

Sharing PATH's  
experiences with  
the global health  
community

# DIRECTIONS

I N G L O B A L H E A L T H

Special issue on  
WOMEN'S HEALTH

SEPTEMBER 2007 VOLUME 4, ISSUE 2



PATH (Mike Wang)

## Improving women's health

### **PATH projects increase options, expand possibilities**

The health of women in the developing world is a growing priority for the global community. We are increasingly aware of women's vulnerability to AIDS and other diseases—and the cultural factors that can reduce their opportunities to live healthy lives. At the same time, there is ever-greater recognition of women's enormous influence on the health and well-being of their communities.

PATH has been a frontrunner in the race to offer women better health

solutions since our first project, in the late 1970s—helping manufacturers in China set up facilities for producing high-quality condoms and other contraceptives. Today PATH's work extends across the spectrum of women's health. The projects highlighted in this issue of *Directions* range from better care for mothers and infants to new options for woman-initiated protection against HIV to programs that help give women an equal chance at a healthy life.

We anticipate that over the next decade, the investment in women among PATH and organizations like us will only continue to deepen. When women are healthy, so are their families and communities—the starting point for a stronger, more stable world.

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# Building blocks for a healthy life

## Projects prevent unnecessary maternal and newborn deaths

### Project names

Sure Start, Maternal and Newborn Health Technology Initiative (MNTI)

### Locations

India and South Africa

### Methods

Advocacy, community outreach, participatory assessments, system strengthening, technology introduction

### Partners

**Sure Start:** Municipal bodies, academic institutions, volunteers, and more than 20 partner organizations

**MNTI:** National and provincial departments of health, Nelson R. Mandela School of Medicine at the University of KwaZulu-Natal

### Funders

**Sure Start:** Bill & Melinda Gates Foundation

**MNTI:** The Atlantic Philanthropies

### For more information

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**Many newborn** deaths could be prevented with relatively simple, evidence-based interventions delivered at home—such as antibiotics for pneumonia, sterile blades to cut umbilical cords, or skin-to-skin contact to keep babies warm.<sup>1</sup> In India, South Africa, and other countries, PATH and its partners are working with the people best positioned to introduce these interventions: providers, communities, families, and women whose children are at risk.

## Building community momentum in India

One-fifth of the world's maternal deaths and one-quarter of all newborn deaths take place in India.<sup>2</sup> These numbers are declining, but India still faces a scarcity of facilities that provide good-quality care and battles social constructs that can prevent women from using available services.

To offer stronger support to mothers and their newborns, PATH launched the Sure Start project in 2006 and began connecting with grassroots organizations in two Indian states, Uttar Pradesh and Maharashtra. Sure Start aims to improve maternal and newborn health by involving the community, empowering individuals, and enhancing systems and institutional capabilities for sustaining change. Designed to complement the Government of India's commitment to improving maternal and newborn health, the project promotes integrated attention to both maternal and newborn health and supports the expansion of promising approaches.

The project has two linked objectives. First, it works to significantly increase individual, household, and community action that directly and indirectly improves maternal and newborn health. Second, it focuses on enhancing systems and institutional capabilities for sustained improvement in maternal and newborn care and health status. The team pursues these objectives by increasing the demand for care, facilitating the development of community systems, and emphasizing messages that improve lifesaving behavior at the household level. For example, to encourage women to request skilled birth attendants or deliver their infants at medical facilities, the project emphasizes birth preparedness, safe home delivery, and recognition of danger signs that warrant professional care.

## Achieving an impact in the community

In the state of Uttar Pradesh, where one-third of India's newborn deaths occur, the Sure Start team—PATH, seven partner organizations, and their consortium partners—focuses on behavior change, self-care, and community and household demand for better services. The project is also developing community-level systems for improved services within the context of the Government of India's National Rural Health Mission, which is working to improve the management, quality, and reach of public health services.

