



Federal Ministry
for Economic Cooperation
and Development

Strengthening Sexual and Reproductive Health and Rights

The BMZ initiative on Rights-based
Family Planning and Maternal Health



Foreword

German Federal Minister
Svenja Schulze



Having children should be a self-determined decision. All girls and women must be able to decide for themselves if, when and how often they want to be pregnant. Pregnancy and childbirth also have to be safe. Sexual and reproductive health is a human right and is enshrined as such in the Sustainable Development Goals (SDGs) of the United Nations' 2030 Agenda: both SDG 3 'Good health and well-being' and SDG 5 'Gender equality' take the needs of women and children into particular account.

By implementing a feminist development policy, I want to overcome structural inequalities, unequal treatment and discrimination. Women and girls in all their diversity need to be given more rights, representation and access to resources. That also goes for sexual and reproductive health and rights. Until women and girls can participate equally in the political, economic, cultural and social life of the society in which they live, it will not be possible to deliver the 2030 Agenda and its 17 SDGs.

This brochure shows how much has already been achieved. But there is still a long way to go: one in two pregnancies worldwide is unplanned,

and millions of teenagers become pregnant every year. Hundreds of women still die every day due to complications during pregnancy or childbirth, and thousands of children die in the first month of life.

Women and girls are also especially hard hit by crises. And every new crisis exacerbates existing ones. The COVID-19 pandemic has led to a further rise in maternal and neonatal mortality rates. Millions of women have no access to modern contraception. Existing achievements have been set back decades. The situation for women and girls is made worse by other humanitarian threats, such as those in Afghanistan and Ukraine, and by climate-related crises. As a result of these threats, women and girls face a higher risk of (sexual and) gender-based violence and human trafficking.

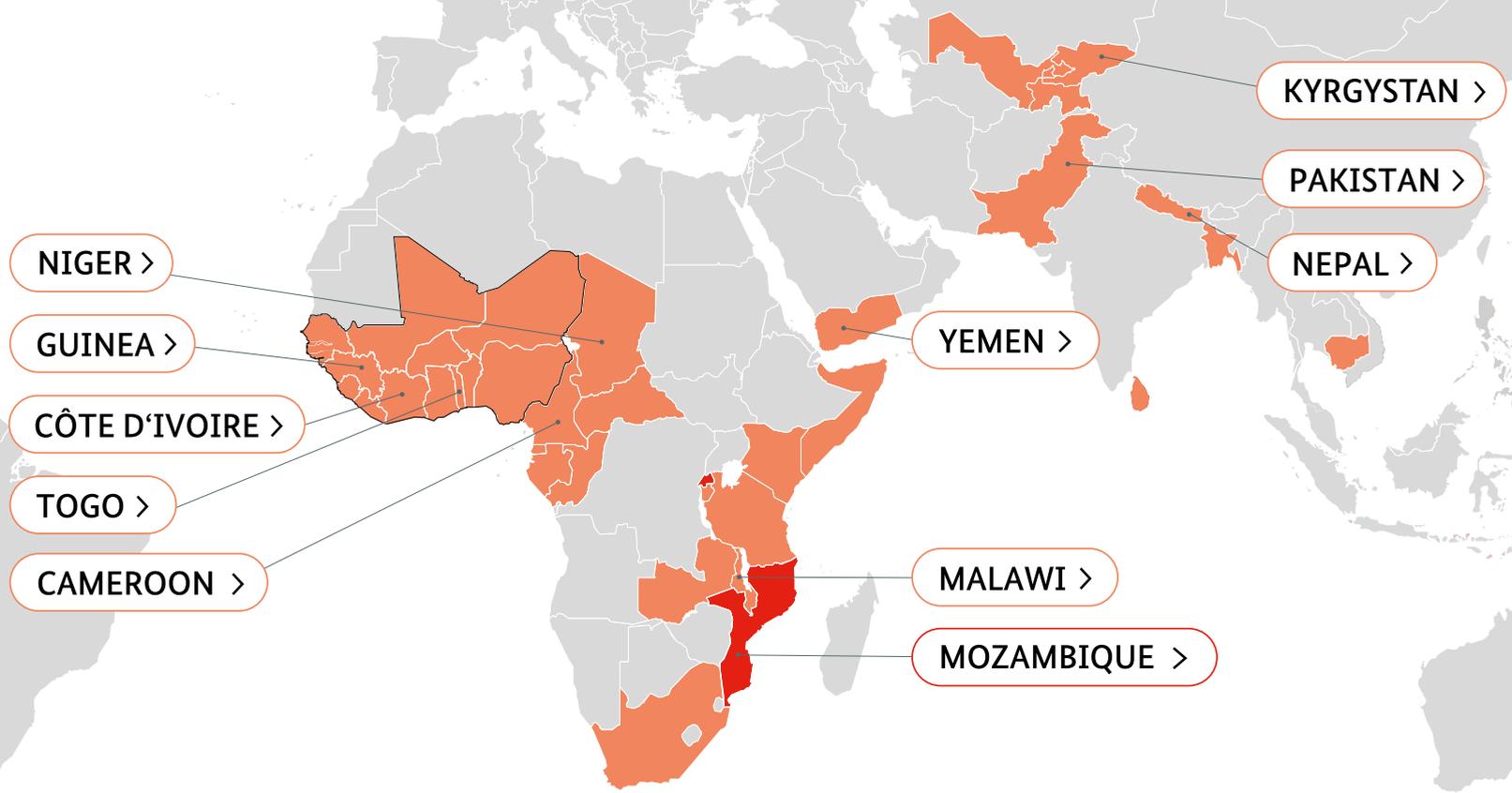
For development cooperation, this means that we need universal health coverage for all and resilient health systems capable of withstanding global crises. I want to ensure that women and girls are able to make their own decisions about their lives by making a strong commitment to sexual and reproductive rights for all women and girls.

This brochure provides an overview of projects aimed at improving sexual and reproductive health and rights in a sustained way as part of the BMZ Initiative on Rights-based Family Planning and Maternal Health. Yet we cannot afford to be complacent. With targeted measures, German development cooperation will continue to contribute to the ultimate goal of gender equality going forward. Strengthening sexual and reproductive health and rights is an important part of feminist development policy.

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Examples of countries and projects in the field of sexual and reproductive health and rights



- Countries involved in the BMZ initiative on Rights-based Family Planning and Maternal Health, with ongoing or recently completed projects

- Other selected countries in which projects on sexual and reproductive health and rights have received support

COUNTRY > Documented examples of projects



A pregnant woman holding ultrasound images

**Objective: self-determination,
modern contraception, safe
pregnancy and childbirth**

Many women and girls and other disadvantaged groups are being denied their sexual and reproductive rights and have no access to the sexual and reproductive health services they urgently need. Every two minutes, a woman still dies during or after childbirth. In low- to middle-income countries around the world, complications during pregnancy or childbirth are the most common cause of death for girls aged between 15 and 19. An estimated 218 million women have an unmet need for modern contraceptive methods. Moreover, the COVID-19 pandemic is threatening to undo the progress made in the last 10 years due to the additional access barriers erected in response to the pandemic. One third of all women worldwide are affected by physical and/or sexualised violence in the course of their lifetime. COVID-19 is expected to have a devastating impact on the fight against gender-based violence, child marriage and female genital mutilation.

This is where the German Development Ministry's feminist development policy can make a difference. It aims to enable equal social, political and economic participation for all – regardless of gender and gender identity, sexual orientation or other attributes. It strives to further reduce the mortality rate for pregnant women, mothers and infants and to enable all people to assert their right to sexual and reproductive health and all associated rights, including rights-based family planning. Only when girls and women can themselves decide on when and how often they wish to become pregnant can they make further plans for their future. When girls have the chance to complete their education, invest in their future careers and access the labour market before they become mothers, this strengthens their ability to participate equally in all areas of society. Strengthening sexual and reproductive health and rights (SDG targets 3.1; 3.2; 3.7) is therefore an important element in promoting gender equality (SDG 5) and the goals of the 2030 Agenda.

With its initiative on Rights-based Family Planning and Maternal Health, the German Federal Ministry for Economic Cooperation and Development (BMZ) is making an important contribution to global maternal and child health in its partner countries. Germany committed to this

goal at the 2010 G8 summit in Muskoka, Canada, and again at the 2015 G7 summit in Elmau, Germany. The initiative brings together different German development cooperation programmes in the area of sexual and reproductive health and rights that focus on rights-based family planning and maternal health. It is active in more than 20 developing countries and emerging economies worldwide. So far, BMZ has pledged more than EUR 1 billion in this connection – mainly for sub-Saharan Africa and Central and South-East Asia, but also for North Africa and the Middle East and for global programmes and multilateral initiatives.

The projects are implemented by KfW Development Bank, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, and church and civil society organisations. This brochure provides 11 examples of such projects in the areas of education, digital health, family planning, crises and cross-sectoral approaches.



32 million couples

have been able to prevent unwanted pregnancies thanks to modern contraceptives.



More than

6 million births

were attended by health care professionals.



More than

40,000 health professionals

have received training in obstetrics.



