American Life League’s Investigative Report on Grants by Catholic Relief Services for the fiscal year 2012

Issued September 2013
EXECUTIVE SUMMARY

Over the course of the past year, several news agencies and pro-life organizations have charged that Catholic Relief Services is funding organizations that undermine Church teaching on human life and morality, as well as authentic, integral human development. Given the public discourse regarding this funding, there remains a great deal of confusion about the nature and extent of the problem, perhaps even doubts that there is a problem at all.

The purpose of this report is to provide the facts. The evidence supports that the problems are real and exhibit a clear and present danger of grave scandal. According to CRS’ IRS Form 990 for FY 2012, CRS granted over $75 million to 47 different organizations based in the United States. This report documents that $64,656,809 went to 23 organizations that promote practices and policies contrary to Catholic moral teaching. This represents 86 percent of CRS’ domestic grants for 2012.

These offenses include:

- the facilitation, promotion, and in some cases, direct commission of abortion;
- dispensing and promoting all forms of modern contraception, including abortifacient drugs and devices;
- facilitating, promoting, and in some cases, direct commission of male and female sterilization.

To be clear, CRS is providing funding and partnering with organizations that directly subvert Catholic moral teaching. The activities of the CRS grantees detailed in this report are not due to coalitions, associations, or tenuous relationships—they are performed directly by CRS grantees. In all cases, these activities represent the focus of these agencies, and in many instances, they are the preponderance of the grantees’ work.

This large collection of evidence demonstrates systemic problems at Catholic Relief Services.

American Life League has met privately, on more than one occasion, with CRS executives. All grave concerns have been routinely dismissed. For this reason, American Life League is compelled to present this fully documented report to the body of the faithful. The sincere hope is that the findings in this report will bring proper understanding and clarity of the facts.

The intent of this report is to help equip the shepherds of the Church to diagnose the problem and swiftly and resolutely take corrective action. Hopefully, that will allow Catholic Relief Services to bring the fullness of charity and truth to those in most need of aid throughout the world.
"The Church is not a charitable NGO."
– Pope Francis, homily at Missa Pro Ecclesia, May 14 2012

Introduction

Since at least 1975’s *Evangelium Nuntiandi*, the Magisterium has spoken of the risk of the Church’s charitable work becoming too secular, of divorcing evangelization from her necessary work of loving service of the poor. Pope Paul VI, while lauding the work of justice and peace of well-intended Christians, warned that letting the Church’s work lose its spiritual dimension, focusing too much on the political or social order would mean that “the Church would lose her fundamental meaning.” (32)

Almost exactly 30 years later, Pope Benedict XVI, following decades of prayerful study and dialogue on the nature of Catholic Charity, released *Deus Caritas Est*, which laid out a bold new vision for Catholic Charity—a vision with Christ at the center, one that was distinctly Catholic. Adding a note of greater urgency to this teaching, he followed up on his call for a renewal of the Church’s “essential” work of charity with December 2012’s *motu proprio*, “On the Service of Charity,” which added to Canon Law a groundwork for episcopal oversight of Catholic charitable organizations, and a key criterion for determining what does and does not constitute a morally justifiable source of funding. Hopefully, these documents will form the basis for a new conversation about a renewal of the bishops’ primary charitable organization, Catholic Relief Services.

The fundamental question at the very center of recent concerns is this: Is the current model of CRS operation—one in which CRS receives three-quarters of its funding from federal government and secular organizations, and thus has little control over the ultimate recipients of much of these funds, and sometimes even little control over the implementation of otherwise worthy projects—still the best way for the Church to serve the poor in the developing world? Answering this question is not only very important, it is extremely urgent. Right now, men, women and children (both born and preborn) in the developing world are being crushed by huge NGOs who insist that legitimate development efforts must include abortion, contraception and sterilization. They believe that children are an obstacle to progress, so, through destructive and morally illicit means, they suppress the future generations of Africans, Asians and Latin Americans. This is literally a life or death struggle, with great implications for the communion of the Church, and it is one in which many souls ultimately hang in the balance.
## Summary of Findings

The following organizations, which received grants from Catholic Relief Services in fiscal year 2012, are acting in direct opposition to Catholic moral teaching. For each organization listed below, we have included the amount of money they received from CRS and a brief summary of the work they are doing to either provide or promote abortion, contraception, or sterilization. Organizations are listed in order of money granted. The names of the organizations are linked to the evidence contained in the report.

1. **CARE International** ($13,880,143) - CARE International is actively promoting and distributing all forms of birth control, has called for the overturning of the Mexico City Policy, promotes deviant sexuality, and is partnered with Marie Stopes International for family planning projects.
2. **Save the Children** ($13,169,755) - Save the Children is actively dispensing all forms of birth control and promoting “sexual and reproductive rights,” especially to adolescents and young adults.
3. **Institute of Human Virology** ($11,778,726) - The Institute of Human Virology (IHV) is distributing and promoting the use of condoms.
4. **Futures Group International** ($4,758,122) - The Futures Group is marketing all forms of birth control to people in the developing world. It is also working to expand access and availability of all forms of contraception, including abortifacients.
5. **World Vision International** ($3,888,914) - World Vision distributes and promotes contraception, especially condoms.
6. **Adventist Relief Agency** ($2,903,159) - Adventist Relief Agency (ADRA) is distributing abortifacient contraception, promoting the use of contraception, and working to increase the “contraceptive prevalence rate.”
7. **ACDI/VOCA** ($2,649,565) - ACDI/VOCA works to increase the use of contraception among couples, provides contraceptive family planning counseling, and facilitates access to female sterilizations.
8. **Interchurch Medical Assistance** ($2,497,442) - IMA distributes and promotes the use of abortifacient contraception.
9. **Land O’ Lakes** ($2,151,903) - Land O’ Lakes is facilitating the distribution of contraception in Kenya.
10. **Africare** ($1,650,107) - Africare is distributing condoms while providing contraceptive family planning programs.
11. **International Medical Corps** ($1,370,519) - International Medical Corps is distributing abortifacient contraception and condoms.
12. **Project Concern International** ($1,310,691) - Project Concern International distributes condoms and created a “Tool Kit For Sexual & Reproductive Health Programs,” which provides sexual indoctrination course material that promotes all forms of birth control and homosexuality.
13. **Helen Keller International** ($614,287) - Helen Keller International is training health practitioners in male and female sterilizations and facilitating the distribution of abortifacient contraceptives.
14. **Plan International USA** ($551,067) Plan International USA is distributing condoms, working to increase the “contraceptive prevalence rates,” and training people in the use and distribution of modern contraception.
Summary of Findings, continued …

15. **American Refugee Committee** ($476,139) - American Refugee Committee is distributing condoms and abortifacient contraception. ARC is also lobbying the Sudanese Ministry of Health to overturn the law which prevents the provision or education on implantable contraception.

16. **JHPIEGO** ($282,356) - JHPIEGO is promoting the use of contraception, including abortifacient IUDs and drugs. JHPIEGO is also training physicians on insertion of IUDs.

17. **Medical Care Development International** ($203,100) - MCDI outlined a plan to integrate contraceptive family planning into potable water projects, is selling contraception, and is working to increase access to and knowledge of contraception.

18. **Conservation International Foundation** ($198,778) - Conservation International Foundation is actively working to increase the use of all forms of contraception, including sterilizations.

19. **D Tree International** ($137,514) - D Tree International is working to facilitate access to contraceptives.

20. **Elizabeth Glaser Pediatric AIDS** ($94,000) - Elizabeth Glaser is distributing condoms, promoting contraception, and called for the repeal of the Mexico City Policy. Its work is helping to increase the “contraceptive prevalence rates” in some countries.

21. **The Child Fund International** ($61,993) - The Child Fund International is working to facilitate access to contraceptives and increase “contraceptive prevalence rates.”

22. **Young Women’s Christian Association** ($23,447) - YWCA is thoroughly committed to the promotion of abortion and birth control.

23. **Population Services International** ($9,588) - Population Services International is a population control organization thoroughly committed to the spread of abortion and birth control. PSI is distributing abortion kits, training abortion providers and advocating for expanded access to medical and surgical abortions. PSI is also distributing all forms of abortifacient contraception and devices.

Analysis and Conclusion

Even though CRS says it would never fund or partner with Planned Parenthood because “there’s a threshold in terms of what the focus of an agency is, and the preponderance of their work,” the focus of all of these agencies is the spread of birth control, and the preponderance of work for many of them is the spread of abortifacient drugs and devices. Because of the partnerships listed above, CRS is providing funds and prestige to organizations that view the elimination of children as the solution to the problem of poverty. The implied endorsement created by CRS’ partnerships with these organizations is gravely scandalous to people in need; through its funding and working relationships, CRS is providing contraception-and-abortion-pushing organizations access to people in need. This apparent relationship with a Catholic agency cannot but encourage trust in these same agencies when they promote abortion, contraception, and other immoral activities.

American Life League affirms the long history of good work CRS has done for people in great need around the world, and were it not for the current partnerships and grants listed herein, a report like this one would not be necessary. It is the firm belief of American Life League that the Culture of Life cannot make any headway until the Catholic Church severs financial ties with groups such as these. It is ALL’s hope that this report provides the resources necessary to help CRS protect its Catholic identity and Catholic teaching globally as it executes its important mission of helping the poorest of the poor.
<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>PAGE</th>
<th>AMOUNT GRANTED</th>
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<tbody>
<tr>
<td>CARE International</td>
<td>7</td>
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**TOTAL**                                     |     | **$64,656,809**  |
The Organization:
Catholic Relief Services gave $13,880,143 to CARE International

The Problem:
CARE International is actively promoting and distributing all forms of birth control, called for the overturning of the Mexico City policy, promotes deviant sexuality, and is partnered with Marie Stopes International for family planning projects.

CARE was a participant (listed as “partner”) in the London Summit on Family Planning.
The whole purpose of the summit on family planning was to have participants commit to increasing the global use of contraception by 120 women and girls by the year 2020.
At the London Summit on Family Planning, CARE made a public commitment to put the spread of birth control “at the center of its sexual, reproductive and maternal health” programs. CARE also committed to ensuring “women and girls’ family planning and reproductive health needs are addressed” in its “development, emergency and post-conflict response activities.”

CARE International

CARE International commits to putting reproductive rights, women’s empowerment and gender equality at the center of its sexual, reproductive and maternal health programming and policy work, by developing approaches for addressing gender and social barriers to increased family planning use and validating tools to measure the impact of these approaches on health outcomes. CARE will strengthen local governance mechanisms and the capacity of women and communities, particularly the most marginalized groups, to meaningfully participate in their own health, engage in local decision-making processes and to hold governments accountable to their commitments. CARE also commits to reaching the most vulnerable and marginalized populations to reduce inequality, ensuring women and girls’ family planning and reproductive health needs are addressed in both development, emergency and post-conflict response activities. Finally, CARE is committed to building political will and mobilizing action at all levels – local to national to global – to ensure continued funding and prioritization of SRMH, scale-up of successful approaches, accountability to commitments and implementation of policies and programs that are rights-based, effective, culturally appropriate and address the needs of communities. [source](http://www.care-international.org/Media-Releases/care-commends-groundbreaking-london-summit-on-family-planning.html)
Testimony of Helene Gayle, MD, MPH
President and CEO, CARE USA

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Hearing of the Senate Committee on Appropriations,
Subcommittee on State, Foreign Operations and Related Programs

“Maternal and Child Health, Family Planning, Reproductive Health”

***

April 18, 2007

Fourth, eliminate legal barriers that impede evidence-based programming in
reproductive health and HIV/AIDS, especially related to vulnerable women and
adolescents. I urge Congress to repeal the abstinence-until-marriage earmark and request the
Office of the Global AIDS Coordinator to revise its ABC guidance in a way that promotes
(rather than discourages) comprehensive sex education. I also urge Congress to repeal the
Mexico City Policy – there is no evidence that having this policy in place has reduced the
number of abortions performed. In fact, by cutting off funds to foreign family planning


On April 18, 2007, Helene Gayle, president and CEO of CARE called on Congress to repeal the Mexico City Policy, which forbids the use of federal funds abortions overseas.
A Request for President Obama

Written by Christy Turlington Burns.

On January 22, 2009, the 36th anniversary of Roe v. Wade, CARE lamented the Mexico City Policy’s ban on funding organizations promoting or providing abortions, and reiterated its call to rescind the policy.

In 1984, the Reagan administration established the Mexico City Policy - widely referred to as the Global Gag Rule because it denies foreign organizations receiving U.S. family-planning assistance the right to use their own non-U.S. funds to provide legal abortion or counsel, or even to refer to abortion or to lobby for the legalization of abortion. President Clinton rescinded this policy in 1993, but President George W. Bush reinstated it on his first day in office in 2001.

Let’s call on President Obama to rescind it again.

http://we.care.org/post/notes/a_request_for_president_obama.html?cons_id=&ts=1295302397&signature=f556fc7ade86b1c44def5c6deebe918c
In a statement on International Women’s Day, CARE stated that its reproductive health programs, which provide contraceptives, “are as vital to saving lives as vaccines, antibiotics or obstetric care.”

CARE targets the neediest groups and determines the best mix of health interventions to meet those needs. CARE works with individuals and communities to promote healthy behaviors. CARE also works with local organizations and governments to improve service delivery and develop supportive health policies.

CARE reproductive health projects encompass multiple technical interventions, including family planning, maternal and newborn health care and prevention and management of sexually transmitted infections including HIV/AIDS.

Why Family Planning Matters
Contraceptives are as vital to saving lives as vaccines, antibiotics or obstetric care. There are literally millions of women with an unmet need for family planning. More than 120 million women would like to postpone or stop childbearing, but are not accessing contraceptive services. Furthermore, the numbers of women of reproductive age continue to grow. There are more than 1.15 billion adolescents, living mostly in developing countries -- the largest number in history. Demands for family planning information and services will only continue to grow.

http://www.care.org/newsroom/specialreports/womensday/page2.asp
On a page of its website that describes its projects, CARE states that its family planning programs include the provision of, and education on, contraception.

**Project Information**

**Project Name:** Family Planning  
**Project Description:**

CARE’s family planning programme aims to reduce mistimed or undesired pregnancies among Congolese women with an eventual reduction in pregnancy-related morbidity and mortality rates via a regular supply of quality contraceptives, increased capacity of health workers to provide family planning information and services and increased awareness and practice of health family planning behaviours. Working through health centers as well as community health workers, the programme will build their capacity on clinical family planning and counseling, distribute contraceptives and reinforce the logistic supply systems and develop behaviour change communications activities to promote knowledge and use of family planning methods. CARE will work through community based organizations and peer educators to help increase demand and better inform communities around family planning issues. The programme will also implement an operational research component that will focus on affordable pricing structures for contraceptive products to contribute towards the sustainability of family planning services.

CARE's family planning programme aims to reduce mistimed or undesired pregnancies ... via a regular supply of quality contraceptives  
Working through health centers as well as community health workers, the programme will ... distribute contraceptives  
The programme will also implement an operational research component that will focus on affordable pricing structures for contraceptive products

It also mentions that CARE has partnered with Marie Stopes International, the main competitor of the International Planned Parenthood Federation.

Meeting the Need for Family Planning

Worldwide, over 200 million women who wish to space or limit the number of their pregnancies, still lack access to safe and effective contraception. Meeting this need can avert as many as one-third of all maternal deaths. Despite this, access to family planning services in Sierra Leone remains abysmally low.

At CARE’s partner Marie Stopes International, half of the delegation learns about a social marketing program to increase contraception use and travels to an outreach clinic where women receive family planning services. By using marketing to encourage behavior change, much like the seat belt campaign in the U.S., more women are reached and more lives are saved.

At a nearby one-room home pieced together with corrugated metal, Aminata Turay, 28, says a lot of men are against family planning because they feel it’s a sign women don’t want to have their children. This wasn’t the case for her. She recounts her complicated pregnancies, having two cesarean sections, and why she was advised to wait five years between births because of her small cervix. Her husband agreed. Now an advocate for contraception use, Aminata says that “family planning has never failed me. Women giving birth one right after another is too huge a load to carry.”
Recommendations

• **Fill critical funding gaps.** The government of Sierra Leone is taking maternal health seriously. Effective interventions exist for mothers and babies yet none will work if resources, particularly at the district and community levels, are absent. While some pieces are coming together, the lack of funding makes it extremely difficult to plan for the long-term and invest in strengthening the health system.

• **Train more midwives and maternal health aids, and increase incentives to pay and retain them.** This was the main concern voiced at all levels. Even when user fees are eliminated for pregnant women and children under 5 on April 27th, if there’s not enough trained, adequately paid health care providers to meet the demand then little difference will be made.

• **Involve communities, district health workers and the private sector.** This is paramount as they are the ones already doing the bulk of the work. Investments in health must be directed at the poorest and most marginalized members of the population. Communities and civil society can play an important role in mobilizing action, monitoring progress and holding government accountable to its commitments.

• **Integrate family planning and maternal health programs to have greater impact.** Integration of these activities is one of the most cost-effective ways to reduce maternal deaths and build healthier, more productive societies. Women should have the ability to plan and limit their family size through voluntary family planning. The “unmet” need for family planning must be met.
This document from 2008 outlines CARE’s contraceptive programs, including its partnership with Marie Stopes International to provide “long-term methods of contraception.”

CARE’s Extra Mile Initiative

In 2005, USAID, through the ACQUIRE project, invited CARE to implement the EMI. The project’s very name indicated the additional effort CARE would need to invest just to reach the six communes — by motorcycle, canoe and, mostly, on foot.

At its core, the two-year EMI is a fairly standard, community-based family planning project. As is typical, CARE linked its work to the commune health centers (the lowest rung on the Ministry of Health’s service system) and to the communities themselves, where the EMI trained an extensive system of citizen volunteers to provide their own villages with information and, in the case of Community Health Agents (CHAs), contraceptives.

Page 2 explains that CARE was invited by USAID to implement a family planning project called the “Extra Mile Initiative.”

Page 3 boasted that:

“After only one year of EMI activities, the baseline contraceptive prevalence rate of 11 percent more than doubled, to 24 percent.”

Page 4 charted the results.
Meeting needs for long-acting methods: By the same token, women and couples who want no more pregnancies deserve access to long-term methods of contraception including the IUD, tubal ligation and vasectomy, but these are not at present available in the limited health centers of remote communes. The EMI project helped the SDC of Fotsiananana – the most accessible of the six participating communes – forge a partnership with Marie Stopes International, which has traveled once to the commune seat with its surgical equipment and generators to offer IUDs and surgical sterilization. Greater access to long-term methods is a third arena in which the future family-planning work of CARE and others can make a significant, lasting difference in the lives of rural women and men.
In 2007, CARE produced a toolkit for its program called the “Inner Spaces Outer Faces Initiative.”

Contained in the toolkit are a series of games and exercises intended to educate on all aspects of sexuality, including contraception, fornication, and homosexuality.

The entire document is 114 pages long, so the next few pages will highlight certain elements which are fundamentally and directly opposed to Catholic moral teaching.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

Source: WHO draft working definition, October 2002

Sexual Rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others.
Page 19 provides instructions for a word-association game related to sexuality. The intent is to break down taboos and facilitate discussions on the words produced. Below is a list of examples provided by the toolkit.

**STEP 1**

**Part A:**

Ask the group to brainstorm all the words that they can think of associated with sexuality. Have 2 people write down the words on large sheets of paper as the facilitator probes for more words. This should be done quickly.

Probe for missing words: Any positive associations? What part of sexuality does society not like to talk about openly? Try to pull out the hidden aspects of sexuality. What are some negative consequences or actions related to sexuality?

Here are some examples from previous workshops (in no particular order):

<table>
<thead>
<tr>
<th>Kissing</th>
<th>Hugging</th>
<th>Contraception</th>
<th>Body image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage</td>
<td>Sexual harassment</td>
<td>Need to be touched</td>
<td>Petting</td>
</tr>
<tr>
<td>Caring</td>
<td>Loving/liking</td>
<td>Pornography</td>
<td>Impotence</td>
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<td>Abortion</td>
<td>Sperm</td>
<td>Bisexual</td>
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<td>HIV</td>
<td>Date aggression</td>
<td>Self-esteem</td>
<td>Anal sex</td>
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<td>Touching</td>
<td>Masturbation</td>
<td>Orgasm</td>
<td>Communication</td>
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<tr>
<td>Fantasy</td>
<td>Passion</td>
<td>Sexual attraction</td>
<td>Emotional vulnerability</td>
</tr>
<tr>
<td>Sharing</td>
<td>STIs</td>
<td>Withdrawal method</td>
<td>Flirtation</td>
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<tr>
<td>Child spacing</td>
<td>Ovaries</td>
<td>Getting pregnant</td>
<td>Incest</td>
</tr>
<tr>
<td>Rape</td>
<td>FGM</td>
<td>Lesbian, gay</td>
<td>Unwanted pregnancy</td>
</tr>
</tbody>
</table>
Part C:

Divide participants into pairs of one man and one woman. Explain that each pair is to conduct a role play in which a couple is negotiating condom use. However, the man should play the role of the woman in the scenario, and the woman should play the role of the man.