To date, rapid assessments and participatory planning activities have reached more than 500 villages in nine districts, directly involving a population of 67,000. The team has trained more than 50 community members for participatory data collection and planning. Over the next three years, Sure Start will reach more than 6,000 villages in Uttar Pradesh, where an estimated one million children will be born—significantly benefiting more than 300,000 mothers and newborns over the project period.

In Maharashtra, a largely urban state with more than 40 million slum dwellers, the project is working in seven cities, focusing on outreach to women who live in slums. In each project site, the local partner works with the municipal body and other

stakeholders, involving them in assessments and developing project implementation plans. The key interventions are creating awareness and improving women's access to good-quality care. Over the three-year intervention period, the project will reach a total population of 1.5 million people who will have an estimated 30,000 babies per year, potentially benefiting a total of 90,000 children.

## Providing the right tools in South Africa

In stark contrast, the vast majority—92 percent—of South Africa's women receive antenatal care, and 84 percent give birth in health care facilities.<sup>3</sup> Nonetheless, an estimated 230 South African women die of delivery-related complications for every 100,000 live births, and the estimated newborn mortality rate is close to India's—54 per 1,000 (compared with 58 per 1,000 in India).<sup>4</sup>

Under the Maternal and Newborn Health Technology Initiative, PATH has just begun working in KwaZulu Natal to introduce and monitor the impact of a combination of new technologies and techniques that are critical components of effective maternal and newborn care—and are currently unavailable to a large portion of the population. These tools include active management of the third stage of labor (AMTSL) to prevent postpartum hemorrhage, essential newborn care, and management of newborn breathing problems, including resuscitation. In addition, the project is developing an evidence base on the coverage, occupational safety, relative cost and cost savings, feasibility, and acceptability of AMTSL using oxytocin-filled Uniject™ devices for preventing postpartum hemorrhage across a range of service-delivery settings in South Africa.

PATH is also implementing related interventions in KwaZulu Natal. For example, we will:

- Strengthen the Perinatal Problem Identification Program, a data tool that assists providers in conducting structured perinatal and maternal death audits for improved service delivery and care for mothers and newborns.
- Expand lifesaving training for birth attendants to include partographs, AMTSL, and neonatal resuscitation.
- Develop a new birth register for the province.
- Establish staffing norms for different levels of service provision.

The project will demonstrate how these technologies and techniques can reduce maternal and newborn morbidity and mortality when their use at birth is fully integrated into the health service delivery system—and how health systems can, in turn, be strengthened by the effective introduction of new technologies and techniques.



Community interventions in India are increasing women's awareness of and access to antenatal services. Over a five-year period, the Sure Start project will work with an estimated 390,000 expectant mothers and newborns in two states.

## A shared goal

Although challenges vary by setting, important improvements in newborn and maternal health can be achieved with modest changes in both providers' and communities' knowledge, access, and practices. Rural or urban, Indian or African, women and their families stand to gain tremendously from the activities that PATH and its partners are implementing. ■

*Uniject is a trademark of BD.*

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# Communication that leads to action

## Advocacy and information spur improvements in women's health

### Project names

Prevention of Postpartum Hemorrhage Initiative (POPPHI), Global Campaign for Microbicides

### Location

Global

### Methods

Advocacy, information-sharing, clinical research

### Partners

**POPPHI:** RTI International, EngenderHealth, International Federation of Gynecology and Obstetrics, and the International Confederation of Midwives

**Global Campaign:** More than 285 nongovernmental organizations

### Funders

**POPPHI:** US Agency for International Development (USAID)

**Global Campaign:** Bill & Melinda Gates Foundation, Ford Foundation, Moriah Fund, USAID, and individual donors

### For more information

**POPPHI:** Contact Deborah Armbruster, director, at [darmbruster@path.org](mailto:darmbruster@path.org).

**Global Campaign:** Contact Lori Heise, director, at [lheise@path.org](mailto:lheise@path.org).

**Broad understanding** of a proposed intervention—as well as its cost and benefits—is essential to the successful introduction of any health solution. From populations in need to the global health institutions that serve them, multiple stakeholders must communicate and share expectations to build this understanding and ensure that solutions align with needs.

