



# Improving Reproductive Health, Making Motherhood Safer

Access to reproductive health is key to reducing maternal death, improving maternal health and empowering women, declared the largest-ever gathering of leaders at the 2005 World Summit.

Worldwide each year, more than half a million women die from complications of childbirth and pregnancy. AIDS claims three million lives. And in total, illness and death from poor reproductive health account for one fifth of the global burden of disease, and nearly one third for all women.

This year, leaders worldwide committed to change. “Progress for women is progress for all,” they declared at the 2005 World Summit. Five years after the Millennium Declaration, world leaders reaffirmed the need to keep gender equality, HIV/AIDS and maternal health at the top of the global agenda. They recognized that reproductive health is at the heart of efforts to achieve the Millennium Development Goals (MDGs), underpinning every goal.

## PROMOTING FAMILY PLANNING

Family planning saves lives. Currently, 200 million women have an unmet need for safe and effective contraceptive services. If these women used effective contraception, more than 100,000 maternal deaths—one fifth of the world total—could be avoided each year. In addition, when women can time and space their pregnancies, families are smaller and more prosperous and children are healthier and better educated.

- The International Conference on Population and Development (ICPD) revolutionized women’s access to reproductive health information and services, including family planning, which is a key part of many UNFPA-supported programmes. In Armenia, a multi-pronged project emphasized an integrated array of services, from family planning to HIV prevention. In Nepal, UNFPA strengthened mothers’ groups to support women’s leadership in seeking family planning and other reproductive health services. In the Philippines, UNFPA support expanded services at the Gattaran Birthing Centres and Pre-natal’s Forum to include family planning, treatment of sexually transmitted infections (STIs), and maternal and child health.
- In China, officials in Changjiang, Hainan Province, reported fewer abortions and a marked increase in hospital deliveries only 16 months after a UNFPA-supported pilot initiative led to the lifting of birth-spacing rules. Access to contraceptives, a focus on maternal health, and advocacy to counter son preference supported progress.
- UNFPA funded the construction of two regional contraceptive warehouses in Swaziland, and identified gaps in contraceptive management and security. UNFPA also procured condoms for dual protection against unwanted pregnancy and HIV and other sexually transmitted infections, and helped finalize a national condom strategy.

## MAKING MOTHERHOOD SAFER

Universal access to reproductive health, including family planning, is the starting point for maternal health and saving women’s lives. UNFPA makes motherhood safer with a focus on family planning, skilled attendance at birth and access to emergency obstetric care. Maternal health also frees women to pursue opportunities in work and education and make decisions that improve life for their families.

- A new global initiative, the Partnership for Maternal, Newborn & Child Health, was announced at an official side event during the 2005 World Summit. This group of five United Nations agencies, including UNFPA, and many other partners, will mobilize global and local commitment and action to reduce deaths among mothers and children, promote universal coverage of essential interventions, and advocate for increased resources.
- Mobile reproductive health clinics made motherhood safer in remote villages in the Lao People’s Democratic Republic, with six-member travelling teams of doctors, nurses, midwives and health educators rotating visits to 107 villages in the poorest parts of the three south-eastern provinces. The UNFPA-supported project was carried out with the Lao Women’s Union and the United Nations Children’s Fund (UNICEF).
- In Eritrea, emergency obstetric skills gained by 140 nurses and midwives in a three-week in-service training programme improved care during pregnancy, skilled attendance at births and access to obstetric fistula repair.
- For indigenous communities in Latin America and the Caribbean, UNFPA continued to address disproportionately high rates of maternal and infant deaths, using culturally sensitive approaches. In Panama, the first emergency obstetric care unit in the Comarca Ngöbe Buglé region served 32 indigenous communities. In Otavalo, Ecuador, the Jambi Huasi

clinic provided modern and traditional medical treatment and family planning to Quecha-speaking descendants of the Incas—as many as 1,000 people per month in 2005. In Bolivia, a bilingual literacy programme designed to reach 8,000 indigenous women continued to build understanding of sexual and reproductive health.

- In Jamaica, persons with disabilities were the focus of a reproductive health programme to raise awareness and provide services. The UNFPA-supported effort sensitized parents, health and social workers, and school guidance counsellors to the needs of adolescents with mental and physical disabilities. It was carried out with the Jamaica Council for Persons with Disabilities.
- Midwives in Indonesia used small grants to pay for emergency transport from rural villages to obstetric facilities—an activity of the Mother Friendly Movement, a national initiative supported by UNFPA since 1997 that has trained midwives, upgraded health facilities, and raised awareness of the need for rapid action in case of labour complications.