A mother with her two children in Malawi

Family planning – Essential for living a self-determined life



More than 200 million women in developing countries want to avoid becoming pregnant, but have no access to modern methods of contraception. Contraception plays a pivotal role in women's health and in their ability to lead a self-determined life: thanks to advice and a range of contraceptive methods, they can decide whether and when they want to become pregnant.

Every year, there are more than 100 million unplanned pregnancies in low- and middle-income countries. For many women and girls, an unplanned pregnancy spells the end of their education or career, limits the opportunities for their own development and reduces their social and economic participation. It also increases the risk of harmful practices such as child, early and forced marriage.

Access to information and advice on family planning and to modern contraceptive methods enables girls and women to time a pregnancy to fit in with their own life plans – in order to complete a programme of higher education or gain professional experience, for example. Family planning also has direct consequences for population development: women who are able to make self-determined decisions regarding pregnancy generally have fewer children.

Family planning contributes to implementing the right to health and self-determination. Improving access to the relevant information, products and services is therefore part of the package of measures

under the BMZ initiative. In the countries involved, sufficient amounts of modern methods of contraception and advisory services need to be available on a nationwide basis. The involvement of the private sector also plays a key role in this regard.

Contraceptives also need to be affordable, for example by being subsidised or even made available free of charge. Women and girls should also be able to choose from a range of different contraceptive methods, including the pill, condoms, injectables and safer, long-term methods such as an intrauterine device (IUD) or implants.

The BMZ initiative also promotes long-term positive behavioural changes in the way the population approaches and accepts the issue of family planning. Individuals who enjoy the trust and respect of local people – such as traditional and religious figures of authority, sports personalities and popular music artists – are involved by the projects in discussions with families and communities.

The work of the BMZ initiative is having an impact: between 2011 and 2020, the support provided by German development cooperation helped more than 32 million couples prevent unintended pregnancies.



More autonomy with modern family planning

Women in Côte d'Ivoire have more children than they want. An Ivorian non-governmental organisation (NGO) is providing education on rights-based family planning and protection against sexually transmitted diseases – with resounding success.



For young women and girls in Côte d'Ivoire, buying the pill or condoms at the pharmacy or a kiosk or from a village health worker is the preferred way of obtaining modern contraception. This is because it allows them to remain anonymous, unlike in a state-run health centre, for example.

Women and girls living in the West African country do not always have the necessary freedom to make their own decisions about family planning. Around a third of women say that they want to use contraception but that they do not have access to any, with just one in seven using modern methods of family planning. Religious beliefs and the traditional importance of having a large number of children limit women's freedom to choose.

Unintended pregnancy poses a significant risk

Some 30 per cent of teenage girls in Côte d'Ivoire become pregnant – and this is usually unplanned. Many women resort to unsafe abortions, which pose a major risk to their health. Although Côte d'Ivoire has one of the strongest economies in the region, women there lack sufficient access to reproductive health services. As a result,

maternal mortality is high – and HIV prevalence is higher than in neighbouring countries. Moreover, nearly 92 out of 1,000 children die before their fifth birthday.

Health is high on the agenda

The Ivorian Government has, however, made the health care system a top priority. It is aiming to increase health care spending by between 5 and 15 per cent each year until it accounts for 15 per cent of the country's gross domestic product (GDP). Other government objectives to be achieved by 2025 include increasing the share of the population who use modern contraception from 21 to 41 per cent, and increasing the proportion of women receiving regular prenatal checks from 51 to 63 per cent. The Ministry of Health wants to cut the unmet need for contraception from 22 to 13 per cent.

KfW Development Bank is supporting the country on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ) and has promoted health-related programmes in Côte d'Ivoire with funding of around EUR 59 million since 1995.

This has included various educational and awareness-raising activities, implemented by AIMAS, an Ivorian NGO for social marketing. AIMAS uses radio adverts and video clips, village events and home visits to inform people about sexual health and self-determination issues. As part of a campaign to encourage young people to take charge of their life, the organisation is training school teachers who raise awareness in the classroom. It is increasingly using social and digital media for its work – tools that are now also being used to provide information about the COVID-19 pandemic and measures to limit its spread.

Large-scale distribution network for contraceptives

The NGO has an extensive network for the distribution of contraceptives, including kiosks and health workers, also covering under-privileged districts and rural areas. A social franchise model is used to expand the range of quality-assured reproductive and sexual health services available to women and girls. A social franchise is a network made up primarily of private health care providers that offer family planning services, for example, under a common brand. Network participants benefit from joint training opportunities, products and marketing.

Impressive results

The results that have been achieved are impressive: 21 per cent of people in Côte d'Ivoire used family planning methods in 2018,



A young Ivorian woman buying contraceptives in a pharmacy

22.5 %

The use of modern family planning methods by girls and women aged 15 to 49 increased from 14 per cent in 2012 to 22.5 per cent in 2021.

2.5 %

HIV prevalence fell from 12 per cent in 1995 to 2.5 per cent in 2018.

1/3

Activities financed by the programme provided more than one third of contraceptives nationwide.

compared to just 4.3 per cent in 1995. HIV prevalence fell from 12 per cent in 1995 to 2.5 per cent in 2018. The programmes promoted by the German Government contributed significantly to these positive developments.

An [earlier version](#) of this article first appeared on the KfW website.

LEARN MORE

- [AIMAS Facebook page](#)
- [Website of the Ivorian Ministry of Health](#)
- [KfW Development Bank's engagement in Côte d'Ivoire](#)
- [KfW transparency portal](#)
- [Materials on development financing: Reproductive health – A key area of social and economic development \(PDF\)](#)

PROJECT

Family Planning and HIV Prevention (Phases I-VI), Health Systems Strengthening (Phases I and II)

COUNTRY

Côte d'Ivoire

TERM

1995 to 2021 (Family Planning and HIV Prevention), 2018 to 2024 (Health Systems Strengthening)

LOCAL PARTNER

AIMAS (Agence Ivoirienne de Marketing Social) on behalf of the Ivorian Ministry of Health and the National AIDS Council

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Wrestlers are national heroes in Niger



The two wrestlers look at each other fiercely, stomping barefoot on the sand in the stadium. The sweat gleams on their muscular bodies, and strong arms reach around shoulders and legs. The opponents push, pull and drag each other: the audience cheers to the beat of the drum. Then the deciding shoulder throw happens.

The loser lies in the sand. The winner cheers and lifts a small packet into the air as if its contents had helped him to secure the victory. The word 'Foula', as the traditional sun hat for men is called in Niger, is written on the packet, which contains a condom. The athletes are taking part in a campaign for family planning and HIV prevention.

Huge demand for contraceptives

Wrestlers are national heroes in Niger. Balla Harouna, the doyen of wrestling, is as revered here as football stars are in Germany. He was a three-time national champion and also achieved international success. Nationwide championships have been held since 1974. When they are broadcast on radio and television, more than six million people are glued to their sets. Since 2007, the wrestlers have been promoting condoms, triggering a sharp rise in demand for contraceptives, which in turn makes an important contribution to family planning in the West African nation.

Strong men for condoms

A surprising marketing idea: famous athletes in Niger are campaigning for family planning and HIV prevention. As a result, the demand for contraceptives has risen sharply.

This is because more children are born in Niger than in any other country in the world: most recently, an average of nearly seven children per woman.

Since the country's independence in 1960, the population has increased more than sixfold to 23.3 million. At the same time, Niger is one of the poorest countries in the world, ranking last in the United Nations' Human Development Index in 2020.

The idea to use the wrestlers for a campaign for family planning and HIV prevention came from the Association Nigérienne de Marketing Social (ANIMAS-SUTURA), a Niger-based social marketing organisation. Balla Harouna became the face of the campaign in 2007: after each victory, he showed the audience a condom – and everyone cheered. Harouna succeeded in showing contraception in a positive light. Using condoms used to be regarded as a sign of moral weakness and extramarital sex.



The organisation ANIMAS-SUTURA campaigns for contraception and provides information on HIV/AIDS

Sex and contraception used to be taboo

'In this Islamic country, talking openly about sexuality and contraception wasn't easy for a long time,' says Julien Morel, a KfW project manager at the time. In 1995, angry marabouts, Muslim clergymen, forcibly put an end to the first campaign by destroying billboards. They saw it as an attack on the morality of society.

It took years for the public to register that the high birth rate and the risk of HIV infection was an impediment to development. In 2007, the Government passed a law on national population policy. Today, ANIMAS-SUTURA is a driving force in its implementation.

People are changing the way they think

In Niger, people used to believe that anyone who promoted condoms was unable to remain faithful in their marriage. Balla Harouna managed to persuade people to change their minds. First, he persuaded the men in the ring, more and more of whom are promoting ANIMAS-SUTURA products. This in turn convinced many of the men sitting in front of their radio and television sets.

'Having the winners of wrestling matches promote our "Foula" condom was crucial to the success of the campaign,' says Mohamed Abdoulaye, Director of ANIMAS-SUTURA. The campaign also includes radio spots such as the radio miniseries entitled 'The Adventures of Foula', which many people in Niger follow. A number of well-known female singers have now also joined in and are promoting the contraceptive pill Sutura and the contraceptive injection.

KfW Development Bank has supported the work of ANIMAS-SUTURA since it was formed in 2007, promoting the social marketing of contraceptives and information on the HIV transmission pathways on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ).

This article was first published in the 2018 spring/summer edition of the KfW magazine Chancen.