**First pair:** Woman (man playing the woman) does not want to use condoms because she feels it reduces sexual pleasure. The man (woman playing the man) must argue why and how condoms can be pleasurable.

**Second pair:** Man (woman playing the man) is upset because his partner (man playing the woman) was supposed to buy condoms but did not do so.

**Third pair:** Woman (man playing the woman) insists partner (woman playing the man) should wear a condom because she suspects he has other girlfriends.

**Fourth pair:** Man (woman playing the man) does not want to admit to his partner (man playing the woman) that he does not know how to use a condom.

**Fifth pair:** A man (woman playing the man) is startled when his partner (man playing the woman) wants to start using condoms, because the pair has had sex without condoms on several previous occasions.

Pages 34-35 provide instructions for an exercise in role playing with scenarios centering around condom use.
Page 40 explains that homosexuality is nothing but a preference and can be “healthy.”

2. I would never have a gay friend.

Homosexuality is not an illness. Simply put, homosexuality is primary sexual attraction to or sexual activity among persons of the same sex. Homosexuality may make us feel uncomfortable because it’s not something we see all the time. But the fact that it is uncommon does not mean that it is wrong. Homosexuals can have healthy, loving relationships just like anyone else. In fact, it is possible that you already have a friend who is gay, but you don’t know it.

Why would someone not want to have a gay friend? What if you didn’t know that the person was gay? Why are gay people feared?

If someone has a sexual fantasy about someone who is the same sex, does it make that person a homosexual? If someone shares a romantic kiss with someone of the same sex, does it make those people homosexual? If someone experiments with homosexuality when they are young, but ends up married to someone of the opposite sex, is that person a homosexual?
Cartooning

Introduction
In this exercise, participants will explore their ideas about what society expects of us as men and women, by identifying the characteristics of the “ideal” man and woman. This exercise can help participants explore issues related to sexuality, gender identity, gender roles and expectations, and how social norms affect women and men differently.

STEP 2
Ask each participant (or group of 3-4 people) to make two drawings: one to illustrate what they understand by “ideal woman” and one to illustrate what they understand by “ideal man,” incorporating appropriate characteristic traits, attitudes, values, and behaviors.

Alternately, provide a set of modeling clay with various colors to each group and ask them to construct a model of a man and a woman, incorporating characteristic traits, attitudes, values, and behaviors that are considered socially appropriate.

Tell everyone that they have 20 minutes to create their drawings or models.
The Organization:
Catholic Relief Services gave $13,169,755 to the **Save the Children Federation**.

<table>
<thead>
<tr>
<th>Schedule I, Part IV, Statement 1</th>
<th>Catholic Relief Services - USCCB</th>
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<tbody>
<tr>
<td><strong>Name and address</strong></td>
<td>Save the Children Federation Inc</td>
</tr>
<tr>
<td></td>
<td>1620 I Street NW Suite 202</td>
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<tr>
<td></td>
<td>Washington, DC 20006</td>
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The Problem:
Save the Children is actively promoting and dispensing all forms of birth control and “sexual and reproductive rights,” especially to adolescents and young adults.

The following countries and organizations participated in the London Summit on Family Planning. To visit a partner organization’s website, please click on the organization’s name in the list below.

**CIVIL SOCIETY ORGANIZATIONS**
- Advance Family Planning
- African Institute for Development Policy (AFIDEP)
- African Women Leaders Network
- Amnesty International
- AMODEFA
- Royal College of Midwives
- Royal College of Obstetricians and Gynaecologists (RCOG)
- Save the Children
- Save the Children UK
- The Forum for Family Planning and Development, Inc.
- Togo Members Association & Youth Action Movement

Save the Children was a participant (listed as “partner”) in the London Summit on Family Planning.

The whole purpose of the summit on family planning was to have participants commit to increasing the global use of contraception by 120 women and girls by the year 2020.
At the London Summit on Family Planning, Save the Children made a public commitment to help front line providers deliver family planning services, “remove financial barriers to contraception,” and “stimulate demand for family planning.”

Summaries of Commitments

Save the Children

Save the Children commits to strengthening the capacity of 143,600 frontline providers to deliver quality sexual and reproductive health and family planning services that are friendly to adolescents. Save the Children will focus on providing these services to those that are particularly vulnerable and hard-to-reach and will reach more than a quarter of a million adolescent girls. Working to raise awareness of the health and rights of young people, Save the Children will create safe spaces for young mothers and address the needs of girls vulnerable to sexual and gender-based violence. Recognizing the role of education in empowerment, Save the Children will scale up its work to increase girls’ enrollment, retention and graduation from basic education in four conflict-affected and fragile states, with a view to replication elsewhere. Save the Children will increase access to education for 250,000 girls, bring 10,000 women into teaching and provided professional development to 40,000 women teachers. On a global level, Save the Children will advocate for policies that will remove financial barriers to contraception, increase girls’ education and provide for the sexual education and economic empowerment of women. Save the Children will form partnerships that will raise awareness of rights, empower women and girls and stimulate demand for family planning.

www.savethechildren.org.uk/get-involved/campaigns/family-planning-girl-power-saves-lives

Save the Children is working to increase access to and demand for all forms of contraception.

Save the Children works to:

- Create a supportive environment for the use of contraception
- Increase access to, and improve the quality of and generate demand for family planning services, particularly in rural, underserved populations
- Strengthen local delivery of family planning education and services. Examples include training community health workers to provide a wide range of methods including injectable contraception.
- Improve policies, enhance systems and services and build local capacity
- Understand and overcome practical and cultural barriers to better reproductive health practices
- Improve health systems’ attention to and results in family planning programs and policies

How Family Planning Helps Children

In addition to improving survival rates for mothers and babies, use of family planning reduces the spread of HIV by averting pregnancy in HIV-infected women preventing unintended pregnancy among HIV positive women who do not want to become pregnant. Fertility declines are associated with an increase in women’s health, earnings and participation in paid employment. When teen-aged girls delay motherhood until their bodies are ready, they stay in school and can create better, healthier lives for themselves – and their children.

Save the Children has a team of 1,000 health professionals worldwide who specialize in maternal health, family planning, reproductive health, neonatal health, child survival, HIV and AIDS, and community mobilization. These dedicated health professionals work in some of the most challenging contexts, including Bangladesh, Bolivia, Ethiopia, Guinea, Sudan, Haiti, Malawi, Mali, Nigeria, Mozambique, Nepal, Pakistan, Sudan and Yemen.
In 2012, Save the Children wrote a 40 page report claiming that pregnancy is dangerous and artificial contraception saves children’s lives.

Save the Children Says Pregnancy Kills or Injures One Million Girls a Year

Media Contact
Tanya Weinberg 202.640.6647 (O), 202.247.6610 (M)

WESTPORT, Conn. (June 26, 2012) — Pregnancy is the biggest killer of teenage girls worldwide, with one million dying or suffering serious injury, infection or disease due to pregnancy or childbirth every year, Save the Children said today.

In a new report, Every Woman's Right: How family planning saves children's lives, the international humanitarian and development agency highlights the many ways that lives are saved when women can choose the timing and spacing of their pregnancies. Becoming pregnant too soon (less than 24 months) after a previous birth is dangerous for both mothers and babies. In fact, enabling access to family planning so that women can delay conception for at least three years after giving birth reduces risk of maternal and newborn complications and could save up to 1.8 million lives each year.

http://www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGlPl4E&b=7942609&ct=11917227
Page 23 of Save the Children’s report on “how family planning saves children’s lives” explains how they expand access to and knowledge of contraception to teens.

Promoting Adolescent Sexual Health

Adolescent sexual and reproductive health is a core component of Save the Children’s global health work in countries including Ethiopia, Liberia, DRC, Uganda, Sierra Leone, Myanmar (Burma), Nepal, South Africa, Afghanistan, Bangladesh, Malawi, Mozambique, Philippines, Bolivia, Georgia, Vietnam and Egypt. Our programmes are designed to target a wide range of poor and vulnerable young people including the displaced and hard to reach, young adolescents entering puberty, in- and out-of school youth, married girls, teen mothers, HIV positive youth and adolescents in emergency settings.

Ethiopia: In hard-to-reach districts of Amhara, Save the Children works with vulnerable adolescent girls and boys to improve knowledge about sexual and reproductive health and rights, and works to increase access to good-quality services, including contraception. Our three-year programme uses a variety of approaches including peer education, arranging discussion groups in the community, reproductive health clubs in schools, and counselling. Wherever possible the programme involves the wider community and seeks to raise awareness of the impact on girls and women of harmful traditional practices such as child marriage and female genital mutilation.

South Africa: Save the Children’s health work is introducing a vast outreach education programme in 75 schools to promote sexual and reproductive health for girls and boys, in order to help tackle the high levels of sexual violence within schools.

Nigeria: As part of a consortium funded by the UK and Norwegian governments (and known as PRRINN-MNCH), Save the Children is supporting the Nigerian government to implement its Maternal Newborn and Child Health Initiative (2006–13). The Initiative provides ‘safe spaces’ that allow married adolescent girls to access essential maternal health services, including advice on family planning and birth spacing. The spaces provide a safe environment for young mothers to discuss problems they may be facing within the marital home, to get support from peers, and to access advice and services for themselves and for their children.
Page 35 of Save the Children’s report on “how family planning saves children’s lives” explains how they work to increase contraceptive use among couples.

**MALAWI: CHANGING MEN’S BEHAVIOUR**

The Malawi Male Motivator project was designed by Save the Children to increase contraceptive use among couples. Delivered through male peer educators, the project targeted men and was built on three insights:

1) men need information on the availability of modern family planning methods
2) men must be motivated to act on the knowledge of these methods
3) men require behavioural skills, such as communication skills, to facilitate conversations around family planning with their partners.

Recent evaluation of this project demonstrated a significant increase in contraceptive use by couples participating in the programme.
In Uganda, Save the Children oversaw the distribution of condoms and oral contraceptives and referrals for injectable contraception. They also trained reproductive health workers on how to provide injectable contraception.

**NOTE:** DMPA is injectable contraception.

http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432e-9bd0-df91d2eba74a%7D/cbd_dmpa_uganda_cs_savethch.pdf
Save the Children’s HIV/AIDS programs include condom distribution.

**HIV and AIDS Programs**

Save the Children is responding to the global HIV/AIDS epidemic in Africa, Asia, and Eurasia and the Caribbean. Save the Children partners with communities to mobilize the resources necessary to tackle HIV/AIDS and support children and families in need. These partnerships focus on two primary goals: raising awareness about ways to prevent new infection and adopt healthy practices and providing care and support for children and families affected by the pandemic.

**South Sudan**

Two Counselors from Save the Children

South Sudan HIV/AIDS Impact Reduction Program (SSHIP):

Save the Children, in partnership with local nonprofits, works to reduce the impact of HIV and AIDS on individuals and communities in South Sudan. Through the development of volunteer counseling and testing, the training of condom distributors, and the provision of peer-led HIV education the SSHIP Program has effectively increased access to and demand for quality HIV care and treatment services. In efforts to promote the sustainability of quality care and support services, Save the Children is providing expertise, training and support to the Country Health Department, health facilitates and community partners.

**Bangladesh**

Save the Children carries out a nationwide HIV prevention campaign in Bangladesh.

Save the Children carries out a nationwide HIV prevention campaign in Bangladesh.

In Bangladesh, Save the Children has played a central role in implementing HIV&AIDS prevention efforts through its role as principal recipient for HIV through the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). Through GFATM, Save the Children supports Prevention of HIV/AIDS among Young People and Expanding HIV/AIDS Prevention in Bangladesh. Save the Children manages a wide range of HIV&AIDS prevention programs, and interventions include drop-in centers, peer outreach, condom distribution, and harm reduction strategies (including needle syringe programs), referral linkages to HIV testing, and treatment and support services. In close collaboration with the Government of Bangladesh, Save the Children has fully integrated HIV prevention education into the national secondary and higher secondary school curricula, and supported capacity-building for its local partners to ensure local ownership and sustainability.

http://www.savethechildren.org/site/c.8rKUXMGpl4E/b.6234245/k.A159/HIVAids_Programs.htm?msource=wellpres0511
In 2007, Save the Children published a training curriculum intended to increase the use of contraception among young married men. The fine print below indicates that Save the Children created the curriculum itself:

This training curriculum has been made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Save the Children and do not necessarily reflect the views of USAID or the United States Government.
The very first page of the training curriculum shows exactly what Save the Children believes in regard to contraception, and what it does to promote its use. First, it identifies the lack of contraceptive use as a “problem.” Then, it hypothesizes that by educating the men, contraceptive use will increase. So, as an objective, Save the Children states that it intends to increase contraceptive use and change “attitudes” toward family planning.”

Male Motivator Study Abstract

**Problem Statement**
Despite tripling of modern contraceptive use since 1992, Malawi’s contraceptive prevalence rate is currently only 26%. Youth in Malawi are particularly in need of contraceptive information. The country is characterized by high rates of early marriage and pregnancy (1/3 of women, ages 15-19, are already mothers or pregnant for the first time), low use of contraception by young people (only 7.6% of women ages 15-19 are currently using a modern method) and a high, unmet need for FP among married women (26.1%). Moreover, there has been a lack of male involvement in birth spacing and family planning programs which is crucial since men are often the primary decision makers about family size and gatekeepers to their partner’s use of family planning methods. By targeting male partners, and providing them with important family planning knowledge and skills, we aim to improve the overall health status of young couples.

**Hypotheses**
We hypothesize that by providing men, who are married to young women, with gender-sensitive and comprehensive family planning peer counseling, we will increase the likelihood that they will use contraception. We also hypothesize that the planned intervention will increase positive attitudes among men towards family planning and facilitate spousal communication about family planning.

**Objectives**
- Increase contraceptive uptake among men and their young wives
- Increase favorable attitudes towards family planning among these men
- Improve self-efficacy using contraception
- Enhance couple communication skills

Lack of contraception use is a problem.
If men are educated on family planning, contraception use will increase.
The goal is to increase the use of contraception.
In the schedule for the training curriculum is a tutorial on how to appropriately use a condom, including a phallic model.

| 16 | p45 | 3:00 – 3:30 | Condom utilization game and demonstration | To know how to appropriately use a condom | Penis model, variety of condoms, 4 sets of cards with the steps for using a condom (1 step per card), condom brochure |

The rest of the 98 page document is all about indoctrination into the use of contraception. Specifically, the document teaches about male condoms, female condoms, oral contraceptives, injectables (Depo-Provera), Intra-Uterine Devices (IUD), the Lactational Amenorrhea Method, Emergency Contraception, withdrawal (onanism), and Cycle Beads.
The Organization:
Catholic Relief Services gave $11,778,726 to the Institute of Human Virology (IHV).

The Problem:
The Institute of Human Virology (IHV) is distributing and promoting the use of condoms.

The Institute of Human Virology is participating in the distribution of condoms in Nigeria.

Young Women: A Population Most At Risk.

The REACH Study with research funding from CDC was conducted to develop a non-subtype B acute HIV infection cohort by screening most-at-risk populations (MARPs) through mobile HIV counseling and testing (mHCT) as well as evaluate the performance of the Nigerian Rapid Test Algorithm. This project taught the IHV-Nigeria HCT program that mHCT is a valuable tool for effectively reaching high risk populations and identified challenges for promoting access to care and treatment. Of 9371 individuals reached by mHCT between May 2005 and July 2008, 89.1% had never been tested previously. Prevalence in populations accessed ranged from 8.1% among motorcycle/taxi drivers to 52.9% in brothel-based sex workers. Increased seroprevalence was associated with younger females. Current symptoms for STIs were reported by 11.1% of the population, higher for women (OR=1.9, 1.8-2.1), and were associated with HIV infection (OR=2.2, 1.9-2.4). Awareness of HIV services and the benefits of antiretrovirals on prolonging survival were lower for MARPs (59.6% and 55.1%, respectively), especially among females (57.8% and 52.7%) compared to clients tested in health facilities (68.5% and 85.1%). A particularly disturbing finding in this study is the rising rate of HIV infection in contrast to a declining national prevalence. The use of mHCT informed by linkage with community information and prevalence data can effectively identify areas of high HIV prevalence density where services such as diagnosis, prevention, antiretroviral treatment, and care efforts can be focused. IHV-Nigeria is expanding coverage for prevention among MARPs by supporting special HIV intervention programs such as peer education, early treatment for sexually-transmitted infections, partner notifications, and condom distribution with local non-governmental organizations.
IHV’s “Safe Sex Information Guide” says that “correct and consistent use of a condom is imperative.”

SAFE SEX INFORMATION GUIDE

Specific Examples of Safer Sex Behaviors:

A abstinence is an absolute answer to preventing STDs, although it is not always practical or desirable.

A monogamous sexual relationship with an individual known to be free of any STD is probably the least risky approach that sexually active people can take. Know your partner. Before having sex with a new partner, it is prudent for each potential sexual partner to be screened for the presence of STDs, especially HIV and Hepatitis B, and share the results of such evaluations with one another.

The use of CONDOMS, both male and female types, markedly decrease the likelihood of contracting a sexually transmitted disease but condoms must be used properly. The condom should be in place from the beginning to end of sexual activity and should be used EVERY time an individual engages in sexual activity with a nonmonogamous partner or other suspect partner.

- Use barriers to avoid contact with semen, vaginal fluids, or blood.

CORRECT AND CONSISTENT USE OF A CONDOM (male or female condoms) is imperative. The additional use of lubricants may decrease the chance of barrier breakage. However, use only water-based lubricants because oil-based or petroleum-type lubricants can cause latex to weaken and eventually tear. The use of latex condoms is recommended for vaginal, anal, and oral intercourse.
IHV’s web page about HIV says that HIV positive individuals “must use whatever preventative measures (such as a latex condom) will afford the partner the most protection.”, and that “condoms are highly effective in preventing HIV transmission.”

AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME)

4. Anyone who tests positive for HIV may pass the disease on to others and should not donate blood, plasma, body organs, or sperm.

   From a legal, ethical, and moral standpoint, they should warn any prospective sexual partner of their HIV positive status. They should not exchange body fluids during sexual activity and must use whatever preventative measures (such as a latex condom) will afford the partner the most protection.

7. “Safe sex” practices, such as latex condoms, are highly effective in preventing HIV transmission. HOWEVER, there remains a risk of acquiring the infection even with the use of condoms. Abstinence is the only sure way to prevent sexual transmission of HIV.

http://www.ihv.org/education/AIDS.html
IHV’s “Cervical Cancer Information Guide” recommends that girls use condoms in order to avoid HPV.

To reduce the chances of cervical cancer, girls less than 18 years of age should avoid sexual activity or always use condoms. HPV infection causes genital warts. These may be barely visible or several inches across.

If a woman sees warts on her partner’s genitals, she should avoid intercourse. To further reduce the risk of cervical cancer, women should limit the number of their sexual partners, avoid sexually promiscuous partners, and discontinue any tobacco use. Condoms may help prevent the transmission of HPV.

http://www.ihv.org/education/cervical.html
IHV’s “Herpes Simplex Information Guide” recommends the use of condoms in order to avoid contracting herpes.

http://www.ihv.org/education/herpes.html
IHV’s “Hepatitis B Information Guide” says that using condoms consistently and properly may reduce the transmission of Hepatitis B.

http://www.ihv.org/education/HepB.html
Futures Group International

http://futuresgroup.com
The Organization:
Catholic Relief Services gave $4,758,726 to Futures Group International.

The Problem:
The Futures Group is marketing all forms of birth control to people in the developing world. It is also working to expand access and availability of all forms of contraception, including abortifacients.

In Jamaica, Futures Group created a social marketing program that promoted abstinence, condom use and emergency contraceptive pills (ECPs) as sequential options (in order of preference) for sexually active Jamaican youth. Futures Group defined this triple message campaign as the “ACE” (abstinence, condoms, and emergency contraception) approach to describe an appropriate prevention strategy for youth. Despite extremely limited funds and a short duration, the social marketing campaign nearly doubled ECP sales over the previous year (for a non-subsidized commercial ECP product), increased knowledge of ECPs as a method to avoid pregnancy from 28% to nearly 50% among girls and from 17% to 32% among boys aged 15-to-19, and increased use of ECPs after unprotected sex from baseline 2% to nearly 8% among girls 15-to-19. At the same time, condom sales increased. The campaign was awarded the Population Institute’s Global Media Award for “Best Commercial Advertising Campaign” in 2003.
The Gambia Social Marketing Management Program
2003 – 2006

Futures Group and the Ghana Social Marketing Foundation (GSMF) teamed to build the capacity of the Gambia Family Planning Association (GFPA) to manage a comprehensive social marketing program under The Gambia Social Marketing Management Program (GSMMP), which was supported by the government of The Gambia under the auspices of the Department of State for Health’s Participatory Health, Population, and Nutrition Project. The World Bank financed the project.

