2016 International Conference on Family Planning (ICFP)
Media Round-Up
August 2015 through 12 February 2016
375 original articles and 117 reposts

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• **Huffington Post Impact**: Let’s Not Be Squeamish About Family Planning’s Fiscal Benefits by Pape Amadou Gaye (24 September 2015)

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  o Reposted on Daily Mail, Philly.com, Coconuts Bali

• **Thomson Reuters Foundation**: Indonesian youth advocate for family planning but are denied rights (27 January 2016)

  o Reposted on Thomson Reuters

• **Thomson Reuters Foundation**: International Conference on Family Planning – before we commit, let’s act! (25 January 2016)

  o Reposted on AllAfrica

• **Thomson Reuters Foundation**: Angela’s Story: How I ended up pregnant and with HIV at 15 (18 January 2016)

  o Reposted on AllAfrica

• **Thomson Reuters Foundation**: Stigma deters young people from accessing contraception (02 November 2015)

  o Reposted on AllAfrica

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• **Christian Science Monitor**: Can family planning help the world? Lessons from Indonesia. (24 January 2016)

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  o Reposted on Morningstar, Nasdaq

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The Guardian: Family planning is ‘critical link‘ in eradicating poverty (26 January 2016)
  o Reposted on Gulf Times
The Independent: Couples who use contraception have sex more frequently, study finds (26 January 2016)
  o Reposted on El Ciudadano, MSN
SciDev.net: Barriers to ‘morning after’ pill (26 January 2016)

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IANS: How app helped rural Indian women use modern contraceptives (29 January 2016)
  o Reposted on Yahoo! News, NDTV, India West, IBN Live, Dallas News.Net
IANS Live: Children born into smaller families live longer (28 January 2016)
  o Reposted on Big News Network, The Statesman, Yahoo! News, Zee News
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- **Business Standard**: Taking community health to the market (27 January 2016)
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- **The Economic Times**: Government to promote birth spacing through contraceptives: Nadda (26 January 2016)
- **The Hans India**: Family Planning – still a dream for India’s urban women (26 January 2016)
• **Inter Press Service**: Bali holds Family Planning Conference Amidst Many Unmet Needs (27 January 2016)

• **Mint**: Government will promote birth spacing: J.P. Nadda (26 January 2016)
  o Reposted on NewsGrom

• **Press Trust of India**: Family planning has reduced maternal, child deaths: Nadda (25 January 2016)
  o Reposted on Business Standard, India Today, One Indi, Financial Express

• **Scoop News**: Need to redefine family planning (2 February 2016)

• **The Wire**: Men, the Weak Link in the Push for Contraception and Sterilisation (2 February 2016)

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• **Antara News**: To Maintain Economic Growth, Jokowi Calls KB an Absolute Investment Program (26 January 2016)
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• The Jakarta Post: Decentralization threatens RI family planning program (19 August 2015)
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• **Viva.co.id**: Jokowi: KB is a Strategic Investment for the Future (25 January 2016)
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**Nepal**

• **The Himalayan Times**: Bali conference urges to invest on family planning (28 January 2016)
• **The Himalayan Times**: Int’l Conference on Family Planning kicks off in Bali (25 January 2016)

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• **Inquirer.net**: The joy and hardship of birth (25 January 2016)
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• **Rappler**: The kids are having sex and they are not OK (11 February 2016)
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• **Rappler**: Gates Foundation invests additional $120-M in family planning (26 January 2016)

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**Newswires**

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- **The Star**: Family Planning to take centrestage in AU Summit (26 January 2016)
- **The Star**: Combining Football and Reproductive Health (25 January 2016)

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- **The Nation**: Taleka Makunje: championing reproductive health for youths (31 October 2015)
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• **The Authority**: ICFP 2016 closes with global call to provide contraceptive access to 120m more women (31 January 2016)

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• **The Authority**: $30m family planning project for girls launched in Indonesia (26 January 2016)

• **The Authority**: Contraceptives avert 80m unwanted pregnancies – Experts (26 January 2016)

• **The Authority**: Vasectomy: Inspiring men to rise up out of love (12 December 2015)

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• **Pulse**: International confab put off (07 November 2015)

• **Vanguard**: Nigeria tops list of countries providing contraceptives (2 February 2016)
  - Reposted on *AllAfrica*

• **Vanguard**: Indonesian President wants action to expand access to contraception (29 January 2016)

• **Vanguard**: Global leaders seek $9.4bn to meet family planning needs (27 January 2016)
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• **Vanguard**: Out-of-hospital birth, a major challenge – Bolaji Margaret, Researcher (22 January 2016)

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• **The New Times**: Global youth leaders call for more friendly family planning services (30 January 2016)
  - Reposted on *AllAfrica*

• **The New Times**: UNFPA calls for more efforts to meet family planning targets (19 October 2015)
  - Reposted on *AllAfrica*

**Senegal**

• **Le Soleil**: Family planning and post-Abortion Care: Less than a patient on two received a contraceptive method between 2012 and 2013 (8 February 2016)

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• **Le Soleil**: Ouagadougou Partnership wants to hire additional 2.2 million women by 2020 (28 January 2016)

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**Daily Maverick**: Sustainable Development Goals: When reducing births means reducing deaths (28 January 2016)

  o Reposted on AllAfrica

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**The Citizen**: Local vasectomy rates on the rise (28 January 2016)

  o Reposted on AllAfrica

**The Citizen**: Govts called on to boost, invest in birth control (27 January 2016)

  o Reposted on AllAfrica, AsokoInsight

**The Citizen**: Clerics-family link stressed (26 January 2016)

**The Citizen**: Give youth a right to contraceptives: NGOs (26 January 2016)

  o Reposted on AllAfrica

**The Guardian**: Parents must engage children in reproductive health talks – WHO (27 January 2016)

**The Guardian**: Tanzania taking part in international family planning summit in Indonesia (27 January 2016)

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**The Monitor**: Follow family planning pledges with concrete funding actions (12 February 2016)

**New Vision**: Children born in small families live longer (28 January 2016)

**New Vision**: Gates Foundation pledges US$120m for Family Planning (27 January 2016)
• **uReport**: Better family planning key to achieving economic goals by Vincent Ogaya (27 January 2016)

**Zimbabwe**

- **The Herald**: Family planning: Hits and misses (18 November 2015)
- **Key Correspondents**: God and condoms: perspectives on family planning and faith (5 February 2016)
  - Reposted on *AllAfrica*
- **Key Correspondents**: Young people must lead community family planning efforts (4 February 2016)
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  - Reposted on *AllAfrica*
- **Key Correspondents**: Youth voices stand out as family planning conference roars to life (25 January 2016)
  - Reposted on *AllAfrica*

**Pan-Africa**

- **Health Reporters**: New Dates Announced for International Conference on Family Planning (17 November 2015)

**Middle East** (3 original, 1 repost)

**Pakistan**

- **Dawn**: Family Planning conference urges increased access to services (26 January 2016)
- **The Express Tribune**: Pakistani woman wins global humanitarian award (27 January 2016)
  - Reposted on *The Indian Subcontinent*
- **The Express Tribune**: So who should talk to the 20-somethings about contraception? (27 January 2016)

**Oceania** (2 original)

**Fiji**

- **The Fiji Times**: Plan your family (29 January 2016)

**Papua New Guinea**

- **EmTV**: Conference Gathers Many to Assess State of Family Planning (28 January 2016)

**Partner Blogs** (41 original)

- **Advance Family Planning**: At ICFP 2016, DRC Leadership Commits to Further Family Planning at Highest Level (27 January 2016)
- **EngenderHealth**: Guaranteeing Rights at ICFP 2016 (1 February 2016)
- **EngenderHealth**: [ICFP 2016 Poster Presentations](#) (26 January 2016)
- **EngenderHealth**: Translating Global Family Planning Commitments into Local Action: The ExpandFP Project in Uganda, Tanzania, and the DRC (24 January 2016)
- **FHI 360**: “At your age, you can’t access that!” (28 January 2016)
- **FHI 360**: Where’s Youth in Family Planning...let’s walk the talk, (28 January 2016)
- **FHI 360**: A Future of Reproductive Freedom Starts by Giving Youth a Seat at the Table (25 January 2016)
- **Frontline Health Workers Coalition**: Planning a Family by Choice, Not by Chance (29 September 2015)
- **Girls Not Brides**: Family planning for married girls: lessons learned from ICFP 2016 (8 February 2016)
- **Global Health Now**: A Leap for Faith (26 January 2016)
- **Global Health Now**: Having Faith in Family Planning (26 January 2016)
- **Global Health Now**: 2016 International Conference on Family Planning: Discussing Dividends, Unveiling an Injectable, and Hearing Voices (22 January 2016)
- **Global Health Now**: Youth and the SDGs: A Q&A (20 January 2016)
- **Global Health Now**: West Africa’s Family Planning Momentum: A Q&A with IntraHealth’s Pape Gaye (13 January 2016)
- **Institute for Reproductive Health, Georgetown University**: Essential Elements for Success: Gender Transformative Ways to Involve Men in FP Programs (27 January 2016)
- **Institute for Reproductive Health, Georgetown University**: “Not about me alone”: Social networks as powerful resources for reducing unmet need (25 January 2016)
- **Institute for Reproductive Health, Georgetown University**: Supporting the next generation to take control of their fertility (25 January 2016)
- **International Planned Parenthood Federation (IPPF)**: Our most ambitious pledge ever – an extra 60 million women able to access family planning by 2020 (29 January 2016)
- **International Planned Parenthood Federation (IPPF)**: South-South Exchange on Family Planning at the ICFP (27 January 2016)
- **International Planned Parenthood Federation (IPPF)**: Digital Report: Delivering universal family planning (26 January 2016)
- **IntraHealth International**: What’s the Recipe for Family Planning Progress in Senegal? (27 January 2016)
- **IntraHealth International**: Youth Advocates Can Increase the Use of Modern Contraceptives, If We Listen to Them (27 January 2016)
- **IntraHealth International**: Move Over, Unmet Need—There’s a New Family Planning Indicator in Town (26 January 2016)
- **IntraHealth International**: Young Family Planning Advocates Use Design Thinking to Understand Users’ Needs (26 January 2016)
- **IntraHealth International**: Mobile Tech for Family Planning and More (24 January 2016)
- **IntraHealth International**: It’s Not Complicated: Contraceptives Save Lives and Improve Health (25 September 2015)
- **IntraHealth International**: Future Planning: Young People Making Choices (11 August 2015)
- **Ipas**: Youth must help lead the movement for sexual and reproductive rights (09 November 2015, 25 January 2016)
- **John Snow, Inc.**: Finding Inspiration at the ICFP (28 January 2016)
- **John Snow, Inc.**: Highlighting issues that women face “Inside the Tent” at ICFP (27 January 2016)
- Johns Hopkins Bloomberg School of Public Health: Faith and Family Planning: A Q&A with Sheikh Mangala Luaba (26 January 2016)
- Johns Hopkins Bloomberg School of Public Health: ICFP 2016 Opens with Pledges and Partnerships (26 January 2016)
- Johns Hopkins Bloomberg School of Public Health: International Conference on Family Planning 2016 (23 January 2016)
- K4Health Blog: Let’s Not Lose the Trees for the Forest: A Conversation about the SDGs and Family Planning (13 October 2015)
- Maternal and Child Survival Program: From Chiang Mai to Mexico City to Nusa Dua: Family Planning is Key to Saving Lives (11 January 2016)
- Pathfinder International: Global Commitments, Local Actions: Keeping the Momentum Going After ICFP (3 February 2016)
- Pathfinder International: Agency and Access: Why LARCs Are Significant to the Narrative of Family Planning (25 January 2016)
- Population Council: Making Rights a Reality (16 January 2016)
- Population Services International (PSI): #ICYMI: Top Global Health Tweets From This Week (22 January 2016)

Other Online Content (28 original, 2 reposts)

- The American Bazaar: App to help rural Indian women use modern contraceptives (29 January 2016)
- Coconuts Bali: Women’s Empowerment and Child Protection Minister ok with Engeline film, on one condition (26 January 2016)
- CTI Exchange: No Pipeline, No Promise: The Role of Contraceptive R&D at the International Conference on Family Planning
  - Reposted on FHI 360
- Girls’ Globe: Sexual and reproductive health in emergencies (1 February 2016)
- Global Voices: YouTube superpowers: Female activism in digital shorts (1 February 2016)
- Health Communication Capacity Collaborative: As Demand Grows for LARCs, the Need for Communication Fellows (21 January 2016)
- ILead E-news: A Bali Report (31 January 2016)
- Innovations for Poverty Action: Building innovative and evidence-based family planning programs for the next generations (22 January 2016)
- Lawyer Herald: Indonesian government revives family planning program; Impacts on economy expected (25 January 2016)
• **Making Health Matter**: Greater contraceptive choices for youth – key to economic growth (27 January 2016)

• **Making Health Matter**: India: Need for gender equity in family planning (24 January 2016)

• **Maternal Health Task Force**: In Indonesia, Spicy IUD TV Ads Try to Boost Long-Term Contraception (21 January 2016)
  
  o Reposted on FHI 360

• **Palladium**: Family Planning in the Sustainable Development Goals: Seeking the Goldilocks Approach (27 January 2016)

• **Palladium**: Bali...Finally! (26 January 2016)

• **PATH**: Government of Zambia injects new hope for expanded access to contraception for women (3 February 2016)

• **Pop Herald**: Want more sex? Try using contraception, researchers say (30 January 2016)

• **Pulitzer Center**: This Week: Echoes of Communism (2 February 2016)

• **Pulitzer Center**: Hope and Doubt on Nigeria’s Reproductive Health Landscape (1 February 2016)

• **Pulitzer Center**: Reporting on Reproductive Health: Opportunities and Obstacles International Conference on Family Planning 2016 (27 January 2016)

• **SNEHA**: Time to involve adolescents in FP meaningfully (27 January 2016)

• **Stanford Scope**: Fertility quiz: How well do you know your body? (29 January 2016)

• **Women at the Center**: COP21, Gender Equality, & Family Planning (22 January 2016)

• **Women News Network**: Men for Women’s Rights: Young SRHR leaders Show the Way (1 February 2016)

Media Advisories & Press Releases (13 original, 29 reposts)

• **ARY News (repost of Aman Foundation press release)**: Fayeeza and Arif Naqvi win Global Humanitarian Award for Women’s and Children’s Health (27 January 2016)

• **The David and Lucille Packard Foundation**: 2016 Quality Innovation Challenge (20 January 2016)

• **FHI 360 (repost of ICFP press release)**: Family Planning Conference Closes with Global Call to Accelerate Efforts to Provide Contraceptive Access to 120 Million More Women (28 January 2016)
  
  o Reposted on FP2020, Daily Graphic

• **FHI 360 (repost of ICFP press release)**: Young Leaders Call for More Youth-Led and Youth-Friendly Family Planning Services (27 January 2016)
  
  o Reposted on AllAfrica, The New Dawn

• **HealthNewsNG.com (repost of ICFP press release)**: International Conference on Family kicks off with call for Global Action to Expand Access to Contraception (25 January 2016)

• **Johns Hopkins Bloomberg School of Public Health**: Smartphone App Linked to Increase in Contraceptive Use in India (28 January 2016)
  
  o Reposted on EurekAlert, Newswise, Health Canal

• **Johns Hopkins Bloomberg School of Public Health**: Life Expectancy Three Years Longer For Children Born Into Smaller Families in Developing World (27 January 2016)
  
  o Reposted on EurekAlert, MedicalXpress, Newswise, ScienceCodex

• **Johns Hopkins Bloomberg School of Public Health**: Better Access to Contraception Means More Sex for Married Couples (26 January 2016)
  
Ensuring that 120 million additional women and girls are able to access and use modern contraception, a goal outlined by the Family Planning 2020 global partnership, is about much more than a number.

Women and girls — each with a face, a name, a story and dreams — have the right to define their needs and make decisions about their own sexual and reproductive health, both within and beyond the clinic walls.

In fact, the ability to choose whether, when and how many children to have is essential not only to a woman’s health, but also to the health of her family and community. When women have access to quality family planning and health services, they are more likely to survive childbirth, have healthier children and go further in their education.

Yet expanding access to contraception has never been just about health — it means fundamentally changing the status of women and girls in society by respecting their bodies, minds, aspirations and lives. And this translates into women becoming agents of their own change and ensuring their rights are respected, protected and fulfilled.

Consider Dolena and her husband Mohammed Jakirul, a shy young couple from Dhaka, Bangladesh. Recently married at 17 and 20, respectively, they think it’s too early to have children. “We want to be financially stable and secure first,” Dolena says quietly. That’s why she and her husband opted for a three-year contraceptive implant, which will allow them the time they need, without worry of an unexpected pregnancy.

**Steady progress**

Dolena’s story illustrates how, no matter where they live, millions of women and girls, as well as men and boys, want the ability to determine for themselves if and when to start a family. But it is also a sharp reminder of how different her story could have been if it were just three years ago, when the...
government of Bangladesh did not even allow women access to implants if they hadn’t given birth to at least one child.

There is no doubt that we are seeing progress in expanding access, and in ensuring that access includes full, free and informed choice to a wide range of contraceptive options. Bangladesh is one of nearly 40 countries that through the FP2020 partnership has made a commitment to expand access to voluntary contraception for women and girls in the world’s poorest countries.

And, today, more women and girls are using modern contraceptives than ever before. This is an incredible accomplishment, but we have a lot more work to do — too many millions of women and girls are still out of reach, still waiting for services, respect, and a feeling of peace and security in their own lives.

**Accelerate towards the future**

We have both the opportunity and obligation to accelerate our progress by putting an individual’s rights at the center — and making sure they stay there. However, this must be a collective, concerted effort by governments, health care providers, communities, and clients.

Since the 2012 London Summit on Family Planning, a broad array of partners have collaborated to develop frameworks to articulate what a rights-based approach entails, design tools and trainings to help create rights-based programs, and now to roll out these tools as a way of engaging diverse stakeholders, measuring their impact, and ultimately holding our governments and ourselves accountable.

Buoyed by the momentum out of last week’s International Conference of Family Planning, let’s renew our promise to coordinate across donors, partners, and implementers and make rights-based family planning a reality for the millions of women and girls who are relying on us to get this right.

Now is the time to strengthen sexual and reproductive health and rights — both as a means and as an end.

**To help make rights a reality:**

- Invest in data collection and use to track and measure the extent to which rights are incorporated into existing and new programs and to better understand who is not being reached.
- Strengthen country ownership and advocate for allocation of adequate funds to support rights-based family planning programs. It is the right thing to do, and it is the smart thing to do.
- Because we are committed to advancing the principles of rights and empowerment in family planning, we use a variety of tools offered by FP2020, EngenderHealth, and summarized in this resource guide.

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Devex: Future reproductive freedom starts by giving youth a seat at the table
27 January 2016
*By Suzanne Ehlers and Katja Iversen*
When Ephraim Kisangala describes what he sees as a physician in Uganda, his voice is heavy with the weight of his work. He tells the story of his patient Jovia (not her real name) is a 14-year-old Ugandan girl who became pregnant after being raped by a family member. Jovia’s pelvis was too narrow and underdeveloped to deliver her baby, so Ephraim was forced to perform an emergency cesarean section. Jovia still hopes to pursue an education, though as a young, single mother it will not be easy.

Jovia’s story is not unique. The education of thousands of girls in Uganda has been derailed because they have experienced sexual violence, unintended pregnancy, or have suffered from an unsafe abortion. If more young people had access to contraception, safe abortions and post-abortion care, there would be more girls in school and university.

In developing countries, nearly 1 in every 5 girls becomes pregnant before her 18th birthday, putting her health severely at risk. In fact, complications due to pregnancy and birth is one of the leading causes of death for girls aged 15-19 globally.

Young people — those under 30 — constitute more than half of the world’s population; in some countries, young people make up as much as 80 percent. Their needs, their opportunities, and their choices not only define the world as we know it, but how we want it. To take full control of their lives, young people need to protect their health and decide for themselves if and when to have children. This certainly cannot be done if they do not know about contraception and the different methods available, or are deprived access to quality family planning counseling and services.

While some progress has been made in these areas, the pace has been far too slow, mainly due to lack of political will and insufficient funding. It is clear that there is an urgent need to accelerate the pace and secure political champions who are willing to speak out and act on reproductive health and rights.

Research shows that when you include young people in decision-making and invest in his or her health, rights and wellbeing, everybody wins. And the gains go beyond health. Nobody knows this better than the young people who are impacted by restrictive policies but who play a critical role in keeping their countries accountable for their promises.

By increasing youth engagement with key target audiences — including the private sector, civil society organizations, media and global institutions — we can provide opportunities for young people and ensure the inclusion of their voices. Women Deliver, for example, has provided hundreds of opportunities for young leaders to raise their voices and has assisted other organizations in including young people on their boards and task forces.

Youth must be a factor in all advocacy planning — from funding youth-led advocacy programs to reserving seats for youth at the table. As we begin to tackle the Sustainable Development Goals, PAI and Women Deliver will do our part to make sure that young people are meaningfully included in developing, implementing, and evaluating the policies and programs that impact their lives.

This work is already underway. In fact, this week, hundreds of young advocates from around the world will participate in the International Conference on Family Planning in Indonesia. They’ll come together again this May at the Women Deliver 2016 Conference in Copenhagen to create a strategy for meaningful youth engagement, for youth, by youth.
We all have a role to play and we need to listen, learn, and elevate the voices of young people. They are not only our leaders of tomorrow, they are leaders of today, deserving of direct participation in public policy. As they say: nothing about us, without us.

Devex: **Time to rise to our family planning promise**
25 January 2016
*By Melinda Gates*

This week a hugely important conference on family planning is taking place in Indonesia, a conference that nearly never happened. In November, a volcano erupted in Lombok, closing the airport in Bali and postponing the original event. The family planning community rallied together to organize a new conference in just two months, reflecting a shared sense of urgency about meeting our family planning promise to women and girls.

It may not seem like it to those of us for whom deciding if and when to have children — or how many to have — involves little more than a trip to the doctor or the pharmacy. But for many women and girls there is, in the words of a young woman I met recently in Niger, no other option but to hope and pray.

You get a glimpse of just how much is at stake when you look through the eyes of two young women in Bihar, India. Sushma Devi and Manju Devi don’t only share a last name. They are also both married, mothers, in their late 20s, from poor families and rural communities. They live about 20 miles from each other — but their lives are worlds apart.

Manju and Sushma are both from Bihar, India. Both are the same age and from similar family backgrounds. Why have their lives turned out so differently?

The reason? Sushma had access to family planning advice and contraceptives from an early age, while Manju did not. We know that the effect of this has far-reaching consequences. All the data shows that when women can plan and space their pregnancies, they are better able to raise healthier families and continue to make an economic contribution. Over time, this all adds up to stronger communities and stronger countries.

That’s why three years ago, the world made a commitment to an ambitious goal. More than that, we made a promise. A promise to 120 million women and girls that by 2020 they would have access to family planning services and contraceptives if they wanted it.

In the time since, millions of unintended pregnancies have been avoided and thousands of lives saved. That's great news — but to keep our promise, we need to do much more and we need to do it now.

For our part, the foundation is investing an additional $120 million over the next three years. More money will go into advocacy to keep family planning firmly on the agenda. Resources will also be devoted to improve the quality of services women and girls receive. And we will fund expansions of proven urban health programs across more parts of Africa and Asia.
We are at a critical moment. Sushma and Manju represent the two futures that lie ahead of us: One is full of promise, the other is a broken promise. The International Conference on Family Planning is back on and 120 million women and girls are counting on us to act.

Devex: From global commitments to local action: Revitalizing Indonesia’s family planning program
21 January 2016
By Surya Chandra Surapaty

It is a simple truth: access to quality family planning saves lives, bolsters economies and improves health outcomes for individuals and communities.

And to build a healthy and sustainable world for future generations, we must address the unmet need for family planning resources and services that leads to hundreds of thousands of deaths each year.

As a global community we have made a number of important commitments to do so. In 2012, we created Family Planning 2020, an international partnership working to enable 120 million more women and girls to use contraceptives by 2020. Just this September at the United Nation’s General Assembly, the global development community also ratified the Sustainable Development Goals, which call for universal access to sexual and reproductive health services by 2030.

But without dedicated and focused local action, we risk falling short of our global goals and failing millions of people around the world.

We know this very well in Indonesia, the world’s fourth most populous nation.

A decade ago, Indonesia boasted one of the world’s most successful family planning programs. Yet, in recent years, due to decentralization and other challenges, our family planning program stalled at the local level. The repercussions are measurable: currently our annual population growth stands at 1.38 percent, well short of our national target of 1.1 percent. This means that 4.5 million new babies are now born in the country annually — that’s nearly the population of Singapore.

We are dedicated to revitalizing our family planning program, and we have recently taken several steps to this end.

Last year, the Indonesian government entered into a partnership with Johns Hopkins University’s Bloomberg School of Public Health that will provide invaluable technical and financial assistance to our family planning efforts over the next four years. We have also quadrupled our budget allocation for family planning, from $65.9 million in 2006 to $263.7 million in 2014.

These investments will allow us to make progress on our growing areas of focus: getting family planning services to those in hard-to-reach areas, including by working closely with midwives; providing free reproductive health services under Indonesia’s new universal health care system; and maximizing the benefits of the demographic dividend.
Commitments from the highest levels of government are critical. But what will make the biggest difference is a policy of local action throughout our 17,000 islands. Now, more than ever, we must improve our nation’s family planning education and outreach efforts on-the-ground — especially in remote and underdeveloped areas.

At the heart of our approach in these regions is the Kader Desa program, which empowers local volunteers to provide family planning materials and services to those who need them the most. As trusted members of their communities, Kader Desas (or volunteer family planning counsellors) are the front line of engagement for people seeking reproductive health care and contraception in some of the most at-risk and impoverished areas of the nation.

Local action can be transformative in countries like Indonesia, and it can also help drive progress toward global commitments. As part of our support to global family planning efforts, Indonesia is proud to co-host the 2016 International Conference on Family Planning starting next week in Nusa Dua. This conference will bring together thousands of researchers, practitioners, policymakers and advocates from around the world to disseminate knowledge, celebrate successes and identify next steps toward achieving the FP2020 goals and SDGs.

It is an important moment for the international community to take stock and chart out a collective path forward. It is also an unparalleled opportunity for Indonesia to learn family planning lessons from around the world — and perhaps to offer a few lessons of our own.

In an ever-growing world, our shared future depends on commitments at the global level, and the local action required to turn these into reality. If we truly wish to ensure universal access to contraception and reproductive health care services in our lifetime, then we must begin by effecting change in our own communities.

Devex: Family planning: It’s time to invest
12 November 2015
By Megan Elliott

When the International Conference on Family Planning — scheduled to take place in Indonesia this week — was postponed by the eruption of Mount Rinjani and a subsequent ash cloud, the news was met first with disappointment, but swiftly with resolve. Organizations working in reproductive health know from long experience that even the best laid plans can never be taken for granted.

Our starting point is this: the right to contraception is universal. Yet the financial resources needed to satisfy the desire of women, men and young people who want to control their fertility are far from assured. This challenge grows every day as the largest youth cohort in history comes of age.

As we move into a new era of development, the world will face tough choices about how to spend its finite resources to achieve the Sustainable Development Goals. Many of these choices will fall to governments, yet few leaders of developing economies might think first of prioritizing investment in preventative health, especially contraception, to assure their countries’ continued development.
As a service provider in 37 countries, we believe this is a profound miscalculation.

Contraception changes lives. At Marie Stopes International, we see the impact our services have on the lives of our clients every day. Through them, we see how access to contraception produces social and economic benefits for families, communities and economies. We believe, as do many others, that universal access to contraception is an essential foundation for development.

As a community, we have excelled in quantifying the health impact of increased use of contraception, particularly in terms of outcomes like maternal mortality and unsafe abortions prevented. However, a definitive approach to costing and measuring the wider impacts of contraception remains elusive. As an organization that is driven by results, we want to quantify this wider impact of contraception on development to give us a clear understanding of how it is intrinsically linked to the SDG agenda and achievement of the demographic dividend.

‘Compelling’ results

We started by mining internal data from 11 of our country programs to explore the correlations between a country’s contraceptive prevalence rate and other social and economic indicators. We then imagined the hypothetical emerging country of Contraceptia, with 2.2 million women of reproductive age. We looked at what would happen if contraceptive prevalence in Contraceptia was increased by 5 percent, to identify social and economic changes associated with the corresponding increased contraceptive use.

The results were compelling. There was an increase in gross domestic product of $1,700, a 3.4 percent increase in girls’ primary school completion rate — from 69.9 percent to 73.3 percent. Contraceptia’s “gender equity index” score improved by 2.5 points; its foreign aid and government revenue ratio fell from 32 percent to 29 percent; while its “fragile state index” score dropped four points from 91 to 87, moving it out of the “alert” category.

While we know that correlation is not causation, and that more in-depth work is needed, we are encouraged that the data do appear to suggest a starting point to build an evidence base for how to measure the impact of contraception on social and economic development. With more work, we believe we can find data that proves a crucial point: that contraception is one of the smartest upstream investments governments can make for the future prosperity and security of their citizens.

In sustainability terms, there are few areas of development that can match expanding access to contraception in lasting impact. Consider Zimbabwe.

Today, the country boasts one of the highest contraceptive prevalence rates in Africa, despite its people enduring periods of significant economic hardship. It is no coincidence that nationwide drives to promote family planning stretch back more than 60 years, leading to successive generations of women not only understanding the value of having that choice, but demanding the same rights that were afforded to their mothers and grandmothers. Once demand is created within a community, it grows roots.

If meeting global development needs were as simple as building a house, giving people the ability to choose the size of their family would not be a brick or a beam. It would be part of the foundations, an essential and intrinsic part of development. Women with control over their fertility are more likely to
complete education and become financially independent. Families with the ability to choose whether and when to have children are less likely to fall into — or remain trapped in — poverty.

**Time to act, time to invest**

We believe it is time to act and time to invest. This should be the aim of everything we work for today, and throughout the years to come: no woman who has gained access to contraception — and indeed comprehensive safe abortion services for when contraception fails — should ever be denied it again.

If the world is serious about ending poverty by 2030, access to contraception cannot be allowed to fall off the agenda, or left unfunded. As health issues move increasingly towards domestic financing, the priority developing economies give to contraception is a foot poised above the pedals of their own development. They will either choose the accelerator or the brake. Disinvest altogether, and they may find themselves in reverse.

We can’t expect anyone to reach this conclusion by themselves. We must get better at talking about this, basing our arguments on agreed indicators, on evidence, on verifiable data, and so speak more convincingly of the wider benefits of contraception — to governments, to major funding partners, to each other, and to those who are not yet convinced.

It may not be easy, but we owe it to the women, girls and men we serve to make the strongest case possible for sustained investment in universal access to contraception.

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**Devex:** *What works and what’s missing in the new global goals*

3 November 2015
*By Pape Amadou Gaye*

At the United Nations Sustainable Development Summit in September, the U.N. officially launched the new global Sustainable Development Goals. These 17 goals and 169 associated targets are the result of 193 countries standing together and making a plan for a healthier, more prosperous world.

The plan lays out some very lofty goals — they cover health, education, the environment, economic growth and more. Some say it’s impossible to achieve them all.

And yes, the magnitude of what we as a global community are proposing is daunting. We’ll need to make structural changes in governance, financing, and implementation. We’ll need the fields of global development, research, and finance to embrace a new way of looking at the world — of thinking about environmental threats and disease prevention together, for example, instead of as unrelated issues. And we’ll need new funding schemes to accommodate this more integrated approach.

We want to accomplish all of this by 2030.

