

Reproductive Health and HIV/AIDS





A Senegalese woman accesses health services under the ENABLE project.

CEDPA is committed to ensuring greater access to proven health information and services that save lives and build healthier families. To that end, we work with local institutions to mobilize community support for safe motherhood and lifesaving reproductive health care. Our HIV/AIDS projects include partnerships with local leaders and faith-based organizations to promote HIV/AIDS prevention, care and treatment.

The average woman born in 1975 was expected to live to age 62. Her daughter born in 2005 will live a longer, healthier life – on average. But the gains in women’s health have been very uneven around the world. A wide disparity in services and health divides wealthier people and countries from the poorer ones.¹

- Health risks associated with pregnancy and childbirth now claim 530,000 lives each year – one per minute – nearly all in developing countries, and little progress has been made in improving maternal health in those areas over the last decade.²
- AIDS, a disease that was unknown when CEDPA began, has reversed gains in life expectancy in some nations: in Botswana, women’s life expectancy has fallen by more than 24 years during the past three decades. Today, some 17.5 million women live with HIV, and three out of four of them live in sub-Saharan Africa.³

These challenges are immense, but CEDPA’s track record in reproductive health and HIV/AIDS demonstrates that they are not insurmountable. We pioneered innovative approaches to expand community-level access to family planning 30 years ago. With local partners, our community mobilization strategies have empowered organizations to advocate changes that would respond better to the needs

of women and their families. CEDPA’s programs have reached out to isolated, marginalized communities and have addressed their special health and social needs.

In 1975, most family planning and health care in developing countries was provided by government ministries, usually through centralized government clinics. CEDPA’s approach was to build the capacity of district-level health professionals to deliver family planning and health care at the community level, where they could respond directly to local needs.

By 1985, the USAID Office of Population awarded CEDPA a cooperative agreement in recognition of our track record in empowering women to lead those programs. The resulting projects, **Family Planning Through Third World Women Managers** (implemented from 1985-1990) and the follow-on **ACCESS to Family Planning Through Women Managers** (1991-1998), increased women’s access to reproductive health care and strengthened their participation in family planning decision-making. Under ACCESS, CEDPA’s local partners reached 765,333 individuals with family planning programs, broadened the range of services provided to include maternal health and HIV prevention, and extended training to 4,000 field workers and 400 women’s advocates to ensure that programs met women’s priorities.

¹ United Nations Department of Economic and Social Affairs, *World Population Prospects: The 2004 Revision* database (<http://esa.un.org/unpp/>). Accessed online 4/28/06.

² UNFPA, *Reproductive Health Fact Sheet*, (http://www.unfpa.org/swp/2005/presskit/factsheets/facts_rh.htm). Accessed online 4/28/06

³ UNAIDS/WHO, *AIDS Epidemic Update 2005*, Geneva, Switzerland, December 2005.

1985

- About 12% of worldwide parliamentary seats held by women.
- 157 countries at the UN **Third World Conference on Women** in Nairobi adopt a plan of action for women’s progress through the year 2000.

1986

- Central African Republic grants **women the right to vote**;
- Corazon Aquino becomes President of the Philippines.

Building on this success, USAID awarded CEDPA the **Enabling Change for Women's Reproductive Health (ENABLE)** Project to improve women's reproductive health and empower women to improve their families' health in Ghana, India, Nepal, Nigeria and Senegal. Implemented from 1998-2003, ENABLE strengthened non-governmental organization networks in providing quality, gender-sensitive and sustainable reproductive and child health services, particularly in isolated rural communities and urban slums. Working through local partners, the project provided family planning services to more than 910,000 new and 690,000 continuing clients. In addition to assisting individuals, ENABLE worked to change the overall social and cultural climate that influences reproductive health decision making and limits access to health services. The project's far-reaching community mobilization and advocacy strategies reached a total of 56 million people through media, public education and community events on issues including family planning, female genital mutilation, HIV/AIDS and safe motherhood.



Nigerian partners mobilize action for World AIDS Day 2001.

