

Solutions Panorama

Ideas that Deliver for Girls and Women

A collection of 100 programs, initiatives, and strategies that were shared at the Women Deliver 2016 Conference



Foreword

by Katja Iversen, President/CEO, Women Deliver

This Solutions Panorama is the result of one extraordinary week in May of 2016 when 5,759 champions of girls and women from 169 countries gathered at the Bella Convention Center in Copenhagen for the Women Deliver 2016 Conference. Driven by the mutual understanding that delivering for girls and women translates into progress for all, we shared expertise, ideas, and a commitment to work together from here on out.

The 2016 conference went above and beyond our expectations – convening organizations, influencers, and activists across sectors and issues – sharing how to best deliver for girls and women. At plenary and concurrent sessions, in the exhibit wing, and throughout the hallways, the center was buzzing with discussion and debate. We strove to break down the siloes that prevent collaboration and much too often deprive girls and women from surviving, thriving, and taking on active roles in their lives and communities.

Our collective vision is a future in which girls and women will no longer be sidelined, but on the front lines of progress. The Women Deliver 2016 Conference fueled our shared effort towards this vision: A world in which girls and women have access to education, healthcare, and family planning. A world in which they are safe from discrimination and gender-based violence. A world in which they can learn, earn, serve their communities as decision-makers, and release their untapped potential.

I have never left a conference so inspired and energized. Now it is our job to make sure that the inspiration doesn't fade. And so, we have pooled a range of thought-provoking solutions that were discussed in Copenhagen to share with the world. From "Husband Schools" in Niger to elevated gardens fighting floods in Nicaragua, these programs are as diverse as the conference itself. Our hope is that this Solutions Panorama will act as a resource for conference participants and international development practitioners everywhere—a tool to help advance the health, rights, and wellbeing of girls and women. And this is only the beginning. The Solutions Panorama is a living document, one we will continue to build upon in the months and years to come.

To all of the contributors who have shared their solutions, and for all of those who will, we thank you. Thank you for delivering for girls and women, delivering for all of us, and delivering for good.



Katja

The Solution Panorama entries were independently submitted by organizers of the Women Deliver Conference concurrent sessions; sourced from the Deliver for Good campaign policy briefs, which were launched at the conference; and drawn from a September 2016 report from Business for Social Responsibility (BSR), Women Deliver, and the Ministry of Foreign Affairs of the Netherlands entitled, *Women's Empowerment in Global Value Chains: A Framework for Business Action to Advance Women's Health, Rights, and Wellbeing*. Women Deliver has edited all content. Women Deliver and featured organizations may not necessarily endorse all approaches and activities listed in this document.

All printed links in the 'Learn More' section of each solution are shortened, and do not lead directly to the listed source. To visit the sources, please click on the hyperlinks in the online version of the Solutions Panorama, available at: bit.ly/SolutionsPanorama



Solutions Panorama Introduction

Creating and promoting solutions to improve the lives of girls and women has always been at the heart of Women Deliver. The organization took this commitment one step further in 2016 by shaping the entire Women Deliver 2016 Conference around sharing, discussing, and debating solutions to make the Sustainable Development Goals (SDGs) matter most for girls and women. As the largest meeting in the past decade to focus on girls' and women's health, rights, and wellbeing, the conference drew 5,759 attendees from 169 countries – including influencers, advocates, and leaders from civil society, governments, the United Nations, the private sector, and academia. It served as a fueling station, a source for new ideas, and a space to deliberate SDG implementation so that it truly advances the health, rights, and wellbeing of girls and women.

The rich diversity of perspective and expertise at the global Women Deliver 2016 Conference set the stage for contagious idea sharing. Women Deliver has captured one hundred of these ideas and packaged them in this Solutions Panorama – a resource for conference participants and the broader development community to reference in their own work. Covering the programs and projects of diverse organizations and governments, the Solutions Panorama transforms the conference from a moment in time to an enduring source of inspiration.

Within the Solutions Panorama there are pragmatic programs, clever advocacy strategies, and innovative products. It highlights not only projects with long, documented records of success, but also promising ideas that are gaining traction. All of the solutions are arranged around twelve high-yielding investment areas which shaped the Women Deliver Conference and are central to Deliver for Good – a global campaign that applies a gender lens to the SDGs to fuel concrete action for girls and women. (Learn more on page 136.)

The Solutions Panorama does not end with this document. These ideas will remain accessible via an interactive database on the Women Deliver website, allowing visitors to browse according to solution type, issue area, and region. As with the conference, we hope that the solutions presented here will continue to inspire and spur action for girls and women around the world.



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Improving Maternal and Newborn Health and Nutrition

To save the lives of girls and women and improve their overall health, as well as the health of their newborns, clinical interventions and health services should be delivered across a continuum of care, before, during, and after pregnancy. Providing quality healthcare and nutritional support for all women and babies is a small price to pay for a healthy generation.

The Impact of Respectful Care for Women and Their Newborns

Featuring:
WHO Philippines Country Office;
Philippine Department of Health

Where:
The Philippines

Time Frame:
2010 - Present

DESCRIPTION

The WHO Philippines Country Office and Philippine Department of Health developed an urgently needed Essential Intrapartum and Newborn Care package for government hospitals throughout the Philippines. The evidence-based package represents the highest standard for safe and quality care for birthing mothers and healthy newborns in the 48 hours of the intrapartum period and the first week of life of the newborn.

A photograph of a woman with dark hair, wearing a purple shawl, holding a newborn baby. The baby is wearing a yellow onesie. The background is a plain, light-colored wall.

Within one year, **16,000 doctors, nurses, midwives, and other health workers were trained** in roughly 50 centers through capacity-building initiatives.

HOW DOES IT WORK?

The full Essential Intrapartum and Newborn Care package is based on hospital reform initiatives, model centers of excellence for healthcare practitioners, educating healthcare providers, and social marketing. The recommended practices include continuous maternal support by having a companion of choice during labor and delivery, freedom of movement during labor, offering non-drug pain relief before anesthesia, position of choice during labor and delivery, and active management of the third stage of labor.

A social marketing program was created to accompany the package called Unang Yakap, or “the First Embrace,” referring to the immediate and uninterrupted skin-to-skin contact between women and their newborns to foster a successful start to breastfeeding and child-rearing.

IMPACT

Within one year, 16,000 doctors, nurses, midwives, and other health workers were trained in roughly 50 centers through capacity-building initiatives. Initial experience of the Essential Intrapartum and Newborn Care scale-up implementation program in 11 hospitals documented positive outcomes, with admissions to the neonatal intensive care units dropping by 50 to 75 percent in some hospitals. Neonatal sepsis rates were reduced by up to 70 percent and there was a reduction in newborn deaths by as much as 50 percent. Practice of the recommended procedures approached universality.

breastfeeding rates: 90 to 100 percent upon discharge, 85 percent at day seven, and 69 percent at day 28. Safe maternal practices, including active management of the third stage of labor, mobility and position of choice in labor, partograph use, and antenatal steroid administration in preterm labor have been adopted in all participating hospitals. Harmful or unnecessary practices, such as application of fundal pressure and routine episiotomy, were discontinued.

In one pilot hospital, skin-to-skin contact was associated with lower rates of mortality, sepsis, and severe disease. Non-separation of mother and newborn led to successful initiation of breastfeeding and high exclusive

Maternal and health staff satisfaction with the birthing experience are palpable. Simple analyses have revealed substantial savings: the average cost of vaginal delivery was reduced by US\$12.

LEARN MORE

“Report of the WHO Representative: The Work of the World Health Organization in the Philippines January - December 2011,” [World Health Organization](#)

Essential intrapartum and newborn care (EINC); wpro.who.int

Source: [Ensure Access to Comprehensive Health Services policy brief](#)

A Comprehensive Approach to Improving Women's and Children's Nutrition

Featuring:
CARE
Where:
Bangladesh
Time Frame:
2006-2010

DESCRIPTION

CARE's program 'Strengthening Household Ability to Respond to Development Opportunities' in Bangladesh adopted a multi-sectoral approach to improving the nutritional status of women and children in four remote rural areas. The poorest households were selected within these communities to receive multiple interventions, for a target population of 400,000. The framework focused on strengthening the education of girls and women on health and nutrition practices, as well as enhancing their literacy and leadership skills and installing wells for access to safe drinking water. The program combined both "short" (direct nutrition) routes and "long" (underlying structural) routes to reduce malnutrition.

CARE's approach was to support and strengthen several ongoing government programs in the target areas and to introduce new activities. One of the key interventions promoted maternal and child health and nutrition by providing food rations to children 6-23 months of age and to pregnant and lactating women. Community health volunteers (who received an honorarium through the project) organized women's groups and conducted health education on breastfeeding, complementary feeding, care for women during pregnancy and delivery, and hygiene practices. The project also promoted a number of local government health programs, such as prenatal and emergency obstetric care, vitamin A supplementation for children and vitamin A and iron-folic acid supplementation for mothers, immunizations, and referrals for family planning and emergencies.

IMPACT

The project concluded that combining direct nutrition interventions with those that address structural causes has the potential to accelerate reductions in child malnutrition at a rate far greater than can be expected from direct nutrition interventions alone.

These interventions led to better health within the communities and a reduction in malnutrition. By incorporating the importance of proper water, sanitation, and hygiene (WASH) practices, the percentage of mothers who wash their hands before food preparation rose from 60 to 94 percent; households with access to safe, clean water rose from 57 to 71 percent; and the percentage of people with access to a sanitary latrine rose from 13 to 54 percent.

The evaluation showed that women's empowerment interventions had a strong independent impact on stunting. The combination of sanitation, women's empowerment, and poverty alleviation interventions had synergistic effects with direct nutrition interventions. The reduction in stunting was far greater for the extreme poor than for poor project households, indicating that the use of pro-poor targeting (versus universal coverage) also facilitated the reduction in stunting.

LEARN MORE

"Multi-Sector Approach to Reducing Malnutrition: Combining 'Short' and 'Long' Routes," [Lisa Smith](#)

Source: [Accelerate Access to Resources - Land, Clean Energy, Water, and Sanitation policy brief](#)

The combination of **sanitation, women's empowerment, and poverty alleviation** interventions had synergistic effects with direct nutrition interventions.

Boosting Midwifery Programs in Cambodia to Improve Maternal and Child Health

Featuring:
Government of Cambodia
Where:
Cambodia
Time Frame:
2005-2012

DESCRIPTION

Since 2005, Cambodia has seen a significant decline in maternal and newborn mortality and a transition from most births taking place at home to the majority taking place in government facilities. This shift is largely due to targeted interventions led by the local government, with the support of a range of partners, including NGOs and UN organizations, to increase access to quality maternal healthcare. Amplified investment in midwifery education, a scale-up in the number of midwives providing antenatal care, financial incentives for facility-based midwives for every live birth conducted, and an expanding system to make healthcare free for poor people, have greatly contributed to improved quality of care and improved health outcomes. Non-health factors such as: political stability, economic growth, improved primary education (particularly for girls), improved access to health information, and improved transportation infrastructure, have lent to this positive turn.

IMPACT

Access to improved primary healthcare, with a focus on midwifery, was seen across the public and private health sectors. In 2010, 71 percent of all births were assisted by a skilled birth attendants – 55 percent in health facilities and 15 percent as home deliveries. Pre-service education and in-service training for midwives has been prioritized, and all health centers have at least one primary midwife. The percentage of births in public facilities rose to 61 percent by 2011. Nearly 70 percent of these births took place in health centers while 31 percent in took place in hospitals – which indicated more women with complications are reaching hospital level.

LEARN MORE

"Socio-economic Improvements and Health System Strengthening of Maternity Care are contributing to Maternal Mortality Reduction in Cambodia," [Jerker Liljestrand and Mean Reatanak Sambath](#)

"Cambodia Demographic & Health Survey 2010," [Darith Hor, et al.](#)

Source: [Improve Maternal and Newborn Health and Nutrition policy brief](#)

In 2010, **skilled birth attendance** in facilities accounted for **55% of all births**, and home deliveries with a midwife for **16%** of all births.

Increasing Access to Care for Women with Diabetes in Pregnancy

Featuring: Novo Nordisk; World Diabetes Foundation; Municipal Health Authorities of Barranquilla, Colombia; Population Services International
Where: Global program, with examples in Nicaragua and Colombia
Time Frame: 2009-present

SUMMARY

In 2009, Novo Nordisk launched the Changing Diabetes® in Pregnancy program as part of its strategy to strengthen access to diabetes care, particularly at critical intervention points, such as pregnancy. Gestational diabetes mellitus (GDM) refers to diabetes occurring during pregnancy, an often overlooked condition that impacts one in seven pregnant women, or 18 million pregnancies globally. Not only does GDM increase the risk of birth complications and maternal and newborn deaths, it can also substantially increase the risk of mother and child developing type 2 diabetes later in life. A lack of knowledge, skills, and infrastructure to adequately test for and treat diabetes in pregnancy is the key challenge many countries face in preventing and treating GDM. Addressing diabetes in pregnancy is an opportunity to both improve maternal and child health and slow down the global diabetes pandemic.

HOW DOES IT WORK?

The program aims to increase access to GDM testing, care, and lifestyle education for pregnant women in low- and middle-income countries. As a leader in diabetes care, the company views this program as an opportunity to share its expertise and use its resources and networks to foster maternal health partnerships, strengthen the evidence base, and catalyze change in the way health systems support pregnant women with or at risk of GDM.

Through the World Diabetes Foundation and partnerships with maternal health organizations, Novo Nordisk is building evidence on the cost-effectiveness of addressing GDM and supporting projects that show how it can be done. Demonstration projects in Colombia, in partnership with the Municipal Health Authorities of Barranquilla, and in Nicaragua, with Population Services International (PSI), focus on making testing for GDM an integral part of prenatal care and improving knowledge on how to maintain a healthy lifestyle and control blood-sugar levels before delivery. These projects also include important interventions to build the capacity of healthcare providers and community health workers.

Novo Nordisk utilizes a Differential Pricing Policy for Least Developed Countries (LDCs), ensuring that in these countries insulin can be offered at a price that does not exceed 20 percent of the average realized price for Europe, the US, Canada, and Japan. In 2015, Novo Nordisk sold human insulin according to the company's Differential Pricing Policy in 23 of the world's 48 Least Developed Countries. The average realized price for insulin sold under the program was US\$0.15.



Photo by Accenture

IMPACT

By the end of the three-year project in Colombia, screening for GDM had increased from 5 to 97 percent. The projects also produced health worker training materials, case studies, and infographics that can be replicated in other communities. Using Novo Nordisk's health economic tool to support GDM policymaking, the 'GeDiForCE' model, several analyses of GDM screening programs have been conducted. Results of screening and interventions vary by country and by specific interventions.

LEARN MORE

Changing Diabetes® in Pregnancy; novonordisk.com

"The International Federation of Gynecology and Obstetrics (FIGO) Initiative on Gestational Diabetes Mellitus: A Pragmatic Guide for Diagnosis, Management, and Care," [Moshe Hod, et al.](#)

"Cost-effectiveness analysis of gestational diabetes mellitus screening in urban Chinese setting," [Luying Zhang, et al.](#)

"The cost-effectiveness of gestational diabetes screening including prevention of type 2 diabetes: application of a new model in India and Israel," [E Marseille, et al.](#)

"Changing Diabetes: Diabetes is changing the world - How can we change diabetes?," [Novo Nordisk](#)

Differential pricing policy for least developed countries; novonordisk.com

Submitted by Business for Social Responsibility (BSR), Women Deliver, and the Ministry of Foreign Affairs of the Netherlands (A September 2016 report, *Women's Empowerment in Global Value Chains: A Framework for Business Action to Advance Women's Health, Rights, and Wellbeing*)

By the end of the three-year project in Colombia, **screening for GDM had increased from 5% to 97%.**

Use of Mobile Technology to Deliver Health and Nutrition Messages to Women and Adolescents

DESCRIPTION

The Global Alliance for Improved Nutrition (GAIN), in partnership with development agencies such as UNICEF, the GSMA Mobile for Development Foundation, and national and local governments, is investing in the use of mobile communication technology to reach women of reproductive age in five African countries. The program targets first-time mothers and adolescent girls with critical nutrition messages via mobile phone. Reaching adolescent girls directly and discretely with health messages can help them feel more comfortable accessing services and can be an effective way to break the intergenerational cycle of stunting, poor economic productivity, and obesity.

GAIN and the project partners have managed two mobile messaging behavior-change projects: StartSmart from 2013-2015 in South Africa and mNutrition from 2014-2017 in Ghana, Mozambique, Nigeria, and Tanzania. StartSmart focused on maternal, infant, and young child nutrition as well as healthcare-based interventions from prenatal to 5 years old. mNutrition broadened the reach to include adolescent girls and women of reproductive age. It offers information for women throughout pregnancy and the post-partum period, including providing information specific to newborn, infant, and young child care

Featuring:
Global Alliance to Improve Nutrition (GAIN), GSMA Mobile Development Foundation, UNICEF
Where:
Ghana, Mozambique, Nigeria, South Africa, and Tanzania
Time Frame:
2013 - 2017

Reaching adolescent girls **directly and discretely** with health messages helps them feel more comfortable accessing services.

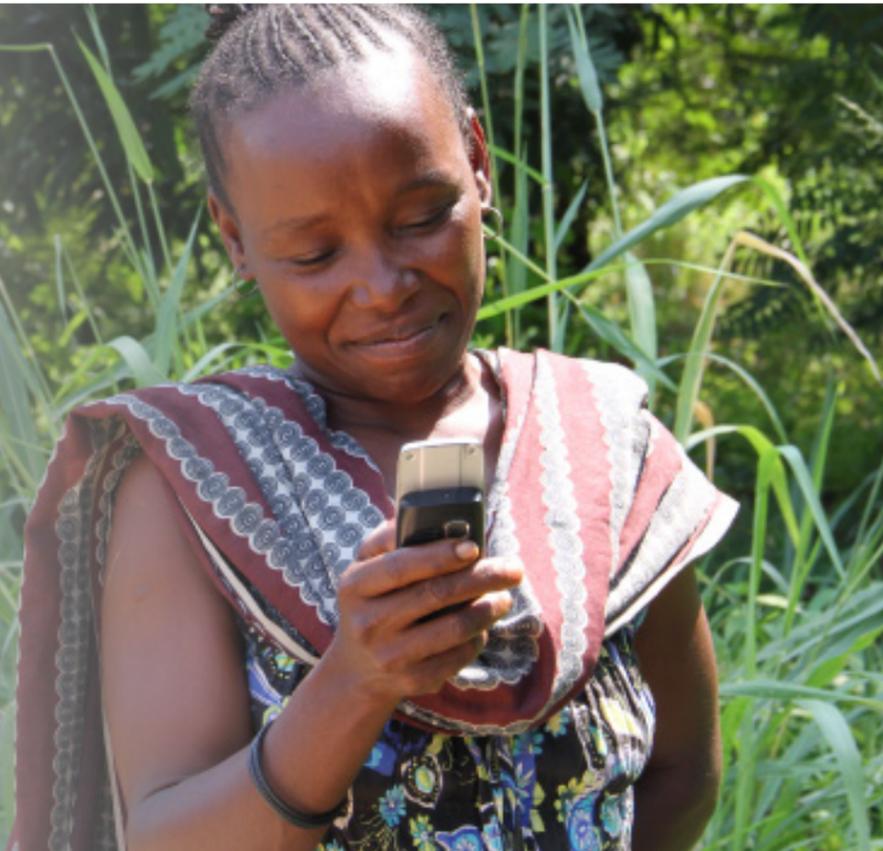


Photo by GSMA

and feeding, with a focus on nutrition and nutrition-sensitive agricultural practices. A number of mobile messages are sent about maternal and child nutrition and health, particularly in the first 1,000 days of a child's life and emphasize the effect that nutrition has on a child's cognitive development.

REACH

The first phase of the mNutrition project has reached more than 1.5 million subscribers in Ghana, Nigeria, and Tanzania. To date, GAIN has supported the embedding of nutrition messages in five health and agriculture mobile messaging services across three countries: Ghana, Nigeria, and Tanzania.

Although it was initially expected that StartSmart would reach just 10,000 users, the Mxit chat channel, a popular South African messaging platform, was exceptionally effective at speaking to the target audience's needs, reaching over 128,000 users in South Africa to date. Young people are the primary users of the platform, attracted by airtime rewards for registration.

LEARN MORE

GAIN Health: StartSmart;
gainhealth.org

GAIN Health: mNutrition;
gainhealth.org

"Understanding the Role of mHealth and Other Media Interventions for Behavior Change to Enhance Child Survival and Development in Low- and Middle-Income Countries: An Evidence Review,"
[Elizabeth S. Higgs, et al.](#)

"Mobile for Development mHealth: The Use of Mobile to Drive Improved Nutrition Outcomes: Successes and Best Practices from the mHealth Industry,"
[Kim Viljoen and Elsie Sowah](#)

"Mobile for Development mHealth: The Importance of Partnerships in mHealth,"
[Kim Viljoen](#)

A message which saves lives;
devfinance.net

New early learning initiative for age 0-4 offers education hope;
dailymaverick.co.za

mNutrition Fact Sheet;
iati.dfid.gov.uk

Submitted by Global Alliance to Improve Nutrition (GAIN)

Mobile messages as a delivery channel has huge reach - the first phase of the mNutrition project has reached more than **1.5 million subscribers** in Ghana, Nigeria, and Tanzania.

Holistic Campaign to Champion Maternal and Newborn Survival

Featuring:
Evidence for Action (E4A)
Where:
Ghana, Sierra Leone, Tanzania, Malawi, and Nigeria
Time Frame:
2012 - Present

DESCRIPTION

Evidence for Action (E4A) has launched locally-driven advocacy campaigns, known as MamaYe, in Ghana, Malawi, Nigeria, Sierra Leone, and Tanzania. MamaYe is a campaign to ensure Africa's women and babies survive pregnancy and childbirth. Through regional and country websites, MamaYe shares evidence, tools, news, and success stories - including a taxi driver who took a laboring woman to the clinic in the middle of the night, students donating blood for emergency transfusions, and politicians who are prioritizing maternal health. Also accessible on the websites are tools to help decision-makers allocate resources effectively and advocate to influence policy. MamaYe produces a range of products, including factsheets, scorecards, infographics, posters, clinical guidelines, and maps to the nearest blood bank. MamaYe also drives advocacy with communities, activists, and civil society organizations by using highly-visible events, such as blood drives. In-person events help raise awareness of maternal and newborn health issues, introduce campaign tools directly to the community, and build momentum for action.

On the ground, each of the five MamaYe countries have made a difference to **maternal and newborn survival.**

IMPACT

More than 45,000 unique visitors and nearly 70,000 hits were recorded on the main MamaYe Africa campaign website since launching in 2012. On the ground, each of the five MamaYe countries have made a difference to maternal and newborn survival. To give one example, the "Give Blood to Save a Mama and Baby" campaign in Malawi demonstrated that the public is willing to give blood, a concept not previously accepted. Blood collection days were so well attended that the Malawi Blood Transfusion Service changed its policy to include community blood collection for the first time.

LEARN MORE

About MamaYe;
evidence4action.net
Factsheet on Malawi's Blood Services 2016;
mamaye.org.mw
MamaYe Countries;
mamaye.org
About Evidence for Action and MamaYe;
options.co.uk
Submitted by Options Consultancy Services

Combating Malnutrition Among Garment Workers

Featuring:
Global Alliance for Improved Nutrition (GAIN); Business for Social Responsibility (BSR); Change Associates; International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)
Where:
Bangladesh
Time Frame:
2015 - 2030

DESCRIPTION

Nutrition is a multi-dimensional issue that demands multi-stakeholder, cross-sector collaboration. With positive links to development, sound nutrition is getting the attention it deserves in the new Sustainable Development Goals (SDGs); Goal 2, which focuses on hunger, calls for an end to all forms of malnutrition by 2030 and highlights the nutritional needs of adolescent girls, pregnant and lactating women, and children under five years of age. This goal is particularly relevant in countries like Bangladesh, where, 4 in 10 pregnant women suffer from anemia. Anemia causes fatigue and reduces concentration and productivity; an estimated 7.9 percent of Bangladesh's gross domestic product is lost due to anemia alone. There is also an intergenerational impact, linking anemia in women and babies to low birth weight and impaired growth and brain development.

The garment industry in Bangladesh employs 4 million people—80 percent of them women—and is well placed to develop and test scalable solutions to reduce malnutrition and improve the wellbeing of workers and their children. To better understand the landscape, the Global Alliance for Improved Nutrition (GAIN) - through a grant from the Netherlands - funded and provided technical expertise to Business for Social Responsibility (BSR) and Change Associates to:

- Conduct a nutritional assessment of factory workers, sites and surroundings;
- Develop nutrition interventions within factory settings, incorporating behavior change, supplementation, better factory menus, and improved access to nutritious food in and outside the factory;
- Study the business and health benefits of nutrition interventions;
- Promote positive workplace nutrition practices with the Government of Bangladesh, factory management, global buyers, and relevant stakeholders.

GOAL

The pilot project in Bangladesh aims to improve the nutritional status of women working for suppliers of two multinational clothing retailers. GAIN's technical expertise strengthens the nutrition components of the project, while BSR provides a platform for GAIN to test its fortified foods and nutrition supplements. Additionally, a rigorous impact evaluation by the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) will inform the scale-up phase and gather evidence to support investing in workers' health and nutrition in global supply chains.

GAIN seeks to demonstrate that investing in improved health and nutrition will not only improve the nutritional status of female workers, but will also reduce absenteeism, improve retention and productivity, increase workers' loyalty, and improve factory reputation.

