640 |
| TOTAL AFRICA | | | 248,648 | 47,527 | 296,175 | 149,448 | 31,601 | 181,049 |
| INDIA | India 01-B GUJARAT State Crime Prevention Trust | 1/1/92 - 9/31/96 | 23,436 | 12,259 | 35,695 | 104,213 | 61,617 | 165,830 |
| | India 03-C PRERANA | 1/1/94 - 7/31/96 | N/A | N/A | N/A | N/A | N/A | N/A |
| | India 04-B BIHAR/COMPFED | 1/1/92 - 7/31/97 | 17,352 | 5,574 | 22,926 | 26,613 | 12,676 | 39,289 |
| TOTAL INDIA | | | 40,788 | 17,833 | 58,621 | 130,826 | 74,293 | 205,119 |
| NEPAL | #1 Nepal 00 NCO Nepal Country Office | 7/1/88 - 7/31/97 | 18,119 | 4,110 | 22,229 | 15,870 | 13,939 | 29,809 |
| | Nepal 02 NEPAL RED CROSS | 7/1/93 - 6/30/96 | 15,265 | 11,051 | 26,316 | 26,401 | 19,654 | 46,055 |
| | Nepal 03 FAMILY PLANNING ASSOC. OF NEPAL | 1/1/94 - 7/31/96 | 6,869 | 4,327 | 11,196 | 2,891 | 10,719 | 13,610 |
| | Nepal 04 Institute for Integrated Development Studies | 10/1/95 - 7/31/97 | ** | ** | - | ** | ** | - |
| TOTAL NEPAL | | | 40,253 | 19,488 | 59,741 | 45,162 | 44,312 | 89,474 |
| TOTAL ASIA | | | 81,041 | 37,321 | 118,362 | 175,988 | 118,605 | 294,593 |
| TOTAL ACCESS (Service Delivery Subprojects) | | | 329,689 | 84,848 | 414,537 | 325,436 | 150,206 | 475,642 |

* Project Terminated between Jan. - Jun. 1995.

** Data is being verified.

#1 TA only subprojects.

## SUBPROJECT AND FIELD OFFICE STAFF
## GENDER BREAKDOWN

| Subproject | Management* | | Admin/ Support** | | Supervisors | | Volunteer/CBDs/ FWs/DHs*** | | Clinic Staff | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Gender | M | F | M | F | M | F | M | F | M | F | Male | Female | Total |
| Kenya Field Office | 1 | 3 | 1 | 3 | - | - | - | - | - | - | 2 | 6 | 8 |
| 1. FLPS | 6 | 10 | 5 | 5 | 3 | 2 | 15 | 54 | - | 4 | 29 | 75 | 104 |
| 2. FPAK | 2 | 1 | 2 | 3 | 1 | 5 | 6 | 76 | 1 | 2 | 12 | 87 | 99 |
| 3. MYWO | 2 | 15 | 7 | 5 | - | 9 | - | 256 | - | 3 | 9 | 288 | 297 |
| 4. Kabiro | 2 | 4 | 4 | 2 | 1 | - | 10 | 20 | 1 | 3 | 18 | 29 | 47 |
| 5. KMWA | - | 1 | 1 | 2 | - | - | - | - | - | 5 | 1 | 8 | 9 |
| 6. YWCA | - | 7 | 5 | 5 | - | 12 | 34 | 70 | - | 4 | 39 | 98 | 137 |
| 7. AIC | 1 | 2 | 1 | | | | 4 | 6 | 1 | 3 | 7 | 11 | 18 |
| Nigeria Field Office**** | | 2 | 1 | 1 | | | | | | | 1 | 3 | 4 |
| 8. NCWS/Abia | | 1 | 1 | 2 | | 5 | 45 | 105 | | | 45 | 114 | 159 |
| 9. NCWS/Anambra | | 1 | 1 | 2 | | 5 | 15 | 135 | | | 15 | 144 | 159 |
| 10. NCWS/Enugu | | 2 | 1 | 2 | | 5 | 57 | 93 | | | 57 | 103 | 160 |
| 11. NCWS/Kaduna | | 2 | 1 | 2 | | 5 | 15 | 135 | | | 15 | 145 | 160 |
| 12. NCWS/Niger | | 2 | 1 | 2 | | 5 | 16 | 134 | | | 16 | 144 | 160 |
| 13. NCWS/Plateau | | 2 | 1 | 2 | | 5 | 7 | 58 | | | 7 | 68 | 75 |
| 14. NCWS/Osun | | 1 | 1 | 2 | | 8 | 14 | 140 | | | 14 | 152 | 166 |
| 15. NRC/Lagos | | 2 | 1 | 2 | | 5 | 28 | 34 | | | 28 | 44 | 72 |
| 16. COWAN/Ondo | | 2 | 1 | 1 | | 10 | 13 | 130 | | | 13 | 144 | 157 |
| India Field Office | 1 | 1 | 4 | 2 | | | | | | | 5 | 3 | 8 |
| 17. GSCPT | | 4 | 2 | 3 | | | | 25 CBD<br>35 DH | | | 2 | 68 | 70 |
| 18. PPRC | 2 | 3 | 4 | 1 | - | - | - | - | - | - | 6 | 4 | 10 |

Apper dix B

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19. Bihar | - | 1 | 4 | 1 | 4 | - | 28 | 163 | - | - | 36 | 165 | 201 |
| Nepal Field Office | - | 2 | 1 | 1 | - | - | - | - | - | - | 1 | 3 | 4 |
| 20. NCO | 1 | 3 | 2 | 1 | 1 | - | 1 | - | - | - | 5 | 4 | 9 |
| 21. NCO Subprojects | 4 | 1 | 2 | - | 18 | - | 10 | 252 | - | 6 | 34 | 259 | 293 |
| 22. Nepal Red Cross | 5 | - | 3 | 2 | 20 | - | 432 CBD<br>53 DH | 390 CBD<br>37 DH | - | - | 513 | 429 | 942 |
| 23. FPAN | 2 | 1 | 2 | - | 15 | 1 | - | 450 | - | - | 19 | 452 | 471 |
| TOTAL | 29 | 76 | 60 | 54 | 63 | 62 | 803 | 2,773 | 3 | 30 | 949 | 3,050 | 3,999 |

* Includes Project Directors and Coordinators, Program Officers, and Trainers.
** Includes Asst. P.O.s and P.C.s, Secretaries, Accountants, messengers...
*** Depot holders
**** Nigeria ongoing subprojects

| ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT<br>LOCAL AND INTERNATIONAL<br>CONSULTANTS<br>APRIL 1995 - MARCH 1996 | | | | |
|---|---|---|---|---|
| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION | LEVEL OF EFFORT (days) |
| SAWHNEY. Nirmal | India | 4/3/95 - 5/19/95 | To conduct survey of NGOs in six districts of Uttar Pradesh. | 25 |
| ANAND, Ravi (*) | U.S./India | 4/3/95 - 4/14/95 | To attend an "International Training Course in Breastfeeding, LAM and Postpartum Reproductive Health" at Georgetown University. | n/a |
| SHERPA, Helen | Nepal | 4/17/95 - 7/15/95 | To assist the Nepal Country Resident Advisor to set up the CEDPA/ACCESS Nepal Field Office. | 90 |
| PILLAI, Uma (*) | U.S./India | 4/29/95 - 5/15/95 | Study Tour of the A.I.D./W and other important population development agencies in Washington, D.C. and New York in order to acquaint these organization staff members with SIFPSA and the IFPS Project. | n/a |
| ONIMBO, Felicia (*) | Kenya (Participant) | 5/1/95 - 6/2/95 | Attend "CEDPA/Women In Management Workshop." WIM-30 | n/a |
| KHAN, Marilyn (*)<br>SIDDIQUI, Nazli (*)<br>TANEJA, Sumita (*)<br>SINGH, Minakshi (*)<br>SINGH, Rachna (*) | India (Participants from India) | 5/1/95 - 6/2/95 | Attend "CEDPA/Women In Management Workshop." WIM-30 | n/a |
| LHAMICHANE, Puspa (*)<br>SHRESTHA, Rhadika (*)<br>LEPCHA, Shanti (*) | Nepal (Participants from Nepal) | 5/1/95 - 6/2/95 | Attend "CEDPA/Women In Management Workshop." WIM-30 | n/a |

## ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT
## LOCAL AND INTERNATIONAL
## CONSULTANTS
## APRIL 1995 - MARCH 1996

| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION | LEVEL OF EFFORT (days) |
|---|---|---|---|---|
| ODURO-MENSHA, Elizabeth (*)<br>AMOA, Comfort (*)<br>ASIMAH, Adolphine A. (*)<br>MARTEI, Josephine (*) | Ghana (Participants from Ghana) | 5/1/95 - 6/2/95 | Attend "CEDPA/Women In Management Workshop." WIM-30 | n/a |
| BRACKETT, Susan | U.S. | 5/1/95 - 6/16/95 | To assist the ACCESS Project in Washington to finalize/edit the Implementation Plan and review and assist in the documentation for the project evaluation. | 30 |
| DAVE, Ilaben (*) | U.S. | 5/14/95 - 5/16/95 | To discuss subproject issues including project management and decentralization. Participate in panel discussion entitled, "Taking Cairo Home" for WIM workshop. Discuss possible collaboration with SIFPSA. | 2 |
| KARS-MARSHALL, Cornelia | U.S. | 5/12/95 - 6/30/95 | To assist in finalizing the publications of the "Uganda Adolescent Reproductive Health Working Paper." | 17 |
| MISRA, Sujaya | India | 5/8/95 - 10/31/95 | To develop brochures and document other project activities for dissemination to a wider audience both India and abroad. TA includes visits to GSCPT and COMPFED project sites. | 60 |
| TAMANG, Anand | Nepal | 5/22/95 - 9/15/95 | To assist in the baseline survey for the CEDPA-supported project, Nepal Red Cross Society (NRC). | 30 |
| GUPTA, Dharam | India | 5/29/95 - 9/15/95 | To provide technical assistance to the IFPS office in the assessment of contraceptive requirements. | 15 |

## ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT
## LOCAL AND INTERNATIONAL CONSULTANTS
## APRIL 1995 - MARCH 1996

| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION | LEVEL OF EFFORT (days) |
|---|---|---|---|---|
| ODURO-MENSHA, Elizabeth (*)<br>AMOA, Comfort (*)<br>ASIMAH, Adolphine A. (*)<br>MARTEI, Josephine (*) | Ghana (Participants) | 6/5/95 - 6/9/95 | Attend "Youth Leadership Training Workshop" at the CEDPA headquarters in Washington. | n/a |
| KHAN, Marilyn (*)<br>TANEJA, Sumita (*) | India (Participants) | 6/5/95 - 6/9/95 | Attend "Youth Leadership Training Workshop" at the CEDPA headquarters in Washington. | n/a |
| SAWHNEY, Nirmal | India | 6/15/95 - 2/28/96 | To assist CEDPA/New Delhi SIFPSA (State Innovations in FP Services) in the development of nodal agency project proposals and in providing technical assistance to NGOs in project implementation. | 90 |
| KHAN, Ashraf (*) | India (Participant) | 7/10/95 - 8/11/95 | Attend "Institutional Building Workshop" IB at the CEDPA headquarters in Washington. | n/a |
| ODOI-AGYARKO, Kwasi (*)<br>SAGOE, Abeiku (*) | Ghana (Participants) | 7/10/95 - 8/11/95 | Attend "Institutional Building Workshop" IB at the CEDPA headquarters in Washington. | n/a |
| OLAYIWOLA, Elizabeth (*)<br>DASHE, Chakkat (*)<br>OREFO, Bernadette (*) | Nigeria (Participants) | 7/10/95 - 8/11/95 | Attend "Institutional Building Workshop" IB at the CEDPA headquarters in Washington. | n/a |
| SHERPA, Helen | Nepal | 7/17/95 - 10/15/95 | Provide TA to the Nepal Field Office. | 65 |
| VALENZUELA, Tally | El Salvador | 7/19/95 - 7/28/95 | To do an assessment of NGO needs and gender training needs in El Salvador. | 9 |

## ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT
## LOCAL AND INTERNATIONAL
## CONSULTANTS
## APRIL 1995 - MARCH 1996

| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION | LEVEL OF EFFORT (days) |
|---|---|---|---|---|
| AMOA, Baffour | Ghana | 8/21/95 - 12/31/95 | Provide assistance to undertake a management assessment in order to review YWCA's strategy and performance to reach, educate and motivate adolescents to change sexual behaviour and use services to protect themselves from unwanted pregnancy and STDs. | 45 |
| SHRESTHA, Rita | Nepal | 9/1/95 - 2/29/96 | Provide services on contraceptive technology updates (CTU) and to work with the Assistant Nurse Midwives (ANMs) and field volunteers in Nepal. | 85 |
| BANERJEE, Dilip | India | 9/7/95 - 9/22/95 | To conduct a basic training workshop at COMPFED, Bihar for 25 new village health workers and a refresher training workshop for about 40 existing village health workers and health supervisors. | 14 |
| SUTHERLAND, Heather | U.S. (Indonesia) | 9/17/95 - 10/30/95 | Assist in planning and preparation of the training curriculum for the training program working with the Indonesia Midwife Association and other NGOs on issues related to advocacy and gender. | 4 |
| RAO, Amla Rama (fixed pr.) | India | 9/25/95 - 11/30/95 | Develop a reproductive health training manual for CBD workers. (PPRC) | 30 |
| SHERPA, Helen | Nepal | 10/26/95 - 3/31/96 | Provide assistance to the Nepal Field Office in the start-up activities of the Institute for Integrated Development Studies (IIDS) subproject and the HEAL project.<br><br>Extension - to include development of a proposal for the integration of AIDS. | 70 |

| ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT<br>LOCAL AND INTERNATIONAL<br>CONSULTANTS<br>APRIL 1995 - MARCH 1996 | | | | |
|---|---|---|---|---|
| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION | LEVEL OF EFFORT (days) |
| KOTTA, Margaret (*)<br>OMARI, Fatuma (*)<br>KIDOLA, Roselea (*)<br>MUSHI, Carolina (*) | Kenya (Tanzania participants) | 10/1/95 - 10/7/95 | SUWATA, Tanzania project staff members travel to Kenya for a Study Tour. | 5 |
| GALDAMEZ, J.E. Castillo | Ecuador | 10/19/95 - 10/28/95 | Provide technical assistance at the Strategic Planning Workshop for the directors of the NGOs under the umbrella organization CONSALUD for approx. 40 participants. | 10 |
| CORNEJO, Carlos A. | Ecuador | 10/19/95 - 10/21/95 | Provide technical assistance at the Strategic Planning Workshop. | 2 |
| PAWLOWSKI, Wayne V. (fixed pr.) | U.S. | 10/23/95 | Provide technical update on STD/AIDS, including: transmission, diagnosis, and treatment; discussion of education and prevention strategies, lessons learned and identifying key issues in HIV/AIDS counselling for women. | 1 (fixed pr.) |
| MUNANIE, Eunice<br>LWIHULA, George | Tanzania | 11/27/95 - 2/29/96<br>11/27/95 - 1/20/96 | To conduct the SUWATA project baseline survey. | 45<br>20 |
| BUKA, Ismael | Tanzania | 12/6/95 - 12/8/95 | Receive orientation on the SUWATA project and meet with mission staff for briefing on the SUWATA project and country program. | 3 |
| RANA, Rama (*)<br>JNAWALL, Sharada (*) | India (Nepal FO staff) | 11/29/95 - 12/4/95 | NCO staff members travel to India for "Observation/Study Tour to Prerana in Delhi and PPRC - Prerana Population Resource Centre) in Lucknow." | n/a |

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## ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT
## LOCAL AND INTERNATIONAL
## CONSULTANTS
## APRIL 1995 - MARCH 1996

| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION | LEVEL OF EFFORT (days) |
|---|---|---|---|---|
| MINDEN, Maureen | Nepal | 1/2/96 - 2/29/96 | Provide technical assistance to the Institute for Integrated Development Studies (IIDS) project in Nepal. Assist in developing field training program; design of integration of MCH into IIDS and other programs and design the training for QOC. | 22 |
| RAO, Amla Rama | India | 12/18/95 - 2/28/96 | Assist IFO in the development of documentation resource centres. Serve as master trainer at PPRC's Reproductive Health workshop for district-level Lead Trainers and PPRC trainers. | 30 |
| SUBBA, Khagendra | Nepal | 1/2/96 - 3/31/96 | Assist in the mid-term Evaluation for the CEDPA-supported projects, NRC and FPAN | 62 |
| THORNE, Sara | U.S. | 2/1/96 - 3/15/96 | Assist in updating the ACCESS MIS data to bring up-to-date all data of 1995. | 2.5 |
| KHAN, Abrar Ahmed | India | 2/26/96 - 5/31/96 | Provide technical assistance to the Prerana Population Resource Centre (PPRC) in the area of CBD training. Develop training manual and reference handbook. | 30 |
| MUNANIE, Eunice | Kenya | 3/19/96 - 6/14/96 | Provide services to assist the Kabiro and FLPS subprojects in developing strategic plans for NGO sustainability. | 40 |
| HERNANDEZ, Gloria | El Salvador | 3/18/96 - 3/25/96 | Facilitate Gender and Reproductive Health Policy Meeting in San Salvador. | 5 |
| PENA, Marina | El Salvador | 3/20/96 - 4/5/96 | Serve as a co-facilitator for CEDPA's Gender Training of Trainers (TOT) Workshop in Lago Coatepeque, El Salvador. | 5 |

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| ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT<br>LOCAL AND INTERNATIONAL<br>CONSULTANTS<br>APRIL 1995 - MARCH 1996 | | | | |
|---|---|---|---|---|
| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION | LEVEL OF EFFORT (days) |
| DEEPAK, J.S. (*) | U.S./India | 3/23/96 - 3/29/96 | Attend a course at the Harvard University. | n/a |
| POLLY, Waneen | U.S./India | 3/25/96 - 4/30/96 | Assist the PPRC to strengthen the supervision training for Program Managers and Field Supervisors(FS) in UP. Develop training manual for FS. | 30 |
| | | | | |

(*) Participants attending training courses, WIM & IB workshops and study tours.

May 13, 1996

**ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT**
**INTERNATIONAL AND REGIONAL**
**STAFF**

**APRIL 1995 - MARCH 1996**

| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION |
|---|---|---|---|
| GRANT, Danielle | Nepal | 5/19/95 -6/8/95 | o Work with the Resident Advisor to review administrative, financial and procurement procedures;<br>o Train office staff/local consultants in the use of administrative and financial systems;<br>o Work with RA to develop personnel policies. |
| RICHIEDEI, Sue | Kenya | 5/15/95 - 5/22/95 | o To conduct a 5-day "Africa Regional Quality of Care Workshop" in Nairobi, Kenya for staff members from ACCESS subprojects in Kenya and Tanzania.<br>o Facilitate a one - two day refresher training on MIS for ACCESS subproject staff.<br>o Meet with Kenya Regional Office staff on issues related to QOC and MIS procedures and support.<br>o Provide technical assistance on the ACCESS management information system to Tanzania subproject staff. |
| ALEXANDER, P.M. | U.S. | 5/15/95 - 5/22/95 | o Orientation and training at CEDPA HQ. |
| KAIRU, Mary<br>NJIRU, Silas | Tanzania | 6/12/95 - 6/21/95 | o Assist start-up activities of the SUWATA Project. |
| LAU, Fred | Kenya | 9/8/95 - 9/20/95 | o Meet with Deloitte & Touche to ensure compliance with Government Auditing Standards; Discuss audit findings of each subprojects;<br>o Hold briefing with subprojects and CEDPA Advisor and Financial Officer for: - close-out of KMWA project; review Kabiro project and review FLPS project management concerns. |
| MOJIDI, Khadijat | Ghana | 9/5/95 - 9/16/95 | o Meet with Prof. Nabila & PIP team, GSMF & USAID officials to discuss key activities agreed upon under the workplan developed under GHANAPA. |

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## ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT
## INTERNATIONAL AND REGIONAL STAFF