PATH is home to two programs—the Prevention of Postpartum Hemorrhage Initiative (POPPHI) and the Global Campaign for Microbicides—that address women's health risks through advocacy and information-sharing. These powerful communication tools directly support interventions and set the stage for significant change.

### Changing global perspectives on postpartum hemorrhage

POPPHI works to prevent postpartum hemorrhage and reduce the number of women who die from excessive bleeding after childbirth each year. In Asia and Africa, almost one in every three maternal deaths is the result of hemorrhage.<sup>1</sup> To increase use of new and existing interventions for preventing postpartum hemorrhage, POPPHI is using two key strategies: building support among policymakers at the global level and gathering and sharing information at the country level.

### Worldwide acceptance of effective tools

As part of an ongoing effort to build momentum for the use of postpartum hemorrhage interventions, the POPPHI team supported a technical consultation hosted by the World Health Organization (WHO) in October 2006. This critical meeting resulted in several new and important WHO recommendations:

- Skilled attendants should offer active management of the third stage of labor (AMTSL), a low-cost, high-impact intervention, to all women.
- When AMTSL is not an option, women should receive a uterotonic drug (oxytocin or misoprostol) from a trained health worker after childbirth.
- Oxytocin, an injectable uterotonic drug, is now the preferred drug for use in AMTSL; and for the first time, WHO has listed the oral uterotonic misoprostol as a safe alternative (when oxytocin is not available).

To facilitate implementation of these recommendations, the POPPHI team is preparing a summary and plans to disseminate it in collaboration with WHO. This information is also available on the POPPHI website ([www.pphprevention.org](http://www.pphprevention.org)). A meeting led by POPPHI, the White Ribbon Alliance for Safe Motherhood, and the CORE Group (a coalition of nongovernmental organizations), planned for late 2007, will initiate conversation within the global maternal and child health community about the impact of these changes and what is required to make them effective.

### Information from the ground up

In 2005, POPPHI initiated a survey of AMTSL policies and practices in ten countries in East Africa, West Africa, Latin America, and Asia. A comparative analysis of seven of these surveys, completed in 2007, indicates a clear trend that is counter to expectations: the practice of AMTSL is significantly underused—in as few as 0.3 percent of births, in some countries—even where providers and ministries of health report high levels of use.





The Prevention of Postpartum Hemorrhage Initiative and the Global Campaign for Microbicides use communication as an effective tool for improving women's health.

As POPPHI disseminated these results, the team began partnering with surveyed countries to act on the new information. Already, teams are working to expand the use of AMTSL in Benin, El Salvador, Indonesia, and Nicaragua—strengthening policies and guidelines, training health workers, ensuring the availability of drugs and supplies, and developing relevant monitoring and data-collection systems. Ghana and Uganda hope to begin similar programs by late 2007 or 2008.

## Campaigning for a unique technology

The Global Campaign for Microbicides is an international platform to promote civil society advocacy for new HIV prevention options, especially for women. It focuses primarily on microbicides—topical products that may one day allow women to protect themselves against HIV. The Campaign provides an interface between the scientific establishment and the people whose lives will be influenced by microbicides, enhancing global efforts to develop safe, effective microbicides that communities will consistently use.

## An initiative to rebuild trust

Previous research abuses in poor settings have left a legacy of distrust for today's researchers. To promote a supportive rapport between researchers and the communities where trials take place, the Campaign established the Microbicides Media and Communications Initiative (MMCI). The MMCI assists trial staff in proactively planning and instigating

communication with clinical trial stakeholders. Through regular live and online discussions, the MMCI fosters conversation among trial sponsors, scientists, and advocates, helping these groups communicate with communities, government officials, and the media.

In 2007, when trials of the candidate microbicide cellulose sulfate were suspended because of possible evidence of harm, the MMCI provided timely, accurate updates and talking points to international and in-country personnel who were likely to be contacted by the media, ensuring that local spokespeople were well informed. A new full-time coordinator based in South Africa will expand the MMCI's ability to facilitate communication between the media and local trial staff—as well as provide necessary support and training for in-country personnel.