The objective of GSMMP was to distribute and promote quality and affordable contraceptive and health products to serve the people of The Gambia’s needs for effective family planning, HIV/AIDS and sexually transmitted infection prevention, and other preventive healthcare. GSMMP collaborated with both private and public sector institutions to foster understanding, educate, and support the people of The Gambia through creative information, education, and communication interventions.

Futures Group provided full supply chain support for a national program related to family planning and HIV/AIDS products. We led the selection process for the establishment of a nationwide supplier and created an MIS to track commodity movement, inventory of different commodities, and revenues earned. We also helped develop a sub-distribution strategy with local NGOs.

The project introduced and marketed the COOL branded condom and Kairo Oral Contraceptive (OC) Pill. As a complimentary effort that directly supported the efforts of the National AIDS Secretariat (NAS) and the Department of State for Health, GSMMP engaged in a series of national market surveys to determine price and packaging developed by and for Gambians; an integrated communications plan and materials in local languages addressing behavior change; training and sensitization of government and other NGO institutions; and the development of a national distribution system to serve both traditional and non-traditional outlets. As the first project in The Gambia to employ the social marketing methodology that directly engaged the commercial sector in a larger health effort, the project had notable impact: nearly 350 new outlets were created throughout the country and over 500,000 condoms and and over 50,000 cycles of OC pills were sold.

Futures Group boasts how its marketing strategies in Ghana resulted in massive sales of condoms and oral contraceptives.
Futures Group helped increase access to injectable contraception to women in Malawi, and worked to change the minds of Islamic leadership in order to expand access to contraception.
In discussing its “program areas” on “population and family planning,” Futures Group says that it uses a “total market” approach to increase access to and availability of oral contraceptives, IUDs, injectable contraception, and condoms.

Futures Group was also instrumental in developing and applying the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS). This strategic planning tool and framework helps increase access to and availability of high-quality contraceptives. Focusing on evidenced-based

Using a “Total Market” approach, Futures Group designs comprehensive social marketing programs to increase awareness and use of high-quality reproductive health products and services. Our programs focus on capacity building and forging partnerships in the public and private sectors; these in turn have fostered innovations in private sector promotion of health behaviors—optimal birth spacing, breastfeeding, and increased access to and availability of affordable modern contraceptives, such as pills, IUDs, injectables, and condoms—which have also led to the entry of new contraceptive manufacturers. Further, we recognize that integrating
Futures Group actively marketed condoms in Niger and China.

Changing Behaviors and Improving Access

With KfW funding in Niger, Futures Group launched an integrated communication program on using condoms for dual protection against HIV and unwanted pregnancies. The project developed advocacy and awareness-raising campaigns to spread information and build support for the prevention of HIV and unwanted pregnancies. The campaigns have used multiple channels, such as radio, TV, and film, as well as interactive community theater.

In China under the HIV/AIDS Prevention and Care Project, our team successfully designed and implemented programs that encouraged behavior change and promoted condom use as a means of reducing HIV transmission among high-risk groups. Programs included mass media campaigns, interventions in entertainment establishments, work with high-risk communities, workplace interventions, and training and capacity-building workshops, as well as increasing the accessibility of condoms.
The Futures Group produced a blueprint for marketing contraception.
The Futures Group conducted a marketing campaign to boost the use of condoms in Indonesia.

Partnership with Condom Manufacturers Helps Boost Condom Use in Indonesian Red Light Areas

By
Reed Ramlow
The Futures Group International

Under the USAID HIV/AIDS Prevention Project (HAPP), The Futures Group International (FUTURES) worked with the Consortium of Concerned Condom Manufacturers to implement a multifaceted behavior change and social marketing campaign designed to increase condom use among commercial sex workers (CSWs) and their clients in Indonesian red light areas. In one year (1999), condom use among CSWs rose 30 percent, according to an annual behavior surveillance survey. Condom availability and visibility also substantially increased in red light areas, as verified by store checks and digitized mapping.

http://pubs.futuresgroup.com/revised%20smq%20submission--reed%20ramlow.pdf
In 2010, The Futures Group produced a population control advocating document on how to increase the use of contraception, and its importance to reducing fertility rates for the purpose of reducing population growth.

World Population Prospects and Unmet Need for Family Planning

Scott Moreland
Ellen Smith
Suneeta Sharma

April 2010 (revised October 2010)

Over the past 30 years, the use of modern family planning methods has increased dramatically in the developing world, leading to a fall in fertility rates. Yet there are still significant levels of demand for family planning that are unmet. If this unmet need were met, unintended pregnancies would be fewer, women’s health and lives would be improved, and the consequent impact on fertility would result in lower population growth and measured development benefits.

http://pubs.futuresgroup.com/3571WPP.pdf
World Vision International

http://www.worldvision.org
The Organization:
Catholic Relief Services gave $3,888,914 to World Vision International.

The Problem:
World Vision distributes and promotes contraception, especially condoms, and was an active participant in the London Summit on Family Planning in 2012.

World Vision was a participant (listed as “partner”) in the London Summit on Family Planning.

The whole purpose of the summit on family planning was to have participants commit to increasing the global use of contraception by 120 women and girls by the year 2020.
GLOBAL HEALTH

Healthy timing and spacing of pregnancy

THE FACTS

- Access to family planning for all women of reproductive age who wish to use it could:
  - prevent almost 30% of all maternal deaths
  - save the lives of 70,000 women from unsafe abortion each year.
- Infant and child deaths can be reduced by more than 50% if children are born 3-5 years apart.
- In developing countries the risk of prematurity and low birth weight doubles when conception occurs within 6 months of a previous birth.
- Children born to women younger than 18 years have an excess mortality risk of about 40% and are more likely to be stunted and anaemic than children born to women over 18 years of age.


WORLD VISION’S 7-11 STRATEGY

An integrated approach

World Vision’s evidence-based health and nutrition strategy is called the 7-11 strategy, because it includes 7 interventions for pregnant women and 11 for children under 2 years of age (see table below). World Vision is implementing 7-11 in more than 60 countries around the world. As part of this strategy, World Vision promotes and supports the integration of reproductive health for men, women and families within primary health care services, which include antenatal, delivery, postnatal, neonatal and paediatric services; basic obstetric emergency care; family planning clinics; maternal and infant nutrition; immunisation services; and HIV/prevention of mother-to-child transmission services.

World Vision’s health and nutrition programmes are implemented in both long-term development and emergency contexts. Any programmes containing reproductive health elements emphasise prevention, wellness and responsible decision making. World Vision collaborates with government national health policy, the local health system, family planning service providers, faith leaders and the community to design and implement health and nutrition programmes which are inclusive of reproductive health programmes and family planning.

This World Vision document indicates its work in promoting and teaching modern methods of contraception.
World Vision works in and with communities to raise awareness of the importance of healthy timing and spacing of pregnancy (HTSP) in improving maternal and child health and nutrition. The theory of change is that this will increase demand for family planning services, and families will change cultural beliefs, practices and behaviours to seek out modern family planning services. Our experiences to date have demonstrated that families can overcome significant barriers to reach services once they understand the impact of HTSP on the quality of their and their children’s lives.

By using an approach called Timed and Targeted Counselling (tTC), World Vision trains and supports community health workers (CHWs) to deliver comprehensive health and nutrition messages to every pregnant woman and her family in each village supported by World Vision. World Vision is currently delivering tTC in more than 36 countries, which means our HTSP message and reach is large. Community health workers perform approximately ten household visits over a two year period, starting during pregnancy until the child is age 2. During visits, CHWs deliver appropriate messages at the right time, which include specific messages about HTSP and modern family planning at least once during the pregnancy and two more times in the postnatal period. This approach provides multiple opportunities for family dialogue, and HTSP messages are reinforced at any household visit if the family wishes to discuss further. The goal is to support families to space births by at least two years from the birth of one child until the next pregnancy.

This approach aims to increase access to post-partum family planning, which protects that mother and child as well as future pregnancies and children from the negative effects of multiple close pregnancies and births. Since these messages are shared within the household, rather than in pregnancy support groups or antenatal clinics, adolescents and young women can also benefit. Although adolescents are not the target population of the tTC approach, they are engaged and exposed to HTSP messages because they are often present at household visits and listen to the household counselling. These messages include delaying of the first pregnancy until after 18 years of age.

To ensure family planning services are available to meet the increased demand created by HTSP messaging World Vision works to support local health services and other providers and advocates for the delivery of quality family planning services to the community.

World Vision respects the rights of parents to make their own decisions about family size and spacing without coercion. No modern family planning methods promoted by World Vision are abortive.
World Vision’s document, “Focus on Health,” explains that its Pragati Child Survival project increased the use of contraception from 12 to 27 percent.

The WV India Pragati Child Survival project has pioneered a community-based MNCH model that brings preventive primary health care assistance to the household level called Timed and Targeted Counseling. This model is founded on a continuum of care, beginning in early pregnancy and continuing through the end of infancy.

Outcomes from the Pragati final evaluation indicate significant household behavioral change using Timed and Targeted Counseling:

- the Expanded Program on Immunization coverage increased from 33 to 53.2 percent,
- proper child feeding practices increased from 38 to 81.2 percent
- use of modern contraception increased from 12 to 27 percent
- the approach, with embedded quality assurance, contributed to extensive capacity building of the project staff, its local partners, and the government health system
World Vision’s report on its Pragati project in India details its work over four years to change attitudes and behaviors with regard to all forms of contraception.

A World Vision child survival project called Pragati in three Uttar Pradesh districts strove to improve health outcomes and change behaviors related to women’s and children’s health, and to ensure that pregnant women and new mothers had ready access to information about and methods of birth spacing and family planning.

World Vision expanded its audience for family planning to include most couples in the project zone.

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**INTRODUCTION**

Uttar Pradesh in north-central India lags behind national mortality and fertility declines, according to the National Family Health Survey (NFHS). An Indian woman on average bears 2.7 children during her lifetime, but the typical woman in Uttar Pradesh bears 3.8. About 44 percent of married women in Uttar Pradesh use contraceptives, compared to 56 percent of their counterparts nationally. Infant mortality in the state is high at 73 deaths per 1,000 live births (the India-wide ratio is 57 per 1,000). And most health indicators in Uttar Pradesh changed very little from the previous NFHS in 1998/99.

### NFHS:

<table>
<thead>
<tr>
<th></th>
<th>Uttar Pradesh</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fertility Rate</td>
<td>4.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Contraceptive Use*</td>
<td>27%</td>
<td>44%</td>
</tr>
<tr>
<td>Unmet Need for FP*</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td>Infant Mortality†</td>
<td>89</td>
<td>73</td>
</tr>
</tbody>
</table>

* Among married women aged 15–49

† Among married women aged 15–49 who want to delay next pregnancy or want no more pregnancies

† For 1,000 live births
Most telling in this report is World Vision’s description of how it worked to change attitudes in India toward contraception use.

Over four years, the contraceptive prevalence rate more than doubled in the project zone. World Vision’s research indicated that the timed and targeted approach was culturally appropriate and that it facilitated the adoption of family planning methods. The

Pragati originally intended to offer information about birth spacing to pregnant women and to married women with children less than two years old. With the addition of USAID resources early in the project life, World Vision expanded its intent: It offered family planning information, services, and referrals to all married women of reproductive age, and tailored BCC to meet the needs of women (and men) in three categories: newly married couples, couples with children, and women who were pregnant and/or whose youngest children were less than two years old.
Page 4 of World Vision’s Pragati project conclusively illustrates that World Vision is indeed distributing all forms of contraception.

Dispelling Myths and Building User Confidence

Volunteers carried a handbook containing an extensive list of common myths and misinformation about family planning and other health behaviors, and corresponding correct information to counter these misperceptions. Among the myths was the notion that the intrauterine device could wander from the uterus and reach the brain or heart, and that oral contraceptives did not dissolve but formed a growing mass in a user’s body.

The Pragati project also made sure, via initial and refresher training, that volunteers were able to demonstrate contraceptive use and talk acceptors through the process as often as necessary, until they felt comfortable in their knowledge and ability to use a method properly. This proved especially important for condom and oral contraceptive users. By the same token, volunteers were able to discuss side effects—actual and rumored—in a clear, matter-of-fact way that also built users’ confidence.

Of course, World Vision went beyond reaching women of reproductive age with carefully timed information, and targeted men and other influential family members too.
World Vision encourages condom distribution as a valid strategy for controlling HIV.

by Nigel Marsh - Hope Communications

BARCELONA, July 9, 2002 - World Vision's preferred policy of promoting abstinence and faithfulness as the primary means of controlling the HIV pandemic, while retaining the option to encourage condom distribution as a valid but less-preferred third part of the strategy, is well received in most quarters at the Barcelona AIDS2002 conference.
World Vision’s Newsletter says that its staff educates and refers for contraception.
On World Vision’s FAQ page, it encourages condom use as a “secondary strategy.”

In the last paragraph, World Vision contradicts Pope Paul VI’s encyclical, *Humanae Vitae*, which says that deliberate contraception is intrinsically evil.

http://www.worldvision.org/content.nsf/getinvolved/hope-faqs#q15

In this report, World Vision laments the lack of contraceptives in certain regions and admits to providing “family planning services.”

Impact of Early and Child Marriage

Early marriage and childbearing pose severe risks for girls who are not yet physically, mentally and emotionally developed. Damaging effects are wide-ranging and have implications for entire societies. Where girls are in poor health, uneducated and ill-prepared for their roles as mothers, costs are borne at multiple levels – from the household to the nation as a whole.

Girls pushed into a husband’s bed during puberty are also likely to conceive before their bodies fully mature. Few have access to reliable contraception and reproductive health advice, and the pressure is high for a bride to prove her worth and secure her social status by having children within a year of marrying.

In the Bangladeshi village of Khordsaguna live Nuran Nahar and her husband with their two sons and only daughter, Rosy. The girl is enrolled as a sponsored child in World Vision’s development programme for the area, which began in 1999.

Rosy’s parents planned to reduce the family burden by marrying her by age 10 to a 15-year-old boy. A member of a local community group organised by World Vision heard of the arrangements. On the day of the wedding, she ran to the family’s home accompanied by other members of the gender task force committee. Together, they persuaded both parties to cancel the marriage by informing them of the laws relating to minimum marriage age. It was illegal for either of the children to be married.

Rosy’s parents have now said they will wait until their daughter is 18 years old before marrying her.

Gender task forces have been established in Bangladeshi communities where early marriage is contributing to divorce, domestic abuse, polygamy, human trafficking, population growth and poor literacy levels. These gender task forces are transforming lives at the grassroots level through community awareness and education programmes, including direct interventions and consultations with parents in cases where child marriages are planned.

In related work, World Vision Bangladesh has been conducting reproductive health education in rural areas where child marriage is most prevalent. The programme focuses on creating the conditions necessary for preventing maternal death and disability through access to good ante-natal care, training in safe birth practices and emergency obstetric and post-natal care, along with services related to gender-based violence. Also provided are family planning services that focus on the prevention of sexually transmitted infections, including HIV.
In 2009, World Vision published a quick guide on emergency health and nutrition. In it, World Vision details its activities which include “family planning.”

Quick Guide Emergency Health and Nutrition

What are the components of the Emergency Health and Nutrition Strategy?
The strategy follows World Vision’s Do/Assure/Don't Do framework, which includes a core focus on maternal and child health and nutrition and facilitating access to primary health care. It also details what World Vision will not do, either because it contravenes policy or is outside the organisation's strategic choices.

<table>
<thead>
<tr>
<th>Core focus (Do)</th>
<th>Global Health and Nutrition</th>
<th>Emergency Health and Nutrition</th>
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</thead>
</table>
|                 | Promote the well-being of women and children through Community-based Maternal Child Health and Nutrition (MCHN), the public health/preventive approach | Prevent common causes of maternal and child morbidity and mortality by:  
- Applying health promotion and disease prevention strategies  
- Controlling communicable diseases  
- Supporting evidence-based reproductive health services (safe delivery, essential newborn care and family planning) |

Adventist Relief Agency

http://www.adra.org
The Organization:
Catholic Relief Services gave $2,903,159 to Adventist Relief Agency.

The Problem:
Adventist Relief Agency (ADRA) is distributing abortifacient contraception, promoting the use of contraception, and working to increase the “contraceptive prevalence rate”.

On its FAQ page, ADRA addresses the question, “Does ADRA International Educate People on Family Planning and Birth Control?” Below is a screen capture of its answer:

16. **Does ADRA International Educate People On Family Planning And Birth Control?**

Absolutely. There are many components that lead to a situation in which families in poverty have many children. ADRA is addressing those components with various programs that assist in the well-being of mothers and children worldwide. ADRA's mother and child health programs provide medical aid and teach child spacing, and adult literacy classes educate mothers and fathers on the benefits of smaller families.

[Back to Top](http://www.adra.org/site/PageServer?pagename=miss_FAQ#16)
According to its 2010 newsletter, ADRA distributed over 6,000 condoms in Haiti.

community health nurses

An ADRA community health nurse was based in each of the 12 camps zones until August 13.

The nurses were trained to triage people with health complaints or refer them, when necessary. They were trained to recognize infant and child malnutrition and to educate mothers in lactation and optimum nutrition. Nurses also dispensed 6,720 condoms to IDPs.

In a separate article, ADRA admitted to dispensing over 3,000 condoms in Haiti.

http://www.adra.org/site/News2?page=NewsArticle&id=10857
In one of its articles from 2007, ADRA admitted to teaching villagers about contraception.

Eight Hours Old and Facing an Uphill Battle
Wednesday, August 15, 2007

One out of every 12 children in Cambodia die before reaching five years of age! And most of those deaths are preventable. The largest single cause of death in that country is poor neonatal conditions; the care given in the first 28 days of an infant's life.

In ADRA Child Survival programs, we train villagers to become “Traditional Birth Attendants,” giving them the skills and materials needed to increase the likelihood of infants surviving their first 28 days of life. We also teach villagers about contraception and help provide the means to increase their income. It’s time for us to help women stop giving birth alone in the dark of night without adequate medical help!

http://www.adra.org/site/News2?page=NewsArticle&id=7919
In one of its articles from 2009, ADRA admitted to training and “improving access” to family planning services, which at least in one case, included the abortifacient Depo-Provera.

On World Health Day, ADRA Recognizes Pivotal Role of Health in Reaching Development Goals

Through the Eastern Region Family Planning Expansion Project (ERFPEP), ADRA is assisting nearly 100,000 couples, in reducing their number of mistimed, unplanned, and high-risk pregnancies. This objective is being reached through the use of community mobilization and awareness campaigns, training in reproductive health services, and improving access to quality reproductive health and family planning services.

In addition, the project is also improving the health of the beneficiaries’ children, and their overall welfare by the successful promotion of child spacing. The project has been successful in increasing the awareness, service expansion and availability of family planning services in remote regions of Nepal.

“I had no clear idea about the availability of family planning services,” said Mr. Arjun Shrestha, one of the project beneficiaries to ADRA Nepal. After taking part in the project, he and his wife chose to adopt usage of Depo-Provera, a commonly used contraceptive. “Now, I don’t have any fear of unplanned births. This training has [also] encouraged me to disseminate the family planning message in the community.”

http://www.adra.org/site/News2?page=NewsArticle&id=9807
ADRA’s work in Nepal helped increase the contraceptive prevalence rate from 44 to 53 percent.

Nepal: ADRA Completes Family Planning Project
Tuesday, January 12, 2010

In addition, ADRA strengthened the capacity of more than 380 outreach clinics in the region, and distributed an estimated $100,000 of medical equipment to local health facilities.

As a result, the project not only increased the rate of contraceptive use within the region from 44 percent to 53 percent, but also improved the quality of local health services. According to agency reports, the skill sets of service providers increased from 27 percent to nearly 80 percent. Targeted residents also reported that their satisfaction in local health services had increased by nearly 50 percent.

http://www.adra.org/site/News2?id=10717
ADRA’s Youth Program on HIV and AIDS recommends condom use.

HIV and AIDS are preventable.

- Abstaining from sex, monogamy (having sex with one uninfected partner who has sex with only you), and use of barrier protection (condoms) are the most protective prevention strategies.
- For condoms to be effective, they should be used consistently and correctly each and every time sex takes place.
The Organization:
Catholic Relief Services gave $2,649,565 to ACDI/VOCA.

The Problem:
ACDI/VOCA works to increase the use of contraception among couples, provides contraceptive family planning counseling, and facilitates access to female sterilizations.