400,000

young people have been reached by the awareness-raising campaign.

6.6 children

The number of children per woman fell from 7.56 in 2007 to 6.6 in 2021.

60 %

Use of modern contraceptives in the project regions rose by 60 per cent on average.



As revered as a football star: professional wrestler Balla Harouna

LEARN MORE

- ➔ [ANIMAS-SUTURA website](#)
- ➔ [KfW Development Bank's engagement in Niger](#)
- ➔ [KfW Development Bank's web pages on Sustainability Development Goal 3 – Good health and well-being](#)

PROJECT

Family Planning and Raising Awareness

COUNTRY

Niger

TERM

2007 to 2024

LOCAL PARTNER

ANIMAS – SUTURA (Association Nigérienne de Marketing Social)

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*Working on a tablet:
COVID-19 has fast-
tracked digitalisation*

Harnessing digital change for sexual and reproductive health



The COVID-19 pandemic is accelerating digital change in health systems worldwide and proving that digitalisation can promote health, strengthen systems and help manage crises. For sexual and reproductive health too, the potential is huge: telemedicine, smartphone apps, electronic vouchers and insurance cards, as well as the use of artificial intelligence in diagnostics, are all improving access to and the quality of health services and rights-based family planning.

Digital solutions can particularly benefit disadvantaged population groups. However, this requires technical infrastructure, national guidelines and specially trained health care staff, all of which are often lacking in developing countries and emerging economies. As a result, digitalisation can actually increase inequality: particularly women and girls with only limited access or no access whatsoever to information and communications technology (ICT) are left behind.

To prevent this from happening and to further improve health care for women, children and young people, the BMZ initiative promotes the use of digital innovations in health care facilities and in the training of

health care workers. These digital solutions include the introduction of health information systems, but other approaches are adopted too.

In Kyrgyzstan, for instance, midwives can now use an app to access up-to-date guidance, particularly for emergency care. This provides life-saving support for women during pregnancy and childbirth, especially in remote regions where a midwife is often the only person who can assist with the birth. Midwives can also use a telemedicine platform to discuss high-risk cases in mother and child care.



*Midwife on the way:
many villages in
mountainous areas
are difficult to reach*

Digital tools help ensure safe childbirth

Maternal mortality remains high in Kyrgyzstan, due in part to the poor training received by many midwives. A smartphone app is now helping midwives to respond well in the event of emergencies.



KYRGYZSTAN

The Central Asian nation of Kyrgyzstan lies in the Tian Shan mountain range, with mountains covering more than 90 per cent of its land area. Many villages are difficult to reach, which is a problem when it comes to providing adequate health care for the population, including mothers-to-be. For these expectant mothers, this is exacerbated by the fact that there are far too few midwives and they are not always adequately trained. Every year, around 68 out of 100,000 women die during pregnancy, during delivery or after giving birth in Kyrgyzstan. By way of comparison, in Germany only 7 women out of 100,000 die under these circumstances.

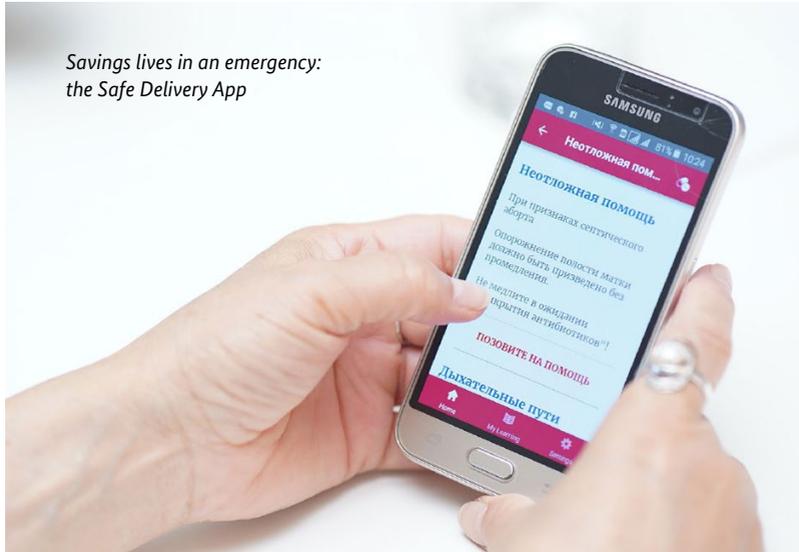
Although the Central Asian state has managed to cut the mortality rate of children under the age of five since the 1990s, little has changed in terms of infant and maternal mortality. Recent studies have shown that almost 60 per cent of mothers who died failed to receive appropriate care during an emergency.

One of the reasons for this is the poor level of training of some midwives. Many experts left the country following independence, Suyumkan Bekmuratova laments. She has worked as a midwife in a regional hospital in Osh, Kyrgyzstan's second largest city, for more than 40 years. Training courses and new clinical guidelines are needed to provide patients with the best possible care. Instead, however, care staff have had to make do with outdated guidelines and sub-standard learning material.

Digital guidance saves lives

That is now set to change. With funding from the German Federal Ministry for Economic Cooperation and Development (BMZ), the Promotion of Perinatal Health programme launched by the Deutsche

Savings lives in an emergency:
the Safe Delivery App



Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH has adapted a smartphone app – developed by the Maternity Foundation in Denmark – for use in Kyrgyzstan. The Safe Delivery App provides midwives with instant access to up-to-date clinical guidelines on basic emergency obstetric and neonatal care even in remote areas. The app is based on [World Health Organization](#) (WHO) standards on maternal and newborn care in health facilities and is already being used in more than 40 countries. Some 20 midwives in Kyrgyzstan have now been trained as multipliers to instruct other midwives throughout the country on how to use the app.

‘The up-to-date information is available in Kyrgyz and Russian,’ says Asel Orozalieva, a midwife at Maternity Hospital No. 2 in Bishkek. Orozalieva has worked in the health sector for more than 27 years and is head of the Kyrgyz Association of Midwives. The fact that the app is available in Kyrgyz, the midwives’ native language, is extremely important, she says. ‘Midwives living and working in the regions feel more comfortable with Kyrgyz.’

Interestingly, the app is also used by students at medical universities, remarks Orozalieva. The easy-to-follow instructional videos, the practical procedures and lists of medicines are clearly winning over prospective doctors too – possibly because the app contains 400 questions and answers and can therefore also be used as a training tool. ‘We use the app constantly,’ adds midwife Suyumkan Bekmuratova.

‘We used to get brochures in the past, but the app is easy to work with and can also be used offline.’

Midwives also use the app
as a training tool



This is especially useful for midwives in remote areas. The app has already been downloaded more than 3,400 times since its launch in May 2019.

Supporting mothers during the COVID-19 pandemic

The support provided by the Deutsche Gesellschaft für Internationale Zusammenarbeit's project for perinatal health in Kyrgyzstan is not only of a digital nature. In order to provide health care professionals and patients with better protection against COVID-19, changes were made to the way in which antenatal care at maternity hospitals in Kyrgyzstan is organised. Multidisciplinary teams worked with two advisors at 13 health care facilities to systematically improve the quality of mother and baby care. A total of 12 online training courses providing specialist guidance were held during the pandemic. The midwives were able to take part in the courses from their place of work and ask questions on the topic of safety. The training material covered issues such as hygiene and infection prevention and control in the context of COVID-19, for example the spread of aerosols in delivery rooms, where women giving birth come into very close contact with midwives. After completing the training sessions, 70 health care professionals from 16 maternity hospitals received professional development credit that can be used to advance their careers.

This support came at just the right time for midwife Asel Sabyrkulova, as she herself became a mother during the pandemic – in May, right in the middle of lockdown. She recalls that strict rules were enforced in the hospital, which meant that not even her husband was able to be present. She gave birth to a healthy daughter and, one day, Sabyrkulova will be able to tell her about her birth and the exceptional circumstances in which she was born.

60 % of women who die from complications during pregnancy, during delivery or after giving birth do not receive adequate care.

3,440 The Safe Delivery App has been downloaded 3,440 times since its launch in May 2019.

13 Multidisciplinary teams, supported by two project experts, have worked together at 13 health care facilities to systematically improve mother and baby care.

12 online training courses providing specialist guidance were developed during the COVID-19 pandemic.