LEARN MORE

"The Burden of Anemia in Rural Bangladesh: The Need for Urgent Action," [Helen Keller International, Bangladesh](#)
Current Practices in Food and Childcare-Service Provision in Bangladesh's RMG Factories; bsr.org
"Current Practices in Food and Childcare-Service Provision in Bangladesh's Ready-Made Garment Factories: A Situational Analysis Report," [Marat Yu and Lenin Khan](#)
Submitted by Global Alliance for Improved Nutrition (GAIN)

Provision of Nutrition Supplements to In- and Out-of-School Adolescent Girls

Featuring:
Government of India; UNICEF
Where:
India
Time Frame:
2000-2011

DESCRIPTION

Adolescent girls are particularly at risk for undernutrition and anemia. Girls' iron requirements increase dramatically during adolescence as a result of the expansion of lean body mass as well as their total blood volume and the onset of menstruation. These changes make adolescent girls more susceptible to anemia, which has lasting negative consequences for them and for the survival, growth, and development of the children they may have later in life. In India - home to nearly 113 million adolescent girls - the prevalence of anemia in adolescent girls is estimated at 56 percent.

In view of the scale of the problem, the Government of India and State governments, with technical support from UNICEF and partners, have been implementing a program to control anemia among adolescent girls for over a decade, the Adolescent Girls Anaemia Control Programme. The main objective is to reduce the prevalence and severity of anemia in adolescent girls, with schools as the delivery channel for school-going girls and the community *anganwadi* centers of India's Integrated Child Development Services program for out-of-school girls.

REACH

Once the effectiveness and low cost of these interventions were established, the Adolescent Girls Anaemia Control Programme was scaled up in 13 Indian states with state government funds, and over 27 million adolescent girls were reached by the end of 2011.

LEARN MORE

"The Adolescent Girls Anaemia Control Programme," [UNICEF](#)

Submitted by UNICEF

The Adolescent Girls Anaemia Control Programme reached over **27 million adolescent girls.**

Providing Birth Attendants with Health and Nutrition Training

Featuring:
Micronutrient Initiative (MI)
Where:
Kenya
Time Frame:
2012-2016

DESCRIPTION

Women are often the decision makers when it comes to nutrition for their families and communities, but they sometimes lack the knowledge they need to make informed decisions. Interventions that provide them with nutrition information and education can allow them to become nutrition champions within their households and their communities. Depending on the country and cultural context, information campaigns, workshops, mentoring, or more formal classes can take place in health or community centers, in people's homes, or in recognized community gathering sites.

Depending on child nutrition, training can cover topics such as breastfeeding; feeding children; the need for iron and folic acid supplementation; water, sanitation and hygiene (WASH); and even how to cook nutritious meals. In many countries, training focuses on the whole family, including the mother-in-law (who often is the main influencer in terms of nutrition for the family) and the husband. In the Micronutrient Initiative (MI)-led 'Linda Afya Ya Mama na Mtoto' project in Kakamega County, Kenya, traditional birth attendants received health and nutrition training in order to better counsel women before and after delivery. Ultimately, the whole family benefits from the knowledge acquired during the training.

The training sessions are usually instigated by civil society groups or local health centers. Facilitators are trained through a cascading "train the trainer" model in order to build local capacity and increase the number of people who can provide training. A facilitator manual is used, as well as manuals and/or visual cues for participants (depending on literacy levels).

IMPACT

This solution empowers women to make better decisions when it comes to feeding themselves and their family. The impact of the training can be measured by changes in the nutritional status of the community, an increase in the number of babies who are breastfed within the first few hours and months of life, and a decrease in the prevalence of malnutrition indicators, such as stunting and wasting, and in micronutrient deficiencies.

For example, a behavior change communication campaign led by MI and its partners in Kenya contributed to a significant increase in the intake of iron and folic acid supplementation in women of reproductive age. Through this project, several groups of people, including the women themselves, frontline health workers, community health workers, and male opinion leaders attended workshops on ways to prevent and control anemia and, most importantly, on the importance of daily iron and folic acid supplementation during pregnancy.

LEARN MORE

Birthing access to safer deliveries in Kenya; [micronutrient.org](#)

Launch of "Linda Afya ya Mama na Mtoto" project in Kenya; [prontointernational.org](#)

About Linda Afya ya Mama na Mtoto; [knowamref.org](#)

Submitted by Micronutrient Initiative (MI)

This solution empowers women to make **better decisions** when it comes to **feeding themselves and their family.**

Improving Safe Obstetric Care with Legal Abortion Services

Featuring:
Government of South Africa
Where:
South Africa
Time Frame:
1996 - Present

DESCRIPTION

In developing countries, more than 22,000 women die from complications from unsafe abortion each year, and 6.9 million are treated for complications. In an effort to reduce abortion-related deaths, South Africa legalized abortion in 1996, through the Choice in Termination of Pregnancy Act, which gives women, regardless of age or marital status, the right to access to abortion services within the first 12 weeks of pregnancy. The act can also extend access to 20 weeks of pregnancy in specific cases. The act served as one of the most liberal examples of abortion legislation globally and was fueled by findings from a national study on the epidemiology of incomplete abortion in 1994. The act brought to light the scale of the problem of unsafe abortion and repealed the 1975 Abortion and Sterilization Act that restricted access to abortion services by requiring approval for the procedure from a physician, and in some cases a court magistrate. The law's passage was a crucial advancement for women, as it represented the recognition of reproductive rights. This law was enacted under the first democratically elected government in South Africa.

A review of national data indicates that **abortion mortality dropped by more than 90%** between 1994 and 2001.

IMPACT

Since 1996, there has been a significant decrease in morbidity for women in South Africa who have undergone unsafe abortion, especially younger women. In 1994, a study concluded that teenagers in South Africa had the highest morbidity, which further underscores the importance of the legislation. A review of national data indicates that abortion mortality dropped by more than 90 percent between 1994 and 2001. Within the first three years of passing the Act in South Africa, services were incorporated into both private and public settings, leading to 40,000 legal terminations occurring per year, which was a large increase from the 800 to 1,000 per year under previous laws.

LEARN MORE

"The impact of age on the epidemiology of incomplete abortions in South Africa after legislative change,"

[Rachel Jewkes, et al.](#)

"Abortion Reform in South Africa: A Case Study of the 1996 Choice on Termination of Pregnancy Act,"

[Sally Guttmacher, et al.](#)

"Choice on Termination of Pregnancy Act, 1996,"

[President's Office](#)

Unsafe Abortion in the Developing World;

[www.guttmacher.org](#)

Source: [Improve Maternal and Newborn Health and Nutrition policy brief](#)

Linking Financial Resources and Micronutrient-Rich Foods

Featuring:
Senegalese Women's Enterprises; Micronutrient Initiative (MI); Développement International Desjardins
Where:
Senegal

DESCRIPTION

Although women are often the decision makers when it comes to nutrition in the household, they may not have access to the financial resources and support needed to ensure their families have good nutrition. Interventions that increase women's access to and knowledge about innovative micro-finance modalities such as community funds or revolving funds can help address this issue.

For example, In the Micronutrient Initiative's *Projet intégré de nutrition dans les régions de Kolda et de Kédougou* (PINKK: The Integrated Nutrition Project for the Kolda and Kedougou Region) in Senegal, women involved in small enterprises dedicated to the production and sale of micronutrient-rich foods receive support and business training from the Canadian cooperative financial group *Développement international Desjardins*. They also gain access to microfinance services as well as help in finding the right distribution channels for their goods.

GOAL

The anticipated nutrition-related impacts of increasing women's access to financial services and knowledge include increased availability of nutritious foods in the community; additional access to funds to support women entrepreneurs; and strengthened power of purchase for women due to the revenue produced from their business endeavours.

LEARN MORE

About PINKK;
[micronutrient.org](#)

Développement international Desjardins (DiD) to Provide Microfinance to Food Producers in Senegal;
[microcapital.org](#)

Putting Microfinance at the Service of Nutrition and Health in Senegal;
[microfinancegateway.org](#)

Submitted by Micronutrient Initiative (MI)

Women may not have access to the financial resources and support needed to **ensure their families have good nutrition.**

Scaling-Up Breastfeeding in Bangladesh

Featuring:
Government of Bangladesh;
Alive and Thrive; BRAC; UNICEF

Where:
Bangladesh

Time Frame:
2009-2016

DESCRIPTION

Breastfeeding is a well-known maternal and neonatal health practice that powers significant health benefits for women and babies. Bangladesh is a country that has seen a substantial increase in breastfeeding rates in recent years (43 percent in 2007 to 64 percent in 2012) - a success that can be largely attributed to a combination of community mobilization, mass media campaigns and interpersonal communication around the importance of breastfeeding, comprehensive health worker training (a vital resource for positive nutritional education in the country), and the strategic use of data for advocacy for program design. Additionally, the Government of Bangladesh has committed to creating an enabling environment for breastfeeding, for example by instituting a state-allotted 6-month maternity leave.

Bangladesh has received support from technical experts from the Alive and Thrive Initiative, BRAC, UNICEF, and civil society, to focus on reaching scale and addressing known barriers. From 2009 to November 2014, the Alive & Thrive Initiative launched a comprehensive program in the country to scale-up breastfeeding and complementary feeding practices and to reduce stunting and young child anemia.

LEARN MORE

"Why invest, and what it will take to improve breastfeeding practices?," [Nigel C Rollins, et al.](#)

Alive and Thrive Initiative in Bangladesh;
aliveandthrive.org

Source: [Improve Maternal and Newborn Health and Nutrition policy brief](#)

IMPACT

Over the past eight years, exclusive breastfeeding in Bangladesh has increased by 13 percent. From 2009-2014, the Alive and Thrive Initiative contributed to the overall increase through a range of activities, including but not limited to:

- 1.7 million women, mothers of children under 2, were counseled on infant and young child feeding by more than 10,000 frontline workers
- Changes in exclusive breastfeeding were close to 25 percent higher in Alive and Thrive intervention areas
- Alive & Thrive broadcast seven TV spots nationwide, and features of the Alive & Thrive interpersonal and community mobilization approach were introduced by BRAC in 50 sub-districts and spread to 172 additional sub-districts through BRAC's Essential Health Care Program and Maternal, Neonatal, and Child Health Program.

Over the past six to eight years, exclusive breastfeeding in Bangladesh has **increased by 13%.**

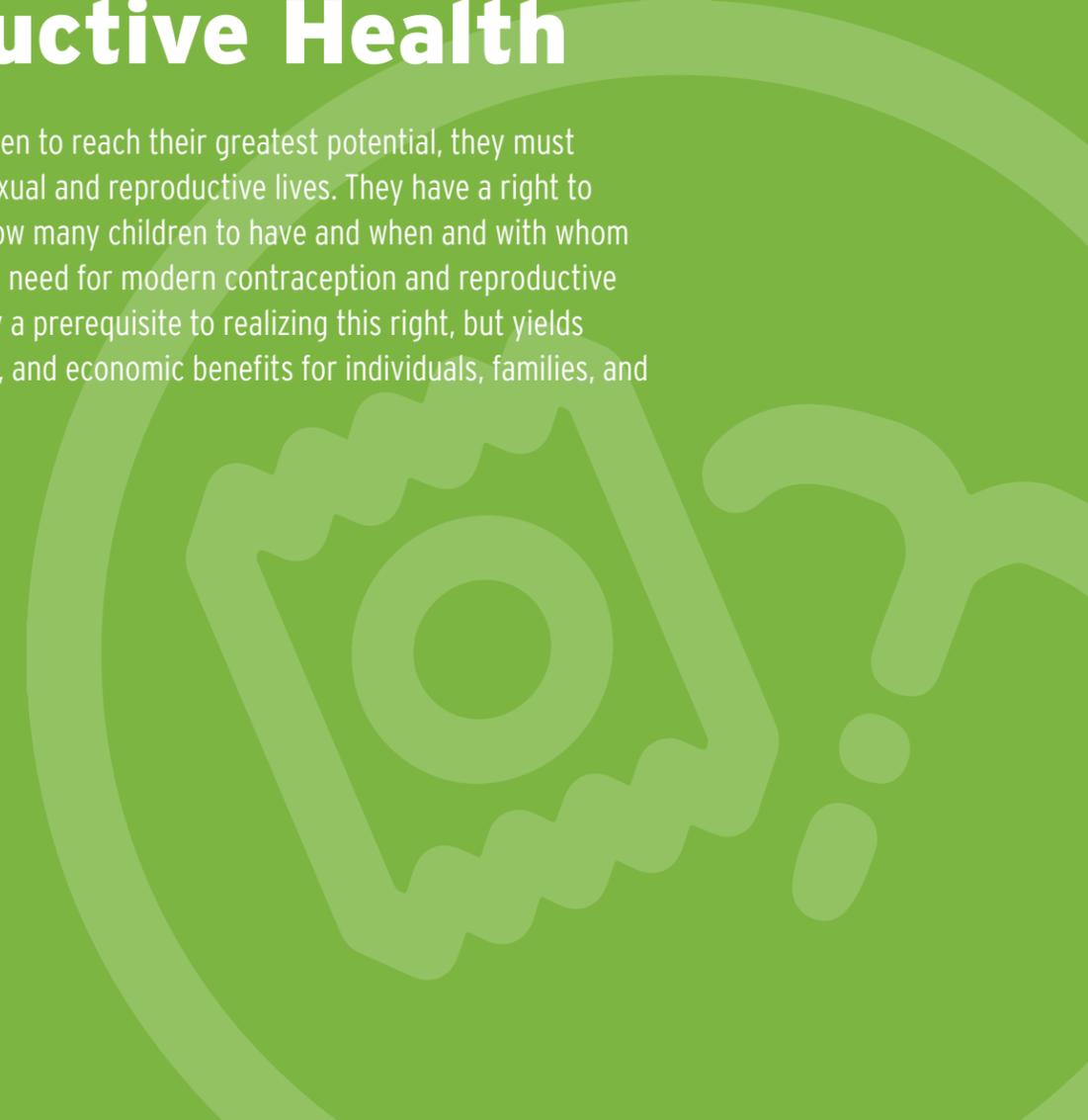


Photo by UNICEF Bangladesh



Meeting the Demand for Modern Contraception and Reproductive Health

In order for girls and women to reach their greatest potential, they must have control over their sexual and reproductive lives. They have a right to determine whether and how many children to have and when and with whom to have them. Meeting the need for modern contraception and reproductive health services is not only a prerequisite to realizing this right, but yields tremendous health, social, and economic benefits for individuals, families, and society as a whole.



Husband Schools: Bringing Men into Family Planning

Featuring:
UNFPA
Where:
Niger
Time Frame:
2004-Present

SUMMARY

Over 137 Husband Schools have been created in Niger's Zinder Region since 2004 by UNFPA. The schools aim to educate men on the importance of reproductive health and foster behavior change at the community level. The interaction between husbands gives the members insight into how they perceive maternal health issues and can be a tool for changing behavior.

HOW DOES IT WORK?

The school members meet about twice a month on an ongoing basis to analyze and discuss specific cases within the community in the area of reproductive health. During meetings, husbands look for appropriate solutions based on knowledge available within the group or obtained from a specialist. For example, on the basis of information provided by local health personnel, husbands identified

places with low rates of prenatal consultation. After identifying the problem, the husbands devise strategies to get more pregnant and breastfeeding women to attend Integrated Health Centres, thereby improving the health of their families and the uptake of health services.

The schools have led to positive spin-off initiatives, some of which emphasize the close link between sanitation and health. For example communities are implementing new hygiene measures in line with women's concerns. Husbands built latrines in the health centers to enhance women's comfort and privacy. They have also constructed a midwives' residence, an observation room for women in labor, and a prenatal consultation room.

IMPACT

Results of the schools include:

- Use of family planning services has tripled in communities where the schools operate.
- During the first nine months of 2013 in Maiki, approximately 1,700 women received prenatal consultations at the health center, a 95 percent increase from 2012.
- The number of childbirths attended by skilled healthcare personnel has doubled in communities where the schools operate.
- An increase in rates of safe delivery, from approximately 12 percent to nearly 30 percent in one community and from 16 percent to over 32 percent in another between 2008 and 2009.
- The rate of antenatal visits at the Bandé health center rose from approximately 28 percent in 2006 to 87 percent in 2010.

LEARN MORE

Husband Schools in Rural Niger;
unfpa.org

More on Husband Schools in Niger;
niger.unfpa.org

Husband Schools to Improve the Health of Families;
unfpa.org

Source: [Meet the Demand for Modern Contraception and Reproductive Health policy brief](#)

**Use of family
planning
services has
tripled** in
communities
where the
schools operate.



Vouchers: Overcoming Young People's Barriers to Contraception

SUMMARY

Young people may believe private healthcare facilities provide greater quality and confidentiality, and therefore prefer accessing contraceptive services through such facilities rather than the public sector. Voucher programs that subsidize user fees can grant young people access to private facilities when they don't have the money to pay for them.

HOW DOES IT WORK?

Voucher programs aim to directly influence the behavior of both provider and consumer. Such programs aim: to reduce out-of-pocket payments for targeted beneficiaries; empower beneficiaries by giving them a choice of providers; promote provider competition and responsiveness; enhance accountability between the beneficiary and provider; and reduce inequities in access to essential services among low-income and underserved groups by reducing financial and information barriers.

Vouchers have played a key role in the evolution of several highly successful family planning programs. For example, PSI/Madagascar peer educators offer young people vouchers for discounted sexual and reproductive health services at youth-friendly private sector clinics. This approach allows young people to choose where to get contraception, as well as which methods to choose, as the private clinics offer a wide range of methods - including long-acting reversible contraceptives.

Vouchers can remove financial barriers to services, particularly to long-acting reversible contraceptives and permanent methods. Vouchers are particularly relevant to young people because their financial resources tend to be more limited. Young people are more likely than adults to be in school or unemployed. And even if a young person's family has the means to pay for contraception, the family may not give them the funds. By targeting underserved groups, such as young people, vouchers ensure subsidies reach those who need them most.

Featuring:
PSI/Madagascar
Where:
Global, with examples from Madagascar and Nicaragua
Time Frame:
1960s-present

IMPACT

Vouchers can expand access to family planning, increase use of family planning, and expand method choice. In Nicaragua, for example, adolescents who received vouchers were three times more likely to use sexual and reproductive health centers, twice as likely to use modern contraception, and 2.5 times more likely to report condom use at last sexual contact compared with adolescents who did not receive vouchers.

LEARN MORE

A Guide to Competitive Vouchers;
siteresources.worldbank.org
Vouchers, Reproductive Health, and Family Planning;
usaid.gov
Vouchers and Contraceptive Services;
fphighimpactpractices.org
PSI/Madagascar Case Study;
psi.org
Submitted by Population Services International (PSI)

Adolescents who received vouchers were **three times more likely** to use sexual and reproductive health centers.

A Multi-Pronged Sexual and Reproductive Health Services Approach to Meet the Needs of Adolescents

DESCRIPTION

Adolescents face numerous barriers to obtaining sexual and reproductive health services, including family planning services. Thus, actions to break down these barriers must take a multipronged approach. However, these actions are often carried out in a piecemeal and perfunctory fashion. When the following four complementary approaches are implemented together, adolescents are far more likely to access sexual and reproductive health services:

1. Providers are trained and supported to be non-judgmental and friendly to adolescent clients;
2. Health facilities are welcoming and appealing;
3. Proactive communication and outreach activities inform adolescents about services and encourage them to make use of them;
4. Community members recognize the importance of providing health services to adolescents

Implementing these four approaches to adolescent-friendly sexual and reproductive health services as part of an integrated package impacts health service providers and the health facility/system, as well as the users of these services, their families, and their communities.

Evidence indicates that interventions that train service providers and other clinic staff, implement changes in clinics to make them more responsive to the needs of young people, and organize activities in the community should be taken to scale, with careful monitoring of coverage and quality. This emphasizes the importance of going beyond simply training service providers if the aim is to increase service utilization: facilities also need to be improved and outreach into the community increased.

In terms of intensity of effort, multiple studies provide some indication that as the intensity of the intervention waned, there was a decrease in the use of services by young people. This emphasizes the need to focus on interventions that can be realistically sustained over time. Studies that explicitly developed and measured standards - in Mongolia and South Africa - showed a statistically significant increase in the use of services as a result of attempts to maintain the quality of the services.

LEARN MORE

What Does Not Work in Adolescent Sexual and Reproductive Health;
ghspjournal.org
Submitted by Population Services International (PSI)

Where:
Global, with examples from Gweru, Zimbabwe, Brazil, Mongolia, and South Africa
Time Frame:
1994-present

If we want youth to utilize services, we need to focus on interventions that can be **realistically sustained over time.**

Addressing Social Norms to Increase Young People's Awareness of their Sexual and Reproductive Health Needs

Featuring:
The Institute for Reproductive Health, Georgetown University
Where:
Democratic Republic of Congo
Time Frame:
2015-2020

DESCRIPTION

The Institute for Reproductive Health at Georgetown University aims to transform social norms that undermine young people's sexual and reproductive health and their access to contraception. Toward this end, in Kinshasa, Capital of the Democratic Republic of Congo (DRC), the Institute is scaling-up and testing two previously successful interventions – Transforming Masculinities and Growing up GREAT – to address harmful masculine identities, reduce social acceptance of gender-based violence and other gender inequalities, improve fertility awareness, and expand access to family planning information and services.

Transforming Masculinities in Kinshasa engages religious leaders, faith communities, and 18-24 year-olds to promote gender equality, and in doing so, reduce gender-based violence. The intervention uses a process of participatory scriptural reflection and dialogue with religious/faith leaders, congregants and youth to identify, create, and embrace new, positive masculine identities, as well as to increase family planning uptake.

Growing Up GREAT is a puberty, gender, fertility awareness, and menstrual management program for very young adolescents in Kinshasa, and their parents. It builds on the GREAT project in Uganda, and GrowUp Smart in Rwanda. The intervention uses a variety of techniques and resources to increase awareness, including discussion materials to catalyze engagement and reflection among adolescent boys and girls, lesson plans to help teachers bring Growing Up GREAT activities into the classroom, field trips to health centers, and trained health worker visits to classrooms/clubs.

IMPACT

Exposure to Growing Up GREAT has resulted in more gender equitable attitudes and behaviors, increased belief in the importance of female education, greater sharing of household chores, improved attitudes and behaviors related to contraceptive use, and discussions between partners about contraceptive use and birth spacing. Teachers and health-workers also benefit from the intervention.

Transforming Masculinities in Kinshasa works to reach newly married youth and/or first-time parents, aged 18 to 24. In addition, faith leaders, youth champions, congregation members, health workers, and the broader community around the congregations benefit from the discussions and activities.

LEARN MORE

The Transforming Masculinities Intervention;
wewillspeakout.org

The GREAT Intervention;
irh.org

Submitted by Population Services International (PSI)

Dialogue with religious/faith leaders, congregants and youth **identify, create, and embrace new, positive masculine identities.**

Mobile Phone Counseling to Prevent Unintended Pregnancies

Featuring:
Marie Stopes International
Where:
Bangladesh

DESCRIPTION

Provision of post-abortion family planning is an effective way to reduce subsequent unwanted pregnancy and abortion. In Bangladesh, short-term methods of contraception are the most widely used, though they are often discontinued. To encourage continuation of contraception use and reduce the risk of unintended pregnancy, Marie Stopes International is utilizing the power of mobile technology.

Following an abortion, automated voice messages are sent to women's mobile phones over a three-month period offering free and confidential contraceptive counseling. Follow-up calls from operators – who are trained paramedics – are made until clients receive a post-abortion family planning method or opt out of the service. For women who have chosen to receive a long-acting reversible contraception, calls from operators focus on continuation of the method.

GOALS

The direct impact of the project will be greater numbers of women using post-abortion family planning. Indirect impacts will include increased knowledge about the benefits of post-abortion family planning and a decrease in the number of unsafe abortions and related complications. The evidence generated from the intervention may be used to scale up projects throughout Bangladesh and replicate it in other developing countries.

LEARN MORE

Marie Stopes International and Family Planning;
mariestopes.org

Submitted by Marie Stopes International

Impacts include **increased knowledge** about the benefits of post-abortion family planning and a **decrease in the number of unsafe abortions.**



Respecting, Protecting, and Fulfilling Sexual Health and Rights

When sexual health and rights are upheld, girls and women are better able to fulfill their potential. Governments and partners must adopt a comprehensive approach supported by strong legal and policy frameworks that includes: providing access to sexuality education, protecting the rights of marginalized groups, and involving men and boys in national efforts to respect the sexual rights of girls and women. A world without fear, stigma, or discrimination drives equality and progress for all.

Using Legal Services to Promote Social Change and Sexual Rights

DESCRIPTION

Profamilia, a member organization of the International Planned Parenthood Federation, established Legal Services for Women to provide women with legal aid, information, education, and counseling about their rights and how to enforce them through litigation. The initiative addressed issues such as discrimination, sexual orientation, abortion, sexually transmitted infections, informed consent, and gender-based violence using human rights and the law as tools to promote social change. It also advanced partnerships among allies from the women's movement, human rights organizations, and community-based groups.

The initiative concentrates primarily on reproductive health and family matters, including domestic violence. The goal of the initiative is to expand awareness of women's rights as protected under the U.N. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and later in the 1991 Colombian Constitution, which incorporated its principles. An additional goal is to encourage women to make their own decisions about fertility and sexuality.

Dozens of legal clinics have been integrated into family planning centers throughout the country. To expand debate about sexual health and rights, the initiative developed a series of publications and videos to generate discussion and raise consciousness.

The **Ministry of Health** has expanded guidelines for **sexual and reproductive health services** and **recognized** them as a **healthcare issue**.

Featuring:
Profamilia; Government of Colombia
Where:
Colombia
Time Frame:
1986 - Present

IMPACT

As a result of Legal Services for Women, the Ministry of Health has expanded guidelines for sexual and reproductive health services and recognized them as a healthcare issue. Colombian women today have a number of fundamental rights that protect their decisions about fertility and sexuality, including the right to life, liberty, equality, and security; the right to the unrestricted development of identity; the right to found a family; the right to decide freely and responsibly the number of children they conceive; the right of access to education and information in order to allow the exercise of free, gratifying, and responsible sexuality which cannot be tied to maternity; and the right to healthcare.

Recognizing the tenets of the 1988 Nairobi Forward Looking Strategies for the Advancement of Women, contraceptive methods have to comply with norms of quality, efficacy, and safety, and family planning programs can be neither discriminatory nor coercive, respecting human rights and culture.