<table>
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<tr>
<td><strong>Purpose of grant</strong></td>
<td>HIV/AIDS</td>
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ACDI/VOCA began the USAID-funded Enhanced and Rapid Improvement of Community Health (EnRICH) project in the Philippines, with the goal of increasing the use of contraception.

In response to the increasingly dire situation in Tawi-Tawi, ACDI/VOCA began the USAID-funded Enhanced and Rapid Improvement of Community Health (EnRICH) project in September 2002, which ended in February 2007. The project empowered communities to face health issues proactively, giving them the tools and knowledge to be effective.

The first major initiative of the EnRICH project was to promote reproductive health, specifically the overall health of women of reproductive age and children under five, with a particular emphasis on family planning. An important goal was to raise the rate of contraception use, which had been 25 percent below the national average. This discrepancy was largely due to the fact that women in the ARMM region had considered themselves bound by religious restrictions that disallow contraceptive use. The success of the EnRICH project hinged on the participation and support of the community which was led by a handful of Muslim religious leaders. A cornerstone of the EnRICH program was the organization of a discussion entitled “Mussawarah on Responsible Parenthood: The Islamic Perspective,” during which religious leaders unanimously agreed to issue a fatwa, or legal statement, in support of family planning. With the support of the local religious leaders who showed a willingness to modernize to improve livelihoods in their communities, ACDI/VOCA worked successfully to raise consciousness about family planning throughout the community.
ACDI/VOCA provides contraceptive family planning counseling in the Philippines.

October 16, 2009

ACDI/VOCA PROVIDES FAMILY PLANNING COUNSELING TO INTERNALLY DISPLACED PERSONS IN THE PHILIPPINES

ACDI/VOCA-trained community health action teams (CHATs) recently helped to connect 127 mothers with family planning counseling in Maguindanao, Philippines. The mothers are all internally displaced persons (IDPs) who had requested family planning information and counseling. Maguindanao has one of the lowest percentages of women in the country using any method of contraception at 23.5 percent compared to the national figure of 50.6 percent, according to an official 2006 family planning survey. ACDI/VOCA organizes the CHAT health volunteers under its USAID-funded Sustainable Health Improvement through Empowerment and Local Development (SHIELD) project. Part of the counseling session included an audio drama on family planning produced by the Health Department of the Autonomous Region in Muslim Mindanao with ACDI/VOCA support.

SHIELD is a comprehensive maternal and child health project that focuses on incorporating all sectors of society in promoting good health practices and better services. ACDI/VOCA works in conjunction with Helen Keller International (HKI) to mobilize communities, health professionals, and the government to improve health services delivery and coverage. SHIELD builds partnerships with local Muslim and traditional leaders throughout Maguindanao to encourage healthy living and counter stigmas against health practices like family planning.
In January of 2011, ACDI/VOCA stated that it worked with another CRS grantee, Helen Keller International to ensure women in the Philippines had access to sterilization procedures.

January 7, 2011
MOTHERS IN REMOTE PHILIPPINES AREAS GAIN ACCESS TO FAMILY PLANNING SERVICES

Local Hospitals Offer Sustainable Family Planning Options

With our partner Helen Keller International, ACDI/VOCA also worked with the U.N. Population Fund and the Philippines Provincial Health Office to train three teams, which were assigned to hospitals most used by the women, to ensure that bilateral tubal ligation continues to be available to the Tawi-Tawi women.

SHIELD staff also worked with the Philippines Rotary Club and Philippine Nurses Association to ensure that family planning logistics and supplies are available in area health centers.

In a 2005 web post, ACDI/VOCA boasted of participating in an AIDS Awareness campaign intended to raise awareness about AIDS and distribute condoms.

Bernie Runnebaum Rides in Third Annual AIDS Awareness Ride

Bernie Runnebaum, ACDI/VOCA’s long-time country representative in Uganda, also chairs the Uganda Bikers Association, nicknamed the Ambassadors of Hope by Uganda’s Ministry of Health. This year’s event began on July 23 in Kampala, Uganda, with a send-off from the honorable Namirembe Bitamazire, Minister of Education and Sports, Rwanda’s Ambassador to Uganda and sponsors including Heritage Oil, Victoria Motors and Engineering, Ernst and Young, Kobil, Standard Chartered, Spedag and World Wide Movers. The goal of the ride, which wended through Uganda and Kenya, is to raise HIV/AIDS awareness and distribute condoms. The group also raised funds to cover HIV/AIDS orphans’ school fees through the UBA’s Mbuya Parish Reach-Out project. The ride’s second phase, in September, will take the group to Nairobi, Kenya. (back to top)

January 4, 2006
ACDI/VOCA RADIO AD WINS AWARD IN SERBIA

ACDI/VOCA's Community Revitalization through Democratic Action (CRDA) program was recognized for its reproductive health and family planning radio campaign by the Serbian Association of Media Advertisers. The campaign, which targeted youth and women, was awarded best radio spot at a ceremony that took place December 21 in the City Assembly building in Belgrade. Both advertising agencies and clients received awards.

CRDA is a five-year $40 million ACDI/VOCA program funded by the American people through the United States Agency for International Development (USAID) to develop democratic mechanisms that promote community involvement in identifying and addressing economic and social needs in central Serbia.

The goal of the reproductive health and family planning campaign was to increase awareness and access to information, particularly for at-risk youth and women. A Serbian advertising agency, COMMUNIS, was contracted to develop the high-impact TV, radio and poster campaign.

http://www.acdivoca.org/site/ID/news_radioadwinsawardinserbia/
One of ACDI’s brochures highlights family planning programs it is running in Serbia and the Philippines.

In the Philippines we conduct training in maternal and natal care, family planning, tuberculosis control and infectious disease prevention for health workers and youth.

In Serbia we created youth-led working groups to inform the larger community on youth priorities including reproductive health and family planning services.

http://www.acdivoca.org/site/Lookup/Youth-brochure-web/$file/Youth-brochure-web.pdf
Global – Health Private Sector Program

ADDRESSING BUSINESS-RELATED ISSUES FACING PRIVATE HEALTH CARE PROVIDERS

The Global Health Private Sector Program Indefinite Quantity Contract (IQC) is designed to address the business-related issues that face private health care providers. Generally perceived as high risk businesses, health sector providers often have difficulty accessing financial and business services and thus their ability to provide the needed goods and services is hindered. Global Health PSP provides field-level programming in private and commercial sector strategies to expand service delivery and access to quality reproductive health and voluntary family planning products and programs.

As part of a consortium led by Abt Associates, ACDI/VOCA leads activities to support NGOs that provide family planning, reproductive health, and other health products and services, in order to improve their financial management, market analysis capabilities, business development skills, pricing and cost recovery. ACDI/VOCA has a history of providing technical assistance and training to support NGO sustainability activities and programs.

http://www.acdivoca.org/site/ID/globalhealthprivatesectorprogram

Listed under “Our Work” on its website, ACDI/VOCA states that it:

“leads activities to support NGOs that provide family planning, reproductive health, and other health products and services”
ACDI/VOCA appeared in a 2004 International Planned Parenthood Federation directory of organizations involved in the field of sexual and reproductive health.
ACDI/VOCA appears on page 98 of the directory, where it lists a “Family Planning/Reproductive Health project coordinator” and its “reproductive health awareness goals” are clearly stated.

1. Name of organization
   ACDI/VOCA
   Agriculture Cooperative International Development/
   Volunteers in Overseas Cooperative Assistance ACDI/VOCA

2. Contact details
   Kragujevac office:
   Address: Karadorđeva 52, 34000 Kragujevac, Serbia
   Tel/fax: + 381 34 331 145
   Email: officekg@acdivoca.org.yu

   Belgrade Office:
   Address: Bulevar JNA 255,11000 Belgrade, Serbia
   Tel/fax: + 381 11 397 27 97
   Email: officebg@acdivoca.org.yu
   Website: www.acdivoca.org.yu

   Contact person:
   Ms. Marija Lazić – Family Planning/Reproductive Health project coordinator

3. Type of organization
   Non-governmental, non-profit international development organization

4. Year of establishment
   1986

5. Field of work/sector
   Agriculture, Health, Civil Society, Children, Youth, Women, Education, Training, Micro-credit, Infrastructure

6. Mission and objectives
   ACDI/VOCA’s mission is to identify civic and economic opportunities for entrepreneurs worldwide by promoting democracy and market liberalization, building international cooperative partnerships, and encouraging the sound management of natural resources. ACDI/VOCA promotes the development of private enterprise and trade through assistance at grassroots community level, business support level, and the national policymaking level.

   Reproductive health awareness goals are:
   - Enhancing the quality of family planning information and services;
   - Expanding access to and use of family planning information and services;
   - Improving citizens’ awareness of reproductive health service options available to young people; and
   - Increasing youth awareness of the importance of reproductive health care.
11. Experience

ACDI/VOCA implementation of the CRDA reproductive health and family planning programme in Central Serbia focuses on two primary areas: a) women’s reproductive health and b) raising reproductive health awareness among young people.

YEAR 1 STRATEGY (October 2002 – September 2003)
Regional workshop organized on reproductive health issues facing youth.
"Protect Your Health - Youth Counselling Service" three-day training seminars with health care workers, school staff, and peer educators.
Establishment of three Youth Counselling Centres in the towns of Cacak, Jagodina, and Pozarevac. ACDI/VOCA procured basic medical examination equipment, computers, furniture and informational materials that will be distributed in the Centres.

YEAR 2 STRATEGY (September 2003 – September 2004)
Awareness Campaign: A new initiative of the campaign focused on educating and training primary school (grades 6-8) teachers, educational professionals, and students in how to deliver basic reproductive health and family planning information to primary school students.

Training Primary School Educators – training teachers in primary schools to deliver reproductive health education to 6-8 grade students.

Parent workshops, where students and parents connect and break down existing attitudes regarding "taboo" topics of sexual activity among young people; encouraging parents to open discussions with their children about reproductive health options and behaviour.

Community tribunes, town meetings that highlight problems facing youth and their attention to reproductive health/family planning.

Fundraising events, where communities organize events to raise money for, and awareness of, local facilities that provide reproductive health care services to young people. An additional four youth counselling centres were opened.

Parent workshops, where students and parents connect and break down existing attitudes regarding "taboo" topics of sexual activity among young people; encouraging parents to open discussions with their children about reproductive health options and behaviour.
Interchurch Medical Assistance

http://www.imaworldhealth.org
The Organization:
Catholic Relief Services gave $2,649,565 to Interchurch Medical Assistance (IMA).

The Problem:
IMA distributes and promotes the use of abortifacient contraception and condoms.

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<td>HIV/AIDS</td>
</tr>
<tr>
<td>Purpose of grant</td>
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</table>

IMA’s social and behavior change methods are championing birth control methods such as IUDs and Depo-Provera.

Through the USAID-funded Women’s Leadership Project in this region of DRC, IMA World Health uses social and behavior change communication (SBCC) methods to promote safer and more effective birth control practices in the local villages. The goal is to change behaviors surrounding the use of birth control by offering consistent, correct and clear educational messages on the importance of adequate birth spacing, while reducing stigmas associated with new medical advances. Ultimately, a goal of the project is to increase the length of time between pregnancies – a healthier practice leading to better outcomes for mothers, babies and families.

In December 2012, IMA staff began to notice a surprising increase in the number of Pygmy women using new methods of birth control. Upon investigation, IMA was surprised and happy to learn that a local Pygmy woman – whom IMA had counseled in October through the Women’s Leadership program – was championing the cause for modern contraceptives among her peers. Who better to reinforce these messages than a member of the local community? Using her own first-hand experience using the reversible contraceptive implant (Jadelle) as her motivation, the woman (whose name has been withheld) was actively spreading her message among her friends and neighbors. In her own words, which resonated with the men and women in her village, “The white contraceptive magic is very effective.”

Thanks to her efforts and outspoken support of the new family planning methods, now there is a waiting list in her village for contraceptives such as Depo-Provera shots, intrauterine devices (IUDs) and implants.

In South Sudan, IMA has distributed over 3,500 condoms.

Through the World Bank/Multi-Donor Trust Fund, IMA is working with the Southern Sudan AIDS Commission (SSAC) and the Ministry of Health to enhance the provision of a range of HIV/AIDS prevention, care, and treatment services in six counties in both Jonglei and Upper Nile states, the country’s two largest states. IMA provides behavior change communication and information, education, and communication activities (including condom distribution), HIV communication and information, education, and communication activities (including condom distribution). HIV between South Sudan and Ethiopia. IMA, working in partnership with the Intergovernmental Authority on Development and local stakeholders, is conducting community sensitization and mobilization in HIV prevention, encouraging HIV counseling and testing, and promoting and distributing condoms. Additionally, IMA is increasing the capacity of health facilities to provide sexually transmitted infections treatment, as well as prevention of mother to child transmission of HIV, through the provision of drugs and medical supplies to target facilities.

In the past year, HIV counseling and testing uptake has increased from 25 to 481 and more than 3,500 condoms have been distributed.
IMA is distributing condoms in the Democratic Republic of Congo.

http://www.imaworldhealth.org/where-we-work/democratic-republic-of-congo.html

Global Fund to Fight AIDS, Tuberculosis & Malaria: Rd 8

IMA provides technical support to the Eglise du Christ au Congo (ECC), who has been designated as a Principal Recipient of Round 8 Global Fund for HIV/AIDS and Malaria. Managing financial and procurement project components, IMA supports ECC in augmenting and ensuring continuation of prevention, care, treatment, and support services from Rounds 3 and 7. The HIV/AIDS component contributes to the reduction of morbidity and mortality rates as well as negative effects related to infection with HIV or AIDS in 196 health zones through local and national media communication to encourage behavioral change, distribution of condoms, support for orphans and vulnerable children, and care and support for people suffering from chronic diseases. The malaria component of the program reinforces health services in 119 health zones to ensure proper diagnosis and treatment using Rapid Diagnosis Kits and Artemisinin-based combination therapy (ACT) medicines. Through routine health services, long-lasting insecticide-treated nets are distributed to women and children.
The Organization:
Catholic Relief Services gave $2,151,903 to Land O’ Lakes.

The Problem:
Land O’ Lakes is facilitating the distribution of contraception in Kenya.

Land O’ Lakes implemented health camps in Kenya, where women can obtain free contraception.
Feasibility of Providing Family Planning Services through an Agricultural Cooperative Field Day: Lessons from Rural Kenya

Objective
To determine the feasibility of providing family planning and other health services during recurring field days supported by established dairy cooperatives in Kenya.

Methods
Seven dairy cooperatives, supported by the U.S. Agency for International Development (USAID)/Kenya Dairy Sector Competitiveness Project (KDSCP) and implemented by Land O’Lakes International Development, each held a health camp during an established field day. Held between August and December 2010, the camps included a package of free family planning and other health services. Women ages 18 to 49 years who received services were invited to participate in a survey. Through the survey and additional sources, data were collected on attendance, unmet need for contraception, services received, and the costs of providing the services.

Findings
- Utilization of health camps was high. More than 80% of the 2,344 attendees at the seven field days received health consultations; 73% of them were women, and notably 27% men. Fifty-eight percent of all consultations were provided to people who were affiliated with a cooperative.
- Of the 319 agreeing to participate in the survey, contraceptive need was established for a subset of 206 women identified as married and non-pregnant. Among these 206, 87% said they discussed family planning with a provider during the health camp.
- Of the 206 women, about four of five (81%) were already using a modern contraceptive method; another 4% had no need for contraception (e.g., were intending to get pregnant); 15% had unmet need for contraception.
- Of the 166 women already using a modern contraceptive method, 42 of them (25%) received additional supplies of a modern method.
- Of the 32 women with an unmet need, none of them initiated a modern method of contraception at the health camp.
- Of all women surveyed, 83% reported that they preferred receiving health services at a field day rather than at their customary health facilities.
- While women received free services at the field day, women surveyed paid US$3.76 for their last family planning (FP) services when visiting a health-care provider.

Conclusion
The health camps provided a convenient and free channel for current contraceptive users to resupply their methods. About one of five women in the study subset received additional supplies of a modern method. Of the 32 women with an unmet need, none of them initiated a modern method of contraception at the health camp. The field days appear to be most effective in supporting contraceptive continuation, rather than uptake among those not using contraception. The Ministry of Health plans to work with Land O’Lakes to offer outreach services at upcoming field days, and several options are being explored to sustain and expand the field day health camp model.
The primary purpose of the project Land O’ Lakes is involved in is to improve access to contraception.

PROGRESS in Kenya: Family Planning Services through Agricultural Field Days

PROGRESS has demonstrated the feasibility of using non-health institutions to improve access to family planning and community health services in rural areas of Kenya. Seven field day health camps organized by FHI 360 with agricultural cooperatives supported by Land O’Lakes International Development offered a convenient and free channel for current contraceptive users to resupply their methods. Land O’Lakes and the Kenya Ministry of Health are now exploring how to continue to offer these outreach services at upcoming field days, and several options are being explored to sustain and expand the field day health camp model. For a full description of the study, which included a client survey, provider perspectives and cost analysis, see this research brief [PDF, 343 KB]. In addition, Land O’Lakes is sharing the research brief with its global networks on its web page.

PROGRESS (Program Research for Strengthening Services) is a five-year project awarded to FHI 360 by the U.S. Agency for International Development (USAID) in June 2008. The project seeks to improve access to family planning among underserved populations by providing global technical leadership and working in selected countries.

http://www.fhi360.org/projects/progress-kenya-family-planning-services-through-agricultural-field-days
Africare

http://www.africare.org/
The Organization:
Catholic Relief Services gave $1,650,107 to Africare.

The Problem:
Africare is distributing condoms while providing contraceptive family planning programs.
Africare helped produce this plan to reduce maternal and neonatal mortality in Liberia. The plan calls for increased access to contraception.

Draft Operational Plan to Reduce Maternal and Neonatal Mortality In Liberia

March 2008

by:
Subcommittee on Maternal Mortality Reduction
MOHSW, WHO, UNICEF, UNFPA, Africare, Merlin, MDM, PSI, LPMM, USAID

4) Provision of Comprehensive Family Planning services:

Multiparity and unplanned pregnancies are among the prime predisposing factors that contribute to high maternal mortality in Liberia. The recent DHS reveal that a large percentage of women do not desire to have anymore children but do not practice FP due to ignorance and/or lack of access to FP services. Adolescent pregnancy is among the highest in the world. Acceptor rate for Family Planning (FP) is low with a correspondingly low CYP. The methods used are predominantly pills and injections. Use of condoms is predominantly associated with the prevention of STI & HIV. Other methods are insignificantly available and utilized. Service providers are not competent to provide a variety of services and do not counsel clients for the methods available.

A variety of focused approaches must be utilized to increase accessibility and availability of quality FP services. Service providers must be prepared to offer a variety of FP methods and to counsel and refer when necessary for all methods available in Liberia so that informed choices may be exercised by clients. This must be supported by the provision of a full line of contraceptive methods to the clients through competence of service providers, provision of equipment, supplies and information. This includes adherence to strict standards for ensuring high quality services through monitoring and supervision and the enforcement of protocols and policies. An efficient logistics system which ensures adequate supply of contraceptives to service delivery points including outlets for social marketing must be established.

“Africare’s contributions in the health and HIV/AIDS sector have included developing models for the community-based distribution of ... contraceptives.”

Africare’s newsletter from 2002 indicates that it was involved in the distribution of condoms.

Women. Africare will organize “listening groups” at 20 community centers, schools, social clubs and health facilities in both rural and urban areas—where each month, people will not only listen to the broadcasts but also discuss the issues raised, ask questions and develop ways of following up in their own communities. Feedback from the listening groups will help refine the content of future shows. In addition, material created for the program will be shared with community radio stations, government ministries, health facilities and nongovernmental organizations engaged in combatting AIDS in Africa. Africare will provide community-based services such as condom distribution and voluntary counseling and testing, to complement the monthly sessions.

After the two-year pilot, the satellite-education program is expected to expand to another 12 Sub-Saharan African nations.
In 2009, Africare issued a press release about its WISE program. In the release, Africare boasts its education on condom use.

“They [Africare] taught me how to use condoms to protect myself.”

If I wasn’t doing this with Africare I would be selling corn under the sun. But Africare came and I’ve engaged myself ... and I will never sell corn again.

“It’s not easy being a girl,” says 10-year old Queen Ogor behind a smile and a soft giggle. Her face quickly hardens and her smile fades into a serious gaze. “And it doesn’t get any easier once you have a baby of your own.”

It was here that Queen was approached by Africare staff representing a program that aims to empower young girls who are less privileged ... especially those at risk for HIV/AIDS. That program was the Women’s Initiative for Sex Education and Economic Empowerment or WISE. It is a $1.5 million project implemented by Africare to educate and empower women who are vulnerable to sexual exploitation resulting from social, cultural and economic factors. The WISE program has trained over 6,200 beneficiaries in reproductive health and business management since 2004.