LEARN MORE

→ [Article on the GIZ Kyrgyzstan website](#)

→ [Safe Delivery App](#)

PROJECT

Promotion of Perinatal Health

COUNTRY

Kyrgyzstan

COFINANCING

European Union

TERM

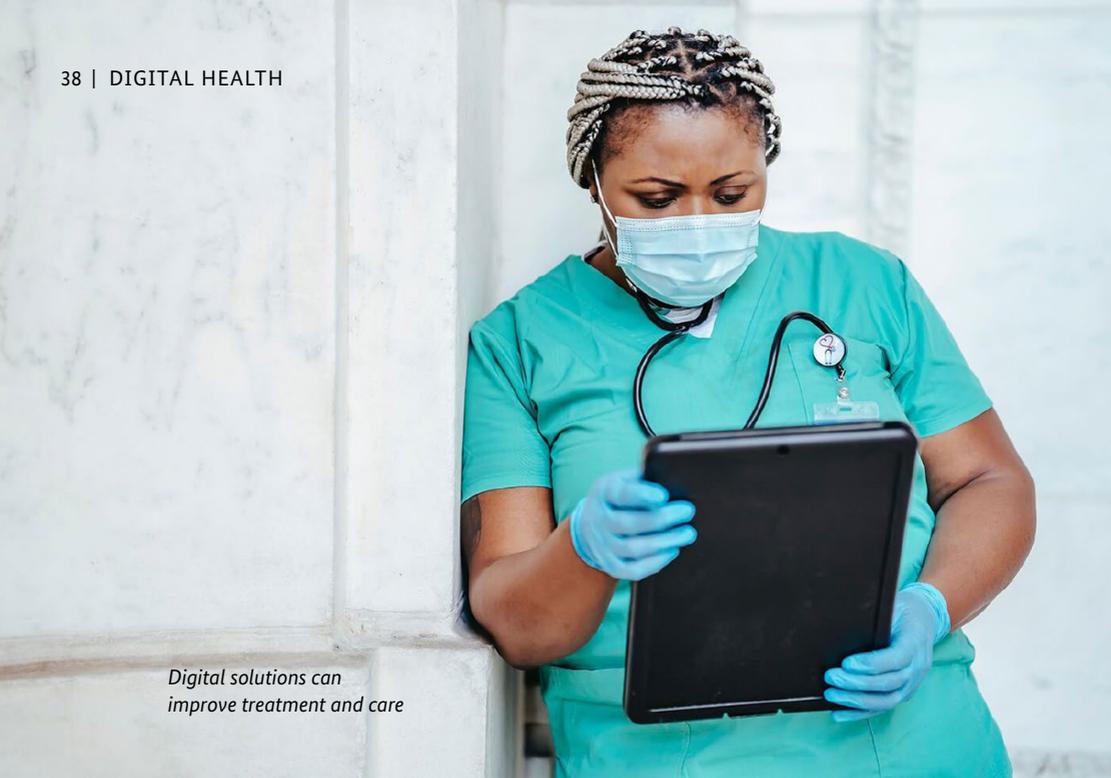
2021 to 2023

LOCAL PARTNER

Ministry of Health of the Republic of Kyrgyzstan

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*Digital solutions can
improve treatment and care*

The last digital mile in health care

To improve treatment and care in Malawi, Germany is supporting the digitalisation of hospitals and patient data.



MALAWI

Dedza District hospital is a typical single storey, red brick building just off the main north-south M1 highway in Malawi. It serves a population of around 730,000 and deals with referrals from 34 health facilities. A large number of antennae were recently installed on the roof to connect the hospital to the internet.

You might think that digitalisation would not be a top priority in a health system that has to get by with very few staff and very little funding – and yet somehow manages to do just that. For example, in Dedza District Hospital three on-duty nurses sometimes oversee the delivery of more than 60 babies in a single weekend. Malawi has only one doctor to 80,000 patients, compared with a maximum ratio of 1 to 600 in Europe. Some hospitals in Malawi do not even have running water.

Keeping pace with technological developments when resources are scarce

But how can patient care be improved? With digitalisation. Malawi is already using the digital health management information system DHIS2, which hospitals and clinics use to report health data to the Ministry of Health. Until now, however, hospital staff themselves have not had access to this data and have not been able to use it to improve the quality of patient care.

This is exactly what the Malawi German Health Programme implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH wants to change. The programme, commissioned by

the German Federal Ministry for Economic Cooperation and Development (BMZ), aims to strengthen the health system in the districts of Lilongwe, Dedza, Mchinji and Ntcheu, with a focus on maternal and newborn health.

‘Reliable IT infrastructure and cost-effective internet uptime at health facility level are essential for two reasons’

explains Kai Strähler-Pohl, head of the Malawi German Health Programme. ‘Firstly, doctors can access the data they need to diagnose and treat specific patients. And secondly, health facilities can use the aggregate data from the health management information system to develop and monitor evidence-based quality improvement plans. Our project is working on both, but connectivity is the precondition, so that’s where we started.’

The Malawian Government started establishing its own digital network at the turn of the millennium. The district administrations were connected to the network in 2017. In all 28 of Malawi’s districts, the downstream health care facilities then had to find technical partners to connect the district hospitals to the digital network. German development cooperation stepped in as a partner in Dedza in 2019 to support the network extension process. As a result, a functioning IT network was set up in the hospital, for example, and internet access was made available free of charge to all employees.

Digitalisation is key

The district hospital in Dedza is the blueprint for future digital connectivity in the Malawian health sector. All in all, the Malawi German Health Programme aims to extend digital access to 10 health facilities in each of the four districts in which it is working – making 40 in total.



Using modern technology to measure blood pressure

Impact of digital access

In a small office in Dedza District Hospital, digital health information management officer Jumphani Kalua and his assistant Veronica Madengere are busy uploading statistics to the central data repository of the DHIS2 system. Hospital staff now have mobile access to this data and are therefore able to improve the quality of their work and provide better patient care: ‘Now we don’t have to wait for the information to come to us, we can access it ourselves,’ says Dr Misha Stande, the District Medical Officer for Dedza. It is now also easier to transfer relevant data from hospitals to the health authorities. As a result, the quality of data subject to reporting requirements has improved considerably and is now much more complete and up to date.

What were the biggest challenges?

‘At first, there were problems with power outages that affected internet access,’ Stande recalls. To manage the frequent power outages, German development cooperation focused on solutions operated by solar power or hybrid systems charged by a combination of conventional and solar energy. Data networks can therefore remain operational and data losses can be prevented even in the event of power outages lasting up to 24 hours.

Many health care professionals in Malawi have no internet or computer skills and were therefore given appropriate training. Here the Malawi German Health Programme provided training on data use and processing before the hospital was connected to the digital network.

Next step: a modular e-Register

As a next step, the Malawi German Health Programme is implementing a modular e-Register for patient data. Design, testing and implementation have already begun in Ntcheu district. The e-Register has many promising applications: for example, it can provide reminders for upcoming vaccinations for registered children. Experts can then contact the parents to ensure that the child receives their next vaccination on schedule.

Moreover, data from the e-Register can be transferred directly to the national health information system, providing health authorities with data on national health on a daily rather than a monthly basis. This is especially important during epidemics.

‘Various modules of the e-Register are currently being used in the paediatric clinic, in antenatal care and in the delivery room,’

says Strähler-Pohl. ‘A module is also being developed for outpatient care.’ It can be combined with the other modules, making the register a complete electronic medical record that can be accessed by various medical experts. This makes patient transfers between departments and clinics much easier and saves time – for instance, with regard to the patient’s medical history.

The original text was first published on the [Healthy DEvelopments](#) website in September 2019.

PROJECT

Malawi German Health Programme

LOCAL PARTNER

Malawi Ministry of Health, Ntcheu District Council

COUNTRY

Malawi

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TERM

2020 to 2023



Sex education for young people plays a key role

**Focus on young people:
sex education and
youth-friendly health
services**



Children and young people make up the majority of the population in almost all developing countries. If they are to play an active role in shaping their own future, they must be able to assert their rights. This also includes the right to self-determination in family planning and to comprehensive sex education. Yet girls in particular are denied these rights – with serious consequences for the health, well-being and personal development of those affected.

Sex education reduces the risk of infection with sexually transmitted diseases. Without it, the risk of becoming infected – for example with HIV – increases, especially for girls. Early pregnancies also pose a major risk to health and personal development. Every year, millions of girls and young women between the ages of 15 and 19 in developing countries become pregnant – in most cases unintentionally. Given that their bodies are not yet fully developed, the risk of complications occurring either during pregnancy or childbirth is greater. These are among the most frequent causes of death within this particular age group. Moreover, pregnant girls often drop out of school and fall victim to social and financial hardship.

Unwanted pregnancies frequently plunge girls and young women into a crisis in which many then decide to terminate the pregnancy. Since abortion is a punishable offence in most developing countries, more than half of all abortions are not performed professionally. Girls and women often die as a result of the procedure or suffer lasting damage to their health.

Female genital mutilation is a serious human rights abuse and an irreversible violation of the victim's health, physical integrity, sexual and reproductive self-determination and the right to life. Many such procedures end in death. Those girls and young women who survive may be infertile or face a lifetime of physical pain and mental problems.

In order to protect young people as effectively as possible against unwanted pregnancies and sexually transmitted diseases, and to enable them to take conscious decisions regarding their bodies and their sexuality, they need to be well informed. Comprehensive sex education also plays an important role at the societal level: it supports changing social norms by challenging traditional gender relations. Raising young people's awareness therefore plays a key role in the projects under the BMZ initiative. They work with youth centres, schools and other educational establishments to do so.

The educational establishments provide young people with age-appropriate advice, free of charge, at information points in what are termed 'health corners'. The integration of sex education into curricula also has a lasting impact in terms of awareness. Campaigns via conventional and social media, short films and theatre performances are designed to reach young people in their leisure time too.

Social barriers also need to be overcome in order to strengthen sexual and reproductive rights. Many people believe that providing education on these issues encourages people to become sexually active; they therefore reject such campaigns aimed at children and young people. This is why the projects under the BMZ initiative incorporate parents and social environments. It is also why they use measures such as educational campaigns to raise awareness of the fact that young people must be given the opportunity to demand their sexual and reproductive rights. This includes informing young people and parents of the dangers of female genital mutilation.