LEARN MORE

"Legal Services: Putting Rights Into Action—Profamilia-Colombia," [María Isabel Plata and María Cristina Calderon](#)
"Defining Sexual Health: Report of a technical consultation on sexual health," [World Health Organization](#)
"Reproductive Rights as Human Rights: The Colombian Case," [María Isabel Plata](#)
Appraisal of the United Nations Decade for Women; [un.org](#)
"IPPF Charter Guidelines on Sexual and Reproductive Rights," [International Planned Parenthood Federation](#)
Source: [Respect, Protect, and Fulfill Sexual Health and Rights policy brief](#)

Sexual and Reproductive Health Curricula for Young People with Deafness

Featuring:
Government of Sri Lanka
Where:
Sri Lanka
Time Frame:
2015-2016

DESCRIPTION

To improve access to accurate information on sexual and reproductive health and rights for young people with deafness in Sri Lanka, the Youth Advocacy Network of Sri Lanka successfully conducted advocacy with the Ministry of Social Services to adopt sexual and reproductive health curricula in the government deaf schools. The lessons will include professional sign language by interpreters identified and sensitized on sexual and reproductive health and rights and videos on sexuality education with sign language interpretation. A comprehensive sign language glossary on sexual and reproductive health and rights has also been developed, and will be made available throughout the schools.

IMPACT

The curricula are currently scheduled to be incorporated into the government deaf school courses by December 2016. Young people with deafness will receive comprehensive sexuality education in an age-appropriate manner, encouraging behaviors that reduce the rates of unintended pregnancies, new HIV infections, and unsafe abortions.

LEARN MORE

Sex Education Among the Disabled;
[dailymirror.lk](#)
Trilingual Sexual and Reproductive Health and Rights Glossary;
[fpasrilanka.org](#)
More on the Trilingual Sexual and Reproductive Health and Rights Glossary;
[ceylontoday.lk](#)
Video from Youth Advocacy Network Sri Lanka;
[youtube.com](#)
New Sex Education Signs;
[globalpressjournal.com](#)
Submitted by Population Services International (PSI)

By December 2016, young people with deafness will receive **comprehensive sexuality education** in an age-appropriate manner.

Link Up: A Youth-Led HIV Response

Featuring:
Link Up; Global Youth Coalition on HIV/AIDS; ATHENA Network

Where:
Bangladesh, Burundi, Ethiopia, Myanmar, and Uganda

Time Frame:
2013-2016

SUMMARY

Though young people aged 15-24 account for 40 percent of new HIV infections globally, existing sexual and reproductive health services rarely meet the diverse needs of young people in a comprehensive way. Often, they fail to take into account structural factors that compound vulnerability to HIV and other sexually transmitted infections, such as gender-based inequalities and violence, poverty, harmful cultural practices, policies and laws that criminalize same-sex practices, sex work, and drug use. Compounding the problem, young people most affected by HIV are excluded from shaping the programs and policies that directly affect their sexual health and rights, or do not feel comfortable doing so due to stigma and discrimination based on age, gender, HIV status, sexual orientation, a perceived lack of knowledge, skills, or abilities.

To tackle this, Link Up, a consortium of partners led by the International HIV/AIDS Alliance, supported a diverse range of young people living with and affected by HIV (such as young men who have sex with men, young LGBT people, and young people who sell sex) to hold community dialogues to establish what matters most when it comes to their sexual and reproductive health and rights.

HOW DOES IT WORK?

Link Up consortium members, the Global Youth Coalition on HIV/AIDS and the ATHENA Network consulted with youth-led organizations and networks of people living with and affected by HIV in all five Link Up countries (Bangladesh, Burundi, Ethiopia, Myanmar, and Uganda). It became clear that many young people, particularly those facing multiple layers of marginalization, felt their needs were being ignored by healthcare systems, governments, and society.

Link Up worked with young people to strengthen their leadership and advocacy skills, providing them with opportunities to make a difference in their own communities through mentorship and peer educator programs. In addition, these youth-led organizations and networks were given funding and technical support to develop and deliver programs that address their needs.

Soon, role models emerged. Some participants went on to become advocates, presenting their views and the views of their peers to decision- and policy-makers. A number of youth-led organizations are continuing programs to improve access to sexual and reproductive health services.



Photo by International HIV/AIDS Alliance

Link Up has built a cadre of **over 10,500** youth leaders, role models, and peer educators.

IMPACT

Link Up's experience demonstrates that young people most affected by HIV can take ownership of their own health and access a broad range of sexual and reproductive health services if they are provided with the space, trust, and resources to do so. The project has built a cadre of over 10,500 youth leaders, role models, and peer educators, putting them at the center of the program's design, delivery, and advocacy work.

Link Up has enabled more than 939,000 young people to be better informed and able to make healthier choices about their sexual health. Well over 226,000 young people have accessed integrated HIV/sexual health services in health clinics, including over 177,000 vulnerable youth.

LEARN MORE

About Link Up;
aidsalliance.org

Ten Strategies for Meaningful Youth Engagement;
aidsalliance.org

Link Up Results by Country;
aidsalliance.org

Submitted by the Global Youth Coalition on HIV/AIDS (GYCA)

Protecting the Rights of Sex Workers

Featuring:
The All India Institute of Hygiene and Public Health; World Health Organization (WHO)
Where:
India
Time Frame:
1992 - Present

SUMMARY

In 1992, the All India Institute of Hygiene and Public Health was contracted by the World Health Organization (WHO) to conduct research among sex workers in the Indian city of Kolkata. The research showed that the prevalence of HIV was low (1 percent), but that sexually transmitted infections were common (nearly 80 percent of sex workers reported symptoms). Condom use was negligible at 1 percent. After these findings, the Institute initiated the Sonagachi HIV/AIDS Intervention Project (SHIP) to empower sex workers and reduce their vulnerability to contracting HIV and sexually transmitted infections.

HOW DOES IT WORK?

SHIP focused on the treatment of sexually transmitted infections, condom promotion, and peer health education. Interviews and focus groups with participants revealed that a lack of material resources, exclusion from social participation, and a lack of control over their lives were key inhibitors to empowerment. Sex workers were much more concerned about addressing more immediate problems they faced – violence, the health and welfare of their children, and the denial of many of their basic rights – than they were about HIV/AIDS. The study surfaced strategies to reduce vulnerability of sex workers, including promoting the right to self-determination.

The first five years of SHIP were devoted to implementing key interventions: vaccination and treatment services for the children of sex workers, literacy classes for sex workers and their children, political activism for workers' rights, advocacy with political leaders and law enforcement, community mobilization, micro-credit schemes, and cultural programs.

By 1995, the project had assisted sex workers in creating their own organization, the Durbar Mahila Samanwaya Committee (DMSC or Durbar) and their own financial co-operative, offering savings schemes and microcredit to sex workers. In 1997, DMSC brought sex workers' rights into the public arena by hosting India's first ever national conference of sex workers. By 1999, DMSC had formally taken over management and leadership of SHIP, including all external donor funding, and the former key directors had become employees of the community. As of 2007, it had scaled up to include more than 40 red light areas across the State of West Bengal, with an active membership of more than 2,000 sex workers and an informal support base numbering more than 65,000.

IMPACT

While HIV prevalence among sex workers in most Indian cities had reached more than 50 percent in 2007, prevalence in Sonagachi remained below 10 percent. The data on other sexually transmitted infections showed similarly low levels. The project has helped sex workers substantially increase control over their sexual health, improve their living conditions and working environment, and place sex work issues on state and national policy agendas.

LEARN MORE

"Meeting community needs for HIV prevention and more: Intersectoral action for health in Sonagachi red-light area of Kolkata," [The Durbar Mahila Samanwaya Committee, Theory and Action for Health Research Team](#)

"The Sonagachi Project: a sustainable community intervention program," [Jana S., et al.](#)

Source: [Respect, Protect, and Fulfill Sexual Health and Rights policy brief](#)

While HIV prevalence among sex workers in most other Indian cities had reached more than 50% in 2007, **prevalence in Sonagachi remained below 10%.**

Young Men Promoting Healthy Sexual Relationships

Featuring:
The International Planned Parenthood Federation
Where:
Global
Time Frame:
Various

DESCRIPTION

The International Planned Parenthood Federation's "Men Are Changing" study reviewed projects focused on promoting gender equality and positive masculinities for boys and men and demonstrated the importance of young men participating in the promotion of healthy sexual relationships, including safer sexual practices. The study contributes to the emerging evidence base on working with men to effect change in their lives and the lives of those around them by describing the outcomes of research that examined the effectiveness of twelve programs and interventions. The men involved in these programs were diverse; they reflected activity on all five continents and they covered sexual and reproductive health, violence, and healthy relationships.

IMPACT

The results of this study showed that the involvement of young men in sexual health and rights initiatives increased sexual and reproductive health promotion, use of sexual and reproductive health services, and use of voluntary HIV counseling and testing. The demand for sexual and reproductive health education and services grew, communication between young men and women improved, and the prevalence of sexually transmitted infections and school-age pregnancies across project areas decreased.

In all areas – sexuality, sexual and reproductive health, violence, and healthy relationships – the interventions led to behavior change. 92 percent of programs were found to be effective or promising in reaching men and boys, addressing their needs, and changing their attitudes and behaviors.

The data show that impact is achieved by: using a mix of methods such as training peer leaders, educational workshops, service provision, and awareness campaigns; ensuring that programs create a context in which men can discuss what it means to be a man without fear of ridicule and where reflection and the exploration of alternatives are actively encouraged; and combining good practices from a range of health issues, such as violence and sexual and reproductive health.

LEARN MORE

"Men are changing: Case study evidence on work with men and boys to promote gender equality and positive masculinities," [International Planned Parenthood Federation](#)

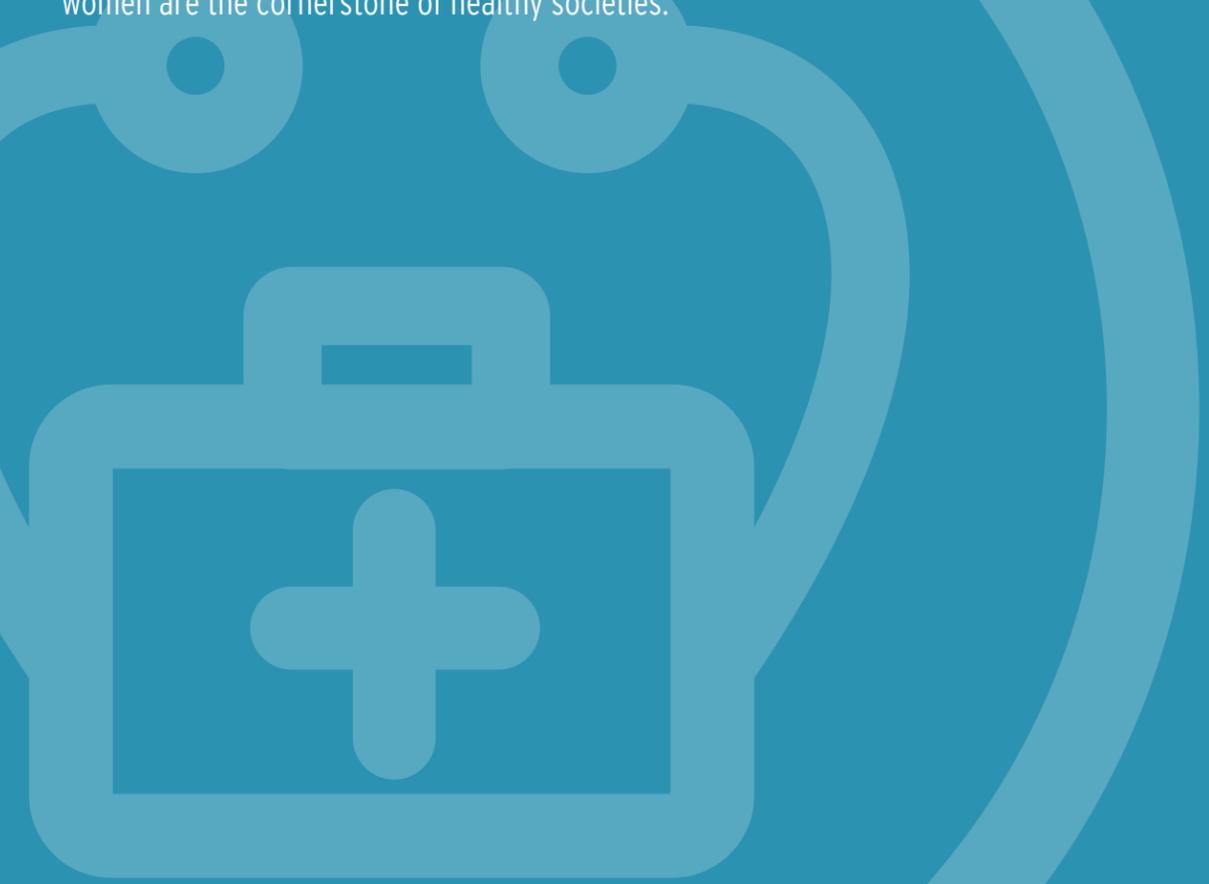
Source: [Respect, Protect, and Fulfill Sexual Health and Rights policy brief](#)

92%
of programs
were found to be effective or promising in reaching men and boys, addressing their needs, and **changing their attitudes and behaviors.**



Ensuring Access to Comprehensive Health Services

Every year, one billion people do not receive the health services they need and 150 million face financial difficulties due to the costs of healthcare. Yet there are demonstrated strategies that can help break down barriers to healthcare, ensuring that girls and women have access to a comprehensive range of services promoting their physical and mental health. After all, healthy girls and women are the cornerstone of healthy societies.



Reaching Universal Health Coverage through Health Insurance Schemes

Featuring:
Government of the Philippines
Where:
The Philippines
Time Frame:
1995 - present

SUMMARY

The Philippine Health Insurance Corporation, or PhilHealth, model ensures that all citizens of the Philippines have affordable, acceptable and accessible, healthcare services. It also allows the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot.

Universal healthcare coverage now extends to about **82% of the population.**



Photo by Dave Llorito / World Bank

HOW DOES IT WORK?

The program initially covered citizens with Medicare, but has expanded progressively to one universal health insurance program for the entire population. In 2000 and 2005, additional reform efforts were outlined to make decentralization and health insurance coverage more effective. This included expanding government subsidies to enroll low-income citizens, the creation of local health service delivery and planning units to reduce fragmentation, and a stronger Department of Health role in regulation.

Since its creation in 1995, PhilHealth has expanded health coverage and now has four categories of enrollees who encompass nearly the entire population:

- Formal sector workers employed by companies and other institutions;
- Low-income citizens who are financed by central and local governments;
- Retirees (non-paying members) who have already paid 120 months of membership and are 60 years or older;
- The individual paying program (IPP) for those not eligible for the other three categories.

Beneficiaries have access to a comprehensive package of services, including inpatient care, catastrophic coverage, ambulatory surgeries, deliveries, and outpatient treatment for malaria and tuberculosis. Those identified as low-income are also entitled to outpatient primary care. In terms of the delivery system, the private sector is a major player, and PhilHealth has introduced an accreditation program for private hospitals.

Provider payment methods differ based on the type of care. Fee-for-service reimbursements are used for inpatient care and most day surgeries, while primary care providers are reimbursed based on a capitation system. For other treatments, a case-based payment methodology is utilized. Since doctors are usually independent providers who practice in hospitals, PhilHealth has developed incentive-based payment pilots, such as the Quality Improvement Demonstration Study (QIDS), which uses clinical vignettes to measure quality of care for illnesses of children under six. If a hospital passes a given quality of care score, the payment for physicians is increased.

IMPACT

Healthcare coverage now extends to about 82 percent of the population, and the government's aim to ensure universal healthcare to the entire population is taking shape. On average, 90 out of every 100 claims are paid.

LEARN MORE

Universal Healthcare's Drive of Health Sector Growth in the Philippines;
oxfordbusinessgroup.com

PhilHealth's Mandate;
philhealth.gov

Philippines: PhilHealth;
jointlearningnetwork.org

Submitted by Population Services International (PSI)

Capacity Building Strategies for Sustainable Quality of Care

Featuring:
PRONTO International
Where:
Mexico, Guatemala, Kenya, India, Ethiopia, Namibia, and the United States
Time Frame:
2008 - Present

SUMMARY

Healthcare providers need opportunities to practice skills in high-stress environments to ensure they are prepared to respond during emergencies. PRONTO International provides low-cost, highly realistic obstetric and neonatal emergency simulation training for inter-professional teams in resource-limited settings around the world.

HOW DOES IT WORK?

PRONTO promotes kind, dignified, and culturally responsive care of women and babies through interactive training modules that facilitate group discussion and self-discovery, and assists local teams to diagnose barriers to quality care and identify achievable strategies to improve patient safety and birth outcomes. The PRONTO training curriculum is based on solid adult learning and simulation theory, and is adaptable to different cultural settings.

Highly realistic simulations call upon care teams to respond to and manage emergency scenarios; the team members then engage in guided self-analyses of their performance through video assisted debriefings. PRONTO has shown that the same concepts and techniques that have proven to be effective in transforming delivery of efficient and safe care for patients in high-resource settings can, and must, be applied to improve outcomes in low-resource settings. To make the training affordable and accessible, PRONTO uses low-cost portable materials.

By increasing the confidence and skills of care provider teams, PRONTO helps the teams effectively respond to and manage complications during childbirth, improves quality of care for women in labor, and leads to better outcomes for the woman and baby.

In a trial in Mexico, the impact of the PRONTO intervention was a **44% decrease in neonatal mortality.**



IMPACT

More than 5,000 healthcare providers have been trained in PRONTO's approach globally through early-2016. PRONTO has trained nurses, traditional midwives, doctors, and other providers that care for women and newborns during labor and delivery.

In a trial in Mexico, the impact of the PRONTO intervention was a 44 percent decrease in neonatal mortality, 21 percent decrease in cesarean sections, and a 62 percent institutional systems goal achievement.

Through the use of innovative video analysis and mobile phone technology, PRONTO is monitoring the changes over time in use of evidence-based practices and teamwork communication techniques in simulated and actual cases. Results from both show improvement in the identification and management of obstetric and neonatal complications.

LEARN MORE

"Team training in obstetric and neonatal emergencies using highly realistic simulation in Mexico: impact on process indicators," [Dilys Walker, et al.](#)

Pronto International's Evidence and Impact; prontointernational.org

Saving Lives at Birth in Raxruha, Guatemala; cieloglobalhealthmedia.org

PRONTO's Work in Mexico; prontointernational.org

Submitted by Jhpiego

Women, Sport, and Non-Communicable Disease Prevention

DESCRIPTION

Non-communicable diseases, such as hypertension, diabetes, and heart disease, have become a significant challenge for Tonga, as well as other Pacific Nations. Tonga has the second highest prevalence of obesity in the world and women in Tonga are more sedentary than men. A report by the World Health Organization and the Secretariat of the Pacific Community identified that healthy lifestyles are being harmed as a result of poor diet, resulting from the predominance of imported and convenience foods, a decline in physical activity, and an increase in tobacco and alcohol use.

To decrease the burden of non-communicable diseases among girls and women in Tonga, the Governments of Tonga and Australia, in partnership with the Tonga Netball Association and Netball Australia, have undertaken a sport-for-health initiative. The project, Kau Mai Tonga (meaning 'Come on Tonga'), uses netball as a means of encouraging physical activity among girls and women ages 15 to 45.

The program culminates with large-scale netball carnivals across Tonga and its outer islands, organized by the Tonga Netball Association. The first tournament was a huge success with up to 3,000 people coming to play, a significant portion of the nation's 100,000 population. Netball Australia is now assisting the Association to establish village-level participation opportunities to ensure that more women are regularly active, within their own communities, and encourage healthy behaviors through modified activities that encourage physical activity for all levels of ability.

The program is promoted through an annual, six-week mass media campaign, utilizing billboards, television, newspapers, posters, and radio. Messaging encourages girls and women to do 30 minutes of physical activity no less than three days a week to curb the harmful effects of non-communicable diseases.

80% of women felt they were capable of being physically active.

Featuring:
Government of Tonga;
Government of Australia; Tonga
Netball Association; Netball
Australia
Where:
Tonga
Time Frame:
2012 - Present

IMPACT

The participation of women in netball has increased, with over 560 total registered netball clubs and over 4,000 women participating since program launch, compared to 27 clubs and 215 women playing prior to the start of Kau Mai Tonga.

Campaign results demonstrated significant attitudinal shifts among women towards physical activity. As of 2012, 80 percent of women felt they were capable of being physically active and 74 percent of women started to encourage others to participate in the program. Forty percent of all women in the target age group took part in physical activity for at least three days of the previous week.

LEARN MORE

Australian Program Wins World Health Organization Award; netball.com.au

"Improving Health Outcomes for Women in Tonga through Netball," [Australian Sports Commission](#)

"Tonga National Strategy to Prevent and Control Non Communicable Diseases (2010-2015)," [Ministry of Health, Tonga](#)

Kau Mai Tonga; netball.com.au

"Tonga National Netball Health Communication Strategy and Phase 1 Campaign Workplan 2011-2014," [Tahir Turk, et al.](#)

Submitted by Population Services International (PSI)

Maximizing Healthcare Provider Performance

DESCRIPTION

Although abortion is legal in Kenya and South Africa under certain circumstances, high rates of unsafe abortion continue to contribute to life-threatening complications in both countries. WomanCare Global began the Maximizing Healthcare Provider Performance (MAX) program to address this problem. The program is designed to improve the knowledge base of providers with the goal of increasing the number of contraceptive options offered to women.

MAX field representatives support practitioners to provide high-quality abortion services and long-acting reversible contraception after abortion. At each visit, the field representatives collaborate with the providers to identify barriers to high-quality service provision, and work to develop customized solutions.

MAX field representatives also collect quantitative data on service delivery, and qualitative data on barriers and interventions. This is uploaded to a central database and analyzed on an ongoing basis to determine whether improvements are being made in program outcomes, such as increased abortion caseload and improved uptake of long-acting reversible contraceptives, and to determine associations between these improvements and specific interventions.

IMPACT

MAX program data is analyzed by academic researchers at the University of California, San Diego. The program has shown promising results thus far, including: a decrease in the proportion of women receiving no contraception post-abortion; an increase in the proportion of women receiving long-acting reversible contraception after medical abortion; and an increase in the average abortion caseload for providers participating in the program.

Interventions linked to better program outcomes included assistance with stockouts of supplies, help with harassment and stigma, refreshers on infection control, and social interactions (e.g. interaction outside of a typical professional environment).

Featuring:
WomanCare Global
Where:
Kenya and South Africa
Time Frame:
2012 - Present

Social interaction and help with harassment are directly linked to **better program outcomes.**

LEARN MORE

Maximizing Healthcare Provider Performance; womancareglobal.org

Evaluation of WomanCare Global's MAX Program; gph.ucsd.edu

Submitted by FHI 360

The Pakistani Lady Health Worker Program: Providing Care to Underserved Populations

DESCRIPTION

In response to urban-rural healthcare disparities and inadequacies in the health workforce, including insufficient numbers of health workers, nurses, paramedics and skilled birth attendants, Pakistan created the Lady Health Worker Program in 1994. The programme equips female health workers with the skills to provide essential primary health services in rural and urban slum communities. The Lady Health Workers are each responsible for an average of 1,000 people in the communities where they themselves live.

In order to become a Lady Health Worker in Pakistan, a woman needs at least 8 years of schooling, must be recommended by her community, and undergoes extensive training. Every health worker in the program is assigned to a specific government health facility where they receive training, a small subsistence allowance, and medical supplies. The Lady Health Worker Programme is supervised by provincial and district coordinators who conduct quarterly review meetings and provide analytical feedback on health records from Lady Health Workers.

IMPACT

External evaluation has shown substantially better health indicators in the population served by Lady Health Workers when compared to the general population. A 2006 study of in the Punjab province documented that Lady Health Workers contributed to a drop in maternal mortality from 350 to 250 per 100,000 live births, and a decline in infant mortality from 250 to 79 per 100,000 live births.