“They taught me how to use condoms to protect myself — I had never seen a female condom before. They taught me about HIV — before I didn’t know my status because I was afraid to do the test.”

In June of 2010, Africare outlined its projects in Zambia, including condom distribution. Africare is listed as the lead organization for managing programs distributing condoms.
Africare’s 2008 Annual Report contained a summary of its programs, including one on “condom behavior change.”

MAJOR SELECTED TRANSPORTATION CORRIDORS:
An HIV prevention strategy under the ‘Sikia Kengele and Vaa Condom’ Behavior Change and Communication Strategy (The Academy for Educational Development through TMARC (Tanzania Marketing Company))
Africare’s website outlines a summary of results for its WISE program in Nigeria from 2004-2009.

The summary states that the objective was to increase “women’s reproductive health,” and a “stand out result” was that condom use “increased from 68% to 82%.”

Stated project objectives and “Stand Out Results”

On Africare’s website are various stories about local people who have gone through Africare’s programs.

One such story centers around a 21 year old father of four who not only went through Africare’s family planning workshops, but is now teaching others to “plan their futures” through family planning.

But Joseph’s work did not stop there. The workshop was designed to teach young people not only about how to plan their own futures with family planning, but how to help their peers as well. Joseph has conducted several family planning counseling sessions with the youth in his community in order to help them make informed choices about their futures and their lives. “I hope that others will learn from me," Joseph explains. "I care about my wife and my children, and family planning will help me and others delay having more children for a brighter future."

International Medical Corps

https://internationalmedicalcorps.org
The Organization:
Catholic Relief Services gave $1,370,519 to International Medical Corps.

The Problem:
International Medical Corps is distributing abortifacient contraception and condoms.

International Medical Corps Responding to 4-Day Onslaught of Mass Sexual Violence in Remote Congolese Village

September 7, 2010 – Los Angeles, CA

Although post-exposure prophylaxis (PEP) kits for preventing HIV were immediately available at the International Medical Corps clinic, only two survivors had arrived at the health center within 72 hours of sexual assault, the timeframe during which PEP for HIV may be administered. For survivors who sought services within 120 hours of sexual assault, emergency contraception (EC) was provided. Survivors were also provided presumptive treatment for sexually transmitted infections, as well as wound care.

https://internationalmedicalcorps.org/sslpage.aspx?pid=1697
In the Fight Against HIV/ AIDS in Cameroon:
An Update from the Field

By International Medical Corps’ Cameroon Field Team

November 28, 2012—International Medical Corps started an HIV program in Cameroon’s Djoong health district in April 2011, and later expanded it to Meiganga health district. The program aims to prevent HIV infection by educating local communities through our mobile medical units and gender-based violence sensitization activities. To date, 24,694 people have participated in our HIV-related health education sessions in Djoong and Meiganga.

International Medical Corps has been offering HIV testing free of charge. So far this year, 1,951 people have been counseled and tested in Djoong and Meiganga. We have also introduced condom use as an HIV prevention strategy. While condom use was not readily accepted in the communities previously, thanks to our advocacy sessions, people are now taking and asking for condoms. We have distributed 12,439 female condoms and 41,815 male condoms so far this year.
In 2006, International Medical Corps distributed and facilitated an increase in the distribution of condoms.

International Medical Corps Part of New Chapter of Hope in Lofa County


Lofa, the largest county in northern Liberia, was also the hardest-hit area during the country’s 14-year civil war. Many rebel groups used Lofa County as their main base, forcing inhabitants to flee to neighboring countries like Guinea and Sierra Leone. With the end of the civil war, Lofa is experiencing the highest returnee rate in the entire country. In 2006 more than 255,000 Liberians are expected to return to Lofa County. This year an estimated 100,000 people will use International Medical Corps’s 18 clinics and surgical centers in Lofa County. International Medical Corps provides primary and secondary health care, gender-based violence and HIV/AIDS prevention training, peer education and condom distribution, and works with communities to establish and run local village health committees. International Medical Corps’ staff of surgeons, nurses, anesthesiologists, certified midwives and lab technicians receive training in numerous areas including clinical management, surgery and midwifery.

International Medical Corps promotes HIV/AIDS and GBV education

Lawrence Kollie and David Lamach work for International Medical Corps in Lofa County. Last September they started HIV/AIDS and gender based violence awareness campaigns to educate students and returnees at transit centers in the region. Kollie and Lamach also train and educate medical staff, traditional birth attendants, teachers and members of village health committees at International Medical Corps clinics. In November, Kollie saw an increase in HIV/AIDS awareness in schools and communities as well as an increase in condom distribution. He has noticed a change in the community’s attitude towards the disease and has started working to identify community peer groups and educators to help reinforce the messages to reach many other villages or towns. Kollie is also lobbying to make HIV/AIDS prevention education part of the school curriculum in 2006.
On Lake Victoria, a Reflection of Hope

By: Jaya Vadlamudi, Senior Communications Officer, International Medical Corps

Since 2010, International Medical Corps mobilizers and counselors – all Kenyan nationals hired by the organization to strengthen local capacity – have been going door-to-door in this community, providing at-home testing services and sex education including the promotion of condom use. During my trip with Grace, I was able to see first-hand the positive impact International Medical Corps’ teams are having in this underserved area. During the very bumpy two-hour drive on dirt roads, local children greeted us as our vehicle passed by. Little boys literally jumped up and down with their hands in the air and shouted to make sure their friends got a look. A nice scene, until Grace pointed out that most of these children should be in school. There were countless children on our route in the fields around their modest homes playing, working, carrying bundles of sticks on their heads or just staring out at the road. We later learned from speaking with some school-aged children that government-run public schools in the area presently do not have any teachers available and private school fees are out of the question for most local families.

https://internationalmedicalcorps.org/sslpage.aspx?pid=2098
According to one of its review documents, International Medical Corps states that as of May, 2009 its program established 51 condom outlets in Uganda.

**HIV/AIDS**

International Medical Corps worked with the Ministry of Health (MOH) in Uganda to control the spread of HIV/AIDS. Programs fell under the national priorities outlined in the National HIV/AIDS Prevention and Control Program of the MOH. International Medical Corps implemented a project to scale up HIV/AIDS control which provided services to refugees and host populations in the Kyaka II refugee settlement located in Kyenjojo district. As of May 2009, this program reached 6,147 individuals with Abstinence and Be Faithful (AB) messages and established 51 condom outlets in the region that are still operational. International Medical Corps also provided Voluntary Counseling and Testing (VCT) both for voluntary participants and those who are at risk of being infected by April 2009, the prevalence of HIV had been reduced from 8.5% in 2007 to 3.5%.

In a 2013 article in Foreign Policy, International Medical Corps refers to its dwindling supply of emergency contraception.
Project Concern International

http://www.pciglobal.org
The Organization:
Catholic Relief Services gave **$1,310,691** to Project Concern International.

The Problem:
Project Concern International distributes condoms and created a “Tool Kit For Sexual & Reproductive Health Programs,” which provides sexual indoctrination course material that promotes all forms of birth control and homosexuality.

In 2005, PCI distributed over a million condoms through its AIDS Walk for Life.

The walkers were honored to count Starbucks (TAZO), Boeing, Siemens and General Electric as some of the important sponsors that helped support the effort. Recruited from villages in North India and trained as AIDS educators by PCI, the intrepid walkers covered about 12 miles every day for 365 days, undeterred by mosquitoes, monsoon rains and temperatures as high as 120 degrees. En route, PCI and the walkers – in collaboration with a host of corporate, government and local partner organizations – distributed nearly 1 million condoms and educated more than 700,000 people about HIV/AIDS through entertaining events.

PCI’s Organizational Capacity Statement on HIV/AIDS indicates that it is approach to fighting HIV includes the distribution of condoms.

PCI implemented the CDC-funded Positive Action for Health for People Living with HIV program in India (PATHWAY) from 2001-2010. Through PATHWAY, PCI’s positive prevention initiatives in India included: health services, which provided PLHA an opportunity to proactively learn about and reinforce effective prevention behaviors, including referral for counseling and testing and the provision of condoms; and psychosocial support though individual, couple, or group counseling, as well as PLHA support groups. This program also built the capacity of local CBOs, NGOs, and other private and government institutions to deliver prevention, care, and treatment services for PLHIV.

In 2004, PCI created a “Tool Kit For Sexual & Reproductive Health Programs.”

The tool kit is broken into 9 parts, providing sexual indoctrination course material which promotes all forms of birth control and homosexuality.

Project Concern International, 2004
WHAT IS SEXUAL AND REPRODUCTIVE HEALTH?

PCI bases its definitions of sexual and reproductive health on international standards, such as those provided by WHO, UNFPA and others, as follows:

- **sexual health** is the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are enriching and that enhance personality, communication, and love. **Fundamental to this concept are the right to sexual information and the right to pleasure.**

- **reproductive health** includes the total well-being of all aspects of the reproductive system, (including maternal health and nutrition, HIV/AIDS/STI prevention and treatment, family planning, etc.), its function and processes, and not merely the absence of disease.

From the very beginning, PCI establishes that Sexual Health includes a “right to pleasure” and Reproductive Health includes “family planning.”
INTRODUCTION TO THE TOOL KIT

The objective of this Tool Kit is to provide sexual and reproductive health program planners and implementers within the PCI global partnership with a collection of practical tools and reference materials that will enable them to enhance the quality and coverage of their programs. The tools included are not meant to be all-inclusive, but rather to transform some of the most recent and successful experiences from the field into a user-friendly format for widespread, systematic dissemination throughout PCI’s global community.

Program planners, implementers, and managers can use the Tool Kit in a variety of ways. Some readers may want to review each of the tools to determine which elements will be most useful to them during program design, monitoring, and evaluation phases. Others may choose to refer only to specific tools that fill a current gap in expertise or experience. While the Tool Kit does not include training curricula, it includes many references that can be applied in training programs. The approaches presented, while tested in countries around the world, should be applied only after thorough reflection and analysis, and then modified according to the specific socio-cultural needs and characteristics of the community in question.

While the breadth of insight into sexual and reproductive health programs represented in this kit was made possible thanks to contributions from PCI’s field programs around the world, the Tool Kit was also enhanced by experiences from partner organizations, such as CARE, PATH, FHI, IPPF, Pathfinder, Advocates for Youth, and others. In addition, many thanks go to the excellent team of interns who helped with the research.
Tool kits 1-7 provide information on guiding principles, education models, past programs, and strategies for sexual and reproductive health programs, all of which promote access to and the use of all forms of birth control.

Tool 8 is a perfect illustration of the degree of moral depravity contained within these kits.
3) Mr. and Mrs. Condom

Materials:

- Pairs of cards or small pieces of paper - enough so that everyone in the group will get one card/paper. Each pair consists of Mr. and Mrs. Contraceptive, Condom for example — the pairs can include types of contraceptives, reproductive organs, or whatever health or sexuality concepts are relevant. Cards can contain simple illustrations of the contraceptive/organ or just the word written across it.

Objective:

- **Introduce people and dispel taboos about saying the proper names of sexual and reproductive organs or contraceptives.**
5) Planning Together (Planificando Juntos from Rosa Elena Brito and America Ramirez de Duarte, El Salvador)

Materials:

- A series of questions or scenarios designed to explore the way reproductive health or sexuality decisions are made.

Sample questions:

- Who decides how many children you & your partner will have?
- Who decides when you will get pregnant?
- Who decides what type of contraceptive method you & your partner will use?
- Who decides how you should protect yourself against HIV and other STIs?

- Signs that read “Woman”, “Man”, & “Couple” (or large drawings of each, see illustration above) posted in opposite corners of the room.

Objective:

- Participants will explore the way reproductive health or sexuality decisions are made and understand how gender roles and community values influence decision-making.

Pages 13 and 14 provide a game called “Planning Together,” which explores questions about who makes the decisions regarding birth control use and methods.
12) THE STORY BAG

Materials:
- contraceptives (condom, foam, sponge, IUD)
- household items (bottle cap, tool, bus ticket, soda, CD, shoe, flower, car keys, calendar, etc.)

Objective:
- Generate meaningful discussion about our lives and sexuality (i.e. choices, consequences, emotions)

---

14) "Khatta- Mitha" - "Sweet and Sour" (From Sanchali and the PCI/India team).

Materials:
- Package of construction paper
- Markers or pens
- Various contraceptive methods (condoms, spermicides) - optional

Objective:
- Generate meaningful discussion about different types of sexual preferences, behaviors and choices and why it's important to be understanding of other's perceptions that may not be your own.

---

Page 25 proposes a game designed to generate “discussions” about various forms of contraception.

Page 30 equates “sexual preferences” (meaning heterosexual, homosexual, and bisexual behaviors or choice of contraceptive method) with flavor preferences.
Participants are divided into three groups, those who like sweet food, those who like sour food, and those who like both.

After the facilitator has each group write out why they like sweet or sour or both foods, s/he writes out a list of words, explaining that these are the same as choosing sweet or sour food.

The “Sweet” Group will reply in much the same way...

The mixed group might reply saying:

- I like both
- I am not very fussy about it
- It depends on my mood of the day and availability
- I can survive with both or any one easily.

There could be 1 or 2 who could say that they like none.

e. After jotting down each comment, the facilitator will start with the words:

- Different types of sex and sexual behaviors
- Homosexuality
- Heterosexuality
- Lesbianism
- Abstinence
- Bisexuality

f. At the same time s/he will also explain that these are the same kinds of choices such as those they made during the Tests of Sweet and Sour and Both. Nothing is bad or good. It’s a matter of perceptions and choices. One key point is that just as all of us would like to eat only healthy and hygienic food, these decisions should be made in the same way.

g. In the plenary session, ask the participants and the rest of the group to give you their views about the exercise. At the end, encourage the groups to discuss any myths or doubts about these practices. (Note: While talking about different FP choices the above example could be quoted. It is always a cafeteria of choices to go for either condom, OCs, spermicidals, etc.)
This final tool in the Sexual & Reproductive Health Programs Tool Kit provides a list of resources on sexual and reproductive health, like Planned Parenthood.
Websites of Organizations Working in SRH

The Academy for Educational Development
www.aed.org

Advocates for Youth
www.advocatesforyouth.org

The Alan Guttmacher Institute
www.agi-usa.org

CARE
www.careusa.org

Catholic Relief Services
www.crs.org

International Planned Parenthood Federation
www.ippf.org

Planned Parenthood
www.plannedparenthood.org

Planned Parenthood Family Planning International Assistance
www.plannedparenthood.org/fpia

Population Action International (PAI)
www.populationaction.org

Population Council
www.popcouncil.org

Population Matters
www.rand.org/popmatters

Population Reference Bureau (PRB)
www.prb.org

Population Services International (PSI)
www.psi.org

Program for Appropriate Technology in Health (PATH)
www.path.org

Project Concern International
www.projectconcern.org

Save the Children, USA
www.savethechildren.org

United Nations Population Fund (UNFPA)
www.unfpa.org

World Vision, Inc.
www.worldvision.org

Pages 9 through 11 provide a list of organizations working in “Sexual Reproductive Health” (SRH). Included in the list are several pro-abortion (red arrows) and population-control organizations (orange arrows), Catholic Relief Services (yellow arrow), and CRS-granted organizations (black arrows).
HIV/AIDS

Building off its extensive program experience working with the military in Zambia, PCI recently forged a partnership with the Malawi Defense Force (MDF) to fully engage leadership officials on reducing HIV prevalence among soldiers and their partners through sustained behavior change. PCI’s collaboration with the MDF involves engaging senior leadership to play a significant role in prevention and training. PCI is also helping build a more vibrant, dynamic and effective peer education program by refining the currently used training manual and developing a new network of educators that include spouses and teenage children as well as other defense force and civilian personnel. These educators focus on promoting behavior that emphasizes the importance of monogamous, faithful, long-term relationships, as well as endorse the importance of condom use.

http://www.pciglobal.org/malawi/
The Organization:
Catholic Relief Services gave $614,287 to Helen Keller International.

The Problem:
Helen Keller International is training health practitioners in male and female sterilizations and facilitating the distribution of abortifacient contraceptives.

According to a 2012 report from the COREgroup, “HKI integrated family planning into child nutrition programs for 30 villages” where “women could obtain a prescription for contraceptives or be given their first supply of oral pills.”

Growth monitoring and contraception

Niger has among the highest fertility rates and lowest infant survival rates in the world, and is constantly facing food insecurity and widespread malnutrition. Over a number of years, Helen Keller International (HKI) has introduced the Essential Nutrition Actions (ENA) strategy to improve the nutritional status of women and young children by raising awareness and promoting behavior change at the household level. With funding from the European Union from 2007–2010, HKI integrated family planning into child nutrition programs for 30 villages in the Tanout and Matamaye districts. During monthly community-wide growth monitoring events, where children were weighed and measured and mothers were counseled about optimal infant and child feeding practices, a station was provided to counsel women about healthy timing and spacing of pregnancies. Here, women could obtain a prescription for contraceptives, or be given their first supply of oral pills.

This 2012 evaluation report from USAID indicates that Helen Keller International received $11.9 million towards family planning projects in the Philippines.

*FP means “Family Planning”*
This 2004 evaluation of the EnRich Project shows that Helen Keller International’s participation includes “family planning.”

2. Helen Keller International (HKI) - Lanao del Sur Province

Major Interventions: Family Planning
Integrated Management of Childhood Illnesses (IMCI)
Vitamin A Supplementation
Tuberculosis Control and Treatment

Implementing Partners:
- DOH-ARMM
- Provincial Health Office, Lanao del Sur
According to the same report, HKI worked to improve the contraceptive prevalence rate in the Philippines from 25.7% in Jan. 2003 to 32.96% in April 2004.

### General

<table>
<thead>
<tr>
<th>Project Objectives (Based on USAID Cooperative Agreement)</th>
<th>Baseline Data*</th>
<th>Current Data</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reduce number of underweight infants (under 2 years) by 6%</td>
<td>35.2%</td>
<td>2003 EnRICH baseline survey</td>
<td>No data</td>
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<tr>
<td>2. Improve vitamin A status</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
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<tr>
<td>3. Improve contraceptive prevalence by 20%</td>
<td>25.7%</td>
<td>2003 family planning baseline survey for the EnRICH Project in Lanao del Sur, ARMM</td>
<td>April 2004</td>
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*All baseline indicators to be compared with an end-of-project assessment/survey following the same protocol used at the baseline survey.
Under the same performance indicators for this report, HKI trained 15 health workers as trainers on family planning counseling, trained 56 other health workers on family planning counseling and trained hospital staff on male and female sterilizations.

**Family Planning**

- Conducted baseline survey
- Fifteen health workers trained as trainers on FP counseling
- Fifty-six health workers trained on FP counseling
- Malabang chief of hospital and three hospital staff trained on bilateral tubal ligation and *noncalpel vasectomy* (22 bilateral tubal ligation cases and 2 noncalpel vasectomy cases performed)

Conducted orientation with 68 participants on noncalpel vasectomy at Wao District Hospital, with ten men undergoing noncalpel vasectomy the following day (joint activity of the integrated provincial health office in Lanao del Sur and Wao District Hospital through Matching Grant Program [MGP] and HKI)
HKI’s Flickr account shows a picture of one of the Philippine doctors performing a female sterilization she learned through HKI’s training program.

**Family Planning in the Philippines**

Dr. Emelyn B. Jalani (Pangutaran, Sulu, Philippines) performs a Bilateral Tubal Ligation

Dr. Jalani was offered numerous opportunities to practice elsewhere but she opted to serve as the lone doctor of Pangutaran, an island municipality in Sulu. As Chief of the Pangutaran District Hospital, she successfully advocated for the renovation and upgrade of a 25-bed facility that serves over 31,000 people.

With USAID training, she mastered Bilateral Tubal Ligation and now aids women seeking family planning solutions. USAID also enhanced Dr. Jalani’s technical skills and helped her develop and administer a website for the Sulu Provincial Health Office.

http://www.flickr.com/photos/helenkellerinternational/6309193193/
HKI is a part of a family planning project of USAID in Senegal. Project objectives include the provision of and encouragement in the use of a wide range of contraceptives.

USAID supports the Ministry of Health to improve maternal, newborn, and child health (MNCH) by preventing and treating the most common causes of illness and death among mothers and young children. While mortality for children under-five years’ old and maternal mortality continue to decrease, they still remain too high. Because of this issue, USAID scaled-up its implementation of the Active Management of the Third Stage of Labor (AMSTL) and Essential Newborn Care (ENC). The program trained 2,965 health workers in these approaches, which include prenatal care, safe birth practices, essential newborn care, and malaria prevention and treatment. In 2008, 121,275 deliveries were attended by skilled attendants, of which nearly 48,000 deliveries were performed under AMSTL. Additionally, 161,534 newborns also received ENC. USAID is the first donor to successfully provide this new intervention in the field to prevent haemorrhaging of mothers and ensure the safe birth of children. In addition, USAID also trained health workers to recognize and treat pneumonia, resulting in over 10,000 children treated. In its Family Planning (FP) program, USAID promotes birth spacing, which results in healthier mothers and children, and offers a wide range of contraceptive methods, including modern natural methods, which are easier for couples to access as they choose.