Learning about periods:
schoolgirls in Nepal

Dignified menstruation

Talking about menstruation is taboo in Nepal. As a result, girls and women are excluded from their families and communities every month. A German-backed project is committed to enabling dignified menstruation.



In Nepal, only a small number of the country's 3.2 million teenage girls have hygiene products such as tampons, sanitary pads or menstrual cups, and many have no access to sanitary facilities during their periods. Finding out information about their periods and the menstrual cycle is also extremely difficult for them as these issues are taboo in large parts of Nepalese society. Before getting their first period, almost a third of girls do not know what happens to their body and half of all girls are not aware of the connection between menstruation and pregnancy. For too many girls, this natural process therefore triggers feelings of worry, fear and shame.

Banished from home and marginalised at school

In accordance with traditional beliefs, menstruation is regarded as being something impure, which is why many girls and women in Nepal are prevented from participating fully in religious, domestic and social activities during their periods. Under the most severe form of social exclusion, called chhaupadi, girls and women are exiled from their families during menstruation. In the western mountain regions of Karnali and Sudurpaschim, as many as three in every ten women and girls are affected by this practice. They are forced to spend the duration of their periods in cattle sheds or in specially constructed menstruation huts – even though the practice was outlawed in 2005 and made a criminal offence in Nepal in 2017.

Yet even in regions where chhaupadi is not practised, numerous restrictions are applied. Almost 20 per cent of schools in Nepal do not have toilets. Quite apart from this, there is seldom running water and soap or waste bins with a lid where hygiene products can be disposed of – if girls even have access to these products in the first place. Around half of all schoolgirls say that they are unable to change their sanitary pads at school, which is why many do not attend lessons while they are having their period.

Managing menstruation with dignity

Organisations and initiatives in Nepal have been working for years to break down taboos surrounding the issue and to promote menstrual health and hygiene for girls and women. On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), a programme implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH is providing support in this area. ‘Our aim is to ensure that the topic becomes a permanent feature on the national health agenda for young people and that girls are given the information and resources they need to manage their menstruation with dignity,’ explains Alexandra Plüschke, head of the programme. ‘We do this by working simultaneously at several levels, which is a characteristic of German development cooperation.’

One approach is to raise public awareness. To this end, the programme worked with Nepal’s Ministry of Health and Population to stage an event attended by 350 representatives from government, civil society, and the academic and business communities. In addition, Keki Adhikari, a well-known actress in Nepal, was recruited as an ambassador to raise awareness of how to manage menstruation.

More than 80 organisations and initiatives have also joined the Menstrual Health and Hygiene Management Partners’ Alliance (MHMPA) – including United Nations agencies, the private sector, academics and international NGOs. As an advocacy network supported by German development cooperation, MHMPA works to ensure that the topic of



Film star Keki Adhikari (left) is an ambassador for the educational campaign

menstruation is treated in a dignified manner. Its achievements include distributing information on the menstrual cycle to Nepalese schools.

‘At municipal level, we focus on schools in order to plug gaps in pupils’ knowledge about the menstrual cycle and to facilitate access to hygiene products,’

explains Alexandra Plüschke. Thousands of girls and boys have learned something about periods and hygiene during the information events. In the province of Sudurpashchim, modernised girl-friendly toilets and washing facilities at secondary schools provide schoolgirls and female teachers with the hygienic conditions they need, particularly during their periods. Local women’s cooperatives are producing affordable, compostable sanitary pads and making these hygiene products available

to girls and women. They are also supporting the Nepalese Government initiative, launched in 2019, to provide free sanitary pads to all schoolgirls in years 6 to 12 at state schools. This measure is benefiting some 1.3 million girls nationwide.

More than

13,500 girls and boys

have taken part in events at schools to raise awareness of menstrual health.

More than

500 teachers and specialists

have been trained as trainers.

More than

4,000 girls

are benefiting from girl-friendly toilets and improved sanitary facilities at 17 schools in Sudurpaschim Province.



Nepalese women's cooperatives are making sanitary pads and distributing them free of charge to schoolgirls

LEARN MORE

- [Nepal's menstruation movement \(short film\)](#)
- [Nepal's menstruation movement \(article\)](#)
- [Fit for School concept: menstruation hygiene management \(in English and Nepali\)](#)
- [Nepal's menstruation movement: how MenstruAction is making the lives of girls and women in Nepal better – month by month](#)

PROJECT

Support to the Health Sector Programme (S2HSP)

COUNTRY

Nepal

TERM

2016 to 2021

LOCAL PARTNERS

Family Welfare Division, Ministry of Health and Population; National

Health Training Centre; National Health Education, Information and Communication Centre; Menstrual Health and Hygiene Management Partners' Alliance (MHM PA); Dhangadhi Sub-Metropolitan City, Godawari Municipality; Bidur Municipality and Semjong Municipality

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Dialogue forum with imams and priests

Combating female genital mutilation through religion

In Guinea, nearly all girls are affected by female genital mutilation. In its fight against this human rights abuse, German development cooperation is enlisting the help of particularly influential actors: religious leaders.



The light is on, the camera is running, and the discussion begins. Experts from the fields of politics, health and law are meeting with human rights activists and religious leaders to talk about a very sensitive issue: female genital mutilation (FGM). This harmful practice is deeply rooted in Guinean society, but has long since been banned and is now to be ended once and for all with the aid of the National Strategic Plan for the Abandonment of FGM.

Nonetheless, Guinea has one of the highest rates of FGM worldwide. Nine out of ten girls and women aged between 15 and 49 are affected by FGM. The procedure usually takes place under unhygienic conditions, without anaesthetic, and is often performed by people without any medical training. It has serious consequences on the mental and physical health of those affected.

‘It not only weakens the personality of women and girls, but also leads to severe pain and to complications during subsequent childbirth, and in some cases even results in the death of the mother and child,’

explains Dr Adama Camara, who works for the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in Guinea. The World Health Organization (WHO) estimates that a quarter of those affected die either during or as a result of the procedure.

In order to bring about a change of attitude nationwide, Camara and his team organise dialogue forums with Muslim officials and with imams and priests, who are respected opinion leaders in Guinea. The forums are part of a project focusing on reproductive and family health that was commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) and is cofinanced by the European Union. Camara manages the project, the aim of which is to modernise sexual and reproductive health services in four regions of Guinea.

Model sermon against FGM

Religious leaders and social opinion leaders are important partners in the project. Ongoing dialogue broadens the knowledge and awareness of the participants and can help to improve the sexual and reproductive health of girls and women. A sexual and reproductive health guide and a model sermon on the issue of FGM were also drawn up under the project. These are fundamental to the ability to raise awareness using religious arguments and in calling for joint action against FGM. In addition to the work educating people on FGM as a human rights abuse, the project also addresses child marriage and women's rights. All of these activities are closely aligned with the National Strategic Plan for the Abandonment of FGM and are designed to support this plan.

Strong media response

The involvement of the Guinean media has helped to bring considerable attention to the practice of FGM in the country. Many local radio and television stations report on the events at which key stakeholders speak out publicly against FGM. A documentary on the issue has also been produced and broadcast several times. Youth centres, mobile educational campaigns and other local projects with non-governmental organisations (NGOs) are used to raise awareness among young people too.

To ensure that the successes of the project are sustainable, Camara and his team work closely with government ministries. 'We want to mainstream the issue at political level in order to maintain the dialogue forums in the long term,' he explained.

An average of

47 %

The share of adolescents and young adults (aged 15 to 24) rejecting FGM rose by 47 per cent on average in the four project regions.

LEARN MORE

- ['Today in Guinea – We Talk about Female Genital Mutilation' \(short film\)](#)
- [Project on reproductive and family health](#)

PROJECT

Reproductive and Family Health

COUNTRY

Guinea

TERM

2015 to 2022

LOCAL PARTNERS

Ministère de la Santé, Centre International de Recherche et de Documentation (CIRD), local non-governmental organisations

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**‘Leave no one behind’ –
Sexual and reproductive
health and rights for all**



The main focus of the BMZ initiative is the right to sexual and reproductive health and to self-determination for all, regardless of gender, sexual orientation, gender identity or other attributes. Only when girls and women are able to make their own decisions about their bodies is it possible to achieve gender equality. It is important to consider the aspect of multiple discrimination here too, as the combined effect of various dimensions of discrimination can be mutually reinforcing, meaning not everyone is starting from the same place when it comes to asserting their sexual and reproductive rights. The risk of falling victim to gender-based or sexual violence is up to 10 times higher for women and girls with disabilities than it is for women and girls without disabilities. It is also more common for those with disabilities to face barriers when they wish to make use of health services. This not only applies to barrier-free access to buildings, but also to ignorance and discrimination of their rights and needs during advisory sessions and when they receive health services. This kind of multiple discrimination is also experienced by children and young people, for example, and in particular by lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals.

When a person has no access to medical services, this can have serious consequences for their physical and mental health and for their participation in social and economic life. That is why the German Federal

Ministry for Economic Cooperation and Development (BMZ) places particular emphasis on developing human rights-based and inclusive approaches to promoting sexual and reproductive health that prevent multiple discrimination and contribute to the principle of 'Leave no one behind' in accordance with the United Nations' 2030 Agenda. In doing so, it contributes to the achievement of Sustainable Development Goals 3 (Good health and well-being) and 5 (Gender equality).