### APRIL 1995 - MARCH 1996

| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION |
|---|---|---|---|
| LUKE, Mary | China | 9/1/95 - 9/9/95 | o Participate in "The UN Fourth World Conference on Women" and "The NGO Forum on Women in Beijing." (Note: four days PD from ACCESS Core funds; travel from private funds.) |
| LUKE, Mary | Thailand | 9/18/95 - 9/20/95 | o Attend the "Third International Conference on AIDS in Asia and the Pacific," the fifth national AIDS seminars in Thailand held in Chiang Mai. |
| CHHETRI, Yvonne | U.S. | 9/17/95 - 9/27/95 | o To attend Financial Management Training in preparation for decentralization of CEDPA financial systems. |
| FIELD Staff Members | India, Nepal, Nigeria FOs | 10/15/95 - 11/3/95 | o Strategic Planning Meetings. |
| MOJIDI, Khadijat<br>LISSIT, Stacey | GHANA | 10/23/95 - 11/16/95 | o Conduct the Ghana STDs/Reproductive Health TOT Workshop, which is a follow-up to WIM and IB training. To train managers and deputies from GSMF NGOs as TOTs to enable them to build their capacity to conduct downstream training to their partner NGO members. |
| LUKE, Mary | Kenya | 11/13/95 - 11/21/95 | o Meet with USAID/Nairobi and discuss budget; Meet with KFO to finalize plans for office move and discuss budget reductions and future programming and develop transition plan for the Kenya program. |
| GIORGIS, Belkis<br>MOJIDI, Khadijat<br>THORNE, Sara | Nigeria | 11/5/95 - 11/15/95 | o Provide start-up activities and orientation for new new subprojects. |
| MOJIDI, Khadijat | Tanzania | 12/1/95 - 12/9/95 | o Provide technical leadership for CEDPA's Tanzania-01, SUWATA Community Based Reproductive Health and Family Health Planning Services Project. |
| MOJIDI, Khadijat | Uganda | 12/10/95 - 12/14/95 | o Attend the 9th. International Conference on AIDS/STD in Africa. |
| NWAOKOLO, Frank | U.S. | 12/11/95 - 12/20/95 | o Attend financial management training of CEDPA financial system. |

**ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT**
**INTERNATIONAL AND REGIONAL**
**STAFF**

**APRIL 1995 - MARCH 1996**

| NAME | COUNTRY | PERIOD | BRIEF DESCRIPTION |
|---|---|---|---|
| NJIRU, Silas | Uganda | 12/4/95 - 12/8/95 | o Follow-up on findings of Ernst & Young auditor's report on Uganda-02, YWCA Health Improvement Project. |
| NJIRU, Silas | Tanzania | 1/7/96 - 1/11/96 | o Visit the Shirika la Uchumi Wa Wanawake, Tanzania (SUWATA) Project in Dar es Salaam to introduce computer software packages to SUWATA staff; Evaluate financial system using CEDPA financial management accounting review checklist. |
| LUKE, Mary | India | 1/9/96 - 1/20/96 | o Meet with USAID mission and staff of IFO to discuss results of the Management Review and any changes in roles and responsibilities of CEDPA staff;<br>o Meet with GSCPT; SIFPSA and PPRC, Lucknow; |
| HOUCK, Frances | Mozambique | 1/26/96 - 2/10/96 | o To conduct a training needs assessment and to identify potential participants in a training workshop for women leaders. |
| RAY-ROSS, Sumali | India | 3/18/96 - 3/22/96 | o Assist IFO in adapting the NGO institutional sustainability model developed by CEDPA HQ for the Indian context.<br>o Work with GSCPT in strategic planning for sustainability. |
| RAY-ROSS, Sumali | Indonesia | 3/25/96 - 4/11/96 | o Assessment of CEDPA's Leadership, Gender and Advocacy Training for Indonesian Women. |
| | | | |

INNOVATIONS

A NEWSLETTER OF THE INNOVATIONS IN FAMILY PLANNING SERVICES (IFPS) PROJECT NUMBER 2 DECEMBER 1995

WORLD POPULATION DAY

# Grassroots Communion For Concerted Action

**EVERY** year, the world observes World Population Day on the 11th of July. This significant event was commemorated by the State Innovations in Family Planning Services Project Agency (SIFPSA) in collaboration with the Hunger Project, U.P., with a one-day workshop for non-governmental organisations (NGOs) working in Uttar Pradesh. The forum provided the participants an opportunity to network and discuss important issues affecting the family planning programme in this most populous state of India. Ninety representatives from 57 NGOs attended the workshop.

The workshop was inaugurated by the Governor of U.P., H.E. Shri Motilal Vora, at the Raj Bhawan. Expressing concern over population growth in the state, Shri Vora said that in U.P. where a child is born every 6.5 seconds, action-oriented planning was required. He observed that the highly populated states in the Hindi-speaking belt have much to learn from states such as Kerala and Tamil Nadu which have achieved considerable success in achieving objectives related to family welfare.

In the participatory technical sessions that followed, NGOs were sensitised on their role in the family planning programme and the linkages between population issues and development. With the vast potential of the NGO sector in promoting family planning services, their involvement was sought in two main components of SIFPSA's programme — Family Life Education (FLE) and Community-Based Distribution (CBD) of contraceptives. The participants also reacted to the concept of working collectively in consortia.

*The Governor of U.P., Shri Motilal Vora, inaugurating the workshop.*

The cultural acceptability of sex education in U.P. and the access of family information to adolescents within and without the formal education system was the core of the presentations and discussions on FLE. The participants suggested that the content of the FLE curriculum be expanded from sex education to a programme that would aim at empowering young people to have small, healthy and resourceful families, wherein both the husband and wife share equally in opportunities, responsibilities and status. It was felt that information on other health and socio-economic issues should also be included in the FLE curriculum.

The need for upgrading the CBD programme was deliberated at the workshop. At present, the programme entail counselling of clients on family planning, door-to-door distribution of contraceptives and referrals. It was felt that the CBD programme should aim at increasing awareness about the right age of marriage for girls and with regard to limiting the reproductive span between 20 to 28 years. This could be achieved through interpersonal contacts by CBD workers, laying emphasis on the detrimental effects of early and late childbearing on women's health. The fact that the success of CBD and FLE programme depends largely on the ability of NGOs to mobilise people and resources for change was stressed upon by speakers.

The participants actively considered the proposed approach of working together in consortia. In this synergistic approach, a group of NGOs in a large contiguous area form a consortium and work collectively with shared strengths and defined responsibilities, increasing reach and scope of activities. In addition, forging alliances among NGOs will increase efficiency and allow the exchange of expertise between them. It was proposed that a minimum population of 100,000 be reached by one consortium of NGOs. Representatives of NGOs were convinced about the need to network amongst themselves and with other welfare agencies in order to make the family planning programme in U.P. stronger. ■

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**I N S I G H T**

# A New Agenda For Family Welfare

IN terms of population, if U.P. were a country, it would be the seventh largest in the world. Its population continues to grow at the rate of 2.5 per cent per annum. Women in U.P. have an average of 4.8 children which is 40 per cent higher than the national average. Only 20 per cent women in U.P. are currently using family planning methods. These figures indicate that U.P. is a ticking population bomb.

Many problems contribute to this, one being the shortage of staff in the public health system and their reluctance to serve in their areas of posting. Roughly 12,000 doctors serve a population of 150 million, making it the lowest doctor-population ratio in the world. A time-consuming recruitment process adds to the reluctance of doctors to join the public health service. Moreover, doctors tend to congregate in the cities leaving the rural areas unattended.

To help address this situation, the State Innovations in Family Planning Services Project Agency (SIFPSA) has initiated support to a project proposed by the Directorate of Family Welfare. One component of this project is to hire private female gynaecologists to serve at the Community Health Centres and Primary Health Centres. They will be available at fixed times for consultation on reproductive health, insertion of IUDs and sterilisation.

The shortage of doctors and the sterilisation-oriented focus of the current family planning programme has led to the adoption of the camp approach in the provision of services. As camp facilities are temporary, the quality of services provided by them is not always satisfactory.

To deal with this situation, the Government of India has initiated the replacement of the target-oriented approach with one that provides more choice — 'the cafeteria approach'. In addition, steps are being taken to convert the camp-based sterilisation programme to one providing continuous availability of services in permanent sites. Apart from the state government, SIFPSA, the Government of India (through its Child Survival Safe Motherhood Programme), and the World Bank's IPP-VI project are engaged in this gigantic task.

Mobility of staff has a crucial bearing on the success of any programme, and the family planning programme is no exception. The Health and Family Planning Department of U.P. has a large fleet of vehicles which is largely immobile due to inadequate funding for fuel. This inhibits personnel in the follow up of sterilisation acceptors and in treatment of possible complications, which leads to less satisfied family planning clients and bad publicity for the programme. To tackle this problem, SIFPSA has proposed additional mobility support to 907 block level Primary Health Centres in the state.

**Mobility of staff has a crucial bearing on the success of any programme, and the family planning programme is no exception.**

Workers of the State Family Welfare Department derive great value through on-going training being carried out by a multitude of agencies. For example, medical officers are updated on contraceptive technology under the aegis of SIFPSA, King George's Medical College trains doctors in sterilisation techniques and the World Bank's IPP-VI project assists a large network of training institutions in the state.

The absence of a strong and coherent Information, Education Communication (IEC) component was a problem in U.P.'s family planning programme. Two initiatives in this sector need to be highlighted. One is SIFPSA's development of an IEC strategy which includes the launching of a state-wide and district-specific awareness and publicity campaign. The other is the grant made by the Government of India to set up IEC bureaux in U.P.

While NGOs can play an important role in family planning programmes, there has not been a state-wide effort to mobilise them for family planning so far. Efforts being made by SIFPSA in the NGO sector may change that.

Today family planning urgently needs to be put back on the top of the national agenda; it must become a part of a health policy supported by all political parties, regardless of ideology.

*Lov Verma*
*Secretary, Family Welfare, Government of U.P.*


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**CONDOLENCE**

With profound grief we announce the demise of Mr Kamal Krishna, Consultant, SIFPSA. In the many years of his distinguished career, Mr Krishna had served with the Government of U.P. and had retired as the Zonal Representative, East India Office, UNICEF before his short but productive tenure at SIFPSA. Mr Krishna was actively involved in developing a range of key programmes with us including training, evaluation, monitoring and FLE. We at SIFPSA rededicate ourselves in our mission to achieve the vision that Mr Krishna strived for.

PUBLIC SECTOR

# Strengthening The Infrastructure

**SIFPSA** has recently sanctioned a range of interventions under the short-term projects proposed by the Directorate of Health and Family Welfare, Government of Uttar Pradesh.