Photo: Richard Stanley



A doctor attends to a patient at Nigeria's Babbar Ruga Fistula Centre during the February 2005 "Fistula Fortnight", a two-week pilot initiative spearheaded by UNFPA in collaboration with federal and state governments in Nigeria, Virgin Unite, the Nigerian Red Cross Society, health professionals and local NGOs.

- The world's highest maternal death rate occurs in Badakshan, Afghanistan, where 40 per cent of girls marry by the age of 15. In 2005, UNFPA launched a campaign to persuade mullahs in the remote province to speak out against child marriage, and continued to train health workers in emergency obstetric care and offer vocational training for girls.
- The African Union Ministers of Health approved a continental reproductive health policy framework that will support the new UNFPA Maternal Health Initiative. The initiative supports African countries in accelerating progress towards the MDGs; developing and implementing national road maps for maternal health; and scaling up programmes for family planning, skilled attendance at delivery, emergency obstetric care and obstetric fistula.
- African lawmakers from 38 countries, meeting in Chad in May, adopted the N'Djamena Declaration, pledging to do their utmost to achieve universal access to reproductive health by 2015 as progress towards ending poverty and reversing the spread of HIV/AIDS.

## ENDING OBSTETRIC FISTULA

Adequate maternal health care could prevent obstetric fistula from ever harming another mother and child. Caused by prolonged obstructed labour without medical help, obstetric fistula causes chronic incontinence that can devastate lives if left untreated. The UNFPA-led Campaign to End Fistula advances maternal health in more than 30 countries of sub-Saharan Africa, South Asia and the Arab region.

- In February 2005, a special event in Nigeria galvanized action to end obstetric fistula. The "Fistula Fortnight" featured two weeks of advocacy, treatment and training that captured local and global attention. Surgeons at four medical centres in northern Nigeria repaired fistulas in 545 women, and more than 100 local providers were trained in fistula surgery, post-operative care and counselling.
- In Eritrea, a team of surgeons from Stanford University, the United States, in partnership with UNFPA, conducted workshops that provided dozens of women with free corrective surgery as part of an ongoing effort to strengthen national fistula treatment capacity.
- In Chad, La Radio Rurale launched an extensive awareness campaign in local languages to inform the public that fistula treatment is available, end the stigma, and air testimonials from women whose injuries had been successfully repaired. Traditional leaders explained to listeners that fistula can be cured, and how to obtain free treatment.

- A survey in Somalia, completed in spring 2005, mapped fistula in a country with a health system devastated by years of conflict, and a nearly universal practice of female genital mutilation/cutting. A needs assessment in Sudan presented in February found that more than 70 per cent of women living with fistula did not understand their condition.
- More than 100 senior officials from the ministries of health of 34 countries, meeting in Johannesburg, South Africa, in October, produced a “call to action” for all African governments to urgently implement programmes to improve maternal health and end obstetric fistula.

## SUPPORTING ADOLESCENTS AND YOUTH

UNFPA works with a wide range of partners, including young people themselves, to ensure youth’s full development through programmes that are participatory, rights-based, gender- and culturally sensitive and locally driven. Half of the world’s people are under the age of 25.

- In Nakuru, Kenya, the Peer Counselling Programme of the Catholic Diocese, with support from UNFPA, encouraged secondary school students to delay sexual initiation as part of HIV prevention.
- Traditional leaders in Lesotho became more involved in youth programmes in 2005 as a result of a UNFPA-supported peer education project that works house-by-house to encourage parents to talk about reproductive health with their children.
- In Malawi, UNFPA worked with the Girl Guides and young people engaged in sex work to reach vulnerable, out-of-school youth. Peer educators promoted and distributed condoms, shared information and encouraged the use of reproductive health services.
- Nearly 2,400 adolescents in El Salvador attended training workshops in 13 municipalities in 2005, learning how to prevent HIV/AIDS and other STIs and unwanted pregnancy. Health workers and parents also participated in the UNFPA-supported programme.
- In Liberia, where half of all 15-year-old girls have been pregnant at least once, UNFPA trained nearly 5,000 adolescents in family planning, HIV prevention and gender-based violence. Another 325 adolescent mothers participated in vocational training and life-skills education.
- The Reproductive Health Initiative for Youth in Asia (RHIYA) continued to carry out a wide range of activities in seven countries of South and Southeast Asia, with support from UNFPA and the European



Photo: UNFPA Benin

UNFPA Executive Director Thoraya Ahmed Obaid holding a baby at a UNFPA-supported Togolese refugee camp in Benin.