## Bringing marginalized voices into research design

The populations at the greatest risk of HIV can provide essential information to researchers, helping pinpoint knowledge gaps and barriers to use. The Campaign works with advocacy organizations for HIV-positive women and sex workers in Africa, India, and Southeast Asia, highlighting their input for policymakers and others who set the research agenda. Making the voices of these groups heard in the course of research design is essential to eventual microbicide introduction and will help avert harm to these highly vulnerable populations.

## Setting the stage for change

By combining targeted communications with awareness-raising and information-sharing activities, PATH and its partners are building common ground among funders, governments, scientists, health workers, women, and their communities. We are creating an environment in which new ideas can take hold—and ensuring that these ideas are responsive to the needs of the women whose lives depend on them. ■

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# Improving technologies for women's health

## Female-initiated methods expand options for dual protection

### Project names

SILCS diaphragm, the PATH Woman's Condom, microbicide applicators

### Location

Global

### Methods

User-centered technology development and design

### Partners

CONRAD; Reproductive Health & HIV Research Unit, University of the Witwatersrand; Khon Kaen University; INSP Cuernavaca; Profamilia; University of Pennsylvania; University of Washington; California Family Health Council; and others

### Funders

US Agency for International Development (through CONRAD and the HealthTech program), Bill & Melinda Gates Foundation, The Lemelson Foundation, and others

### For more information

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**Dual protection from** unplanned pregnancy and sexually transmitted infections (STIs), including HIV, is a critical issue for women around the world. More than 120 million couples who wish to avoid pregnancy lack access to contraceptives, and almost 600,000 women die annually from the consequences of pregnancy, childbirth, and unsafe abortion. Millions more suffer from STIs.<sup>1</sup>

Because a broader array of contraceptive options could help decrease these numbers, PATH is developing several female-initiated barrier methods that have the potential to increase women's options for both pregnancy and STI prevention.

### A "one size fits most" approach

Diaphragms offer inexpensive and reliable contraception, but they are under-promoted in low-resource settings, in part because they come in multiple sizes and require a fitting by a trained provider. The SILCS diaphragm—a single-size, reusable cervical barrier device—overcomes this obstacle and has the potential to offer discreet barrier protection from pregnancy and some STIs that attack the cervix.

PATH designed the SILCS diaphragm during a ten-year development effort that placed women's input at the center of the design process. Studies in the Dominican Republic, South Africa, Thailand, and the United States have since indicated that the SILCS diaphragm is easy to use, comfortable, and acceptable for both women and their partners, even when women had no previous diaphragm experience.<sup>2</sup> Additional studies indicate that the SILCS diaphragm provides barrier effectiveness similar to that of a traditional diaphragm.

Two recent studies confirm these results. In a preliminary acceptability study in Zimbabwe, girls aged 16 to 24 years reported a preference for the SILCS diaphragm over two other cervical barrier devices.<sup>3</sup> In addition, a pilot study evaluating the SILCS diaphragm fit *in vivo* confirmed that the single-size SILCS diaphragm fits both parous and nulliparous women with a range of body sizes.<sup>4</sup>

Later this year, CONRAD will launch a SILCS contraceptive effectiveness study involving 450 couples at six US sites. With positive study results, the US Food and Drug Administration could approve SILCS as a contraceptive by 2010. PATH also is beginning studies to evaluate the SILCS diaphragm as a microbicide-delivery system.



The SILCS diaphragm.

### A second-generation female condom

Female condoms are the only available woman-initiated technology that protects against both STIs and pregnancy. Studies indicate that female condoms are as effective as male condoms and that couples report more protected sex when both male and female condoms are available, as they often switch between the two methods. Yet despite international declarations identifying access to female condoms as an integral component of HIV prevention,<sup>5</sup> most countries still primarily rely on male condoms.