So yes, the SDGs are ambitious. And some key issues are conspicuously missing from the targets (more on that in a moment).
But I’m optimistic. Because in 2000, the Millennium Development Goals seemed impossible, too. And while we didn’t achieve them all, some countries saw truly astounding results. Globally, we’ve made staggering progress in improving maternal health, reducing child mortality, and combating HIV — progress we may otherwise never have made so quickly.

Now we’re approaching the International Conference on Family Planning in Nusa Dua, Indonesia, where the global community will gather next week to share best practices, celebrate successes, and plan the future of global family planning. This field happens to affect each of the SDGs in one way or another. So as we prepare for this, let’s consider what works and what’s missing in the SDGs:

**Focus on universal health coverage**

SDG 3 reads: “Ensure healthy lives and promote well-being for all at all ages.” The only way to achieve this is by making health care available to all 7 billion of us. And access to family planning and other primary health care is an indispensable part of that, as target 3.7 spells out.

However, the health workforce is missing.

Health workers are the very people — in fact, the only people — who can make universal access to health care a reality. Yet today there is a global shortage of 7.2 million doctors, nurses and midwives, according to the World Health Organization. The SDGs include only one vague mention of the health workforce in target 3c, which is not a specific or measurable target.

This is not enough. We know from experience that if we can’t measure our progress toward a goal, we’re unlikely to make it a priority, much less achieve it. We must make health workers and access to them integral to our plan for 2030.

**Social protection for the world’s most vulnerable**

I have spent a lifetime in the field of global health and development. As the politics and approaches have changed over the decades, I have sometimes asked myself: “What has happened to our compassion? What has happened to the idea that those who are a little better off should help those who are in need?”

SDG 1 answers these questions. It is perhaps the loftiest — and worthiest — goal we as a global community could ever aspire to: End poverty in all its forms everywhere.

But what’s missing? Health care as a human right.

Access to a health worker should be a right for every individual, no matter where you live or how much money you have. Emphasizing this through the SDGs could introduce a powerful change to the way we approach health care, and transform it from a commodity into a human right.

**Urbanization and the private sector**

In 1960, about 34 percent of the global population lived in urban areas. Now it’s more than half. SDG 11 responds to this trend: Make cities and human settlements inclusive, safe, resilient, and sustainable.
By focusing on urban areas, and particularly the urban poor, we can reach huge swathes of the population and improve health and wellbeing for more people than ever. And our private-sector partners are ready to play a huge role in these efforts.

For instance, imagine what big pharmaceutical corporations, or Coca-Cola, or FedEx — with their vast expertise in logistics and delivering products to exactly the right places at the right times — could contribute to the issues of, say, contraceptive stockouts or medicine shortages. Their expertise could stock every corner of this world with the products people need, when they need them.

The SDG agenda mentions the private sector several times, but is unfortunately vague, offering no measurable targets that address exactly how corporations can help.

There’s a misconception that the private sector holds the answers to all of global development’s problems, that it could eliminate the need for aid altogether if only we could tap into its vast budgets and expertise. The private sector’s resources are vast, but we must forge meaningful partnerships and maintain a strong sense of social accountability if we’re to work together effectively.

To make such relationships work, we must have shared values. For example, IntraHealth International collaborates with many for-profit corporations, including Johnson & Johnson, Pfizer, Merck and Medtronic. When we combine our expertise with theirs, the ultimate beneficiaries are the communities that, together, we can help more effectively than ever.

The will to make meaningful progress

Finishing what we started with the MDGs will come down to how we go about achieving these new global objectives.

We have the will. Let’s focus on the how. And what better place to start than with family planning, an area of health care whose far-reaching effects will influence our progress toward each of the SDGs? We’ll be joining thousands of advocates and experts at the ICFP to dig further into these issues.

And as we work, let’s not focus on our differences across cultures, but on the universal experiences — such as our lifelong need for access to health care — that can bring us together to achieve our goals for ourselves, our children, and future generations.

Devex: Keeping our promise to 120 million women and girls
8 October 2015
By Melinda Gates

Let’s begin with a hard truth: unplanned pregnancy is for many a matter of life and death. Every two minutes a woman dies due to pregnancy-related complications — a grim transformation of what should be one of the happiest times into one of the most dangerous.
For other women, unplanned pregnancy stands in the way of the future they want for themselves and their families. And because we know the health of mothers, newborns and children go hand in hand, unplanned pregnancy can have devastating long-term consequences for families, too.

It is little surprise that whenever I ask women living in the poorest countries whether they want the education and means to time and space their pregnancies almost every single one says they do. Yet within the same breath, they confide in me that they’re not doing anything about it — almost always for reasons beyond their control.

Sadi told me on a visit to Niger that she is desperate not to have any more children — but that her only option is to hope and pray.

Today there are more than 220 million such women around the world for whom gaining access to contraceptives is a matter of urgency. This is the magnitude of our challenge.

We took a big step toward addressing this unmet need in 2012, when the world committed to ensure that, by 2020, 120 million more women and girls in the poorest countries have access to the education, services and the method of contraception they want and choose to use. It is an ambitious yet achievable goal — and an important stepping stone to the ultimate vision of universal access to contraception.

Just one year after the pledge — thanks to the collective efforts of governments, NGOs, the private sector and others — an additional 8.4 million women and girls were using contraceptives. Nonetheless, the most recent data show us that our progress isn’t yet matching the scale of our ambition. Not only are we failing to move fast enough, we are falling further behind each year.

The good news is that we still have time to change that trajectory. But only if we act now. The data and evidence point to several opportunities to make up lost ground. Let me mention three that stand out.

**Increasing the quality of services women receive**

Women are more likely to use contraception when they have access to counselling, information about side effects and a range of contraceptive methods. Expanding the number and type of contraceptives available is critical. Data from the past 30 years show that when one additional contraceptive method is made available to at least half of a population, total use consistently increases by 4-8 percent.

At the same time, we need to do more to strengthen the capacity of the private sector to deliver high-quality services alongside public healthcare systems. Nearly half of all women in their reproductive years in Asia, and Latin American and the Caribbean, for instance, rely on the private sector for their family planning needs. In sub-Saharan Africa about a third do. Women deserve quality services no matter where they access their contraceptives.

**Focusing our attention on the growing need for family planning among the urban poor**

Today, more than half the world’s population lives in cities, and this proportion will grow to two thirds by 2050. While urbanization often increases proximity to information, job opportunities, and health services, the poorest rarely benefit.
But there is reason for optimism. Over the last few years, program and evaluation experts in four countries — India, Nigeria, Kenya and Senegal — have tested and identified a variety of high-impact solutions. These include renovating rundown clinics, myth-busting discussions, and radio, TV and billboard campaigns. In concert with many others, these programs have improved the quality of services, boosted demand, and increased access to contraceptive options for more women. Across six cities in Nigeria, for example, the percentage of women using modern contraception increased by 10.5 percent over a four year period. Across five cities in Kenya, they saw an 11.4 percent increase over the same time. That is progress to build on.

**Understanding and meeting the reproductive health needs of adolescents**

The largest generation of young people in history are about to enter their reproductive years, yet we aren’t doing enough to meet their unique needs. In sub-Saharan Africa, and South Central and Southeast Asia, more than 60 percent of adolescents who want to avoid pregnancy, are not using a method of contraception.

These are girls who have ambitions of completing their education and getting a job, and as a result making a significant contribution to more prosperous communities and countries. An unplanned pregnancy puts all that at risk. We know that complications related to pregnancy and childbirth are a leading cause of death among girls aged 15-19 in low- and middle-income countries. And we know that as many as 25 percent of girls in sub-Saharan African countries drop out of school due to an unplanned pregnancy.

Following where the evidence points will help us get back on track. And the International Conference on Family Planning in Indonesia in November provides a good opportunity for policymakers and experts from around the world to plan how to fill the critical gaps. This is the only way we will translate our ambition into action and make good on our FP2020 pledge.

When I think about what’s at stake, I think about Sadi and her six children. She told me how she dreamed that their lives would be different from hers. But the reality is her family grew so fast she and her husband could not afford to provide for them. Allowed the opportunity, she would have worked to give her children everything — given her circumstances, she struggles to give them anything.

There are millions of women like Sadi who know what’s best for themselves and their families — and they deserve the chance to act on it. We must not let them down.

**Devex: With gender equity comes vasectomy, and vice versa**

11 September 2015

*By Roy Jacobstein*

Increasing access to vasectomy isn’t easy or a quick fix in low-income countries, but investing in it is the right thing to do.

Vasectomy is not only a highly effective contraceptive option for men, it also changes the conversation around family planning from a women’s issue to a couples’ issue. And across the world, we see that
higher vasectomy rates come hand in hand with greater gender equity and higher socio-economic
development.

In Canada, vasectomy is the contraceptive method most widely used by married couples — 1 in every 3
couples using contraception relies on it. Other high-income countries that have both high vasectomy use
and high gender equity include Australia, the Czech Republic, Denmark, New Zealand, Spain, South
Korea, Switzerland and the United Kingdom.

In the U.S., around 500,000 vasectomies are performed every year, with 1 in every 9 married women (11
percent) relying on her husband’s vasectomy.

These countries differ in region, language and culture. But all have near-universal access to family
planning services, educated populaces that know their contraceptive options, and high gender equity.
So it’s not surprising men are shouldering their share of couples’ contraceptive responsibilities,
especially since other than condoms, vasectomy is the only male method of modern contraception.

Vasectomy is also safer and easier to perform than female sterilization (tubal ligation, the other
permanent method available to couples who have achieved their desired family size). Yet while 220
million women globally rely on female sterilization — it’s the world’s most widely used contraceptive
method — fewer than 28 million men use vasectomy.

Although overall modern contraceptive use is rising markedly, vasectomy remains marginalized and
essentially unavailable in most low-income countries. (Upwards of 60 percent of women in Latin
America and Asia now use modern contraception; in rapidly developing African countries such as Kenya,
Zimbabwe and South Africa, use is close to that in high-income countries.)

Yet fewer than 100 vasectomies are performed every year in many African countries. Not even 1 in
1,000 women is able to rely on her husband’s vasectomy to avoid the risks and dangers of an
unintended pregnancy.

And lamentably, pregnancy in low-income countries carries very high risks. In Nigeria, for example, a
woman faces a 1 in 31 lifetime risk of maternal death; in the Netherlands, it’s 1 in 10,700. To make
matters worse, for every instance of maternal death, 99 percent of which occur in lower-income
countries, there are 20 serious complications of pregnancy and childbirth — and these risks are even
higher for poor and disadvantaged women.

So why is vasectomy faring so poorly in low-income countries?

Gender norms have a lot to do with it. Family planning is generally viewed as a woman’s responsibility;
consequently, services are geared toward women.

In addition, ignorance about vasectomy is widespread. In Africa, only 1 in 3 men and 1 in 5 women have
even heard of vasectomy. And when vasectomy is known, misunderstandings abound. A widespread
and very troublesome misunderstanding holds that vasectomy is castration. (Once, in Kazakhstan, my
translator refused even to translate the word “vasectomy” for that reason.) Women and men also fear
vasectomy will make a man “weak” and unable to work, uninterested in sex or likely to become
unfaithful.

If and when a man does want a vasectomy, skilled providers are few and far between and therefore
vasectomy services are unavailable.
Though it’s not easy to change attitudes and gender norms, or to boost underutilized methods such as vasectomy in family planning programs, it is possible. Women’s education, workforce participation and empowerment are on the rise, creating a more enabling environment. Plus surveys show that condoms and withdrawal are commonly used. So we know many men in low-income countries are already taking responsibility, and we can build on that. And thoughtful, male-centered vasectomy programs have been successful in countries as diverse as Bhutan, Brazil, Colombia, Nepal and Rwanda.

If all 225 million women with an unmet need for modern contraception received services, such as a husband’s vasectomy, over 2 million women would be spared serious maternal disability or death.

So policymakers, donors, program leaders and family planning advocates need to step up and lean in by addressing gender inequities and health system constraints. Vasectomy can be made as accessible and affordable in low-income countries as it is in higher-resourced countries.

We at IntraHealth International and our development organization partners will be making these points about vasectomy in November at the International Conference on Family Planning, including celebrating World Vasectomy Day on Nov. 13.

The international family planning community’s goals have long included increasing contraceptive access, diversifying the contraceptive method mix, and getting more men involved. But when it comes to vasectomy our performance has fallen far short of our rhetoric.

Let’s do better.

Financial Times: The world’s most promising generation is coming of age; here’s what they need from us
25 January 2016
By Michael Anderson and Chris Elias

As we write this, the world is on the cusp of something unprecedented: the largest generation of young people in human history is approaching reproductive age.

Not only is this generation the biggest, it is likely to be the healthiest and most educated the world has ever seen. More have gone to school than any previous generation. Most of them are vaccinated against the diseases that devastated populations that came before them. As they have grown, more have benefited from the nutrients their bodies and minds need to develop to their fullest potential. No previous generation has ever been so well-equipped to expand the limits of human possibility.

But for all the investments society has made in this generation, there is one crucial area in which we are falling short: ensuring their access to contraceptives. In sub-Saharan Africa, almost half of unmarried, sexually active adolescents who want to avoid pregnancy are not using contraceptives. Similarly, one in four married adolescents who want to prevent a pregnancy are not using a contraceptive method. The risks they face are enormous and threaten progress for everyone.

That is why family planning is an issue we should all care about. When a young woman gets pregnant before she turns 20, it can rob her of the chance to live her healthiest and most productive life. A
teenager who becomes pregnant faces higher risk of eclampsia and infection. In low- and middle-income countries, complications in pregnancy and childbirth are a leading cause of death for adolescent girls. Thousands more young women survive childbirth but suffer from pregnancy-related health issues for the rest of their lives.

Unplanned pregnancy interrupts young women’s plans in other ways, too. An adolescent who becomes pregnant often drops out of school, lowering her lifelong earning potential and trapping her family in an intergenerational cycle of poverty. Babies born to teenagers are more likely to be born early, be undernourished and suffer poor health.

We are sensitive to the fact that the topic of contraceptives remains controversial, especially as it relates to young people. But many countries have successfully tackled the sensitivities and our responsibility to this generation and to our shared future demands we act.

In 2012, 36 countries came together to form a global partnership to support the right of women and girls to decide for themselves whether and when to get pregnant. This effort aims to provide an additional 120 million women and girls with access to contraceptives by 2020. We have made progress, reaching 24.4 million more women by 2015.

But far less progress has been made to reach adolescent girls who continue to have a high unmet need for contraception. It is now clear that any successful effort to expand contraceptives to adolescents must address the specific challenges facing young people.

For example, we’ve learned that, too often, the adults to whom young people turn for guidance are uncomfortable discussing topics like sex and family planning—or they fear that by having conversations about sex, they will appear to condone it. The result is that young people’s views of contraceptives are often shaped by rumors and misinformation. Girls worry that using contraceptives or carrying condoms would make people think they were promiscuous—or even prostitutes. Married adolescents are often pressured to have a child right after marriage making it challenging to access contraceptive services if they want to wait before becoming pregnant. And, in many places, young women – both married and unmarried – don’t have a place to seek high-quality counseling and care from an unbiased healthcare provider.

To combat the challenges connecting young people with contraceptives, our two organizations are coming together to invest $30 million in improving adolescents’ ability to control their future. In partnership with Population Services International and others, the goal is to expand access to contraceptive tools and services for more young women and their partners in Ethiopia, Tanzania and Nigeria.

This grant, Adolescents 360, will fund programs developed by young people, for young people that respond to adolescents’ specific and varied needs in obtaining contraceptives. We will look to adolescents themselves to identify solutions to help combat the stigma and misinformation that often stand between their peers and contraceptives. Our hope is that this initiative will be a step toward better understanding this diverse and complex generation, and that our work in this area will inspire other donors and governments to put adolescents at the center of their efforts to expand contraceptive access.
Today, there are hundreds of thousands of young women each year whose dreams—and even lives—are cut short by unwanted pregnancies. But imagine what is possible if we could give every one of those young women the tools to determine her own future.

We know from the data that when girls are able to go to school, their own children are more likely to survive childhood. Young women who have completed some education have better prospects in the workplace and a greater chance of living a fuller, more fulfilling life. What’s more, the evidence is clear that there is a direct relationship between the number of girls who go to school and a country’s economic progress. When countries invest in young women, they’re investing in their own economic future and setting the stage for rapid growth.

*Michael Anderson is the CEO of the Children’s Investment Fund Foundation.*

*Chris Elias is the president of the Global Development Program at the Bill & Melinda Gates Foundation.*

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The Guardian (UK): *[2020 contraception target for women and girls may be missed, report warns](https://www.theguardian.com/world/2015/nov/13/2020-contraception-target-for-women-and-girls-may-be-missed-report-warns)*

13 November 2015

*By Carla Kweifio-Okai*

The number of women and girls with access to modern contraception has increased by 24 million since a landmark family planning pledge in 2012 to improve availability, but progress remains slower than projected and risks leaving millions of women behind.

The Family Planning 2020 (FP2020) report, published on Thursday, showed that 290 million women and girls in the world’s poorest countries were using modern methods of contraception by July 2015 – an unprecedented number. It said increases in contraceptive access in the past year had helped prevent 80 million unintended pregnancies and 111,000 maternal deaths in the FP2020 partnership’s 69 focus countries.

Despite this progress, the partnership said it was not on track to meet its target of providing 120 million additional women and girls with access to contraception by 2020, a pledge made at the London family planning summit in 2012.

“If we continue at this rate, we risk missing our goal—and leaving millions of women and girls without the care and services they need and deserve,” the report said. “With five years remaining until 2020, FP2020 and its partners must take immediate action to accelerate progress.”

The report showed a 32% increase in bilateral funding for family planning since 2012, with the US and UK the largest donors with a combined input of $964m last year.

Jane Hobson, senior reproductive health adviser at the UK’s Department for International Development, said funding was promising but more needed to be done. “As this year’s report shows, we are not on track to reach the 2020 goal, and we all know there is a lot more to do. We all made commitments in 2012 and we have to deliver on them,” Hobson said.
“That means prioritising family planning, keeping it on the agenda, budgeting for it, coming up with the funds for global commodities, [and] tackling the discrimination that prevents particularly young people from getting the services they need,” she said.

“It means shifting social expectations so that a girl’s worth is no longer measured in early marriage and early childbearing. It means demonstrating our support publicly so that access to rights-based voluntary contraception becomes a normal part of life for communities everywhere.”

The report highlights successes in some of the partnership’s focus countries, including Indonesia where the report was intended to be launched at the international conference on family planning this month. The Bali conference was postponed until early next year due to a volcanic eruption on the nearby island of Lombok. Indonesia introduced low-cost or free family planning to eligible couples last year and has pledged to upgrade more than 23,500 family planning clinics as part of its commitment to FP2020’s goal.

The report also noted the importance of family planning provision in times of conflict and humanitarian emergencies, claiming that more than half of all maternal, newborn and child deaths occur in these situations.

International Planned Parenthood Federation’s Owain James said it was vital to give women access to contraception during times when they were most vulnerable. “Trying to increase family planning provision in emergencies, whether it is conflict or disaster relief such as Nepal recently, is so necessary. What we see is that demand for family planning increases during this time, and too often the services just aren’t there.”

Despite the challenges, FP2020 executive director Beth Schlachter remains hopeful. “Today, three years after the 2012 London summit, our partnership is stronger than ever. The challenges ahead are immense, and we must meet them with resourcefulness, determination, and a collective sense of responsibility,” she said.

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The Guardian (UK): ‘I didn’t know I could become pregnant after having sex for the first time’
5 November 2015
By Mary Wanjiku Mwangi

I didn’t know I could become pregnant after having sex for the first time. I know that might sound ignorant and crazy, but where I come from it’s not unusual.

Growing up in the slums of Nairobi, my classmates and I floated in and out of school. Attendance largely depended on whether or not our families had enough money for school fees, and my family often didn’t. Even when I made it to class, I was too busy catching up on missed school work to attend the one-off sex education sessions. Back at home we didn’t have internet or TV so, like my classmates, almost everything I learned was from my friends.

When I started getting fatter and fatter after having sex, I had no idea what was happening

That’s how I first learned about sex. I was 18 and it was something my friends told me I had to try. They didn’t warn me that I could get pregnant or explain what condoms were. So when I started getting fatter and fatter after having sex for the first time, I had no idea what was happening. It took me more than
four months to realise I was pregnant. I was confused, jobless and I didn’t even have enough money to pay to give birth in a hospital.

Unfortunately, my story is all too common. Millions of bright young women around the world are unable to reach their full potential and contribute to their communities because they do not have access to the information and services they need to prevent or delay pregnancy.

In Kenya, more than a quarter of girls have given birth or are pregnant by their 18th birthday. And globally, there are 33 million young women between the ages of 15 and 24 who would like to use contraceptives, but don’t have access [data from surveys in 61 countries].

Becoming pregnant during this phase in life can force girls to drop out of school. It puts young mothers at higher risk of maternal death and leads to poor health outcomes for babies. Personally, I was lucky and survived childbirth. But I almost died after delivery and my son was frequently sick as a baby because I couldn’t breastfeed him enough. The first few months were difficult for both of us.

I love my son, and I have never felt more complete or happy than the first moment I held him. But as a single, teen mother, I longed for a community that understood the daily challenges I faced. I was also eager to find a way to help other girls in my community to avoid going down the same path as me.

That’s why the same year I gave birth, I joined U-Tena – a youth-led organisation that uses music, dance and theatre to raise community awareness about sexual and reproductive health. Through U-Tena, I work to dispel common myths about contraception by talking directly to parents and girls about making healthy choices.

While our work has been successful and has benefited from the support of strong partners in the international NGO community and the Kenyan ministry of health, not all youth-focused family planning programmes receive such a warm welcome from officials.

In many countries, contraception is only available to married couples and information about sexual health does not reach the young people who need it most. Often, social stigma, a lack of privacy, complicated logistics and unfriendly government policies also present major barriers to accessing contraceptives.

This is unacceptable.

Today, 1.8 billion young people are entering their reproductive years and we must arm them with the information and tools to protect their health and plan their futures.

We need government officials and international stakeholders to recognise that young people have a right to lead healthy and productive lives. We need leaders to prioritise access to youth-friendly programmes that educate young people about the risks of pregnancy, HIV and sexually transmitted infections. And we need to stop talking about contraception as a tool to plan families and start talking about what it really is: one of the most important future-planning tools young people have. After all, most of my friends are not thinking about the number of children they are going have, but rather what university they want to go to, what their dream job is and what parts of the world they want to see.

I am now working towards my degree in psychology. Next week, I will be traveling out of Kenya for the first time and flying half way around the world to Bali, to speak at the international conference on family
planning. There, my fellow youth speakers and I will call on global leaders to commit to addressing the sexual and reproductive health needs of young people and urge local governments to act.

While I could not be happier with the life and family I have today, I will be the first to admit that I had different plans for my future. There are millions of young people who are dreaming about their futures as well. Let’s work to make those dreams a reality.

The Guardian (UK): Leap of faith: why religious leaders have a moral duty to promote family planning
15 October 2015
By Rev. Canon Grace Kaiso and Dr. Ahmed RA Ragab

As men of faith, we share a deeply held conviction that all families – regardless of their religious beliefs – are entitled to lead healthy lives free from suffering and deprivation. But, tragically, an absence of basic family planning services deprives millions of people of this fundamental right every year.

More than 200 million women worldwide lack access to modern contraceptives – and when families are unable to control the timing and spacing of pregnancies, the cost can be measured in thousands of women’s and children’s lives lost.

Delivering family planning services and education to those who most need them may seem a daunting task, but a powerful infrastructure is already in place that can help us increase access to contraception: the global faith community.

Today, faith-based organisations are often the de facto healthcare providers in many developing countries, providing an estimated 40% of health services in sub-Saharan Africa alone. In many nations, religious leaders are the most visible and accessible form of authority, trusted far more than governments or non-profit organisations. In addition to offering counsel and providing advice aimed at promoting health and wellbeing to worshippers, faith leaders play an important role in influencing what is taught in schools and what services are provided in healthcare facilities.

Because of this influence, faith leaders worldwide have an unparalleled opportunity – indeed, a moral obligation – to prioritise conversations about family planning and close the contraception gap.

Quality family planning services provide enormous health and economic benefits to families, communities and countries. According to the UN Development Programme, for every $1 spent on family planning, governments can save up to $6 for other development priorities. There is also wide agreement among global experts that people who have access to family planning information, services and supplies are likelier to complete their education, live more prosperous lives and raise healthier children.

Many faith-based organisations are already taking a leading role in the promotion of family planning in developing countries, while respecting the core tenets of their faith. Examining their successes provides a valuable blueprint for faith-based solutions.

In the Muslim world, many imams, such as the grand sheikh of Al-Azhar, Gad El-Hak Ali Gad El-Hak, spread information about family planning to their followers, encouraging the use of long-acting reversible contraception methods such as intrauterine devices (IUDs) and contraceptive implants.
Moreover, in 2012, 200 Indonesian imams came together to approve vasectomy, which was previously prohibited.

These religious leaders have declared that no text in the Qur’an specifically prohibits these family planning methods.

Additionally, organisations like Al-Azhar University’s International Islamic Centre for Population Studies and Research adopted a definition of family planning that includes treatment of infertility side-by-side with birth-spacing. The organisation has made headway by sending travelling “caravans” comprised of pro-contraception theologians and medical experts to communities around the world to dispel pervasive family planning myths.

In Kenya, the Christian Health Association of Kenya has made use of pre-existing church-run healthcare facilities to increase family planning engagement by more than 400% in the underserved rural communities of Siaya and Kakamega. By enlisting local religious leaders to help provide family planning information and make referrals for reproductive health services, Chak reached thousands of women, significantly increasing the use of contraceptive pills, IUDs, implants and condoms in both areas. The Council of Anglican Provinces of Africa has found similar success enabling local health centres and hospitals to provide support for sexual and reproductive health services.

These are just a few examples of what faith-based organisations can achieve when they embrace family planning as a malleable concept that can fit into their religious framework – and that is what we all must do to build a healthier and more sustainable future.

In November, dozens of influential religious leaders will come from around the world to discuss family planning implementation at the faith pre-conference of the International Conference on Family Planning in Indonesia. But talking is not enough. To enact change on a global scale, religious leaders must embrace their community responsibilities, educate themselves about the various contraceptive options for couples, and engage their local governments and healthcare providers on the topic.

Local action is the only tool that will allow us to meet the family planning needs of millions and build a better world for future generations.

On 26 September, World Contraception Day offered faith leaders worldwide an opportunity to reaffirm their commitment to those 200 million women who lack access to the contraceptive tools they need. It was also a reminder to us all – religious and secular alike – just how much the health of our families, communities and countries can benefit from something as simple as access to contraception.
all stood up and spoke out loudly for getting girls' and women's health, rights and empowerment on the BIG political and economic agenda.

I must admit, that I had been in two minds of whether to go to Davos or not. NGOs have limited access to meetings of the World Economic Forum, it is a pain to find a place to stay, the gender ratio is horrific (only 18 percent of participants are women), and the sheer concentration of wealth and power can be a tad bit intimidating from the outside. On the other hand, if we want to change the hearts and minds of the people who have influence, we can't wait for them to come to us. So off I went, with snow boots, arguments, energy, and allies.

Below are a handful of snapshots from four jam-packed Davos days:

- Me skidding in my snow boots from one end of the Davos village to the other, all the while navigating between Mercedes and Audis. Bundled up, back and forth from meetings, events, and speaking engagements. When we first spread the word that I was going my calendar got filled from early morning to late night with help from good partners and colleagues.
- 12 business CEOs, 10 heads of UN agencies, 2 NGOs, and the UN Secretary General all sitting around the same Global Compact table to discuss how public-private partnerships can help achieve the Sustainable Development Goals. I got the opportunity to remind them all that investing in girls and women is key when it comes to accelerating progress, and achieving all 17 goals - I was also able to invite them all to the Women Deliver 2016 Conference from 16-19 May in Copenhagen, Denmark.
- Sitting in a small, closed strategy meeting with 12 world influencers on how to move the agenda for girls and women forward - fast. There were big thoughts and great ideas shared at that particular meeting. (I pinched myself when I saw the seating arrangements.)
- Being greeted by 17 snowmen adorned with Global Goals hats while attending the ever so glamorous "The Global Goals for Global Girls and Women" dinner hosted by Bono and Bill and Melinda Gates. Unlike most dinners, this one was atop of a mountain overlooking Davos. Before being fed, all 70 participants - presidents, prime ministers, CEOs, celebrities, heads of UN Agencies, and a handful of activists - were asked what each and every one of us would commit to do to ensure that the SDGs become famous, financed, and focused on girls and women. It was a fantastic experience, and Melinda Gates did yet another shout out to Women Deliver, and so did wonderful youth activist, Hannah Godefah.
- Dragging myself and my suitcase through the snow, down the mountain, and to the train to catch the plane that would fly me to the International Conference on Family Planning in Bali. I left Davos tired, but content, and definitely happy that girls and women were not left out in the cold in, and that now more than ever before people are truly focused on improving the health, rights, and wellbeing of girls and women globally.

I might be naive, sleep deprived, or just caught up in the buzz of the moment, but it feel as if the tide is turning for girls and women, and as if we are moving girls and women's health, rights, and empowerment from being a non-issue, to being a non-negotiable issue. Now we move to the hard work of turning words into action.
When you look back on 2015, what will you remember? A new baby in your family? The death of someone you loved? An exhausting move across the country or even the continent?

You’re not alone. Worldwide, there was a birth every 8 seconds in 2015, and a death every 11 seconds. And millions of people—many of whom may be a lot like you—left their homes in search of safer places to live, where they’d find fewer explosions and executions and other everyday horrors that accompany war.

Twenty-fifteen has been busy, exciting, frustrating, heartbreaking, and inspiring in turns for those of us who work in global health and development. We’ve seen much needless death this year. But there have been instants of hard-won progress and hope, too.

Here are 10 of the moments that lit (or littered) our path to greater health and well-being in 2015:

**Maternal deaths fall 44% from 1990.** The Millennium Development Goals deadline arrived this year, revealing (among many other results) that maternal deaths around the world have dropped from about 532,000 in 1990 to 303,000 in 2015. Not all countries made progress in ending preventable maternal and child deaths, and even in countries that met their targets, health and gender inequities still exist. But this is progress worth celebrating.

**Ebola recedes (then resurfaces, then recedes again).** In Guinea, Liberia, and Sierra Leone, residents have rejoiced as Ebola infections slowly ebbed in 2015, though Liberia was experiencing new cases as recently as November 22. The World Health Organization estimates that Ebola has killed 11,300 people since March 2014, including over 500 health workers. Recovery efforts are focusing in part on rebuilding stronger, more resilient health systems in hopes of preventing future epidemics.

**MERS follows on Ebola’s heels.** Another dangerous outbreak—this time MERS in South Korea—infected hundreds of people, shut down hospitals and schools, and upped the wattage of the spotlight already shining (thanks to Ebola) on the global risks of fragile health systems. The WHO held an emergency meeting to address the outbreak. And through the new Global Health Security Agenda, the US is working with partners around the world to prevent future epidemics, detect biological threats early, and rapidly respond to disease outbreaks.

**Pope Francis inches forward the conversation on family planning.** While he certainly doesn't condone contraception, his comments and actions—promoting responsible parenthood and empowering priests to absolve the sin of abortion—have made headlines this year. As the global health community prepares for the biggest-ever International Conference on Family Planning in 2016, these topics are on a lot of our minds.

**US announces Africa needs additional one million health workers to address HIV.** Global AIDS Ambassador Dr. Deborah Birx made the announcement at a Capitol Hill briefing in March organized by the Frontline Health Workers Coalition, IntraHealth International, and the Elizabeth Glaser Pediatric AIDS Foundation. No disease requires more health workers than HIV, the briefing revealed. And it's a good investment—training health workers in HIV care, Birx said, prepares them to manage many other diseases as well.

