



Health, Education, Social Protection

Promoting sexual and reproductive health and rights

The challenge

Well over 200 million women and couples worldwide do not use reliable family planning methods, although they would like to do so. Each year, this unmet need results in 80 million unwanted pregnancies and 42 million abortions, 20 million of which take place under unsafe conditions. Furthermore, more than 350,000 women die from complications during pregnancy or childbirth every year. Thirty-three million people live with HIV, hundreds of millions more with other sexually transmitted infections. High population growth is increasing the demographic share of young people particularly in the poorest countries.

Programmes for better sexual and reproductive health and rights (SRHR) address this set of problems. Our SRHR programmes are based upon the widely accepted calls of the United Nations International Conference on Population and Development (ICPD) in Cairo (1994) for every person to be able to make independent and self-determined, responsible decisions concerning sexuality and family planning. The programmes focus particularly on women, but consistently include men as well.

Our approach

We work systematically to ensure universal free access to information about sexual and reproductive health, irrespective of where people live or what their sex, age, or social or ethnic origin may be. This information must be accompanied by free access to contraception methods and services – from the condom to expert advisory services on family planning.

We focus on improvements in the health sector. At the same time we also take other sectors into account, such as education and the administration of justice. In school cur-

ricula, sex education makes a major contribution to providing information to young people, so that they adopt safe sexual behaviour. Legislation can be introduced to safeguard the entitlement to family planning and protection against sexual violence.

In this way we help our partner countries ensure the SRHR of individuals, while at the same time including SRHR as part of national development planning.

Our services

Sexuality and reproduction are sensitive issues. Our services respond to the demand and needs of our partner countries. We harmonise scientifically proven methods with the prevailing socio-cultural conditions at each location.

Advice on implementation: We advise partner institutions on the development of methods, techniques and services that contribute to sexual and reproductive health and to an awareness of the corresponding rights. These approaches and services include family planning, prenatal care, assistance during childbirth, post-natal care, treatment of sexually transmitted infections, and the prevention of mother-to-child transmission of such infections. We attach particular importance to improving the planning, financing and management of services. We promote the development and use of appropriate teaching materials and curricula, ongoing training of staff and the cultural appropriateness of services. We work with state agencies and non-governmental organisations to ensure this appropriateness, and we foster coordination and agreement among all development partners. We link the various services with one another so that they reach as many people as possible, and we assess our progress on a regular basis.



Integration of overarching topics: We support measures addressing the interface between SRHR, HIV and gender. These include sexual counselling, safer sex programmes targeting high-risk groups, promotion of the rights of HIV-positive women, family planning and the prevention of mother-to-child transmission of HIV. In doing so, we also improve the coherence between the various approaches.

The benefits

Good sexual and reproductive health services enable women to experience safe pregnancies and offer couples the best possible chance of having a healthy child. Family planning in particular has a multitude of uniquely positive effects. These effects include the reduction of infant and maternal mortality and greater social and economic participation of women (empowerment). The rights of all individuals to live their sexuality free from fear (of discrimination, disease or unwanted pregnancy) are enhanced. This contributes to curbing the HIV pandemic and to promoting gender equity. Ultimately, better family planning eases population pressure, so that it has a positive impact on all sectors of society as well as on nature and the environment.

An example from the field

In Nepal, Germany is one of the most important bilateral donors in the field of reproductive and maternal health. On behalf of the Federal Ministry for Economic Cooperation and Development (BMZ), we support the Ministry of Health and Population in implementing Nepal's national health plan. The core of support is the *Safe Motherhood Long Term Plan 2002-17*, which is primarily geared to the health of

mothers and new-borns. The objective is to establish comprehensive emergency obstetrical care in 60 districts and 80 percent of primary health service facilities. In addition to the provision and training of medical staff, we also promote maternal protection, prevention of mother-to-child transmission of HIV and the legalisation of abortion. Financial incentives are intended to increase the access of pregnant women to the public health system.

In close coordination with the government and international partners, we are promoting a systemic reform approach that includes the drafting of guidelines for human resources development, supply of medicines, planning and construction of health facilities, medical technology and maintenance, and the legalisation of abortion.

The joint setting of priorities has contributed to a considerable reduction of maternal mortality in Nepal. In 1998, one out of five deaths was traceable to pregnancy or childbirth; in 2009 the figure was only one out of ten. During the same period, the use of contraceptives more than doubled, from barely 23 percent to 48 percent. The use of condoms has risen sharply. The proportion of pregnant women undergoing at least one antenatal examination was only 15 percent in 1990, and rose to 44 percent in 2006, although considerable differences persist between urban and rural areas.

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