PATH has been developing a second-generation female condom known as the PATH Woman's Condom. Our user-centered design process—which incorporated

## Screening for cervical cancer

With support from the Bill & Melinda Gates Foundation, PATH is collaborating with biotechnology companies to develop new screening tests for human papillomavirus, the primary cause of cervical cancer. The new tests, which we evaluated in field studies in China and India, are faster, more accurate, and less expensive than traditional techniques. PATH plans to enter the commercialization phase for one test and conduct additional utility studies on the other early next year.



input from couples in Mexico, South Africa, Thailand, and the United States—has resulted in a device that is easy to use and more acceptable than currently available products.

Research data have been encouraging. In a study of 60 couples in three countries, more than 90 percent of couples were satisfied with ease of use, stability, comfort, and sensation.<sup>6</sup> A Phase 1 slippage and breakage study found fewer user-related failures with the PATH Woman's Condom. In addition, women reported preferring the PATH condom over the FC Female Condom® by about two to one.<sup>7</sup>

PATH is seeking manufacturing partners and planning for the clinical trials required for regulatory approval. With appropriate funding, the PATH Woman's Condom could be available in one or more countries within the next five years.

## Preparing for microbicides

As the world awaits the arrival of an effective microbicide, PATH is working to ensure that safe, acceptable, and appropriate applicators are available when the products are ready for use.

The applicators used in clinical trials—single-use, prefilled, plastic applicators—work well for studies, but additional applicators may be needed for large-scale introduction. PATH is evaluating alternative applicators that may improve acceptability and lower cost. We are now working with regulatory experts and researchers to address the challenge of incorporating alternative delivery systems into clinical trials and regulatory applications.

## A diverse mix of methods

Because no single product or technology will meet couples' needs throughout their lives, couples need a choice of methods, especially for dual protection. PATH's woman-centered process has generated new products that are acceptable and have broad cultural relevance. Our challenge now is to secure the financial commitment required to bring these improved products to market and to create a compelling case for comprehensive programming as an investment in women's health. ■

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# Integrating services to reduce the toll of HIV

## Helping communities and facilities work together for change

### Project name

AIDS, Population, and Health Integrated Assistance II (APHIA II) for the Western Province

### Location

Kenya

### Methods

Systems strengthening, communication for social change, outreach to key populations, capacity building, training

### Partners

Elizabeth Glaser Pediatric AIDS Foundation, JHPIEGO, Society for Women and AIDS in Kenya, and World Vision

### Funder

US Agency for International Development

### For more information

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**Kenya's Western Province** is home to some of the most densely populated areas in the world. The area faces numerous health challenges: large numbers of HIV-positive and HIV-affected people, including many orphans and vulnerable children; weak health systems; cultural practices that increase health risk; and limited decision-making power among women.

Through the AIDS, Population, and Health Integrated Assistance II (APHIA II) for the Western Province program, PATH is leading activities to strengthen and expand services to address these needs. The project focuses on the interconnected risks associated with women's health, HIV, other infectious diseases, and community well-being, with the goal of integrating services for HIV/AIDS, tuberculosis, maternal and child health, family planning, reproductive health, and malaria. The project combines global best practices and innovative approaches to develop and reinforce facility–community links, build the capacity of providers, and increase the uptake of integrated clinical services.

## Connecting communities and facilities

When the project began earlier this year, the team worked closely with Kenya's Ministry of Health to conduct rapid baseline assessments of key health facilities and surrounding communities. The assessments identified treatment gaps and opportunities within communities—such as existing village health committees and health coordinating committees—that served as a starting point for project interventions.

After a collaborative planning stage, the APHIA II Western team recommended targeted improvements at 29 facilities. The changes are already helping improve services and increase the number of patients served. The team also began partnering with its government counterparts to emphasize two aspects of clinical services: providers' capacity to implement integrated prevention, care, and treatment services, and attention to gender sensitivity and stigma reduction in their delivery of care.