**Gun violence in the US escalates to an average of more than one mass shooting per day.** And that
statistic only accounts for shootings where four or more people are wounded. There are 3.5 firearm homicides per 100,000 people in the US, according to the US Centers for Disease Control and Prevention. But this isn't the only country where gun violence is a public health emergency: El Salvador, Venezuela, and Colombia have some of the highest rates of firearm homicides in the world. The global health community lost at least two invaluable members to gun violence in 2015: Anita Ashok Datar in Mali and Raluca Iosif in North Carolina.

**A million refugees come ashore in Europe.** If you've turned on the news in the last six months, you've heard about the refugees fleeing war and ISIS at home and seeking refuge in Europe. You may not have heard, though, of those fleeing Libya, South Sudan, Central African Republic, or other countries in the midst of other wars. Or that millions are left without access to health care. In fact, many of those who are threatened by or fleeing violence are doctors and other health workers. And when they're forced to abandon their homes, it only further depletes the health systems in the countries they leave behind.

**UN International Labor Organization finds that over half of the world's rural population will go without health care in 2015.** Even though the world’s population is rapidly becoming more urban, nearly half of us still live in rural areas. An ILO report found that 56% of the world’s rural population and 83% of Africa’s rural population live without critical health care access. This amounts to a deficit of approximately 7 million health workers in rural areas.

**The Sustainable Development Goals begin.** These 17 new global goals are the result of 193 countries standing together and making a plan for a healthier, more prosperous world. They cover health, education, the environment, economic growth, and more (though a few key elements are missing). These goals will define the next 15 years of human progress, and could even guide us to an AIDS-free generation.

**The Paris climate accord prompts landmark commitments from 195 countries.** The historic agreement to ward off the most devastating effects of climate change comes as El Niño delays rains in Ethiopia, causing the country's worst drought in 30 years. The WHO has deployed emergency response teams to help Ethiopia’s health sector respond not only to the urgent need for food, but to the inevitable malnutrition and disease that accompany famine.

Of course, these are just a few moments among many. I work at a global health organization that focuses primarily on health workers and their role in health systems around the world, so I've viewed this year through its lens.

But what else has shaped global health in 2015? And what could be in store during the year to come?

**Huffington Post Impact: Let's Not Be Squeamish About Family Planning’s Fiscal Benefits**

24 September 2015

*By Pape Amadou Gaye*

So often when we sing the praises of family planning, we go straight to applauding its health benefits: all the healthier babies and children, the hundreds of thousands of women who survive childbirth, and the millions of abortions prevented.
Family planning has changed the world for us all over the past few decades. But better health isn't the only advantage. There's another, though we in the global health field have often been hesitant about lauding it too loudly.

I'm talking about the relationship between family planning to prosperity.

The fiscal benefits for countries with robust family planning programs are huge. As more people than ever make the transition from large families and short lives to smaller families and longer lives, we're reminded that these three elements—health, family size, and prosperity—are irrevocably intertwined.

Part of this is due to a phenomenon called the demographic dividend, and this is how it works: After a period of low fertility in a population (such as when modern contraceptives enter the picture, and women and families begin choosing to have fewer children), there is a window of time during which the number of working-age adults grows faster than the number of nonworking-age people who depend upon them. If a country has its ducks in a row (for instance, by making sure there are enough jobs available for these working-age adults), it can take advantage of this window by growing its economy, freeing up resources, and using them to meet other pressing needs.

The results can be greater access to education and income for women, and higher quality of life for everyone.

Family planning is a key that can open this window of opportunity. And this type of equality among nations is precisely what we aspire to in global development. So shouldn't we be shouting about the demographic dividend from the rooftops and helping countries prepare to take full advantage of it?

Yes, particularly in West Africa, where countries have a lot of catching up to do.

But we've long avoided doing so, largely because health is easier and less controversial to talk about than population dynamics. There's nothing contentious about improving health for women and babies, for example. On the other hand, some skeptics still oppose family planning for a variety of reasons—on religious grounds, perhaps, or because they see it as a foreign imposition from the West to control the populations of poor countries.

But it's time to start talking about the demographic dividend so that more countries can enjoy the health and fiscal benefits of family planning. This is a moment of rare opportunity, because:

1. **People want family planning.** Across regions, about 90% of young (15-24) sexually active, unmarried women want to avoid pregnancy. Yet in most African countries nearly half of these women are not using contraceptives. In Latin America and the Caribbean, more than a quarter of these women are not using contraceptives.

2. **Many low-income countries are economically poised to become middle-income countries.** The African continent, for instance, has been the fastest-growing economy in the world. Countries that have long fallen behind are now ready to hear an economic argument for family planning.

3. **The world is growing younger and more culturally ready for family planning.** There are more young people in the world today than ever before. And even if they're not yet ready to plan their families, they are ready to plan their futures (let's pay attention to our nomenclature with this group). Many are also ready to seek out education and good jobs, which the health sector can provide in wide variety. Think information technology, health administration, and all the different clinical branches of the health workforce.
4. **The U.S. and international donors are looking to the countries they aid to step up** and start investing in their own domestic family planning programs. These investments will eventually reap savings that countries can then channel to education, food security, and other pressing needs.

5. **The Sustainable Development Goals**—a global action plan for "people, planet, and prosperity"—include a specific objective (goal 3.7) to reach the 225 million women around the world who want access to family planning services but don't yet have it. We could make this happen by 2030 if we invest as a global community. In fact, each one of the goals will be affected—directly or indirectly—by family planning.

6. **There is precedent.** Look at what the Asian tiger economies have accomplished by creating a demographic dividend through strong family planning programs. Indonesia, Thailand, and Singapore, for example, have created favorable policy environments, relaxed the laws that were holding their programs back, and invested greatly in their community health workforces. Thailand has essentially destigmatized family planning and made it a mainstream way of life. Many of these countries put line items in their budgets to buy contraceptives—that is domestic investment.

Let's take advantage of this moment. We at IntraHealth International and in the global health community must focus not only on getting young people involved and making sure women and girls have access to education, health care, and equal opportunities for employment; we must also help high-level policy-makers and other stakeholders understand the great demand for family planning and advocate to them to take full advantage of the window of opportunity the demographic dividend opens when fertility rates decline, new jobs are created, and economies prosper. (I'll be talking more about this in November at the International Conference on Family Planning in Indonesia.)

Family planning is one of the smartest investments we can make. And as Melinda Gates has said, there should be no controversy around this investment in our futures. It will help countries that have been receiving aid become independent and autonomous faster, which means less need for international development assistance.

It makes health sense. It makes economic sense. And we should certainly not shy away from that.

**Medium:** *We’re Falling Behind on Family Planning: Five Ways To Get Us Back On Track*

28 January 2016

*By Melinda Gates*

Four years ago, I stood with an international alliance of family planning advocates to set an ambitious goal for the world. We pledged that by 2020, 120 million more women and girls would have access to the family planning services they want and need to live their healthiest, best lives.

The good news is that, thanks to our collective efforts, over the last four years, tens of millions of unintended pregnancies have been avoided.

The bad news is that if we continue at current rates, we will fall short of our goal, breaking our promise to millions of women.
The consequences of failure are huge — for women, for their children, for everyone. An unplanned pregnancy often means that girls are forced to drop out of school and that women can no longer work outside the home, both of which contribute to keeping families and communities trapped in cycles of poverty. Unplanned pregnancies also carry significant health risks to both women and their children.

These 120 million women and girls are counting on us to keep our promise. We need to get back on track now.

Here are five reasons why I am optimistic that 2016 will be the turning point towards a future full of promise for millions of women and girls.

1. **Data**
   There is a data revolution going on in family planning that is helping to focus support where it’s needed. It all comes from an innovative smartphone-based system called Performance Monitoring and Accountability 2020 (PMA2020). The data mean governments are better informed than ever before and better able to respond more quickly to what women need and want.

2. **Tablets**
   These devices have been a game-changer in Indonesia, where a large Islamic women’s organization helps women and girls understand more about family planning using interactive tablets to share advice and information in an easy, modern way. In fact, these tablets are proving so effective that the government of Indonesia has committed to purchase 22,000 more.

3. **Injectables**
   More precisely, an all-in-one injectable contraceptive that is increasing women’s access to safe and effective family planning. It’s small, discreet, easy to use, and requires minimal training to administer, making it especially suitable for community health workers in rural areas. And it lasts three months, meaning fewer trips to the clinic (which is an important consideration in places where the nearest clinic is many miles away). This contraceptive is already proving particularly successful in reaching new users and women under 25. One day, women may even be able to administer it themselves at home — giving them even more independence, flexibility, and control over their lives.

4. **Empowering Youth**
   With the largest generation of young people in history about to enter their reproductive years, an essential part of our work will be reaching young people. That’s why we’re working with the Children’s Investment Fund Foundation to support a unique initiative that puts adolescents and young women in the driver’s seat to better understand what motivates or discourages them from using contraceptives. Working side by side with young people, we’ll test and identify what works and what doesn’t, and scale up promising models.

5. **Radio**
   There are a whole lot of misconceptions out there about, well, conception! These misconceptions about pregnancy — and how to prevent it — are especially common among women living in urban slums. In response, health workers in these areas are using myth-busting discussions on local radio phone-in shows to address suggestions that contraceptives might make women infertile or harm their children. Together with other interventions, this is making a big difference in urban areas, which is especially important since almost four billion people — more than half of the world’s population — now live in cities.
These are just a few of the new approaches that will empower more women and girls to take charge of their futures than ever before. But while progress is possible, it is not inevitable. If we’re going to keep the promise we made in 2012, it’s time to step up and get to work.

Medium: Parenting amidst poverty: Hope lies ahead
21 January 2016
By Lauren Wolkoff

Darline has one message for teenage girls: “Don’t live my life.”

From her photo, you can see the weariness seep through her dark-rimmed eyes and piercing gaze. Darline is a 21-year-old Haitian farmer who lives with her partner and one-year-old son in a small house without electricity or running water. She is one of the people whose story is featured on Family Planning Voices, a new photo blog by K4Health and Family Planning 2020.

Darline had high hopes of becoming a nurse before dropping out of school. “I had to quit because I was pregnant,” she shared, adding that she didn’t know how to prevent pregnancy in her teen years.

Not far from Darline’s village, Family Planning Voices describes the story of Alexandrine Benoit, who lives a similar life, albeit with a worse twist: She became pregnant after being raped by her school principal when she was just 15. After Alexandrine told her father, he stopped paying her paying school fees and she was forced to drop out and go live with her mother.

Darline and Alexandrine’s experiences of raising children amidst deep poverty are far from uncommon. The United Nations Population Fund estimates that 19 percent of girls in the developing world become pregnant before they turn 18, while one-third are married before that age. And the health risks are staggering: Every day, 800 girls and women across the world die from pregnancy-related causes.

It doesn’t help that the mere mention of contraception in many developing countries continues to be an indescribable taboo, to the point where many women’s experiences are either left untold or shrouded in shame.

Whatever one’s cultural or religious beliefs, it must be accepted as a plain, universal truth that women need access to voluntary contraception and quality health services. Today there are 225 million women around the world who want to delay or avoid pregnancy and are not using an effective contraceptive method. The need for family planning to be spoken about freely and publicly is more crucial than ever.

That’s why Family Planning Voices seeks to break new ground in storytelling by bringing these private, intimate and often untold stories to the public fora.

It is a powerful moment when people come together and talk candidly about the information they need to make free and informed decisions about their futures. Conversations about contraception often begin with many women feeling isolated and vulnerable, but they must end with them feeling empowered, aware, and unashamed. There is an inherent beauty in the simple art of such a conversation and this is the compelling force that Family Planning Voices aims to capture.
The full impact of that force will be on display next week at the International Conference on Family Planning (ICFP), a biennial convening which brings together thousands of global policymakers and researchers, as well as faith leaders, youth, and international family planning advocates, in Nusa Dua, Indonesia, from 25–28 of January, 2016. The conference will be a crucial platform to elevate family planning and women’s and girls’ health within the new global development agenda and to ensure that access to voluntary contraceptive information and services remain a priority for policymakers, donors, and the private sector.

Both the ICFP and Family Planning Voices are launch pads to ignite passions, to spark conversations, to challenge assumptions, to share knowledge, to raise voices, to connect with each other to transform our world.

“It’s too late for me,” Darline said. But it’s not too late for millions of other girls across the world. Darline’s advice for other girls: “If the girl is at school, she can do [family] planning, continue with her studies and become somebody.”

And Alexandrine shares the same sentiment. “I would like [my children’s] lives to be different...especially the way in which I had my first child. I never had the chance to finish school. I want them to finish school.”

Darline’s and Alexandrine’s hopes for a brighter future is possible. The solution lies in changing attitudes as much as it does in distribution and access to contraceptive information, services, and supplies. Working together, we must use this pivotal moment during the ICFP to redouble our efforts to seek practical, sustainable solutions to the most difficult problems, and ensure we are making enough of an investment to deliver for the world’s women and girls.

To learn more about the International Conference on Family Planning, visit www.fpconference.org. For more info on Family Planning Voices, visit www.fpvoices.org. Or join the conversation online with #ICFP and #FPVoices. If you are attending the ICFP, please visit the FPVoices photo and video booth in the convention hall.

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Medium: Real People, Real Voices of Family Planning
25 September 2015
By Beth Schlachter

Heny Rosdiana has a secret weapon to encourage couples to try an IUD: her husband. “Some clients wanted to hear directly from my husband on whether or not there are side effects,” she explains. “I think this approach is quite effective because couples can obtain comprehensive information on IUDs directly from users.”

A midwife in her Indonesian village, Heny is one of the many individuals working around the globe to improve access to family planning and empower women and girls. Hers is one of the stories that will be documented and shared through the new photo blog Family Planning Voices (FP Voices).

Inspired by the popular storytelling blog Humans of New York, FP Voices will feature photos and quotes from real people behind the family planning movement. Created by the global partnership Family
Planning 2020 (FP2020) and The Knowledge for Health Project (K4Health) from USAID, the series is launching in advance of the International Family Planning Conference this November. Over the next year, FP Voices aims to capture a rich melting pot of voices from around the world.

The counterpoint to statistics without context and lengthy reports, this series demonstrates how a face and a few words speaks volumes. In one powerful snapshot, we learn why these local champions of family planning do the work they do, we experience their challenges, and we share in their hopes for the future.

Take Moriam Olaide Jagun, a program manager with USAID in Nigeria who was motivated to widen family planning access after seeing a teenager lose her uterus to gangrene after a botched abortion. Society failed that young woman, Moriam says.

As we mark World Contraception Day on September 26, FP Voices aims to share the stories of real people, especially those in developing countries where supply shortages and logistical challenges present strong barriers to delivering the contraceptive information and services many of us take for granted.

As the world welcomes the launch of the Sustainable Development Goals, we recognize the universality of these stories, and the centrality of family planning to every single development issue.

We must continue to tell the stories of the millions of women and girls worldwide who want to use contraception but cannot access it. Their ability to choose a suitable method and decide when and if to have children has significant implications, not just to that woman or girl, but also to the wider family, community, and nation.

We hope these stories will resonate with you and your work. We hope you’ll become a regular reader and feel moved to share these with others. And, finally, we hope that the common threads of purpose, commitment, and humanity will captivate and inspire our community.

NPR: Sex Won’t Make You Dance Better; Sex In A Pool Won’t Prevent Pregnancy
25 January 2016
By Jane Otai

To be a girl in the Viwandani slum of Nairobi, Kenya, means sleeping in a one-room shack with as many as eight members of your family. It means convincing your parents that your monthly school fees are worth struggling to save for. It means scrounging for rags or old mattress stuffing to fashion a sanitary pad so you can go to school during that time of the month.

And for too many, it means ignorance about reproductive health.

I am a health care educator who has spent a decade working with women and families in the slums of Nairobi. When I meet with adolescents, as I did recently with a group of 75 in Viwandani, I talk about how to manage menstrual periods and the benefits of delaying pregnancy. On this particular visit, I was also there to deliver much-needed sanitary pads donated by girls' schools in the Baltimore-Washington area.
As I began talking with the girls, ages 11 to 15, they explained they already knew how to avoid getting pregnant. No, their strategies didn't involve abstaining from sex or using condoms. Here's what they said would prevent pregnancy: taking a hot bath, drinking hot water, jumping vigorously after sex, having sex in a standing position, or having sex when it is raining or in a swimming pool.

Their answers saddened me. But I probably shouldn't have been shocked. According to the 2014 Kenya Demographic Health Survey, the rate of contraceptive use is lowest among women ages 15 to 19, and 15 percent of them have already given birth.

These numbers have contributed to alarming rates of maternal mortality: Globally, complications related to pregnancy and childbirth are leading causes of death among girls ages 15 to 19.

When asked why they and their friends engage in sex at an early age, the girls explained their beliefs that sex reduces pains from their period and that a girl is able to dance well if she's had sex. They also mentioned hunger as a reason. When parents are not able to provide food or clothing, the girls can get these items from men in exchange for sex.

This is not just a Kenya problem.

This week, health leaders from around the world are meeting in Indonesia for the International Conference on Family Planning. One key part of the agenda is addressing youth reproductive health. As the program notes, there are more than 2 million adolescents with HIV, and one in 10 worldwide births is to a girl age 15 to 19.

Of course, many devoted people and organizations are already on a mission to address these issues.

But there are still girls out there, like the ones at my meeting in Nairobi, who don't even think of contraceptives as a way to prevent unwanted pregnancies. Once I told them about those options, however, they were receptive to them.

So there is still a need to better understand what drives pregnancy among adolescents and come up with targeted interventions.

One avenue of opportunity is in the classroom. When I meet with girls in Nairobi, I find they are hungry for the knowledge and skills that will lead to a bright future. The best way to achieve this is to prevent them from dropping out of school. Studies have shown that staying in school reduces the chances of girls getting pregnant or marrying early, lowers rates of HIV infection and puts them on track to acquire a career.

We also need parents, churches and other community structures to share reproductive health information with the adolescents. It's time that this education becomes part of the curriculum in schools globally.

That way, to be a girl in the Viwandani slum of Nairobi, Kenya, can mean earning a degree and going on to enjoy a productive life.

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U.S. News & World Report: Reconciling God with Contraception
Early in my public health career, I learned an important lesson about faith and family planning.

I had led a Philippine delegation to Indonesia to learn about that country's family planning program and how it saved mothers' and infants' lives and, in the process, also curbed population growth. We met with and learned from Nahdlatul Ulama and Muhammadiyah, two of the largest Islamic organizations in the world. After we returned to the Philippines, one of my colleagues, an imam, invited me to speak at his Friday prayer. I shied away from addressing family planning – the topic that had brought us together in the first place.-------

I shouldn't have. After my talk, the imam proceeded to tell his congregants to have fewer children so they could stay handsome and their spouses could stay youthful longer. His message was so well received, he became fondly known as "Imam Pogi," local slang for handsome. As Imam Pogi knew, faith does not have to be at odds with family planning – and it shouldn't be if we want to improve global health, especially for women and children. Around the world, 225 million women want to stop having children or manage their births but lack access to contraception. No matter the faith or orthodoxy one follows, research shows that family planning saves lives:

Fewer unplanned pregnancies means fewer abortions and better health for moms and babies. Enabling women to space out children by about 3 years has been shown to improve health and reduce the number of women and children who die in childbirth.

Giving couples the tools to have fewer children can improve families' educational and economic chances and decrease the risk of women dying while pregnant or soon after childbirth. Few would argue that these life-changing benefits should not be enjoyed by people of all faiths.

Yet even today, the perception exists in some quarters – and let's face it, sometimes becomes a tragic reality – that religion clashes with family planning. In a 2008 survey of several dozen organizations that provide faith-based health services in developing countries, religious opposition was perceived to be a greater obstacle to helping couples (both Muslim and Christian) plan their families than were lack of contraceptive supplies or fear of contraceptive methods.

"Couples are expected to get as many children as God provides," a respondent for one organization said.

That perception has invited contentious debates over birth control in highly religious countries. But disagreement does not preclude progress. In the Philippines, after almost a decade and a half of opposition by the powerful Catholic Church, a landmark bill was passed in 2013 giving low-income women access to contraception provided through government resources. Polls showed that Filipinos strongly supported the bill's underlying philosophy – that the government should ensure access for all citizens, especially the poor.

This type of national breakthrough is important for two reasons. One, it shows that the more choices people have, the more likely they will be to use some form of modern contraception. Second, it helps to normalize contraception for families. Once a public health practice such as using modern contraception becomes a part of a society's social norms, it will sustain itself.
To help people reconcile their faith with family planning, we must show them that contraception is more in step with their religious beliefs than they may have thought. In Jordan, where the Johns Hopkins Center for Communications Programs, at which I worked before, advised the government on its family planning program, many people believed their religious leaders opposed birth control. That was a misperception disproven by a self-administered survey of religious leaders. It turned out that religious leaders were no different than the faithful, and more than 80 percent supported family planning.

We also can empower people to make family planning choices when ideology does not accommodate the realities of life. About two-thirds of American Catholics, for example, say it is not a sin to use modern contraceptives such as condoms, pills and intrauterine devices – the Catholic Church disagrees. But 98 percent of sexually active American Catholic women of reproductive age have used a method of contraception other than "natural" family planning, which is the only type of birth control officially promoted by the Catholic Church.

It is my hope that many more faith leaders will vocally support family planning and that many more people in communities of faith will talk openly about their family planning decisions. When that happens, contraceptive choice – with its many benefits – will become a practiced, accepted part of life for people of all faiths.

Vanguard: Why religious leaders have moral duty to promote family planning
16 January 2016
By Sola Ogundipe

As men of faith, we share a deeply held conviction that all families—regardless of their religious beliefs—are entitled to lead healthy lives free from suffering and deprivation. But, tragically, an absence of basic family planning services deprives millions of people of this fundamental right every year.

More than 200 million women worldwide lack access to modern contraceptives— and when families are unable to control the timing and spacing of pregnancies, the cost can be measured in thousands of women’s and children’s lives lost.

Ethiopia, more than 25 percent of married women want to prevent or delay pregnancy, but are not using a modern contraceptive method according to a new report by Family Planning 2020.

Delivering family planning services and education to those who most need them may seem like a daunting task, but a powerful infrastructure is already in place that can help us increase access to contraception: the global faith community.

Across sub-Saharan Africa, faith-based organizations are often the de facto healthcare providers, delivering an estimated 40% of health services. And in addition to offering counsel and providing advice aimed at promoting health and wellbeing to worshippers, faith leaders often play an important role in influencing what is taught in schools and what services are provided in healthcare facilities.

Because of this influence, faith leaders across Africa have an unparalleled opportunity— indeed, a moral obligation— to prioritize conversations about family planning and close the contraception gap.
Quality family planning services provide enormous health and economic benefits to families, communities and countries. According to USAID, for every $1 spent on family planning, governments can save up to $6 for other development priorities. There is also wide agreement among global experts that people who have access to family planning information, services and supplies are likelier to complete their education, live more prosperous lives and raise healthier children.

Many faith-based organizations are already taking a leading role in the promotion of family planning across the world, while respecting the core tenets of their faith. Examining their successes provides a valuable blueprint for faith-based solutions.

In Muslim-majority countries, many religious leaders, such as the former Grand Sheikhs of Al-Azhar in Egypt, Gad El-Haq Ali Gad El-Haq and Mohammed Sayed Tantawi, spread information about family planning to the Muslim world, encouraging the use of long-acting reversible contraception methods such as intrauterine devices (IUDs) and contraceptive implants.

These religious leaders have declared that no text in the Qur’an specifically prohibits these family planning methods.

Additionally, religious institutions like Al-Azhar University, Islam’s oldest and most prestigious university, have taken steps to support family planning and reproductive health in Africa and globally. The university’s International Islamic Centre for Population Studies and Research, which successfully adopted a definition of family planning to include birth spacing along with infertility treatment, has made headway by sending travelling “caravans” comprised of pro-contraception theologians and medical experts to communities around the world to dispel pervasive family planning myths. In 2015 the center participated in a caravan in Kenya focused on child-spacing in an Islamic context.

Similar efforts are taking place in Christian-majority countries across Africa. The Zimbabwe Association of Church-Related Hospitals (ZACH), which has more than 60 member hospitals and 66 smaller healthcare institutions, has been providing family planning services in Zimbabwe since 1982, including a range of contraceptive methods (such as injection, pill, implant and barrier methods).

In 2009 alone, ZACH hospitals had over 40,000 first visits for family planning, over 100,000 repeat visits and over 4,000 referrals. The Council of Anglican Provinces of Africa has found similar success enabling local health centers and hospitals to provide support for sexual and reproductive health services.

These are just a few examples of what faith-based organizations can achieve when they embrace family planning as a malleable concept that can fit into their religious framework — and that is what we all must do to build a healthier and more sustainable future.

This January, influential religious leaders from Ethiopia and across sub-Saharan Africa will gather in Indonesia to discuss family planning implementation at the faith pre-conference of the International Conference on Family Planning, which was last hosted by Ethiopia in 2013. But talking is not enough. To enact change, religious leaders must embrace their community responsibilities, educate themselves about the various contraceptive options for couples, and engage their local governments and healthcare providers on the topic.

Local action is the only tool that will allow us to meet the family planning needs of millions and build a better world for future generations.
Reverend Canon Grace Kaiso is a theologian and an Anglican Priest working as The General Secretary of the Council of Anglican Provinces of Africa. He is also chair of Faith to Action, a global Interfaith Network focused on improving Family Health and wellbeing. Dr. Ahmed R.A. Ragab is a professor of reproductive health at Al-Azhar University and vice-chairman of the Faith to Action Network.

A modified version of this op-ed originally appeared in The Guardian (UK).

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AFP: **Thousands to be sterilized in global ‘vasectomy-athon’**
14 November 2015
*By Sonny Tumbelaka*

Gianyar (Indonesia) (AFP) – Thousands of men around the world are to be sterilised Friday in what organisers dubbed a global "vasectomy-athon", to encourage men to take a bigger role in family planning and combat resistance to the procedure.

Some 750 doctors in 25 countries are to perform the procedure on more than 3,000 volunteers to mark World Vasectomy Day, with many operations being provided for free or at discounted rates.

"In helping to shoulder responsibility for family planning, men become heroes to their partners, to their families and to our future," said event co-founder Jonathan Stack.

The event is being held as a report from campaigners and donors warned efforts to get modern contraceptives to women in some of the world's poorest countries are not on track, with millions fewer reached than had been hoped.

At a ceremony in a temple on the Indonesian island of Bali, the headquarters for World Vasectomy Day this year, the first six men to undergo the procedure were presented to an audience before being taken outside to mobile health clinics to be sterilised.

The men lay on an operating table in the clinics -- buses fitted out with medical equipment -- while doctors performed the short procedure, which involves cutting the tubes which transport sperm from the testicles, under a local anaesthetic.

Vasectomies were also being carried out to mark the day in countries including India, the United States and Spain.

Around four in 10 pregnancies worldwide are unplanned and event organisers said that family planning is still too often left to women, who are the ones who must deal with the consequences of unintended pregnancies.

In many countries, less than one percent of men get vasectomies, despite the fact the procedure is safe and in the majority of cases has no effect on sex life, the organisers said. In Muslim-majority Indonesia, efforts to persuade men to get vasectomies have been hampered after the country's top Islamic clerical body several years ago declared the procedure "haram", or against Islamic law.
Other attempts to encourage vasectomies have backfired. A district on Sumatra announced in 2012 it would hand out cash to civil servants who underwent the procedure -- only for the move to spark anger from women who feared their sterilised husbands would have affairs.

Elsewhere around the world the procedure is burdened by controversies, and in many countries campaigners have to overcome the misguided belief that it impairs a man's virility.

Iran recently eliminated free vasectomies, as it seeks to improve its birth rate, and there has even been resistance from experts in sub-Saharan Africa, who have expressed concern that widespread use of vasectomy would lead to lower usage of condoms and so higher HIV rates.

Prominent vasectomy doctor Doug Stein, who has performed the procedure on more than 30,000 men and founded World Vasectomy Day with Stack, told the Bali audience that the operation was positive for men, their families and societies.

"It seems to be a wonderful option for men who have had as many children as they want," he said.

Friday's event was the third World Vasectomy Day, with the first held in 2013 and headquartered in Australia.

Organisers chose to base this year's event in Bali to coincide with an international family planning conference that had been due to take place on the island, but which was postponed after volcanic ash closed Bali airport for days.

A report that had been intended for release at the Bali event on Friday showed that over 24 million more women and girls in poor countries now have access to contraceptives since a 2012 commitment by donors and campaigners to make them more available.

But this is 10 million fewer women than had been hoped, according to the progress report.

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EFE: [UN cancels the family planning conference in Bali by the Rinjani volcano](https://efe.europa.eu/en/5c3401bb09e95)

5 November 2015

United Nations today decided to cancel the Fourth International Conference on Family Planning, to be held in Bali (Indonesia) next week, due to air traffic problems caused by the eruption of Rinjani volcano on the neighboring island of Lombok.

The conference organizers expected more than 3,500 people would come to the most important event on research and best practices in the area of reproductive health, which this time focused its efforts on reaching young people and coordinate efforts with faith-based organizations.

The activity of Rinjani, a volcano 3,726 meters high, increased weekend and Tuesday forced the cancellation of several flights from Denpasar airport, mainly travel Australia, Singapore and Hong Kong.
They have since been canceled more than 700 international and domestic flights, most of them on Wednesday and Thursday.

The conference was crucial to highlight the importance of family planning in the context of Sustainable Development Goals (ODS) and ensure that access to contraceptives it remains a priority for governments and donors opportunity.

It is not the first time that Bali's top tourist destination in Indonesia, has to temporarily close the air traffic because of volcanic activity.

In July, Raung eruptions of the volcano, 3,332 meters high and located in the neighboring island of Java, forced the closure of three times the Denpasar airport.

Indonesia sits on the so-called Pacific Ring of Fire, an area of high seismic and volcanic activity, and has more than 400 volcanoes, of which at least 129 are still active and 65 are classified as hazardous.

Thomson Reuters Foundation: **Want more sex? Try using contraception, researchers say**
28 January 2016
*By Ana P. Santos*

BALI, Indonesia, Jan 28 (Thomson Reuters Foundation) - If you're looking to boost your sex life, birth control may be the answer, health experts say.

A study by the Johns Hopkins Bloomberg School of Public Health showed that couples who use contraception have as much as three times more sex than couples who do not.

"Contraception is a tool that can separate sex from pregnancy. That can transform the role of sex in a relationship from just procreation to also enjoyment," said Suzanne Bell, an author of the findings released at a three-day family planning conference in Bali that ended on Thursday.

The researchers examined national health surveys in 47 low- to middle-income countries, with data on 210,000 women - all of them in relationships and in need of contraception.

The women were asked if they had had sex in the last month and were currently using a family planning method.

About 90 percent of women who used contraception said they had had sex over the last month, compared with 72 percent not using contraception.

Many women do not use or stop using contraception such as the pill or intrauterine devices (IUD) because they suffer side effects. Bell suggested offering women a wider choice of contraceptives to address this problem.

"Contraception is not one size fits all. Needs change over time, and we need to take life preferences and stages into consideration," Bell said.
A related study showed that family planning and smaller family size leads to longer life expectancy for children.

The study across 35 developing countries showed that in families that have four or fewer children, their life expectancy is three years longer than that of children in families with five or more offspring.

This is because smaller families have fewer children competing for limited resources.

"Mothers are able to take care of the children more, they are less prone to diseases and malnutrition. They can go to school and finish their education and so on," said Saifuddin Ahmed, a professor at the Johns Hopkins Bloomberg School of Public Health and author of the study.

"We have for a long time looked at family planning from the point of view of controlling population growth. We should also look at it from qualitative individual benefits that can extend throughout the course of your entire life."