LEARN MORE

"Country Case Study: Pakistan's Lady Health Worker Programme,"
[World Health Organization and Global Health Workforce Alliance](#)

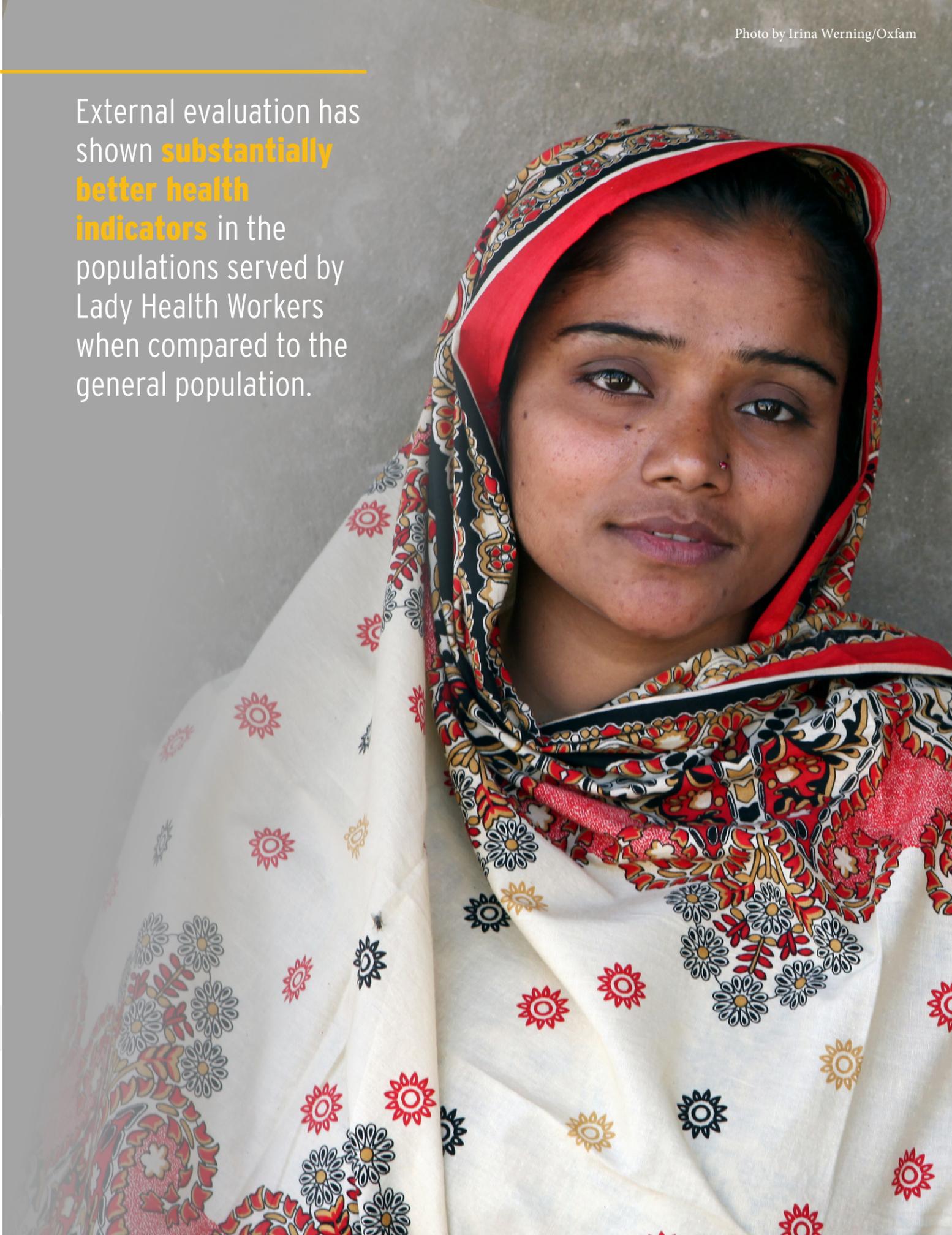
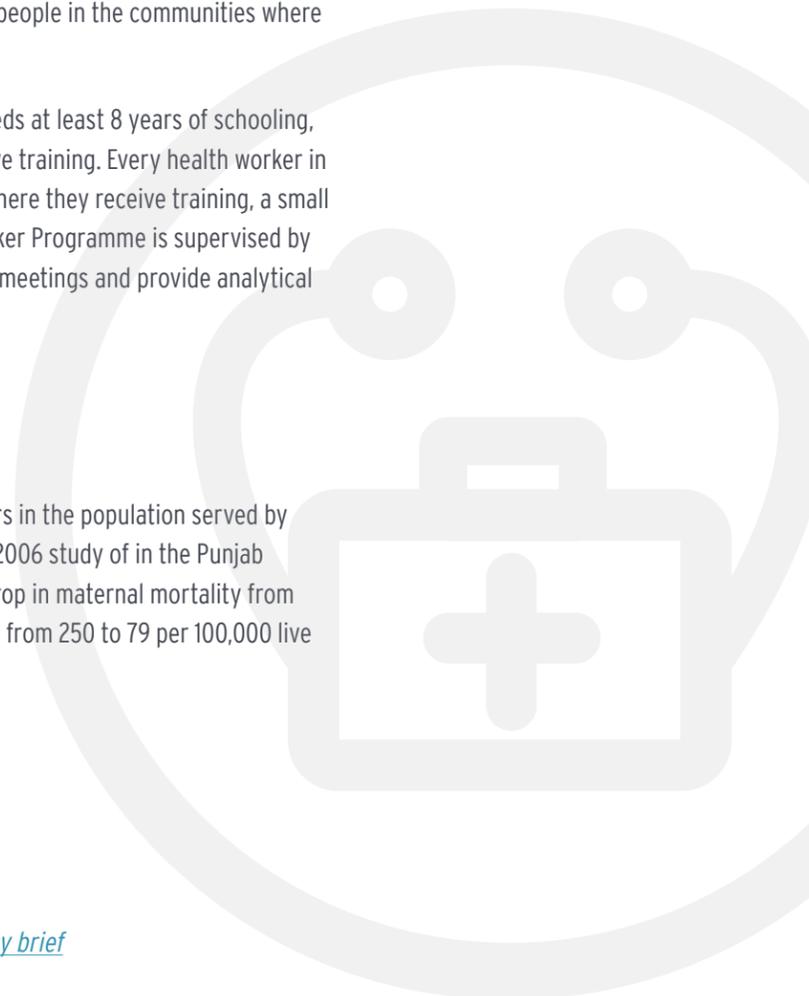
Source: [Improve Maternal and Newborn Health and Nutrition policy brief](#)

Featuring:
Government of Pakistan's Lady Health Worker Program

Where:
Pakistan

Time Frame:
1994 - Present

External evaluation has shown **substantially better health indicators** in the populations served by Lady Health Workers when compared to the general population.





Dramatically Reducing Gender-Based Violence and Harmful Practices

As long as girls and women fear for their safety, they cannot realize their full potential. Securing their dignity rests upon eliminating the threat of gender-based violence and harmful practices everywhere. By recognizing triggers - such as male dominance, social acceptance of harmful practices, and insufficient legal protections - societies can identify steps to lessen the vulnerability of girls and women.



Using Microfinance to Change Gender Roles and Reduce Violence

Featuring:
Small Enterprise Foundation
Where:
South Africa
Time Frame:
2001-2005

SUMMARY

South Africa's IMAGE (Intervention with Microfinance for AIDS and Gender Equality) study combated intimate partner violence and HIV transmission with a comprehensive approach, targeting women living in the poorest households of Limpopo province, and encouraging the participation of boys and men. It combined financial services with training and skills-building workshops on gender and cultural norms, communication, intimate partner violence, and HIV prevention. The intervention aimed to improve women's employment opportunities, increase their influence in household decisions and ability to resolve marital conflicts, and strengthen their social networks.

HOW DOES IT WORK?

Villages were pair-matched and randomly allocated to receive the intervention at study onset (intervention group: 4 villages, 2639 people, 65 percent women) or three years later (comparison/control group: 4 villages, 2517 people, 65 percent women). Loans were provided to poor women who enrolled in the intervention group. A participatory learning and action curriculum was integrated into loan meetings.

Microfinance services were implemented by the Small Enterprise Foundation, whose client base was exclusively women. The Small Enterprise Foundation actively targeted the poorest individuals, and about half the households in the study area were eligible to receive loans on the basis of the foundation's wealth ranking criteria. Loans were administered for the development of income generating activities with a group lending model. Businesses were run by individual women, but groups of five women guaranteed one another's loans. Group members repaid together to receive further loans.

One loan center consisted of about 40 women who met every two weeks. On the basis of participatory learning and action principles, a 12-15 month training curriculum called Sisters for Life was implemented during loan center meetings. Phase one consisted of 10 one-hour training sessions strengthen communication skills, critical thinking, and leadership, and covered topics including gender roles, cultural beliefs, relationships, communication, intimate partner violence, and HIV. Since group-based learning fosters solidarity and collective action, phase two encouraged wider community mobilization to engage both young people and men in the intervention communities. Women were selected by their centers for a further week of leadership training and subsequently worked with their centers to mobilize around priority issues including HIV and intimate partner violence.

IMPACT

Two years after completing the program, the participant group reported 55 percent fewer acts of violence by their intimate partners in the past year compared to the control group. Compared with the control group, these women reported fewer experiences of controlling behavior by their partners (34 percent of participants versus 42 percent of controls), despite having suffered higher levels of controlling behavior prior to entering the program. In addition, participants were more likely to disagree with statements that condone physical and sexual violence towards an intimate partner (52 percent of participants versus 36 percent of controls). Furthermore, a higher percentage of women in the participant group reported household communication about sexual matters and attitudes that challenged gender roles.

LEARN MORE

"Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial," [Paul M. Pronyk, et al.](#)

"Promoting Gender Equality to Prevent Violence Against Women," [World Health Organization](#)

Source: [Dramatically Reduce Gender-Based Violence and Harmful Practices policy brief](#)

The participant group reported **55% fewer acts of violence** by their intimate partners in the past year compared to the control group.



Community Education and Engagement to Reduce Harmful Practices

SUMMARY

Through education and community mobilization, Tostan supports women as agents of change in their communities and reduces harmful traditional practices, such as female genital mutilation/cutting and early or forced marriage. Education and community engagement programs help community members identify traditional practices that are barriers to good health. Its three-year program is designed to empower communities through education on human rights, hygiene, health, literacy, and project management, leading to social change. Tostan uses an organized diffusion approach to maximize the spread of information and ideas from program participants to others within the community and to neighboring communities. Fundamental to the organized diffusion approach is the use of public declarations when communities decide to abandon harmful traditional practices.

HOW DOES IT WORK?

Tostan has long believed that the primary reason that people practice female genital mutilation/cutting is that it ensures membership in the community. This belief is a basic tenet of the social convention theory, which argues that female genital mutilation/cutting would end quickly once people began abandoning the practice collectively. This social convention theory has formed the underpinnings of Tostan's work.

When Tostan is invited into a village to begin their Community Empowerment Program (CEP), they assign a trained facilitator to the village. The facilitator is fluent in the local language and is of the same ethnic group as the community members. Facilitators live in the village during the program, getting to know community members. Tostan pays the facilitator and provides the curriculum, and community members house the facilitator and provide classroom space. These mutual commitments encourage everyone to be engaged with the program.

Each village runs two classes of 25-30 people – one for adults and one for adolescents – that meet three

times per week. By holding separate classes, they ensure that both the younger and older community members can participate and contribute comfortably in the classroom while gaining the tools and confidence to apply what they learn. Tostan draws on modern informal educational techniques as well as traditional African oral traditions. By presenting information in ways that are relevant and engaging, lessons resonate and new ideas take hold.

Facilitators draw on local oral traditions such as song, poetry, and theater to spark debate and dialogue about issues affecting the community's wellbeing, including democracy, human rights, hygiene, and health. The goal is to promote positive traditions while encouraging discussion of how new ideas and practices can help build a healthier community. Participants are empowered with knowledge of their human rights and responsibilities, which can lead to collective community dialogue and decisions to abandon harmful practices like female genital mutilation/cutting and child/forced marriage.

Featuring:
Tostan
Where:
Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, the Gambia, and other countries
Time Frame:
1991 - present

IMPACT

More than 7,200 communities from eight countries have declared abandonment of female genital mutilation/cutting and child/forced marriage since Tostan launched. Over 660,000 girls have been spared the practice of female genital mutilation/cutting as a result. Community facilitators have trained over 250,000 classroom participants and helped form thousands of community management committees (CMCs), 80 percent of which are managed by women, and many of which are now fully-functioning organizations registered with the local government. Hundreds of CMCs have joined together to create regional federations.

A 2006 evaluation looked at the impact of the Tostan program on age

LEARN MORE

Community Empowerment Program; tostan.org

Tostan's Community-led Development; tostan.org

"Ending Female Genital Mutilation/Cutting," Population Reference Bureau

Source: [Dramatically Reduce Gender-Based Violence and Harmful Practices policy brief](#)

at first marriage and the practice of female genital mutilation/cutting in villages that participated in public declarations between 1997 and 2000. The evaluation revealed that prevalence of female genital mutilation/cutting for girls up to 9 years old was 15 percent in the Tostan intervention villages and 8 percent in the villages that had taken part in the public declarations, compared to 47 percent in the control villages. In addition, only 30 percent of women in villages where Tostan works declared that at least one of their daughters had undergone female genital mutilation/cutting, compared to 69 percent in the control villages.

More than **7,200 communities** from eight countries have declared abandonment of female genital mutilation/cutting.

Over **660,000 girls** have been spared the practice of female genital mutilation/cutting.

Only **30% of women** in villages where Tostan works declared that at least one of their daughters had undergone female genital mutilation/cutting, compared to 69% in the control villages.

Feminist Movements to Reduce Violence against Women

DESCRIPTION

Feminist civil society effects policy change by influencing global treaties, influencing regional agreements on violence against women, and exerting pressure at national and regional levels to conform to new norms.

Autonomous feminist organizations influence policy through a variety of mechanisms. Social movements shape public and government agendas and create the political will to address issues. They demand institutional reforms with broad consequences. They engage in lobbying, change cultures so people see issues differently, and bring lawsuits and submit briefs to international meetings. They protest and create public disruptions. They organize networking and other activities that bring autonomous activists in contact with government officials and businesswomen. They organize conferences and symposia, such as the Color of Violence Conference that sought to understand and highlight the specific forms and dimensions of violence against women of color. These activities, among many others, soften the public mood and disseminate ideas.

Women are more likely to speak up in spaces that are secure from bureaucratic reprisals or social censure. For example, activists attempting to raise the issue of violence in Sweden were characterized as shrill and divisive, and prominent feminist bureaucrats lost their jobs when they were unwilling to attribute male violence against women to individual pathologies. It is difficult for legislative insiders to take on social change issues without the political support of broader mobilization.

Featuring:
Feminist civil society; University of New Mexico; Purdue University
Where:
Global
Time Frame:
Various

IMPACT

Political science researchers from the University of New Mexico and Purdue University conducted a global comparative analysis of policies on violence against women in 2012 and found that a strong, autonomous feminist movement was a good predictor of government action. Using an original dataset of social movements and violence against women policies in 70 countries over four decades, they found that feminist mobilization in civil society accounts for the variation in policy development. In addition, they demonstrated that autonomous movements produce an enduring impact on violence against women policy through the institutionalization of feminist ideas in international norms. This pattern confirms prior evidence on violence against women showing that movements are always critical catalysts for policy development, although their efforts are supplemented by other factors.

LEARN MORE

"The Revolution Will Not Be Funded: Beyond The Non-Profit Industrial Complex,"

[Edited By Incite! Women of Color Against Violence](#)

"Sexual Subordination and State Intervention: Comparing Sweden and the United States,"

[R Amy Elman](#)

Source: [Dramatically Reduce Gender-Based Violence and Harmful Practices policy brief](#)

Supporting Young Advocates against Child Marriage

DESCRIPTION

Rise Up (previously named Let Girls Lead), through an incubator-style advocacy training model, works with local leaders who empower girls to advocate for their rights. According to government statistics, over half the girls in Malawi will be married by their 18th birthday, with some being married as young as nine or ten; between 2010 and 2013, 44,000 girls attending primary school dropped out due to marriage or pregnancy. Rise Up supports local changemakers by providing training to help them network and develop strategies to scale up their home-grown solutions to girls' challenges, including child marriage.

With the local NGO Girls Empowerment Network (GENET), Rise Up trained over 200 girls in the Chiradzulo District of southern Malawi to become advocates. The girls lobbied 60 village chiefs to ratify and enact bylaws protecting adolescent girls from early marriage and harmful sexual initiation. These bylaws force men who marry girls under the age of 21 to give up their land and pay a fee of seven goats. They also penalize parents who marry off their underage daughters with social sanctions, including three months of mandatory janitorial service.

Featuring:
Rise Up; Girls Empowerment Network
Where:
Malawi
Time Frame:
2010 - present

IMPACT

The work of Rise Up and partners to fund, train, and provide ongoing support to village chiefs to advocate effectively helped lead chiefs in 22 villages to create bylaws that outlaw child marriage. Since 2011, not a single case of child marriage has occurred in southern Malawi.

LEARN MORE

Marriage Law in Malawi;
hrw.org

"Let Girls Lead helps to reform a marriage law,"
[Stacy Teicher Khadaroo](#)

How Girl Activists Helped Ban Child Marriage;
theguardian.com

Source: [Dramatically Reduce Gender-Based Violence and Harmful Practices policy brief](#)

Since 2011, **not a single case of child marriage** has occurred in southern Malawi.



Photo by Rebecca Jacobson



Ensuring Equitable and Quality Education at All Levels

Give girls and women -access to quality education, and they will deliver more equitable, healthy, and prosperous societies. To encourage their life-long learning, a comprehensive approach is required that incorporates eliminating school fees, providing gender segregated water and sanitation facilities, and creating safe, inclusive school environments.



Increasing Girls' Access to Education

Featuring:
Government of Afghanistan;
United States Agency for
International Development
(USAID)

Where:
Afghanistan

Time Frame:
2006 - 2011

DESCRIPTION

Due to ongoing political unrest, many children in Afghanistan are unable to attend school. Given cultural norms that prohibit girls from traveling alone, school enrollment rates among girls are lower than among boys as a result of distances between home and school.

The Partnership for Advancing Community Education in Afghanistan (PACE-A) program in northwestern Afghanistan, a joint initiative by the Afghan Ministry of Education and the United States Agency for International Development (USAID), helped close the education gender gap in rural communities.

The project aimed to increase access to basic education for children in areas where there are no government schools. For each program village, PACE-A worked with community residents to recruit a local teacher and provided teacher training using the official government programs. Teachers received training on topics such as monitoring and evaluation, classroom management, and teaching methods. Educational materials, such as notebooks, pencils, and government textbooks, were also provided by PACE-A. Schools were housed in existing community structures, such as a building or courtyard.

IMPACT

According to a 2013 randomized evaluation of 31 PACE-A schools, including 1,490 children, the initiative increased girls' primary school enrollment by 52 percent. Given the harsh conditions faced by girls in rural Afghan villages and their typically low school enrollment rates, these results prove that village-based schools are a viable strategy for getting girls into school.

LEARN MORE

"Bringing Education to Afghan Girls: A Randomized Controlled Trial of Village-Based Schools,"

[Dana Burde and Leigh L. Linden](#)

Partnership for Advancing Community Education in Afghanistan;
usaid.gov

Source: [Ensure Equitable and Quality Education at All Levels policy brief](#)

The initiative succeeded in **increasing girls' primary school enrollment by 52%.**

Country-Wide Strategies to End Child Marriage

Where:
Global, with an example from
Zambia

Time Frame:
Ongoing

DESCRIPTION

Ending child marriage requires a comprehensive response across all sectors; education alone is not enough. Over the past several years, many countries have seen a move towards national strategies and nation-wide responses to end child marriage. These initiatives have the potential to significantly curtail child marriage globally, as more countries adopt such policies.

National strategies or country-wide initiatives to address child marriage have begun to emerge in a number of countries, including Egypt, Ethiopia, Nepal, and Zambia. While many are still in the very early stages of implementation, they have mobilized public support and interest in the issue and have outlined the need for multi-sectoral work to both prevent child marriage and respond to its consequences.

HOW DOES IT WORK?

Many stakeholders have a role to play in developing and implementing comprehensive and multi-sectoral national strategies, including:

- Married girls, to ensure services available to them are appropriate to their needs;
- Young girls and boys, to inform interventions most relevant to them, and to nurture young leadership development and the development of young people as responsible citizens;
- Men and boys, to design effective messages to change attitudes towards child marriage and raise the perceived value of girls more generally;
- Religious and traditional leaders, to help develop their capacity and access to correct and appropriate information, tools, and resources to end child marriage
- The media, to raise awareness about strategies, the issue of child marriage, and to ethically monitor and report on its implementation;
- Law enforcement authorities, to raise awareness, train, and educate police and law enforcement officials about laws on child marriage, the rights of girls, and how to respond appropriately to cases of child marriage, associated harmful traditional practices and cases of violence;
- The private sector and businesses, to inform interventions that provide economic support and incentives (e.g. microenterprise, livelihoods skills, etc.) for girls and their families to reduce financial incentives to child marriage.

On 8 April 2016, the Government of Zambia adopted a **national strategy to end child marriage.**

IMPACT

While it is too early to tell the long-term impact of many of these initiatives, there have already been some important signs of progress. Governments have demonstrated public commitment to working on child marriage, an issue that has been long absent from national development agendas. In Zambia, for example, the process of developing a national strategy helped to bring stakeholders together from different provinces and led to the cross-government commitment to tackle the issue. On 8 April 2016, the Government of Zambia adopted a national strategy to end child marriage.

LEARN MORE

Lessons Learned from National Initiatives to End Child Marriage;

girlsnotbrides.org

Zambia's National Strategy to End Child Marriage;

girlsnotbrides.org

Submitted by Plan International

Advocating for Improved Sanitation and Hygiene in Schools

Featuring:
WASH in Schools; The Water Supply and Sanitation Collaborative Council; WASH United; Quicksand

Where:
India

Time Frame:
2012

SUMMARY

In recent years, WASH in Schools, a global partnership focused on WASH (water, sanitation, and hygiene), has been advocating for schools to provide safe and drinkable water, improved sanitation facilities, and hygiene education to create healthy habits for a lifetime. In 2012, the Water Supply and Sanitation Collaborative Council (WSSCC) added menstrual hygiene management to the Nirmal Bharat Yatra, a carnival organized by WASH United and Quicksand that took place across five states in India. The Yatra had three important messages - end open defecation; wash hands with soap and water; and manage menstruation with pride, safety, and dignity.

HOW DOES IT WORK?

WSSCC conceptualized, designed, managed, and delivered the menstrual hygiene management component, reaching over 12,000 girls and women at the Yatra grounds and over a thousand students and teachers in schools in the Yatra districts. Each stop of the Yatra started with two days of teacher training and school visits where discussion groups were held with girls and teachers, both male and female.

The menstrual hygiene management (MHM) team at Yatra worked in and around the MHM Lab, taking hundreds of girls and women through a systematic loop of activities, starting with small group discussions with visual aids and gathering preliminary data through questionnaires, to better understand beliefs and practices. The intervention also included discussion and an opportunity to educate all participants in better hygiene and menstrual management. This was followed by a training session on how to make low-cost, hygienic, reusable pads and how to dispose of them.

The MHM Lab aimed to break the silence and taboos around menstruation and transform menstruation into a matter of pride, helping girls and women to stop suffering in silence. By enabling safe and hygienic menstrual hygiene management, as well as

safe reuse and/or disposal of menstrual hygiene products, the Lab allowed girls and women to regain control of a basic but fundamental part of their wellbeing. Creating a welcoming, yet efficient, workshop venue where large numbers of participants can be meaningfully engaged within a short timeframe was a necessity. It was also important to be imaginative and to create a stimulating training session within a holistic, highly visual, and interactive space for sharing and learning. Each Lab ran for a minimum of three hours and was divided into three sections:

- **Breaking the silence:** fostering the understanding that menstruation is a fact of life and a biological attribute that of which girls and women should be proud. Girls are given support to talk about this biological phenomenon in an informed and positive manner to prepare them emotionally and physically for the onset of menstruation.
- **Managing menstruation hygienically and safely:** ensuring adequate water, cleansing and washing materials, and private spaces for managing menstrual flows hygienically, privately, and with dignity.
- **Safe reuse and disposal solutions:** ensuring mechanisms for safe collection and disposal of menstrual waste in an environmentally safe manner.



3,000 girls and women were trained to make cloth sanitary napkins at home.

REACH

Highlights of the intervention include:

- 3,000 girls and women trained in safely making, storing, washing, drying, and disposing of homemade cloth sanitary napkins.
- Over 1,600 girls and women made and wore a 28-bead bracelet depicting the menstrual cycle and took a pledge to break the silence around menstruation.
- 228 teachers, both male and female, received training in menstrual hygiene management through awareness-building workshops.
- Focus group discussions (approximately 10 people per group) on menstrual hygiene were conducted in 28 schools with over 1,000 girls and 100 boys.
- The menstrual hygiene management team met district magistrates, collectors, and the media at district and state levels to advocate for menstrual hygiene management.

The WSSCC Program Manager addressed state platforms in India and spoke about the capacity for change this program brings at the national launch. WSSCC also brought the issue of menstruation onto the radar of a host of government and nongovernmental partners, consultants, trainers, and journalists, reaching 230 million people in India via 400 print articles and TV broadcasts.

LEARN MORE

Menstrual Hygiene Management in Schools
Virtual Conference 2013;
unicef.org

Source: [Ensure Equitable and Quality Education at All Levels policy brief](#)

Keeping Girls in School

SUMMARY

Child marriage and education are closely linked. Girls who lack access to formal education (e.g. no transportation to reach school, lack of facilities, cost prohibitive school fees, etc.) are three times more likely to be child brides than those with secondary or higher education. Child marriage often leads to school dropout and undermines efforts to improve girls' education. It is crucial to invest in safe, quality education for girls to prevent child marriage and to support married girls.

HOW DOES IT WORK?

Educated girls are much less likely to marry as children and more likely to acquire the necessary knowledge and skills to help them reach their full potential. Educated girls are better able to make informed decisions - including if, when, and whom to marry. Being in school also supports the perception that girls are still children, and are therefore not of a suitable age to marry. Investing in girls' education and delaying the age of marriage also helps break the cycle of poverty by increasing future economic opportunities for girls, who can then invest in their families and communities, helping to lift them out of poverty. In fact, each additional year of education can boost a woman's wages by 10 to 20 percent.

Girls must be able to travel safely to school and be safe while attending school - sanitation facilities and gender-based violence must be addressed to increase girls' enrollment. The direct and indirect cost of education must be reduced for girls to access and remain in school (either financial costs or opportunity cost, e.g. time that could have been spent doing

domestic work). Schools also need to address the specific needs of girls who are married.

Getting girls into a classroom is just the first step. They must be offered quality education that includes gender sensitive materials and curricula to help develop the knowledge and life skills needed to make free and informed decisions, including if, when, and whom to marry. Comprehensive sexual and reproductive health education that explicitly addresses gender inequality can also transform harmful social norms that perpetuate child marriage.