The team designed a framework for strengthening interactions between facilities and the communities they serve. The framework focuses on improving the quality of care; using dialogue-based and problem-solving approaches; strengthening networks, community–facility links, and community–support mechanisms; empowering communities to seek services; and replicating successful interventions. It now guides all project activities.

To ensure that issues affecting women's decision-making potential are addressed, the team is integrating innovative approaches to stigma reduction, gender equity, and individuals' rights into all community activities.

## Strengthening provider capacity

To foster the integration of clinical services, the project team is training health workers in numerous health topics, including antiretroviral therapy, counseling and testing for pregnant women, prevention of mother-to-child transmission of HIV, integrated treatment of HIV and tuberculosis, and provision of palliative care. The team has already trained 240 health workers who, over the course of the five-year project, will provide nearly 50,000 people with antiretroviral therapy, 370,000 pregnant women with counseling and testing services, 89,000 people living with AIDS with palliative care, and 35,000 orphans and vulnerable children with support services.



## Increasing service uptake

Through mass media and community-level communications, the APHIA II Western team plans to reach nearly five million people with messages that reinforce healthy behaviors and encourage individuals to seek health services when needed. To reach this goal, the project is building on PATH's work under the IMPACT, AMKENI, and Kenya Adolescent Reproductive Health projects, which used community-based engagement opportunities to increase public awareness of health issues and services and encourage health-seeking behaviors.

A cornerstone of this work is an effort to stimulate and support questioning and community dialogue—especially through peer facilitation, radio programming, and magnet theater. For example, the project builds on the peer-led family discussion groups created under the AMKENI project (see sidebar) that encourage individuals to address their health concerns and seek appropriate health services. The project team has already identified more than 3,000 volunteers who will be trained to facilitate monthly discussion groups in their communities, strengthen and support existing community structures, and help plan, implement, and monitor activities. The volunteers will also learn how to incorporate gender issues into these discussions.

To encourage adolescents' uptake of reproductive health services, the project is also increasing collaboration among various government ministries. Support from these partners is helping expand previous efforts to promote HIV prevention, reduce stigma, and increase

awareness. The project team is training teachers and youth peer educators—and engaging parents—on these and other health topics.

## Off to a strong start

Since January 2007, the project team and project-supported facilities have:

- Provided counseling and testing services to more than 24,000 clients.
- Served more than 28,000 clients seeking to prevent mother-to-child transmission of HIV.
- Provided more than 17,000 clients with HIV-related care.
- Reached more than 75,000 people through community outreach efforts and referred more than 13,000 to other services.
- Trained more than 240 health workers.
- Reached more than 80,000 students and 15,000 parents through adolescent reproductive health activities.
- Implemented a cascade training program to increase the number of community health workers.
- Registered more than 21,000 orphans and vulnerable children.

Over the life of the project, the team will significantly increase this reach—providing essential support to the leaders, communities, and health workers who are working to improve health throughout western Kenya. ■

## Sparkling dialogue—and understanding—within families

The AIDS, Population, and Health Integrated Assistance II for the Western Province program will expand PATH's Peer Family Program, a best practice developed during the AMKENI project that is aimed at improving health. By bringing individual family members together,



the program helps families explore health issues, relationships, and social norms. It represents a shift from typical reproductive health programs—which often work with men, women, and youth separately—and engages entire families. As family members share their experiences, they deepen their understanding of family roles, relationships, and the importance of communicating about health-related problems and solutions. The groups are especially helpful to women who otherwise would feel unable to discuss these topics.

# Empowering young girls in China

## Working to improve gender equity and girls' rights

### Project name

Spring Bud Healthy Development

### Location

China

### Methods

Participatory training, capacity building, advocacy, phased scale-up

### Partners

Guangxi Women's Federation, China Children and Teenagers' Fund, and local women's federations and schools

### Funder

Nike Foundation

### For more information

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**Once they leave school**, young girls in rural China are exposed to great risks. Many migrate to urban areas to find employment, since opportunities in poor areas remain limited. Away from their families and communities and without the life-planning and negotiation skills they need to navigate city life, girls may engage in risky sexual behaviors and substance abuse.