(Reporting by Ana P. Santos, editing by Alisa Tang. Please credit the Thomson Reuters Foundation, the charitable arm of Thomson Reuters, that covers humanitarian news, women's rights, corruption and climate change. Visit http://news.trust.org to see more stories)

Thomson Reuters Foundation: Indonesian youth advocate for family planning but are denied rights

27 January 2016
By Chibuike Alagboso

The Indonesian government takes family planning seriously, yet while they are actively involving young people as leaders to help improve health outcomes they also deny them fundamental rights.

During the International Conference on Family Planning in Bali (25-28 January), the Honourable Professor Bambang Permai Soemantri Brodjonegoro, Indonesia’s minister of finance, said: “Family planning has really helped our economic improvement... [In the past 10 years] Indonesia has transformed from a low-income country to a middle-income country, and the success of family planning coordinated by BKKBN has been the key.”

BKKBN is Indonesia’s national population and family planning agency which ensures family planning is effective and accessible across the country. The head of the agency, Dr Surya Chandra Surapaty, said: “With the fourth largest population in the world, Indonesia has considered population planning, and in particular family planning, as a key issue in its national development plan since 1967.”

Young teens taking lead roles in family planning agenda

BKKBN is achieving their objectives by supporting and funding initiatives that allow young people to take lead roles in promoting family planning. It selects male and female student ambassadors from the 34 provinces of Indonesia to help coordinate family planning activities in junior, senior, and tertiary institutions.
PIK-R Smara (Teenagers’ Information and Counseling Centre) was founded at the SMP Dwijendra Denpasar high school. It is an after school club run by teenagers for teenagers using interactive programmes to advance the GENRE programme of the BKKBN.

GENRE promotes the message: zero child marriages, drugs and sex before marriage. Club activities include life skills, community development, nature and cultural preservation, and physical education. It also integrates sexual and reproductive health messages and advocacy into its activities. And they have a radio station to disseminate this information to the public.

PIK-R Smara club is successfully led by young people and their fellow teens can trust and relate to them better.

According to Nanda Rizka Saputri, a 2015 Indonesian student ambassador representing Jakarta province, the personal development trainings are important in helping young people develop strategic life skills and emotional intelligence before taking up responsibilities as parents.

**Sexual and reproductive health**

By engaging young people as leaders in family planning, the BKKBN has potential to see significant progress in addressing issues around young people’s sexual and reproductive health, which could contribute to achieving the global goal of ensuring healthy lives for all at all ages.

Yet little progress is likely to happen while this approach is accompanied with a hard stance on the issue of young people and sex before marriage. The only promoted message is ‘no sex before marriage’. According to student Batari (name changed to protect identity), the government makes sure that young people can’t access any form of contraceptive, especially condoms, because they say sex is only for married people. Batari said security officials even visit organisations that work with young people to identify the type of information they are being given.

But blocking access to information and contraceptives only increases young people’s exposure to health risks, resulting in increased unintended pregnancy and unsafe abortion, as well as the spread of sexually transmitted infections, including HIV. It also raises serious questions about the violations of young people’s sexual and reproductive health and rights.

**Addressing young people’s sexual health rights**

Young people are dying because they don’t have access to condoms. Not only do young adolescents face a higher risk of complications and death as a result of pregnancy, but AIDS is currently the number two leading cause of adolescent deaths around the world (UNAIDS).

In Indonesia, young people (aged 10-24) comprise 26 percent (64.3 million) of the total population, and Indonesia along with India and China, account for 78 percent of new HIV infections in the Asia and Pacific region.

According to Katja Iversen, CEO of Women Deliver, it is important that the government takes another look at their stance on sexual rights of young people because their choices and needs matter. “It is the
opportunities, the needs and the choices of young people today, who account for half the world’s population, that will define the world not only as we know it, but as we want it,” she said.

It is also important that they listen and co-develop policies for youth with youth as emphasised by Dr Benoit Kalasa, director of UNFPA’s technical division.

He said: “Our youth leaders have told us loud and clear: know our interests and work with us, co-design and co-create with us to drive successful programmes; invest in our empowerment education, health and employment; recognise that we are our nations’ precious human resources, and investments in us will produce wealth and well-being for all nations; leverage our collective power for the collective transformation we can bring to the 2030 agenda.”

Thomson Reuters Foundation: **International Conference on Family Planning – before we commit, let’s act!**

25 January 2016
*By Chibuike Alagboso*

‘Global commitments, local actions’ is the theme for this year’s International Conference on Family Planning in Indonesia, which kicked off with a youth pre-conference on 24 January.

The energy, passion and zeal exhibited by participants and organisers was palpable from the start at the Bali Nusa Dua Convention Centre, where the two-day youth event was held, and is being followed by the main conference (25-28 January).

Individuals, non-governmental organisations, governments, faith-based organisations and youth-led organisations are converging during the conference to share best practices for family planning, celebrate successes and learn ways of advancing the FP2020 Commitment to Action. The Commitment supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have.

The youth pre-conference served as a space for young people from different backgrounds to share and build on work they have done locally, identify challenges, share lessons and proffer actionable solutions.

Actions, lessons and challenges

Workshops and roundtable discussions addressed key issues affecting young people, such as using social media to publicise their work, identifying key policymakers, and addressing challenges to accessing services.

Francis Armah, a Women Deliver Young Leader from Ghana, shared an advocacy method centered on stories from young women and girls who are comfortable to share their challenges and experiences around sexual and reproductive health and rights. The stories are used during advocacy campaigns and trainings and some of the volunteer storytellers are also recruited and trained as peer educators to promote positive behavior change among their peers.
Maureen Oduor, an alumna of the Women Deliver Young Leader programme, said: “Story telling is very important as it concerns real people and it is real people that are dying when it is not done properly.” She also added that creating a safe environment for discussion is the only way young people can come out with their stories, for example they share stories with their peers because they feel safe with them.

Some of the recurring challenges for young people identified at the pre-conference include limited knowledge base, lack of inclusion, and funding. These can be addressed by supporting organisations that work with marginalised young people, said Jamila Gacheri of Y-PEER Kenya. “I believe that youth-led organisations and networks in particular should be supported and strengthened because they contribute to the development of civic and leadership skills among young people especially the marginalised youths,” she said.

**Young people’s rights**

Link Up is a project in Burundi, Ethiopia, Uganda, Bangladesh and Myanmar which aims to improve the sexual and reproductive health (SRH) of more than one million young people who are most affected by HIV and to promote their SRH rights. The Link Up team organised a workshop at the pre-conference to discuss a rights-based approach to sexual and reproductive health and the needs of young people living with and affected by HIV.

The participants comprised mainly young Indonesian delegates, some of whom had no background in family planning (despite the facilitators’ expectations that participants would have some knowledge of sexual and reproductive health). However, this provided an opportunity for Link Up facilitators to engage them in an in-depth knowledge-sharing session that eventually provided diverse views and beliefs on youth sexual and reproductive health and rights.

One of the facilitators Rawnak Rabbi, from Link Up Bangladesh, shared a story to drive home the positive effects of family planning uptake and practice on families. “We used to joke with our grandmother that she had a football team because she had 11 children,” he said. However, due to the increase in access to family planning services the average number of children per family in Bangladesh has begun to decrease.

Several participants expressed a belief that abstinence was the best way to protect one’s sexual health. In response to this Nikodimos Takele, from Youth Champions Initiative, Ethiopia said: “What is expressed and what is practiced are totally different and young people often have sex without planning for it.”

Facilitator Julie Mellin, from the Global Youth Coalition on HIV/AIDS, shared her personal beliefs on premarital sex when a participant asked if it was a sin for young people to engage in pre-marital sex. She said: “The most important thing is to access the right information and for both parties to consent before taking any decisions.”

For the most part however the youth pre-conference failed to address the salient issue of key populations affected by HIV, and taking a rights-based approach to family planning, and sexual and reproductive health. Such conversations must be given more of the spotlight to ensure young populations groups who are often marginalised – such as lesbian, gay, bisexual and transgender people, as well as sex workers and people who use drugs – are also given access to SRH services.
Mohammad Isro Alfajri, youth ambassador at the Duta Mahasiswa GenRe (Indonesia Colleges Youth Alliance), Indonesia, made a good point when he said: “Where family planning is going in future depends on this generation and it is not about quantity but about quality.”

Thomson Reuters Foundation: **Angela’s Story: How I ended up pregnant and with HIV at 15**  
18 January 2016  
*By Hope Mafaranga*

Lack of information and access to contraceptives is leading to many girls in Uganda having unwanted pregnancies. Angela Tweheyo, 17, from Mbarara District, is one of them.

Tweheyo says she had no idea about condoms when she was impregnated at age 15 by a teacher at her school, who later denied responsibility for the child.

In Uganda, 25 per cent of girls between the ages of 15-19 have given birth and more than half of young women aged 15-19 who are sexually active are in need of contraception, according to the Ministry of Health.

Lack of information and access to contraceptives

“Lack of information about contraceptives landed me in trouble of getting pregnant. As if this wasn’t bad enough, the first time I went for my antenatal visit, I tested HIV positive,” Tweheyo says.

In 2013, HIV prevalence among young women aged 15-24 in Uganda was estimated at 4.2 per cent (AVERT).

To address these pressing sexual and reproductive health needs among young women, the government needs to ensure a tailored and targeted response to preventing unintended pregnancies, reducing maternal mortality, and ending AIDS.

Teen mother living with HIV

Tweheyo later found out that her “sugar daddy” had lost two wives to HIV. But when she confronted him, he told her to abort and said he would not be responsible for the baby. “I went to a traditional birth attendant to remove the pregnancy but the herbs she gave me did not work. I almost died,” she says.

“It is true I am now struggling to ensure we survive but I am grateful that I am a mother. When my child calls ‘mum’, I feel good, though sometimes I feel guilty for my prior attempt to abort her. Thank God the herbs did not work.

“You have no idea how it feels to be a teen mother living with HIV as a result of unplanned pregnancy. My baby is also HIV positive. But I have decided to go public about my HIV status so that girls can learn from my experience and don’t fall into the trap like me.”

Ensuring healthy lives for all
In September 2015, heads of state and government met in New York and decided on the new global sustainable development goals, to be achieved by 2030. One of the goals focuses on ensuring healthy lives and promoting well-being for all at all ages.

As part of this goal, governments committed to reducing the global maternal mortality ratio to less than 70 per 100,000 live births and ending preventable deaths of newborns and children under five years of age. All countries will aim to reduce the neonatal mortality rate to 12 per 1,000 live births, or lower, and the mortality rate for under-fives to 25 per 1,000 live births, or lower.

Unsafe abortions

Professional doctors fear to perform abortion, which is only legal under certain conditions, such as to save the life of the mother. As a result, the Ministry of Health estimates that 26 per cent of preventable maternal deaths are caused by unsafe abortion in Uganda.

According to Dr Asuman Lukwago, permanent secretary in the Ministry of Health, over 300,000 abortions occur annually, with the vast majority of these being unsafe. He says: “6,000 women die every year due to pregnancy or child birth, 15,200 women die from unsafe abortion and a further 85,000 women are treated for complications resulting from unsafe abortion.”

Moses Mulumba, executive director of the Center for Health Human Rights and Development, says there is need to put in place a law to regulate the termination of pregnancies. This law has not yet been developed. Yet Uganda spends over 7.5 billion Ugandan shillings (about USD 2.1 million) from its national budget on treating women who have suffered complications due to unsafe abortion.

Sex education vital

Rosette Kyomuhendo, a mother from Tweheyo’s village, said parents should start talking about sex and the dangers of early pregnancies to their children in order to prepare them for adolescence.

“The more we stay away from telling our children the truth about sex, the more they will end up with unintended pregnancies and carrying out unsafe abortions,” she says.

Dr Julius Mugisha, a senior gynaecologist at Mbarara Referral Hospital, said 40 per cent of admissions for emergency obstetric care in Uganda are a result of unsafe abortion.

He believes revising messages on contraceptives and use of condoms to prevent unwanted pregnancies, HIV, and other sexually transmitted diseases is vital.

“We need to scale up campaigns to promote the goodness of family planning and also revamp messages on the use of condoms. This is the only way we will be able to control new HIV infections and prevent unwanted pregnancies,” he said.

As they say, knowledge is power. For Tweheyo this is certainly the case. With an impending marriage and new found knowledge on family planning, she and her fiancée are busy planning for their future. “I am not focusing on HIV status because I am now informed about prevention of mother to child
transmission of HIV. I am dating an HIV positive man who I met at the health center and we are planning to have two more children," she says with a smile.

Thomson Reuters Foundation: Stigma deters young people from accessing contraception

2 November 2015  
By Nnamdi Eseme

Many young people have limited access to sexual and reproductive health services, making it hard for them to access family planning and HIV services.

According to the World Health Organization (WHO) around 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. This puts them at greater risk of unplanned pregnancies and potentially HIV.

Ahead of the International Conference on Family Planning (9-12 Nov), in Bali, organisations such as the International HIV/AIDS Alliance, are calling for greater integration of sexual and reproductive health and HIV services. Lucy Stackpool-Moore, the Alliance’s senior advisor on sexual and reproductive health, said: “Integration of services can increase the range of services provided to and taken up by communities, especially young people, saving time and money in settings where resources are particularly limited. Most importantly, it can play a role in expanding access to services that allow people to choose if, when and how they want to plan to have a family.”

Misconceptions about contraception

In western Africa only 9 per cent of married women use modern methods of family planning, according to a report by the Population Reference Bureau. Myths claiming contraception causes weight gain, cancer, high blood pressure and even a reduction in sex drive, affect young people’s willingness to access family planning services. This results in women having more children than desired, complications from deliveries and unsafe abortions.

Seun Ademola, 20, from Ogun state, south-west Nigeria did not plan to get pregnant. She is not happy about it and she is considering an abortion, but she has had no support from home in making this decision.

"My parents back home have threatened to disown me if I have an abortion. It is for this reason I had to relocate to the city so I don't face the stigma from my family and friends," says Ademola.

HIV and stigma

Stigma can limit the choices that young people can make relating to planning families and accessing health services. It is an issue Ninido Mergen, an 18-year-old woman living with HIV, faces in her life. She says: "I know most of the workers at the clinic where I get my antiretroviral drugs and they always avoid me when I come for my medication."
"It’s not easy for people living with HIV in Nigeria. The stigma is high despite several NGOs and health organisations advertising on TV and radio trying to educate people about HIV, but that has not changed how people treat those living with HIV like me," says Mergen.

"We also have limited family planning choices. For me, I only use male condom as a contraceptive method because the nurse at the hospital told me that any other family planning method I use, could result in me infecting my partner. To her, I should not even be having sex unless my partner is also living with HIV.

"Even with the male condoms, I am scared because of it breaking. To make matters worse, I cannot disclose my status to a new partner before sex because the moment I do, he will end the relationship and avoid me like a plague. So what I do is to simply avoid sexual relationships," says Mergen.

Concerns about anonymity

Barrister Esther Uzoma, a human rights activist, says most young people in Nigeria do not want to be seen accessing sexual and reproductive health services because of stigma and discrimination, particularly if they are young people.

"Youth friendly service centres are not situated in places where young people usually hang out so they can easily access them," she says. “They exist either in public hospitals, where the identity of people accessing the services are not protected, or in private hospitals where the high cost implication serves as a deterrent. So young people end up not getting the help they need.

“Another challenge is the lack of open discussions on sex. Sexuality and reproductive health must be a huge part of youth education."

Making efforts to enable young people to access services

Young people have unique experiences of stigma and discrimination and youth friendly services are essential to tackling issues around unwanted pregnancies and risk of HIV. In the Nigerian city Abuja, the AIDS Healthcare Foundation is one organisation trying to tackle these issues.

Christine Awunor, HIV prevention co-ordinator at the Foundation, says: “We have been working on providing an integrated sexual and reproductive health and HIV service so that young people, especially girls and women, can access these services with ease thus saving time and money.

“We have also been carrying out several campaigns, including free HIV testing and counselling services to encourage young people to access such services. We call on Nigerians to stop the stigma on young women who seek such services.”

Achieving the sustainable development goals (SDGs)

In Nigeria, as well as across Africa, poor knowledge of modern contraceptive methods, sociocultural practices, lack of relevant health policies and youth-friendly services are factors that continue to limit young people accessing sexual and reproductive health services.

In September, as part of the UN development agenda beyond 2015, the world adopted a new set
of global development goals. Goal three is to ensure healthy lives and promote well-being for all at all ages. This means governments are now committed to ensure access to sexual and reproductive health services for all people by 2030, regardless of age, sexual orientation or any other factor that might cause people to be denied services.

It remains to be seen how Nigeria, and all the other member states of the UN, will truly embrace the new goals and ensure that young people are not left behind when it comes to ensuring healthy lives for all.

Bustle: Why couples who use contraception have more sex
28 January 2016
By Kristine Fellizar

New research has found that married couples who use birth control are three times more likely to have regular sex than couples who don’t. But lack of access or cost of birth control isn't the only reason some couples aren't using it. According to the study from the Johns Hopkins Bloomberg School of Public Health, access to contraception and cost has decreasingly become a reason as to why women don’t use birth control. Instead, women are concerned about birth control's side effects — even the the misconception that contraception can cause infertility or cancer. And, many women reported they aren’t using contraception because they are having infrequent sex.

The findings, which were presented at the International Conference on Family Planning in Nusa Dua, Indonesia took data of 210,000 sexually active women of childbearing age from Demographic and Health Survey questionnaires since 2005. All women studied were either married or living with their partner. One question in particular asked women whether they had sex during the past four weeks and whether contraception was being used.

As the study found, 90 percent of women who used contraception reported to having sex in the past four weeks. For women who didn't use contraception, 72 percent said they had sex in the same given time frame. Women who were more likely to have sex during those four weeks were between the ages of 20 and 29, had more education, and wanted to wait to have children in the next two years.

Access to proper family planning is a basic human right. According to the United Nations Population Fund, over 225 million women from developing countries lack access to safe contraception. However, Bell and her research team say current estimates have actually overestimated the unmet need of contraception. "We need to put sex into conversations about family planning in order to understand how that factors into a woman's decision to use contraception or not," the study’s lead author, Suzanne Bell, MPH, a doctoral student at the Bloomberg School said. “Risk of pregnancy is not uniform across users and non-users, as our results suggest."

According to Bell, sex is often left out of conversations around family planning, but modern contraception has allowed women and couples to separate sex from pregnancy.
“We want women to have better, healthier, safer sex lives, and contraception enables that,” Bell tells Bustle. "Incorporating sex into our family planning conversations and research can help us better understand how sex frequency factors into a woman's decision to use contraception or not.”

Although she notes that her research can’t be sure greater contraceptive supply will lead to more frequent sex, if future research is able to establish a link from contraceptive availability to frequency of sex, then reductions in unmet need for contraception could mean good things for the sex lives of men and women worldwide.

Overall, the study sheds light on the importance of women’s sexual needs. “If women are not using contraception because they are having infrequent sex, my hope is that these women still have access to quality information, counseling, and commodities for the full range of contraceptive methods,” Bell says. “Family planning is not one-size-fits-all, and women's preferences or willingness to accept the risk associated with unprotected sex may vary across time and partners. I would hope women have access to quality family planning counseling and services to ensure that they can meet their sexual and contraceptive needs.”

24 January 2016  
By Howard LaFranchi

EYE ON PROGRESS. Indonesia, the world's fourth most populous country, cut its fertility rate in half over a 30-year period. Now its program faces pushback from conservatives, mirroring global trends in family planning.

YOGYAKARTA, INDONESIA — The well-kept village of Wonosari, nestled in the tropical hills above the central Javanese city of Yogyakarta, is experiencing a baby boom.

Infants wail and coo in several of the tile-roofed, one-story houses lining the main dirt road. In one of the homes, 19-year-old bride Wadianti listens as a midwife from a Yogyakarta health clinic explains to her and her 21-year-old husband Anggit Bayu how to prepare for the birth of their first child, only weeks away.

The young couple hadn’t planned to become parents so soon after marrying – Anggit had hoped to wait until he was 26 and had finished his studies at Islamic University in Yogyakarta, while Wadianti had wanted to complete her studies as well. But the couple, devout Muslims, were suspicious of most contraceptive methods, convinced they could cause disease and make getting pregnant more difficult later on.

Wadianti and Anggit’s story is hardly a tragedy, but it speaks to the challenge Indonesia's government faces as it seeks to shore up its globally admired family-planning program.

Over the course of an aggressive 30-year policy that aimed to limit families to two children, Indonesia cut its fertility rate by more than half, to 2.37 births per woman in 2012. The centralized policy extended
maternal health and family planning clinics across this nation of 255 million people, leading to a sharp dip in maternal mortality.

But now Indonesia is seeing its progress slow, and in some areas of the country even reversed, mirroring a trend that demographers and international health experts say can be seen in other regions, such as sub-Saharan Africa. And any setback to reducing fertility and maternal mortality rates could have a significant impact in some developing countries.

**Tool for development**

After nearly five decades of international efforts administered by the United Nations, development experts concur that family planning programs have been a key tool in reducing global poverty and in empowering women – an undisputed path to development for poor countries.

“Family planning is the most effective human development intervention there is today – it’s a point we don’t make often enough,” says Babatunde Osotimehin, executive director of the United Nations Population Fund, UNFPA. “Women who have access [to family planning services] are able to make choices – about spacing their children, about education, about their economic activity,” he adds. “That adds up to increased development and well-being.”

Despite that, nearly 250 million married women worldwide still lack access to such services, Dr. Osotimehin says – a point he intends to underscore at an international family planning conference this week in Bali, Indonesia. A key challenge, he adds, is to “encourage more developing countries to committing their own resources to family planning programs.”

The need for local funding for domestic programs has become all the more urgent as Planned Parenthood in particular and family-planning budgets in general have come under attack from conservative political forces in the United States, a major source of international funding. Some of those same forces are also working with conservative political and religious parties and organizations in developing countries, particularly in Africa, to reject international family-planning funding as pro-abortion and anti-family.

At the same time, other high-profile policy decisions and global trends – from China’s easing of its longtime one-child policy to heightened concern over the economic impact of graying populations – are putting family-planning advocates on the defensive.

**Are individual rights at stake?**

“The international family planning movement, or at least certain elements within it, have a lot to answer for,” says Nicholas Eberstadt, a political economist and development policy specialist at the conservative American Enterprise Institute in Washington.

“What do they have to say about China and coercive birth control, and how that fits with respect for basic human rights?” Mr. Eberstadt says. “Then there is the challenge of aging populations and the fact that aside from sub-Saharan Africa, the rest of the world is pretty much below replacement [rate].”
He also criticizes what he calls the contradiction between top-down family-planning mandates and individual rights. “It’s just an amazingly condescending notion that experts know better than parents how many children they should have,” he says.

Experts like Osotimehin counter that family planning is about enhancing not denying individual rights – and in particular women’s rights. Still, he acknowledges that Eberstadt’s concerns reflect growing challenges to family-planning policies around the world.

“The conservative wave you see in Indonesia is something we’ve seen many places before; in Africa right now the Evangelicals are pushing back on us,” says Osotimehin. “But we are pushing back with the evidence that family planning is one of the best development tools a country can utilize. That’s something women and girls around the world understand.”

Policy faces many challenges

In Indonesia, an established family-planning policy that other developing countries have sought to replicate is facing pushback on several sides.

Political decentralization over the past decade means that regional governments are less interested in taking their cues from the national government. In some cases that has meant de-emphasizing family planning in favor of other priorities.

A wave of religious conservatism is challenging adherence to the secular policy designed to limit family size. Meanwhile, urban middle-class families are increasingly opting to have a third or fourth child because they can afford to.

And among young people, shifting attitudes toward sex are leading to more unintended pregnancies, experts say, even as strict policies mean many young people have little or no access to either contraceptives or family-planning information. That combination helps to explain what some experts say is an unacknowledged rise in maternal mortality.

“The government tries to limit reproductive health programs to married couples, so even information to adolescents remains controversial,” says Martha Santoso Ismail, UNFPA’s assistant representative in Jakarta. Many unmarried women try to hide their pregnancy and don’t consider pre-natal care, she says, while many women in rural areas continue to favor local, often untrained birth attendants over government-authorized midwives.

To revitalize Indonesia’s family-planning efforts, the government is focused on expanding access to services and on sending out more health-care workers – like the midwives who showed up in this village to visit Wadianti and Anggit.

Back to basics

But others say that given Indonesia’s heightened religious conservatism, it would do well to return to the roots of its family-planning success.
“Right now our fertility rate is stuck, and to address that I think we need to remember what made Indonesia’s effort successful in the first place,” says Amin Abdullah, rector of Sunan Kalijaga Islamic State University in Yogyakarta and a professor of Islamic studies.

“Our program was a success story [because] the government and UNFPA worked together with ... people with an Islamic worldview,” he says. “They introduced a program with a religious approach,” something he says was “important in a country with strong religious beliefs.”

Looking more globally, UNFPA’s Osotimehin says he sees a key to success in framing family planning policies as a central factor in addressing inequality – both the gender and economic varieties.

Countries at all levels of economic development are trying to address inequality, he says. In that context family planning policy can play a “central role,” he adds, because it “allows people at all income levels to plan family size, and it empowers women to choose a brighter economic path.”

Mr. LaFranchi reported this story in Indonesia as a fellow of the UN Foundation.

Gates Foundation gives shot in the arm for family planning
11 February 2016

Melinda Gates, co-chair of the Bill & Melinda Gates Foundation, announced last November that the organization would invest an additional $120 million in family planning programs over the next three years — a 25 percent rise on its current funding levels — to meet the Family Planning 2020 goal of giving 120 million additional women and girls voluntary access to these contraceptives by 2020.

The foundation continues to invest, too, in expanding the range of contraceptives available to women such as injectables that community health workers can deliver directly from pharmacies or eventually that women and girls can self-administer from the comfort of their own homes, Kellie Sloan, director of family planning at the Bill & Melinda Gates Foundation, told Devex associate editor Richard Jones in an interview on the sidelines of last month’s International Conference on Family Planning in Nusa Dua, Indonesia.

“We believe in method mix — in other words, not one device fits all — and the more you have the more you meet the needs of women and girls,” she explained.

Below are more highlights from our conversation with Sloan about the state of play of current efforts, progress made and challenges ahead as we near the 2020 deadline for family planning goals.

We heard in a video address from Melinda Gates here at the ICFP 2016 opening plenary that $120 million would be directed towards a number of specific areas in family planning. This funding was first announced in November 2015, so what’s the latest state of play?

When we saw the report for FP2020 last year and the data that came with that we knew that we were not tracking exactly as we should in terms of our ambition, but that we had time to close the gap. This year, when the report was launched, we saw that we were essentially on the same trajectory and now I think it’s time to accelerate and spur others to really feel the urgency as well.
This urgency, was the part we wanted to focus on and in doing so we spent time with Melinda [Gates] looking through the data on what we’re seeing and looking at potentially why we’re not accelerating in the right areas and what we need to do to spur others to raise their commitment as well. We wanted to go out of the gate saying, “We’re willing to commit more, and here’s what we’re doing.”

So we’re committing $120 million over the next three years and we have three specific high-level opportunities in which we’re going to engage based on the data we’ve been looking at, taking the evidence and encouraging others to use it as well.

There’s been an interesting discussion this week about what family planning devices are accepted or not by patients, for example hormonal devices and implants versus injections and IEDs. What is the FP device you support most and why?

We believe in method mix — in other words, not one device fits all — and the more you have the more you meet the needs of women and girls. One of the areas we’re focused on is working with the private sector to expand their opportunities by providing a little flexibility. That said, we’re excited about a couple of them and I’ll share one in particular which is an injectable, that’s kind of an all-inclusive device. I’m excited about this one because it can actually be so flexible in that community health care workers can deliver it, it’s available through pharmacies, so it’s flexible for youth or adolescents, it could be flexible — or at least accessible — for them too. And over time we believe it could go towards home and self-injection, which is something that would offer a lot of opportunity for those that previously would have to travel in [to health care facilities].

And your key message here at ICFP 2016 this week? What’s your sense of how the discussions have gone and what you’ve really hammered home in your various interventions?

The key message really is that we — as a global community — came together in 2012 to make a commitment, a promise that we made to women and girls that we know also is a need that has broader health and development outcomes. So that’s why we’re here — we believe that we’re three years into it and have four years left, as you look at the data and evidence that we’ve gathered over the past couple of years, we’ve added an additional 24 million women.

So we’ve made some progress, but the progress is not along the lines of the ambition that we have ahead of us. However, I think we’re going to create some acceleration through these types of conversations and my core message has been reminding everybody about the fact that we came together, we made a promise based on data, and now as a community we have to come together to accelerate progress to get to 2020. We have four years left to do it.

Another core message has been to urge those here working in the community to look at the data, course correct and make the necessary changes or increase their own commitments. We now have timely, relevant data at our fingertips that we can use, we’ve cut the time in half needed for analysis and we can get it to decision makers faster. So course correct if you need to, but we have to do it together and that’s where I’m pushing hardest.
Family planning is crucial to the post-2015 Sustainable Development Goals, as a crosscutting issue that impacts targets on health, gender, youth and more.

In short, it cannot be isolated as a stand-alone problem simply because it encompasses all sectors of society, according to United Nations Undersecretary-General and U.N. Population Fund Executive Director Dr. Babatunde Osotimehin.

“The all-of-society approach is exactly what the SDGs are about,” Osotimehin explained in an interview with Devex associate editor Richard Jones on the sidelines of the recent International Conference on Family Planning in Nusa Dua, Indonesia.

Below are more excerpts from that conversation with the UNFPA chief, including how the U.N. agency’s work on family planning has been affected by the refugee crisis.

Family planning has been described as one of the best investments towards achieving the SDGs in terms of saving and improving lives? How are you working to ensure that it is implemented not only in health and gender equality circles, but cutting across all sectors and intervention areas towards the implementation of Agenda 2030?

If Agenda 2030 is to succeed, the main engine of growth is going to be our young people. Of this group, the most important is the 3-year-old girl from Arusha, Tanzania. We must enable her to go to school, stay at school, receive comprehensive education — not just numeracy and literacy — including comprehensive sexuality education, protecting her rights so she doesn’t get married off at 15 or undergo female genital mutilation, and bringing her to potential maturity at 18-22 when she can decide what job or studies she wants to do, give her access to credit if she wants to start a business, decide who she wants to marry and how many children she wants to have — if she wants to marry and have children. If we achieve this, then Agenda 2030 is achieved.

How are you avoiding working in silos at the U.N. level? And if family planning is truly one of the most effective and cost-effective investments towards the SDGs, are you winning the argument?

There’s no way you can do what I described without working together. I chose the example of the girl from Arusha because you cannot move on all of those goals, without also making progress on the goal of society. The all-of-society approach is exactly what the SDGs are about.

Sexuality education and access to services is something that many governments do not want to address because there are tensions, but that’s where civil society, including peer-led youth organizations, comes in — to provide not only services, but information. This can remove the problem of youth not wanting to go to service delivery centers.

In South Africa, for example, abortion is legal but there are still illegal abortions [taking place] because kids don’t want to go to a hospital and come face to face with a midwife who’s their auntie, or lives in their neighborhood so they still go to these backwater places where they shouldn’t go. I think there’s
therefore a need for a coordinated system to enable young people to have access to information and services.

How can UNFPA and its partners intensify efforts to ensure that no one is left behind?

Sustainability comes from systems that work in-country, it doesn’t come from us. If Ebola broke out in Ethiopia or Rwanda, we would not see what happened in [West Africa] because they have built adequate systems. You first have to build systems so we will go and work with governments to build these systems — we don’t have the money to do any more than that, but we have technologies, expertise and knowledge that we can share. That’s what we bring to the table.