Union. As part of UNFPA collaboration in three of the poorest provinces in the Lao People’s Democratic Republic, the Vientiane Youth Centre attracted adolescents with recreational activities and then addressed reproductive health issues and life skills, providing services in the nation’s first youth-friendly clinic.

- In Egypt, four youth-friendly health centres, established with UNFPA support, served as models for replication by a non-governmental organization (NGO) affiliated with the International Planned Parenthood Federation (IPPF), which created four more centres. The innovative approach located the centres near schools, involved young people in planning and programming, and encouraged advocacy by local leaders, parents and peer educators.
- In 2005, UNFPA supported the National Union of Eritrean Youth and Students to equip youth centres with computers and provide education on HIV prevention, reaching 600,000 young people in military service and another 25,000 through the youth centres.
- UNFPA worked with primary and secondary schools in many countries to integrate population and family life education into the curriculum. In Papua New Guinea, UNFPA expanded such efforts nationwide through teacher training, information materials and advocacy campaigns. In the Philippines, UNFPA strengthened curricula and the

capacity of teachers, guidance counsellors and school health service providers to discuss reproductive health issues, using life-skills teaching methods. In the Republic of Moldova, 35 rural secondary schools introduced courses in family life education, following a year-long UNFPA pilot project that trained community volunteers and over 100 teachers, developed teacher-training manuals and student handbooks, and established a documentation centre.

- Youth participation in the review of Botswana's national HIV/AIDS framework was facilitated through a partnership of UNFPA and Family Health International/YouthNet. The review process served as a starting point to ensure that youth perspectives are included in policy formulation, project design and implementation, monitoring and evaluation.

## ENDING GENDER VIOLENCE

Every woman has the right to live in dignity—free of fear, coercion, violence and discrimination. Gender-based violence is one of the most pervasive of human rights abuses. It covers many injustices, including pre-birth sex selection, female genital mutilation/cutting, and rape. In 2005, UNFPA continued to work with a wide range of partners to eliminate violence against women and to promote women's empowerment, male responsibility, gender equality and reproductive health and rights.

- Thousands of police officers in Honduras have learned to take domestic violence seriously through ongoing training supported by UNFPA that covers legal, social and medical issues, including those once considered taboo. Similar programmes were supported in more than a dozen other countries.
- Zero tolerance for killings in the name of honour in Turkey was the message of a report released in November by UNFPA and the United Nations Development Programme, *The Dynamics of Honour Killings in Turkey: Prospects for Action*. Turkey's largest print media company, Hurriyet, joined UNFPA to combat violence against women through the media, conferences and an alliance of business leaders.
- The 1st Mediterranean Forum on Violence against Women, sponsored by UNFPA and the Canadian Agency for International Development, urged governments to enforce national laws and take other practical measures. The forum was held in November in Rabat, Morocco.
- Two Islamic boarding schools in Indonesia worked with UNFPA in 2005 to create centres for survivors of gender-based violence. The partnership also produced informational materials and intro-

duced issues of gender equality and violence into religious schools.

- UNFPA took part in the annual worldwide campaign, 16 Days of Activism Against Gender Violence. In Liberia, discussion groups addressed sexual exploitation and rape. In Nepal, partnerships with NGOs and the media raised awareness of the issues. In Sudan, events included debates, drama and sports competitions, as well as performances in camps for internally displaced persons in Darfur, featuring renowned Sudanese singers, artists and musicians. In Timor-Leste, the Prime Minister opened a nationwide series of events on the impact of violence on women's health and human rights.
- Women often bear a disproportionate share of suffering in times of war. In October 2005, UNFPA and the United Nations Development Fund for Women (UNIFEM) sponsored a first-of-its-kind workshop on sexual violence in armed conflict and disaster that brought together United Nations agencies, partners and international experts in Bucharest, Romania, to discuss ways to narrow the gap between reality on the ground and Resolution 1325 (2000), the first Security Council resolution to specifically recognize the impact of armed conflict on women and their role as builders of peace.

## SECURING ESSENTIAL SUPPLIES

UNFPA works to ensure that all individuals can obtain and use affordable, high-quality reproductive health commodities of their choice whenever they need them. Requests always greatly surpass available funds, and demand is set to surge as countries scale up to meet the MDGs. A reliable supply of these commodities, from contraceptives to testing kits to equipment for emergency obstetric care, is essential to global efforts to meet development goals.