To empower these girls to avoid these risky behaviors, PATH and its partners are integrating reproductive health and life-planning skills training into existing primary- and middle-school curricula. These tools are helping young girls build confidence and self-esteem, protect their health, and make healthy choices.

### A school-based model evolves

Working with two departments of the All-China Women's Federation—the China Children and Teenagers' Fund (CCTF) and the Guangxi Women's Federation (GXWF)—PATH assessed the educational needs, existing skills, and information gaps among adolescent girls in two rural townships of Guangxi Province. Based on the findings, project partners developed curricula for three primary- and middle-school age groups (10 to 11 years, 13 to 14 years, and 15 to 19 years), addressing topics such as gender, rights, reproductive health, HIV and AIDS, and drug abuse prevention. Each curriculum emphasizes building and practicing critical life skills such as decision-making, negotiation, and communication, enhancing well-being for these youth. The team also organized skills training for older youth (16 to 19 years) in various communities, mainly in vocational school settings.

The team first conducted a pilot project in Guangxi Province. The findings allowed PATH and GXWF to assess their approach to project implementation and monitoring and to gather feedback to refine the curricula. One refinement, for example, included incorporating additional warm-up activities to a condom demonstration session. The work in Guangxi also helped identify strategies and a model that may be replicated in additional Chinese provinces over time.

### Reaching Yi girls in Sichuan

In Liangshan prefecture in Sichuan Province, Mercy Corps and the Liangshan Yi Minority Women and Children Development Center are implementing the Giving Leadership Opportunities to Young Women (GLOW) program. Supported by the Nike Foundation, the project works to empower ethnic minority adolescent girls to improve their income-generation capacity and social, educational, and health status. To support the project, PATH is developing materials and training programs that focus on increasing health knowledge, improving attitudes, and building skills for healthy behaviors.



## Engaging and empowering youth

Integrating the program into the existing school curricula required support from local education bureaus and the flexibility to adapt the training for both boys and girls, because schools rarely offer female-only classes. As a result, two hour-long weekly sessions were presented to mixed-gender classes, allowing boys and girls to actively discuss values and gender norms in a supportive context.

Although the project focuses on girls' empowerment, it is engaging boys to help foster a supportive environment where girls are better able to realize gender equity and carry out their choices. The project hopes to contribute to an overall shift in communication norms regarding gender by allowing time and space for adolescents to critically examine issues surrounding current gender roles. As these youth become adults, parents, and involved citizens in their communities, more gender-equitable ideas may shape new norms.

Project staff trained facilitators in new, non-traditional participatory teaching methods and approaches for addressing sensitive issues within local settings. Inviting and training staff from the local education bureaus led to increased support of the project. Many facilitators praised the new teaching tools and noted that the curricula, which enabled them to provide accurate, unbiased information, had also increased their understanding of the issues.

## Supporting partners in expansion

With technical assistance from PATH, local and regional partners created a supportive environment for scaling up the program from 16 schools in four counties to 126 schools in nine counties. GXWF managed on-the-ground implementation of all activities in Guangxi, and the CCTF coordinated media and advocacy efforts at the national level. Local advocacy efforts garnered political, social, and financial support for project activities with varying levels of success. For example, one project site was able to ensure future financial support for the curricula in schools and for community-based activities.

Collaboration with local and national media outlets also helped promote programming for rural girls. The project team worked with each participating school to collect facilitators and students' comments, observations, and progress reports, leading to further promotion of the program in various national and local media



PATH and its partners have reached more than 44,000 youth in Guangxi Province with tools and skills that are fostering their confidence, knowledge, and decision-making potential.

outlets. Many comments illustrated the program's impact. For example, one primary school student wrote: "Why am I worse than others? Why are there always people who told me I can't do anything? I kept thinking, how am I going to do things right and be acknowledged? I didn't know the answer to my questions until one day a young teacher gave us a completely different lesson, the Spring Bud Healthy Development skill training. I began to gain self-confidence. Now, I can do it. No matter if I'll be successful or not, I'll work hard for the future. I believe dreams will come true if we never give up."