“How do we ensure that we can engage? It’s a lot of work and it’s a lot of passion. You cannot do it just by video message, you have to be there, sitting on the ground with them and talking to them.”
— Dr. Babatunde Osotimehin, executive director of the United Nations Population Fund and U.N. Undersecretary-General

In 2014 alone, UNFPA provided family planning supplies targeting nearly 21 million women, men and adolescents in humanitarian settings. How does your approach to family planning differ in humanitarian settings and what changes is UNFPA putting in place in light of recent migration crises?

Our humanitarian response has grown [but] what makes it unique is that [...] we need to be able to adapt to these [precarious] situations to be able to reach [the migrants], and then supply the services on a continuous basis. That’s what we’re doing as UNFPA.

In addition to providing education to women and girls about protecting themselves against sexual violence, providing safe spaces for women and girls around the camp, we ensure that we provide family planning services and more. We also talked to men who were coming to consecrate marriages for 13-year-old girls and educating them that they cannot do this. In addition, we do work with boys about gender-based violence to respect the bodies of women as equals.

How do we ensure that we can engage? It’s a lot of work and it’s a lot of passion. You cannot do it just by video message, you have to be there, sitting on the ground with them and talking to them. It’s not only going to be once, it’s going to be several times and they will come back and ask you things. But once they have your confidence they will do whatever needs to be done, because they then know that you have no agenda.
Tucked under Goal 3 of the recently agreed Sustainable Development Goals that focuses on ensuring healthy lives and promoting well-being for all is a target to provide universal access to sexual and reproductive health care services, including family planning, by 2030.

But despite the optimism that this target can be achieved — partly due to the relative progress achieved under the Millennium Development Goals since 2000 — global development leaders are quick to admit that the momentum towards achieving these targets may be halted if one perennial issue is not addressed: funding.

Karl Hofmann, president and CEO of Population Services International, shared on the sidelines of the fourth International Conference on Family Planning in Nusa Dua, Indonesia, this week that while international agreements — including the SDGs and the Family Planning 2020 global partnership launched in London in 2012 — have provided a credible blueprint for development stakeholders to follow in addressing family planning issues, much of the good work will be in vain if robust resources are not allocated to operationalize them.

“There is a message from [UNFPA Executive Director Babatunde Osotimehin] about a shortage in commodity funding for family planning,” he told Devex in an exclusive interview. “I think we have some serious challenges to fund the ambitions that we have laid out.”

Commitments under the FP2020 initiative, explained the chief of the Washington, D.C.-based group, including finding ways to reach 120 million new users of modern contraception in four years have been “less than satisfying.”

How can we solve this resource problem to fund the family planning and other sexual and reproductive health and rights programs?

Hofmann shared his thoughts on resource mobilization and the role of the private sector, among other sources of potential funding. Here are some highlights from that conversation:

Aside from multilateral and government financing, what are some of the other funding opportunities that could help boost family planning and SRHR initiatives, especially in developing and least developed countries?

I would say there are three exciting new trends that we have to take advantage of and be aware of. One is the critical importance of raising resources at the national level ... I’m not talking about bilateral donors, [nor] international finance institutions, but mobilizing domestic resources [like taxation and appropriations] for core issues — not just on family planning, but for the broader issue of health in the development agenda.

I think the second area of change and promise for us is the fact that we’re at this moment in global development where hundreds of millions of people have been lifted out of poverty over the past 20 years. There’s a tremendous upward momentum in the lives of even the poorest parts of the world. And we have to take that into account and recognize an ability to mobilize resources from consumers — not just governments — in terms of their own health outcomes ... If we assume that everything has to be free, we’ll never get there. It’s about allocating the available subsidy in a rational and optimal way.
The third area that I think is really important in terms of new funding trends is what I would call new philanthropy models. You have high net worth individuals like Indonesian billionaire Dr. [Dato Sri] Tahir of the Tahir Foundation, and he is emblematic of a lot of people who are so far still an untapped resource in terms of funding these innovative changes [and programs].

So national resources, money from consumers, and nontraditional philanthropy are all exciting developments on how we look at how to plug these [funding] gaps.

What business models can be implemented to engage more firms in family planning and SRHR initiatives? How can this be made sustainable?

I think we have to recognize that when we are trying to reach the most marginalized and poor communities in the world, there is a need for subsidy. It has to come from somewhere. But there is also the reality that you can't meet the needs of everybody with a free offer when, in fact, there is an ability to pay on the part of some segments of the market.

It's really about understanding the marketplace and segmenting it appropriately ... The days are gone where we can afford to be generous with a public subsidy in a way that is wasteful. We have to be much more rigorous about leveraging the subsidy and ensuring that it goes only to those who require it.

So the business model could involve, for example, cross-subsidization. An actor in the marketplace could market a certain product or service in a cost-recoverable way, or even a surplus-generating way, and then reapply that surplus to the lower segments of the market that need subsidy. I think there’s a lot to be learned from social enterprises in this regard. There are some important opportunities for the private sector, which may not look at this marketplace as a very interesting place to invest, but I think the role for social marketing organizations and others is to bring that demand forward so that it is ready to be responded to by the private sector.

There has been a lot of talk this week about inclusive business as a form of social enterprise. How can this be nurtured and eventually scaled up to boost SRHR initiatives in more remote areas?

I think there’s a very broad conversation now about an effort to connect funders with scalable social enterprise models ... People like to talk about it, but few have cracked the code about how actually to do this. You know, we look at the social impact bonds, development impact bonds, and other nontraditional financing tools and there is still expectation on the part of many people that they will be able to get market returns and measurable social impact.

In fact, there has to be a trade-off there somewhere. People need to be willing to accept less than market returns if they want measurable and scalable social outcomes. But I think it’s a really interesting conversation and lots of big private sector players are now very interested in this space too.

There is also the dilemma of what to prioritize between profitability or market returns and social impact, isn't there? In your opinion, what should come first?

It depends on the funders. The private individual, the private foundation or a private investment fund can decide what rate of return they are willing to accept for their capital. But a publicly traded private sector company has accountability to its shareholders.
But my sense is that there is a broad movement towards this middle-space that is an overlap between financial reward and measurable social impact. I think many of the biggest companies are interested in this space because they think that many global consumers, young global consumers, have an expectation that their consumption decisions will also have a social aspect. And I think companies are trying to figure out how they can respond to that growing demand in a way that meets their need for financial performance, but also demonstrates social impact.

If I have to choose between the two, give me the sustainable social business approach and a profit and loss statement over CSR anytime. I would rather be embedded in the business model than I would be waiting for a corporate foundation to make a funding decision, because the CSR side may be the first to go in hard business times. If the social impact is baked into the business model, then that’s more sustainable over the long-term.

You’ve talked previously about "building the NGO model of the future." Can you tell us more about this idea?

I think we are trying to create our own future for our own enterprise that is a nationally rooted, but globally connected, network. So I think that’s how we get economies of scale, and I think that’s how we share learning [and] best practices. It's inspired by what the global private sector does. It's a respect for the need to have national roots, but it's also recognizing that, particularly in our space, we need to have global connectedness and organic links that allow national social enterprises to be resilient and sustainable, precisely because they’re connected globally.

We and many others are trying to be present in that [middle space] because we want to. My NGO has been around for 45 years and has tried to faithfully spend public subsidy. I think the future for organizations like mine is not fundamentally about spending public subsidy, it's about figuring out how to unlock that magic overlap between consumer demand, available subsidy, social impact [and] financial return. This is a sustainable future, what we’re being called to under the SDGs and all of us are trying to figure out how to meet the needs of the people in a more sustainable way.

Devex: **Could your global programs use a nudge?**
25 January 2016
*By Catherine Cheney*

A crowd of mothers hold screaming babies and chase crawling toddlers. At the center of this open air pavilion, in the Thies region of Senegal, a health worker calls women up one by one to determine what immunizations their children need. As forms and needles circulate, a midwife asks these women if she can cut in for a causerie — a chat — about the range of family planning methods available to them.

There has been a movement over the last decade to integrate family planning into other services, so that no opportunity is lost. But when a team from ideas42, a design and consulting firm that applies behavioral sciences to social problems, visited this health clinic, they questioned how these women could reflect thoughtfully on family planning options in the midst of such apparent chaos.
Their feedback was rooted in a field of research that seeks to explain why people make decisions that are inconsistent with what they claim to want, in this case as a result of the effect of cognitive overload.

“I had always referred to the immunization service as an assembly line, like a factory, where you have your baby weighed then you hand in your vaccination form, but there was that element of chaos that I had never noticed,” said Jennifer Wesson, an adviser at IntraHealth International, which works closely with the Senegalese Ministry of Health on family planning services and brought ideas42 staff to this health clinic.

“There is evidence in the social psychology field that decision making is hard when things are chaotic, which maybe sounds obvious, but there’s something very compelling about being able to attach your observation to scientific literature,” Wesson added.

ideas42 and partner organizations funded by the William and Flora Hewlett Foundation will present on behavioral economics as a tool for improving family planning services at the International Conference on Family Planning, taking place in Nusa Dua, Indonesia, this week.

There is growing recognition of the need for development policy and program design to take human decision making into account. The cofounder of ideas42 was one of the early thought leaders on how behavioral design principles could improve the reach and effectiveness of development programs. More recently, the World Bank focused its 2015 World Development Report on how researchers and practitioners can account for psychological and social influences in their approaches.

While behavioral economics has been applied to efforts to encourage people to use fertilizer or take malaria medication, the Hewlett Foundation saw an opportunity to try the tactic in the relatively mature field of family planning and reproductive health, said Helena Choi, a program officer in the population program at the foundation.

“You tap into the tendency people have to emphasize short term and near term gains and discount future risks,” she said. “You have to really change that for young people to make the right choices and behavioral economics has tremendous potential to shape those decision moments for young people.”

With every decision we make, we fall somewhere along a spectrum of opposing forces: self and other, today and tomorrow, illusion and reality, and thinking fast and thinking slow. A behavioral economics framework can help the global development community unpack the factors that influence decision making, then apply tools so that individuals make better decisions. An example includes micro incentives, like gifts to acknowledge patient compliance or health worker performance, which can be more motivating than monetary rewards.

“What behavioral economics tries to do is look at the institutions around decision making,” said Nava Ashraf, an associate professor at Harvard Business School currently working in Zambia on the gap in preferences between men and women when it comes to the number of children they desire. “We all have these choices we’re making within an institutional framework, and if you shift those incentives, can you then shift choices people make?”
Behavioral economics is not exactly the same as behavior change, which focuses on long term change, resulting from adjustments to underlying norms and preferences or big macro factors like education. The discipline is more focused on immediate term decision making. Ashraf said she hopes these two fields can come together in such a way that adjusting behaviors gives way to shifting beliefs and changing norms with better outcomes in the immediate and long term.

“My own take on it is that we use behavioral economics as a structure to help us understand the decision making process and the levers you can pull and then we go deeper to understand the underlying factors,” she said. “You start to undertake some behaviors, like using contraception and realizing it is possible to do it and that you’re happy with fewer children, and then that changes your underlying demand for family size, for example.”

“You start to undertake some behaviors, like using contraception and realizing it is possible to do it and that you’re happy with less children, and then that changes your underlying demand for family size, for example,” she added.

One of the tenets of behavioral economics is that people do not always act in their own best interests, that they are subject to biases and shortcuts and attention gaps. Some argue that family planning services have prioritized health systems strengthening, like staffing up clinics, at the expense of decision points like the moment when a young person decides to have unprotected sex.

“If your diagnostics suggest that behavioral biases are part of the problem, you can work with a researcher on an intervention like a nudge or default to achieve different outcomes,” said Temina Madon, executive director of the Center for Effective Global Action, the University of California’s center for research on global development. The funding CEGA and other partners have received from the Hewlett Foundation, totaling $4.5 million since 2012, will add to the body of research and programming on health choices in addition to health services.

It is too early to tell whether behavioral economics will have the impact on family planning the Hewlett Foundation hopes to bring about with its investments. Tulane University is conducting an external evaluation to assess what, if any, contribution this behavioral economics approach is making to the reproductive health field, and how promising the early results are from the projects carried out by CEGA, ideas 42, and their partners.

“Incorporating behavioral economics into family planning could help us identify and address the real bottlenecks at individual and community levels that reduce the adoption of family planning methods,” Hawa Talla, who works in Senegal for IntraHealth International, told Devex. “At a small scale, this is feasible in the short term. But the biggest challenge will be scaling it up.”

But Choi said the global development community should stay tuned and take note of the need to pivot toward thinking more about choices. “Too often when you get into development work, you tend to think about cost benefit analysis and the budgets and the political context, and you lose sight of the people,” she said. “By thinking about how behavioral insights could optimize program design, you really bring back the human element.”

But barriers stand in the way of behavioral economics becoming as entrenched as behavior change in the field of family planning. First, there are the broader criticisms of behavioral economics, like how
observations in experiments might not translate to real world situations. Plus, as Madon and her coauthors explain in a review paper on the topic, when it comes to reproductive health, other factors like persuasion or even coercion can complicate individual choice.

There is a scarcity of research on the effectiveness of behavioral economics in developing countries, which makes it all the more difficult to apply these tools to policy and program design. That is something the Hewlett Foundation, along with CEGA, ideas42, and partners that may emerge, is looking to change.

“There are a lot of behavior change paradigms out there, so trying to convey the value add of this approach, and how this can actually be a complementary tool in the toolkit, has been something that we’ve had to take on as part of the project development process,” Karina Lorenzana, a vice president at ideas42, told Devex.

“It’s not just jumping in and doing projects, but it’s making sure everyone is on board.”

GeekWire: How Amazon inspired a drone delivery system for birth control in Ghana
8 February 2016
By Alan Boyle

When U.N. health experts were trying to come up with a way to deliver contraceptives to women in hard-to-reach areas of Ghana, they took a page from Amazon’s drone delivery playbook.

Their pilot project, known as Dr. One, was reportedly inspired in late 2014 by the Seattle-based online retailer’s plans for aerial package deliveries.

“We thought, ‘Hang on a minute. We can use this for something else!’” Kanyanta Sunkutu, a South African public health specialist with the U.N. Population Fund, was quoted as saying in The Huffington Post’s report about the project.

The experiment gained the support of organizations ranging from the population fund, the Ghana Health Service and the Dutch National Aerospace Laboratory to IDI Snowmobile and Drones for Development. It uses 5-foot-wide, remote-controlled aerial vehicles to carry birth control pills, condoms and other medical supplies from an urban warehouse to a rural drop-off point. A health worker picks up the supplies and distributes them to local residents. Each flight costs $15.

“Delivery to the rural areas used to take two days,” Sunkutu told The Huffington Post at the International Conference on Family Planning in Bali, Indonesia. “It will now take 30 minutes.”

Several other African countries have expressed interest in adapting the delivery system for their own use.

Dr. One isn’t the only project of its kind: For years, Matternet has been testing drone delivery networks for medical supplies in challenging locales such as Haiti, Bhutan, the Dominican Republic and Papua New Guinea.
Who knows? Maybe these humanitarian applications will serve as an inspiration for Amazon Prime Air.

Huffington Post: Emergency Contraceptive Pills: The misunderstood savior for Pakistan?
1 February 2016
By Farahnaz Zahidi

It does not work by means of abortion, has no effect on future fertility, does not increase risk of diseases like cancer or stroke, and will not harm a fetus or cause birth defects if a woman already happens to be pregnant. Yet, while the conventional 21 to 28 day contraceptive pill has found a degree of acceptance in Pakistan and most developing countries, the ECP (Emergency Contraceptive Pill) continues to be shadowed by myths.

Most people still confuse it for something that terminates a potential pregnancy, and thus confuse it with abortion. The facts could not be further from the truth. It is ironic that in Pakistan a lot of people avoid the ECP thinking that it translates into an abortion. Out of the 2.4 million unwanted pregnancies in Pakistan in 2002, some 900,000 were terminated by induced abortions (Studies in Family Planning 2007). These unsafe abortions that often claim the woman's life due to resulting complications can be avoided with the use of an ECP.

This method of contraception can be used after unprotected sex when another form of contraception is unavailable or has failed. It can be used to prevent pregnancy for up to 120 hours (five days) after. Again, it acts as a preemptive measure, and does not cause abortions. The sooner it is taken, the better is the efficacy.

Why choose ECPs in Pakistan?
In Pakistan, it is available over the counter and unlike many other countries where it is a pricey contraceptive choice, it is economical. And it is safe. What is needed, then, is a more aware understanding about this excellent option.

As concerned world leaders, philanthropists, media persons and health care persons came together for the fourth International Conference on Family Planning held in Bali, Indonesia, from 25 to 28 January, 2016, the ECP was discussed in depth. For the world's sixth most populous nation even if the registered number of Pakistani citizens is considered, which stands at 199,085,847 in July 2015, as per the CIA Fact book, understanding contraceptive methods is vital.

In Pakistan, many organizations and pharmaceuticals, including Green Star and Marie Stopes facilitate the availability of and understanding about the ECPs. A section on emergency contraception in the Manual of National Standards for Family Planning Services, a document developed by the Family Advancement for Life and Health (FALAH) project, includes the EC and related policy. While the document recognizes that there is a lack of awareness among health care providers regarding ECPs, it also mentions certain stipulations about when it should be used and who should prescribe or dispense it. The possibility of it being used without misconception or difficulty, then, depends on how aware both the users and the health care providers are.
Representatives of the International Consortium for Emergency Contraception (ICEC) shed light on the subject during the ICFP. In over 140 countries women can buy emergency contraception and the ECP is readily available over the counter in 60 countries including Pakistan.

When the ECP is the best choice - in rape and other cases

While using a regular, ongoing method is recommended as the most effective way to prevent a pregnancy, in certain cases the ECP is the better choice. In cases of rape, it makes perfect sense. In 2013, the 57th Session of the United Nations Commission on the Status of Women stated that all Member States must require first responders to include EC provision in post-rape care. The ECP, thus, needs to be included as a regular post-rape treatment.

But the usage of the ECP should not be limited to cases of rape. It is also ideal in cases where the couple may not have regular sexual activity.

Most importantly, it bails out the couple, and especially the woman, in case of an "accident". If she decides that this might not be the best time to have a child, the pill empowers her to use that discretion.

It is a safe, economical and effective method of contraception. It has very few side-effects and can be used more than once with the consultation of a doctor but should not be used as a regular contraceptive. To gain maximum benefits, people need to know more about what is often called the morning after pill. Above all, it need not be discussed in hushed tones. Contraception is a careful choice and Pakistanis need to make informed decisions regarding FP. Better to be more informed about the ECP and be safe than sorry.

Huffington Post: **Contraception Drones Are The Future Of Women's Health In Rural Africa**

27 January 2016

*By Laura Bassett*

BALI, Indonesia – In late 2014, a group of public health experts and philanthropists were grappling with the problem of how to improve contraception access for women in the most remote, hard-to-reach villages in rural Africa, where a flood can shut down the roads for days and cut off medical supply chains.

It occurred to them to borrow an idea from Amazon: Unmanned delivery drones.

"We thought, 'Hang on a minute. We can use this for something else!'" said Kanyanta Sunkutu, a South African public health specialist with the United Nations Population Fund.

The idea grew into a successful pilot program called Project Last Mile, which has for months been successfully flying birth control, condoms and other medical supplies to rural areas of Ghana on 5-foot-wide drones. The program, which is jointly funded by Coca-Cola, UNFPA, the Bill and Melinda Gates Foundation and the United States Agency for International Development, is now expanding into six other African countries in hopes of revolutionizing women's health and family planning across the continent. The drone operator simply packs the vehicle with contraception and medical supplies from a warehouse in an urban area and pilots it over to places that are difficult to access by car. There, a local health worker meets the drone and picks up the supplies.
"Delivery to the rural areas used to take two days," Sunkutu said at the International Conference on Family Planning in Bali, Indonesia. "It will now take 30 minutes."

Access to birth control is a massive problem in Africa, especially Sub-Saharan Africa, where fewer than 20 percent of women are using modern contraceptives. The World Health Organization estimates that 225 million women in developing countries around the world would like to delay or stop childbearing, but lack reliable birth control methods. The lack of access leads to exceedingly high rates of unintended pregnancy in these areas, which prevents women and girls from finishing school or becoming employed. And roughly 47,000 women a year die of complications from unsafe abortions.

The idea of using drones to improve reproductive health options is not a new one. In June, a Dutch organization called Women on Waves used a drone to fly medically approved abortion-inducing pills from Germany to Poland. The purpose of the flight was to raise awareness of Poland's restrictive abortion laws. But so far, Project Last Mile is the first to develop a sustainable, long-term program for contraception delivery by drones.

Sunkutu said he expected the pilot program in Ghana to encounter significant obstacles. He was worried that residents receiving the shipments would associate the contraception drones with war drones. As a result, UNFPA and its partners exclusively refer to the tiny planes as "unmanned aerial vehicles" in their program materials. "We don't want that link between war and what we are doing," Sunkutu told The Huffington Post in an interview. "But the resistance we thought we would get has not been there."

The pilot program in Ghana has been so successful and cost-efficient -- each flight costs only $15 -- that the governments of several countries have offered to take over the program and pay for it themselves. Tanzania, Rwanda, Zambia, Ethiopia and Mozambique have all expressed interest in using the drones for family planning. Sunkutu hopes that at some point in the future, the vehicles will revolutionize many other areas of life in rural Africa.

"They can deliver ballots after elections, or exams for school," he said. It becomes a logistics management solution for hard-to-reach areas. We're going to use family planning as an entry and make it sustainable."

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Huffington Post: The Zika Virus Could Force Women To Have Unsafe Abortions
26 January 2016
By Laura Bassett

BALI, Indonesia – As the Zika virus continues to cause severe birth deformities in babies whose mothers contract it throughout the Americas, El Salvador has advised women to avoid becoming pregnant for a full two years until the epidemic is eradicated. But women who are already pregnant with the disease are left with few options in a country where abortion is criminalized without exceptions.
The virus, which the Aedes aegypti mosquito transmits, is linked to the condition microcephaly, which causes babies to be born with abnormally small heads and severe developmental delays. Since Brazil confirmed the first case in May 2015, 21 other countries throughout South, Central and North America, including the United States, have since reported occurrences. Nearly 4,000 children have been born with microcephaly in the areas affected.

El Salvador's government advised women on Monday to delay getting pregnant until 2018 -- an unprecedented recommendation -- while Colombia, Jamaica and Ecuador called for shorter delays.

The problem in El Salvador's case is that women who are already pregnant and contract the virus are still subject to the nation's complete ban on abortion, which has already put dozens of women behind bars for murder. Health workers worry the law could drive many desperate women infected with Zika to seek dangerous, back-alley procedures.

"Imagine you're pregnant already, and then you discover you have this virus, and then you discover that this virus causes this condition in the fetus," said Anu Kumar, executive vice president of the global abortion rights non-profit IPAS. "Then you're faced with the decision of, what do you want to do with this?"

Kumar, speaking at the International Conference on Family Planning in Bali, Indonesia, said the Zika situation highlights the public health problems that severely restrictive abortion laws cause. An estimated 47,000 women a year die from unsafe abortion complications.

"That's exactly why these laws should be liberalized," she said, "because unsafe abortions lead to injury, lead to death, lead to women having unspeakable horror inflicted on them. And why, when we have the technology to do this safely?"

The Center for Reproductive Rights has been lobbying El Salvador's government to change its abortion policy urgently in response to the virus. But a spokesperson for the group said the government has not responded to its petition, nor has it made an effort to increase family planning services to the couples who are being told to avoid pregnancy.

"The government is washing their hands of responsibility," said Paula Avila-Guillen, the organization's programs specialist for Latin America. "These recommendations are really empty words. They aren't going hand in hand with policies to make contraception and emergency contraception available, especially in El Salvador where those things are very inaccessible."

Reproductive rights advocates hope the desperate situation caused by the Zika epidemic gives El Salvador and other heavily Catholic Latin American countries the impetus to reevaluate their family planning and abortion policies.

"This is an opportunity the government has to change its law and stop this discrimination against women," Avila-Guillen said.

This story was supported by funding from the Pulitzer Center on Crisis Reporting.
Medium: Meet six young people who are determined to shift family planning policies
28 January 2016
By Sonia Narang

There’s a lot at stake at the international family planning summit in Indonesia this week, as world leaders and health experts from around the globe discuss how to make contraception more accepted and accessible. It particularly hits home for youth from countries where teens and adolescents often have limited or zero access to family planning services.

More than 300 youth leaders from developing nations have gathered in Indonesia this week to advocate for family planning. Here are some of their stories, in their own words.

**Ayesha Memon from Pakistan, age 23**

“One of the biggest challenges here is the patriarchal culture because it’s a very male-dominated society. It’s very tough to tell a man in a patriarchal culture what you are doing is wrong. But, they run the families and they are the ones who’ll allow women to get an education, so if they understand us, then we can access women.”

“In some areas where women know about family planning, there are misconceptions or they don’t want to use it due to cultural obligations. Some think that it means ending your family. They do not understand that it helps plan the size, the timing, and the number of children that you want to have.”

“Many other women do not go for family planning because they want to have baby boy, so they keep on giving birth to children until they have a boy. When there’s a cultural challenge, it takes time, you cannot go and tell them that this is what you should do and this is what you should not do.”

Ayesha’s Idea: “We launched a program that used theater to show how important family planning is. That worked quite well because maybe people cannot understand the technology or the terminology, but when it’s art, they relate to it.”

**Evans Odenyo from Kenya, age 23**

“If you’re a man and you claim to be the head of the family, then you should be taking responsibility. You need to plan your family, not only in social or economic areas, but you need to plan your family starting with arranging the gap between children and knowing what contraceptive method to use.”

“Young people are not aware of all the family planning services, and they don’t know where to access them. If they know where to access them, the areas where the services are available are not friendly. They are not accessible, they’re not consistent, and they’re not informative. So, a lot of young people lack these services because they don’t have the information. They need a lot of help.”

Evans’ Idea: “Many young people like soccer, so we’re trying to integrate sports activities with information about family planning and contraceptives.”
Mary Wanjiku Mwangi from Kenya, age 23

“I got pregnant a few months before my eighteenth birthday, and I didn’t know anything about family planning. After giving birth, I also didn’t know about family planning because at my age, no one told me, not even the doctors.”

“The best thing is to call it ‘future planning,’ remove the word ‘family planning.’ When I first went to get family planning, I was asked, how old are you? Then I said I was nineteen. They told me I was too young to access family planning, even though I already had a child. I think we should change the name to ‘future planning’ in every country.”

Mary’s Idea: “Our organization, U-tena, is the bridge between youths and the clinics, so that youth can get the services fast. Sometimes we take charge, so youth don’t have to queue around the hospital.”

Navin Bhatt from Nepal, age 22

“People in many rural areas of Nepal, particularly in the small town where I was living, had no information about family planning. There were poor, large families of twelve to fifteen people, and it was very difficult for their livelihoods. This motivated me to do something in the field of family planning, so I became a medical student.”

“In Nepal, the literate people are also very shy to speak about family planning due to cultural values. I had an opportunity to talk to students in Grades 9 and 10, and I asked them about family planning methods and reproductive health. They were all shy and couldn’t answer these questions. I also found that their teachers used to skip the lesson on family planning. The teachers also feel shy to talk about this, so if this is the situation, then how can students who are future leaders know about this?”

Navin’s Idea: “In small rural areas, there was a perception that family planning is only for females. So, I formed a youth circle to overcome this belief, and named it Mr. Family Planning. The ‘Mister’ has two meanings: it means male in one sense, and in another sense it means male responsibility in family planning.”

Taleka Makunje from Malawi, age 25

“I had a few friends who were going through sexual and reproductive health issues and they had no one to talk to. There was a lot of stigma around teen pregnancy and accessing contraceptives. This prompted me to ask, ‘why do we have to be stigmatized?’ There are methods that can protect us, to guarantee us a good future. I decided to speak out, to say ‘we have our rights.’ This is something that we believe every youth is entitled to. We should be able to live in a country where the government is committed to protecting us.”

Taleka’s Idea: “The youth in Malawi have to travel long distances to health clinics where they can get family planning methods. We’ve managed to train peer educators and local leaders in administering contraceptives. This has eliminated the long distances the youth have to walk to get to the health clinics.”

Nomtika Mjwana from South Africa, age 22
“I used to do a lot of peer counseling work at school. When I got to university, I strengthened my interest and joined the HIV/AIDS peer education unit.”

“In South Africa, one of the biggest challenges we face is that we do amazing work, but we do it in isolation. We need to collaborate a lot. Our group Activate! aims to bring together young people who are working in isolation to come together and have a bigger impact.”

Nomitka’s Idea: “I’m a video blogger and I’m trying to eradicate the stigma by talking openly about family planning and women’s health. I take important research and turn it into conversations. For example, if we’re talking about family planning strategies, I will not say, ‘let us talk about methods,’ I will say, ‘the pill gives us terrible side effects. Do you want to discuss that?’”

“I’m also working on a new video blog, and it’s going to be very fun, catchy, and exciting. It’s going to be very conversational, with basic information, fun discussions and debates about family planning and women’s health.”

NPR: Couples Who Use Contraception Have More Sex
27 January 2016
By Vicky Hallett

Folks in the field of family planning research are experts at discussing all sorts of uncomfortable things — teen pregnancy, abortion, maternal death. So what’s weird is that there’s one issue no one is really talking about, says Suzanne Bell, MPH, a doctoral student at the Johns Hopkins Bloomberg School of Public Health.

That forgotten topic? Sex.

To encourage some discourse on intercourse, she teamed up with Bloomberg School professor David Bishai, a physician and health economist, to look at how contraceptive use impacts "coital frequency" among women who are married or are living with a partner. In other words, what effect does contraception have on how much couples are, um, coupling?

"These are real couples and real people. Better understanding their preferences helps us meet their needs," explains Bell, who presented their findings Wednesday at the International Conference on Family Planning in Nusa Dua, Indonesia.

Bell and Bishai analyzed survey questionnaires completed since 2005 by more than 210,000 women. The findings about the number having intercourse in the last four weeks surprised her: It was 90 percent of those using contraception versus 72 percent of those who were not.

These statistics come from 47 low- and middle-income countries, and based on how consistent the results were, Bell doesn't suspect the results would be much different anywhere in the world.
"Some countries are predisposed to having more sex," Bell says. (The top spot goes to Jordan, where 94 percent of women surveyed said they'd had sex in the previous four weeks. Benin, where just 61 percent had, was at the bottom.) And the association between contraception and intercourse frequency isn't statistically significant across the board — in Mali, there was "just barely" a link, Bell says. There wasn't a single country in the study, however, where the numbers were reversed.

There's an obvious reason, Bell says, why couples using contraception would be spending more time in the bedroom: "It can separate sex from unwanted pregnancy."

But plenty about this link between sexual activity and contraception isn't as clear, Bell notes. Women may not be using contraception because they've have a bad experience with side effects, or they have misconceptions about what it does to their bodies. Or maybe they're not having sex because their partners are migratory workers who aren't around.

Another possibility, Bell says, is it's not the women's choice. Male partners, particularly in patriarchal societies, often have the final say. If women want to use contraception, they can only use it clandestinely. That's why, Bell says, some speculate that birth control injections that last for three months are most preferred method in sub-Saharan Africa.

So while it may be tempting for public health workers to broadcast this finding as a "use contraception, have more sex" message, Bell thinks more research is needed. If the availability of more contraception indeed leads to more sex, the next step could involve studying what kind of impact that might have on society.

"Sexual activity and intimacy are great for having healthy, happy relationships," Bell says. "Personally, I'm happier when I have more sex. I'm more pleasurable to be around."

"It's interesting to think about level of risk, and cumulative risk," Bell says. She wonders whether women not using contraception — and perhaps relying on less frequent intercourse instead — fully understand the possibilities of pregnancy.

Even in the U.S., women with unintended pregnancies report their reason for not using contraception was because they didn't think they could get pregnant," she adds.

Sounds like that's another good reason to talk about sex.