Through awareness-raising campaigns, training and educational measures for health workers, authorities, social services, police and family members, the BMZ initiative therefore promotes the sexual and reproductive health and rights of marginalised individuals and groups. In Cameroon, a German development cooperation project enables training for health centre workers on how to communicate respectfully and as equals with LGBTI individuals and other marginalised people. Direct interaction with those affected can increase empathy and reduce prejudice. It is important to observe the principle of 'do no harm' in this context so as not to endanger those affected and to prevent a positive development measure from unintentionally causing harm elsewhere. This is especially important when promoting and protecting the rights of LGBTI individuals.

‘I’ve opted for success’

Bodjona Edwige has always had to fight for what she wants. Alone. Despite her disability and an unplanned pregnancy, she has managed to gain a place at the University of Kara, through sheer willpower and perseverance. To ensure that other girls and women have it easier than she did, she is now raising awareness of sexual self-determination.



A strong woman: 29-year-old Bodjona Edwige



TOGO

Bodjona Edwige owes the fact that she is studying sociology almost entirely to her own efforts and her own tenacity. It certainly has nothing to do with the external circumstances in which she grew up. Because Bodjona’s life so far has been anything but easy.

She was still a child when she lost her sight. Her mother was unable to cope with the societal pressure. Disabilities are associated – not just in Togo – with stigmatisation and discrimination that always affect the parents too. Having a blind child was too much for her mother, who disappeared from Bodjona’s life. The child was raised by her grandmother and attended a special school from which she graduated. But Bodjona wanted more than that. She wanted to continue to learn, to gain a higher education, to become an active part of society and not to be excluded from it. Her grandmother had different plans, and when Bodjona did not bend to her will, she found herself completely alone. ‘I was forced to ask for help for everything,’ Bodjona recalls, who is now 29. Not just for subsistence, but also for schooling. Because, although basic schooling is free in Togo, higher education is not. Due to her disability, Bodjona’s school fees were reduced to half the usual rate. But without the support of a religious community, Bodjona probably would not have been able to afford even this amount.

Pregnant at 19, abandoned by family

So she continued to go to school, where she met a young Braille teacher. Like her, he is blind. At 19, Bodjona became pregnant unintentionally and decided to keep the child. Her boyfriend actually wanted to marry her, but his family forbid the marriage. They could not imagine how a marriage between two blind people could possibly work. The couple had no one to support them and were also turned away by Bodjona's family. They told her to terminate the pregnancy. But Bodjona did not want that. She wanted to keep the child. And to complete her studies. This proved to be difficult. 'I tried absolutely everything to keep going to classes,' she says. But both the school administration and some teachers threatened to ban her from lessons. Bodjona saw no other way: she dropped out of school. She gave birth to a baby girl in 2012.

But Bodjona stuck at it. Just two years after her daughter was born, she continued her education. Her daughter is looked after by the father's family – an arrangement that, although late in the game, is appreciated. Her daughter was four years old when Bodjona was finally admitted to study sociology at the University of Kara.



Bodjona reading Braille



Bodjona with her colleagues in the ProSanté office

'I've opted for success', she says. And: 'I have to complete my studies and find a job before I get married.'

Bodjona herself is now advising women on sexual self-determination

This is by no means the norm and takes a great deal of strength in a country like Togo, where only a third of students are women and antiquated clichés about gender roles make it difficult for them to make decisions about their own lives. While Togo's education system is considered to be relatively progressive, UNICEF estimates that almost 40 per cent of girls of school age do not attend school, and half of girls and women over age 15 cannot read or write. By decree, pregnant young women can be excluded from the education system, although Togo agreed to abolish this practice in 2018.

This all comes too late for Bodjona, who experienced discrimination of this kind first-hand – on top of the social ostracism she faces for being blind. To ensure that other people have it easier than she did, Bodjona is involved in disability organisations in and around Kara. This is how in 2020 she discovered ProSanté, a project organised by the Deutsche Gesellschaft für internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Development Ministry with the aim of improving access to good health care for the local population. One central focus is sexual and reproductive health, an important issue in a country where only around a quarter of married women use modern family planning methods and four out of ten women do not receive adequate care during pregnancy.

‘I do a lot of work educating people with and without disabilities,’

explains Bodjona, who last year was one of 277 people with disabilities who received training from ProSanté on COVID-19 prevention and sexual and reproductive health. Bodjona wants to prevent others from having to go through the same thing she did: having to cope with an unplanned pregnancy alone. ‘Women and girls have to be given medical checks and, above all, they have to use contraception if they want to avoid unintended pregnancies,’ says Bodjona. That is why she educates girls and young mothers about their menstrual cycle and encourages them to visit a hospital for medical advice on modern contraceptives. ProSanté has already trained more than 1,000 women in and around Kara as multipliers, enabling them to start conversations about unplanned pregnancies in their local areas. At the same time, Bodjona continues to advocate for more dignified treatment of people with disabilities. She wants to help to put an end to stigmatisation and discrimination. To allow other women to have what she had to work so hard to achieve: a good education, a university place and perhaps in the not too distant future a fulfilling job.



Standing in front of the University of Kara: Bodjona is studying sociology

PROJECT

Health System Strengthening – Sexual and Reproductive Health and Rights (ProSanté)

LOCAL PARTNERS

Ministry of Health, Public Hygiene and Universal Access to Health Care

REGION

Togo, Kara region

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TERM

2020 to 2023



*Homosexual relations are
a crime in Cameroon*

Respecting human rights in the provision of health care

In Cameroon, people with disabilities and those belonging to ethnic and sexual minorities face discrimination in the health sector. A German-backed human rights project aims to break down prejudices and promote health for all.



The Government of Cameroon is aiming to provide comprehensive and universal health coverage by 2027. However, ethnic, sexual and gender minorities are being marginalised, as too are persons with disabilities – with negative effects on their health. As same-sex relationships in Cameroon are criminalised, gays and lesbians, for example, visit a doctor either too infrequently, too late or not at all. At the same time, health staff lack knowledge about the needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

Leave no one behind

‘We held many discussions with the LGBTI community to find out what problems they face. It was very distressing,’ says Telse Badil, who works for the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in Cameroon. In keeping with the principle of ‘Leave no one behind’ and on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), Badil and her team conducted a pilot project in three districts in the west of the country in 2019. Among other things, the project enables sexual minorities to exercise their right to health.

Raising awareness together

Together with local partners and ministries, the project team developed training courses for health professionals aimed at improving awareness of the situation faced by marginalised groups. ‘We want to make health professionals more sensitive to the importance of dealing respectfully with members of the LGBTI community,’ explains Badil. Staff from health authorities and social service providers also took part in the training courses. Preparations are currently under way to allow participation by members of the police service.

In addition to discussions about human rights obligations, the diversity of sexual and gender identities, people with disabilities and ethnic minorities, the participants focused in particular on professional ethics as a basis for treating marginalised groups with respect. A total of 100 people have already attended the training courses and the results speak for themselves: the participants adopted a much more open attitude towards minorities after the training. Ever since, all patients arriving at the reception desk in the participating healthcare facilities have been shown the same level of respect. Health staff are keen to find out about the specific concerns of marginalised people and take these concerns into account.

Open communication is key

Together with local NGOs, the project team has set up a free reproductive health hotline so that marginalised people are able to talk about their experiences and needs in the field of health. The hotline also allows users to make suggestions as to how health care can be improved or submit complaints about health care facilities. The response to the hotline has been excellent: more than 2,500 calls were received during the first two months alone, while 3,153 calls were registered between mid-August and mid-October. The hotline is supported by a committee in which the hotline operator, the health authority and marginalised groups discuss the core issues raised in the calls and develop possible solutions.

Interest remains high

The pilot project ended in October 2020, yet the health care facilities and health authorities wanted more: based on the positive feedback from participants in the training course and the as yet unaddressed needs of marginalised groups, the regional health authority requested that the project be expanded to include four more local health districts.

The demand from other German development cooperation programmes is considerable too. Badil believes that the project serves as a

blueprint for other human rights-based activities in development co-operation. 'Our approach has generated a great deal of interest because LGBTI is a very sensitive issue in Cameroon.'

100 *health professionals are now more sensitive to the importance of dealing respectfully with members of the LGBTI community.*

3 *In three districts, health care facilities are treating patients from marginalised groups with respect.*

LEARN MORE

- [GIZ in Cameroon](#)
- [Project supporting reproductive health \(French, video\)](#)

PROJECT

Better Access to Health Services for Marginalised Groups such as People with Disabilities, Ethnic Minorities and Sexual Minorities in Three Districts in the West Region of Cameroon; follow-on project: Family Planning and Health System Support for Improved Resilience in Cameroon (ProPASSaR)

TERM

2019 to 2023

COUNTRY

Cameroon, West Region (Bafoussam, Foumban, Dschang districts)

LOCAL PARTNERS

Ministère de la Santé Publique (MINSANTE), Ministère de la Jeunesse et de l'Éducation Civique (MINJEC), Ministère des Affaires Sociales (MINAS), CAMFAIDS, Colibri

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Sex education at the vocational school: trainees in Mozambique

Sexual and reproductive health outside of health programmes



When girls and women are able to decide for themselves on the number and timing of pregnancies, the likelihood increases that they will complete schooling or vocational training – and thus be in a position to secure a better paid job and advance their career. This in turn gives them greater opportunities for self-determination in other areas of their lives.