Rapid expansion over 18 months has allowed the project to reach more than 44,000 in- and out-of-school youth from 126 schools and provided training for nearly 800 facilitators.

## Next steps

The introduction of this girls' empowerment program has generated interest among China's national and local leaders, media, and provinces, which should lead to a more favorable environment for girls' development and gender equality. In the fall of 2007, these supporters will gather to learn more about the project's impact and discuss plans for expansion. ■



## Additional highlights

These and other PATH projects are helping women, their families, and their communities lead healthy, productive lives.

### Cervical cancer

Based on newly analyzed results of studies in India, Peru, South Africa, and Thailand, PATH and its Alliance for Cervical Cancer Prevention partners have outlined ten key findings and recommendations for global policy and practice related to cervical cancer screening and treatment in low-resource settings. The recommendations are available in English, French, and Spanish at [www.rho.org](http://www.rho.org).

The latest issue of PATH's *Outlook* newsletter also provides an overview of the state-of-the-art in cervical cancer prevention worldwide. The issue can be downloaded from [www.rho.org](http://www.rho.org) and [www.path.org](http://www.path.org).

### Reproductive health supplies

PATH is one of the founders of the Reproductive Health Supplies Coalition, which seeks to increase access to and use of high-quality reproductive health supplies in low- and moderate-income countries. Securing these supplies is essential to providing effective reproductive health care, which underpins achievement of the Millennium Development Goals. In less than two years, the Coalition has grown from a small group of individuals to a structured partnership of key institutions in the reproductive health supplies field. PATH plays a pivotal role in hosting and staffing the Coalition's small secretariat in Brussels, Belgium. Visit [www.rhsupplies.org](http://www.rhsupplies.org) to learn more.

### Gender-based violence

In Latin America, PATH serves as the technical secretariat for the InterCambios Alliance, a coalition concerned with domestic violence and health policy and programs. With support from the Swedish International Development Cooperation Agency, InterCambios adapted an innovative training curriculum to help health

workers and service providers better understand women who have experienced violence and their crucial role in stopping violence and supporting survivors. Learn more at [www.alianzaintercambios.org](http://www.alianzaintercambios.org).

### Nutrition and HIV/AIDS

PATH works on multiple fronts to address infant feeding and nutrition, prevention of mother-to-child transmission of HIV, and HIV/AIDS care and treatment. PATH is the prime contractor on the US Agency for International Development's Infant and Young Child Nutrition program (IYCN, 2006–2011). We also partner with the Elizabeth Glaser Pediatric AIDS Foundation to provide technical assistance in infant feeding and nutrition globally and in eight African countries (Cameroon, Côte d'Ivoire, Mozambique, Rwanda, South Africa, Tanzania, Zambia, and Zimbabwe), and we implement related activities supported by the President's Emergency Plan for AIDS Relief in Kenya, South Africa, and Ukraine. To expand the reach and impact of these activities, we collaborate with a range of groups, including the World Health Organization, World Food Program, UNICEF, the US Centers for Disease Control and Prevention, and the CORE Group.

### Safe abortion

In evaluations in Mexico and Vietnam, PATH demonstrated the economic benefits of policies that increase access to safe abortion, such as those that liberalize legal restrictions and expand the choice of safe abortion technologies. These and other policy changes were shown to reduce postabortion complications, save lives, and reduce costs. PATH has used the findings to promote improved quality of care, rational fees, and equity in access. A summary of the Mexico study is available at [www.id21.org](http://www.id21.org).

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions that enable communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, we help provide appropriate health technologies and vital strategies that change the way people think and act. Our work improves global health and well-being.

*Directions in Global Health* shares information about PATH's programmatic experiences with colleagues around the world. Produced three times per year, *Directions* is available free of charge. To subscribe, please send your contact information to:

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Printed on recycled paper.

ISSN 1549-8662