The Wall Street Journal: Indonesia Tries to Trim Birth Rate to Aid Economy
Updated 25 January 2016
By Sara Schonhardt

JAKARTA—Indonesia seeks to revive a family-planning program that has languished since its heyday decades ago, when its “two kids is enough” campaign gained global attention and helped halve the nation’s fertility rate.

Those efforts were in the spotlight on Monday when President Joko Widodo opened the International Conference on Family Planning by saying his government was working to make such programs
affordable and accessible to address challenges posed by a growing population and ensure the success of future generations.

“To sustain economic growth in every country and every region, investment in family planning is [an] absolute [necessity],” Mr. Widodo said, calling it a “strategic investment” geared toward reaching the goals of “sustainable development, global security and world prosperity.”

Jakarta’s move to lower Indonesia’s fertility rate to energize economic growth in what is now the world’s fourth most populous country comes as China and Japan strive to do the opposite—raise fertility rates to address the threat aging populations pose to their own economies.

Indonesia’s National Population and Family Planning Board plans to inject more government money into education and services in the hope of easing the strain a growing population puts on housing, water, education and employment, officials say.

“We realize the challenges and responsibilities faced by Indonesian families in the future will only get bigger,” Mr. Widodo said at the annual conference, which aims to address issues such as reproductive health and access to contraceptives by bringing together world leaders and development experts.

A slower rise in Indonesia’s population helped economic growth during the era of former autocrat Suharto, which ended in 1998. Indonesia’s fertility rate fell over 30 years to 2.6 children per woman by 2002, down from 5.6, according to data from the national statistics agency. Population growth slowed from around 2.3% to 1.4%.

But for 10 years, starting in the early 2000s, Indonesia’s family-planning programs stagnated, and experts say it has been to the country’s detriment.

“There was no campaign, no accurate information, no promotion” during that decade, said Hari Fitri Putjuk, country representative from Johns Hopkins’s Bloomberg School of Public Health’s Center for Communication Programs. “Now it’s young people [who] haven’t been exposed to family planning.”

Lower birthrates were a big reason for an economic surge not only in Indonesia but across East Asia in the three-decade-long period ending in the 1990s, said Jose Oying Rimon, director of the Bill & Melinda Gates Institute for Population and Reproduction at Johns Hopkins. Fewer children increases the working-age population and leads to more-sustainable development, he said.

Indonesia tried to revive the program several years ago, but progress has been slowed partly by a lack of commitment and funds from local governments that manage the programs, said Melania Hidayat, a program officer at the United Nations Population Fund in Jakarta.

Now, Mr. Widodo is supporting the family-planning board’s efforts to boost their commitment. This month he launched a village family-planning project in West Java that has gained the backing of local village chiefs, and on Monday he encouraged all local governments to make the program a priority. Family-planning services are now provided free to couples who pay a premium to access a universal health-coverage program launched in 2014, he said. The government also has been investing in improving family-planning clinics and training for local health workers and in increasing the use of contraceptives.

A community-outreach program launched in 2014 in connection with Johns Hopkins School of public health arms volunteer health workers with tablet computers loaded with videos, guides and information
sheets about family planning and reproductive health. The program also recently launched a mobile app called Skata that gives couples budgeting tools to plan their families.

Indonesia’s national fertility rate has recently fallen to 2.3 children per woman from 2.6, according to a 2015 population survey, but the goal is to reduce it further to 2.1—the replacement rate—by 2025.

Surya Chandra Surapaty, head of the National Population and Family Planning Board, said the family-planning program is aimed at ensuring that population growth doesn’t offset the benefits of economic expansion. It calls for a different family-planning program than the one that gained so much traction during Suharto’s time.

“They need a much more sophisticated, demand-generation campaign, focusing less on slogans but more on really providing the right information at the right time,” Mr. Rimon said.

Health experts say the program still has some holes, one being that it targets only married couples due to regulatory restrictions in the Muslim-majority country. Indonesians often still view teaching youth about family planning as taboo.

Providing even married couples with contraception has encountered opposition from some of Indonesia’s Islamic political parties. Several years ago, Indonesia’s health minister at the time was criticized for advocating condom use; last year a city in East Java sought to restrict condom sales.

The information and services for youth focus mainly on abstinence and don’t respond to the needs of a diverse population, Margaretha Sitanggang, who works on youth and adolescent reproductive health at the United Nations Population Fund, said.

“Comprehensive and age-appropriate education on reproductive health is key in delaying the age of marriage and unwanted or early pregnancy among adolescents which is associated with higher risk of morbidity and mortality,” she said.

Ms. Hidayat said some private health providers are reluctant to challenge stigmas or cultural barriers. The private sector has more flexibility to provide services, she said, “but private health providers have their own beliefs or their own judgment.”

—Resty Woro Yuniar contributed to this article.

BBC: Push to meet 'shortfall' in global contraceptives target
12 November 2015
By Jane Dreaper

Plans to get contraceptives to millions more women in the world's poorest countries are behind track, a report by campaigners and donors warns.

The goal is for 120 million extra women to have access to contraceptives by 2020.

But so far around 25 million more women are using pills or devices such as implants.
Leading campaigner Melinda Gates told BBC News she was "very optimistic" the target would be met.

The goal was agreed at a summit about family planning, which was held in London in 2012.

Donor governments including the US and UK, drug companies and organisations such as the Bill and Melinda Gates Foundation made funding commitments worth a total of $2.6bn at the meeting.

A progress report - called FP2020 - suggests that in the past year alone, the effort has averted 80 million unintended pregnancies.

But around 10 million fewer women than planned are currently being reached.

Volcanic activity

The data was due to have been released at a conference about family planning in Indonesia this week - but it was cancelled due to volcanic activity there.

On behalf of the couple's foundation, Melinda Gates pledged an extra $120m of funding for family planning.

The hope is that this move will encourage governments and other organisations to step up their efforts. Melinda Gates told me: "There's quite a climb to go but I'm very optimistic."

"We now have data on family planning which we didn't have previously. I now have a report on my desk about it every six months.

"The updates in this area used to be every five or six years.

"We also have very specific indicators now - about quality and checking that women are voluntarily accessing family planning services.

"That means you can see where we need to pinpoint where we need to go, and see where we are off track.

She added: "In global health, there is always time where you have to lay groundwork before progress accelerates. I think we're on the verge of that now."

'Husband schools'

Melinda Gates praised countries which had found "culturally appropriate" responses to providing contraception.

This includes Niger, which has run 1,000 'husband schools' where men are educated about the value of contraceptives for their wives.

I asked how she resolved any potential conflicts between her Catholic faith and her work to improve family planning.
She said: "The place where the Catholic Church and I agree wholeheartedly is that we need to make life better for poorer women around the world.

"Bill and I feel we should live in a more equitable world, and one of the ways to do that is to allow women to space the birth of their children.

"We work in deep partnership with Catholic relief services on many different areas, so that's how I resolve those two issues."

The renewed effort to widen access to contraceptives will focus on women in cities in 69 countries across Asia and Africa.

There has been progress in Kenya, which has concentrated on providing injectable contraceptives, and in Indonesia, which is upgrading thousands of family planning clinics.

The UK's Department for International Development (DfID) is the second biggest donor to the family planning campaign.

Its head of human development, Jane Edmondson, said: "We can still get on course to meet this target."

"It means prioritising and budgeting for these commitments, and coming up with the funds.

"This is also about tackling discrimination, outlining our support publicly and shifting social expectations about empowering women and girls."

Daily Mail: **Want more sex? Use contraception: married couples who use birth control are three times as likely to have regular intercourse**

26 January 2016

*By Kate Pickles*

Couples who use contraception are three times more likely to have regular sex than those who don't, new research has revealed.

Well-educated women and those who want children in the next two years are the most likely to have had sex in the last month, the study found.

Researchers looked at the health questionnaires of more than 210,000 sexually active women of childbearing age in 47 countries.

The women were asked whether they had engaged in sexual intercourse during the previous four weeks and whether they were currently using contraception.

Of the women who were currently using contraception, 90 per cent reported having sex in the previous four weeks.
This dropped to 72 per cent of the women not using contraception.

Lead author Suzanne Bell said the findings were key to encouraging women to have healthier and safer sex lives.

'We want women to have better, healthier, safer sex lives by separating sex from pregnancy and childbearing. Contraception does that, she said.

'Knowing how often women have sex – and what role contraception plays in that – can give us a better understanding of how meeting our family planning goals of improving access and meeting demand might impact people's lives beyond decreasing lifetime fertility.'

The study found women between the ages of 20 and 29 were the most likely to have had sexual intercourse recently.

But while the amount of sex and contraception are linked, experts have warned against the assumption that improved access to contraception would lead to more frequent sexual intercourse.

Concerns about the side effects of hormone-based contraception and misconceptions it can cause infertility or cancer were often given as reasons why women don't use contraception.

Others stated they were not having sex often and therefore had no need to use contraception.

Before modern contraception was widely accessible in Europe and the United States, birth rates were already on the decline.

Couples who were wishing to avoid an unwanted pregnancy used methods such as abstinence or withdrawal.

In terms of differences between countries, the West African nation of Benin had the lowest proportion of married or cohabiting women reporting having had sex recently at 61 per cent. Jordan in the Middle East had the highest at 94 per cent followed by Rwanda in East Africa at 92 per cent.

Ms Bell, a doctoral student, added it has long been thought that sexually active women of childbearing age need contraception if they do not wish to become pregnant.

But she argues, the need for contraception - over 220 million in developing countries - may have been overestimated.

This is because many of these women are not having regular, or any sex.

As a result, risk of pregnancy is not the same for all women.

However, she says that contraceptive counseling is often inadequate in the developing world and women need better information about their contraceptive options to empower them to make the best decision on how to prevent unintended pregnancies.
Modern contraception presents an opportunity to reduce the risk of pregnancy without having to reduce sexual frequency, she said.

Daily Mail: Would YOU volunteer for the snip? Thousands of men line up to be sterilised in global ‘vasectomy-athon’
13 November 2015
By Kate Pickles

The idea of a vasectomy is enough to bring a tear to most men's eyes.

So the thought of thousands undergoing the snip in a world 'vasectomy-athon' sounds the stuff of nightmares.

But today, 3,000 volunteers are taking part in a mass sterilisation as part of World Vasectomy Day.

Some 750 doctors in 25 countries are performing the procedure in a bid to stop unwanted pregnancies and to encourage men to take a bigger role in family planning.

Vasectomies are being carried out to mark the day in Indonesia, India, the United States and Spain.

Many operations being provided for free or at discounted rates to combat reluctance to the procedure.

'In helping to shoulder responsibility for family planning, men become heroes to their partners, to their families and to our future,' said event co-founder Jonathan Stack.

It comes as campaigners and donors warned of the difficulties in getting modern contraceptives to women in some of the world’s poorest countries with millions fewer reached than had been hoped.

At a ceremony in a temple on the Indonesian island of Bali - the headquarters for World Vasectomy Day this year -the first six men to undergo the procedure were presented to an audience before being taken outside to mobile health clinics to be sterilised.

Doctors performed the short procedure, which involves cutting the tubes which transport sperm from the testicles, under a local anaesthetic.

About four in 10 pregnancies worldwide are unplanned with family planning often left to women, who are the ones who must deal with the consequences of unintended pregnancies.

In many countries, less than one per cent of men get vasectomies, despite the procedure being safe and having no effect on sex life, the organisers said.

In Muslim-majority Indonesia, efforts to persuade men to get vasectomies have been hampered after the country's top Islamic clerical body several years ago declared the procedure 'haram', or against Islamic law.

Other attempts to encourage vasectomies have backfired.
A district on Sumatra announced in 2012 it would hand out cash to civil servants who underwent the procedure - only for the move to spark anger from women who feared their sterilised husbands would have affairs.

Elsewhere around the world the procedure is burdened by controversies, and in many countries campaigners have to overcome the misguided belief that it impairs a man's virility.

Iran recently eliminated free vasectomies, as it seeks to improve its birth rate, and there has even been resistance from experts in sub-Saharan Africa, who have expressed concern that widespread use of vasectomy would lead to lower usage of condoms and so higher HIV rates.

Prominent vasectomy doctor Doug Stein, who has performed the procedure on more than 30,000 men and founded World Vasectomy Day with Stack, told the Bali audience that the operation was positive for men, their families and societies.

'It seems to be a wonderful option for men who have had as many children as they want,' he said.

Today's event is the third World Vasectomy Day, with the first held in 2013 and headquartered in Australia.

Organisers chose to base this year's event in Bali to coincide with an international family planning conference that had been due to take place on the island, but which was postponed after volcanic ash closed Bali airport for days.

A report that had been intended for release at the Bali event on Friday showed that over 24 million more women and girls in poor countries now have access to contraceptives since a 2012 commitment by donors and campaigners to make them more available.

But this is 10 million fewer women than had been hoped, according to the progress report.

The Guardian: **Family planning is 'critical link' in eradicating poverty**

26 January 2016

*By Zofeen Ebrahim and Liz Ford*

Giving people access to family planning is crucial to achieving the sustainable development goals (SDGs) by 2030, reproductive health experts said this week.

Speaking at an international family planning conference in Bali, Ellen Starbird, director of population and reproductive health at USAid, said family planning was the “critical link” to meet each of the 17 goals that were adopted by UN member states in September.

Targets in two of the SDGs – goals three and five – call for universal access to sexual and reproductive healthcare and rights. But those campaigning for wider access to family planning and improved reproductive healthcare believe that unless more people are offered modern contraception, other interventions to reduce poverty and inequality may be far less effective.
Starbird pointed to the energy crisis in many poorer countries: despite huge efforts in developing countries to provide electricity, capacity is “eaten up” by growing populations. The consequences, she said, could be serious, with a population bulge that would lead to a huge number of uneducated young people without work in the years to come.

Starbird added that it was important to get “strong outcome indicators” in the SDGs. The indicators, which will be used to gauge progress towards meeting the goals, are still under discussion. One of the proposed benchmarks is to meet at least 75% of demand for family planning by 2030. “What gets measured, gets done,” said Starbird.

According to the global progress report published in November by Family Planning 2020 (FP2020), 24.4 million more women and girls in poorer countries have begun using modern contraceptives in the past three years. The total number of women using a modern method in FP2020’s 69 target countries is now 290.6 million. However, progress towards FP2020’s target of giving an additional 120 million women access to contraception by 2020 is off track.

“Family planning is about women’s rights and their capacity to make decisions about their health and wellbeing,” said Babatunde Osotimehin, executive director of the UN Population Fund.

“It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend, thus contributing to equitable and sustainable economic development,” he said.

Joko Widodo, president of Indonesia, told the conference on Monday that his government was working hard to revitalise family planning because “we know that the challenges facing Indonesian families in the future will [only] be greater, especially when it comes to population issues ... we also encourage local governments to raise awareness and make family planning a priority in every municipality and village across Indonesia”.

He stressed the importance of increasing access to long-acting contraceptives, reducing the cost of family planning services and introducing peer education programmes.

The Indonesian finance minister announced the government had earmarked 5% of health spending for family planning in its 2016 budget.

Senegal’s minister of health, Awa Marie Coll Seck, said: “The world community must realise that to make progress faster, countries need to follow their own plans, which may be different from plans drawn by donors; the one-size-fits-all does not work.”

Indonesia’s president, Joko Widodo, speaks at the opening of the international conference on family planning in Bali

The challenges of providing universal family planning are enormous, acknowledged Melinda Gates, co-founder of the Bill and Melinda Gates Foundation, but so are the rewards. “There is no time to lose,” she said in a video message to delegates.
On Monday, the Gates Foundation launched a $30m (£21m), four-year project with the Children’s Investment Fund Foundation to increase access to contraceptives and reduce unplanned pregnancies among 15- to 19-year-olds in Ethiopia, Tanzania and Nigeria.

The project, Adolescents 360, aims to work with girls to find out what their needs are and how they can be met. It will also work with parents, boys and community leaders to address the issues that lead to early and unintended pregnancy.

The Independent: **Couples who use contraception have sex more frequently, study finds**
26 January 2016
*By Kashmira Gander*

Couples who use contraception are more likely to have sex frequently, a new study has suggested.

US researchers found that women in marriages and other unions who used protection were three times more likely to have regular sex than similar women who did not.

The team at the Johns Hopkins Bloomberg School of Public Health said that the results are down to the fact that contraception separates sexual pleasure from the responsibilities of pregnancy.

Researchers conducted the study by analysing data from sexual health questionnaires filled out by over 210,000 sexually active women since 2005. The women were all of childbearing age, were married or in cohabiting relationships, and lived in one of 47 different countries.

The questions covered topics including whether the woman had sex during the previous four weeks and if they were using contraception.

Of the women who reported using contraception, 90 per cent said they had had sex in the past four weeks, compared with 72 per cent who were not.

The data also showed that women aged between 20 and 29-years-old, those who were more educated, and those who wanted to have children in the next two years were more likely to have had sex in the previous four weeks.

"We want women to have better, healthier, safer sex lives by separating sex from pregnancy and childbearing. Contraception does that," said study leader Suzanne Bell, MPH, a doctoral student at the Bloomberg School.

"Knowing how often women have sex - and what role contraception plays in that - can give us a better understanding of how meeting our family planning goals of improving access and meeting demand might impact people’s lives beyond decreasing lifetime fertility."

However, Bell stressed that while sex and contraception are linked this does not mean that improved access to contraception leads to more frequent sex.
She explained that women have many reasons for not using the method above a lack of access, including health concerns about hormone-based contraception and misconceptions about the medication causing other diseases.

Women also reported not using contraception because they were having infrequent sex.

The study will be presented at the International Conference on Family Planning in Nusa Dua, Indonesia.

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**Newsweek Europe: The Snip: Thousands of Men Line Up For World Vasectomy Day**

13 November 2015

*By Nick Winchester*

Thousands of men around the world are being sterilized on Friday for what organizers have called a global "vasectomy-athon," in an attempt to combat resistance to the procedure and to promote more male involvement in family planning, the AFP news agency reports.

To mark World Vasectomy Day, 3,000 volunteers across 25 countries, including the U.S., Australia, Spain and Indonesia, will receive discounted or free vasectomies from over 750 doctors.

The third annual World Vasectomy Day is being hosted by the Indonesian island of Bali this year and coincides with the International Conference on Family Planning that is also being held on the island.

Six men underwent the procedure on Friday morning in a temple on the island to kick off the event and the team organizing the day are taking mobile health clinics on a two-week tour around the archipelago nation to provide men with vasectomies.

"In helping to shoulder responsibility for family planning, men become heroes to their partners, to their families and to our future," Jonathan Stack, an award-winning documentary filmmaker who co-founded the event alongside urologist Dr. Doug Stein in 2013, told AFP.

Stein, who has established vasectomy programs in the Philippines, Haiti, and Kenya, told AFP that the procedure has proved positive for men, their families and communities.

According to AFP, four in every 10 pregnancies worldwide are unplanned. Friday's event aims to highlight the fact that men need to play a greater role in family planning, which they say is all too often left to women.

The event also hopes to combat some of the religious opposition to vasectomies that is prevalent in some regions. In Indonesia, home to the world's largest Muslim population, vasectomies are forbidden under Islamic law, while earlier this year, Iran announced a plan to ban the procedure and other forms of birth control in order to boost the country's declining birth rate.
[JAKARTA] The emergency contraceptive pill (ECP) — better known as the ‘morning after’ pill — still has a long way to go before it gets ensconced in global family planning and reproductive health practices.

An estimated 225 million women globally would like to delay or avoid pregnancy, and ECPs provide one method that can be used up to five days after unprotected sex though it is more effective the sooner it is used, note experts at the 2016 International Conference on Family Planning being held in Bali, Indonesia (25-28 January).

“Global commitments, local actions” is the theme of the conference organised by the Population Reference Bureau, a Washington, D.C.-based nonprofit organisation that informs people around the world about population and health.

Yet, the ECP is often confused with medical abortion pills, says Sarah Rich, senior programme officer at the International Consortium for Emergency Contraception, noting that misconceptions and mistrust of the ECP continue to be a barrier for women in accessing it.

“Lack of awareness, bias of service providers, lack of requisitioning, no proper study done regarding its uptake” are further major barriers to ECP use, Tauseef Ahmed, country representative of Pathfinder International, a family planning and reproductive health NGO, tells SciDev.Net.

In many countries, the ECP is still not available over the counter and in public sector procurement and supply systems. While it should not be used as a replacement to regular contraception, it is also not a part of national family planning programmes, especially in post-rape care guidelines.

Even in the United States, Rich says one would have to go to a physician, tell them what happened and then request a prescription. This may be awkward and embarrassing.

The ECP's high price is another barrier that puts it out of reach for most women, costing US$50 each in the US alone.

On health safety concerns, Rich notes that ECP works before pregnancy has occurred. It prevents the sperm from fertilising the egg. “But it cannot terminate a pregnancy,” she says.

“There is no limit to the number of times a woman can take the ECP in the same menstrual cycle. It does not cause abortion if the woman is already pregnant and it will not harm her but will pass out from her body. Studies from China have shown evidence it does not have any adverse effect on the baby or even a grown child much later,” she adds.

The ECP also does not cause stroke, cancer or infertility. “It's only in people's heads!” Rich emphasises.

This piece was produced by SciDev.Net’s South-East Asia & Pacific desk.
ANI: Smartphone app boosting India's contraceptive use
30 January 2016

A new study has linked a smartphone app to an increase in the contraceptive use in India.

The app, containing motivational videos developed to help married rural women in India better understand contraceptive choices, led to a dramatic increase in the number of women using modern family planning methods in just a few months, the Johns Hopkins Center for Communication Programs (CCP) research suggests.

The researchers say that women who watched videos were 4.5 times more likely to use modern contraceptive methods than those who did not.

The findings show that mobile technology provides an innovative and dynamic platform for social and behavior change communication, says team lead Sanjanthi Velu, adding that it can encourage conversations between women and frontline health workers that are interactive, culturally relevant, and personalized - and that lead to increased, sustained use of modern contraceptive methods.

As part of a larger communications initiative, CCP developed the app, called Gyan Jyoti, or "light of knowledge," for use in the state of Bihar in India under Project Ujjwal, a UK aid-funded family planning project led by Palladium. The app is designed for use by ASHAs, community health workers in India, who visit the homes of rural women to promote family planning and other healthy behaviors.

The app incorporates a variety of videos about family planning and modern contraceptive methods, including entertaining and educational films, testimonials from happy couples who are using contraception, Q & A videos with physicians and other information that aims to dispel myths and misconceptions.

The study is presented at the International Family Planning Conference in Nusa Dua, Indonesia.

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Asian News International: Use Contraception to Have Sex More Frequently
27 January 2016

WASHINGTON: Contraception can actually spice up your sex life as a new study has revealed that couples, who use birth controls, have sex more frequently.

Researchers from the Johns Hopkins Bloomberg School of Public Health say that married couples in low- and middle-income countries around the world that use contraception are three times more likely to be having regular sexual intercourse than similar women who do not use contraception.

Study leader Suzanne Bell said that knowing how often women have sex and what role contraception plays in that can give us a better understanding of how meeting their family planning goals of improving access and meeting demand might impact people's lives beyond decreasing lifetime fertility.
In the study, of the women who were currently using contraception, 90 percent reported having sex in the previous four weeks. In contrast, of the women not using contraception, 72 percent reported having sex in the previous four weeks. Those most likely to have had sexual intercourse in the previous four weeks were women between the ages of 20 and 29, women with more education and those who wanted to have children in the next two years.

By country, the West African nation of Benin had the lowest proportion of married or cohabiting women reporting having had sex recently at 61 percent, followed by Lesotho in Southern Africa at 68 percent, whereas Jordan in the Middle East had the highest at 94 percent, preceded by Rwanda in East Africa at 92 percent.

While the frequency of sexual intercourse and use of contraception are linked, Bell cautions against assuming that improved access to contraception would lead to more frequent sexual intercourse.

The study is being presented at the International Conference on Family Planning in Nusa Dua, Indonesia.

IANS: How app helped rural Indian women use modern contraceptives
29 January 2016

Washington, Jan 29 (IANS) A unique smartphone app developed by an Indian-American researcher from the Johns Hopkins University has helped married rural women in India better understand contraceptive choices, leading to a dramatic increase in women using modern family planning methods in just a few months.

According to Sanjanthi Velu, Asia team lead at the Johns Hopkins Centre for Communication Programs (CCP), women who watched motivational videos on the app called "Gyan Jyoti" were 4.5 times more likely to use modern contraceptive methods than those who did not.

"This shows that mobile technology provides an innovative and dynamic platform for social and behaviour change communication," Velu said.

"It can encourage conversations between women and frontline health workers that are interactive, culturally relevant, and personalised which lead to increased, sustained use of modern contraceptive methods," he explained.

In one district of Bihar, smartphones loaded with the Gyan Jyoti app were given to 14 accredited social health activists (ASHAs), while in another district another 14 ASHAs were supplied with more low-tech SD cards.

Each set of ASHAs - community health workers - regularly visits roughly 1,400 rural women.

The ASHAs with the smartphone app were able to customise their family planning counselling, showing videos most appropriate to answer each woman's particular questions.
Those ASHAs who had the SD card could show the videos, but did not have the benefit of customising their interaction.

The ASHAs using the app were also able to share the films via Bluetooth if the women had the technology, enabling the women to show it to their husbands or mothers-in-law at a later time.

The researchers randomly chose 406 women from each district to study in May 2015, five months after the app and the SD cards were made available to the ASHAs.

They found that 22 percent of women who were counselled with the app were using modern contraception such as IUDs, oral contraceptive pills and injectable contraception at the end of the study period, while 13 percent of the women were using modern contraception in the district without the app.

Women who were visited by an ASHA during the study period were 1.9 times more likely to be using modern contraceptive methods.

More importantly, women who had watched the videos were 4.5 times more likely to be using modern contraceptives, no matter whether they were shown by an ASHA with the app or an SD card.

"Our research shows that there is value in developing targeted mobile platforms that can be customised depending on the needs of each provider and her clients," Velu noted.

The app incorporates a variety of videos about family planning and modern contraceptive methods, including entertaining and educational films, testimonials from happy couples who are using contraception, question and answer videos with physicians and other information that aims to dispel myths and misconceptions.

According to Velu, the app can be adapted for different languages or other types of health information that families may need.

The findings were presented at the "International Family Planning Conference" in Nusa Dua, Indonesia on Thursday.

IANS Live: Children born into smaller families live three years longer
28 January 2016

New York, Jan 28 (IANS) Children born into smaller families in the world's poorest nations live three years longer than those born into larger families, says a study.

In families that are considered small (four or fewer children), the children have a life expectancy that is three years longer than the children in larger families (five or more children) even controlling for infant mortality, the study revealed.
"Our new research shows that being born into a small family has health benefits that last throughout the course of your entire life," said Saifuddin Ahmed, associate professor at Johns Hopkins University Bloomberg School of Public Health in the US.

The study showed that while family planning programmes have sometimes been pitched as ways to moderate population growth and minimize pressure on resource-strapped nations, they have real health impacts on individuals, the researchers said.

Small family size, primarily achieved through the use of contraception, reduces the competition of siblings for both the attention and micronutrients provided by the mother, and also allows the family’s often-limited financial resources to be spread farther, the findings showed.

When births are spread out and mothers can provide more time to each child before the next one is born, it results in better cognitive development and health status while growing up, the researchers said.

Each child competes with the next for the parents’ income, food and housing and having fewer children gives everyone a larger slice of the pie providing a positive healthy developmental environment that reduces mortality in the short-and long-term, the researchers added.

The findings are based on the results of the most recent national Demographic and Health Surveys from 35 developing countries and will be presented at the International Conference on Family Planning in Nusa Dua, Indonesia.

Asia News Network: Bangladesh’s family planning progress stagnant for last 4 years
27 January 2016
By Porimol Palma
[Full text available on website]

The Daily Star: Family planning major challenge for development
30 January 2016
By Porimol Palma

The United Nations Population Fund has expressed worries over the fund shortages for family planning in the developing countries as the donors are cutting overseas assistance amid refugee crisis.

"For the next five years, we have a shortage of one billion dollars," said Jagdish Upaddyay, chief of UNFPA Commodity Security Branch, at a press conference on Thursday on the last day of the four-day International Conference on Family Planning (ICFP) at Bali Nusa Dua Convention Centre that brought together over 3,000 government representatives, development partners, UN officials, academics and NGOs.
He said globally the donors provide US $324 million yearly but it has to be doubled to continue and expand the family planning needs. "Otherwise the sector [family planning] would be affected mostly in Asia and Africa."

"It is extremely important to achieve the targets of Sustainable Development Goals-2016-2030, which says none should be left behind," he said.

"If a 15-year-old girl has access to family planning needs, she can delay childbirth and can participate in economic activity, which benefits her and the country," said the New York-based UN official.

Jagdish appreciated Bangladesh's achievements in reducing total fertility rate from 6.3 in 1975 to 2.3 now, but said the rate has been stagnant recently, and suggested focusing on long-term and permanent family planning methods.

Owain James, external relations director of the International Planned Parenthood Federation (IPPF), said the world is slipping off track on the promises to the women wanting contraception.

With the recent cutbacks in official development assistance (ODA) and shifts to general health financing mechanisms, he said, "there's a pressure on UNFPA's commodities programme."

He lauded Bill & Melinda Gates Foundation's announcement of $120 million additional funding for next three years, and urged others to follow suit. "IPPF has reached 15 million new users of contraceptives in three years, and committed to reaching 45 million in the next six." He added.

Janette Loreto-Garin, secretary of the Department of Health, Philippines, said family planning is not just a right, but a better quality of life that people deserve.

On the last day of the ICFP, leaders and experts emphasised the importance of family planning to achieve the SDGs and as the key to addressing development challenges regarding health, education, poverty and environment.

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The Daily Star: Family planning stuck
28 January 2016

There was a time when Bangladesh's national family planning policies were a role model for other countries to emulate. That was then; today the situation is slightly different. According to experts attending the International Conference on Family Planning (ICFP), there has been no progress in family planning for the last four years. The total fertility rate has remained at 2.3, i.e. every woman giving birth to 2.3 children per year. This data remains unchanged since 2011. Although there are both temporary and permanent methods of contraception, the high rate of dropouts amongst women leads to some 1.3 million unwanted pregnancies every year. These have physical, psychological and economic consequences.
Family planning programmes appear to have taken a backseat at policy level. With nearly half the 1,200 family planning and welfare officers' posts under the Directorate General of Family Planning lying vacant for ten years, it is a wonder that we have managed to keep fertility rates stagnant. Which preventive measure will be adopted to attain best results is a decision for the Ministry of Health. However, it is imperative that we recruit the necessary medical personnel so that the populace living in the remote and rural areas of Bangladesh can be attended to. It is also necessary to involve mass media again to help convey messages in the form of infotainment about family planning and also not to reduce the minimum marriageable age for women if we want to reduce the fertility rates in the country.

The Daily Star: Int'l confce stresses youths' reproductive health rights
28 January 2016
By Porimol Palma

Youths are deprived of information and services related to sexual or reproductive health.

These issues are considered taboo due to social, cultural or religious norms in the developing and middle-income countries, speakers discussed on the third day of the International Conference on Family Planning (ICFP), held at the Bali Nusa Dua Convention Centre in Indonesia.

Youths, the leaders of tomorrow, demanding family planning methods, are seen as unethical or illegal, which also violates their rights, speakers emphasised.

Speaking about sex, condoms or menstrual hygiene among the adolescents in Bangladesh is almost a taboo, Rokonol Rabbi, a young leader from Bangladesh told The Daily Star.

"It is vital to include them in family planning education, otherwise, it leads to deprivation and isolation, which causes psychological, physical and even economic losses," he added.

Ayesha Memon, a young leader of Pakistan, researched on impacts of cultural barriers in rural Pakistan, said at a press conference, "The society is very much patriarchal. Decisions are taken by men, which leads to their preference for baby boys."