Featuring

Bicycle Programme, Bihar, India; Ishraq program, Egypt; Girls Scholarship Programme, Cameroon

Where:

Global, with examples in India, Egypt, and Cameroon

Time Frame:

Various

IMPACT

Examples of impactful initiatives include:

- The Chief Minister's Bicycle Programme in Bihar, India provided girls with bicycles to safely reach their local secondary school, closing the gender gap in secondary school enrollment by 40 percent.
- The Ishraq program in Egypt, implemented from 2001-2013 by civil society organizations, the Ministry of Youth, and the National Council for Childhood and Motherhood, provided out-of-school girls with a safe space to gain skills so that they could return to the formal education system. Some 92 percent of girls who graduated from the program passed the re-entry exam for the formal school system, and fewer instances of child marriage were reported.
- In Cameroon, the Girls Scholarship Programme funded by Plan International, the United States Agency for International Development, and the Mbororo Social and Cultural Development Association, provided mentoring and scholarships to married girls in the Mbororo communities and raised awareness of the importance of girls' education among families. The project contributed to a drop in pregnancy and early marriage rates and shifted behaviors of mothers, who became keen to advocate for their daughters' education.

LEARN MORE

Different Sectors Addressing Child Marriage; girlsnotbrides.org

Preventing Child Marriage in The Commonwealth; thercs.org

Data on Child Marriage in 26 Countries; vowsofpoverty.care.org

Effects of Early Marriage and Childbirth on School Dropout; ungei.org

Camfed's "Back to School" Campaign; girlsnotbrides.org

Submitted by the Global Partnership for Education

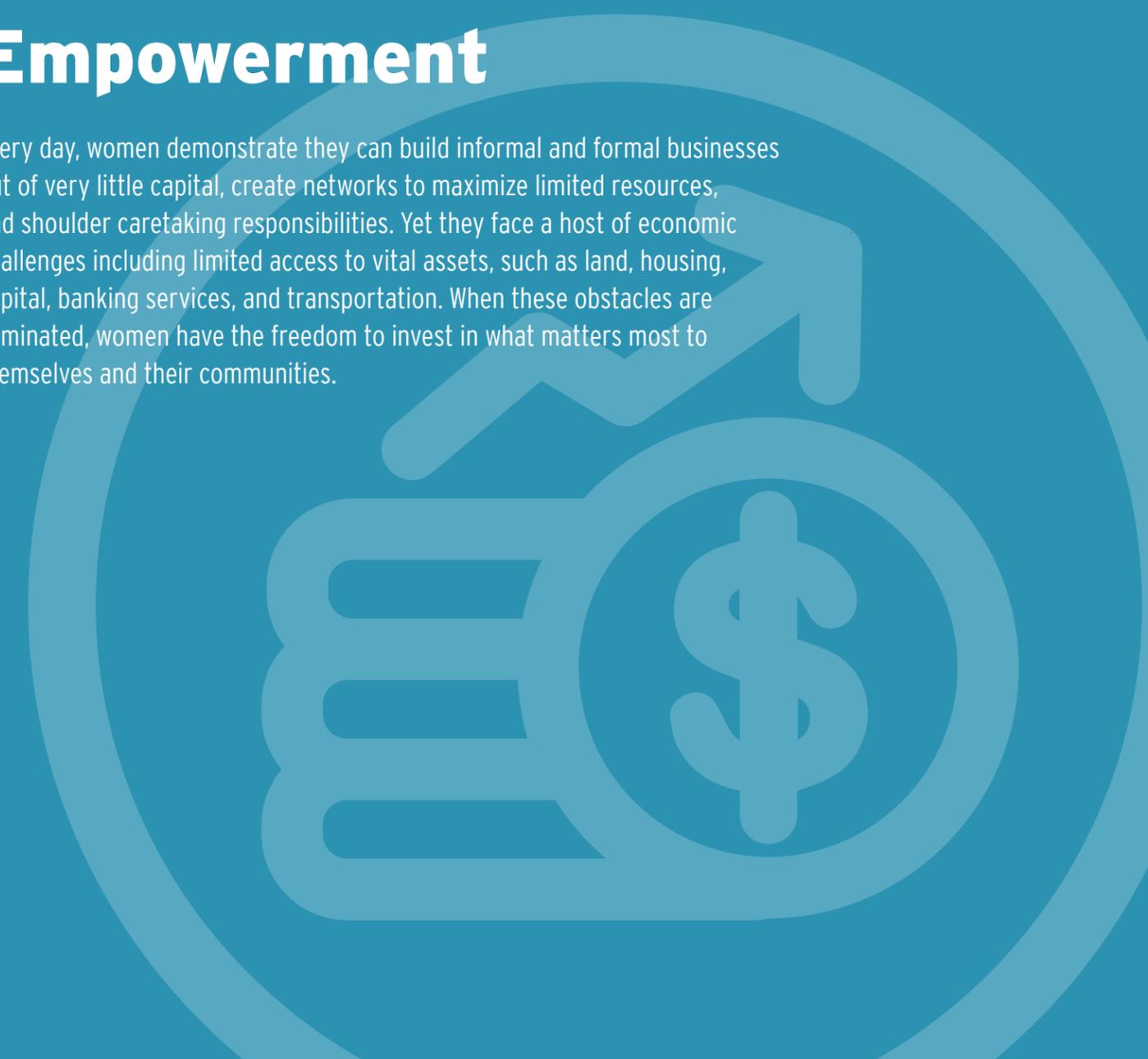
Girls who lack access to formal education are **three times more likely to be child brides** than those with secondary or higher education.





Boosting Women's Economic Empowerment

Every day, women demonstrate they can build informal and formal businesses out of very little capital, create networks to maximize limited resources, and shoulder caretaking responsibilities. Yet they face a host of economic challenges including limited access to vital assets, such as land, housing, capital, banking services, and transportation. When these obstacles are eliminated, women have the freedom to invest in what matters most to themselves and their communities.



Increasing the Economic Security of Women in the Informal Sector

Featuring:
HomeNet Thailand; Women
in Informal Employment;
Globalizing and Organizing
Network

Where:
Thailand

Time Frame:
2008 - Present

SUMMARY

Collective organizing can lead to improved income, legal status, working conditions, and livelihood security. In an effort to extend these benefits to women working in the informal sector, HomeNet Thailand, a member of Bangkok's Foundation for Labor and Employment, launched the "Organized Strength for Home-Based Workers" project in 2008. The initiative is working to increase the economic security of women working in the informal sector by providing greater access to social protection and, in particular, occupational health and safety. A research and advocacy collaboration has grown between the Women in Informal Employment: Globalizing and Organizing Network and HomeNet Thailand homeworkers selling goods in Thailand.

HOW DOES IT WORK?

Building a federation of home-based worker organizations throughout the country - with 3,000 paying members - the project focused on key workers' issues, such as social protection, legal status, and labor rights. Its objectives were to grant access to social protection schemes for poor working women, with an emphasis on occupational health and safety; improve the livelihood security of home-based workers in the informal economy through collective organizing; and to enhance the economic empowerment of the working poor.

The project moved toward a membership-based organization model, with a governance structure accountable to its members and more able to respond

to the needs of home-based workers. Training was provided in response to the needs of members and was delivered at two levels - for leaders and for members. HomeNet Thailand board members identified three training needs: membership-based organization operations, occupational health and safety promotion, and policy/advocacy skills. Training sessions were held for 184 informal worker leaders and members of the networks from all regions to improve their knowledge and capacity in understanding membership-based organizations, legal and policy/advocacy, gender issues, access to public resources, group management, and coordination with support organizations at the local and provincial levels.



IMPACT

The improved legal status of informal workers in Thailand was a key result of the project. The government ratified the Home-Workers Protection Act in 2010, which helps protect between 500,000 and 2 million women by ensuring legal frameworks are in place. The law provides for protection of wages - including equal pay for men and women - as well as occupational health and safety and responsibilities of employers toward homeworkers. It also establishes a Committee for the Protection of Homeworkers on which both men and women serve, ensuring women have a role in decision making. In addition, the government adopted a policy to provide a 30 percent social security co-payment for informal workers, benefiting an estimated 24 million informal workers in Thailand.

LEARN MORE

About the Home-Based Workers;
wiego.org

"Membership Based Organizations of the Poor: Concepts, Experience and Policy,"
[Martha Chen, et al.](#)

Source: [Boost Women's Economic Empowerment policy brief](#)

The Government of Thailand ratified the Home-Workers Protection Act in 2010, which helps protect between **500,000 and 2 million women** by ensuring **legal frameworks are in place.**

Female Garment Workers Advancing their Careers

DESCRIPTION

Despite the large numbers of women workers in the garment industry, relatively few female garment workers have opportunities to acquire the skills they need to advance to higher-level positions. Gap Inc. initiated the P.A.C.E. (Personal Advancement & Career Enhancement) workplace education program to teach female garment workers managerial, interpersonal, and other practical skills. Women participating in P.A.C.E. receive 65-80 hours of life skills education followed by enhanced technical training that helps them become more effective at work. The program encompasses nine education modules: communication; problem solving and decision making; execution excellence; financial literacy; functional literacy; gender roles; legal literacy and social entitlements; general and reproductive health; and time and stress management. Gap Inc. works closely with factory owners, who help to develop the program and who eventually take ownership of its implementation.

GOAL

A study of the P.A.C.E. program by the International Center for Research on Women found greater work efficacy among participants, such as the ability to take initiative and demonstrate their capacities, as well as greater influence in the workplace through stronger relationships, effective communication, and other skills. Supplier research on how P.A.C.E. impacts their business found lower absenteeism, increased efficiency, and higher productivity. In Cambodia, for example, retention rates were 66 percent higher for P.A.C.E. participants than other workers. At a factory in India, productivity was 15 percent higher for P.A.C.E. participants.

Gap Inc. has expanded P.A.C.E. across Asia, reaching more than 20,000 female garment workers in seven countries.

LEARN MORE

"Advancing Women, Changing Lives: A comprehensive evaluation of the Gap Inc. P.A.C.E. program," [The International Center for Research on Women](#)

Submitted by Business for Social Responsibility (BSR), Women Deliver, and the Ministry of Foreign Affairs of the Netherlands (A September 2016 report, Women's Empowerment in Global Value Chains: A Framework for Business Action to Advance Women's Health, Rights, and Wellbeing)

Featuring:
Gap Inc.; International Center for Research on Women
Where:
Africa, Asia, and Latin America
Time Frame:
2015 - 2017

Gap Inc. has expanded its workplace education program across Asia, reaching more than **20,000 female garment workers** in seven countries.

Investing in Women-Owned Enterprises

DESCRIPTION

Sodexo has developed a Supply Chain Inclusion Program through which it has committed to purchase more than US\$1 billion worth of products and services from nearly 5,000 small- and medium-sized enterprises (SMEs) in 40 countries by 2017, 1,500 of which will be owned and operated by women. SMEs are key engines for growth and job creation in most countries, accounting for up to 70 percent of Gross Domestic Product (GDP) and 70-90 percent of total employment. By supporting SMEs, Sodexo's business model contributes to economic growth and job creation. As part of the program, Sodexo is actively engaging with suppliers who demonstrate a diverse workforce composition and who embrace inclusiveness of women in their work and supply chain.

Sodexo's commitment to this program is broken down into a three-year timeline:

- The first year focuses on developing local supply chain inclusion program guidelines, including incentives for supply management teams to engage with SMEs, enhanced tracking of SME sourcing, and the development of tools and resources, along with guidance on streamlining the integration of SMEs into the Sodexo supply chain.
- During the second year, Sodexo will create SME supplier training resources and tools to augment existing programs in 26 countries. It will begin to embed new standard operating procedures that include all the necessary elements for a successful SME program.
- In year three, the new SME program will roll out to 14 additional countries where Sodexo operates. It is currently targeting operations in Africa, Asia, and Latin America.

Featuring:
Sodexo
Where:
7 countries across Asia, with examples from Cambodia and India
Time Frame:
2005 - present

GOAL

The Supply Chain Inclusion Program is projected to generate more than 250,000 jobs over the three-year program. As of April 2016, 32 countries have joined the program, and the company's goal is to have all countries signed on by 2020. This has already resulted in a 45 percent increase in spending with SMEs (US\$506 million). Sixteen countries have taken specific steps to work with women-owned SMEs.

LEARN MORE

Partner Inclusion Program;
sodexousa.com

Submitted by Business for Social Responsibility (BSR), Women Deliver, and the Ministry of Foreign Affairs of the Netherlands (A September 2016 report, Women's Empowerment in Global Value Chains: A Framework for Business Action to Advance Women's Health, Rights, and Wellbeing)

Sodexo's Supply Chain Inclusion Program is projected to generate more than **250,000 jobs** over the three-year program.

Saving at the Local Level: Village Savings and Loan Associations

Featuring:
CARE; Promundo
Where:
Ghana, Malawi, Rwanda, and
Uganda
Time Frame:
1991 - Present

DESCRIPTION

The need for comprehensive, well-tailored financial services for women starts at the local level. One innovative model that is well suited to local women is a Village Savings and Loan Association (VSLA), a group of people who save together and take small loans from those savings. Care's Village Savings and Loan Association initiative in Niger targets women living in poor, often rural communities with little or no access to financial institutions. After years of engaging in weekly savings and loans meetings and gaining financial literacy and confidence, the savings initiative has started to integrate more formal institutional engagement, such as official bank accounts and credit.

In Rwanda, the gender justice organization Promundo has worked in partnership with CARE to make women's use of existing VSLAs more successful by engaging men in discussion groups. Men's participation in these groups helped them to better accept their wives' participation in the initiatives, support their goal of economic empowerment, and share more in household duties. The discussion-centered sessions encouraged the men to reflect on rigid gender norms, examine their personal attitudes and beliefs, and question traditional ideas about household decision-making and division of labor, childcare, and sharing household tasks.

A randomized evaluation found that the savings of women in the associations grew by **US\$14, a 34% increase.**

IMPACT

From 2008-2012, the research and policy non-profit Innovations for Poverty Action (IPA) conducted a randomized evaluation of the Village Savings and Loan Associations in Ghana, Malawi, and Uganda, and found that the savings of women in the associations grew by US\$14, a 34 percent increase relative to the comparison group. Households also accessed more credit for a variety of investment purposes, including for agriculture, health, and education; women's decision making power in the households improved; women were significantly more likely to own a business; and women were more likely to take out a loan for commerce.

The Village Savings and Loan Association model has demonstrated consistent positive results increasing women's access to financial tools and income, as well as improving individual and household welfare, such as nutrition, access to health services, and quality of housing. As a result, both women and men were happier and more economically successful.

LEARN MORE

"Impact Assessment of Savings Groups," [Innovations for Poverty Action](#)

"The Evidence-Based Story of Savings Groups: A Synthesis of Seven Randomized Control Trials," [Megan Gash and Kathleen Odell](#)

"Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality," [Jerker Edström, et al.](#)

"Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment," [CARE International - Rwanda and Promundo-US](#)

About VSL Associates; [vsla.net](#)

Source: [Boost Women's Economic Empowerment policy brief](#)

A Loan Facility Tailored to Women-Owned Enterprises

Featuring:
International Finance
Corporation; Goldman Sachs
Where:
Global
Time Frame:
2014 - Present

DESCRIPTION

Financial inclusion is key to developing a vibrant community of women entrepreneurs and women-owned businesses, which in turn can provide jobs. The success of such financial inclusion ventures requires an approach that opens access to funds while building women's financial literacy and management capacity.

Goldman Sachs and the International Finance Corporation, a member of the World Bank Group, created the first-ever loan facility for women-owned small-and-medium enterprises, enabling 100,000 women around the world to access capital. Backed by US\$600 million, the Women Entrepreneurs Opportunity Facility supports financial institutions and local banks in emerging markets by providing lines of credit, sharing risk, and strengthening their capacity to target and reach women entrepreneurs. Capacity building support addresses the barriers to both the banks deploying capital and the women entrepreneurs accessing it. The Facility helps banks figure out what they need from a financial perspective to expand their lending to female small business owners. Goldman Sachs' dollars not only limit the risks for banks, but also provide training for the loan officers and help the banks assess the marketplace so they understand the opportunity.

The loan facility works by raising capital; making loans to banks; helping banks serve women entrepreneurs by navigating challenges such as collateral requirements, weak property rights, and discriminatory laws, regulations, and customs; and enabling women entrepreneurs to grow their business by offering market rates and simplifying the loan application process through training.

The first-ever loan facility for women-owned small-and-medium enterprises has enabled **100,000 women around the world to access capital.**

REACH

The Women Entrepreneurs Opportunity Facility has catalyzed new investments and provided more than 30,000 women in 17 countries with access to capital.

LEARN MORE

About the 10,000 Women Initiative; [goldmansachs.com](#)

"Banking on Women Bonds," [International Finance Corporation](#)

About The Women Entrepreneurs Opportunity Facility; [goldmansachs.com](#)

More on The Women Entrepreneurs Opportunity Facility; [fortune.com](#)

Source: [Boost Women's Economic Empowerment policy brief](#)

Women Enhancing Agribusiness with Technology

DESCRIPTION

In 2012, GROOTS Kenya decided to expand the level of technology accessible to women farmers with the 'Accelerating Rural Women's Access to Agricultural Markets and Trade' project. The organization believes that by increasing the capacity of women farmers to track successes and challenges, the women will be inspired to accelerate their own development and influence positive change around them.

GROOTS identified 3,500 women farmers in the Nakuru and Kitui counties to participate in the project. The women were organized into 131 common interest groups, according to their core area of work—poultry, dairy, or horticulture. One member of each interest group was provided with a computer tablet and trained on how to use the tablet. The group leader uses the tablet to collect information from group members about their savings and enterprise performance on a monthly basis. This information is automatically transferred to a central web-based management information system. A number of reports are generated automatically that provide the women farmers with feedback on their achievements. The user can also generate customized reports in different formats, including excel spreadsheets and charts.

IMPACT

Since the project began, poultry production has increased from an average of 5 to 50 birds per farm, and milk yields have increased in the range of 5 to 15 liters per cow per day. Women's understanding of agribusiness has grown, with 237 women trained in how to collect and track farm management data.

LEARN MORE

Accelerating Rural Women's Access to Markets and Trade;
grootskenya.org

Accelerating Rural Women's Access to Agricultural Markets and Trade;
youtube.com

Submitted by Global Fund for Women

Featuring:
GROOTS Kenya
Where:
Kenya
Time Frame:
2012 - Present

Poultry production increased from an average of **5 to 50 birds per farm** and milk yields have increased in the range of **5 to 15 liters per cow per day**.

Increasing Web Access for Visually Impaired People

DESCRIPTION

Two screen-reading softwares, F123 Visual and F123 Access, are making the web more accessible for people who are blind or visually impaired. Both softwares were developed by F123 Consulting, a company focused on providing professional, low-cost software and training for people who are blind or have low vision. F123 Visual is available for a low cost, while F123 Access is free, making these tools particularly important for low-income visually impaired people. The average conventional screen reader can cost upwards of US\$2,000, adding an additional barrier to web access for the visually impaired and blind. Using this software, people with visual impairments can enhance their access to education and, eventually, employment, helping to interrupt the cycle of poverty.

F123 Visual is a low-cost computer software optimized for use by people who are blind or visually impaired. In addition

REACH

F123 Access is already being used by people who are blind in over 20 countries. Measurement is done by counting the number of installations, tracking country of origin of users, and counting various interactions with partner organizations and blind users. By providing low-income people who are blind or visually impaired with access to the web, both of these softwares are enhancing these populations' educational and employment opportunities.

LEARN MORE

F123 - Technology that enables;
F123.org

F123 Access;
F123Access.com

Submitted by Global Fund for Women

Featuring:
F123 Consulting
Where:
Over 20 English-, Spanish-, and Portuguese-Speaking Countries
Time Frame:
2009 - Present

to screen reading and screen magnification capabilities, the software allows users to work with documents and spreadsheets, use email and instant messaging, and surf the web. The project already has users in over 20 countries using English, Spanish, and Portuguese versions of the software.

Even the most expensive screen reading software cannot properly present the content on a web page if the page is not designed correctly. F123 Access is free software that reformats web pages to make them more accessible, convenient, and usable for people who are blind. The software helps people who are blind in both developed and developing countries. As online access is becoming a requirement for education, employment, and social interactions, the F123 Access technology is relevant for people who are blind at all stages in their lives.

Women Fueling Science and Technology

DESCRIPTION

In today's world, digital technology is central to political participation, information sharing, and economic development. Yet in spite of this, girls and women everywhere are missing, underrepresented, and dropping out of technology fields. As a result of this inequality, today's technology does not reflect the diversity of women's experiences, imagination, or ingenuity.

The Global Fund for Women's "IGNITE: Women Fueling Science and Technology" global advocacy campaign and online multimedia project sought to contribute to and elevate awareness of the gender gap in technology by creating a platform to share stories of girls and women advancing in science, technology, engineering, and mathematics (STEM) and information and communication technologies fields and explore the role of STEM in advancing gender equality. IGNITE created an online platform to spotlight girls' and women's contributions in the STEM fields; examined the challenges girls and women face advancing in information and communication technologies and STEM sectors; and amplified a diversity of STEM-based ideas and solutions for advancing women's human rights and gender equality.

Solutions tackled a diversity of issues, including **women's economic development opportunities, anti-harassment, anti-kidnapping and trafficking, and increasing access to sexual and reproductive health information**

Featuring:
Global Fund for Women
Where:
Global
Time Frame:
2014 - 2015

REACH

Utilizing digital storytelling techniques and incorporating multimedia art and video features, IGNITE shared stories and innovations from girls and women in STEM and demonstrated the impact of having girls and women at STEM decision making and creating tables.

Over a nine-month period, IGNITE:

- Launched five multimedia galleries, each organized around a different theme and championed by a global female thought leader.
- Sponsored an online petition demanding that girls and women have equal access to and control of technology, garnering more than 20,000 signatures from 180 countries before being delivered to UN officials at the Commission on the Status of Women 2015.
- Exhibited over 65 crowd-sourced stories (Spark Stories) from men and women around the world describing the impact of science and technology on their own lives.
- Coordinated the IGNITE International Girls Hackathon—a 24-hour Hackathon encouraging girls from all corners of the globe to use their talents, ideas, and creativity to build real and lasting solutions to increase girls' and women's access to safe spaces. Solutions tackled a diversity of issues, including women's economic development opportunities, anti-harassment, anti-kidnapping and trafficking, and increasing access to sexual and reproductive health information.

LEARN MORE

IGNITE: Women Fueling Science & Technology; globalfundforwomen.org

Take Action to End the Gender Technology Gap; globalfundforwomen.org

About IGNITE; factmemorytestimony.com

IGNITE International Girls Hackathon; ignite.globalfundforwomen.org

Submitted by Global Fund for Women

Enhancing Women's Economic Participation by Improving their Health and Wellbeing

DESCRIPTION

The "Healthy Women, Healthy Economies" initiative convenes government (health, labor, and gender officials), private sector, academia, and other interested stakeholders to raise awareness and promote good practices to enhance women's economic participation by improving women's health. A project of the Asia-Pacific Economic Cooperation (APEC) forum, Healthy Women, Healthy Economies brings together evidence about women's health and wellbeing and its impact on economic growth with best practices.

Governments, employers, and non-governmental organizations can access this information in The Healthy Women, Healthy Economies Policy Toolkit which contains policies, strategies, and best practices that promote women's health and wellbeing in support of women's economic participation. It covers five areas of women's wellbeing: workplace health and safety, health awareness and access, sexual and reproductive health, gender-based violence, and work/life balance. The toolkit goes beyond women's health issues to address a range of well-being factors (unpaid work by women, gender-based violence) that affect how a woman operates in the workforce.

The toolkit will continue to evolve as partners gain experience and contribute best practice learnings.

IMPACT

Since the release of the Policy Toolkit, cross-sector policy action has been taken in a number of contexts:

- In the Philippines, the Department of Health, the Philippines Thyroid Association, and Merck KGaA are working together to develop policies and programs that address thyroid disease. The Philippines is also working with a group of small, medium-sized, and large corporations to implement the Toolkit.
- The Government of Peru has committed to further understanding and sharing the economic cost and impact of gender-based violence to the private sector.
- The shipping company Magsaysay Inc. announced that it is applying pertinent aspects of the Toolkit across its organization.

LEARN MORE

The Healthy Women, Healthy Economies Initiative; healthywomen.apec.org

Merck Launches Partnership with Department of Health and Philippine Thyroid Association; prnewswire.co.uk

"Gewalt gegen Frauen und ihre finanziellen Folgen für Unternehmen in Peru," Cooperación Alemana

Submitted by Merck KGaA

The toolkit contains policies, strategies and best practices that **promote women's health and wellbeing** in support of **women's economic participation**.

Featuring:
Asia-Pacific Economic Cooperation (APEC) forum; Government of the Philippines; Philippines Thyroid Association; Merck KGaA; Government of Peru; Magsaysay Inc.

Where:
Global, with examples from the Philippines and Peru

Time Frame:
2015 - Present



Strengthening Women's Political Participation and Decision-Making Power

Girls and women have a right to engage in civil society, vote in elections, be elected to office, serve on boards, and make their voices heard in any process that will ultimately affect them, their families, and their communities. By investing in women's right to political participation, the international community not only moves closer to achieving gender equality, but paves the way to more egalitarian democracies, balanced economic growth, and enhanced peacebuilding.



Quotas: Ensuring Women's Place at the Political Power Table

SUMMARY

There are increasing calls for more efficient and concrete methods by which to increase the number of women in politics. Quotas are a common answer to these calls in many countries around the world. Electoral gender quotas aim to recruit women into political positions and ensure that they have real influence in political systems, rather than serving as token representatives. Quotas can be effective, temporary measures to increase women's political participation while transitioning to the point where a gender balance in political decision-making can be achieved and sustained. Today, half the countries around the world use an electoral quota for their parliament.

THE DETAILS

The two most common types of electoral gender quotas are candidate quotas and reserved seats. Candidate quotas specify the minimum percentage of female candidates in each political party. These candidate quotas are laid down either in the constitution, electoral laws, or political party laws. Reserved seats set aside a certain number of seats for women among representatives in a legislature, specified either in the constitution or by legislation. These seats can be filled either through election or appointment. Previous notions of having reserved seats for only one or for very few women, who are meant to represent all women in the country, are no longer considered sufficient. Today, quota systems aim at ensuring that women constitute at least a "critical minority" of 30 to 40 percent or aim for "gender balance," as demanded in various international treaties and conventions. The 1966 International Covenant on Civil and Political Rights and the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), for example, lay out the rights of women to equal participation in decision-making structures.