**Partners:**
- Government of Senegal and Donor Partners: Ministry of Health, Division of Health and Reproduction, National Malaria Program, Division of HIV/AIDS and Sexually Transmitted Diseases, and Division of Diet, Nutrition and Infant Survival, Reseau Sigil Jiggeen, Helen Keller International

**Planned Results:**
1. **Increased Access to FP Services** - Increase the use of modern contraception methods in health facilities based in project target areas.
2. **Strengthen Maternal, Neonatal and Child Health Services** - Assure neonatal care package fully integrated in all services provided in target health facilities; all pregnant women and children under 5 will benefit from efficient malaria prevention and treatment interventions.
3. **Communication Campaign and Demand Creation** - Ensure men and women are able to make clear and informed decisions about maternal, neonatal and child health (MNCH) and family planning (FP); ensure providers promote key MNCH/FP interventions.

This power point presentation created by Leonardo Alcantara of Helen Keller International outlines some of the family planning outcomes of a Communication for Behavior Change session called “Tumpukan Na,” including 21 female sterilizations.

TUMPUKAN NA! ON FAMILY PLANNING

- Piloted in the Province of Basilan
- 37 identified with unmet need for long acting permanent method
- 28 of 37 sought further information from a service provider after Tumpukan Na!
- 21 of 28 underwent bilateral tubal ligation under local anesthesia
Plan International USA

http://www.planusa.org
The Organization:
Catholic Relief Services gave $551,067 to Plan International USA.

The Problem:
Plan International USA is distributing condoms, working to increase the “contraceptive prevalence rates,” and training people in the use and distribution of modern contraception.

<table>
<thead>
<tr>
<th>Schedule I, Part IV, Statement 1</th>
<th>Catholic Relief Services - USCCB</th>
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<td>Plan International USA</td>
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<td>Warwick, RI 02886</td>
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Plan USA actively promotes the use of contraception, and has increased the use of contraception in Guinea from 6% to 76%.

Family planning
Up to 40% of all maternal deaths could be avoided if women had access to contraception to prevent unwanted pregnancies, which result in 68,000 deaths each year due to unsafe abortions. Plan actively promotes the use of modern contraceptives, birth spacing and safe sex practices, not only among married couples but also in youth and single adults.

In Guinea, Plan has implemented a three and a half year project to improve knowledge and use of contraceptives among youth, women and men. By increasing awareness and acceptance of family planning and birth spacing, as well as access to family planning clinics, Plan has seen a drastic increase in the contraceptive prevalence rate – from 6% to 76%.

http://www.planusa.org/contentmgr/showdetails.php/id/1265661
Between 2010 and 2012, Plan worked to make condoms available in Benin.

Benin: Acceleration of access to services for prevention of HIV, treatment, and community support

Donor: Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) -- Round 9
Project Dates: Phase 1 started on October 1, 2010 and the end date for Phase 1 is September 30, 2012
Project Amount: $13,059,423
Technical Areas Covered: HIV/AIDS

Project Summary:
Plan Benin is one of the 3 Principal Recipients with the Benin Ministry of Health and the Industrial and Building Electricity Company (SEIB), a private company. This grant is seen as an interesting public-private partnership experience. The Benin Proposal stemmed from knowledge taken from the implementation of Rounds 2 and 5 of the Global Funds and from other sources of funding such as MAP; in terms of the necessity to reinforce and to ensure the continuity of the determining role of the civil society for a better coverage of the districts and populations which have not been sufficiently taken into account up until now, as well as to ensure that the objectives of the National Strategic Framework for the fight against AIDS 2007-2011, are met. Plan Benin has been appointed by CNC as one of the PRs for the following service areas: Prevention (condoms availability, Behavioral Change Communication - Community Outreach) and Care and support for the chronically ill (support for orphans and vulnerable children, reduction in the stigmatization in all areas and the care and support for chronic diseases). The proposal places an
Plan USA has been working in Guinea to increase the use and knowledge of modern contraception.

Guinea / supporting reproductive health

Less than half of the women in the Forest Region of Guinea had any knowledge of modern contraceptive methods.

Working with partners (USAID, the Ministry of Health, the Guinean Association for Family Well-being, and other local groups), advice on contraception has been spread to secondary schools via leaflets and radio broadcasts.

Health centers have also distributed contraceptives, provided advice, and encouraged community dialogue on sexual health.

The number of people choosing contraception has grown from 7,474 in 2006 to 13,916 in 2009. Plan trained local groups to continue this work.
Plan’s global spending in 2012

$20 million

Plan set up reproductive health centers in Cambodia, where it trained caregivers to provide contraception.

Cambodia

Young people at risk receive youth-friendly health services

In Cambodia, young people often lack basic life skills or sexual and reproductive health information, and many have unprotected sex — especially when using alcohol or drugs. Child marriage and sexual abuse are common, and unwanted pregnancy, sexually transmitted infections, and HIV are a source of discrimination and stigma.

Plan set up 17 adolescent sexual and reproductive health centers — four with new maternity wards — working with the Reproductive Health Association of Cambodia, with funding from Swedish Postcode Lottery. **We trained 41 caregivers to provide youth-friendly services, family planning and contraception, HIV counseling, voluntary testing, and referrals.** In one year, 850 young people (including 687 females) sought free HIV testing, treatment for sexually transmitted infections, and related services.

http://www.planusa.org/docs/2012AnnualReview.pdf
Plan’s Annual Review for 2011 says that Plan instructed thousands of people in Peru on the use of condoms and “sexual and reproductive rights.”

Peru

Helping adolescents understand sexual health

In northwest Peru, the poorest area of the country, only 10 per cent of teenagers have an understanding of sexual and reproductive health and HIV. Ten per cent of teenage girls become pregnant and six out of ten pregnancies are unwanted.

Our programme A Better Lifestyle for Adolescents enables 13–17 year-olds to develop social skills and competencies in sexual and reproductive health, to help them make informed decisions about sexuality and protect themselves against HIV and other sexually transmitted diseases. Launched in 2006, it works in 22 communities in the region.

In 2010 and 2011, we extended this work by training 52 health workers, 3,626 adolescents and 668 parents in reproductive health issues, including HIV, the safe use of condoms and sexual and reproductive rights. We also trained 1,637 adolescents in life skills such as anger management, self-esteem and listening skills, and helped establish six adolescent organisations and eight networks of secondary school pupils to write and perform plays that explore sensitive sexual topics.

Students attending Plan’s workshops on sexual health.

When Edison, a secondary school student, joined the project he was a shy, confused teenager, but now he exudes confidence. “In the past we saw [sex] as something strange,” he says, “but now we can talk about any contraceptive method. We know what steps to take.”
In 2010, Plan said that it organized events in El Salvador to educate people on the use of condoms.

adolescents to information about their sexual and reproductive health.

**Sexual and reproductive health in El Salvador**

- 22.8% of El Salvador’s population is 10 to 19 years old, and the average age at onset of sexual intercourse is 16.3 years.
- Lack of knowledge and adequate information, compounded by stereotypes and prejudices, make adolescents more vulnerable to sexually transmitted infections (STIs), HIV, sexual abuse, and exploitation.
- Of 22,210 cases of HIV/AIDS in El Salvador, 9,106 (41%) were recorded as being young people aged 15 to 19 years old.

**METHODS**

- Implemented participatory workshops with innovative strategies, such as theater, to educate children and adolescents at the community level, strengthening their basic knowledge of HIV and STI prevention;
- Trained adolescents to be sexual and reproductive health facilitators;
- Used community spaces to carry out peer education activities, incorporating discussion and promotion of HIV prevention;
- Organized community festivals and sporting events to promote voluntary HIV testing and counseling (VCT) and to advise on the correct use of condoms; and

[http://www.planusa.org/stuff/contentmgr/files/54785ab7ccb6447ab8a8b4c4f6b375e/miscdocs/apha_2010.pdf](http://www.planusa.org/stuff/contentmgr/files/54785ab7ccb6447ab8a8b4c4f6b375e/miscdocs/apha_2010.pdf)
The Organization:
Catholic Relief Services gave $476,139 to American Refugee Committee.

The Problem:
American Refugee Committee is distributing condoms and abortifacient contraception. ARC is also lobbying the Sudanese Ministry of Health to overturn the law which prevents the provision or education on implantable contraception.

The American Refugee Committee offers all forms of contraception in Rwanda.

Family Planning

Emmanuel Butare, head nurse at Gihembe Camp, explains a poster highlighting the importance of family planning. ARC Rwanda offers all modern methods of contraception as well as instruction on natural methods. According to the United Nations, only about 10 percent of women of childbearing age in Rwanda use a modern contraception method.

http://www.arcrelief.org/site/PhotoAlbumUser?view=UserPhotoDetail&PhotoID=14175&position=8&AlbumID=7153
In its 2007 annual report, ARC says that temporary and long term methods of contraception, including abortifacient emergency contraception, are a part of its “core areas of work.”
In the same annual report from 2007, ARC discussed its work to distribute condoms in Guinea.

A major highlight of ARC’s work in Guinea was the PATHWAY conflict prevention program. The program gave 6,000 at-risk youth tools that empowered them to resist violence and prevent conflict. Participants gained literacy and vocational skills and received start-up grants. The project also worked with border communities to train them in peaceful conflict resolution and mitigation methods, in order to reduce the chances of inter-ethnic or inter-communal violence. In the districts where the program operated, a majority of community members reported a noticeable decrease in violence.

Our HIV/AIDS programs targeted youth between the ages of 12 and 25, as well as health workers and traditional community leaders. Through peer educator groups, monthly awareness-raising sessions, and the distribution of printed materials and condoms, ARC gave about 20,000 refugees the resources they needed to reduce their risk of contracting HIV and STIs.
In this review document, American Refugee Committee acknowledges itself as the lead organization in a project that promotes and distributes condoms in South Sudan.

<table>
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<tr>
<th>COUNTRY/ COUNTRIES</th>
<th>LEAD ORGANIZATION(S)</th>
<th>PROJECT NAME</th>
<th>APPROACH</th>
<th>PROGRAM DESCRIPTION</th>
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<tr>
<td>South Africa</td>
<td>DramAidE (Drama in AIDS Education)</td>
<td>Act Alive, Mobilizing Young Men to Care, Woza Nazo</td>
<td>Participatory/ forum theater and peer education</td>
<td>Uses participatory drama methods to engage young people in communication about issues relating to sex, sexuality, and HIV/AIDS, and to promote gender awareness, equity, and human rights. Carries out school-based projects that fuse forum theater and peer education. Key projects include Act Alive, Mobilising Young Men to Care, and Woza Nazo (development of appropriate life skills materials for youth), and training of unemployed youth as peer educators through the Drama AIDS Education Team. [Profiled in Section VI]</td>
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<td>South Africa</td>
<td>Engender Health, Planned Parenthood</td>
<td>Men as Partners (MAP) in HIV Prevention</td>
<td>IEC print materials</td>
<td>Challenges attitudes, values, and behaviors of men that compromise their own health as well as the health of women and children. Encourages men to become actively involved in caretaking, parenting, and preventing HIV/AIDS and GBV using participatory skills workshops, professional training, and educational materials. Also employs a “digital stories” component that specifically addresses the links between GBV and HIV/AIDS.</td>
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<tr>
<td>South Africa</td>
<td>Rural Women's Movement, National Community Radio Forum</td>
<td>Moutse Community Radio</td>
<td>Community radio</td>
<td>Founded in 1997 by group that lobbies around issues of concern to rural women, including rights to water, health care, electricity, democracy, and an end to polygamy. Based in Mpumalanga Province, active in and affected by apartheid struggle. At outset, all producers were women; programs addressed health, agriculture, and community issues.</td>
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<td>Sudan (Southern)</td>
<td>American Refugee Committee, International Rescue Committee, Family Health International</td>
<td>Behavior Change Communication for HIV Prevention</td>
<td>Community outreach, peer education, print materials</td>
<td>Behavior change communication (BCC) strategy designed to create awareness, improve knowledge, build demand for and improve access to products and services. Included training of peer educators for HIV/AIDS prevention, condom promotion/distribution and referrals; development of posters and low-literacy print materials. Key audience groups: women, youth in school, youth out of school and military.</td>
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Maybe Brown: Peer Educator Fighting Domestic Violence

Maybe Brown, an **ARC Peer**, is one of her village’s only resources on health issues. She acts as an advocate for women who need her help.

Maybe Brown started working as an ARC Peer while living in a camp for displaced people in Liberia. Now back at home, Maybe serves as her village’s only teacher, counselor and advocate on sexual health issues. She is the only reliable source of information on subjects like contraception, HIV/AIDS and domestic violence.

ARC is training locals to promote and distribute information on contraception.
In a 2005 document on Gender-Based Violence in Guinea, West Africa, ARC emphasized the importance of swift reporting of sexual assaults “in order to ensure that emergency contraception is offered.”

Caseworkers report recent cases (those which occurred within the last 72 hours) to the Program Coordinator immediately. This is essential in order to ensure that emergency contraception is offered while it is still effective, and prompt legal action is taken if the survivor desires it. (We have found that perpetrators often disappear from the camp if they are not arrested right away.)

http://www.arcrelief.org/gbvbooks/cdrom/content/Book_2_CSI/BOOK2.pdf
Government health policy:
The Sudanese MoH has strict guidelines outlining which contraceptive methods may be offered in the country. At this time, contraceptive implants are not recognised, making it illegal to provide them or even to educate patients about them. The MoH is collaborating with the ARC Gereida team to advocate for a change in this policy but IDPs in Gereida currently do not have access to this method.

JHPIEGO

http://www.jhpiego.org

innovating to save lives

an affiliate of Johns Hopkins University
The Organization:
Catholic Relief Services gave $282,356 to JHPIEGO.

The Problem:
JHPIEGO is promoting the use of contraception, including abortifacient IUDs and drugs. JHPIEGO is also training physicians on insertion of IUDs.

The following countries and organizations participated in the London Summit on Family Planning. To visit a partner organization’s website, please click on the organization’s name in the list below.

**CIVIL SOCIETY ORGANIZATIONS**
- Advance Family Planning
- African Institute for Development Policy (AFIDEP)
- African Women Leaders Network
- Amnesty International
- AMODEFA
- Aspen Global Leaders Council
- IntraHealth International
- Ipas
- Islamic Relief Worldwide (IRW)
- JHPIEGO
- Johns Hopkins Bloomberg School of Public Health
- Marie Stopes International (MSI)

JHPIEGO was a participant (listed as “partner”) in the London Summit on Family Planning.
The whole purpose of the summit on family planning was to have participants commit to increasing the global use of contraception by 120 women and girls by the year 2020.
At the London Summit on Family Planning, JHPIEGO made a public commitment to give $200,000 “to support innovations in the provision of implant/injectable [contraception] services.” JHPIEGO also committed to improving “access to long-acting family planning methods.”

JHPIEGO commits to providing new, incremental funds in the amount of US $200,000 to support innovations in the provision of implant/injectable services at the community-level, using front-line health workers. JHPIEGO also commits to advocating for task-shifting to improve access to long-acting family planning methods in underserved settings and training matrons or auxiliary midwives to provide implants in underserved settings.

www.jhpiego.org
Family Planning and Reproductive Health

Every day, women who have access to family planning (FP) services are empowered to make lifesaving choices such as delaying motherhood, spacing their pregnancies and avoiding unintended pregnancies and abortions. Each year, women who make these choices and plan their families prevent as many as one in every three maternal deaths and more than two million infant and child deaths.¹ Yet, many more lives could be saved.

What Jhpiego Is Doing

By integrating FP with a variety of reproductive health (RH) services, Jhpiego has been able to bring modern contraceptive methods and other essential FP services closer to the women who need them. Jhpiego takes every opportunity to provide this essential information to all women who attend antenatal care, deliver in a facility, are referred for emergency care services or receive postnatal services.

http://www.jhpiego.org/en/content/family-planning-and-reproductive-health
In this article, JHPIEGO identifies its work in spreading abortifacient contraception in Nigeria.

Family Planning Use Significantly Increases through Innovative, Improved Services in Northern Nigeria

By Nasir Bashir and Mairo Ali Rano

As part of these efforts, Jhpiego, through ACCESS and MCHIP, identified and trained 449 male pregnancy spacing motivators who visited and counseled 11,371 men on the benefits of healthy timing and spacing of pregnancies and the use of modern contraceptive methods. Of those counseled, 3,222 (28.3 percent) accepted a family planning method for themselves or their spouses; 1,789 accepted injectable contraceptives; 730 decided on oral pills; 450 opted for condoms; and 253 chose an IUD.
Jhpiego in Rajasthan—Reinvigorating Family Planning Services

January 18, 2011

To help meet that need, Jhpiego joined with the Government of Rajasthan, the Norway India Partnership Initiative (NIPI) and other partners to provide family planning services immediately after childbirth, with a focus on the intrauterine contraceptive device (IUCD). This collaboration is already showing encouraging results in helping Rajasthani women plan smaller families. At three small hospitals, in less than three months, nearly 300 women decided to have an IUCD implanted immediately after delivering their babies.

http://www.jhpiego.org/en/content/jhpiego-rajasthan%E2%80%94reinvigorating-family-planning-services
Jhpiego is working to “scale up” promotion of contraception services in South Africa.

Jhpiego works in partnership with Jhpiego South Africa, a registered Section 21 nonprofit company in South Africa. Based in Pretoria, Jhpiego South Africa supports a range of reproductive health and HIV prevention, care and treatment services through three major interventions:

- Under a CDC-funded, five-year grant, Jhpiego provides comprehensive voluntary medical male circumcision services for HIV prevention.
- Through the CDC-funded Siyazi Project, Jhpiego focuses on increasing access to confidential, voluntary HIV counseling and testing in the workplace, and supporting the provision of high-quality counseling and testing.
- Through UNFPA, Jhpiego is working to develop a community mobilization strategy for scaling up community-based promotive and preventive cervical cancer screening and contraception services.

http://www.jhpiego.org/en/content/south-africa
JHPIEGO is helping “step up” service delivery of post-partum birth control, including IUDs in India.

From Skeptic to Advocate: An Indian Physician Discovers the Benefit of Postpartum Intrauterine Contraceptive Device

India’s effort to revitalize postpartum family planning (PPFP) and provide women the option of a long-acting method of contraception has a new convert in Dr. Indukala Siddalingappa.

Throughout her 36-year medical career, Dr. Indukala had serious reservations about the postpartum intrauterine contraceptive device (PPIUUD). As head of the obstetrics and gynecology unit at the Vani Vilas Hospital in Bangalore, supported by the Bill & Melinda Gates Foundation, Jhpiego is providing technical assistance to the Government of India to revitalize PPFP, with an emphasis on the PPIUUD. Jhpiego is working in partnership with the Ministry of Health and Family Welfare to step up the service delivery of PPFP, including that of PPIUUD, in 16 states in India. This collaboration is part of Jhpiego’s ongoing work in India to help build the capacity of health care workers in delivering quality reproductive health services, strengthen health systems locally and nationally, and innovate to save lives.

Dr. Indukala is among those health providers benefiting from Jhpiego’s work. It wasn’t until she saw how a government hospital, similar to her own, had successfully performed more than 900 PPIUUD insertions, with few complications, that her perceptions of the contraceptive changed. Upon returning to her facility after the training, she began providing PPFP and PPIUUD services. Today it is an integral part of her family planning repertoire.

Jhpiego-Pakistan Helps Introduce Family Planning Services in Punjab

Jhpiego is using two teaching hospitals -- Lady Aitcheson and Lady Wellingdon in Lahore – as training sites for this innovative program that will serve nurses, midwives, doctors and other health providers. The goal is to increase the number of providers skilled in postpartum family planning and insertion of intrauterine contraceptive devices (IUCD) and to expand access of these services to women following the birth of a child.

Jhpiego established clinical skills training labs at each of the centers that include areas on infection prevention, family planning and IUCD insertion. Participants will learn best practices and develop a competency in new practical skills by giving them an opportunity to do hands-on practice on models. Jhpiego materials including manuals, CDs related to family planning, infection prevention and contraceptive technology will be available for quick reference.

http://www.jhpiego.org/en/content/jhpiego-pakistan-helps-introduce-family-planning-services-punjab
JHPIEGO produced a guideline book promoting the use of IUDs, as well as instructions in insertion and removal.
Medical Care Development International (MCDI)

http://www.mcd.org
The Organization:
Catholic Relief Services gave $203,100 to Medical Care Development International (MCDI).