- UNFPA launched a new Global Programme to Enhance Reproductive Health Commodity Security (RHCS) in 2005. The main objective of this new initiative is to act as a catalyst to facilitate nationally driven efforts to mainstream RHCS. In addition to meeting immediate shortfalls in reproductive health commodities, the Global Programme aims to build national capacity for sustainable procedures and mechanisms, promotes condom programming, and endeavours to meet immediate shortfalls in reproductive health commodities. Tenets of the Paris Declaration on Aid Effectiveness and United Nations reform, including national ownership, harmonization and partnership, are central to this global effort.

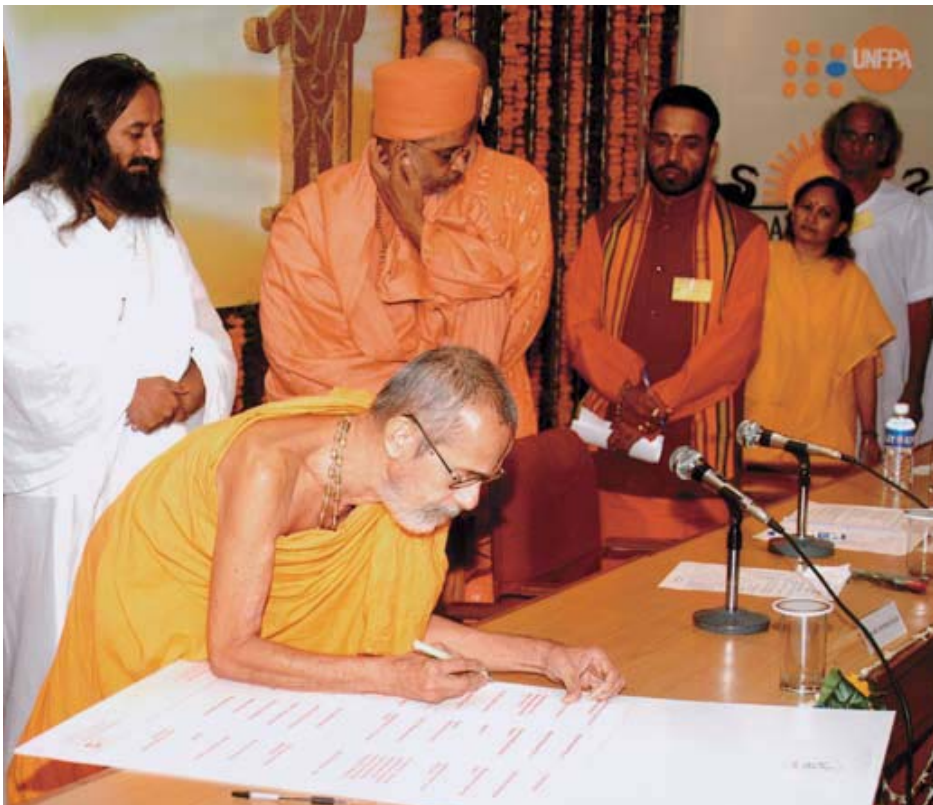
- In 2005, UNFPA invested \$60 million of a generous one-time contribution of \$75 million from European Union countries, the Canadian Government and the United Nations Foundation to close the commodities gap in over 55 countries. As a result, for the first time ever, UNFPA forecasts no major stockouts in the year ahead for countries that look to public sector-support to meet commodity needs.
- UNFPA and other partners, including the Reproductive Health Supplies Coalition, secured the commitment of West African health ministers to include lines for commodities in their budgets, develop RHCS national coordination committees and incorporate contraceptives within their Essential Drugs Lists.

## THE TRAGEDY OF INDIA'S NEVER-BORN GIRLS

In India, UNFPA supported the Government in a comprehensive approach to end the elimination of girl children, either through pre-natal sex selection or infanticide. The practice goes largely uncensured, undetected, unpunished and unmourned all over the country. Technology has contributed to skewed female-to-male sex birth ratios unprecedented in demographic history.

In Haryana State, where sex ratio imbalances are among the highest, women have banded together to form jagriti mandalis (forums of awakening) aimed at promoting the rights of daughters. To counter huge profits in sex identification services and abortions, these groups convince families and doctors of the broader social costs. In Himachel Pradesh, the state government recently revoked laws that penalize elected representatives who choose to have more than two children. In Punjab, religious leaders have issued diktats and have threatened to excommunicate couples who abort female fetuses.

Photo: UNFPA India



An Indian religious leader signing a pledge condemning the practice of prenatal sex selection at a UNFPA-supported meeting, "India's Missing Daughters: Faith for Action Against Sex Selection." The meeting, co-sponsored by the Art of Living Foundation, was held in New Delhi in November.