Featuring:
Government of India
Where:
Global, with example from India
Time Frame in India:
1992 - Present

IMPACT: INDIA AS A CASE STUDY

Worldwide, women make up 22 percent of the members of parliaments. However, in the 46 countries where women represent 30 percent of elected legislators, 40 countries have some form of quota system - either legislative candidate quotas or reserved seats.

In India, a Panchayat is traditionally a body of five elected elders of a village who help resolve conflicts. Yet women were not allowed membership of this body prior to the establishment of the 1992 73rd Amendment Act, which called for reserving at least one-third of all Panchayat Council seats and one-third of all Pradhan seats (head of the Panchayat) for women. This reservation system, called the Panchayati Raj, has significantly increased women's formal political leadership throughout the country.

By 2009, women's grassroots political representation in India reached 50 percent. There are about one million women in Panchayati Raj Institutions, constituting about 37 percent of all those elected, and about 80,000 female Pradhans. A 2008 nationwide study found that amongst the one million elected women representatives, 80 percent were elected from reserved seats, and reservation was an important motivator facilitating first-time entry into politics for nearly 83 percent of

the elected women representatives. Also, reservation was critical for disadvantaged groups: 26 percent of all elected women representatives were Scheduled Castes and 13 percent were Scheduled Tribes—the official designations for two historically disadvantaged groups in India. A survey revealed that a sizeable proportion of women experienced enhanced self-esteem, confidence, decision-making ability, and respect within the family after winning an election.

Since the adoption of the 73rd Agreement Act, women Panchayat Raj leaders have become increasingly involved in their communities, ensuring that issues such as quality healthcare and education, as well as the financial considerations necessary to realize access to these services, are discussed at meetings. As a result of their participation, there was a 62 percent increase of potable water projects in these communities initiated by a woman leader, as compared to communities with male leaders. Panchayat women leaders have also been especially active in bringing education to their villages.

LEARN MORE

Data on Women in National Parliaments;
ipu.org

Global Database of Quotas for Women;
quotaproject.org

Trends in Gender Quotas;
idea.int

Women in Indian Politics;
knowledge.wharton.upenn.edu

About the Panchayati Raj;
cdhr.org.in

Data on Women in Parliaments;
unwomen.org

Source: [Strengthen Women's Political Participation and Decision-Making Power policy brief](#)



By 2009, women's grassroots political representation in India had reached **50%**.

Cross-Sector Partnership to Increase Women's Political Representation

DESCRIPTION

In 2010, Senegal adopted legislation mandating that women be guaranteed seats in all elective and semi-elective bodies at every level of government. Gender parity is also required within the lists of candidates submitted by political parties, which must be alternating lists of men and women candidates, with a male-female ratio as close as possible to 50 percent. In order to help implement the legislation, the Senegalese Counsel of Women (COSEF), the Ministry of Women's Affairs, Children, and Female Entrepreneurship, and UN Women launched a large-scale awareness campaign in 2012. The partners also organized a training program for 300 women on the electoral lists, to educate them on campaign techniques and the electoral process. The women in turn participated in the public awareness campaign run in 14 regions in Senegal, bringing attention to the gender parity law.

When the 2012 presidential elections were held, UN Women supported the launch of a Women's Platform for Peaceful Elections to help the voting process take place in a peaceful and transparent manner. Founded by women's organizations as a mechanism for conflict prevention and mediation, the Platform has enabled female leaders to join and organize observer missions during the electoral process.

IMPACT

The outcome of the 2012 elections resulted in a near balance between men and women in the National Assembly: 64 women occupied a total of 150 seats, up from 33.

LEARN MORE

News on Senegal's Female Parliamentarians;
unwomen.org

Gender Responsive Budgeting in Practice;
unfpa.org

Source: [Strengthen Women's Political Participation and Decision-Making Power policy brief](#)

Featuring:
Government of Senegal;
Senegalese Counsel of Women;
UN Women

Where:
Senegal

Time Frame:
2010-2012

The outcome of the 2012 elections resulted in a near balance between men and women in the National Assembly:
64 women occupied a total of 150 seats.

Women at the Indonesian Peace Table

DESCRIPTION

In an effort to strengthen women's contributions to conflict management in Indonesia, the Centre for Humanitarian Dialogue initiated the "Women at the Indonesian Peace Table" initiative in partnership with the Indonesian Institute of Sciences and the support of the Indonesian State Ministry for Women Empowerment and Child Protection. Though Indonesian women have played a significant role in managing community-level violence and conflict, they have been largely absent from conflict resolution processes at the regional and national levels.

In order to increase women's political representation, particularly in conflict resolution, "Women at the Indonesian Peace Table" convened a series of roundtable discussions and trainings. The principle goal of the series is to elevate women's involvement in conflict resolution by ensuring that those with experience at the community level are identified and given opportunities to use their skills and develop new ones, as needed, and that they are utilized as resources for peacemaking.

Featuring:
Concerned Women's Organisation; Indonesian Institute of Sciences; Government of Indonesia

Where:
Indonesia

Time Frame:
2010 - 2013

IMPACT

The project has yielded positive dialogue around ways to develop sound and more gender-inclusive policies for peacebuilding. Several women in Papua, the easternmost province of Indonesia, have won legislative seats in the province, become leading activists with non-governmental organizations, and have joined local government. Women are also increasingly sent to mediation trainings and meetings so that they can assist in negotiating peace between conflicting parties.

Women have often acted to prevent the outbreak or escalation of violence by mediating between conflicting parties in clashes between different tribal groups, between local communities and the logging and mining companies, or between Papuans and the security forces. Papuan women have proven more inclined than men to consolidate their strengths by working together regardless of their tribal clan or other affiliations, and women tend to be trusted widely across various constituencies and play an active role in dialogue at the community level.

LEARN MORE

Women's Contributions to Conflict Resolution in Indonesia;
hdcentre.org

Indonesian Women at the Peace Table;
hdcentre.org

Source: [Strengthen Women's Political Participation and Decision-Making Power policy brief](#)

The project has yielded ways to develop **gender-inclusive policies for peacebuilding.**

Train, Run, Win, Lead: Increasing Women's Leadership in Political Power Structures

Featuring:
The Network of NGOs of
Trinidad and Tobago for the
Advancement of Women

Where:
Trinidad and Tobago

Time Frame:
2013 - Present

SUMMARY

An umbrella network of women's organizations in Trinidad and Tobago, the Network of NGOs of Trinidad and Tobago for the Advancement of Women, has been partnering with local government since 1996 to ensure that women are represented throughout the political system. In 2013, the Network launched a training program for women planning to run for political office. The eight-week course, "Train, Run, Win and Lead," teaches potential female candidates across party lines about the basic functions and responsibilities of government, communications, leadership, and gender-responsive budgeting. The project aims to train and support women candidates, young people, and activists in the general elections for the 14 municipalities and the Tobago House of Assembly.

HOW DOES IT WORK?

"Train, Run, Win and Lead" raises women's awareness about their right to fully access and participate in power structures and decision-making, with the ultimate goal of developing their capacity to change the political system. By providing women with the skills to carry out gender-sensitive planning and budgeting for local government projects and activities, the program seeks to institutionalize women's perspectives within public policy, and ensure that women have equal access to assets and resources.

Throughout the training, individual capacities are strengthened in an atmosphere of collaboration that transcends partisan divisions. Specific topics included gender-responsive budgeting, or budgets that respond to women's priorities and promote gender equality; the basic functions and responsibilities of government, communications, and leadership; campaign-related issues, such as voter registration, managing volunteers, money, and fundraising; confidence in public speaking; assertiveness; and how to run a positive campaign.

IMPACT

Following the first round of trainings, half of the women participants who ran for office won seats in the local 2013 elections. Almost all of these seats had previously been held by men. Women won positions as Municipal Councilors, Aldermen, Mayors, Chairmen, and Executive Committee members, focusing on sanitation and community infrastructure. After the training, the program keeps in touch with all its participants, offering other specific trainings and a support network that include activists and young people. The Network has also offered technical assistance to women candidates vying for national party leadership. Since the training began, an unprecedented number of women from all four national parties have run for leadership positions.

LEARN MORE

Trinidadian Women Gaining Political Power;
unwomen.org

Training Women for Local Elections;
newday.co.tt

Source: [Strengthen Women's Political Participation and Decision-Making Power policy brief](#)



Following the first round of trainings **half** of the women participants who ran for office, **won seats** in the local 2013 elections.



Accelerating Access to Resources – Land, Clean Energy, Water, and Sanitation

When girls and women have limited access to resources such as land, renewable energy, and water and sanitation, it can have negative consequences for their health, education, housing, and livelihood. Gender-sensitive interventions can close this gap and accelerate access to crucial resources.

Solar Sisters: The “Avon Lady” Model of Solar Distribution

DESCRIPTION

By creating a woman-centered sales network that brings clean energy technology to rural Africa, Solar Sister is working to eradicate energy poverty and economically empower women through a direct-sales network to sell solar energy products. Each Solar Sister entrepreneur buys her lights and cookstoves from Solar Sister, then sells and delivers them to her family, friends, and neighbors. Management staff train and recruit Business Development Associates, locally-hired field staff and Solar Sister’s direct link to entrepreneurs. In turn, each associate recruits, trains, and supports a group of one to 25 self-employed women entrepreneurs.

IMPACT

The Solar Sister program has grown to over 2,000 female entrepreneurs since 2010, whose efforts to promote clean energy are reaching 370,000 beneficiaries. Women’s engagement with Solar Sister provides them with access to new productive capital and income generation opportunities. Some of the female entrepreneurs reported that their engagement with Solar Sister was their first opportunity to work and to have access to their own source of income and savings. Among the entrepreneurs surveyed in Solar Sister’s quantitative 2015 Tanzania End of Year Survey, 91 percent reported that their children used the light for studying.

As a result of using clean cookstoves, customers reported saving 1.6 hours per week in time spent on fuel collection, US\$1.92 per week in reduced expenditure on wood, or US\$2.41 per week in reduced expenditure on charcoal. Customers reported saving 1.5 hours per week from switching to solar lighting, 1.7 hours per week from switching to solar mobile charging, US\$3.23 per week in reduced kerosene costs; or US\$2.69 per week in reduced mobile charging costs.

LEARN MORE

Women Can Power Alternative Energy Solutions for Africa; allafrica.com

“Solar Sister: Empowering Women Through Clean Energy Entrepreneurship,” [International Center for Research on Women](#)

Source: [Invest in Women to Tackle Climate Change and Conserve the Environment policy brief](#)

Featuring:
Solar Sister
Where:
Nigeria, Uganda, and Tanzania
Time Frame:
2010 - present

Customers reported saving **1.6 hours per week** in time spent on fuel collection.

Combating Open Defecation with Community-Led Total Sanitation

DESCRIPTION

Community-Led Total Sanitation is a relatively low cost solution to increase girls’ and women’s access to sanitation facilities. Access to sanitation facilities improves the health of communities by reducing diarrhea and other consequences of open defecation.

In an effort to ensure real and sustainable change, Community-Led Total Sanitation focuses on the creation of open defecation free villages. By raising awareness that an entire community is at risk of disease as long as even a minority of community members continues to defecate in the open, the Community-Led Total Sanitation approach triggers the community’s desire for collective change.

Building on other participatory mobilization methods, community members are led through a series of activities, including a community mapping of defecation sites, and come away with the knowledge that they are ingesting each other’s feces. This realization is channeled into a commitment to become an open defecation free community. Open defecation free status is first verified and later certified by an official committee. Often there are two or three stages of open defecation free certification, first focusing on the use of any quality latrine and some sort of handwashing station; additional stages deal with quality and other ‘plusses,’ including girl-friendly, inclusive sanitation.

Where:
Global
Time Frame:
2000 - Present

IMPACT

Communities and districts achieve open defecation free status and see improvements in health. Communities see the results of their commitment and action, and the level of community self-efficacy grows. Often the linkages with local government and local private sector have spill over benefits, as well.

LEARN MORE

The Power of Cross-Sector Collaboration on WASH; washplus.org

“The United Nations World Water Development Report 2015: Water For A Sustainable World,” [United Nations Educational, Scientific and Cultural Organization \(UNESCO\)](#)

“Effect of a community-led sanitation intervention on child diarrhoea and child growth in rural Mali: a cluster-randomised controlled trial,” [Amy J Pickering, et al.](#)

Submitted by FHI 360

Community-Led Total Sanitation is a relatively low cost solution to **increase girls’ and women’s access to sanitation facilities.**

Sanitation Serving Both Teachers and Students

Featuring:
Government of Zambia;
WASHplus

Where:
Zambia

Time Frame:
2011-2015

SUMMARY

Schools Promoting Learning Achievement through Sanitation and Hygiene (SPLASH), a four-year program launched in 2011 by the global environmental health project WASHplus, helped to improve health and learning among primary school students in Zambia's Eastern Province. SPLASH worked within the Ministry of Education, Science, Vocational Training and Early Education as well as other ministries. By improving sustainable access to safe water and adequate sanitation, SPLASH helped to improve the health, learning, and educational performance of primary school children and their teachers. The project also encouraged adoption of better hygiene and health practices in targeted schools and communities.

SPLASH reached **246,000 children, their teachers, and their parents** with a comprehensive WASH facility improvement and hygiene education program.

HOW DOES IT WORK?

The project trained Ministry of General Education officials at the provincial and district levels in project planning and budgeting, financial management, and WASH in Schools operations and maintenance to achieve sustainability. The program's contributions included boosting student attendance, tackling dropout rates and teacher attrition, and improving overall health and wellbeing. It aimed to strengthen local operations, maintenance, and management capacity by offering innovative solutions to commonly-encountered technical and organizational problems. Because girls and female teachers are disproportionately affected by poor access to sanitation, SPLASH's comprehensive school-based menstrual hygiene management program

trained teachers and provided them with materials for counseling and supporting girls, as well as involving the girls' families. Activities centered on providing safe water and adequate sanitation and adopting better hygiene practices. As part of the menstrual hygiene management component, girls' latrines were equipped with washrooms and schools were encouraged to stock sanitary pads and other hygiene products, such as soap and toilet paper.

IMPACT

By providing a cleaner and more hygienic learning environment, SPLASH improved the health, learning, and performance of pupils and teachers. SPLASH was implemented in 616 schools in four districts, and SPLASH reached 246,000 children, teachers, and parents with a comprehensive WASH facility improvement and hygiene education program. The presence of a WASH program in school was shown to reduce absenteeism by up to 50 percent.

Providing attractive WASH facilities to schools had a ripple effect on entire communities. For example, nearly 10,000 household toilets were constructed without any project input. Additionally, addressing menstruation in a comprehensive and sensitive way transformed it from a taboo subject to a commonly and openly-discussed topic

LEARN MORE

"WASHplus End of Project Report: What We Did And Why It Matters," [WASHplus Project and USAID](#)

About Schools Promoting Learning Achievement through Sanitation and Hygiene (SPLASH); [fhi360.org](#)

WASH in Schools in Zambia; [washplus.org](#)

"Menstrual Hygiene Management among Schoolgirls in Eastern Province of Zambia," [WASHplus Project and USAID](#)

SPLASH in Zambia; [waterinstitute.unc.edu](#)

Country Snapshots And Results of WASHplus; [washplus.org](#)

Source: [Accelerate Access to Resources – Land, Clean Energy, Water, and Sanitation policy brief](#)



Photo by Dominic Chavez/World Bank

Owning and Cultivating Land as a Path to Self-Reliance

DESCRIPTION

In rural India, an estimated 18 million families are both poor and landless. Millions more lack secure legal rights to the land they currently occupy. State and Central government leaders in India have worked with Landesa since 2000, to undertake a series of programs to address land tenure insecurity and poverty.

Landesa and West Bengal's Department of Women and Child Development and Social Welfare, have undertaken The Girls Project—an initiative that teaches girls about their rights to own and inherit land and provides intensive training to equip girls with the skills needed to both advocate for their land rights and to use land to create assets.

IMPACT

The Girls Project in West Bengal has taught organic gardening skills to over 48,000 girls in more than 1,000 villages and engaged hundreds of communities in discussions about girls' vulnerabilities and needs. The project is now being scaled to reach 1.25 million girls.

Throughout India, Landesa has reached more than one million families. Increasingly, leaders in India's poorest states are recognizing that insecure land tenure is a significant hurdle to development and stability. Among other results of Landesa's work with the Indian government, more than 680,000 families are now landowners; the state governments of Andhra Pradesh and Telangana have implemented land leasing reforms to help the poor gain secure access to land they can farm; and five states have launched homestead allocation pilot programs with Landesa's assistance.

Featuring:
Landesa; Government of India
Where:
India
Time Frame:
2000 - Present

The Girls Project in West Bengal has **taught organic gardening skills to over 48,000 girls in more than 1,000 villages.**

LEARN MORE

Landesa in India;
landesa.org

About Landesa;
landesa.org

About The Girl Project;
landesa.org

Source: [Accelerate Access to Resources – Land, Clean Energy, Water, and Sanitation policy brief](#)

Better Managing Shared Natural Resources to Build Peace

Featuring:
SOS Sahel
Where:
Sudan
Time Frame:
2007 - Present

DESCRIPTION

SOS Sahel, an international non-governmental organization, worked in partnership with local groups in Sudan to implement a resource-based conflict reduction program that provides women and young people with natural resource management and conflict resolution skills. SOS Sahel adopted a system for incorporating marginalized groups, first by engaging the community on more general issues, and then seeking permission from traditional leaders to involve women and young people in formal decision-making processes.

SOS Sahel works with pastoral and farming groups to help them overcome conflict and peacefully share access to natural resources—

specifically water and pasture—upon which they both depend. Activities involve demarcation of livestock routes, construction of community-managed water sources, and the formation and training of resource management bodies comprised of settled and nomadic representatives. These associations provide a vehicle for collaborative and peaceful management of shared natural resources and are able to tackle local disputes.

Through a series of training workshops and meetings, SOS Sahel began educating women on concepts of conflict reduction and peace building in order to promote a common understanding of mediation processes and

Steering groups with women representatives were developed, and community structures were registered as legal bodies.

IMPACT

As a result of the training workshops and meetings on conflict reduction and peacebuilding, steering groups with women representatives were developed, and community structures were registered as legal bodies in accordance with Sudanese regulations. Legal standing enables committees to carry out voluntary work on behalf of their communities, including the demarcation of livestock corridors, which is a critical component for peace building and conflict reduction. Furthermore, facilitating dialogue has enabled a broader discourse on alternative means of conflict resolution.

LEARN MORE

"Women and Natural Resources: Unlocking the Peacebuilding Potential," United Nations Environment Programme, United Nations Entity for Gender Equality and the Empowerment of Women, [United Nations Peacebuilding Support Office and United Nations Development Programme](#)

"Engaging Youth and Women in Natural resource management and conflict reduction process," [SOS Sahel International UK](#)

Source: [Accelerate Access to Resources – Land, Clean Energy, Water, and Sanitation policy brief](#)

Persuading Local Leaders to Extend Land Rights to Women

Featuring:
United States Agency for
International Development (USAID)

Where:
Senegal

Timeframe:
2010 - 2017

IMPACT

Women received extensive training in maternal and child health and nutrition – nearly 2,500 mother-to-mother groups were formed, totaling more than 29,000 members. They also received training on restoring and managing biodegraded land. Women accounted for more than 90 percent of producers who received training on horticultural production. Nearly 44,000 women, more than 70 percent of the target population, received nutrition training via community meals. Women acquired new assets through the pass-on-the-gift program (nearly 17,000 animals were placed, and approximately 80 percent of the placements were for women) and through reclamation of biodegraded land (nearly 240 hectares in the second and third years were attributed to women, and the restored land was formally attributed to women's groups for more than 25 years). Today, women have increased access to credit: of the 254 credit applications received in 2013, 225 were funded, benefitting 814 men and 2,277 women, who were nearly 74 percent of the credit recipients. Women have also benefited from off-farm employment opportunities (nearly 44 percent of Community Based Service Providers are women) and have a greater voice in governance matters (more than 60 percent of governance activity participants in the third year were women). Another result was increased legal support for women's land titles. Yaajeende has broadened women's participation in project

interventions and developed equalizing strategies to promote women's increased access to resources and opportunities.

In one example of women's economic empowerment from the Yaajeende project, The women of Seno Pallel in Matam Region make enriched flours and infant porridges using local ingredients. The women began making the products for their own consumption in early 2012. When they noticed a strong demand for the product, they then began packaging and selling flour mixes in local markets. Recently, the women received a large order from Senegal's National Program for Nutrition for more than 21,000 sachets of infant flour, earning the women more than \$1,600 in a few weeks. Yaajeende is helping these women acquire additional tools and financing this activity to expand the distribution chain to other zones.

Men in the local communities recognize the value of this reclaimed land, as well as the importance of the women's collectives having ownership and decision-making power over it. Yaajeende's success is evidenced by community acceptance of project activities.

LEARN MORE

About The Yaajeende Project; ncba.coop

More About The Yaajeende Project; amazonaws.com

"Synthesis Of Evaluations Related To The Feed The Future Learning Agenda: March 2016," [USAID](#)

"Agricultural Prosperity in Dry Africa," [Dov Pasternak](#)

"Yaajeende Agricultural Development Project Mid-Term Performance Evaluation," [USAID](#)

Source: [Boost Women's Economic Empowerment policy brief](#)

SUMMARY

The Yaajeende Nutritional Value Chain Project, which started in 2010 in Senegal, was a five-year United States Agency for International Development (USAID) Feed the Future project to counter deeply entrenched cultural biases against women's ownership of land. The project was recently extended due to its successful holistic model, making it a seven-year program ending in 2017.

HOW DOES IT WORK?

The project works to harmonize legal regulations and customary practices by engaging local leaders to identify culturally-appropriate means for women to gain land ownership. Local leaders identified degraded land that was thought unprofitable and allowed women's groups – as opposed to individual women – to own the land as a collective. The Yaajeende project works with the women's groups to make the land profitable, following an integrated approach that incorporates nutrition, economic empowerment, and environmental sustainability.

Women accounted for more than **90%** of producers who received training on horticultural production.





Investing in Women to Tackle Climate Change and Conserve the Environment

Women bear the brunt of climate change, but they are the world's best bet in the fight for a clean, healthy, and sustainable planet. Given their traditional roles in agricultural production, and as the procurers of water, cooking fuel, and other household resources, women are not only well suited to prevent and mitigate the effects of climate change – they have a vested interest in doing so. The first step towards tackling the challenges of climate change is promoting the inclusion of women.



Rethinking Agriculture to Increase Biodiversity and Decrease Flood Risk

DESCRIPTION

With resources from local organizations, including the union of women's farmer cooperatives "Las Brumas," women in the north-central Jinotega region of Nicaragua conducted a risk mapping exercise to identify new solutions for improving food production. Experts introduced a variety of agricultural methods to reduce the community's vulnerability to flood and drought, including table gardens, which are raised on an elevated surface. Local women then received training, seeds, and tools, and collectively decided how to use the land differently.

IMPACT

After five years, the number of diversified plots in the community quadrupled from 50 to 200 and crop production for household use increased five-fold. Each farmer's annual net earnings increased roughly six-fold from C\$2,200 to C\$13,700. During the start of the project, crops were almost completely dedicated to coffee production. When women started to integrate more crops in one plot, household consumption of beans, a main food staple in Nicaragua, experienced a 19-fold increase.

Grassroots women's successful implementation of these sustainable agricultural practices has garnered recognition from local and national authorities, who now consider the women experts on resilience. In the case of Wiwili municipality, the government has allocated part of their budget to address grassroots women's agricultural priorities.

LEARN MORE

Building Resilient, Sustainable Communities;
huairou.org

Source: [Invest in Women to Tackle Climate Change and Conserve the Environment policy brief](#)

Featuring:
Las Burmas

Where:
Nicaragua

Time Frame:
2009-2014

The number of diversified plots in the community quadrupled from **50 to 200**.

Tree Nursery: A Profitable, Eco-Friendly Addition

SUMMARY

The Food and Agriculture Organization of the United Nations incorporated Climate-Smart Agriculture into a project focusing on female small-scale farmers and dairy farmers. The Climate-Smart Agriculture approach helps to guide the transformation of agricultural systems to effectively support development and ensure food security in a changing climate as a means of improving yields, income, and wellbeing. Women in the Kamotony region of Kenya, who were concerned about their economic stability, were trained in Climate-Smart Agriculture practices and decided collectively to start a tree nursery.

IMPACT

The tree nursery provided a new source of income from the sale of indigenous tree seedlings, tea leaves, ornamental trees, garden flowers, and tree cuttings. The women were able to increase dairy production after applying their training on dairy cattle management and investing their tree nursery profits. This allowed them to access credit facilities, which has enabled them to make further investments in their farm enterprises. The women now report that their household food security and income have increased due to Climate-Smart Agriculture practices. In addition, the application of composted manure to their kitchen gardens has contributed to improved household nutrition. The women suggested that the adoption of Climate-Smart Agriculture practices has generally reduced their stress levels and enhanced cohesion in their homes.

The success of this group has made it easier for them to adopt other practices such as agroforestry (agriculture incorporating the cultivation and conservation of trees). Apart from being a source of firewood and herbs, the planting of trees has freed up time the women used to spend collecting firewood, which they now use for other productive activities.

Featuring:
Food and Agriculture Organization of the United Nations

Where:
Kenya

Time Frame:
2011- Present

The women now report that their **household food security and income have increased**.

LEARN MORE

"Barriers, incentives and benefits in the adoption of climate-smart agriculture: Lessons from the MICCA pilot project in Kenya," [Food and Agriculture Organization of the United Nations](#)

Climate-Smart Agriculture;
fao.org

Source: [Invest in Women to Tackle Climate Change and Conserve the Environment policy brief](#)

Integrating Community Health and Agribusiness to Improve Lives and Livelihoods

DESCRIPTION

To simultaneously address social and environmental challenges, population, health, and environment (PHE) strategies link efforts to improve environment and climate with women's health. Specifically aimed at reaching farmers, the Sustaining Partnerships to Enhance Rural Enterprise and Agribusiness Development (SPREAD) project in Rwanda incorporated technical assistance and health education in communities that made their livelihoods from the coffee sector.