The Problem:
MCDI outlined a plan to integrate contraceptive family planning into potable water projects, is selling contraception, and is working to increase access to and knowledge of contraception.

MCDI created a Power Point presentation that outlined a plan to integrate contraceptive family planning into potable water projects.

Page 8 of this presentation identified these two projects as current government priorities and means of reducing poverty.

http://www.mcd.org/mcdi/docs/MADFF.pdf
Project Goal:

Improve the health status of women of reproductive age by integrating family planning services and promotion with water and sanitation interventions, drawing on a preexisting network of community-based health workers.

Directly contributes to the following Flexible Fund Results:

- **Result 1**: Increased knowledge and interest in family planning generated through PVO/NGO involvement;
- **Result 2**: Improved quality of family planning services in facilities and in the community;
- **Result 3**: Increased access to family planning services in communities.

Page 9 identifies the integration of family planning services as its project goal.

On Page 10, MCDI establishes “increased knowledge and interest in Family Planning,” “Improved quality of family planning services,” and “increased access to family planning services” as intended results.
Integration approaches: health facility level

- Adding FP services in all 33 public Basic Health Centers
- Promoting Long-lasting methods at 11 CSBs
- Introducing Improvement of Performance and Quality (IPQ) approach and Rapid Results Initiative (RRI)
- Improving promotional messages for FP, water & sanitation and other components of maternal and child health included in the CC/IPQ approaches
- Providing the following contraceptive methods:
  - Female and Male Sterilization, Pills, IUDs, Injectables, Implants, Male Condoms, LAM, Standard Days Method

Page 13 shows MCDI’s intent to have 33 “Basic Health Centers” add “family planning services” that provide:

Female and male sterilization, birth control pills, IUDs, injectables, implants, and condoms

Challenges

- Communities are pronatalist
- Low education levels
- Socio-cultural backgrounds that are less open to FP
- Reticence of some conservative community leaders
- Pervasiveness of myths
- Security problems
- Physical distance/problems accessing health services

Page 22 identifies challenges to achieving the plans and results outlined in this document. The very first challenge is that “communities are pronatalist,” meaning that they are pro-life.
This page on MCDI’s website illustrates how MCDI implemented the distribution and promotion of contraception in Madagascar by integrating it with its water sanitation project.

Madagascar

Family Planning Integration (2006 - 2008)

With support from the Flexible Fund, MCDI implemented a three-year family planning integration project that targeted the province of Fianarantsoa in southern Madagascar, also known as "Le Grand Sud." The project focused specifically on the districts Ihosy, Iakora, and Ivohibe. These districts are located south of the forest corridor of Andringitra, a priority conservation area for USAID and donors such as the African Development Bank (AfDB). MCDI integrated the project’s family planning services into the AfDB-funded three-year Water and Sanitation Project that MCDI was carrying out in the same districts.

The main objectives of the FP project were to:

1. Provide 221,808 community members with better access to quality family planning services
2. Improve the use of family planning services
3. Improve family planning and reproductive health practices

To reach these objectives, MCDI adopted the following strategies:

1. Providing better and increased access to quality family planning services including
   a. Opening FP services at basic health centers (BHCs)
   b. Implementing a community-based contraceptive/condom distribution (CBD) program
   c. Developing the capacities of formal and informal health care providers at the BHC and the community level
   d. Improving the health support system

http://www.mcd.org/MCDI/madagascarfp.html
In its 2005 annual report, MCDI explains how it is increasing the number of locations that distribute contraceptives in Madagascar.


This project, which MCDI is implementing under a subcontract with Chemonics International, Inc., builds upon the child survival activities in Toliary Province. Our portion of the larger project includes a) increasing the number of communities that achieve health performance standards prescribed by the Ministry of Health, b) increases in the number of child-to-community programs, c) increase knowledge about availability of services, d) increase in the number of CBD sites and agents selling bed nets, contraceptives, ORS, and other products in both the public and private sectors, and e) expand community case management of malaria, diarrhea, and ARI in the project area.
Swaziland


In 2001, MCDI was awarded a contract by the United States Department of Defense (DoD) to implement an HIV/AIDS prevention project to decrease the incidence of HIV/AIDS among Umbutfo Swaziland Defense Forces (USDF) personnel, their families, and communities. Specific objectives included 1) assessing risk behaviors, knowledge, and attitudes of armed services personnel about HIV/AIDS, 2) assisting the USDF in implementing new approaches for effective prevention strategies including public awareness and Behavior Change Communication initiatives, 3) strengthening the capacity of the USDF to support armed services personnel and their families who are affected by HIV/AIDS, and 4) developing the capacity of the USDF to monitor and evaluate the effectiveness of their HIV/AIDS prevention initiatives.

As part of the BCC initiatives, MCDI created a short animated video that highlighted for military personnel the importance of utilizing condoms to prevent the transmission of HIV/AIDS.
Bolivia


Using an Integrated Management of Childhood Illness (IMCI) approach, MCDI trained auxiliary nurses, community health volunteers, and MoH personnel to promote access to standardized management of pneumonia and diarrheal cases, heighten symptom recognition among patients, and improve care-seeking behavior and emergency obstetrics (EOC) to include safe delivery, preventive and adequate postnatal care, and timely action in case of complications. In addition, MCDI helped CHPs to promote postpartum visits and counseling on vitamin A supplementation, postnatal danger signs, immunizations, family planning, and breastfeeding. The project also aimed to improve vaccination rates among children under five years and women of reproductive age by supporting improvements in existing services and increasing the technical quality and program coverage in the areas of prenatal care, obstetric first aid, postpartum care, and emergency case management.

MDCI promoted contraceptive family planning in Bolivia.

http://www.mcd.org/MCDI/boliviacs.html
Mozambique


In Mozambique's Niassa Province, MCDI participated in a 3-year USAID project as a sub-contractor to JSI and MSH. IMCI was the overarching strategy adopted by the project; it was complemented by additional interventions addressing EPI, Safe Motherhood, and FP/ANC/STIs.

The project also included the strengthening of health system support functions such as health systems management, HIS, disease surveillance, and the Department of Health's epidemic response capabilities. The project was organized around eight key tasks:

- Implementing an Integrated Management of Childhood Illnesses (IMCI) program
- Strengthening malaria, diarrheal disease and acute respiratory infections (ARI) programs
- Supporting and strengthening the Expanded Program of Immunization (EPI)
- Improving family planning, antenatal care, STD prevention & treatment capacity, and the delivery of health and reproductive health services in local communities

http://www.mcd.org/MCDI/mozambiquenh.html
MCDI worked to increase “quality, coverage, and effectiveness of” contraceptive family planning.

MCDI was contracted to provide the World Bank and the Tanzanian Ministry of Health with the technical assistance required to undertake an evaluation of the US$ 70 million Health and Nutrition Project (HNP). The project objectives were to raise the quality, coverage and effectiveness of family planning, nutrition, and basic health services in urban and rural areas through the provision of support to critical and strategic elements of the population, especially those who constitute the health and nutrition sectors.

http://www.mcd.org/mcdi/tanzaniahp.html
The Organization:
Catholic Relief Services gave $198,778 to Conservation International Foundation.

<table>
<thead>
<tr>
<th>Name and address</th>
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<td>2011 Crystal Drive Ste 50</td>
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<tr>
<td>Arlington, VA 22202</td>
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<tr>
<td>Description of non-cash assistance</td>
<td>Emergency</td>
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</table>

The Problem:
Conservation International Foundation is actively working to increase the use of all forms of contraception, including sterilizations.

Conservation International’s Healthy Families, Healthy Forests project increased the use of abortifacient birth control and sterilizations from 2005-2008.

Summary of Overall Project Achievements

Our overall project accomplishments from 2005 to 2008 include:

- Steadily increased the number of new users of FP/RH services from 2005 to 2008, with a total of almost 1,700 new users over three years. The most common methods were the pill, Depo Provera (DMPA) and IUD. Other modern methods of family planning employed by the project include condom, no-scalpel vasectomy (NSV) and bilateral tubal ligation (BTL) and natural family planning (NFP) methods (e.g., the beads/standard days necklaces, lactation amenorrhea method, Ovulation/Billing’s Ovulation, basal body temperature, and sympto-thermal methods).

Conservation International is actively increasing the use of contraception in Madagascar by an average of 3 to 4 percent every year.

In Madagascar, CI’s two local NGO partners, ASOS and MATEZA, trained field agents across the biological corridor to be the champions of population, health and the environment by becoming experts on a range of health and conservation topics such as vaccinations, family planning, vegetable gardening, reforestation and improved rice production. These men and women were recognized leaders in the community, and they represented the frontline in protecting and caring for their ecosystems.

A number of successes have been achieved with these partners:

- We reached more than 25,000 village residents with educational messages to improve understanding of family planning and reproductive health and its importance to healthy families and a healthy environment.

- We increased the use of contraception by an average of 3 to 4 percent each year.

http://www.conservation.org/legacy-content/erika/africa_madagascar/madagascar/Pages/healthy_families.aspx
Conservation International co-authored a paper that called on leaders to make contraception accessible to all in order to address “population pressure.”

TOP SCIENTISTS URGE END TO POLICY SHORTCOMINGS TO TACKLE SOCIAL AND ENVIRONMENTAL CRISSES

February 20, 2012
NEW JOINT PAPER CALLS ON LEADERS AT RIO+20 TO CHANGE HOW THE WEALTH OF NATIONS IS MEASURED, AND WORK WITH SOCIETY AND PRIVATE SECTOR TO PLACE NATURE AT THE CORE OF SOCIAL AND ECONOMIC DEVELOPMENT PLANS.

Co-authors include James Hansen of NASA, Emil Salim, former environment minister of Indonesia, Susan Solomon of the US National Oceanic and Atmospheric Administration, José Goldemberg, who was Brazil's Secretary of Environment during the Rio Earth Summit in 1992, and Dr. Will Turner of Conservation International. CI received the Blue Planet Prize in 1997 for "protecting the Earth's biological diversity through research into ways to conserve ecosystems while improving the lives of local peoples".

The paper urges governments to:

- Replace GDP as a measure of wealth with metrics for natural, built, human and social capital — and how they intersect.
- Eliminate subsidies in sectors such as energy, transport and agriculture that create environmental and social costs, which currently go unpaid.
- Tackle overconsumption, and address population pressure by empowering women, improving education and making contraception accessible to all.

Conservation International worked to raise the use of contraceptives in the Philippines from 59% in 2003 to 70% in 2008.

To address this, CI and partners developed an initiative to establish a system of community-based distributor centers for services and commodities. This project has been particularly successful in the Philippines, where six community-based distributor centers have been established in strategic areas working with local government partners.

Results of the project include:

- Strengthened family planning and reproductive health services by building the capacity of the local government and more than 490 barangay health workers and other local health workers in Baggao.

- Promoted effective delivery of family planning and reproductive health supplies and related services to the local communities in the target area.

- Raised the contraceptive use in our target zone from 59 percent in 2003 to 70 percent in 2008.
In 2002, Conservation International implemented a program in Madagascar, Guatemala and the Philippines to improve contraceptive family planning, among other things.

CI AT 25: SECURING COMMUNITY WELL-BEING THROUGH CONSERVATION

February 9, 2012
By Todd Christopher

Through an early program in Guatemala, CI worked with local midwives and trained them to deliver conservation messages along with community health counsel — demonstrating a new and effective way to partner. The integration of health and social development needs into CI's work with local communities was formalized with the creation of the Healthy Communities Initiative in 1997, with support from the Mulago Foundation. And in 2002, when groundbreaking congressional earmarks made USAID funding available to projects in Madagascar, Guatemala and the Philippines, CI began implementing the Healthy Families, Healthy Forests project — improving family planning, hygiene and nutrition for local communities in areas of high biodiversity.

Conservation International says that it provides communities with basic services such as “reproductive health and family planning.”

To address urgent threats to the Philippines’ biodiversity, Conservation International is pursuing a strategy that values and protects healthy ecosystems and its services to the Filipino people and to the rest of the world. CI in the Philippines focuses on thematic responses supported by field demonstration in priority areas.

**HUMAN WELL-BEING**

CI works to reduce human impact and pressure on limited natural resources in rural, high biodiversity areas and demonstrate the linkages between good natural resources management and human well-being. CI aims to demonstrate improvement of local conservation activities by providing communities with basic services, such as reproductive health and family planning; development of income-diversification schemes; and information-sharing and training on improved natural resource use and management practices.

Conservation International is promoting family planning in order to reduce population growth so as to also reduce use of forest resources.

Population growth and natural resources

As part of the Healthy Families, Healthy Forests project supported by USAID, CI and partner organizations focused efforts on reducing population pressure on natural resources and improving the quality of life in communities surrounding key biodiversity areas within the proposed Northeastern Cagayan Protected Landscape and Seascape and the Sierra Madre Biodiversity Corridor.

CI and their NGO and government partners attempted to address the lack of access to family planning and reproductive health services in communities inside or near the forests where in-migration and fertility were high. The lack of these services contributes to rapid population growth, thereby causing increased unsustainable use of forest resources.

CI and USAID created the Healthy Families, Healthy Forests in order to:

- Encourage and enable residents of reproductive age (15 to 49 years) in six barangays to adopt safe and appropriate FP/RH practices and

The Organization:
Catholic Relief Services gave $137,514 to D Tree International.

The Problem:
D Tree International is working to facilitate access to contraceptives.

D Tree International is developing a screening protocol to suggest methods of contraception for clients who wish to use family planning.

Reproductive Health

D-tree International is also working in the area of Family Planning where we are developing a screening protocol for use by community and facility based health workers who counsel and treat clients who wish to use family planning. Based on current practice concerning client desires in terms of future childbearing, client’s preference for method, client history of hypertension or other health problems, and basic examination, the algorithms can be used to suggest methods of contraception as well as to prompt health workers for types of advice to give each client during each visit.

http://www.d-tree.org/tanzania/reproductive-health/
D Tree International states on its FAQ page that it works in the area of family planning.

FAQ

7. What areas of healthcare does D-tree work in?

Our work focuses on:

- Child Health – includes neonatal care, nutrition and acute malnutrition, preventing mother-to-child transmission of HIV
- Reproductive Health – includes antenatal care, labor and delivery, postnatal care, and family planning
- Chronic Disease – includes HIV/AIDS, tuberculosis, diabetes, and hypertension

http://www.d-tree.org/about/faq/
D Tree International states that its family planning goals in Tanzania include the increase in “access to and uptake and continuation of family planning methods.”

**Family Planning**

**Goal**

*To increase access to and uptake and continuation of family planning methods provided by community health workers.*

The project fosters use of evidence-based practices during family planning service provision via mobile phone-based applications by community based health workers.

**Objectives**

- To develop and assess the acceptability of using an evidence-based mobile phone counseling and screening job aid for family planning service delivery by community health workers.
- To improve data collection and reporting efficiency on contraceptive usage and patterns of clients.
- To prepare for further expansion and evaluation of the program and contribute to global knowledge of using mobile phone-based applications for family planning.

The Organization:
Catholic Relief Services gave $137,514 to Elizabeth Glaser Pediatric AIDS.

The Problem:
Elizabeth Glaser is distributing condoms, promoting contraception, and called for the repeal of the Mexico City Policy. It’s work is helping to increase the “contraceptive prevalence rates” in some countries.

The day after the 36th anniversary of Roe v. Wade, the president and CEO of Elizabeth Glaser Pediatric AIDS Foundation released a statement endorsing President Obama’s repeal of the Mexico City Policy. In the same statement, it called access to condoms and contraceptives “key components” to fighting AIDS.

In particular, his decision to rescind the ‘Mexico City Policy’ on his first week in office will have a profound impact on the ground to prevent pediatric HIV/AIDS. The prevention of unintended pregnancies is one of the four cornerstones of the United Nations' and World Health Organization’s strategy for preventing mother-to-child transmission (PMTCT) of HIV. Family planning counseling and access to condoms and contraceptives are key components of that effort. The 'Mexico City Policy' denied funding for these basic family planning services to organizations working hard to stop the spread of HIV/AIDS in the developing world. By rescinding the policy, President Obama has strengthened family planning access for the developing world, and removed a very real impediment to health care professionals working to prevent and treat HIV/AIDS.

Elizabeth Glaser helped provide condoms at no charge in Cameroon.

Country Spotlight: Cameroon

Call to Action (USAID/PEPFAR: 2002-2010)

With funding from the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), EGPAF implemented the eight-year global Call to Action (CTA) project in 12 countries, including Cameroon (from 2006 through 2007). This project sought to improve access and expand care and support for quality prevention of mother-to-child transmission of HIV (PMTCT) services, while enhancing technical leadership and documenting successful program models. By project end, EGPAF had provided nearly four million women with access to PMTCT and antenatal care services.

In Cameroon, the project achieved impressive HIV counseling and testing results. The program offered opt-out testing, and in the more than 200 EGPAF-supported facilities, 100% of women accepted counseling, with 92% of those requesting testing. EGPAF also partnered with local organization Cameroon Baptist Convention Health Services (CBCHS) to provide community-level family planning through more than 90 HIV/AIDS family support groups. Condoms were provided at no charge to those who were sexually active, and family planning lectures were given to women attending antenatal care (ANC) and infant welfare clinics.

http://www.pedaids.org/countries/cameroon
A Success Story in Lesotho: Family Health Days

By Ashley Thompson l January 15, 2013

For many reasons, a number of Basotho people still find it difficult to access health services offered at traditional health facilities. Additionally, non-communicable diseases are often not a major focus of the national health system. Following discussions with the Ministry of Health (MOH) and USAID, EGPAF initiated Family Health Days (FHDs) to bring HIV prevention, care, and treatment services to remote areas, as well as to identify and appropriately manage non-communicable diseases and provide integrated primary health care services at the community level.

Services provided at FHDs include:

- Mental health services
- Ophthalmic services
- Pharmaceutical dispensing
- Condom distribution

Elizabeth Glaser supports family planning services through counseling programs, condom distribution, and links to other family planning methods. Through Elizabeth Glaser’s initiatives, it helped increase the contraceptive prevalence rate in Rwanda from 10% in 2005 to 45% in 2010.

Prevention of Mother-to-Child Transmission of HIV

Prevent Unintended Pregnancy among Women Living with HIV

Family Planning Services: EGPAF supports family planning services for HIV-positive women through counseling programs, condom distribution, and linkages to other family planning methods. Offering counseling and testing services to women seeking family planning services provides the opportunity to identify HIV-positive women and link them to appropriate care. In Rwanda, EGPAF worked with the MOH to develop a model for integrating family planning and HIV services, including an initiative to follow-up with HIV-discordant couples with family planning campaigns. These initiatives helped to increase the contraceptive prevalence rate from 10% in 2005 to 45% in 2010.

http://www.pedaids.org/pages/pmtct-impact
In this issue brief, Elizabeth Glaser Foundation states that its family planning programs include the distribution of condoms.

Prevention of Mother-to-Child Transmission

What services to prevent mother-to-child HIV transmission are provided through Foundation-supported programs?

The Foundation is committed to delivering a comprehensive set of interventions to prevent mother-to-child transmission in the 17 countries where we work. Specific interventions implemented by Foundation-supported programs include:

- Family planning services for all women. Through counseling programs and condom distribution, we work to prevent new HIV infections in HIV-negative women so that if they become pregnant, their babies will be born free of HIV. The Foundation also provides these family planning services to HIV-positive women, helping them to avoid unintended pregnancies.

http://www.pedaids.org/Publications/Fact-Sheets---Brochures/PMTCTIssueBrief-6-10
On the second page of a document outlining The Foundation’s international programs is a story of a woman “helped” by Elizabeth Glaser Foundation’s family planning program, where she learned about “safe sex.”

http://www.pedaids.org/What-We-re-Doing/Where-We-Are-Working/new-country-brochures-%282011%29/MalawiBr
On page 2 of a fact sheet on its efforts to achieve the Millennium Development Goals, Elizabeth Glaser Pediatric AIDS Foundation stressed its focus on “family planning and reproductive health services.”
On one of its “Where we are working” pages on its website, Elizabeth Glaser Pediatric AIDS Foundation includes family planning with maternal and child health services.

Uganda

The Foundation has worked in Uganda since 2000, and has provided support to more than 460 sites in 29 districts throughout the western, south-western, central, and eastern regions of the country. The Foundation provides a broad range of HIV/AIDS services, including prevention of mother-to-child transmission (PMTCT); care and treatment for mothers, children, and families; and technical assistance to the Ministry of Health (MOH). Foundation initiatives in Uganda include:

- Improvement of maternal and child health (MCH) services, including family planning;

http://www.pedaids.org/What-We-re-Doing/Where-We-Are-Working/Uganda
The Organization:
Catholic Relief Services gave $61,993 to The Child Fund International.

The Problem:
The Child Fund International is working to facilitate access to contraceptives and increase “contraceptive prevalence rates.”

ChildFund’s focus in Uganda includes “family planning.”