For one baby boy, a couple is taking seven to eight children, who are left uneducated and unhealthy, she said, explaining how lack of sexual and reproductive knowledge leads to social and economic problems.

"Parents do not allow girls to talk about sex, but they allow ten-year-old girls to marry men," she said, adding that sometimes teenage girls are forced into prostitution.

Experts said pre-marital sex among youths, even in the developing nations, is a reality, while unsafe sex caused by information gap on reproductive health leads to early marriage, unintended pregnancy and diseases like HIV/AIDS.

"The issue of adolescent sexual and reproductive health and rights is fundamentally interlaced with intersectional issues of social justice, finance and poverty alleviation," said Nomtika Mjwana, a young leader from South Africa.
It is essential to look at strategies that can inform and educate young girls and empower them to see themselves as proud women, not as objects, she said.

At the conference, more than 40 leading global health organisations committed to a new global consensus statement, to expand contraceptive choices for young people.

"This is our way of calling on the national governments, civil society, and local communities to ensure that long-acting reversible contraceptives are available and accessible to sexually active adolescents and youths, without barriers or bias,” said Dr Purnima Mane, CEO of Pathfinder International.

According to the Pathfinder, a significant number of the world's 1.8 billion adolescents and youths are sexually active and want to prevent or delay a pregnancy for multiple years.

Katja Iversen, CEO of New York-based charity Women Deliver, said the youths need to be brought to the policymaking tables. "Otherwise, they would be on the menu," she warned.

The Daily Star: Progress stagnant in last 4 years
26 January 2016

Bangladesh needs to focus on promoting long-term and permanent contraceptive methods to control further growth of population, experts say at an international conference in Bali.

Although Bangladesh's progress in family planning had been impressive over the last two decades, it has been almost stagnant for the last four years, which is a matter of concern, they said at the International Conference on Family Planning (ICFP) that began on January 25 at the Bali Nusa Dua Convention Centre in Indonesia.

The total fertility rate (TFR) has been stagnant at 2.3, meaning each adult woman having 2.3 children, for the last four years. The TFR declined to 2.3 in 2011 from 6.3 in 1975, according to the Bangladesh Demographic Health Survey 2011.

Also, contraceptive prevalence rate is 62 percent among the married couples, and only 54 percent of them use modern contraceptives, and the rest eight percent use traditional ones.

Of the 54 percent, only eight percent use long-term methods -- injections, intrauterine devices (IUDs), and permanent methods -- vasectomy and tubectomy, while the rest use temporary methods, including oral pills and condoms.

“The problem with the temporary methods is drop-out, which is almost 30 percent in Bangladesh,” said Reena Yasmin, senior director [services] of Marie Stopes Bangladesh, who is attending the five-day ICFP.

Due to drop-outs in temporary contraceptive methods, around 13 lakh women face unintended pregnancies in Bangladesh, while abortion among them is 18 in each 1,000 pregnancies, she told The Daily Star, referring to a 2010 study by the Bangladesh Association of Preventive and Septic Abortion.
To avoid such unintended pregnancies and abortions that have psychological, physical and economic consequences, experts suggest that Bangladesh focus on long-term and permanent methods.

“When you take pills, you need to take those every day, and when you use condoms, you need to use them every time you have sex. It is also costly. But, if you take IUDs like implants or injections, you are safe for three, five, or 10 years,” said Loshan Moonesinghe, family planning specialist at the UNFPA Bangladesh.

“And, permanent methods help permanently,” he told The Daily Star at the convention centre.

As there are risks of drop-outs in the use of temporary methods like pills and condoms, long-term and permanent methods are encouraged in countries like Bangladesh with a huge population.

For this to happen, Loshan suggested that the family planning personnel counsel and follow up, and the authorities create awareness among couples about long-term and permanent methods.

Reena Yasmin said the absence of doctors and trained health workers at the remote and rural Bangladesh is a real hurdle in the promotion of long-term and permanent methods.

Besides, private sector is also not vigorously pushing for such methods, she said.

Moin Uddin, director of the Directorate General of Family Planning (DGFP), said almost 50 percent posts of 1,200 family planning and welfare officers of the DGFP at the upazila levels remained vacant for over a decade.

“Also, the health personnel are not doing so well in counselling and client screening [for couples for long-term and permanent methods],” Moin Uddin, who is attending the ICFP, told The Daily Star yesterday.

The government is working on ways to accelerate family planning, especially long-term and permanent methods, he added.

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The Daily Star: Gates Foundation pledges $120m more for family planning
25 January 2016
By Porimol Palma

Melinda Gates Foundation Co-chair Melinda Gates yesterday announced increasing funds for family planning programmes by 25 percent over the next three years, providing an additional US $120 million.

With the world taking up the new global agenda of Sustainable Development Goals: 2015-2030, other leaders called for higher investment, highlighting that every human life was valuable and none should be left behind.

Unintended pregnancy, early marriage, lack of reproductive and sexual education as well as services and contraceptive supplies are the major reasons behind maternal deaths, experts say.
“There is no time to lose, so let's start,” Melinda said in a video message at the opening of the 4th International Conference on Family Planning (ICFP) at Nusa Dua, Bali.

The US-based charity says every dollar spent on family planning can save governments up to US $6 dollars, which can be spent on improving public services including healthcare, housing, water and sanitation.

However, over 220 million women in developing countries who do not want to get pregnant lack access to contraceptives and family planning information and services, according to an ICFP statement.

Less than 20 percent of women in Sub-Saharan Africa and barely one-third of women in South Asia use modern contraceptives.

In 2012, an estimated 80 million women in developing countries had an unintended pregnancy and at least one in four of them resorted to an unsafe abortion.

“Three years ago, the global community set an ambitious goal. More than that, we made a promise. A promise to 120 million women and girls that by 2020 they would have access to family planning services and contraceptives if they wanted it,” stated Melinda.

“Since we made that promise, millions of unintended pregnancies have been avoided and thousands of lives saved. But the hard truth is that to keep it, we must do more and we must act now,” she said.

The Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, and the National Population and Family Planning Board of Indonesia (BKKBN) organised the event styled “Global Commitments, Local Actions.”

Around 3,000 leaders, United Nations officials, academics, including those from Bangladesh, and non-government organisations are attending the five-day conference.

“Family planning is about women's right and their capacity to take decisions about their health and well-being contributing to the objectives of FP2020,” said Dr. Babatunde Osotimehin, UN under-secretary-general and United Nations Population Fund executive director.

“It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend, thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals,” he said.

Indonesia's President Jokowi Widodo insisted that stigma and discrimination against women seeking family planning services must end, and that family planning education must become a priority in Indonesia, having the world's fourth largest population of over 250 million.
29 January 2016
By Abdul Malek

The fourth International Conference on Family Planning (ICFP) ended here yesterday with a call to accelerate efforts to provide contraceptive access to 120 million more women as part of the drive towards sustainable development goals.

Bangladesh needs to stabilise its population through a change in marriage patterns and a shift to long-term contraception in order to ease the burden on infrastructure, health systems and agriculture, experts at an international conference on family planning said during the conference.

While Bangladesh’s progress in family planning had been impressive over the last two decades, it has been almost stagnant for the last four years, which is a matter of concern, they said.

High rates of population growth is exacerbating almost all of the problems facing Bangladesh by overburdening systems designed to meet the needs of much smaller populations, according to data presented at ICFP in Bali, Indonesia.

Bangladesh currently has a population approaching 160 million, a figure that was just 129 million according to a 2001 census.

Organized around the theme “Global Commitments, Local Actions” political leaders and health experts on the fourth and final day of the conference called for action from country governments, donors, civil society and other partners to expand contraceptive access and options, one of the most cost-effective and beneficial health interventions.

“This past year has seen the largest wave of new commitments to FP2020 and existing partners are stepping up with new and increased pledges – a testament not only to the compelling power of the FP2020 vision, but to the growing value of this platform as a catalyst for change,” said Beth Schlachter, executive director of FP2020, a global partnership dedicated to providing access to contraceptives for an additional 120 million women by 2020.

Firmly connecting family planning and development, experts emphasized the importance of family planning to achieve the new Sustainable Development Goals and as the key to addressing an array of development challenges around health, education, poverty and the environment.

Emphasising the need for country ownership, speakers said every dollar spent on family planning can save governments up to 6 dollars that can be spent on improving health, housing, water, sanitation, and other public services.

During the conference, FP2020: “We are delighted by what we have achieved and that we can make an even more significant contribution through our increased pledge to reach 60 million new users of family planning,” said Tewodros Melesse, IPPF’s Director General.

At the closing ceremony, winners of the 2016 Excellence in Leadership for Family Planning (EXCELL) Awards were announced by the conference co-hosts, the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and Indonesia’s National Population and Family Planning Board (BKKBN).
More than 3,000 people attended and participated in the fourth International Conference on Family Planning, one of the largest ICFP’s in history. This gathering strengthened the global commitment to achieving the FP2020 goals and rededicated the family planning community’s efforts to ensure all women and girls are able to access affordable, effective and life-saving contraceptives.

Dhaka Tribune: Bali conference calls for higher investments in family planning
26 January 2016
By Abdul Malek

Scientists and political leaders at an international public health conference here yesterday called for higher investment in family planning, terming it a central part of the global development agenda and a basic human right.

Every dollar spent on family planning can save governments up to 6 dollars that can be spent on improving health, housing, water, sanitation, and other public services, Melinda Gates, co-chair of US-based charity Bill & Melinda Gates Foundation, said in a video message at the opening of the fourth International Conference on Family Planning (ICFP) at Nusa Dua, Bali.

“There is no time to lose, so let’s start,” Gates said, pledging that her Foundation will invest an additional $120 million in family planning programmes over the next three years – a 25% increase in its current family planning funding.

Health and development experts highlighted the need to expand access to high-quality, voluntary family planning methods and materials to reduce maternal and newborn mortality in developing countries as part of the push towards the new Sustainable Development Goals.

According to the World Health Organisation every day, nearly 830 women die from preventable causes related to pregnancy and childbirth, and 99% of all maternal deaths occur in developing countries.

“Family planning is about women’s right and their capacity to take decisions about their health and well-being contributing to the objectives of FP2020,” said Dr Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA.

Around 3000 leaders, UN officials, academics, NGOs including from Bangladesh are attending the 5-day international conference.

Maternal mortality in Bangladesh is about 194 per 100,000 live births. Last year, an estimated stillbirth in Bangladesh was 83,100, while neonatal deaths were 74,400, according to The Lancet, a UK-based medical journal.

Unintended pregnancy, early marriage, lack of reproductive and sexual education as well as services and contraceptive supplies are the major reasons behind the deaths, experts say.

However, according to data presented at conference, over 220 million women in developing countries who don’t want to get pregnant lack access to contraceptives and voluntary family planning information and services.
In 2012, an estimated 80 million women in developing countries had an unintended pregnancy; of those women, at least one in four resorted to an unsafe abortion.

In Bangladesh, official data shows, 65% of girls are married before the age of 18. Also, around 40% of couples do not use contraceptives in Bangladesh.

“Three years ago, the global community set an ambitious goal. More than that, we made a promise. A promise to 120 million women and girls that by 2020 they would have access to family planning services and contraceptives if they wanted it,” stated Melinda Gates.

“Since we made that promise, millions of unintended pregnancies have been avoided and thousands of lives saved. But the hard truth is, that to keep it, we must do more, and we must act now.”

The Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN) organised the conference titled “Global Commitments, Local Actions.”

“It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals,” said Dr. Babatunde Osotimehin of UNFPA.

Indonesian President Jokowi Widodo said that stigma and discrimination against women seeking family planning services must end, and that family planning education must become a priority in Indonesia, the world’s fourth largest populated country with over 250 million population.

Global leaders have called for higher investments in family planning, highlighting that every human life is valuable and none should left behind, as the world begins the new global agenda of Sustainable Development Goals 2015-2030.

Melinda Gates, co-chairman US-based charity Bill & Melinda Gates Foundation said, there is no time to lose, so let’s start.

She said this in a video message at the opening of the fourth International Conference on Family Planning (ICFP) at Nusa Dua, Bali, on Sunday.

Foundation will invest an additional $120 million dollars in family planning programs over the next three years - a 25 percent increase on its current family planning funding, she added.

According to the World Health Organization, every day nearly 830 women die from preventable causes related to pregnancy and childbirth, and 99 percent of all maternal deaths occur in developing countries.

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Baroness Verma sets out the UK’s commitment to giving girls and women access to voluntary family planning. Baroness Verma gave speech at International conference on family planning. The whole speech has been given below.

I would like to thank our hosts for inviting me, my fellow honourable Ministers and all conference participants for listening to my words today.

The UK has put girls and women at the front and centre of our international development work. We believe it’s a matter of basic human rights.

**Giving girls and women a choice**

Girls’ and women’s right to have control over their own bodies…to have a voice in their community and country…to live a life free of violence and the fear of violence…to choose who to marry and when…their right to be in education … to determine whether and when to have children and how many to have and their right to work, earn money and build the future they want.

But gender equality is also also critical to wider development goals…no country can truly develop if it leaves half its population behind.

We know that when girls stay in school for just one extra year of primary school they can boost their eventual wages by up to twenty per cent.

And when women get extra earnings, we know they then reinvest that back into their families and back into their communities.

McKinsey estimate that if women in every country played an identical role in markets to men...as much as twenty eight trillion dollars would be added to the global economy by 2025.

The same research finds that if every nation only matched the progress of its fastest-improving neighbour, it would add twelve trillion dollars to the global economy. Investing in girls and women is the right thing to do...it’s also one of the very best investments we can make.

Sexual and reproductive health and rights are absolutely fundamental to this. When women have multiple, unintended pregnancies and births – when they face a high risk of dying in childbirth and when they are unable to decide for themselves whether, when and how many children to have, they are also unable to participate fully in education and employment.

We know rights-based family planning enables a girl to avoid a life trajectory of early, frequent and risky pregnancies, and instead complete her education and take up better economic opportunities.

These are the essential elements of the demographic transition, the shift from high fertility and mortality to far fewer births and deaths, the shift that ensures investments in gender equality, in
education and in training and jobs can be converted into the demographic dividend of higher economic growth and prosperity for all.

We’ve seen these policies and process in action in countries across East Asia particularly. We’re ready to support countries in Africa who choose this path.

**Getting back on track**

A lot of progress has been made. But we are not yet on-track to reach the FP2020 goal we all committed to in 2012 at the London Summit. We are failing to reach adolescent girls and young women who want to use family planning. We are failing to reach the poorest. We are failing to meet the reproductive health needs of women and girls in conflict.

We are failing to change social norms about family planning so that women’s and girls’ rights and their ability to control their own fertility become an ordinary part of life for communities everywhere. These are the changes that will be truly transformational.

We have come together here in Bali because we are all committed to change. There is much more we all need to do to deliver on the commitments in 2012. If we act now, we can still reach this goal and be on course for universal access by 2030.

That means truly prioritising family planning. It means budgeting for it, finding the funds for the contraceptives and tackling head-on the discrimination that prevents young people, especially unmarried women and girls, from getting the services they need.

It means changing attitudes and social norms so that it is the uncut girl who finishes her education before marriage is valued. It means demonstrating our support publically, encouraging others to do the same and making sure that access to safe and affordable contraception becomes a normal part of life for everyone.

**The UK’s role**

The UK will play our part. Our Government is fully committed to the goal of family planning for all who want it. We will deliver on the ambitious commitment of our Prime Minister. By 2020 this will result in 24 million additional women and girls using modern voluntary contraception.

The numbers are important – this is an ambitious agenda. But we also need to ensure that no-one is left behind – and here we explicitly mean adolescents and women and girls living through humanitarian crises.

That’s why DFID is challenging itself to find innovative ways to meet the family planning needs of young people, including adolescents. And why, in humanitarian crises, DFID’s calls for proposals will now require the sexual and reproductive health and rights of women and girls to be considered.

The UK commitment to the renewed Every Woman Every Child Strategy, launched at the UN in September, puts these issues at the heart of our vision for the sector to 2030. We remain committed to supporting progress across the continuum of care, prioritising maternal and newborn health, and addressing HIV, particularly for key populations.
The UK is very clear – access to voluntary modern contraception is a crucial part of wider sexual and reproductive health and rights – as agreed by the world in Cairo in 1994 and its subsequent reviews. I am therefore proud that the UK government is also a strong voice on the more difficult issues.

Access to safe abortion, for example, reduces recourse to unsafe abortion and saves maternal lives. We need the courage to do what the evidence tells us women and girls still need.

Increasing access to affordable, quality female and male condoms to young people is also critical in order to provide dual protection against unwanted pregnancy as well as HIV and other sexually transmitted infections.

I am proud that the UK has led the way in supporting the Africa-led movement to end FGM. Ending FGM and ending child marriage are fundamental to girls and women being able to control what happens to their own bodies – and their own lives.

The Girl Summit in 2014 in London was a watershed moment which broke the silence on these sensitive and taboo issues. No girl should live with the fear of being cut, the fear of being married too young, the fear of carrying a child too young, the fear of giving birth when her body is not ready, the fear of the potential risks of this – of haemorrhage, of being left with a leaky bladder thanks to obstetric fistula, the real risk of dying.

**We need to act now**

We have a big job ahead of us, but if we step up our collective efforts we can succeed. There are 225 million women and girls who want to use modern contraception and can’t get it. This is a staggering number – yet we know what needs to be done.

We need clarity of purpose, everyone needs to focus and get on with it. This is fundamental. We must not fail these millions and millions of women and girls. We cannot fail them. A block on the sexual and reproductive health and rights of women and girls is a block on economic development across the board.

But we do need to act now. We have a narrow window to get back on track with FP2020 goals. We also have a tremendous opportunity with the new SDGs, whose implementation will be secured or lost in the next few years. The family planning community needs to be at the heart of those discussions.

These means a fresh commitment from all of us. And it means talking to other sectors to put the comprehensive sexual and reproductive health and rights for every girl, adolescent, women everywhere, at the centre of absolutely everything to do. Thank you.
News Hour: His Excellency Joko “Jokowi” Widodo, President of the Republic of Indonesia, and thousands of government, health and development leaders from around the world gathered today in Indonesia for the opening of the fourth International Conference on Family Planning (ICFP). Co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN), the conference is centered on the theme of “Global Commitments, Local Actions.”

At the opening ceremony, Jokowi; Dr. Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA; Dr. Christopher Elias, President of the Global Development Program at the Bill & Melinda Gates Foundation; and numerous global leaders joined together to discuss the global status of family planning and call for urgent action to increase access to family planning services worldwide.

During the ceremony, Jokowi and Elias also presented the first-ever Global Humanitarian Awards for Women’s and Children’s Health. The awards recognize individuals for their tremendous contributions and commitment to advancing maternal and child health and well-being, especially family planning, in communities around the world. This year’s four honorees are:

- Dato’ Sri Prof. Dr. Tahir, Chairman and Founder of the Tahir Foundation
- Sir Christopher Hohn, Co-founder of the Children’s Investment Fund Foundation (CIFF)
- Mrs. Fayeeza Naqvi, Chairman and Co-founder, and Mr. Arif Masood Naqvi, Co-founder, of the Aman Foundation

As part of the presentation of the Global Humanitarian Awards, Alvaro Bermejo, Executive Director for Health at the Children’s Investment Fund Foundation (CIFF), also announced a new $30 million initiative called Adolescents 360, co-funded with the Bill & Melinda Gates Foundation. The four-year project will include approaches such as user-centered design to understand adolescent health needs and boost girls’ access to contraceptives in Ethiopia, Tanzania and Nigeria. The initiative aims to find a model to increase voluntary, modern contraceptive use and reduce unintended pregnancy among girls between the ages of 15 and 19.

After the Global Humanitarian Awards ceremony, Jokowi gave the ICFP keynote address and called for global action to prioritize family planning and expand access to contraception.

“I wish that at this ICFP, we can discuss the main foundations necessary to build the planet that we want [by 2030],” said His Excellency Joko Widodo, President of the Republic of Indonesia. “A [future] that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have better opportunities for better lives.”

In Indonesia, contraceptive discontinuation and cost can create major challenges for family planning progress. To solve these issues, Jokowi emphasized the importance of investing in Kampung KB, the “village approach,” increasing access to long acting contraceptives (LARCs), and reducing the cost of family planning by providing free services and peer education programs. Jokowi also insisted that stigma and discrimination against women seeking family planning services must end, and that family planning education must become a priority in every district – and in every regency – of the country.
“The Government of Indonesia is working hard to revitalize our family planning program [because] we know that the challenges facing Indonesian families in the future will [only] be greater, especially when it comes to population issues... we also encourage local governments to raise awareness and make family planning a priority in every municipality and village across Indonesia,” Jokowi continued.

“I believe that to achieve the [Sustainable Development Goals], we have to take local action... In order to sustain economic growth, investments in family planning are absolutely necessary... I want to invite all global leaders to take real action to bring about healthy mothers, healthy children and healthy and prosperous families – because only by doing this can we make Planet Earth a better place to live,” Jokowi said in his closing statement.

According to the most recent global progress report released by Family Planning 2020 (FP2020), a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, in the last three years, 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world’s poorest countries. This brings the total of women using a modern method of contraception in FP2020’s 69 target countries to 290.6 million. However, FP2020 has set annual benchmarks to measure family planning progress, and the most recent numbers revealed that modern contraceptive use is behind 2015 projections by 10 million. Despite recent progress, millions of women still cannot access the family planning information and tools they need.

“The family planning data and evidence point to concrete steps we can take as a community to get back on track to meet our FP2020 goal,” said Chris Elias, President of Global Development at the Bill & Melinda Gates Foundation, in his speech at the opening ceremony. “Now we must ask ourselves what more we can do to align our efforts to ensure all women have the information and tools they need to time and space their pregnancies.”

Family planning will play a critical role in realizing the Sustainable Development Goals (SDGs) – the new development agenda for the next 15 years, adopted in September at the United Nations General Assembly – and reducing the global unmet need for family planning services could save an estimated 1 in 4 women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year. The 2016 ICFP will serve as a platform for global partners to revisit global commitments to family planning and accelerate progress towards the FP2020 goal.

“Family planning is about women’s rights and their capacity to make decisions about their health and well-being, contributing to the objectives of FP2020,” said Dr. Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA. “It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend, thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals.”

Held biennially since 2009, the ICFP serves as a strategic inflection point for the family planning community worldwide. It provides an opportunity for scientists, researchers, policymakers and advocates to disseminate knowledge, celebrate successes and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

The 2016 ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family
Planning Board of Indonesia (BKKBN). The conference is made possible through the ICFP Core Group—the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, UNFPA, USAID, FP2020, the International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI) and the UN Foundation—as well as the International Steering Committee and National Steering Committee of the ICFP.

News Hour: New Dates Announced for International Conference on Family Planning
14 November 2016
By Tareq Salahuddin

Conference organizers announced that the fourth International Conference on Family Planning (ICFP) will be rescheduled for 25–28 January 2016 in Nusa Dua, Indonesia. Previously, conference organizers had postponed the November 2015 conference dates due to a volcanic eruption on the nearby island of Lombok.

The following is a statement by Jose “Oying” Rimon II, Director of the Gates Institute and Chair of the ICFP International Steering Committee and Surya Chandra Surapaty, Chairman of the National Population and Family Planning Board of Indonesia (BKKBN) and Chair of the ICFP National Steering Committee:

“Postponing the November conference activities was an extremely difficult decision, but we believe it was the right thing to do to protect the health and safety of our valued delegates and to maximize the value of the ICFP for the family planning community.

We would like to thank all of our partners for their support over the last week, and in particular we would like to thank the Government of Indonesia for their guidance and hospitality. We are pleased to confirm that the fourth ICFP will be held in Nusa Dua in late January 2016, and we are excited to reconvene the family planning community so soon.”

More information on the conference postponement and plans for new dates can be found here. Co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN), the ICFP is the largest international meeting focused on family planning.

Family planning is frequently cited as one of the best investments in global development. Meeting the global unmet need for family planning services could save an estimated 1 in 4 women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year, and expanding access to contraception will play a critical role in achieving the Sustainable Development Goals.

The ICFP theme will be “Global Commitments, Local Actions” to highlight international and domestic efforts to improve contraceptive information and services and help ensure that family planning remains a priority for policymakers and donors across sectors.

Held biennially since 2009, the ICFP serves as a strategic inflection point for the family planning community worldwide. It provides an opportunity for scientists, researchers, policymakers and
advocates to disseminate knowledge, celebrate successes and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

Scheduled for 25–28 January 2016, the forthcoming ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN). The conference is made possible through the ICFP Core Group—the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, UNFPA, USAID, FP2020, the International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI) and the UN Foundation—as well as the International Steering Committee and National Steering Committee of the ICFP.

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News Hour: Global Leaders to Urge “Global Commitments, Local Actions” at Fourth International Conference on Family Planning 2015

13 October 2015
By Tareq Salahuddin

Global leaders including Indonesian President Joko Widodo, UNFPA Executive Director Babatunde Osotimehin, and Bill & Melinda Gates Foundation Co-Chair Melinda Gates will highlight the need for global collaboration and local action to improve family planning access worldwide at the fourth International Conference on Family Planning (ICFP). New commitments to family planning will be announced at the conference. Special activities will be launched for the first time, including the Global Humanitarian Awards for Women’s and Children’s Health and the Marketplace of Ideas. The 2015 ICFP will bring together thousands of global policymakers, experts, researchers, youth and advocates to Nusa Dua, Indonesia on 9–12 November 2015.

Organized around the theme “Global Commitments, Local Actions,” the 2015 ICFP will call attention to the wide-ranging benefits of helping people plan their fertility and their futures—which include improved maternal, newborn and child health; increased educational attainment; and greater household wealth. The conference will also highlight global and national efforts to ensure that access to contraceptive information and services remain a priority for policymakers, donors and the private sector.

Invited speakers include:

- **His Excellency Joko Widodo**, President, Indonesia *(to be confirmed)*
- **His Excellency Dr. Bambang Brodjonegoro**, Minister of Finance, Indonesia
- **Melinda French Gates**, Co-Chair, Bill & Melinda Gates Foundation
- **Dr. Babatunde Osotimehin**, Executive Director, United Nations Population Fund (UNFPA)
- **Her Excellency Puan Maharani**, Coordinating Minister of Human Development and Culture, Indonesia *(to be confirmed)*
- **His Excellency Dr. Kesetebirhan Admasu**, Minister of Health, Ethiopia
- **Her Excellency Dr. Awa Marie Coll-Seck**, Minister of Health and Social Action, Senegal
- **Her Royal Highness Princess Sarah Zeid**, Jordan
“Expanding access to family planning is a global effort, but success ultimately depends on local action and the sustained commitment of national leaders,” said His Excellency Joko Widodo, President of the Republic of Indonesia. “We recognize that family planning benefits the health of our communities as well as Indonesia’s economic development, and we are committed to revitalizing our programs to ensure services reach the women who need them most.”

Meeting the global unmet need for family planning services could save an estimated 1 in 4 women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year. The 2015 ICFP will serve as a platform for global partners to revisit their commitments to family planning and accelerate progress towards the FP2020 goal of expanding contraceptive access to an additional 120 million women by 2020.

“Ensuring that women and girls have access to the information and contraceptives they need to plan their families is one of the smartest investments we can make,” said Melinda Gates, Co-Chair, Bill & Melinda Gates Foundation. “As a global community, we must follow through on our commitments to increase access to family planning, so that women and girls everywhere can unlock their full potential and live healthier, more productive lives.”

Each day of the 2015 ICFP will focus on a central theme. These include:

9 November
- **Opening Ceremony (afternoon):** Global leaders and heads of state will open the conference and present the inaugural Global Humanitarian Awards for Women’s and Children’s Health.
- **10 November**
- **Family Planning and the New Sustainable Development Goals (morning plenary):** Ministers of Health and Finance from around the world will discuss the important links between family planning and the new global development agenda.
- **Knowledge. Choices. Power. 2015 Quality Innovation Challenge (lunch plenary):** The David and Lucile Packard Foundation will launch this challenge to search for creative ideas that empower women and girls without a voice.
- **11 November**
- **Youth: Challenging Old Assumptions, Forging a New Agenda (morning plenary):** Dynamic speakers, including youth, will address the importance of tailoring family planning programs for young people around the world.
- **Pooling Strengths: Helping Effectively Together with Strong Partners (lunch plenary):** Bayer HealthCare will chair this panel discussion about the power of collaboration and partnership in addressing pressing health care issues.

12 November
- **Global Collaboration, Local Action: FP2020 (morning plenary):** The final plenary of the conference will discuss global partnerships and actors, human rights, and acceleration of progress toward 2020.
- **Celebrating and Promoting New Goals in Development (afternoon):** The closing ceremony will include the presentation of the Excellence in Leadership for Family Planning (EXCELL) Awards to family planning champions at the country, organization and individual levels.
Pre-conferences focused on the demographic dividend and the roles of youth and religious leaders in family planning will also be held 7–9 November in Nusa Dua, Indonesia. The 2015 ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN). The conference is made possible through the ICFP Core Group—the Bill & Melinda Gates Foundation, the Hewlett Foundation, the Packard Foundation, FP2020, UNFPA, USAID, the International Planned Parenthood Foundation, Marie Stopes International, (IPPF), and the UN Foundation—as well as the International Steering Committee and National Steering Committee of the ICFP.

**WHAT:** 4th International Conference for Family Planning (2015 ICFP)

**WHEN:** Monday, 9 November – Thursday, 12 November, 2015

**WHERE:** Bali Nusa Dua Convention Center, Nusa Dua, Indonesia

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nTV: **Edn on sex, relationship rule the 3rd day of Family planning confce**
27 January 2016
*By Abdul Malek*

Bali, Indonesia: Say it Asia, Latin America or Africa, the young people face deprivation of information and services related to sexual or reproductive health.

Social, cultural or religious norms, especially in the developing and middle-income countries, provide an environment where these issues are taboo.

And, that leads to a situation where demands for family planning methods from the youths are seen unethical or illegal – a state that seriously violates the rights of the youths, the leaders of tomorrow.

The issues featured prominently on the third day of the International Conference on Family Planning (ICFP) being held at the Bali Nusa Dua Convention Centre in Indonesia.

Take the cue from Ayesha Memon, a young leader of Pakistan, who researched on impacts of cultural barriers in rural Pakistan.

‘In rural Pakistan, the society is very much patriarchal. Every single decision is taken by the men. This leads to men’s preference for baby boys,’ she said at a press conference.

It was found that for one baby boy, a couple is taking seven to eight children, and then they are left uneducated and unhealthy in Pakistan, she said, explaining how lack of sexual and reproductive knowledge leads to social and economic problems.

‘Parents don’t allow girls to talk about sex, but they allow the ten-year girls to marry men,’ she said, adding that sometimes teen girls are forced to prostitution.

Rokonol Rabbi, a young leader from Bangladesh, told this correspondent talking about sex, condoms, menstrual hygiene among the adolescents in Bangladesh is almost a taboo.
‘Including them in family planning education is extremely important. Otherwise, it leads to deprivation and isolation, which causes psychological, physical and even economic losses,’ he told this correspondent.

Experts said sex beyond marital status among the youths, even in the developing nations, is a reality, while unsafe sex caused by information gap on reproductive health leads to early marriage, unintended pregnancy and diseases like HIV/AIDS.

‘The issue of adolescent sexual and reproductive health and rights is not just one about information; it is fundamentally interlaced with intersectional issues of social justice, finance and poverty alleviation,’ said Nomtika Mjwana, a young leader from South Africa.

It is essential to look at strategies that can inform and educate young girls and empower them not to see themselves as objects waiting for men, but as women with pride and the agency to decide what they need to do with their own bodies, she said.

More than 40 leading global health organizations at the conference committed to a new global consensus statement to expand contraceptive choices for young people.