The overall goal of SPREAD was to improve the health of farmers and their families by increasing access to education and services for HIV/AIDS prevention, family planning, and maternal and child

health promotion via existing cooperative structures, and by strengthening connections to local healthcare providers.

Rather than creating new structures, interventions, and materials, SPREAD's health program built on existing local and national resources, such as utilizing training and educational materials from the Ministry of Health, Population Services International, and the International Planned Parenthood Federation in Rwanda; promoting PSI Rwanda's social marketing campaigns; and linking farmers to existing community health services.

IMPACT

Preliminary reports indicate that the project has increased support and demand for family planning, and increased awareness of its link to family-wide health and economic benefits. Coffee cooperative leaders and members mentioned an increased understanding of the importance of family planning, including family health and economic benefits, and health workers reported an increased acceptance of family planning and condom use, as well as a decrease in myths and misconceptions about family planning. The program complemented existing public health efforts with a strong community-based approach that reached underserved rural communities with quality information and services in a cost-effective manner.

LEARN MORE

"The Impact of Population, Health, and Environment Projects: A Synthesis of the Evidence," [Rachel Winnik Yavinsky, et al.](#)

"USAID Sustaining Partnerships to enhance Rural Enterprise and Agribusiness Development (SPREAD) Project: Integrated Community Health Program Mid-Term Program Evaluation," [Irene Kitzantides](#)

Source: [Invest in Women to Tackle Climate Change and Conserve the Environment policy brief](#)

Featuring:
Sustaining Partnerships to Enhance Rural Enterprise and Agribusiness Development (SPREAD)

Where:
Rwanda

Time Frame:
2008-2011

SPREAD's health program built on existing **local and national resources**.

Improving Food Security by Providing Family Planning

SUMMARY

Blue Ventures has been working in Madagascar to incorporate sexual and reproductive health services with sustainable coastal livelihood and resource management initiatives. In addition to supporting locally-led marine conservation initiatives, Blue Ventures provides voluntary family planning services through a network of local women trained as community-based distributors of contraceptives. Their Population-Health Environment approach encompasses a number of initiatives, including community health promotion, locally managed marine areas, and voluntary family planning services. This integrated approach addresses the interconnected challenges of poor health, unmet family planning needs, environmental degradation, and food insecurity.

IMPACT

These approaches enable couples to better provide for their families by decreasing birth rates, improving food security, and empowering women to play an impactful role in resource management. Coastal communities are able to live more healthily and sustainably within their marine environment, building social and ecological resilience to climate change. Since Blue Ventures began in 2007, it is estimated that over 1,125 unintended pregnancies have been averted within a population of 20,000 in the southwest Velondriake and coastal Belo sur Mer areas. In Velondriake, the proportion of women using contraception increased from 10 percent in 2007 to 55 percent in 2013. Blue Ventures has expanded the program to serve over 25,000 people across more than 60 communities along Madagascar's west coast.

LEARN MORE

About Blue Ventures;
blueventures.org

Source: [Invest in Women to Tackle Climate Change and Conserve the Environment policy brief](#)

Featuring:
Blue Ventures

Where:
Madagascar

Time Frame:
2007 - present

The program serves over **25,000 people** across more than **60 communities**.

Increasing Crop Yields with Women's Climate Prediction Skills

Featuring:
United Nations
Where:
Bolivia
Time Frame:
2006-2008

DESCRIPTION

A United Nations-funded project in the high plains of Bolivia relied upon traditional community knowledge of weather to improve crop production and avert risks imposed by climate change. Local groups of technology suppliers were formed, called yapuchiris, who sold their services at market prices to other farmers. Those services were ten times cheaper than training offered by engineers. The program was gender-sensitive, and the inclusion of women's expertise in the yapuchiri initiative was vital for transferring agricultural success into stable livelihoods, through women's traditional skills and roles in crop and seed storage, and in accessing markets.

Women had the knowledge to design strategies for risk management and were therefore able to assist other women farmers. They not only transferred knowledge but also helped to build up the analytical capabilities of farming women. The yapuchiris' increased outreach to communities in the face of climate shifts was a significant step in increasing the region's resilience to these changes. The female yapuchiris also took an active role in adaptive risk management and monitoring indicators of climate and weather-related hazards.

IMPACT

More than 100 context-specific agricultural technologies and practices were either introduced or re-introduced to the community to lessen the potential effects of climate change. This has resulted in significant reduction of crop losses from climate events and has also meant the stabilization of market access for local crops. The first agricultural cycle of the program in 2006 emphasized climate prediction through the observation of local flora and fauna; this allowed for crop planning that was more sensitive to risk, and the yield losses were reduced by 30 to 40 percent. The second cycle in 2008 focused on the

empowerment of women in market participation; that year, yield losses from frost, flooding, drought, and hail were reduced by 80 to 90 percent.

Female yapuchiris have taken a leading role in negotiating long-term market access for local produce. Yapuchiris (both women and men) feel more self-confident in their capabilities, and are attracting attention from governmental and academic institutions.

LEARN MORE

"Gender Perspectives: Integrating Disaster Risk Reduction into Climate Change Adaptation," [International Strategy for Disaster Reduction](#)

Source: [Invest in Women to Tackle Climate Change and Conserve the Environment policy brief](#)



More than 100 context-specific agricultural technologies and practices were either introduced or re-introduced to the community.



Improving Data and Accountability for Girls and Women

Girls and women count and must be counted. When national data are not disaggregated, it masks differences among various groups, making it challenging to identify the needs of marginalized populations, including girls and women. Yet when governments are armed with this information, national authorities and development actors can make informed decisions about policies and programs and monitor their implementation.



Improving Data and Accountability through a Maternal Health Alliance

Featuring:
CARE
Location:
Malawi
Time Frame:
2012 - 2015

DESCRIPTION

In Malawi's Ntcheu District, the international non-governmental organization CARE implemented Community Score Cards to improve the quality of maternal health services. The Community Score Card is a two-way participatory tool for assessment, planning, monitoring, and evaluation of services. It brings together community members, service providers, and local government to identify service access, utilization, and provision challenges; mutually generate solutions; and work in partnership to implement and track the effectiveness of those solutions.

Once health service users and providers identified the main challenges and gaps in health services, this information was presented in a simplified score card format. Community members completed the score cards, discussed the contents with health facility staff, and developed an action plan to identify solutions. Community members then monitored whether the solutions were being implemented and repeated the scorecard process every six months.

In Ntcheu District, efforts surrounding the Community Score Card between December 2012 and December 2015 resulted in an enhanced culture of accountability, and an increased collective responsibility to address barriers to delivery and utilization of quality services.

Progress stemming from the Community Score Card process in Ntcheu District includes:

- 56,000 community members reached across 10 sites
- 13 barriers to women's and newborn health tackled
- 64 Community Action Groups formed to carry out locally-developed solutions to address barriers identified through the Score Card process
- Improved relationships between health workers and communities by an average of 37 percent
- Increased commitment of service providers by 26 percent
- Enhanced culture of accountability among healthcare providers

IMPACT

The Community Score Card initiative resulted in significant improvements in the relationship and communication between service users and healthcare providers. All groups gave their relationship an improved score of at least 70 percent at the end of the evaluation period, compared with some baseline assessments as low as 5 percent. The process of engaging with communities, analyzing the Community Score Card results, and conducting self-assessments was credited as having helped service providers better understand the impact of their actions and behaviors, leading to improved attitudes among health workers.

By November 2014, evidence gathered through the initiative indicated a number of achievements, including: increased availability and accessibility of health information by 22 percent; increased availability and accessibility of health services by 8 percent; and increased availability of drugs and supplies by 14 percent.

LEARN MORE

Can Social Accountability Help Ensure Rights and Better Participation in Maternal Health Services?; wilsoncenter.org

"Community Score Card experience in Ntcheu, Malawi: CARE's perspective," [Thumbiko Wa-Chizuma Msiska](#)

"The Maternal Health Alliance Project (MHAP): Improving Health through Participatory Governance," [Sara Gullo](#)

"CARE's experience with community score cards: what works and why?," [Leni Wild and Joseph Wales](#)

"Maternal Health Alliance Project," [CARE](#)

Source: [Improve Data & Accountability for Girls and Women policy brief](#)

All groups gave their **relationship an improved score of at least 70%** at the end of the evaluation period.



Photo by Dominic Chavez/World Bank

Using Human Rights to Uphold Government Accountability

Featuring:
Human Rights Law Network
Location:
India
Time Frame:
2010

DESCRIPTION

Civil society advocates in India's domestic courts, including the Human Rights Law Network, successfully used the judicial system to contend that the government was not meeting its human rights obligations. In 2010, advocates cited the Indian Constitution and universal human rights treaties to show that the government had not fulfilled its responsibility to prevent the pregnancy-related deaths of two women.

IMPACT

In the 2010 decision of *Laxmi Mandal v. Deen Dayal Hari Nager Hospital & Ors*, the Delhi High Court found the government to be negligent in protecting women's basic, fundamental, and human right to life and to maternal healthcare, as stipulated in the Indian Constitution. The government was required to provide monetary compensation to the families of the two women, to identify the failures in the current system that led to these deaths, and to develop strategies for monitoring and improving health services. Key remedies that were recommended to the government included: the tracking of more regularly-updated and thorough data on institutional deliveries at the State level; the creation of staff positions within health departments of the central and state governments dedicated to monitoring the implementation of improved community health services; and the provision of safe and prompt transportation of pregnant women in labor between their place of residence to public health institutions or private hospitals.

LEARN MORE

"The Role of Human Rights-Based Accountability in Eliminating Maternal Mortality and Morbidity,"

[Center for Reproductive Rights](#)

Groundbreaking Decision on Maternal Mortality in India;
[who.int](#)

Delhi High Court Orders Maternal Death Audit;
[hrln.org](#)

Source: [Improve Data & Accountability for Girls and Women policy brief](#)

The government was required to **develop strategies** for monitoring and **improving health services**.

Improving Accountability by Engaging in Budget Processes

Featuring:
The Africa Health Budget Network
Location: Countries across Africa
Time Frame:
April 2016 - Present

DESCRIPTION

Initiated by the Africa Health Budget Network, 'Value Our Health, African Voices for Better Spending on Women and Children' is a campaign for increased and more effective budgetary spending on women and children. Value Our Health calls on African governments to increase access to budget information and to provide more opportunity for public engagement in the budgeting process.

The Africa Health Budget Network builds country-led campaigns together with network members, including civil society and international non-profit organizations from across Africa, calling for greater transparency and/or participation in the budget process. The Network selects partners who understand the local context and have strong connections to government and civil society to make sure the campaigns are correctly tailored to local realities.

The Value our Health campaign impacts a range of stakeholders: civil society gets more opportunity to engage effectively in the budget process by receiving timely budget information and participating in pre-budget dialogues where they can set their priorities for healthcare spending; national governments are held accountable and learn to appreciate and work with the public's priorities and views on health spending; and ultimately, women and children have better access to quality health services.

IMPACT

As the campaign moves forward, it will measure its impact in each target country according to:

- Increased budget allocation to health, specifically linked to a given country's campaign ask. In Uganda, for example, this would mean an increased investment in health workers.
- Increase in the Open Budget Survey score, which is a tool from the Open Budget Initiative that evaluates whether governments give the public access to budget information and opportunities to participate in the budget process at the national level.

LEARN MORE

About the Africa Health Budget Network; [mamaye.org](#)

About The Open Budget Initiative; [internationalbudget.org](#)

Demanding the Ugandan Government's Investment in Health Workers; [mamaye.org](#)

Submitted by Options Consultancy Services

The campaign will measure its impact according to an **increased budget allocation** to health and an **increase in the Open Budget Survey score**.

Mobilizing Civil Society for Better Access to HIV/AIDS Medication

Featuring:
The Treatment Action Campaign
Location:
South Africa
Time Frame:
1998 - Present

DESCRIPTION

During the late 1990s, the South African government contended that it could not afford to introduce drug-based prevention and HIV/AIDS treatment regimes. As a result, the Treatment Action Campaign (TAC), an advocacy group run by people living with HIV and AIDS, launched in 1998. The Campaign used different strategies to convince the government to support the introduction of drug-based prevention and HIV/AIDS treatment regimens through a combination of budget advocacy, litigation against the government, and mobilization of civil society. For all its demands, the Campaign first followed all the formal established

channels of communication with the government, followed by court action or civil disobedience when necessary.

Mobilizing grassroots support for its objectives was also a key strategic focus of the Campaign. Civil society organizations like Act Up and the Stop Aids Campaign organized solidarity events all over the world in support of the TAC.

One effective strategy the Campaign employed was to gather evidence from a costing exercise of HIV medication, the analysis showed that by providing the medication the government could save US\$45,000 every six months in treatment costs. The Campaign took the evidence they had gathered a step further and developed a sample provincial health budget analysis showing under-expenditure of US\$63 million in 2000 to further explain how the government could afford to provide medication to HIV/AIDS patients.

By providing the HIV/AIDS medication the government could save **US\$45,000 every six months** in treatment costs.



IMPACT

The Treatment Action Campaign convinced the government to introduce a national program to prevent mother-to-child HIV transmission through access to a short course of AZT (an antiretroviral drug) and to increase spending on HIV/AIDS prevention and treatment 18-fold. As a result, 80 percent of women were able to receive HIV care through the public sector. In 2003, the government approved a national antiretroviral (ARV) program, and in 2007 the government committed to spending US\$6 billion on HIV/AIDS prevention and treatment between 2007 and 2012. This plan allowed for 1.6 million people to receive ARV treatment by 2011.

LEARN MORE

"Strategies, Tactics and Approaches: Conducting and Evaluating National Civil Society Advocacy for Reproductive, Maternal and Child Health,"

[World Health Organization](#)

"In the Face of Crisis: The Treatment Action Campaign Fights Government,"

[Neil Overy](#)

[Source: Improve Data & Accountability for Girls and Women policy brief](#)

80%
of women were able to receive HIV care through the public sector.

Leveraging Accountability Advocacy to Stop Female Genital Mutilation

DESCRIPTION

The Girl Generation is a social change communications initiative, providing a global platform to galvanize, catalyze, and amplify the Africa-led movement to end female genital mutilation. United by a shared vision, this global collective seeks to inspire policy makers, organizations, and individuals – including young people – across the most affected countries in Africa and beyond to eliminate female genital mutilation in one generation.

Girl Generation focuses on accountability modalities around policy frameworks and involving young people as critical actors in the movement to end female genital mutilation. Since ending female genital mutilation is everyone's business, the accountability frameworks target all stakeholders. Reaching a critical mass can enhance advocacy at the global, regional, and national levels and

leverage accountability through social change communication initiatives. This puts a focus on the roles of global development partners, national governments, implementing agencies, and effected communities – including young people – to end female genital mutilation in one generation.

Girl Generation aims to change the social norms that underpin female genital mutilation and change the way girls and women are valued, placing the movement to end female genital mutilation within a women's rights and empowerment framework. While girls and women are the key beneficiaries, Girl Generation believes that a community free of female genital mutilation, where girls and women can achieve their full potential, is a better community for all.

Featuring:
Girl Generation
Location:
Countries Across Africa
Time Frame:
2014 - Present

HOW DOES IT WORK?

Strengthening the social movement to end female genital mutilation uses social change communication, such as stories, to counter social norms that reinforce female genital mutilation. This happens through stakeholder engagement at different levels: the global, regional, national, and grassroots, including institutions, networks, activists, decision makers, government representatives, the media, and researchers. In addition, Girl Generation provides safe houses and support for girls to re-build their lives after circumcision.

IMPACT

At the global policy level, as the result of a joint global advocacy effort, female genital mutilation was included as a global indicator in the Sustainable Development Goals. National level impact includes the establishment of legal frameworks in The Gambia and Nigeria, and discussions with decision makers – including those traditionally opposing efforts to end female genital mutilation.

At the community level, young people have been more visible in the campaign to end female genital mutilation. This is evident by the establishment of the Girl Generation networks of young people in Kenya, The Gambia, and Nigeria. This trend is also taking root in the diaspora. Resources and skills development are provided through the end-female-genital-mutilation grants program for grassroots organizations, networks of young people, and activists.

LEARN MORE

The Girl Generation;
thegirlgeneration.org

Gambia: TGG Launches National Youth Anti FGM Network;
allafrica.com

“UNFPA-UNICEF Joint Programme on Female Genital Mutilation/
Cutting: Accelerating Change Phase II,”
[UNFPA and UNICEF](http://unfpa.org)

Kenyan Youths Launch a National Anti-FGM Youth Network;
andisilorna.wordpress.com

Submitted by Options Consultancy Services

At the community level, **young people are more visible** in the campaign to end female genital mutilation.



Photo by Newsha Tavakolian for TooYoungToWed / The Girl Generation



Building Sustainable Financing and Partnerships for Girls and Women

The transformative power of girls and women is undeniable. It is time for development partners to invest wisely, invest together, and invest often. Actors from across the spectrum have an opportunity to abandon traditionally siloed approaches and work together to positively impact girls' and women's lives.

Making Contraceptive Choice a Reality in West Africa

SUMMARY

In West Africa, 225 women die every day while giving birth, and for every woman who dies, there are approximately 30 others who suffer infirmity. The Ouagadougou Partnership - a collaboration uniting the nine governments of Francophone West African countries, international donors, and civil society organizations - was formed to address this problem by increasing availability and use of family planning services. The partnership specifically targets the 25 percent of married women ages 15-49 in this sub-region who would like to space or limit births but are not using modern contraceptive methods.

Featuring:
The Ouagadougou Partnership

Where:
Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo

Time Frame:
2011 - Present

HOW DOES IT WORK?

The Ouagadougou Partnership is based on two principles: (1) Better coordination between donors will enable funding to flow to the highest-impact interventions and to better align with country priorities (including increasing choices available to women and families), and (2) collaboration and cooperation between countries at national and regional levels will efficiently spread best practices across the region.

The first step for all member countries was to agree on an overall goal and to identify how each country could financially contribute. Next, the countries developed costed implementation plans (CIPs) for family planning, with specific and time-bound targets for increasing access to a variety of modern

contraceptive methods, including long-term options like intrauterine devices. The CIPs also lay out precise steps to achieve those objectives, identify specific funding needs, and describe how each country's plan will be monitored with the same set of indicators.

Several countries have already begun developing a second generation of CIPs, with new targets for contraceptive choice. By establishing specific targets for contraceptive choice in the CIPs, and by tying funding to activities that increase choice, the Ouagadougou Partnership elevates contraceptive choice to the top of the government's family planning agenda.

IMPACT

At its founding in 2011, the Ouagadougou Partnership set a goal to reach an additional one million women, enabling them to choose a modern form of contraception by 2015. Careful monitoring in all nine countries by FP2020, the partnership's monitoring and evaluation partner, demonstrated that an additional 1.2 million women across the nine countries were

using modern contraceptive methods in 2015. In addition, the available mix of contraceptive methods has also expanded. From 2014 to 2015, 336,000 unsafe abortions and 3,950 maternal deaths were averted. The Partnership has now set a new goal to reach 2.2 million additional contraception users by 2020.

LEARN MORE

Modern Contraception Usage Rates in West Africa;
partenariatouaga.org

Monitoring Progress in Family Planning;
track20.org

"Addressing unmet need in West Africa,"
Marie Stopes International

About the 4th Annual Meeting of The Ouagadougou Partnership;
partenariatouaga.org

Submitted by Population Services International (PSI)

With the original target reached ahead of schedule, The Partnership has set a new goal to reach

2.2 million additional contraception users by 2020.



A Country-Wide Cash Transfer Program for Brazil's Poor

Featuring:
Bolsa Família
Where:
Brazil
Time Frame:
2003- Present

DESCRIPTION

Brazil instituted its national conditional cash transfer program, called Bolsa Família, in 2003 by merging four pre-existing cash transfer programs. Through the Bolsa Família program, qualifying families receive a small monthly cash transfer of R\$15-95, distributed directly to the head of household. Payments are made preferentially to the woman in each family, based on evidence that women are more likely than men to invest additional income in the education, health, and welfare of their family, particularly their children. As of 2007, 93 percent of legally-responsible beneficiaries were women.

The program was spearheaded with support from both the World Bank and government of Brazil, and is now fully funded through domestic financing. As the largest conditional cash transfer program in the developing world, Bolsa Família has attracted significant attention both in Brazil and beyond.

As a national program, Bolsa Família aims to reduce poverty and inequality by providing a minimum level of income to extremely poor Brazilian families, thus breaking the cycle of inter-generational transmission of poverty. The program makes cash transfers conditional upon fulfilling certain requirements, including school attendance, receipt of vaccines for children, and prenatal care attendance by expectant mothers.

Bolsa Família has benefited **11.1 million families**, totaling about **46 million people**.

IMPACT

Bolsa Família has achieved two important results: it has helped to reduce poverty and has incentivized families to invest in their children and their children's futures. With 11.1 million beneficiary families, totaling about 46 million people, Bolsa Família has contributed to the rapid reduction of poverty in Brazil - accounting for up to 25 percent of Brazil's reduction in inequality and 16 percent of the drop in extreme poverty. These promising outcomes have directly contributed to intergenerational development and economic growth.

Brazil's national Bolsa Família program has had a significant impact on women's decision-making capacity, particularly in the area of contraception. This change is mostly seen in urban households, where Bolsa Família has significantly increased women's decision-making power in spheres related to children's school attendance and health expenses, and household matters.

LEARN MORE

"The Impact of Bolsa Família on Women's Decision-Making Power,"

[Alan de Brauw, et al.](#)

Bolsa Família: Changing the Lives of Millions in Brazil; [worldbank.org](#)

"The Nuts and Bolts of Brazil's Bolsa Família Program: Implementing Conditional Cash Transfers in a Decentralized Context,"

[Kathy Lindert, et al.](#)

Source: [Build Sustainable Financing and Partnerships for Girls and Women policy brief](#)

Monetary Incentives to Keep Girls in School

Featuring:
The World Bank Development Research Group
Where:
Malawi
Time Frame:
2007-2009

DESCRIPTION

Secondary school dropout rates are high among teenage girls in Malawi, one of the poorest countries in Africa. Girls drop out for several reasons, including the relatively high cost of education and the early age of marriage for Malawian girls and young women. Keeping girls in school not only increases learning and lifelong earning potential, but it can also delay marriage and reduce the rate of teenage pregnancy and sexually transmitted infections.

To keep girls in school, the Zomba Cash Transfer Program provided monetary incentives, in the form of school fees and cash transfers, to schoolgirls and recent dropouts in Zomba, Malawi on the condition that they stay in or return to school. Young girls and women ages 13 to 22 were directly paid small stipends ranging from US\$1-5 a month, in addition to payments to parents that ranged from US\$4-10.

IMPACT

The Zomba Cash Transfer program results make the case that keeping girls in school has positive benefits for their long term health and wellbeing. For program beneficiaries who had been out of school previous to joining the program, the probability of getting married declined by 40 percent, the probability of becoming pregnant declined by 30 percent, and the onset of sexual activity was later among all program beneficiaries than among their peers. Girls who continued their education also greatly reduced their vulnerability to HIV.

LEARN MORE

Boosting Girls' School Enrollment in Malawi; [unaids.org](#)

"Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial," [Sarah J Baird, et al.](#)

"The short-term impacts of a schooling conditional cash transfer program on the sexual behavior of young women," [Sarah J Baird, et al.](#)

"Evaluations of Cash Transfer Programs in African Settings," [Innovations for Poverty Action](#)

"Schooling, Income, and Sexual Behavior: The Design, Implementation, and Short-Term Impacts of a CCT Program for Schooling in Malawi," [Sarah J Baird, et al.](#)

"Cash or Condition? Evidence from a Randomized Cash Transfer Program," [Sarah Baird, Craig McIntosh, and Berk Özler](#)

Source: [Build Sustainable Financing and Partnerships for Girls and Women policy brief](#)

The probability of **getting married** declined by **40%** and the probability of **becoming pregnant** declined by **30%**.

Bringing Financial Services to Over One Million Pakistanis

DESCRIPTION

In Pakistan, there is an enormous need for access to financing and lending, where local moneylenders can charge up to 350 percent in annual interest for access to credit. Kashf was one of the first microfinance lenders in Pakistan, and it aims to be a “one-stop financial services provider” for low-income women and their families. Kashf offers general lending, emergency, business and home improvement loans, as well as insurance products.

Since 1999, Kashf’s microfinance work has focused on enhancing women’s role in improving the economic status of their families. Kashf provides women access to business loans to build their entrepreneurship capacity; delivers financial education trainings to improve women’s financial management skills; and provides micro-insurance services to reduce family level contingencies. The organization has branches in both rural and urban areas.

Kashf’s vision is to serve all with dignity by providing quality and cost effective microfinance services to low income households. They strive to alleviate poverty and enable women to become active agents of social and economic change by building alliances, promoting linkages, and developing entrepreneurship.

IMPACT

Kashf currently operates over 150 branches across Pakistan. More than one million individuals and 306,000 families have accessed financial services through Kashf. To date, the institution has disbursed about US\$270 million to an estimated two million women clients. Kashf has become one of the premier microfinance institutions in Pakistan and is ranked in the top quarter of the local and regional microfinance sector. Of clients who have been with Kashf for over four years, nearly two-thirds report an increase in savings over the last 12 months.

LEARN MORE

About the Kashf Foundation; acumen.org

More About the Kashf Foundation; kashf.org

Kashf Foundation Approved to post Kiva loans; kiva.org

Source: [Build Sustainable Financing and Partnerships for Girls and Women policy brief](#)

Featuring:
Kashf Foundation
Where:
Pakistan
Time Frame:
1996 - Present

The institution has disbursed about **US\$270 million** to an estimated **two million female clients**.