Mainstreaming family planning, information campaigns and maternal and child health in development cooperation programmes in areas other than health, for instance in vocational training and employment promotion, is therefore important in order to support girls and women in their professional development and, by extension, in their right to

self-determination. The BMZ initiative therefore advocates carrying out projects in the areas of (school) education, vocational training, employment and nutrition.

In Pakistan, for example, midwives are receiving support to set up their own health centres in regions without sufficient access to medical care. As well as expanding the range of professional health services that are available, these centres also provide midwives with opportunities to gain financial independence.



Sexual education and vocational orientation for greater self-determination

For many young women and girls in Mozambique, unplanned pregnancies spell the end of their education. A German programme on basic and vocational education and training is focusing on sexual education in vocational training as a way of enabling young Mozambicans to make their own career and family planning choices.



MOZAMBIQUE

More girls are married off in Mozambique than in almost any other country in the world. For these girls, marriage usually spells the end of their chance to fulfil their professional potential – especially if they become pregnant before their 18th birthday. This is the case for almost half of all Mozambican girls. Unplanned pregnancies are a common reason why schoolgirls and female trainees drop out of school or vocational training. Sex education and the provision of contraceptives are therefore two important steps towards helping girls and women to achieve greater self-determination in their lives.

Raising awareness at five vocational training centres

Germany is supporting Mozambique in introducing sex education at vocational training centres in the country. ‘The trainees are at an age where they are embarking on their first sexual relationships and also getting married already. Educating this age group and making them familiar with family planning methods is a promising way of promoting self-empowerment in girls,’ says Katja Freitag from the Deutsche Gesellschaft für Internationale Zusammenarbeit, which is implementing the Pro-Educação programme on basic and vocational education and training in Mozambique on behalf of the German Federal Ministry for Economic Cooperation and Development.

Pro-Educação has launched an awareness-raising initiative at five vocational training centres in Mozambique, in the cities of Nampula, Tete, Beira, Inhambane and the capital Maputo. Equality and health officers have recently been appointed to these centres and are being given further training by the Pro-Educação programme in the area of sexual and reproductive health and rights. From now on, they will be able to

offer trainees advice on planning their lives and on family planning, pregnancy and sexually transmitted diseases. The trainees also have access to contraceptives and other health advice thanks to partnerships between the vocational training centres and local service providers promoted by Pro-Educação.

Sex education in the classroom

The training centre in Inhambane is going a step further. As of the 2021 training year, the curriculum there includes sex education. Integrating education on sexual and reproductive health and rights and a range of corresponding services into the training programme creates positive synergies. 'It's also about dispelling taboos and myths,' explains health advisor Julio Langa, who runs sex education courses at the vocational training centres on behalf of Pro-Educação. 'Up to now, sex and contraception have not been discussed within families.' Pro-Educação therefore provides not only trainees, but also teachers and parents as well as traditional community leaders with information about sexuality, family planning and the consequences of unplanned pregnancies. 'We need to include everyone,' says Langa. His message to parents is clear and direct: 'This is about our children having a healthy sex life. We want to open ourselves up to one another and talk about the issue. Because sooner or later, young people will have sex.' And it should not lead to unplanned pregnancies or even to them dropping out of education or training.



Advisory services and contraception prevent young people from dropping out of education



Breaking down stereotypes: more and more women are training for jobs in male-dominated fields

Pro-Educação – quality in basic and vocational education and training

Pro-Educação was launched in 2019 with the aim of bringing about a general improvement in the quality of basic and vocational education and training in Mozambique and thereby increasing the young generation's chances of having a decent future. Gender and health are prioritised as part of the programme: 'Under the programme, we promote access to education and training for girls and foster greater gender sensitivity in the training institutions. Our aim is to break down this stereotypical differentiation into male and female occupations,' explains Katja Freitag. And the effort is paying off: in 2020, Pro-Educação increased the number of female trainees in

100 + 100

Pro-Educação has already provided training on topics such as sex education and family planning for 100 trainees and 100 officers responsible for gender and health.

75 + 75 + 100

Pro-Educação has educated 100 trainees, 75 sets of parents and 75 community leaders so far on family planning and the consequences of unplanned pregnancies.

+13 %

In 2020, Pro-Educação increased the number of female trainees in male-dominated occupations at five training centres by 13 per cent to 38 per cent.

predominantly male occupations (such as electricians) at the participating training centres from 25 to 38 per cent.

‘We are also establishing networks between the training centres and state-run youth advisory centres and non-governmental organisations working on sexual reproductive health,’ says Freitag. A good range of public advisory services for young people and young adults at health centres already exists in the form of the Serviços Amigos dos Adolescentes e Jovens (SAAJ). These services focus solely on sex education and family planning and on preventing unplanned pregnancies and illnesses. However, young people, adults and teachers were often unaware of the advisory services, which is why Pro-Educação supports cooperation and regular exchange between SAAJ and the vocational training centres. Through these partnerships, SAAJ advisory teams now attend information events at these centres.

LEARN MORE

- ➔ [UNFPA Programma Geração Biz \(Portuguese\)](#)
- ➔ [Secretaria de Estado da Juventude e Emprego \(Portuguese\)](#)
- ➔ [Pro-Educação – Improving the quality of education and training](#)

PROJECT

Basic and Vocational Education and Training

for Vocational Training, National Institute for Education and Labour Market Studies

COUNTRY

Mozambique

TERM

2019 to 2022

LOCAL PARTNERS

Ministry of Education and Human Development, State Secretariat

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Only a quarter of women who are able to work in Pakistan are actually employed

Reach for the stars, sisters!

In Pakistan, there is no universal health coverage system. With Germany's support, midwives are becoming entrepreneurs and are setting up health centres in areas where they are urgently needed.



In Pakistan, there is no system of efficient, universal health coverage – one of the results of which is a high rate of maternal and child mortality. Furthermore, with annual growth of around two per cent, Pakistan's population looks set to double in size over the next 30 years. Germany is supporting Pakistan in setting up sustainable health care structures in order to make independent family planning possible for women and couples and to reduce the high level of maternal and child mortality.

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), KfW Development Bank is implementing a reproductive health programme in the north-west region of the country, the priority areas of which are sex education, contraception and the expansion of basic health care. Promoting health and self-determination also allows women to harness their potential and at the same time contribute to their country's development efforts.

Health, self-determination, financial freedom

Only a quarter of women who are able to work in Pakistan are actually employed. The traditional assignment of roles and inadequate family planning options mean that women give birth to an average of 3.5 children. As a result of this high birth rate, more and more young people are entering the labour market. Employment opportunities are not increasing at the same rate, however, so joblessness is high. 'To counter this, we are combining maternal and child health with the promotion of female employment in medically underserved regions. This is done by giving women who are qualified but unemployed the opportunity to set up a profitable business in the health care sector,' says project

manager Andrea Godon. 'We are therefore linking together three key areas – health, self-determination and financial independence – in an intelligent manner. We also address the right to self-determined family planning and, in so doing, can slow the extremely rapid rate of population growth.'

This programme is accompanied by projects supporting the development of social security systems, particularly access to health insurance schemes. It is precisely these inadequate social security systems that lead to people having a large number of children as a form of security for their old age. Here, too, the focus will be on female inclusion in order to break the cycle of low female employment, a growing population and largely unsustainable economic growth.



High-quality treatment: pregnant women are well looked after in the health centres

Sitara Baji – stellar sisters

The project is called Sitara Baji, which roughly translates as 'stellar sisters', a term commonly used to refer to community nurses in Pakistan. It is based on the concept of social franchising networks for family planning products and services of the NGOs Greenstar and DKT International (named after D.K. Tyagi, the Indian pioneer of modern contraception in rural India). With social franchising, the methods used in commercial franchising are adapted to projects in the non-profit sector in order to achieve objectives for the common good.

Greenstar and DKT International play an active role in promoting greater sexual and reproductive health in Pakistan. The Sitara Baji project is helping 400 previously unemployed midwives to set up small health centres in regions of Pakistan that are medically underserved.

The midwives are given special training in which they learn not only everything they need to ensure that their clients receive safe and high-quality treatment, but also how to run their clinics profitably. Employees from the two NGOs pay regular visits to the health centres and assist the midwives in the areas of quality assurance and business management – and also ensure that there are always sufficient stocks of contraceptives available.

To raise awareness of the clinics' services, Greenstar works with 200 community nurses. They inform the members of their community about contraception and refer patients to the clinics. These referrals, together with the sale of hygiene, sanitary and family planning

*Aims of the Sitara Baji project:***400***midwives receive help from the project in running their own health centres in medically underserved regions.***200***community nurses receive support from the project to earn an income that exceeds their living costs.***940,000***couples are to be able to reliably avoid unintended pregnancies as a result of sex education measures and modern contraception.*

products, enable the community nurses to earn an income that allows them to enjoy a good standard of living.