### Infrastructural Strengthening

- To facilitate mobility of doctors, transport of complicated cases and supplies — support for fuel has been granted.
- To ensure uninterrupted supply of electricity at 649 block Primary Health Centres (PHCs) and Community Health Centres (CHCs) not covered under the Social Safety Net Scheme (SSN) — generators have been provided. In addition, support for fuel for running generators has been provided to all PHCs.
- Surgical instruments and auxiliary infection prevention equipment have been provided at 649 health centres not covered under the SSN scheme.
- To provide water supply at PHCs — budgets for installation of pumps, tanks, plumbing and electrical work have been sanctioned.
- In order to make laproscopes readily available for laproscopic sterilisation, a Laproscope Repair Cell is being established at the Directorate of Family Welfare headquarters.

### Communication

- Designs for wall paintings on spacing methods and availability of services have been supplied to Chief Medical Officers in 66 districts, along with the budget for implementation.
- Print material for Information, Education and Communication activities are being supplied to all 907 PHCs/CHCs.
- Funds are being sanctioned for specific Information, Education and Communication activities to promote spacing methods in one selected block in each of the 66 districts.
- To strengthen post-sterilisation/IUD care, follow up cards and stickers have been designed and are being produced by the Directorate of Health and Family Welfare.
- Follow-up medicines to prevent infection and pain after sterilisation are being produced by the Directorate of Health and Family Welfare, packed in an innovotive package designed by SIFPSA.

### Service Delivery

- A team of doctors from the public sector will be trained at Dr Shyama Prasad Mukerji Hospital, Lucknow, for carrying out no-scalpel vasectomy.
- Medical officers from the public sector are being updated on contraceptive technology at various medical colleges.
- Private lady doctors are being hired to provide reproductive health services to female clients at Primary Health Centres where the services of a lady doctor are not available.

It is expected that by early 1996, all infrastructure will be in place and activities will be under way for enhancing the quality of family planning services being provided by the public sector in U.P. ■

*Design of wall painting on availability of services.*

INDUSTRIES

**FICCI**

# Reaching Beyond The Factory

**IN** three districts of U.P., Agra, Kanpur and Meerut, The Federation of Indian Chambers of Commerce and Industry (FICCI), in collaboration with SIFPSA, is implementing a family welfare programme through the industrial sector. For the last two decades, FICCI has been promoting family welfare among workers through various programmes, working with large, medium and small scale industries to include maternal and child health care and family welfare in the services provided to employees.

Under this new effort, members are encouraged to reach beyond the factory and to provide services to the non-working population around the factory locations. Dr Hamsa, Project Director, comments, "As the project will begin with a limited number of industries, the 'spill over' effect is the main purpose of this project. The 'spill over' will occur through outreach to the communities where the workers live."

In each district, the project will be implemented in 10 to 15 industries with 100 to 500 employees. FICCI has designated the Population Foundation of India to undertake baseline surveys and conduct orientation and training workshops for labour welfare officers and worker motivators. In each district around 100 worker motivators and their wives will be trained.

For service delivery, the project is developing linkages with existing private and public sector providers. The need for counselling and quality care is being emphasised. All participating industries will have access to an on-site doctor counsellor at selected hours during the week.

One of the programme goals is to become self supporting. When funding from SIFPSA comes to an end, it is planned that the Chambers and the factories will continue activities with their own funds. ■

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RESEARCH

# PERFORM: Measuring Needs And Progress

**UNDER** the IFPS project, a monitoring and evaluation system known as PERFORM (Programme Evaluation Review for Organisational Resource Management) has been devised to measure improvements in access, quality and demand for family planning and reproductive health services in U.P. In order to quantify progress, baseline levels of access, quality and demand are established by the PERFORM baseline survey. This baseline information will provide valuable insights into the current state of family planning services in U.P.

## Surveys Carried Out In U.P.

The fieldwork for the PERFORM surveys was conducted by four local research organisations from June to September 1995, under the supervision of the Evaluation Project, University of North Carolina. Twenty-eight districts, two from each of the 14 divisions of the state, were surveyed. Data were collected from households, currently married women between the ages 13-49 years, public and private sector service delivery points and providers in order to cover all components of service provision and acceptance. A total sample of approximately 42,000 currently married women and 35,000 service delivery points/agents were surveyed.

## What Is Unique About PERFORM?

PERFORM surveys will, for the first time, provide family planning estimates that are representative of the 28 districts, 14 divisions, five regions and the entire state of U.P.

In addition to the Contraceptive Prevalence Rate, Total Fertility Rate and other related measures, the surveys have provided information on the quality of available services. In five districts, a supplementary male reproductive health survey is also being undertaken. This survey covers issues such as domestic violence, status of women and other psychosocial factors that influence family planning.

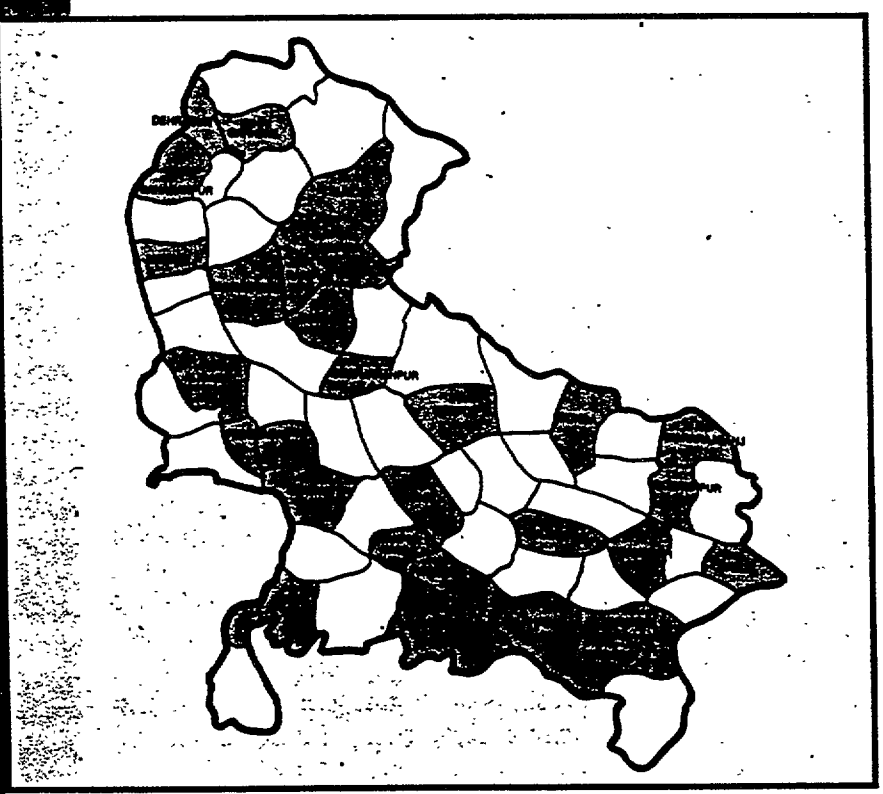
## Sharing Results With Officials

Results of the surveys are being disseminated through workshops being held in the 14 divisions of U.P. where the survey was carried out. The findings are presented to government officials including Divisional Commissioners, District Magistrates, Chief Medical Officers, District Health Education and Information Officers, as well as representatives of NGOs. The dissemination effort is intended to help officials identify gaps in the existing family planning programme and suggest remedial actions for their district.

Discussions on findings are also held with grassroot functionaries at the Primary Health Centre and Sub-centre levels. Once this information is shared, a follow-up workshop is held to develop a decentralised plan for strengthening the family planning services in the district.

## Tehri District Action Plan Developed

In the process of developing action plans for the 28 districts, the first district planning workshop was held from October 16-18, 1995 in Tehri. The findings from the PERFORM survey indicate that Tehri-Garhwal is passing through a fertility transition. Indicators such as the Crude Birth Rate, Total Fertility Rate and Contraceptive Prevalence Rate show that the situation in Tehri is better than the U.P. average. However, there is high unmet need in the district. In order to fulfill this unmet need, the Tehri district action plan includes specific interventions such as the creation of health posts in each village to increase access to services in the mountainous terrain. It is also planned that health workers are trained to improve their technical skills, involvement of NGOs is increased, distribution of contraceptives is enhanced and extensive communication activities are undertaken in Tehri.



*PERFORM survey districts of Uttar Pradesh.*

# St. Mary's Polyclinic — Eradicating Misconceptions

**MISCONCEPTIONS** regarding family planning are rife in Deva block of Barabanki district, according to Dr Brijeetha. Having run St. Mary's Polyclinic as a referral centre in the block for many years, she feels "a tremendous amount of education is required to remove these misconceptions."

## Education Corrects Misconceptions

To address the need for educating clients, SIFPSA has sponsored a project in Deva block. This project, being carried out by St. Mary's Polyclinic, covers a population of 50,000. Health camps and door-to-door visits by workers sensitise people to family planning. The benefits of practicing family planning, knowledge on various methods and usage is impressed upon the clients. Women are encouraged to speak out at special meetings for them and ask any questions that come to mind. However, once the clients are fully informed, they are allowed to make their own decision on whether to accept family planning and determine their own method of choice.

## Curative Treatment Integrated With Family Planning

Using curative health care as an entry point for family planning activities is a novel feature of this project. It was seen that curative treatment was needed by the community. People in the villages suffer from asthma, diarrhoea and other ailments. Consequently, they are not receptive to family planning. Health camps offering curative treatment are organised in the villages and they draw large crowds. At camps such as these, family planning is also discussed. Another innovation is the confinement centre created for the block which is serviced by trained birth attendants. This provides safe deliveries and creates a positive ambience for counselling

## The Safari Approach

In certain conservative villages, some resistance was encountered to family planning. Says Dr Brijeetha, "Instead of giving up, we employ the 'safari approach' to sensitise them." Under this approach, villages encircling the resistant village are sensitised to family planning. In the encircling villages that are more positive towards change, activities such as health camps, melas, cultural shows and meetings for opinion leaders are organised. Their residents are encouraged to invite others from the resistant village to these events. It is hoped that, in due course, the residents of the resistant village will be influenced and will become receptive to family planning. ■

*An orientation session in progresss in Deva block.*

## The *Posyandu* Model

***POSYANDU*** is an acronym for the Indonesian words for 'post for integrated services'. A *Posyandu* is a collection of integrated and coordinated health and family planning services provided by the community for the community itself. This unique service delivery model, widely used in Indonesia, is now being used by St. Mary's Polyclinic. Services offered are growth monitoring of infants, immunisation of children and pregnant mothers, distribution of contraceptives, vitamins and iron and folic acid tablets. Once a month, an open space is provided by the community in the village. Five tables are set up, each offering a certain type of health and family welfare service. They are managed by the community volunteers, the NGO's workers and government health workers. Clients visit the counters in turns to avail of the services offered. At present, St. Mary's Polyclinic has 25 operating *Posyandus* — each covering two villages. ■

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# SIFPSA PROJECTS AT WORK

# CBD RURAL OUTREACH

### ■ Family Planning Association of India (FPAI)

**Peoples' action for contraceptive choice and education**

Local voluntary groups have been formed and are being trained to assist in project activities. Working as promoters, providers and users of family planning services, members of these groups act as role models for the rest of the community. Their focus is on providing individualised counselling and care to clients. The project aims to increase the contraceptive prevalence rate in two blocks of Gorakhpur district.