Partnering to Increase Access to Microcredit

DESCRIPTION

FINCA, a non-profit organization that works to alleviate poverty by operating a network of microfinance initiatives in 23 countries, has formed a partnership with The MasterCard Foundation that strives to increase the number of people creating their own financial safety nets. Through this partnership, FINCA will be able to increase access to financial services for low-income and unbanked individuals in Malawi, Tanzania, and Zambia, with a particular focus on reaching women. 47 percent of current FINCA clients in the region live on less than US\$2.50 per day, and 60 percent are women.

The new partnership enables easy access to savings products and services through the development and deployment of new technologies, including access microcredit, savings products, and mobile banking services. FINCA serves both urban and rural clients, and in addition to its personal banking services, its three main loan products—village banking, small group and individual loans—support small businesses of all sizes.

IMPACT

The FINCA-MasterCard partnership has improved access to credit and ease of financial transactions. In Tanzania, for example, over one-third of the FINCA clients now have access to and are utilizing banking services and saving deposits. Mobile banking provides many added benefits, including less travel time, timely deposits, and lowered risks associated with traveling with cash. FINCA Tanzania also works with mobile operators to reduce the costs and provide effective transactions.

LEARN MORE

The MasterCard Foundation and FINCA Launch Partnership; finca.org

FINCA in Tanzania; finca.org

About FINCA Mobile; finca.co.tz

“New Case Study Outlines Ways to Drive Financial Inclusion Through Mobile Technology,” [Seth Spiro](#)

Source: [Build Sustainable Financing and Partnerships for Girls and Women policy brief](#)

Featuring:
FINCA Tanzania; The MasterCard Foundation
Where:
Malawi, Tanzania, and Zambia
Time Frame:
2013 - Present

Over **one-third** of FINCA clients in Tanzania now have access to and are utilizing **banking services** and **saving deposits**.

Promoting Women's Rights with Gender-Responsive Budgeting

Featuring:
Government of Nepal
Where:
Nepal
Time Frame:
2007 - Present

DESCRIPTION

In the Fiscal Year of 2007/2008, the government of Nepal introduced Gender Responsive Budgeting (GRB) policies. The goal of Gender-Responsive Budgeting is to mainstream gender in policies and plans, redress inequalities, and promote women's economic, social, and political rights. This includes addressing the needs of both women and men in public budgeting, ensuring that budget policies take gender discrimination into consideration, creating a policy framework, and building capacity to monitor and support budgeting accountability. All of this aims to ensure the gender-sensitive allocation of resources across the government.

In Nepal, GRB expenditures are classified into three categories: 1) directly responsive to gender; 2) indirectly responsive; and 3) neutral across all sectors, depending on the extent to which women are beneficiaries of these expenditures. Nepal has also institutionalized gender mainstreaming through GRB across all sectors and levels of government. National periodic planning focuses on the social, economic, and political empowerment of excluded women, ending violence against women, and improving the role of women in peace and development.

IMPACT

Gender-Responsive Budgeting has improved women's access to national and local institutions, and resources including, education and health services, and property ownership. GRB has contributed gains such as:

- Land ownership of women increasing from eight percent in 2001/2002 to 23 percent in 2011/2012
- School dropout rates decreased to 5 percent in 2011/2012 due to increased access to toilet facilities in school.
- Female literacy rates increased from 42 percent in 2001/2002 to 56 percent in 2011/2012
- Gender responsive allocations in the Nepali budget increased from US\$1.13 to 1.36 billion between 2013 and 2015.

LEARN MORE

"A Study on Gender Responsive Budgeting," [Ministry of Education of Nepal, UNESCO, and UNICEF](#)

"Progress made on the United Nations Entity for Gender Equality and the Empowerment of Women strategic plan, 2011-2013, including operational activities in 2013," [United Nations](#)

"Gender-Responsive Decentralized Governance in Nepal," [Australia-ADB South Asia Development Partnership Facility](#)

"Gender Responsive Budgeting: Initiation and present status in Nepal," [Yoga Nath Poudel](#)

"Institutionalizing Gender Responsive Budgeting in State and Local Governments in Nepal," [Purusottam Nepal](#)

"Strengthening the Development Results and Impact of the Paris Declaration through work on Gender Equality, Social Exclusion and Human Rights London, 12-13 March 2008," [Chandra Bhadra and Krishna Hari Baskota](#)

[Build Sustainable Financing and Partnerships for Girls and Women policy brief](#)

Gender-responsive budgeting has improved women's access in national and local institutions and resources, including **increasing education and health services**, in addition to **property ownership**.





Inspiration Bank

Every world-changing solution starts with the spark of an idea. It is turning that spark into a flame of action that makes all the difference. The Women Deliver 2016 Conference fostered a space for hundreds of creative ideas and initiatives to be shared and discussed. A wide variety of those promising solutions come together in the Inspiration Bank. Some are still in the first stage of piloting while others have undergone extensive testing – and they all advance progress for girls and women.

Address Health Challenges Facing Women, Children, and Adolescents

Every Woman Every Child (EWEC) is a global movement to mobilize and intensify action by governments, the United Nations, multilaterals, the private sector, and civil society to address health challenges facing women, children, and adolescents. EWEC is focused on mobilizing all sectors to enact the Global Strategy for Women's, Children's, and Adolescents' Health, a roadmap to end all preventable deaths of women, children, and adolescents within a generation. Since the launch of EWEC and the first Global Strategy in 2010, there has been significant progress for women's, children's, and adolescents' health, including: a 49 percent increase in coverage of oral rehydration therapy has increased by 49 percent; exclusive breastfeeding has increased by 44 percent; 11 million additional women have given birth in a health facility; 84 million more girls and women use modern contraception; and 67 percent of HIV-positive pregnant women received antiretroviral medicines in 2013, up from 48 percent.

Learn more: everywomaneverychild.org

Leverage the Power of Midwives

Increasing the number of midwives who - apart from delivering babies - are able to counsel women on nutrition and breastfeeding during and after pregnancy, has a positive impact on mother and infant health. Many countries - including Burkina Faso, Cambodia, Indonesia, Morocco, and Sri Lanka - have significantly reduced maternal and newborn deaths by educating and deploying midwives in this expanded capacity. When midwives and other skilled birth attendants counsel pregnant women on sound nutrition practices, it can help reduce preterm births, prevent birth defects, and save newborn lives. Furthermore, midwives are crucial in the early initiation and support of breastfeeding in the first moments and weeks of life, a critical and low-cost intervention which has the potential to save the lives of hundreds of thousands of newborns.

Learn more: womendeliver.org

Include Grassroots Women in Climate Decisions

Donors - both public and private - can help amplify the voices of grassroots women in conversations about climate change at the local, national, regional and global level by granting them access to allocated funding and advocating for their input during all climate related decision-making processes. When donors fund and promote grassroots women's groups as an integral part of climate change negotiations, entire communities thrive. Experience illustrates that the community-based approach often favored by women's groups leads to more equitable solutions and solutions that are more effective and sustainable over the long term.

Learn more: womenandclimate.org

Address HIV Risks Among Adolescents

Across Sub-Saharan Africa, girls and young women make up 71 percent of new HIV infections among the adolescent population. Launched in June 2015, the DREAMS project (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) aims for an AIDS-free generation, addressing the vulnerabilities of girls and women. Following a holistic approach, the program addresses risk drivers within and outside the health sector, such as poverty, gender inequality, sexual violence, and education. DREAMS rests upon six pillars: 1) strengthening service delivery capacity; 2) keeping girls in secondary school; 3) linking men to services; 4) supporting prophylaxis; 5) providing a bridge to employment; and 6) applying data to increase impact.

Learn more: pepfar.gov

Offer Micro-Credit Options to Women

Established in Bangladesh in 1976, the Grameen Bank launched a worldwide movement towards financial inclusion of women, targeting those living in poverty. Its focus on micro-credit has evolved over the years, recognizing a need for more comprehensive and systemic financial services for poor women, including cash transfers, loans, credit, savings, insurance, and corresponding capacity building support. In addition, more expansive lines of financial services - such as risk-sharing facilities, equity, and larger credit lines - have been made available to women with the help of private sector banks and institutions like the International Finance Corporation. Today there are numerous successful micro-credit programs across the globe.

Learn more: grameen-info.org

Drive Equitable Education

Nearly 3 million Sudanese children are missing out on basic education - the highest rate of out-of-school children in Northern Africa. Targeting the most vulnerable, a UNICEF-supported program in Sudan provides direct support to 600,000 children who are out of school or at risk of leaving. Following a three-pronged approach, the program encourages children aged six to nine to enroll directly into the formal education system; offers an Alternative Learning Program (ALP) curriculum for older children; and provides teaching and learning materials. It also rehabilitates classrooms to include water, sanitation, and hygiene facilities, making school facilities more accessible to adolescent girls.

Learn more: womendeliver.org

Measure Women's Economic Participation

Women count. Count them. And count them in. In an effort to improve the quantity and quality of data on girls and women - a critical step to addressing inequalities - two separate initiatives, Data 2X and the Clinton Foundation's No Ceilings: The Full Participation Project, strive to close the gender data gap by measuring girls' and women's participation. A United Nations Foundation platform with support from the William and Flora Hewlett Foundation and the Bill & Melinda Gates Foundation, Data 2X seeks to monitor progress by measuring women's versus men's economic participation, as well as their control and decision-making power over assets, resources, and income. The Clinton Foundation's No Ceilings: The Full Participation Project, meanwhile, measures progress toward realizing the equal participation of girls and women across multiple sectors.

Learn more: womendeliver.org

Integrate Water, Sanitation, Hygiene (WASH) and Nutrition Programs

An integrated WASH and nutrition program in three districts of Mali is motivating villages to abandon open defecation while emphasizing improved nutrition and hygiene practices – including handwashing, water treatment, exclusive breastfeeding, and dietary diversity. The program targets women of reproductive age and their children in 180 villages with high rates of stunting, and trains community health workers to educate women on WASH, as well as screen for undernourished children, who they then refer to the community health/nutrition centers for treatment.

Learn more: enonline.net

Invest in WASH-Friendly Schools

One critical pathway to increasing girls' school attendance is investing in water, sanitation, and hygiene (WASH) in schools, as the lack of such facilities is cited as a global obstacle to quality education. Introducing WASH facilities and programs in schools attracts pupils, reduces absenteeism, and helps retain female teachers. Furthermore, parents prefer to put children in schools with proper sanitation. WASH-Friendly Schools include adequate numbers of girl-friendly WASH facilities (latrines, washing stations and access to water for washing, engaged parent and teacher associations, curricular modules that integrate WASH themes, active school clubs, and an explicit inclusion of menstrual hygiene management, including access to menstrual pads). WASH-Friendly Schools aim to keep girls in school. A systematic review of research found that girls' attendance in formal school is positively associated with delayed sexual initiation, marriage, and childbirth, lower rates of HIV/AIDS, and greater gender equality.

Learn more: washplus.org

Utilize a Harm Reduction Model to Prevent Unsafe Abortion

The harm reduction model to prevent unsafe abortion was developed in 2001 by Iniciativas Sanitarias, an association of health professionals in Uruguay, as a response to the problem of unsafe abortion. They, with the permission of the Ministry of Health, provided women seeking abortions with information about misoprostol as a safer method, which succeeded in reducing maternal mortality due to unsafe abortion to 0 percent. PSI has adapted this model of harm reduction to complement organizational strengths and respond to the legal context and policy environment of each country. The PSI approach aims to reduce the harm caused by unsafe abortion by ensuring women at risk get the information and counseling they need before any action is taken, and receive post-abortion services, including post-abortion.

Learn more: iniciativas.org.uy

Prevent Illness via Community Health Activists

The goal of India's National Rural Health Mission is to provide villages throughout the country with a trained female community health activist, or Accredited Social Health Activist (ASHA). Serving as a link between their own communities and the public health system, ASHAs educate community members on illness prevention – including healthy lifestyle choices to avoid diabetes and other non-communicable diseases – as well as on other health issues, including reproductive and sexual health. Launched in 2005, this program has helped underserved communities gain access to the public health system.

Learn more: nrhm.gov.in

Setting up Cross-Sectoral Initiatives in Climate-Change-Hotspot Zones

There are three main types of climate-change hotspots: 1) river and deltas, 2) semi-arid regions, and 3) glaciers and river basins. These hotspots are areas that often cut across national boundaries and have limited political representation. As a result, they are not a focus of direct policy action, which has important implications for sustainable development, the well-being of local populations, and women's health, particularly their sexual and reproductive health. As part of the Global Strategy for Women's, Children's and Adolescent's Health, a high level collaborative initiative on human health and wellbeing could be set up in each hotspot. The North East Health Sector Strategic response plan in Nigeria has done just that in a bid to coordinate and provide healthcare services to vulnerable and multi-dimensionally poor persons in the area.

Learn more: climate-l.iisd.org

Increase Access to Medicine with Social Business Interventions

In communities where many people have little or no access to medication for undertreated conditions, an initiative in Kenya linking commercial partners in the pharmaceutical industry with government agencies or non-profit organizations has helped low-income patients access the medicine they need. These alliances, known as social business interventions, are implemented at the community level, involving community health educators, who play a pivotal role linking patients with healthcare providers and medicine for non-communicable diseases, such as hypertension and diabetes.

Learn more: who.it

Remove the Burden of Water Collection

By 2020, Unilever aims to empower 5 million women by strengthening women's rights, skills, and opportunities across the value chain. To achieve this goal, the company stresses the importance of integrating women's economic empowerment throughout its brands. Unilever's Sunlight brand is partnering with Oxfam and TechnoServe to develop Water Centers run by women entrepreneurs in Nigeria, which provide rural villages with a sustainable supply of clean water for domestic tasks. This gives women, who would otherwise be spending much of their day collecting water, time to focus on other tasks, including income and food generation, and grants entire communities a sustainable source of clean water.

Learn more: womendeliver.org

Organize Young People to Advocate for Sexual Rights

Civil society organization Elige – Red de Jóvenes adopted a new pact on the health, sexual rights, and empowerment of girls, adolescent girls, and young women in Latin America and the Caribbean. This pact proposes 14 imperative commitments and possible actions regarding empowerment and participation, promoting rights, public policies, cooperation and investment, and social and cultural transformation. It was endorsed by parliamentarians from six countries of the region – Bolivia, Colombia, El Salvador, Guatemala, Honduras, and Nicaragua. It urges key actors to commit to making contributions to improve the living conditions of girls, adolescent girls, and young women in Latin America and the Caribbean by complying with the 2030 Agenda.

Learn more: womendeliver.org

Develop New Technology to Help Babies Breastfeed

Each year, approximately nine million babies born in Africa and South Asia have difficulties breastfeeding because they are either premature, have cleft lip and palate, or are born to women who die of birth-related causes. In response, PATH, the University of Washington, Seattle Children's Hospital, and Laerdal Global Health co-developed the Nifty Feeding Cup, a reusable product for feeding breast milk to newborns that is simple to use, easy to clean, and culturally appropriate, allowing the infant to control the pace of feeding. It will be manufactured and distributed as part of two new essential newborn-care and small-baby training programs for those in low-resource settings.

Learn more: laerdalglobalhealth.com

Introduce Fertility and Infertility Advocacy

Fertility awareness should be part of comprehensive sexuality education for adolescents for both boys and girls. It should be part of health educator curricula, allowing medical practitioners to identify and address conditions, including sexually transmitted infections, postnatal infections, and complications from unsafe abortion, which may cause infertility. Infertility should not be viewed as a private, individual issue, but as a widespread disability that affects both males and females of all sexual orientations. Infertility advocacy therefore requires a broad public health response - one that integrates infertility care within reproductive health, and provides effective infertility services.

Learn more: humrep.oxfordjournals.org

Use Radio to Protect Adolescent and LGBTIQ Rights

Radio is an effective source of health information in many resource-poor countries. The Malawi Communications Regulatory Authority is currently producing interactive health-talk radio programs to change attitudes towards adolescent sexuality and expand tolerance of LGBTIQ people. Plays and interactive dialogue are broadcast throughout district airwaves, followed by in-person educational programs that target and capitalize on the influence of community leaders, school administrators, prison officers, and health workers to encourage greater access to Adolescent-Friendly Health Services and to discourage early and forced marriage. Radio transmission of sexuality education reached about 15 percent of Malawi's population, including 78,000 people in Mangochi district alone. Telephone surveys showed a change in attitude regarding child marriage and LGBTIQ rights after the programs aired.

Learn more: macra.org.mw

Train Pharmacists in Abortion Drug Counseling

In Cambodia, most medical abortion drugs are sold without a prescription through pharmacies, often without proper information on usage. Population Services Khmer is using Provider Behavior Change Communication to help increase the knowledge and correct dispensing practices by pharmacy staff for safe medical abortion products. Under this harm reduction strategy, Population Services Khmer educates pharmacists on safe and unsafe medical abortion drugs, determining gestational age, and correct counseling and dosing information. The strategy involves holding discussions with pharmacy staff, tracking provider performance, and using mystery patient surveys to measure behavior change. Among pharmacies participating in the project, several measures improved: pharmacists more frequently provided correct dosage and usage instruction, counseling on side effects, and counseling on family planning post-abortion, and more patients were referred to Comprehensive Abortion Care services when signs of incomplete abortion were present.

Learn more: psi.org

Simultaneously Promote Health and Generate Income

The Safe Water and AIDS Project (SWAP) began as a community self-help group for HIV positive women. Since that time, it evolved to address challenges such as HIV, high rates of disease, and infant and child mortality in a financially sustainable way. SWAP's goal is to increase the adoption and use of public health products in low-income, rural communities, while simultaneously creating local, income-generating opportunities. The program trains individual community health promoters to conduct door to door sales and promote healthy habits. The community health promoters are trained to become self-reliant by generating income through the sales of health products, enabling them to support themselves and their families.

Learn more: swapkenya.org

Get Women Online

Violence against women, child marriage, and sexual harassment are emerging as key areas of concern in India. There has been an increasing recognition that in order to stop gender-based discrimination, it is necessary to work with men and boys. menEngage is one such initiative that uses activity-based learning, including role play, to introduce ideas of gender equality. Specifically, menEngage seeks to increase communication on family planning, encourage male sterilization, reduce domestic violence, and increase men's participation in the home. To reach these goals in Jharkhand, India, for example, groups of men and boys take part in information, education, and communication modules, either in the morning or late evening to ensure full attendance.

Learn more: womendeliver.org

Prime Women to Become Climate Leaders

As part of the United Nations Development Programme's Africa Adaptation Program, Nigeria implemented a skills development program specifically focused on broadening women's knowledge and leadership potential in climate change decision-making. The program analyzed the impacts of climate change as well as policy, regulatory, and financing issues. It emphasized educating women on international climate change negotiations and developing women's leadership in key institutions, including the Ministry of Women's Affairs, state and local governments, and in civil society.

Learn more: www.undp.org

Train Women to Work in Renewable Energy

The Women Barefoot Solar Engineers of Africa work to improve the lives of rural poor living in remote villages off the energy grids. These women, many of them grandmothers and most of them illiterate, are trained as solar engineers in India and then help to supply their communities with clean, low-cost household lighting from solar energy. Each household agrees to pay a fee of US\$5 - 10 a month for the solar lighting—roughly what they would spend on kerosene, candles, and flashlight batteries. The salary provides an incentive for the woman solar engineer to work and look after the units regularly. Since 2005, more than 140 women have trained at the Social Work and Research Centre in India. Within six months, these women learned how to fabricate, install, and maintain solar-powered household lighting systems. Thus far, they have electrified 9,118 remote rural houses in 21 of the least-developed African countries and they have managed to save 30,000 liters of kerosene per month from polluting the atmosphere across the African continent.

Learn more: un.org

Mobilize Men to Be Gender Equality Advocates

Violence against women, child marriage, and sexual harassment are emerging as key areas of concern in India. There has been an increasing recognition that in order to stop gender-based discrimination, it is necessary to work with men and boys. menEngage is one such initiative that uses activity-based learning, including role play, to introduce ideas of gender equality. Specifically, menEngage seeks to increase communication on family planning, encourage male sterilization, reduce domestic violence, and increase men's participation in the home. To reach these goals in Jharkhand, India, for example, groups of men and boys take part in information, education, and communication modules, either in the morning or late evening to ensure full attendance.

Learn more: menengage.org

Incorporate Gender Sensitivity into Energy Projects

As part of the United Nations Development Programme's Africa Adaptation Program, the government of Lesotho has incorporated gender sensitivity into energy programming and climate discussions. Wind and solar energy projects, which aim to build capacity to effectively address energy issues, used gender-sensitive planning and programming in order to support more equitable decision-making and to empower those who are disenfranchised. The private sector has also played a role, designing and testing market-based fiscal and regulatory instruments which account for issues of gender and marginalization. Additionally, the Ministry of Natural Resources' Health and Energy Climate Change Adaptation project, which incorporates health and energy aspects of climate change adaptation into existing government programs, held conferences and activities designed to increase knowledge on climate change and gender.

Learn more: undp.org

Use Participatory Learning to Improve Maternal and Newborn Care

A 2013 study found that women's groups across Bangladesh, India, Malawi, and Nepal that have practiced participatory learning and action were both cost effective and successful in substantially reducing maternal and newborn deaths. The women's group approach centers on a local, literate, female facilitator who is trained in maternal and neonatal health issues. The facilitators support women's groups through ten monthly meetings, featuring stories, participatory games, and picture cards that address prevention and care-seeking for typical problems in women and their newborns. These strategies aim to encourage appropriate home prevention and care practices for women and their newborns, and to inspire appropriate care-seeking behaviors, particularly regarding antenatal care and institutional delivery.

Learn more: womendeliver.org

Scale Locally-Designed Healthcare Devices

Aiming to serve women, newborns, and children where medical resources are limited, the Philips Foundation partners with UNICEF, the Kenyan government, and local organizations to implement the Maternal and Newborn Health Innovations Project. The project seeks to catalyze and scale up innovative, low-cost, and locally designed healthcare devices for underserved women, newborns, and children, using the local expertise of Philips Research Africa to mentor social entrepreneurs and facilitate the transfer of healthcare technology skills.

Learn more: womendeliver.org

Use Mobile Money Disbursements for Greater Economic Freedom

The Shakti Foundation, through the United States Agency for International Development's Mobile Solutions Technical Assistance and Research program, is partnering with Airtel Bangladesh Limited to use mobile money to disburse micro-credit to farmers and paychecks to employees. Using mobile disbursement allows both female staff and farmers to have greater direct control over their money, as it is held in a mobile wallet, offering greater privacy than cash payments. It reduces both the risk of gender-based violence often associated with carrying cash, and the transactional and opportunity costs associated

Learn more: fhi360.org

Support Vaccination Programs with Everyday Purchases

Pampers and UNICEF have been working to vaccinate women and children around the world for maternal and neonatal tetanus, which threatens the lives of approximately 71 million women and their newborns worldwide. In 2015 alone, maternal and neonatal tetanus claimed the life of a newborn every 11 minutes. The 1 Pack = 1 Vaccine program enables consumers to support this lifesaving program with each purchase of Pampers diapers. When a customer purchases a pack of Pampers diapers, Pampers then provides UNICEF with funding for one tetanus vaccine, including the cost of transportation for the vaccinations. Since its start in 2006, the partnership has provided 300 million vaccine donations, reached 100 million women and babies, and eliminated maternal and neonatal tetanus from 17 countries. Pampers funding is also helping to mobilize midwives to educate communities about vaccinations, even in remote settings, while highlighting the importance of safe and hygienic birth practices

Learn more: womendeliver.org

Rally Informal Workers to Grow Economically

WIEGO (Women in Informal Employment: Globalizing and Organizing), a global action-research-policy network that seeks to improve the status of the working poor, especially women, in the informal economy, implemented the "Fair Trade for Women Producers" project. The project aimed to help organizations of informal workers, particularly those with women members and leaders, to seize the opportunities and address the constraints posed by trade liberalization. The project's case studies showed that workers' organizations resulted in increased access to financial services, training, and markets, and the majority of participating collective enterprises saw significant increases in financial access and income for their membership base. Through involvement in their associations and cooperatives, women have not only successfully accessed markets, but have also had opportunities to discuss and solve problems, learn from each other, and provide mutual support and protection. They grow in confidence, earn incomes to help meet their families' needs, win the respect of husbands and other men in their communities, and begin to participate in community decision-making.

Learn more: wiego.org

What is Deliver for Good?

The Deliver for Good Campaign is a new global push that applies a gender lens to the Sustainable Development Goals (SDGs) and promotes 12 critical investments - political, programmatic, and financial - in girls and women to power progress for all.

Deliver for Good is mobilizing multi-sector allies to redefine the narrative around girls and women—from the most vulnerable, to agents of change and critical drivers of progress. We are building a movement to fuel concrete action and implementation of the Sustainable Development Goals at the global and country levels, and we ask you to join us.

Deliver for Good focuses on the whole girl and the whole woman—not just her health needs, her educational needs, or her rights. Deliver for Good sets to connect the issues that affect girls' and women's lives through an integrated approach.

Deliver for Good focuses on solutions across these 12 areas:

 Improve Maternal and Newborn Health and Nutrition	 Meet the Demand for Modern Contraception and Reproductive Health	 Respect, Protect, and Fulfill Sexual Health and Rights	 Ensure Access to Comprehensive Health Services
 Dramatically Reduce Gender-Based Violence and Harmful Practices	 Ensure Equitable and Quality Education at All Levels	 Boost Women's Economic Empowerment	 Strengthen Women's Political Participation and Decision-Making Power
 Accelerate Access to Resources – Land, Clean Energy, Water, and Sanitation	 Invest in Women to Tackle Climate Change and Conserve the Environment	 Improve Data and Accountability for Girls and Women	 Build Sustainable Financing and Partnerships for Girls and Women



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Join the movement at deliverforgood.org

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Girls and women are drivers of development.

When you invest in them there is a ripple effect that goes far beyond the individual, and everybody wins.



FOR MORE SOLUTIONS PLEASE VISIT [WOMENDELIVER.ORG](https://www.womendeliver.org)