As a partner in the **CATALYST** consortium (2000-2005), CEDPA provided technical assistance and training to link family planning and reproductive health services to other sectors. For example, we worked with PROFAMILIA in Columbia to develop a

training manual for youth coordinators in the public and private sector to design programs that respond to the sexual and reproductive health needs of young people. In Bolivia and Peru, we improved the health sector response to gender-based violence through online and in-person trainings on the impact of violence on women's health. Throughout the project, CEDPA evaluated

partner training workshops, manuals and other materials to ensure that gender issues were addressed throughout.

CEDPA's work to address the **global AIDS** epidemic, rooted in our community-based empowerment model, has promoted equal access to information, prevention, care and treatment for women and their families. We have done this through integrating HIV/AIDS programming within reproductive initiatives such as ENABLE, but also through stand-alone AIDS project programming. The tested strategies and approaches used to increase appropriate use of reproductive health services and decentralize services have informed our HIV/AIDS programs.

Our largest AIDS program has been implemented as a partner in the **Global HIV/AIDS Initiative Nigeria (GHAIN)**, a five-year project funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development. Launched in 2004, the project supports the Nigerian government's efforts to prevent HIV transmission and expand and strengthen care, support and treatment for people living with AIDS. Nigeria's HIV/AIDS epidemic is second in size and impact only to South Africa's on the African continent.

Our work with the Church of Christ Nigeria (COCIN), for example, resulted in a comprehensive church-based HIV/AIDS prevention and support program that promotes condom use within marriage. The program offers counseling and voluntary HIV testing of couples intending to wed, management of sexually transmitted infections, and training for pastors and pastors' wives in counseling and home-based care for HIV/AIDS. To date, CEDPA's community partners have reached more than 500,000 Nigerians with HIV prevention messages through peer education, church sermons and faith-club activities.

● Violeta de Chamorro becomes President of Nicaragua;
● Mary Robinson becomes President of Ireland.

1987

● World population passes 5 billion mark.

1990

As CEDPA looks toward the next 30 years, we remain dedicated to addressing the disproportionate burden of ill health on poor women through greater reproductive health and HIV/AIDS programming. We will continue to develop new and creative approaches that make quality reproductive health services more accessible to women. We also will continue to strengthen community support

for gender-sensitive HIV/AIDS services, to alleviate the care-giving burden on women, and to involve men as active partners.

Our hope is that the daughters of the girls born in developing countries in 2005 will have a better chance for good health and healthy families than their mothers did.

Working with Traditional and Faith Leaders



African Islamic leaders work to improve reproductive health policies under the POLICY II project (2000-2006).

Throughout CEDPA's history, we have engaged traditional and religious leaders as allies to change the social and cultural climate that influences reproductive health decision-making and limits access to health services.

Through a partnership with the YWCA in Ghana, for example, CEDPA reached out to Queen Mothers and *magajias* to address HIV/AIDS in their communities under the ENABLE project (1998-2003). We held workshops to build skills and share information with these traditional leaders on sexually-transmitted infections and HIV/AIDS education, prevention and support. The leaders in turn worked within their communities in the Ashanti, Brong Ahafo, Central, Eastern, Greater Accra and Volta regions to disseminate HIV prevention messages and reduce stigma for people living with HIV/AIDS.

In Nigeria, where 40 percent of the health services are delivered by religious institutions, CEDPA currently mobilizes faith-based and community organizations to strengthen the response to HIV/AIDS. We are building awareness among religious and cultural leaders; strengthening faith-based institutions and community organizations to increase community-level prevention, care and support; and mobilizing communities and advocating to reduce stigma and increase use of voluntary counseling and testing, antiretroviral therapy services, and home-based care and support.

CEDPA's training manuals highlight best practices in engaging faith communities on reproductive health and AIDS. CEDPA published the mobilizing tool, *A Call to Engagement for People of Faith on Population and Development*, in advance of the 1994 International Conference on Population Development. *Faith Community Responses to HIV/AIDS* (2003) provides an overview to religious leaders and church groups about the HIV/AIDS pandemic, cultural and social factors that contribute to the spread of HIV/AIDS, and options for action.

1991

● Khaleda Zia becomes Prime Minister of Bangladesh.

1993

● WHO reports 14 million people infected with HIV worldwide, including nearly 5 million women.