*Coverage: 200,000 population in 200 villages*
*Duration: 42 months*

*The Innovations in Family Planning Services (IFPS) Project is being implemented with financial assistance from the United States Agency for International Development (USAID). During its 10-year life it aims to substantially bring down the fertility rate in U.P. by increasing access, improving quality and creating demand for family planning services. The project is being implemented by the State Innovations in Family Planning Services Project Agency (SIFPSA).*

*The first edition of* INNOVATIONS *(June 1995) gave a list of 21 projects being implemented with the support of SIFPSA. The following projects have been sanctioned thereafter.*

### ■ Nehru Yuva Kendra

**Youth action for innovations in family planning**

Nehru Yuva Kendra (NYK) is the largest organisation of non-student rural youth in the country. It organises rural youth in clubs to prepare them for playing a constructive role in community development. Through this project, family life education will be imparted to youth to prepare them for responsible parenthood. They will also be counselled on employment opportunities. One NYK health centre from three villages is being upgraded. The 167 upgraded centres known as 'Apna Ghars' will privide family planning services including counselling and safe deliveries. The project is being carried out in five blocks of Unnao and four blocks of Barabanki districts.

*Coverage: 500,000 population in 495 villages*
*Duration: 24 months*

### ■ St. Mary's Polyclinic

**Innovative women welfare campaign with quality service**

Through this project, St. Mary's Polyclinic is expanding family welfare services in Deva block of Barabanki district. Village delivery centres are being established for women to have safe deliveries. Services such as immunisation, contraceptive distribution and counselling are provided through health camps known as *Posyandus*. The aim is to reduce the high infant and maternal mortality rates in the area. Access to contraceptives will be increased through distribution depots that are being set up. Mobile dispensary clinics are providing contraceptives as well as other health services to remote villages.

*Coverage: 50,000 population in 50 villages*
*Duration: 24 months*

### ■ Vikas Dhara 'VIDHA' Mahila Sansthan

**A comprehensive family welfare project**

Mauranipur block is one of the most backward areas of Jhansi district with poor socio-economic status and a literacy level lower than the district average. Awareness on health and sanitation is also very low. This project aims to improve the health status of women and children and increase the contraceptive prevalence rate in the block. 'Swastha Ghars' or health depots will be established for distributing contraceptives, iron and vitamin A tablets and ORS packets. Street plays, melas and screening of films are organised to generate awareness on family planning and maternal and child health.

*Coverage: 117,000 population in 86 villages*
*Duration: 30 months*

### ■ Nari Sewa Samiti

**Improving chikan workers' reproductive health**

The chikan embroidery workers of Lucknow live in poor conditions, and are plagued with malnutrition, repeated pregnancies and occupational health hazards like diminishing eyesight, spondylitis, tuberculosis, etc. Nari Sewa Samiti is carrying out this project to compensate for the poor quality of and access to, available health services. A health centre at the village level is being equipped with supplies and equipment for service delivery. A doctor and paramedic will be available for counselling, IUD insertions, immunisation and services for pregnant women and lactating women. Community-based distribution workers will deliver contraceptives to clients' homes.

*Coverage: 70,000 population in 50 villages*
*Duration: 24 months*

### ■ Jaagriti

**Innovative family welfare in thickly populated Muslim areas**

Information, education and communication (IEC) and service delivery components are being added to Jaagriti's ongoing developmental work in the predominantly Muslim areas of Siddhartha Nagar and Gorakhpur. Field workers will make door-to-door visits to educate clients about the advantages and methods of family planning. To increase usage of temporary methods, community-based distribution of contraceptives is to be carried out. Clients opting for permanent methods will be referred to Primary Health Centres and Sub-centres.

*Coverage: 150,000 population in 20 villages and six slums*
*Duration: 24 months*

### ■ Sarva Daliya Manav Vikas Kendra (SDMVK)

**Small family and population control awareness programme**

The community-based distribution approach will be adopted by SDMVK in Shabad block of Rampur district. In every village, a link person will establish contact with the residents and carry out door-to-door provision of services. Group discussions on family planning and maternal and child health issues are to be held in the community on weekends. Awareness will be generated by films, cultural shows, health rallies and melas which are to be held periodically in the villages.

*Coverage: 112,578 population in 100 villages*
*Duration: 24 months*

### ■ Poorvanchal Grameen Vikas Sansthan

**Action towards family planning innovations**

Existing health infrastructure of Gorakhpur is inadequate for meeting the need for family planning in the

district. Primary Health Centres are overburdened and very few households are visited by health workers. Low literacy levels and high incidence of diseases further worsen the situation. Through this project, family welfare services are being extended by a community-based distribution programme in Pipraich block of Gorakhpur district.

*Coverage: 140,000 population in 95 villages*
*Duration: 24 months*

**■ Dignity Education Vision International(DEVI)**
**Maternal health and family welfare project**

The three main areas of this project are maternal and infant health, family planning and birth attendant training. A series of discussions in the villages of Lucknow district revealed the residents' health status and economic conditions. Specific interventions have been planned accordingly. Given the fact that the project was conceived with the community's participation, involvement of the beneficiaries is expected to be strong. DEVI will follow the self-help philosophy of empowering villagers with knowledge and skills for solving their own problems, so they themselves can initiate improvements in the future.

*Coverage: 50,000 population in 40 villages*
*Duration: 30 months*

# EMPLOYER-BASED

**■ Giants Group of NOIDA**
**An integrated family welfare project**

The industrial base in Ghaziabad district provides the opportunity to reach a large number of factory workers that are in the reproductive age group. Employers are aware of the advantages of promoting family planning among their employees. In NOIDA, the Giants group is expanding ongoing health and welfare programmes for workers to include family planning and maternal and child health services. While distribution of contraceptives is carried out in the community and the factories, clinical services are provided at the clinic run by the Giants group.

*Coverage: 200,000 population*
*Duration: 36 months*

*Ms Linda Morse, Director, USAID, India, visits the District Literacy Committee Project in Bijnaur village, Lucknow district, Uttar Pradesh.*

# CO-OPERATIVES

**■ Pradeshik Cooperative Dairy Federation (PCDF)**
**A cooperative dairy-based family welfare project**

A two-year pilot project had earlier been carried out by PCDF through the dairy cooperative network of Meerut district. Lessons learned from there will be applied to this expanded project in Meerut. The project aims to increase the contraceptive prevalence rate in 500 villages. In addition to community-based distribution of contraceptives, family life education and activities to improve the status of women are being carried out.

*Coverage: 1,551,288 population in 500 villages*
*Duration: Five years*

# TRAINING

**■ Prerana Population Resource Centre (PPRC)**
**Apex NGO training centre**

Personnel from NGOs working on SIFPSA projects are being trained by PPRC. NGOs that offer limited or no family welfare services are trained and provided with technical assistance in project development, management, implementation and monitoring to enable them to become full partners of SIFPSA. Programme managers, supervisors and field workers from various NGOs are trained at the training centre which has been established in Lucknow. A modular training programme for managing community-based family planning projects has been developed.

*Coverage: All NGO projects approved by SIFPSA*
*Duration: 36 months*

**■ Dr Shyama Prasad Mukerji Hospital**
**No-scalpel vasectomy training and service delivery**

The project aims to popularise the quick and safe method of no-scalpel vasectomy. Doctors will be trained on the technique as well as counselling the acceptor. The doctors are from the public sector working in urban and rural areas of the state. Information education and communication activities promote no-scalpel vasectomy as the simplest and safest method of family planning thereby increasing the client load for services. Clients visit the hospital to avail of the services. It is expected that popularisation of this technique will reduce the burden on women to accept contraception.

*Coverage: 300 doctors*
*Duration: 36 months*

**■ Medical Colleges**
**Contraceptive technology update workshops for medical officers from the public sector**

Most medical officers do not receive a comprehensive update on family planning after graduating from college. Assessments reveal that most of them are ill-equipped to handle client screening and assessment, promoting informed choice and building positive interpersonal relationships with clients. Their technical knowledge in areas such as infection prevention, managing side effects and overcoming medical barriers to family planning were found inadequate. To plug this gap, various medical colleges are carrying out a series of workshops for updating the knowledge of medical officers on family planning and reproductive health care.

*G.S.V.M. Medical College, Kanpur*
*Coverage: 1,000 medical officers from eight districts*
*Duration: 24 months*

*L.L.R. Medical College, Meerut*
*Coverage: 1,000 medical officers from 11 districts*
*Duration: 24 months*

*M.L.B. Medical College, Jhansi*
*Coverage: 1,000 medical officers from eight districts*
*Duration: 24 months*

*S.N. Medical College, Agra*
*Coverage: 1,000 medical officers from nine districts*
*Duration: 24 months*

T R A I N I N G

# Building Skills And Networks

TO fulfill the objectives of the IFPS project, it is vital to upgrade the skills of personnel working on SIFPSA projects from the public as well as the private sector. Training is necessary to ensure that they develop the capability to carry out activities in keeping with the standards of quality set by SIFPSA.

In the non-governmental organisation (NGO) sector, SIFPSA supports training of NGOs engaged in health and family welfare to help them expand their activities, as well as with alternative institutions such as cooperatives, industries and networks of women's organisations, which have not offered family welfare services in the past. SIFPSA utilises these institutions with successful grassroot programmes or networks that provide an extensive reach into communities for carrying out such activities. Through training, these NGOs and grassroot networks are enhanced in their potential for promoting family planning.