The project also supports a free telephone service providing advice on family planning. In addition, it aims to use the media and digital platforms to reach out to and inform young people. By offering sex education and distributing modern contraceptives, the project hopes to enable a total of 940,000 couples to reliably avoid unintended pregnancies.

LEARN MORE

- [Greenstar Pakistan](#)
- [DKT Pakistan](#)
- [KfW Development Bank - Pakistan](#)

PROJECT

Employing Women in the Private Health Sector (Sitara Baji)

COUNTRY

Pakistan

TERM

2021 to 2024

LOCAL PARTNERS

Greenstar / Social Marketing Pakistan, DKT Pakistan

CONTACT

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*A nurse in a refugee camp
in Bangladesh*

In challenging times: sexual and reproductive health and rights in times of crisis



Wars, natural disasters, pandemics: in times of crisis, basic sexual and reproductive health services are often drastically reduced. Births are not attended by health care professionals, and antenatal and neonatal care is not provided. If complications arise, this can be dangerous for mother and child. Nearly two thirds of all preventable deaths during pregnancy and childbirth in developing countries occur in crisis situations.

And the COVID-19 pandemic is no exception. It, too, is having a major impact on the sexual and reproductive health of girls and women: health centres are overburdened, lockdowns are limiting mobility, many women are avoiding check-ups for fear of catching the virus in or on the way to hospital – and, as a result, are missing out on sexual and reproductive health services.

Access to contraceptives is also limited in crises: an estimated 12 million girls and women in developing countries were unable to access contraception in 2020 due to the COVID-19 pandemic. The reduction in the number of first-time users was particularly marked. In addition, many preventative and educational measures that require contact between health workers and patients were discontinued during the various lockdowns. According to estimates by UNFPA and UNICEF, this will lead to an increase in child marriage, unplanned pregnancies and female genital mutilation in future.

To maintain access to sexual and reproductive health services even in difficult circumstances, the German Federal Ministry for Economic Cooperation and Development (BMZ) is committed to promoting crisis-resilient health systems. In situations in which health infrastructure is only available to a limited extent, non-governmental service providers need to step in to maintain emergency care. This will ensure continued access to basic health services even in times of crisis.

Implementing measures during crises is often difficult due to limited mobility, a lack of staff and experts and supply constraints. In Yemen, for example, it is not possible for international experts to train health professionals on the ground, so training takes place online. In online symposiums with doctors from the Yemani diaspora, participants can discuss therapies and treatment methods for COVID-19, for instance.

A voucher system that was established before the crisis and provides support for pregnant women and newborns both before and after birth has proved its worth even under difficult conditions: the trained voucher distributors and hotline advisors are now also answering questions on precautionary measures and hygiene rules to prevent the spread of COVID-19, while the health care facilities where the women receive professional care after presenting their vouchers are remunerated for the services provided. Revenue generated in this way is a secure source of income. It enables facilities to continue operating and to continue providing basic health care for pregnant women in Yemen.



Making self-determined decisions about pregnancy: for many women in Yemen, this is not possible

Taking the future into their own hands

The Yamaan Foundation promotes better health care for women in Yemen, with rights-based family planning playing a key role in alleviating poverty in the country.



The Shababline phone service was called 120,000 times in 2020, with a record number of calls – nearly 24,500 – registered in April of that year alone. ‘This is a great success,’ says Ashraf Badr, ‘especially because 60 per cent of the callers are women, many of them young girls looking for advice and assistance – and regarding an issue that is very sensitive for us here.’

The issue that Ashraf Badr is referring to is women’s sexual and reproductive health, which includes safe motherhood, family planning and contraception. The Shababline is the Yamaan Foundation’s free hotline in Yemen, and Ashraf Badr is its director. ‘Yamaan’ roughly translates as good-heartedness or blessing. And in a country that lacks nearly everything, the Foundation truly is a blessing.

Civil war since 2014

Yemen, on the southern tip of the Arabian Peninsula, is one of the poorest countries in the world. It has also been embroiled in a civil war since 2014. The population has more than doubled in the last 20 years and continues to grow steadily, despite a slow decline in the birth rate. At the same time, some 80 per cent of the population depend on support in many respects.

Poverty in Yemen also poses a health risk – even more so for young women. The less families are able to provide for their children, the earlier parents marry off their daughters. This leads to high numbers of teenage pregnancies, which bring with them an increased health risk, both for the mothers-to-be and for their babies. The maternal mortality rate in Yemen is one of the highest in the world: according to figures from the United Nations, one in every 260 mothers dies during

pregnancy or childbirth. Moreover, only around half of the health facilities in Yemen are functioning, which exacerbates the problem further.

The Yamaan Foundation has stepped up to fight this problem. ‘Our goal is to offer women good medical care so as to promote safe motherhood,’ explains Ashraf Badr, ‘and to help alleviate poverty by raising awareness about family planning.’ Badr set up the Yamaan Foundation in 2009 with support from KfW Development Bank. The vision was to create an independent Yemeni organisation that can address this sensitive issue with state actors as well as with the population – a courageous endeavour since family planning is widely rejected in Yemen on cultural grounds. On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), KfW Development Bank is currently providing EUR 33.5 million to support the projects implemented by the Foundation.

Vouchers to see a doctor

Yamaan mainly takes a two-pronged approach. Firstly, the Foundation has established a voucher system. For a nominal price, pregnant women can purchase a book of vouchers, which enables them to attend medical check-ups and receive support during childbirth – things that cannot be taken for granted in Yemen.

The majority of women in Yemen give birth at home. Often, they are unable to make it to a clinic or a midwife because they cannot afford a bus or taxi to take them there. Transportation is included in the voucher system. ‘The vouchers are like health insurance for the women,’ says Ashraf Badr. A quarter of the voucher books are distributed free of charge to particularly disadvantaged women.

With 90 permanent employees and 460 freelance staff members spread across the whole country, Ashraf Badr has created a network that maintains contact with midwives, doctors, clinics and health centres. The vouchers are a blessing for them too, as they are the only reliable source of income during the crisis.



The Yamaan Foundation distributes books of vouchers to pregnant women

Raising awareness about family planning

The Yamaan Foundation is also involved in education and supplies people with subsidised contraceptives through its extensive network of wholesalers, pharmacies, midwives and volunteers. It provides information about HIV, unplanned pregnancies and how important it is to increase the period of time between births to protect the health of mothers and children. In addition, it raises awareness of the fact that a family’s economic situation can improve if they have fewer children, always approaching the issue in a highly tactful manner given its particular sensitivity in Yemen.

War as motivation

Before the war, Ashraf Badr often appeared on television talk shows. The outbreak of war made the Foundation’s work more difficult.



Husbands come to consultations too – because they also have an important role to play

‘Since then, we have mainly been using the hotline and social media to maintain contact with our target group,’

says Ashraf Badr. Today, the Foundation produces advertisements and videos, which it publishes on Facebook and YouTube. The videos always target the husbands too, because most women are not able to simply decide whether and when they want to become pregnant and how many children they want to have. During the COVID-19 pandemic, the Foundation has also been using social networks to inform people about the virus and to make them aware of hygiene measures.

Due to huge demand, the Foundation’s contact centre has increased staff numbers to 25 and has extended its opening hours. Since January 2019, the team has also been sending between 5,000 and 10,000 text messages to all parts of the country on a daily basis – with the exception of Fridays and holidays.

At the same time, the Foundation is forging new paths – sometimes out of necessity. The war in Yemen has made it much more difficult to implement the project. ‘We now often go into areas where internally displaced persons live so that we can reach these people too,’ explains Badr. Tanja Walter from KfW, who supports the Foundation from Frankfurt in her role as project manager, agrees:

‘We are very glad that, as an independent Yemeni organisation, the Yamaan Foundation can continue to operate even during the crisis,’

she says. Badr believes that the war is motivating them even more to do something to alleviate the suffering. ‘We want to make women stronger and give them the choice of using contraceptives, thus enabling them to take decisions about their future themselves.’

An earlier version of this article first appeared on the [KfW Development Bank website](#).



Women receiving information about HIV and unplanned pregnancies

765,000

couples, 265.000 more than expected, were provided protection by contraceptives distributed as part of the project between March 2020 and February 2021.

Almost

200,000

vouchers for health services to support safe pregnancy and childbirth have been distributed by KfW-financed projects with the Yamaan Foundation since 2017.

80%

The redemption rate for vouchers is now 80 per cent.

The supporting health project implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH – and commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) – has also adapted to the changes brought about by the onset of war: the focus is now on improving health services and in particular on training midwives and developing the skills of doctors who perform emergency operations. Since the start of the COVID-19 pandemic, for example, a virtual knowledge network has been created in collaboration with Yemeni doctors abroad. Experts in the country and from the diaspora can use the network to exchange information and ideas on treatment methods. These regular symposia now cover more than just pandemic-specific issues and thus plug a gap that has opened up as a result of the war.

LEARN MORE

- [Website of the Yamaan Foundation](#)
- [KfW Development Bank's engagement in Yemen](#)

PROJECT

Reproductive Health Social Marketing/Voucher Project

COUNTRY

Yemen

TERM

2016 to 2023 (project phases II-IV)

LOCAL PARTNER

Yamaan Foundation

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