SPONSOR A CHILD IN UGANDA

Disease Prevention and Healthcare
Malaria, respiratory infections and diarrhea are the primary cause of death for children under 5 in Uganda. ChildFund Uganda’s health interventions are focused on disease control; reproductive (maternal and adolescent) health and family planning; and water, sanitation and environmental health.

http://www.childfund.org/uganda/
ChildFund’s focus in Senegal includes “family planning.”

SPONSOR A CHILD IN SENEGAL

ChildFund Senegal has significant experience managing donor-funded health projects in Senegal. In 1998, ChildFund Senegal began a nutrition program funded by USAID/Washington that was extended until 2006; in 2003-06, USAID/Senegal funded ChildFund Senegal to conduct a malaria and TB program; and in 2006, ChildFund Senegal was awarded US$12.8 million by USAID to lead a consortium of four INGOs for a five-year Community Health Project (PSSC). In 2007, ChildFund Senegal was asked to extend the consortium to include six NGOs to implement a US$7.8 million President’s Malaria Initiative program in five regions as an adjunct to the original PSSC grant. Both programs are community-based prevention and treatment efforts.

The project aims to improve family health and community health in Senegal by targeting areas and practices that have a crucial impact on public health: Mother, child and newborn health; family planning; fight against illness; community-based malaria control with focused interventions; information education for health behavioral change. The consortium runs more than 1,370 community Health Huts.

http://www.childfund.org/senegal/
In 2008, ChildFund called on the Obama administration to increase funding for birth control.

CCF Joins Organizations to Discuss Maternal, Newborn and Child Health with Presidential Transition Team

2008-12-23

By David Hylton, Public Relations Specialist

Christian Children’s Fund was one of 20 organizations that discussed maternal, newborn and child health (MNCH) with a president-elect transition team Dec. 17.

Senior Program Health Specialist David Shanklin represented CCF at the meeting to discuss MNCH facts and to urge President-elect Barack Obama to increase funding for MNCH.

The group presented statistics to show that child mortality rates have continued to drop over the past 25 years, but 6.6 million child deaths each year can be prevented. The countries with the highest mortality rates are in Africa, where many families are torn apart by war.

The group also expressed concerned that USAID funding for MNCH has flat-lined in the past 10 years and has even decreased when adjusted for inflation.

The group called for Obama to reassert U.S. global leadership with MNCH issues, including increasing funding for family health to $3.9 billion a year: $1.6 billion for child health; $1.3 billion for maternal health; and $1 billion for family planning.

http://www.childfund.org/media/article.aspx?id=1193&no_redirect=true
Guide Mothers Spread Good Health in Honduras

2005-11-11

By Norma S. de Sierra, national director for CCF-Honduras

Guide Mothers are leading the way for children in Honduras. Their days start at five a.m. when they get their own children ready for school. Then, they spend much of the rest of the day visiting other families and teaching parents how to raise healthy children.

It’s a long day, to be sure, but a worthwhile one, too.

Guide Mothers monitor the health of the more than 22,000 children throughout CCF program communities in Honduras. CCF selects women who are role models in their community and provides them with extensive, continual health training.

Others received training in breastfeeding, family planning and prenatal and infant care. Printed materials address reproductive health, sexually transmitted infections and HIV/AIDS.

http://www.childfund.org/media/article.aspx?id=662
ChildFund’s 2009 annual report indicates that its youth programs include information and guidance on family planning.

“The more people have knowledge about reproductive health and family planning, the fewer risks we will have,” Gloria said. “An unplanned responsibility is hard. It is good to know about family planning ahead of time … when we are older we will be more conscious of what we can do.”

Gloria’s sharing of her knowledge is critical given that early pregnancy and sexually transmitted infections threaten the health of youth more than any other age group. Adolescents and youth are becoming increasingly vulnerable to sexual exploitation and abuse, as evidenced by the increasing numbers of young people living with HIV. Reproductive health facilities in the developing world are better suited to serving older community members, not youth. According to the World Bank, adolescent girls face cultural, age, and gender related obstacles when seeking reproductive health services and are too often served by unsupportive health care providers. ChildFund programs work to put mechanisms in place to make health and reproductive guidance readily available in a safe and unthreatening environment.
ChildFund’s 2006 annual report indicates it is providing information on family planning through USAID’s EnRICH program in the Philippines.

As an example of one of CCF’s grant-funded programs, CCF has been successfully implementing a community health program in the Basilan region of Mindanao in the Philippines, supported by a four-year, $1 million grant from USAID. This program, titled “EnRICH,” or Enhanced and Rapid Improvement of Community Health, focuses on Tuberculosis, Family Planning, and other health-related services within the Autonomous Region of Muslim Mindanao. EnRICH has already targeted over 4,500 married couples, and has distributed more than 2,000 TB and Family Planning (FP) informational and educational materials as part of the family planning component of this grant. Additionally, extensive training on the TB/DOTS (World Health Organization term given to their recommended TB control strategy: Directly Observed Treatment Short-course) approach has been provided as part of this program. Furthermore, a TB/DOTS UNAIDS, UNICEF and USAID, “Children on the Brink 2004” center has been added to the Basilan General Hospital. The EnRICH program has received considerable support from the Muslim and Catholic religious leaders of Basilan, including the release of a joint statement by both sets of leaders on their views concerning FP and reproductive health, and calling for a mutual respect of beliefs and practices in relation to family planning.
According to USAID’s final report on the EnRICH program the ChildFund participated in regard to family planning, the purpose was to fund family planning and the objective was to increase the use of modern contraceptives.

Purpose of Activity: To fund viable family planning and health-related activities, which will help the ARMM and the local governments directly or indirectly to improve their health status in a sustainable way.

Linked to USAID SO No. 3: Desired family size and improved health sustainability achieved.

Activity Objectives:

- Increase modern contraceptive prevalence rate (CPR) of ARMM
- Improve tuberculosis diagnosis and treatment
- Improve other maternal and child health indicators

Young Women’s Christian Association

http://www.ywca.org

eliminating racism
empowering women

ywca
The Organization:
Catholic Relief Services gave $23,447 to Young Women’s Christian Association.

The Problem:
YWCA is thoroughly committed to the promotion of abortion and birth control.
According to YWCA’s own history, in 1970, YWCA officially endorsed the repeal of laws that restrict or prohibit abortions.

1967 – After thoughtful and extensive debate, the 2000 delegates at the YWCA Convention adopted the first of three abortion resolutions leading to the freedom of choice position.

1970
YWCA convention voted to emphasize the importance of repealing laws restricting or prohibiting abortions performed by a duly licensed physician.
YWCA’s 2012 vote guide advocated for contraceptive and abortifacient health care coverage.

YWCA Position:
The YWCA supports a strong health-care safety net that includes Medicaid, Medicare and State Health Insurance programs and ensures that health care is available to all. The YWCA also strongly supports comprehensive health care for women that includes reproductive health care.

http://www.ywcavote.org/atf/cf/%7B74163823-0b5b-409c-afea-0787b0b87dbc%7D/YWCAISSUEGUIDE2012.PDF
YWCA issued a set of talking points regarding the Stupak-Pitts amendment expressing dismay that the amendment “severely restricts women’s access to abortion.”

Stupak-Pitts: Talking Points for Advocates

WHAT IS THE STATUS OF HEALTH CARE REFORM LEGISLATION?

The House of Representatives passed the Affordable Health Care for America Act (H.R. 3962) on November 7. While the bill does a number of positive things including the expansion of Medicaid to all individuals under 150% of the poverty line, provide financial assistance to individuals and families so they can afford healthcare, and prohibit denying or ending health care coverage to women and families as a result of preexisting conditions. It also contains a harmful amendment related to women’s reproductive health care.

During consideration of the Affordable Health Care for America Act, the House passed an amendment which would severely restrict women’s access to abortion procedures. The measure would prohibit the...
Population Services International

http://www.psi.org

Healthy lives. Measurable results.
The Organization:
Catholic Relief Services gave $9,588 to Population Services International. A recent article by Life Site News* indicates that CRS also granted PSI $2.7 million from January 2012 – December 2013.


The Problem:
Population Services International is a population control organization thoroughly committed to the spread of abortion and birth control. PSI is distributing abortion kits, training abortion providers, and advocating for expanded access to medical and surgical abortions. PSI is also distributing all forms of abortifacient contraception and devices.
PSI was a participant (listed as “partner”) in the London Summit on Family Planning.
The whole purpose of the summit on family planning was to have participants commit to increasing the global use of contraception by 120 women and girls by the year 2020.
At the London Summit on Family Planning, PSI committed to partnering with WomenCare Global to “expand access to and stimulate demand for family planning. PSI also said that it will work through wholesale and retail distribution centers to make contraception “widely available.”

Summaries of Commitments

WomanCare Global and PSI
WomanCare Global (WCG) and PSI will expand access to and stimulate demand for family planning by merging WCG’s supply chain management and quality assurance expertise with PSI’s health communications and social marketing of products and services. With the focused deployment of resources for family planning programs from existing funding sources, this partnership will expand access to an array of reproductive health products and manage the large-scale distribution, increase usage of long-acting, reversible contraceptives, monitor quality of products and evaluate programs and will provide training and other forms of support. Specific tactics include the registration of a broad range of reproductive health products and the utilization of the existing wholesale and retail distribution infrastructure to make products widely available, supplemented by outreach events and the engagement of community-based health workers. The partnership will focus on an integrated pilot effort in four markets in Africa.

www.womancareglobal.org and www.PSI.org
Population Services International was founded in 1970, by sex-toy industrialist Phil Harvey.


American sells porn to subsidize contraceptives

HANOI (AP) — In the lobby of what Vietnamese delicately call a "rest house," Phil Harvey sits listening intently as the manager details how many condoms he passes out each month and how much a room costs by the hour or night.

By Richard Vogel, AP

Harvey, 67, isn't the least bit squeamish around such talk. He runs Adam & Eve, one of America's biggest X-rated mail-order businesses, selling everything from movies to sex toys. He's also a survivor of U.S. government court battles aimed at shutting him down.

Adam & Eve evolved from the condom catalog, giving Harvey and Black the money they needed 35 years ago to start Population Services International, which today calls itself the world's leading non-profit social marketer. Black later started what is now Marie Stopes International, a London-based reproductive health non-profit. Harvey founded DKT, naming it for the initials of D.K. Tyagi, an Indian pioneer in family planning.
PSI’s Women’s Health Project in India is facilitating access to and training for insertion of IUDs and “safe abortion” kits. According to PSI’s “accomplishments as of June 2009, PSI had inserted 52,324 IUDs and facilitated 2774 abortions.

**Women’s Health Project (WHP)**

**Health Area:** Family Planning (Inter uterine Contraceptive Method – IUD) and Maternal Health (Medical abortion to reduce unsafe abortions)

**Project Period:** July 2008 – June 2013 (current commitment up to Dec. 2010)

**Project Description:** WHP is part of PSI’s 14 country global project, which aims to utilize private sector health care network, social marketing and behavior change communication to significantly enhance acceptance of long term family planning methods (IUD and Implants); reduce unsafe abortion by increasing access to medical abortion and prevent post partum hemorrhage by increasing prophylactic use of misoprostol.

**Accomplishments (June 2009)**

- Creation of 200 strong Freedom Network.
- Development of training and technical resources for IUD and Medical Abortions.
- Job Aids and supportive supervision to ensure quality services
- Over 52,324 insertions and 2774 medical abortions facilitated.
- Freedom 5 375 A IUD launched.
- Safe Abort Kit – combipack of Mifepristone & Misoprostol launched.
PSI lists condoms, oral contraceptives, emergency contraceptives, intrauterine devices, and “safe” abortion kits among its “products.” PSI also boasts that it has sold more than 2.02 billion condoms in India alone.

**Masti Luxury Condom** is PSI’s brand of pink lubricated condoms which is distributed across the country. Masti is the first product launched by PSI in 1988 and till Mar 2010, over 1.4 billion pieces of Masti condoms have been sold. Masti Luxury is available in pack of 3 and 10 condoms.

**Nirodh Deluxe Condom** is Government of India’s condom brand. PSI distributes Nirodh Deluxe across select states in India and till March 2010, PSI had sold a cumulative of more than 619 million pieces of Nirodh Deluxe condoms.

Since inception, PSI in India has sold more than 2.02 billion condoms across the country.

**Safe Abort Kit** is combination pack of Mifepristone 200 mg and Misoprostol 800 mcg for Medical Abortion. The kit provides a safe alternative to surgical abortion and is effective till 9 weeks of pregnancy.

**Inter-Uterine Contraceptive Device (IUD) Cu 375.**

Freedom 5, an Intrauterine Contraceptive Device (Model Cu 375) is a modern and reliable product for birth spacing. Freedom5 is highly effective and safe in providing protection from pregnancy for 5 years. Freedom 5 provides reversible birth spacing solution.

**Emergency Contraceptives**

Emergency Goli is a single dose emergency contraceptive pill. Emergency Goli was launched by PSI in the state of Rajasthan in 2008. Subsequently, it was launched in other states of country.
On its page about “reducing unsafe abortion,” the firm explains that it “works to increase access to WHO-approved medical abortion drugs.”

REducing Unsafe Abortion

Worldwide, at least 13% of maternal mortality is attributed to unsafe abortion. Every year, 70,000-100,000 women die from unsafe abortion and an additional 5 million are hospitalized for related complications, which often result in permanent disabilities. The majority of these women are from the poorest areas of developing countries, and their deaths have far reaching consequences for their children, families and communities.

PSI seeks to save women’s lives and reduce the morbidity caused by unsafe abortion. PSI makes quality contraceptives available in order to enable women to avoid unintended pregnancies, estimated to be approximately 76 million in the developing world, annually. In four countries: India, Cambodia, Nepal and South Africa, where abortion is legal yet unsafe abortion practices continue, PSI works to increase access to WHO-approved medical abortion drugs. These drugs are a safe alternative to the dangerous abortion methods and products that lead to increased maternal morbidity and mortality in these countries.

http://www.psi.org/our-work/healthy-lives/interventions/reducing-unsafe-abortion
PSI is working in Nepal to increase the “access and availability of long-term contraceptive methods” and “medical abortion.”

REPRODUCTIVE HEALTH

In Nepal, it is estimated that nearly one-third of all births are mistimed or unwanted, one-fourth of married women of reproductive age have an unmet need for family planning, and maternal mortality is 281 deaths per 100,000 live births – of which one cause is unsafe abortion. PSI provides the information and tools necessary for couples to space the births of their children, improving the health of the entire family. **PSI/Nepal is working in partnership with the government, private sector and civil society to contribute to the reduction of maternal mortality and unwanted pregnancies among women in Nepal by increasing the access and availability of long-term contraceptive methods as well as safe medical abortion.**
PSI launched a condom marketing campaign in Cambodia in 1993 and “recently” “launched initiatives” to promote medical abortion.

PSI/Cambodia was established in 1993 when it launched the social marketing campaign for *Number One condoms*, which supported the Government of Cambodia’s (GoC) 100% Condom Use Program. As a key partner of the GoC, PSI Cambodia’s current portfolio focuses on family planning, reproductive health, malaria prevention and treatment, child survival and HIV/AIDS.

Recently, PSI also launched interventions to decrease the number of unsafe abortions, through Cambodia’s first safe medical abortion drug, known as *Medabon*. 
Summary

To improve maternal health, PSI India harnesses private qualified gynecologists and doctors with gynecology practices through its Saadhan network, in 3 out of the 28 states in India. The Saadhan Helpline provides counseling and information services to the general population.

Key program components

The members of the network are private practitioners providing health services to urban and peri-urban women. Educational degrees and registration numbers (with Medical Council of India) are verified by program staff before including them in the network. Most of the doctors are also member of the Federation of Obstetric and Gynecological Societies of India (FOGSI). Community Health Workers serve as interpersonal communicators, who make house-to-house visits in the target area to provide intrauterine device (IUD) counseling and referrals to network doctors. Working with already existing private providers, the outlets are perceived for quality services. Providers were oriented on ‘No touch’ technique for IUD insertion and medical abortion protocols. The partnership with FOGSI has been enhancing the visibility of the program, encouraging doctors to join the network and increase the standards of quality related to IUD and medical abortion services. However, the historically negative perceptions and the lack of spousal support to adoption of IUDs are challenges yet to be resolved for further advancement of Saadhan’s efforts. To make the model sustainable, providers will have to recommend IUD on their own instead of depending on outreach workers to refer the clients. Results show that insertions recommended by network providers to their walk in clients have grown from 20 to 40 percent. From July 2009 to December 2012, over 229,000 IUDs were inserted. During 2012, about 85,000 visits were recorded. The program has completed 4 years and has now been extended to continue until 2015.

PSI is the parent organization for the Saadhan network, which has inserted 229,000 IUDs from July 2009 to December 2012.
At a national meeting of the country’s “Medical Abortion Consortium,” which PSI co-organized, one of their specialists explained that one of the aims of the program is to help local facilities get registered to offer abortion.

*MTP means “Medical Termination of Pregnancy”


Dr Sharad Singh (PSI/India): Dr Sharad discussed PSI’s work for increasing access to safe abortion by facilitating registration of Saadhan Network facilities for MTP services. PSI will extend all its support to all the Saadhan network members to get their facilities registered for MTP services.
According to a 2012 article from the journal *Reproductive Health*, PSI “trained local pharmacists to provide women with knowledge about medical abortion, referrals to abortion services and information on indications for legal abortion in Nepal.”

Implementation of legal abortion in Nepal: a model for rapid scale-up of high-quality care

services [32]. Ipas has also recently trained FCHVs in early pregnancy detection using urine testing kits and referrals for antenatal, contraception and abortion services [33-36]. In addition, Ipas and PSI have trained local pharmacists to provide women with knowledge about medical abortion, referrals to abortion services and information on indications for legal abortion in Nepal [37].

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3373381/
Based on research findings, PSI developed a program aiming to increase access to safe abortion through the provision of medical abortion and through referrals to legal, safe surgical abortion clinics in the public and private sector. A medical detailing program was developed to address private providers’ perceptions and behaviours regarding abortion services and ensure that providers were able and willing to provide safe abortion options without bias or judgement. PSI subsidized the price of MA considerably to ensure availability to poor and vulnerable women of reproductive age. A price was set to deliberately undercut the sales of the low quality, unregistered medical abortion drugs. Interventions were designed to ensure accessible, affordable and confidential linkages to needed health services and products including family planning. Further work is needed to investigate the impact of the PSI’s program and monitor the need for surgical and medical abortion services. Continued advocacy efforts and resources are needed to ensure expansion of programs within the Ministry of Health.


*MA means “Medical Abortion”
Daniel Crapper of PSI gave a presentation at the 2013 Global Maternal Health Conference titled, “Creating the misoprostal market: Generating demand amongst providers and consumers.”

Link for the program:

Link for the video of Crapper’s presentation:
http://vimeo.com/60012908
PSI was a “participant sponsor” at the 2010 “Expanding Access to Medical Abortion” conference.
PSI put out a job advertisement for a reproductive health senior technical advisor. The job description specifies a direct role in implementing the dispensing of abortifacient drugs, the provision of “manual vacuum aspiration” abortions, and lobbying efforts to increase access to abortion.
In 2011, PSI advertised for a Deputy Director of Services for Kenya. The position focuses on “increasing access to safe abortion services,” and provide and organize “technical assistance to countries for training of trainers.” Among the needed qualifications was a “clinical proficiency [in] surgical and medication abortion.”

NGO Jobs in Kenya
Population Services International (PSI)
Deputy Director, Services

The Deputy Director will work 50% on PSI’s Women’s Health Project with a focus on long acting contraceptive methods (specifically IUDs), and increasing access to safe abortion services. In this role, s/he will provide or organize technical assistance to countries for training of trainers on IUD insertions (including post-partum IUD insertions), abortion, post-abortion care and medication abortion and in quality monitoring and assessment. The Deputy Director will also assist with increasing PSI’s representation at international, regional and national reproductive health and abortion conferences.

Responsibilities:
- Long Acting Reversible Contraception (LARC e.g., IUD insertion), permanent contraception (e.g., Tubal Sterilization and/or Vasectomy) and surgical and medication abortion.

In 2012, PSI sought a “maternal health consultant” to provide “technical guidance to PSI platforms implementing abortion, post abortion care, post partum hemorrhage programs,” and other programs.

https://2xrecruit.kenexa.com/kr/cc/jsp/public/EmailJobDetail.jsf?npi=30EE73F0A2EC0C87E2737E3552E7F1&rand=267FF54D18CFDE058E54CED55E877252952F53A5BCCBFE9A10B75289477BC
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<th>ORGANIZATION</th>
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<td>1. CARE International</td>
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<td>2. Save the Children</td>
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<td>22. Young Women’s Christian Association</td>
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<td>23. Population Services International</td>
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