**Training is necessary to ensure that they develop the capability to carry out activities in keeping with the standards of quality set by SIFPSA.**

It is planned that NGOs that have undergone extensive training will, in turn, help train smaller NGOs. By bringing NGOs of varying strengths and sizes together for training and project implementation, the skills of a large number of NGOs will be upgraded and this will enhance the quality of service delivery. ■

# Prerana Population Resource Centre

IN recognition of the need for training, SIFPSA is working closely with the Prerana Population Resource Centre (PPRC) for training NGOs to implement IFPS project activities.

NGOs identified by SIFPSA as potential partners are referred to PPRC. In the initial stages, the NGO is helped with proposal development. Once a project is approved by SIFPSA, PPRC provides training to different levels of functionaries of the NGOs, such as managers, supervisors and community-based distribution workers. The focus of the training is on upgrading skills of the project staff for good quality management, service delivery, gender sensitisation, communications, supervision, monitoring and evaluation of family planning and reproductive health services.

After completing a 10-day training session on management at PPRC, Rachna Srivastava, State Trainer, Nehru Yuva Kendra, feels she will be "taking back a lot of information on family planning" and feels equipped to contribute effectively to the amibitious project approved by SIFPSA.

According to Ashraf Ali Khan, Director, PPRC, "Starting out as an NGO ourselves, we felt the need for a 'big brother' NGO that could guide and assist us." He feels it is important to help upcoming NGOs develop their skills. "Essentially we follow the principles of social work, that is, to help them help themselves," he says. "The objective is to ultimately make NGOs self-reliant."

PPRC has developed training modules for different levels of functionaries including managers, supervisors and community-based distribution workers. After the initial training, refresher courses are held for the workers as and when needed. The training modules themselves are evaluated by participants and modified if required. As of now, 369 functionaries — representing 31 NGOs that are involved in the IFPS project — have been trained by PPRC. ■

*A training session in progress at Prerana.*

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COMMUNICATION

# Blueprint For Communication

**INFORMATION**, Education and Communication (IEC) under the IFPS project is expected to play a crucial role. It will stimulate demand for family planning services, enhance the quality of care and create a positive image of family planning as well as build support for population activities. To facilitate these goals, the need was felt for a clearly defined communication strategy as one did not previously exist in Uttar Pradesh.

An IEC Advisory Group comprising communication and development specialists, Mr Gerson DaCunha, Mr Kiran Karnik, Dr Ashoke Chatterjee and Dr J.S. Yadava has developed the communication strategy for the IFPS project.

**The IFPS project seeks to make family planning a people's movement, wherein men and women can make free and informed choices about their reproductive health.**

## Strategy Development Process

An extensive strategy development process culminated in November 1995 with the completion of the communication strategy document. The process began in October 1994 when a Strategy Development Workshop was held in Lucknow. Subsequently, a detailed programme analysis and literature review was undertaken. The IEC Advisory Group met regularly to compose the communication strategy document and their deliberations were anchored by SIFPSA staff. The process was facilitated by Johns Hopkins University/Population Communication Services.

## Key Components

After reviewing several communications approaches to motivate people to practise family planning, the health approach was chosen, in accordance with SIFPSA's mission to facilitate "health for all in U.P." Under this approach, tangible health benefits of practising family planning are to be promoted. Mr Kiran Karnik, author of the communication strategy document, comments, "So far family planning programmes have placed emphasis on benefits to the country or the government but not the individual. The IFPS communication strategy, instead, will promote the benefit of health to the individual and the family."

At present, family planning is perceived as the government's initiative characterised by coercion and lack of informed choice. The IFPS project seeks to make family planning a people's movement, wherein men and women can make free and informed choices about their reproductive health. It identifies the primary target audience as young couples in the reproductive age group of 17-25 years.

It is planned that the communication strategy document will be presented to functionaries at the field level through workshops. Mr Karnik envisages that "It will serve as a living document for jointly evolving the future plan of action with them." ■

INTERACTION

# From Cairo And Beijing To Uttar Pradesh

**AS** a follow up on two significant UN conferences, the International Conference on Population and Development held in Cairo and the Fourth World Conference on Women held in Beijing, a seminar was organised in New Delhi on September 25, 1995.

The seminar entitled 'Looking at Cairo, Beijing and Beyond' was a part of the Women in Management workshop organised by the Centre for Development and Population Activities (CEDPA). Participants from Uttar Pradesh were women managers from the government and NGOs that are involved in the IFPS Project. The seminar provided them the opportunity to interact with delegates of the two world conferences. The objective was to facilitate the translation of the mandates of the world conferences into action at the grassroots.

Ms Peggy Curlin, President of CEDPA, emphasised that the Cairo and Beijing conferences "sanctioned the rights of women to make their own reproductive decisions". A significant outcome of the Cairo Conference was the recognition of women's empowerment as central to sustainable development. At the conference, governments of the world recognised that family planning is a service that must be given to women without coercion and that women have the right to make their own decisions concerning their reproductive health. ■

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**CONTRACEPTIVE SOCIAL MARKETING**

# The Value Of Choice

**RESEARCH** has indicated that if contraceptives are commercially marketed they have wider acceptance. Contraceptive Social Marketing (CSM) places the responsibility of contraceptive purchase and usage in the hands of the individual. Clients place a higher value on products if they are purchased instead of procured free of cost.

## Components Of CSM Programmes

Like any commercial product, market research is conducted to identify consumer needs and preferences of contraceptives; the product, packaging and positioning is developed accordingly. Supply is carried out through existing commercial distribution networks. Advertising and promotions aid in generating awareness about contraceptives generally and consequently family planning itself, in addition to demand generated for specific brands.

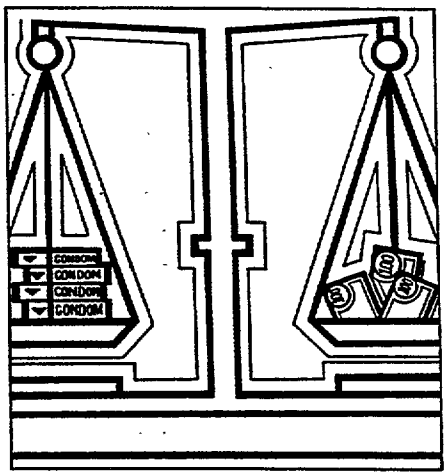
Moreover, commercial marketing facilitates cost recovery. Funds generated by selling the product help sustain the initiative. Through commercial sales, CSM programmes can ultimately become self sufficient, thus making funds available for other health interventions.

**Contraceptive Social Marketing places the responsibility of contraceptive purchase and usage in the hands of the individual. Clients place a higher value on products if they are purchased instead of procured free of cost.**

*Contraceptives being sold through mobile vans*

## Government Of India's CSM Programme

In 1968, the Government of India began one of the first CSM programmes in the world. The government purchased contraceptives from manufacturers and sold them through distributors to clients at subsidised rates. Though considerable resources have been invested in the programme, it has not been as successful as anticipated. The reasons are the limited reach of contraceptives to rural areas where 80 per cent of the population resides and the variable quality of the products.




## IFPS Carrying Out CSM In Uttar Pradesh

In order to fill these gaps the IFPS project is lending support to the CSM programme in Uttar Pradesh. The objective is to promote higher quality contraceptives and extend their reach.

Activities are being carried out through the Social Marketing for Change programme of The Futures Group International in collaboration with Parivar Seva Sanstha (PSS) and Population Services International (PSI). Both PSS and PSI have prior experience in U.P. PSS sells the oral contraceptive pill Ecroz and PSI sells the brand Pearl. In addition, PSS is promoting two brands of condoms, Sawan and Bliss, and PSI is promoting the condom Masti. State-wide promotion and distribution of these products will be carried out over a period of three years.

## Activities Undertaken

Market research has been conducted to identify the needs, preferences and practices of consumers and providers. Both PSS and PSI have executed contracts with advertising firms for development of mass media campaigns for their products. A unique effort is the introduction of a public relations campaign to increase acceptance of oral contraceptive pills as their current use in U.P. is a mere one per cent.

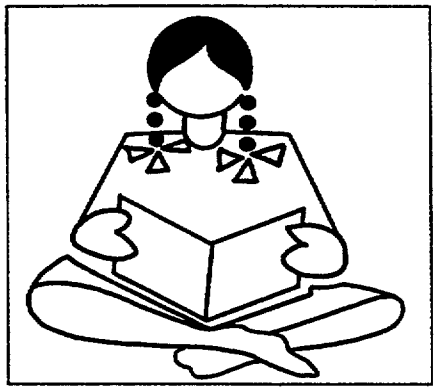
## Reaching The Grassroots

With IFPS support, the organisations are able to reach smaller towns with populations as low as 20,000, whereas previously the reach was confined to towns covering a population of 50,000 or more. In addition, both organisations are undertaking pilot efforts in several districts to see how CSM can be successfully undertaken in towns with population below 5,000. ■

**DISTRICT LITERACY COMMITTEE**

# A Quiet Revolution

***"PAKSHI** hona achcha lagta hai, apne man ki cheez kar sakte hain, ladki ho kar nahin"* (I like being a bird, I can do what I please, but not as a girl). Empowered by her newly acquired ability to write, 14-year-old Sheela is eloquent in expressing her desire for freedom. She is among a group of adolescent girls participating in a literacy class as she waits for her wedding day. Literacy, when integrated with family life education, creates awareness among young girls about their right to choose and plan their lives. Echoing this sense of independence, Uzma, a young literacy teacher, defies the bonds of tradition with her words, "I will certainly not get married early now. Instead, I will tell girls of my age whatever I have learned about literacy, health and family planning." Though simple, modest and unpretentious, the literacy class is the centre of a quiet revolution.



## Literacy Integrated With Family Life Education

The District Literacy Committee (DLC) aims to achieve 100 per cent literacy in Lucknow by the year 2000 through a large outreach network of community volunteers working in 80 literacy centres. In partnership with SIFPSA, the DLC is integrating its ongoing literacy programme with family life education and family planning services with the slogan *'Sakshar Parivar: Niyojit Parivar'* (Literate Family: Planned Family).

Statistics show that literate women are less fatalistic about reproduction than illiterate women. Data from the *National Family Health Survey, 1992-93* reveal a positive relationship in Uttar Pradesh between education and other health indicators such as maternal and child health, and the use of contraceptives, particularly those for birth spacing.

**Literacy, when integrated with family life education, creates awareness among young girls about their right to choose and plan their lives.**

Covering a population of 50,000 in a cluster of villages in and around Bijnaur and Muftiganj, the project is built on a strong foundation of community trust and acceptance for DLC's literacy campaign. According to Sanjay Shrivastava, Area Coordinator, DLC, "We have used literacy as an entry point for promoting family planning, to avoid resistance from the community."

## Mother-Daughter Teams Promote Family Welfare

In Bijnaur, adolescent girls who work as literacy teachers have teamed up with their mothers to provide family welfare services. The mothers carry out contraceptive distribution and counselling in the community while the girls promote family life education in the literacy classes they teach. The mothers are urged to contact five women who, in turn, contact five more to inform them about the project and to visit the CBD worker for information and services. Information on prenatal and postpartum care, management of diarrhoea and immunisation is also disseminated through the mother-daughter teams.

Dr Amrita Dass, Secretary and Project Director of the DLC, believes that "literacy generates awareness of issues related to the health and well-being of women and of their families. Women are eager to know about birth spacing methods and this project was conceived in response to the felt need expressed by the women." ■

*District Literacy Committee's class in Bijnaur village, Uttar Pradesh.*

OPINION

# Let Them Become Women Before They Become Mothers

**RECENTLY**, my domestic servant wanted a month's leave to get his 14-year-old daughter married. When I remonstrated about the fact that the girl was underage, he said he realised that it was illegal but he was helpless. He would be ostracised by his family and society if he did not get her married soon. He is one of the millions for whom even the legal age of 18 seems too old.

This is precisely the problem that family planning experts, health workers and activists have to address, not as a legal case, but more as a case for raising social consciousness about the need for late marriages.

At the same time, mere consciousness raising will not do. It will have to be backed by solid social support measures like education, vocational training and employment opportunities which can provide alternatives to marriage.

As family planning programmes become people-centred, focussing on individuals instead of targets, the element of individual choice and maternal and child health is being given particular attention. Hopefully, the issue of raising the marriageable age of girls will soon be included in the agenda and the emphasis will shift from providing legal measures to changing people's attitudes.

Tamil Nadu provides an interesting example of how public awareness can bring about change. The mean age of marriage for females in that state has steadily risen from 18.37 in 1961, to 19.61 in 1971 and 20.70 in 1987. Significantly, Tamil Nadu's economic standard, literacy level and level of employment prospects for women is not much higher than that of most states in South India. The achievement can be attributed to a social mobilisation programme that began from the grassroots many years ago. The programme initiated by the great social reformer Periyar advocated use of contraceptives, the minimum age for marriage as 22 and the two child norm. With public awareness thus created, a concerted family welfare programme in later years fell on fertile soil.

A recent Tamil Nadu study entitled *Medical Reasons for Postponing Age of Marriage of Girls*, reports that the ideal age for producing a child is between 20 and 30 years. The ages 24 and 25, however, is when perinatal mortality, low birth weight and delivery complications are minimal. This, according to the study, is considered the ideal child-bearing age, with least complications for mother and child. Taking a cue from this study, the message now being beamed in Tamil Nadu is that 22-27 years is the ideal age for reproduction and therefore 21 should be the minimum age for marriage. Thus, it recommends the reduction of the fertility span to seven or eight years instead of 17-18 years as it is in other states. This has come through awareness generation backed by political support.

Today, while some television programmes in U.P. recommend later marriage, they are not enough. Much more needs to be done to educate people about the dangers of teen marriage and pregnancies. Women have to be sensitised on the benefits of late marriages, particularly from the point of view of their health. Late marriages mean that fewer women die in childbirth and fewer women spend the major portion of their lives pregnant, breast feeding or providing child care. Girls have to become women before becoming mothers.

Moreover, early marriage endangers the child; babies born to women under 18 are more likely to die within the first year of life. This makes the case for later marriage a moral and humanitarian one.

Early marriage leading to infant mortality sets in motion a vicious cycle of more pregnancies and more infant mortality. Each pregnancy further risks the lives of both the mother and the child. In India, pregnancy-related deaths are the main cause of deaths in 15-19 year old women.[1] At age 15-19, 40 per cent of women in Uttar Pradesh are married.[2] Such shocking figures only illustrate how urgent the case is for advocating later marriage for girls.

***Data sources:***

[1] *International Planned Parenthood Federation Report on Adolescents Sexual Needs, 1994.*

[2] *National Family Health Survey, 1992-93.*

***Radha Rastogi***

*The writer is a Lucknow-based journalist specialising in gender and consumer issues.*

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# REMARKS BY AMBASSADOR AURELIA E. BRAZEAL
## CEDPA Women-in-Management Training
## Safari Beach Hotel
## Monday, November 6, 1995

I was born a Negro. I grew up a black. Today I am a hyphenate, an African-American. But I have always been a woman. So let me make the point uppermost in my mind: that even though we may evolve during our lifetimes, the fact remains that every issue is a woman's issue. So on this eve of the follow up to the decade of women, in the place where the decade was launched, let me share a few thoughts about issues of interest to women.

On Sunday, July 16, I watched KBC and the debating program for young Kenyans. The topic was timely. It was something like this: "Have women contributed to nation building more than men?" I listened and I learned. What I learned is that Kenya's women are on the move and it involves cooperation between generations. What a powerful combination to consider: Youth, with its capacity to embrace change, and elders, with their wisdom to influence youth's enthusiasms so that change benefits everyone. This allows me to underscore my second point: Change is one of the constants in life, it will come regardless.

However, there is an African proverb which says, "If you don't know where you are going, any road will get you there." Correspondingly, there are too many groups in Kenya, and I hasten to add in the United States and other parts of the world, going down their own separate roads, excluding others they see as different from themselves. And when we examine the litany of ways employed by these individuals or groups to define other Kenyans, including women, as somehow less than themselves, we see that they are nothing other than repetitive expressions of intolerance, bigotry, and discrimination, bringing in their trail familiar social tensions and disharmony.

You are a diverse group in terms of your ages, educational and professional backgrounds and experiences. Among you are Doctors, Lawyers, Agricultural extension workers, Nurses, entrepreneurs and University students. You represent NGOs, Public sector and private sector. I believe you are all here to share with one another your experiences and expertise and learn new skills which will make you more effective in your work. Women too often tend to be seen in relation to others - children, husbands, parents, employers -- rather than valuable individuals in their own right. In some cases, women do not even have time to think about themselves and what they want out of their lives. Their lives evolve around serving other people, as if they exist only to serve. Because of our service orientation, however, women can uniquely contribute to solving problems facing their nations. Their families, their group.

Because the problems facing Africa, including Kenya, require civic involvement and community action if they are to be solved. As President Moi has said, they require making effective use of all the wealth and talent that is available, especially the human talent.

Developing a country's full potential and coming to terms with long standing animosities will never come until its citizens do it for themselves: Until they stop seeing themselves as victims and take charge of their lives; until they join hands in facing down the demons of poverty. Ethnic strife, and corruptions plaguing their lives. In a word, Kenyans must take responsibility for their future and become actively engaged in the work of building up their country -- and that means both men and women.

Here in Kenya, we see clear and unmistakable signs of progress in certain areas. Kenya has emerged from its economic slump. Economic growth is projected to be some 5.6% for next year following this year's estimated healthy 5% growth rate. Economic reforms are continuing, and I am encouraged by the recent meeting sponsored by the World Bank between government and opposition where they discussed common concerns. Subsequent meetings could cement agreement on how to work together in resolving the problems of tribalism, corruption, and political tension. I believe that dialogue and compromise are indispensable to bringing about the social and economic progress all Kenyans desire.

I am reminded of a great American woman in this regard, Eleanor Roosevelt, who on this 50th anniversary of the founding of the United Nations is being remembered as one of the great champions for human rights and peace. She helped different ethnic groups in American find ways to cooperate. I have used the term "Sheros" to describe such women. They are women who make a difference in improving their communities and their worlds.

Then there are the Sheros in Kenya. You know who they are. They are legion. They fought for independence from the colonial power. They serve in Parliament. They are our mothers, our sisters, ourselves. With the international women's conference in Beijing over. It is well for us to remember what a force for social progress women will continue to be. At the recent fourth United Nations World Conference on Women in Beijing, the Kenyan delegation's performance was very impressive. The delegation successfully lobbied for inclusion of the girl child initiative in the global platform of action. This was an important achievement considering the many other competing world issues.

And all of you here are "Sheros". Why? Because by living for the most part in ways different from your childhood experience and maybe even your expectations. You have essentially lived the contradiction women experience -- that is womanhood being defined one way while the lives we live are in reality totally different from that definition of womanhood. And all of you have other "Sheros" to thank for your success. These were people who recognized the need to socialize you to live your life one way, and at the same time to provide you with all the tools you would need to live it quite differently. Women's experiences make them especially sensitive to certain issues. I believe that if there were more Kenyan women in politics, maybe there would be less ethnic strife because women know the pain of being attacked. If there were more Kenyan women in politics, maybe kiosks would not be torn down in the dead of the night because women know it is better to have people working and supporting themselves than being forced on to the street.

If there were more Kenyan women in the judiciary, maybe there would be more criminals in jail because women know how much unbridled corruption hurts everyone. If there were more Kenyan women in Local Government, maybe land-grabbing would ease because women know land should be safeguarded for our children. And if there were more Kenyan women in positions of power, maybe there would be more transparency and accountability in government and NGOs because women know sunlight is the best disinfectant, and electric light the most effective policeman.

I urge you as women to recognize the Sheros among us and hold them up for our sons and daughters to emulate. I urge you to express to your Government support of initiatives such as the promotion of literacy for women and girls. In the aftermath of the Beijing conference, I urge you to promote international understanding and engagement over isolationism. And finally, as participants in this conference, I urge you to take back home to your families, friends, and colleagues a renewed sense of mission and importance. This is particularly true for those of you involved in management.

So as you consider the problems you see around you and ways in which to get involved, don't forget how crucial our role is. There are no boundaries on our engagement in the affairs of our community and country. there is a role for women from all walks of life in development, in the law, in politics, in the sciences, in business, in sports, everywhere. So let us not allow anyone to put us into a box and tell us that there are limits on what we can do in helping to fulfil the vision of growth prosperity, stability, and justice we each have for our own country.

In the end, all of us are responsible for one another. Men and women together. I do not believe we can go it alone. As Eric Severeid once said to President Kennedy, "It doesn't make much sense when two people are sitting in a boat, for one of them to point the finger accusingly at the other and say, 'Your end of the boat is sinking.'" Men and women have learned we are all in the same boat.

To close, let us all say out loud what Jesse Jackson, a Leader in the African-American community in the United States says,

I AM SOMEBODY
I AM SOMEBODY
I AM SOMEBODY

THANK YOU

The Independent, March 13, 1996 HO

# Clean delivery: A real need

By A Staff Reporter

National Clean Delivery Awareness Day was celebrated along with International Women's Day in Nepal through organisation of various open air programmes, March 8. Since 'maternal child care' has been long neglected, it has become necessary to create awareness in places where hospital care is beyond reach.

Present at a programme held at Patan Durbar Square were Dr. Arzu Deuba, Honorary Chairperson of Organising Committee, General Secretary of Mother's Club, Roshan Karki, Lalitpur District Development Committee President, Madhav Poudel, and Devaratna Dhakwa, General Secretary of Nepal Red Cross Society. Also present were ambassadors of USA, Australia, and Israel.

Speaking from chair Dr. Deuba said 'the issue of prenatal death' is relevant to a large section of our society. Hence, it has become necessary to ameliorate the conditions of mothers and children alike by making available "Clean Delivery Appliances for the elimination of maternal and neonatal tetanus and sepsis'.

Ms. Roshan Karki, stressing the need to improve the lot of mothers, elaborated on 'Safe Motherhood Operation Plan -1995-97'. President of Lalitpur District Development Committee Poudel said, "at a time when our health service has failed to meet the need to provide better maternal care, programmes such as those launched on the occasion of International Women's Day will go a long way to address the problem faced by mothers."

Women activists on the march. Photo : *The Independent*

The programme was simultaneously organised in 20 thousand VDC's of the country. The programme has been financed by CEDPA Field office, International Save the Children Alliance/Nepal, Redd Barna and UNICEF who are working together to promote clean delivery.

The organising Committee is made up of volunteers from CEDPA, International Save the Children Alliance/ Nepal, Nepal Red Cross Society, MCH Products, Mother's Club Central Committee, UNFPA, Johns Hopkins University/Population Communication Services, Asia Foundation, Family Planning Association of Nepal, and the United Mission to Nepal.

In the course of the next one year, a total of 2 lakhs units of *Sutkeri Samagri* (Safe Home Delivery Kit) will be distributed, it is said. ☐

# NEPAL'S CONDOM DAY DRAWS THOUSANDS

## THEME IS 'RESPONSIBLE FATHERHOOD'

Condom Day," the first national event held in Nepal to raise awareness about the use of condoms for family planning and disease prevention, attracted more than 50,000 men and women to 30 community fairs throughout the country. Coordinated by the Nepal Red Cross and CEDPA, the October 14 event has fostered communication within families and communities about sexually transmitted diseases and HIV/AIDS.

"Now we know that people will discuss these issues, and we expect an increase in use of contraceptives for preventing the spread of diseases as well as family planning," said **Deepak C. Bajracharya (IB 5)**, director of the Nepal Red Cross Family Planning Project.

*Women marched through their village to start Condom Day, held October 14 by communities throughout Nepal. CEDPA and the Nepal Red Cross coordinated the national event.*

Two years ago, Deepak had the idea of involving more men as responsible partners in family planning and reproductive health. The resulting event—Condom Day—featured the theme of "Responsible Fatherhood." It was held during the holiday time of Dashain when men who work outside the country are home and the entire community could participate.

Many of the fairs were held in districts where 40 to 60 percent of men are migrant workers due to lack of local job opportunities. Many men are aware of the dangers of HIV/AIDS but do not regularly use condoms for disease prevention.

Communities that chose to participate in Condom Day selected the activities they would undertake and obtained in-kind and financial support from businesses and individuals. The activities were a combination of education and entertainment, in keeping with the holiday mood.

An information package was developed by the Nepal Red Cross and CEDPA, with support from the government's National Centre for AIDS and STDs Control and the World Health Organization. The package provided ideas for planning, publicity, activities, and materials.

Resource materials on AIDS and other sexually transmitted diseases from several leading NGOs in Nepal were distributed throughout the country. Twenty-six Nepali and international organizations lent their support to the event.

CEDPA alumni, including **Shanti Lepcha (WIM 30)**, **Pushpa Lamichhane (WIM 30)**, **Mana Rana (S&E 13 and WIM 5)**, **Sharada Jnawali (IB 1)**, and **Radhika Shresthra (WIM 30)**, were active in organizing the highly successful event.

When the day arrived, a vast array of rallies, street dramas, puppet shows, games, information booths, videos, and story telling and other special activities for children conveyed the importance of condom use in a lively, positive way.

"Condom Day can be the start of men's greater involvement in family planning and AIDS prevention," said Deepak. "We are now going door to door in participating communities to

# WOMEN AND THE POST-BEIJING POLITICAL AGENDA

Presentation at the Gender and Development Action (GADA) meeting in Lagos, Nigeria February 1-2, 1996

By

Mrs Amina Esther Sambo
National President
National Council of Women's Societies (NCWS)

One of the 12 Critical Areas of Concern at the 4th UN World Conference on women was that of Inequality Between Men and Women in the Sharing of Power and Decision-Making at all Levels. One of the crucial areas of power that affects every day life of any society surrounds the institution of Government. Political participation constitutes one of the major processes that determines governance and leads to government as an institution. Inequality between men and women in political participation is therefore one of the key issues to be addressed under this particular critical area of concern in the Beijing Document.

2. The link between Women, Democracy and Governance is underscored by a widely-perceived gender-based inequality in access to governmental decision-making, which is further perceived as being closely related to the patterns of democracy. It is presumed that the process of democracy and/or democratisation reflects to a large extent the degree, type and form of involvement of women in decision-making processes. If a society is democratic women should ideally experience little or no disadvantage in their involvement in decision-making. This is the expected ideal.

3. It is therefore evident today that the gender movement has converged with the global movement for democracy. At the same time that women issues have assumed international dimensions there is a world-wide demand for democratisation. Both are championed by several international agencies culminating in programmes of the United Nations itself as witnessed in the declaration of the Decade for Women, and the various World Conferences on Women.

4. To complement the global efforts of the UN agencies, we have the activities of the growing army of organisations that work outside the apparatus of government, known as NGOs. The contemporary call of these NGOs in response to the problem of gender inequality has become Empowerment.

5. Empowerment should be seen as a requisite strategy towards addressing political inequality in the post-Beijing era. We should no longer speak of Equality alone but also of Empowerment. Empowerment as a feminist concept goes beyond emancipation. While Emancipation simply means putting an end to discrimination and oppression, empowerment goes a step further to equip the emancipated person with necessary tools for improving and controlling his/her environment through policy. Empowerment, it is said, "reduces vulnerability, decreases dependency, implies action not passivity and means being at the centre not on the periphery" (AWID - Association for Women in Development Booklet on the Global Empowerment of Women 1989).

6. A necessary ingredient to empowerment is positive activism. In the immediate pre- and post-independence era,

several Nigerian women excelled themselves as living legends in political activism. Examples are; Hajiya Gambo Sawaba, Chief (Mrs) Margaret Ekpo, Mrs Sarah Dokotri, late Mrs Humuani Apampa of former NCNC, and Oyibo Odinamadu, to name a few. More recent examples include, Mrs Egbun Oyagbola, Mrs Elisabeth Irase, late Mrs Janet Akinrinade, Mrs Emily Aig-Imokhuede, Hajiya Laraba Dagash, Chief Bola Kuforiji-Olubi, etc.

These women however remain exceptional and isolated cases in a situation where over 60% of voters are women but less than 5% of political office-holders are women. This is because female activism does not have a broad base. The aim of the post-Beijing political agenda, should be to extend political activism to a wider spectrum of women. This can only be done through strategies that promote mass empowerment.

7. Necessary features of a post-Beijing political agenda, based on empowerment should be the following:

i. Women should address first and foremost these issues that increase their level of activism and participation from below. They should therefore by implication, de-emphasize the demand for token recognition through hand-out positions given from above such as has characterised government response to women in Nigeria.

ii. Women organisations should therefore demand that government should encourage grassroots participation by recognising those women who have shown records of dedicated activism to the women's cause at any level.

iii. Nigerian women should project the traditional joiner-syndrome in them into the political arena. They should therefore be encouraged to join political associations and political parties without fear. This particular recommendation is highly relevant in the light of the government's current commencement of a new transition programme. Women should join all politically relevant organisations such as parties, trade unions, voter groups, pressure groups, etc. in large numbers. Politics and the ability to influence policy, is a game of numbers and women should use this weapon.

iv. It is not all women who have the stamina, ability, nor the constitution to go fully into partisan politics. Those who are so endowed and inclined should be encouraged.

v. Women find that they are hampered by family commitments and loyalties. This generates the fear of reprisals and the fear of the unknown, hence they are very careful in allowing their wants to rock the boat, and threaten their secure base.

vi Politics is money. Women do not have the economic power base to pursue political power. This is a major handicap. The Nigerian women have to squarely address this issue and work out strategy for helping capable women to embark on political career. For instance our women can form an economic pool to subsidise the efforts of women in the political battle. This is an idea that can be developed. I am sure women can contribute some minimum amount to such pool if they really are determined to

share political power; a way must be found to help women. We can study other examples and borrow ideas which could be adopted to suit our environment.

vii. With adequate education and proper enlightenment programmes and seminars women voters could employ our large numbers by net-working for women who are going into competitive electoral positions and win. If women network together, they can collect funds for women who want to contest for position.

## Conclusion

8. It has been found that women form about 60% of voters in this country (Centre for Democratic Studies). With proper orientation women's voting power could be channelled towards empowering other women who will in turn look after the welfare of all women by formulating gender sensitive laws to promote women's cause. I want to use this medium to appeal to all women politicians in the country to come together under one umbrella so that we can use our voting strength to change the Nigerian situation. If we all unite, we could make Nigeria greater, with unity lies our strength.