‘This consensus statement is our way of calling on the global community – national governments, civil society, and local communities alike – to ensure that LARCs [long-acting reversible contraceptives] are available and accessible to sexually active adolescents and youth, without barriers or bias,’ said Dr Purnima Mane, CEO of Pathfinder International.

According to the Pathfinder, a significant number of the world’s 1.8 billion adolescents and youth are sexually active and want to prevent or delay a pregnancy for multiple years.

Katja Iversen, CEO of New York-based charity Women Deliver, said the youths need to be brought to the tables of policymaking.

‘Otherwise, they would be on the menu.’

nTV: Use of permanent contraceptive methods stressed for family planning
26 January 2016
By Abdul Malek

Bali, Indonesia: More counselling, follow-up, and awareness raising attempts are needed among the couples on long-term and permanent contraceptive methods to further control population growth and for better family planning awareness in Bangladesh perspective, said health leaders and experts at the International Conference on Family Planning (ICFP) in Bali, Indonesia.

While Bangladesh’s progress in family planning had been impressive over the last two decades, it has been almost stagnant for the last four years, which is a matter of concern, they said.
‘The problem with the temporary methods is drop-out, which is almost 30 percent in Bangladesh,’ said Dr Reena Yasmin, senior director [services] of Marie Stopes Bangladesh, who is attending the five-day ICFP at Bali Nusa Dua Convention Centre beginning on 25 January.

‘While you take pills, you need to take those every day, and when you use condoms, you need to use them every time you have sex. It is also costly. But, if you take IUDs like implants, or injections, you are safe for three, five or ten years,’ said Dr Loshan Moonesinghe, family planning specialist at the UNFPA Bangladesh.

Due to drop-outs in temporary contraceptive methods, around 13 lakh women face unintended pregnancies in Bangladesh, while abortion among them is 18 in each 1000 pregnancies, she told this correspondent referring to a 2010 study by the Bangladesh Association of Preventive and Septic Abortion.

To avoid such unintended pregnancy and abortions that have psychological, physical and economic consequences, experts suggest that Bangladesh focus on long-term and permanent methods.

‘And, permanent methods help permanently,’ he told this correspondent at Bali Nusa Dua Convention Centre.

As there are high risks of missing in the use of temporary methods like pills and condoms, long-term and permanent methods are encouraged in the countries like Bangladesh having huge population.

For this to happen, Dr Loshan suggested that the family planning personnel counsel, follow up, and authorities create awareness among the couples on long-term and permanent methods.

Dr Reena Yasmin of Marie Stopes said absence of doctors and trained health workers at the remote and rural Bangladesh is a real hurdle in the promotion of long-term and permanent methods.

Besides, private sector is also not coming up with such methods widely, she said.

Dr Moin Uddin, director of the Directorate General of Family Planning (DGFP), endorsed the problems.

Almost 50 percent posts of 1200 family planning and welfare officers of the DGFP at the upazila levels remained vacant for over a decade, he said.

‘Also, the health personnel are not doing so well in counselling and client screening [couples for long-term and permanent methods],’ Dr Moin Uddin, who is attending the ICFP, told this correspondent on Tuesday.

The government is working on ways to accelerate family planning, especially long-term and permanent methods, he said.

The total fertility rate (TFR) has been stagnant at 2.3—each adult woman having 2.3 children—for the last four years. The TFR declined to 2.3 in 2011 from 6.3 in 1975, according to the Bangladesh Demographic Health Survey 2014.
Also, contraceptive prevalence rate is 62 percent among the married couples, and only 54 percent of them use modern contraceptives, and the rest eight percent use traditional ones.

Of the 54 percent, only 8 percent use long-term methods—injections, intrauterine devices (IUDs) and permanent methods—vasectomy and tubectomy, while the rest use temporary methods including oral pills and condoms.

nTV: Family planning needs more attention, leaders told conference in Indonesia
25 January 2016
By Abdul Malek

Bali, Indonesia: ‘There is no time to lose, so let’s start,’ Global leaders have called for higher investments in family planning, highlighting that every human life is valuable and none should be left behind, as the world begins the new global agenda of Sustainable Development Goals: 2015-2030.

Fourth International Conference on Family Planning (ICFP) at Nusa Dua, Bali in Indonesia on Monday Melinda Gates, co-chair US-based charity Bill & Melinda Gates Foundation, in a video message said at the opening ceremony, ‘foundation will invest an additional $120 million dollars in family planning programs over the next three years — a 25 percent increase on its current family planning funding.’

In Bangladesh, official data shows, 65 percent of girls got married before they are 18. Around 40 percent couples do not use contraceptives in Bangladesh.

‘Three years ago, the global community set an ambitious goal. More than that, we made a promise. A promise to 120 million women and girls that by 2020 they would have access to family planning services and contraceptives if they wanted it,’ stated Melinda Gates.

‘Since we made that promise, millions of unintended pregnancies have been avoided and thousands of lives saved. But the hard truth is, that to keep it, we must do more, and we must act now.’

According to the World Health Organization every day, nearly 830 women die from preventable causes related to pregnancy and childbirth, and 99 percent of all maternal deaths occur in developing countries.

Maternal mortality in Bangladesh is about 194 per 100,000 live births. Last year, an estimated stillbirth in Bangladesh was 83,100, while neonatal deaths were 74,400, according to The Lancet, a UK-based medical journal.

Unintended pregnancy, early marriage, lack of reproductive and sexual education as well as services and contraceptive supplies are the major reasons behind the deaths, experts say.

Bill & Melinda Gates Foundation says every dollar spent on family planning can save governments up to 6 dollars that can be spent on improving health, housing, water, sanitation, and other public services.
However, more than 220 million women in developing countries who don’t want to get pregnant lack access to contraceptives and voluntary family planning information and services, according to ICFC statement.

Less than 20 percent of women in Sub-Saharan Africa and barely one-third of women in South Asia use modern contraceptives. In 2012, an estimated 80 million women in developing countries had an unintended pregnancy; of those women, at least one in four resorted to an unsafe abortion.

The Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN) organized the event styled ‘Global Commitments, Local Actions.’

Around 3000 leaders, UN officials, academics, NGOs including from Bangladesh are attending the 5-day conference.

‘Family planning is about women's right and their capacity to take decisions about their health and well-being contributing to the objectives of FP2020,’ said Dr Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA.

‘It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals,’ he said.

Indonesian president Jokowi Widodo said insisted that stigma and discrimination against women seeking family planning services must end, and that family planning education must become a priority in Indonesia, the world’s fourth largest populated country with over 250 million population.

Uttarakhand Panorama: Global conference focuses on early marriage, early childbearing and repeated pregnancies
30 January 2016
By Aarti Dhar

Arshpreet Kaur is bright student pursuing her Masters in Technology from Chandigarh. Anyone else in her position would be looking forward to a promising career, but she is not. Her happiness lies somewhere else.

“I was never satisfied with what I was doing, my heart was always in advocacy and that is what I have been doing since 2014,” says young Arshpreet. Her aim and ambitious in life is to spread information about sexual and reproductive health and rights (SRHR) among the adolescents and youth in India.

Having participated in debates on social issues right from her school days, Arshpreet finally made three resolutions on December 31, 2013 one of which was advocacy on SRHR issues. She joined the Family Planning Association of India (FPAI) as advocacy volunteer.
Arshpreet still recalls the day when one of her friends told her that using Western style commode caused HIV infection and another one believed emergency contraceptive caused abortion! She champions the cause of the youth and believes adolescent education must be made mandatory in schools.

These episodes made her realize that there was a dearth of information among adolescents and she decided to try and bridge this gap through advocacy. And it was her passion that brought her to Bali for the Fourth International Conference on Family Planning. “When I go to schools to talk about sexual and reproductive health, I am careful not to use words like ‘sex, sexism and sexuality’ because students presume I would teach them ‘sex’ which is taboo in India.

The focus of the four-day Conference “Global Commitments, Local Actions” is on adolescent, and rightly so because not all adolescents are planning families.

A significant number of the world’s 1.8 billion adolescents and youth are sexually active and want to prevent or delay a pregnancy for multiple years – until finishing school, gaining employment, getting married, or to space their children. In spite of numerous statements and conventions supporting the rights of adolescents and youth to access contraception, their ability to exercise full contraceptive choice and access a wide range of methods including long lasting and reversible contraceptives remains limited. Common barriers include lack of knowledge about contraceptive choices, myths and misconceptions, provider bias, lack of family, partner and community support, social negative norms and the absence of long acting reversible contraceptives (LRCs) services, as well as restrictive laws and policies.

At the same time, one third of the girls in developing countries are married or in union before the age of 18 years and approximately 12 per cent are married or in union before the age of 15, with the expectation that most will become pregnant soon after marriage. Approximately, 16 million adolescents aged 15-19, give birth annually, for these some births are planned but for many others, they are not. An estimated 33 million young women, aged 15-24 in 61 low and middle income countries have an unmet need for contraception. In addition to well documented risks of early childbearing for both adolescents and children, repeated pregnancy (within 2 years of previous pregnancy) is increasing recognized and associated with increased maternal and newborn morbidity, as well as abortions, including unsafe abortions.

“Young people must be given the right to make decisions for themselves based on their individual needs and the varying contexts within which they live,” says Ramya Jawahar from Bangalore, and currently vice chair of the International Youth Alliance for Family Planning (IYAFP). “If we want to advance human rights and health, we need to start investing in and empowering youth today,” she says.

One-fourth of India’s 1.2 billion population are below the age of 25 years. Early marriage, early childbearing and repeated pregnancies are issues the country is dealing with. There are only four contraceptives available in the public sector but accessibility is an issue even for married couples.

Leading global health organizations discussed their commitment to a new Global Consensus Statement supporting the expansion of contraceptive choice for young people to include LARCs at Bali with more than 40 global health and development organizations endorsing it. Experts at the Conference said global efforts to prevent unintended pregnancies and improve pregnancy spacing among adolescents and youth will reduce maternal and infant morbidity and mortality, decrease rates of unsafe abortions,
decrease HIV/STI incidence, improve nutritional status, keep girls in school, improve economic opportunities, and contribute towards reaching the Sustainable Development Goals.

“The largest generation of young people the world has ever seen is entering reproductive age, and yet these young people too often face enormous barriers in accessing a full range of contraceptives, including LARCs,” says Beth Schlacter, Executive Director, FP2020.

“Adolescents and youth are often not planning families and hence have long been neglected in Family Planning initiatives,” says Prof C.N.Purandare, the International Federation of Gynecology and Obstetrics (FIGO) while encouraging obstetricians, gynecologists and midwives to promote strategies and remove barriers in their countries to use LARCs to meet young people’s reproductive health needs.

The Consensus Statement calls for provision of evidence-based information to policy-makers, ministry representatives, program managers, service providers, communities and family members, and young people on the safety, effectiveness, reversibility, cost-effectiveness, acceptability and the health and non-health benefits of contraception.

Thmey Thmey: Increasing the choice of contraceptive methods is key to increasing national development
27 January 2016
By Kounila Keo

Bali - Indonesia: Health professionals and the development of the world from more than 40 international organizations have recognized and supported increasing the choice of birth control methods for young people, including the use of LARCs (which can affect long still capable of reproduction). According to a statement issued at major conference on ICFP 2016 or 2016 International Conference on Family Planning.

More than 2,600 people have been invited to participate in this International Conference, which was held on January 25 to 28 in Cape Nou Sadduces (Nusa Dua) of Bali in Indonesia. Participants included government officials, public policy officials, and reproductive health researchers implementing reproductive health programs from international and regional healthcare organizations, youth leaders, journalists and representatives of international and regional organizations. A major conference held for the fourth time was organized by the Gates Institute for Population & Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Family Planning Board of Indonesia (BKKBN).

The latest data showed that teenagers and young people More than 1.8 billion people in the world and most of them like to have sex and do not want to get pregnant because they are studying for work or are find a way to have children with sparse. However, the use of LARCs limited so that they cannot exercise the right to choose. Faith that the lack of information, confusion, lack of materials and equipment for poor communities are major factors preventing contraception and family arrangements.

Among those participating, representatives from Marie Stopes International, PSI and the United States Agency for International Development (USAID), who made a reasoned On Tuesday, teenagers and young
adults active in a number of sex (from 10 to 24 years old) should know how to use the device contraceptives such as birth control by: injections and placed in the body. These representative said, adding that this means all fertilization not only prevention, unwanted pregnancy among teenage girls who are studying and finding a job or unmarried but also helps reduce menstrual pain and menstrual cure: the symptoms and reduce the number of women registered weak anemia (anemia). Dr. Chittaranjan Narahari Purandare from the International Federation of Gynecology and Obstetrics (gynecology and obstetrics), said in discussion sessions a small conference that his organization's main goal is to push the medical expert midwife maternity women and women involved in reducing various factors prevented in each of its education and the use of contraceptive methods LARCs to meet the needs of all youth.

According to the rules no medical reason that we should reject the not to use means teenagers fertilization. Dr claimed, adding that each country should have a responsibility to support and promote the use of products and services quality for everybody, whether they married or unmarried, because doing this is to sexual health, as well as the general health of people better. He said so: Many women who are pregnant and want abortion. But they did not get enough information about the various options in contraception. When he returned to 2nd Hospital as a hospital, we cannot provide enough information about their contraception. This means that we make his first defeat 2. In many countries, teenagers and young people is very difficult to go into the hospital and ask for advice about contraception. He also added that doctor’s injection contraception can be a helpful way for teenagers, and should have a promotion or additional effort on contraceptive injections. Java September dancing, acting chairman of the Federation of International Youth on the contraception of Bengal furnace India said that despite a number of health centers have adequate contraception LARCs materials, but the consequences are encouraging all women to health centers, start using and inducing men's awareness of these issues.

The conference also has a discussion on the "safety" of contraception LARCs materials for teenagers and young people as well. Today, there is still confusion Colombo and beliefs regarding the effects of different methods of contraception for hundreds: long on the health of adolescents. Dr. Chantra Moly (V Chandra-Mouli) from the United Nations, pointed out that young adults have the right to use other methods of contraception, such as young people because no any medical evidence that says the contraceptive materials or use of LARCs affect fertilization ability of teenagers or young adults. that some countries, such as Hong Kong and South Korea, spent on health, education and youth: "The most important rationale (rationale) for costs young adult demographic group (demographics: a study on nature: the amount of the population in certain areas such as education, awareness of gender, religion, and so forth. etc.), and the cost of helping young adults is useful for them and their families as well.
Bali, Indonesia: practical in Cambodian society in tension, especially between the older generation and the next generation regarding premarital sex. This is a hot topic in the home are in the country as well as in some other countries in Asia and Africa, and the subject was also raised to be discussed and debated in the International Conference on Family Planning (ICFP 2016) that have the skills to participate to nearly 4,000.

Ms. Heidi Brown, who works in the online Health Organization Reproductive called Partnering to Save Lifes in Cambodia, said that in Bali that you check health for adolescents and youth as well as people living in society, and they were all also have the attitude and philosophy: Wrong Blair neck with each other, but when they stepped into the clinics, health (on the health reproductive problems), they are sacrificing in the discrimination behavior or mindset that thinks teen adult or youth who are not married should not lowering or contraception any or In other words, the point at once, "premarital sex or engage sex variety." But Heidi Brown speech on behalf of Ms. experts that, if medical examination there discrimination or parents did not give the opportunity to the teenagers as their children learn how to protect themselves, the difficulty will fall on young adults, all these things are being information or other treatments.

Health experts who work in Asia and Africa, and was present at the conference, also came to recognize that the shame of the children to learn about the issue of not otherwise open in discussions between parents and children about that reproductive health and sex, the lack of education on the pad at school and ignored news comes on public health (public health) make young teens in many ways such as reading magazines or watching sex videos that have not screened the real situation heard of sex safe for them.

They found that in the Philippines, conceived taxonomy among youth under the age of 18 years (teen pregnancy) is a major problem to be solved. To share at the conference, journalists, a woman from the Philippines, said that there are young taxonomy as unmarried, many in the Philippines to have sex without using contraception in any way, that when once knew it, it has a weight, they do not dare to go to clinics, reproductive health, with most clinics all that use the term "design family, the English Family Planning", which they perceived as clinics for those who are married, so that makes the scene is not dare to receive services at the health clinic at all. Miss one that suggested the Organization of reproductive health are not that in the Philippines or in other countries in Asia and Africa Review in the use of terminology and promote young adults Whether married or unmarried, and get reproductive health services by all.

Besides experts, other participants also have Youth Leadership (Youth Leader), who volunteered to work with reproductive health organization provide counseling to children, adolescents and youth. The presence of youth leadership that effective because they provide advice to other young adults without social discrimination, especially in the high-minded conservative. These youth can assist and warn other young adults to be cautious during sex or to think properly before think they were ready for sex. Briefly to view the situation in the country, we see that our country needs successful experiences from other countries.
Reproductive health is not just for women only men, and you also have to contribute to protect itself. This, says Ms. Katja Iversen, president and CEO of the Women Deliver, an international organization based in New York City, USA. Her organization will organize a conference on the health, welfare and rights of girls and women worldwide, at Jericho Phin Bergen brand from 16 to 19 May. Ms. Katja said, adding that reproductive health workers, whether in the developed or developing countries, should help improve the situation.

Ms. Katja Iversen said: "Everyone is belong to their teenagers and young people really be able to have the ability to make any decisions on the body and reproductive health of them if they are aware of the body and know how to protect myself clear and to living safely."

Vod Hot News: The letter read: teenagers aged between 10 and 24 should receive education from family arrangements and protection of reproductive health
26 January 2016
By Kounila Keo

The World Health Organization has been working debate about the rights of teenagers and young adults to get informed and educated about reproductive health care, such as the use of means of contraception and safe sex.

I get invited to the conference a huge held from 25 to 28 January in Bali, Indonesia, which has participants in excess of 2,600 people and among all participants, including researchers, health practitioners health programs health officials and officials organized the principle public health care from inside and outside the region, youth leaders, journalists, media and representatives of organizations in the region and internationally. Conference mass held for the first time 4 and set up initiated by the University Health public US Johns Hopkins Bloomberg School of Public Health, the Institute of the Gates Institute the National Population and radio situation populations and national project to protect native of Indonesia (BKKBN).

Among the participants were representatives from Marie Stopes International Marie Stopes International organization PSI and the United States Agency for Development International (Utah Woz USAID) has worked reasoning on Tuesday that teenagers and young adults who are active in sex, some from the age of 10 and 24 should know how to use means of contraception such as birth control by: an injection and put forces in the body and so on.

Representative organizations All this says that means fertilization All this not only prevent pregnancy by accident among teenage girls who are studying and looking for a job or unmarried, but also helps reduce menstrual blood and pain when menstruation help treat symptoms: Symptoms Some women and reduce weakened anemia (anaemia).

Professor Chittaranjan Narahari Purandare, from International Federation of Gynaecology and Obstetrics (gynecology and obstetrics), said in the discussion a little saying: "According to the rules of medical no reason that we should refuse to let teenagers get use means fertilization," he said. He works confirmed, adding that each country should have a responsibility to support and push for access to
product and service quality for everybody, whether they're married or not married, but because doing this is to sexual health, as well as the health of the people in general have improved.

Interested My other one is on the words of Ms. Beth Schlachter, who is chief executive of the federal organization contraception and reproductive health, which says it is a big challenge that many countries continue to ignore the rights of adolescents to take the information and in particular, is to use contraception once. She further reaffirmed that all adults, many who reach the age that can cause birth and still face many obstacles regarding acceptable use contraceptives such LARCs (placing the device in the womb and body parts) because some people, especially their parents thought that doing so would make teenagers all these enthusiastic sex intensified but the fact that it does not happen so, and addition, young teens should learn to make decisions for the life and health of their own.

According to a statement signed by the international organization, International Planned Parenthood Federation, Pathfinder International, UK-AID and the International Youth Alliance for Family Planning policy makers and principles of public, government officials, communities and families should have access to information regarding the safety effectiveness flexibility (reversibility) and cost effective of contraception. In the day of inauguration of the conference, as well funding Bill & Melinda Gates announced will provide aid of 120 million US dollars for work cent: 3 years in helping to make the use of contraception for women and girls 120 million people in 69 countries, including Cambodia, in order to achieve before 2020. Ms Melina Gates through: Message video sent to the conference, said that aid money will be used for protection of contraception makes services contraceptives improved by: the private sector, and expand the use of contraception, which passes the experiments, and to help others more.

The President of Indonesia Joko Widodo has called for global action to delay birth and family planning and expansion of the use of contraception is a priority of the other countries. At the same time the call was also Jose Costa had said that it was important to take action to help the mother are healthy because when parents are healthy, children and their families also have a healthy and sustained growth, and act all this will help the whole world to be more improved as well.

After participating in the hundreds: 2 days, I have observed that the country needs a discussion (dialogue) added regarding educational teens about reproductive health, sexual health contraception and planning families because there are still many parents still do not dare to discuss openly with her children regarding sexual health or reproductive health, which could cause difficult, such as pregnant accidentally abortion with no safety or copying other STDs.

Of course, so far, there are national and international organizations, many contributed warning and provide information about the point of all this to the residents Khmer other, but there is still news, some not yet considered the point of all this is a key point in the report yet. This shows that the country still has more work to achieve in promoting people more aware of their reproductive health.
At 1.8 billion adolescents and youth form a significant part of the world’s population; the numbers are expected to grow even faster in the developing world. Which makes it critical that we invest in their education and health, and that includes sexual and reproductive health.

About 16 million adolescents in developing countries between the ages of 15-19 years give birth annually; many of them are unplanned pregnancies. One-third of girls are married before 18 years, and 12% by the age of 15. An estimated 33 million young women between 15-24 years have an unmet need for contraception.

The global consensus statement at the recently concluded International Conference on Family Planning seeking to expand contraceptive choices, even long acting reversible contraceptives, for young people acknowledges this critical gap. A significant number of adolescents and youth are sexually active and want to prevent or delay a pregnancy. But access to contraception and ability to choose from a variety of methods is limited.

“I believe the terminology “family planning” needs to be modified”, says Dr C.M Purandare, president of the International Federation of Gynecology and Obstetrics, FIGO. “Because adolescents are not family planning—they have no family. But they are looking at contraception. When the terminology was decided, maybe 20 years ago, the situation was different. Then, we were talking about population reduction”.

The statement calls for providing evidence-based information to policymakers, ministry officials, service providers, communities, family members and young people on the benefits of contraceptive options.

At its very core, it demands a rethink in how many countries, including India, approach sexuality education.

With one fourth of our population between 10-19 years, India is the youngest country in the world. We are likely to have 358 million young people in the next three decades. Young people, by accident or design, are experimenting with sex but is there enough being done to ensure that they are informed about it in an appropriate manner?

Findings from the latest National Family Health Survey findings are not very promising. Data collected from the 13 states surveyed in Phase 1 show that 82% women and 70% men lacked comprehensive information about HIV/AIDS and safe sex practices.

Sexuality education, as defined by UNESCO, “provides opportunities to... build decision-making, communication and risk reduction skills about many aspects of sexuality. The term encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality”.

However, in India, the subject of sexuality education has been a controversial one. In 2007 when the Centre, along with the NACO, NCERT and UN agencies announced the launch of the Adolescence Education Programme in schools, 13 states announced an immediate ban who felt comprehensive sexuality education is against Indian culture. Presently there is a ban on AEP in five states across India, and there is no uniformity in the way the subject is approached.
Successful sexuality education programmes start with children between the ages of 5-8 years. Children are curious about their bodies, and ideas of shame and silence are internalized at a young age. It is important, say experts, to educate children early on on the need to understand issues of consent, body image/shame, preventing abuse, establishing good communication skills and gender norms.

There is a need to adopt a “sex positive approach” and go beyond looking at sexuality education as a “means of controlling adolescent fertility because we want to reduce unwanted pregnancies or make sure families are planned better”, says Ishita Choudhry, Ashoka Fellow and Founder of The YP Foundation, a youth-led organization that has worked with adolescents and young people in India in settings, both urban and rural, on many development issues, which include sexual and reproductive health and rights.

“The fact is that adolescents are discovering their bodies and this is a joyful, exciting process for them”, says Dr V Chandramouli, scientist at the WHO Department of Health and Reproductive Research. “They need information that will help them make safe, informed choices and this is not to be always framed in the context of HIV”.

But most parents do not talk to their kids about sex and believe they will figure it out by themselves at some stage. They fear that incorporating it in the school curriculum will encourage promiscuity although innumerable studies show otherwise.

“But from our experience we find that most adolescents are getting to know about sex from porn videos”, says Ramya Jawahar, Vice Chair, International Youth Alliance for Family Planning. “These videos don’t talk about safe sex or respecting boundaries so the messages going out to these adolescents is that it’s OK to not wear a condom or treat women in a disrespectful manner”.

Policymakers and the government, says Jawahar, have to start looking at sexuality education as a health, development and human rights issue and not through a morality prism.

“It is high time we move past our individual discomfort in acknowledging sexuality as a human desire and started considering adolescents as people with agency”, says Chaudhry. “Until then we will keep looking at ways of regulating sexuality across different health outcomes instead of empowerment.”

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Business Standard: [Here’s how family’s size affects kid’s lifespan](http://www.business-standard.com/article/eduction/here-s-how-family-s-size-affects-kid-s-lifespan-116012801895_1.html)
28 January 2016

Kids from a small family usually feel sorry for themselves for not having many siblings, but now a new study has given a reason not to romanticize a large family.

The Johns Hopkins Bloomberg School of Public Health research suggests that children born into smaller families in the world’s poorest nations will live an expected three years longer than those born into larger ones.
The findings show that in families considered small (four or fewer children), the children have a life expectancy that is three years longer than the children in larger families (five or more children) even controlling for infant mortality.

Study leader Saifuddin Ahmed said that for 40 years, the slogan “a small family is a happy family” has been used to promote contraceptive use in developing countries, but their research shows that being born into a small family has health benefits that last throughout the course of your entire life.

Jose "Oying" Rimon, director of the Gates Institute, said that this finding is profound because life expectancy is like the motherhood of all indicators because it encompasses health, economic and social well-being.

Business Standard: Taking community health to market
27 January 2016
By Shai Venkatraman
As she rocks her restless baby, Tia Pertiwi listens as three women with aprons imprinted with images of the reproductive system explain how contraception works.

Besides her are some 20 odd women, most of them market vendors, and the atmosphere is relaxed and carefree with many asking questions and cracking jokes.

Pertiwi, 25, who recently gave birth to her first child, wants to delay the second by a few years but is not sure what birth control method to adopt.

Fortunately, the answers are available close at hand; at the Pasar Badung marketplace where Tia works at a fruit stall.

Guiding her with information about contraceptive options is the Yayasan Rama Sesana, a health clinic situated inside Pasar Badung, a traditional marketplace in the Bali capital Denpasar, where Tia works as vendor at a fruit stall.

Since 2004, YRS, a non-profit, sexual and reproductive health clinic has reached out to thousands of low-income group women in Bali. Most of them, like Tia, work in traditional market communities with an average daily income of US$5.

The YRS started in 1999 and initially worked in the field of AIDS prevention among risk groups in 1999. It later developed a plan to open health centers to provide information and services on breast and cervical cancer prevention, HIV/Aids, family planning, prenatal care and sexually transmitted infections.

“Breast cancer is the leading cause of cancer-related deaths in Indonesia and over 9000 women die of cervical cancer in our country every year”, says Dr Luh Putu Upadisari, founder, YRS. “Early detection is key to prevention but women lack information and they don’t have the time and money, especially towards preventive care”.

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To ensure maximum reach, these health clinics were set up at traditional marketplaces. “They are open 24 hours a day and thousands of people - girls, women, and housewives in particular - come here. This creates a supportive environment to inform them about their reproductive health and empower them,” says Upadiseri.

The YRS has two such clinics at Bali and also runs mobile clinics that carry out monthly visits to markets around Bali. The services offered are on a donation basis and include breast exams, Pap smears, STI and HIV testing, and counseling.

The centers report about 520 clients per month on average – over 67% are women. Their location draws a wide variety of clients - not just market vendors but laborers, cleaners, office workers and shoppers.

Trusting women with information about their health not only empowers them but also helps save lives. And the Balinese approach of reaching women directly at their workplace is one that has the potential to benefit thousands of women in India as well.

Like Indonesia, India reports a high death incidence due to cervical cancer. According to a 2014 study by the Cervical Cancer-Free Coalition, it tops the world in cervical cancer deaths with nearly 73,000 women dying every year. It is also the second most common cancer in women aged 15–44 years.

Cervical cancer is treatable if found early but in the absence of a nationwide screening program in India, there are widespread disparities in screening, treatment as well as survival.

“Early detection is essential as it is completely curable at that stage but we do not have a comprehensive screening program with the outreach required to provide access to services to underprivileged women”, says Dr Aparna Hegde, founder of NGO ARMMAN, which is behind several maternal health initiatives in Mumbai and other parts of the country.

ARMMAN’s mMitra project uses mobile phone technology to take preventive health care information directly to the phones of pregnant women through pregnancy and infancy.

Hegde says innovative approaches could offer the way forward as traditional models of caregiving leave a lot to be desired.

“Initiatives like YSR emphasize preventive care and this paradigm shift essential because our health care system has almost always focused on curative services”, adds Hegde. “Preventive care will prevent overloading of our public health system and help them provide better care to the patients who access it.”
Indonesia, researchers from the Johns Hopkins Center for Communication Programs (CCP) showed that a smartphone app had increased the use of modern contraceptives in villages of Bihar.

"A smartphone app containing motivational videos developed to help married rural women in India better understand contraceptive choices led to a dramatic increase in the number of women using modern family planning methods in just a few months," said the CCP researchers. CCP is a part of the Johns Hopkins Bloomberg School of Public Health.

Women who watched videos were 4.5 times more likely to use modern contraceptive methods than those who did not, said the findings.

In recent times, smartphones have been used by public health specialists to boost prenatal care for women and treatment adherence among patients. A press release quoted Sanjanthi Velu of CCP as saying that mobile technology can "encourage conversations between women and frontline health workers that are interactive, culturally relevant, and personalized - and that lead to increased, sustained use of modern contraceptive methods."

CCP developed the app, called Gyan Jyoti, for use by ASHAs, community health workers, who visit the homes of rural women. The app contained entertaining and educational films, testimonials from happy couples who are using contraception, Q&A videos with physicians and other information that aims to dispel myths and misconceptions.

In one district of Bihar, smartphones loaded with the Gyan Jyoti app were given to 14 ASHAs, while in another district another 14 ASHAs were supplied with more low-tech SD cards. Each set of ASHAs regularly visits roughly 1,400 rural women. The ASHAs with the smartphone app were able to customize their family planning counseling, showing videos most appropriate to answer each woman's particular questions. Those ASHAs who had the SD card could show the videos, but did not have the benefit of customizing their interaction.

A few months later, they found that 22% of women who were counseled with the app were using modern contraception such as IUDs, oral contraceptive pills and injectable contraception at the end of the study period, while 13% of the women were using modern contraception in the district without the app.

About 17% of the women who had access to the smartphone app watched some of the videos, while 2.4% of those who only had access to the SD card watched the videos. There are plans to adapt the app for different languages or other types of health information that families may need.

The Economic Times: Government to promote birth spacing through contraceptives: Nadda
26 January 2016

Bali: The Indian government will start promoting birth spacing by expanding choice of contraceptives and improving quality healthcare in the country, Health Minister J.P. Nadda said here on Monday.
Calling the endorsement of birth spacing through contraceptives a paradigm shift, Nadda said there was also a need for other techniques apart from female sterilisation, which the government has been using till now.

Speaking at the International Conference on Family Planning (ICFP) 2016 being held here, he said the government was committed to the FP 2020 goals, and called upon the civil society members to work together with the government to accelerate the progress on achieving the goals.

The meeting, organised by the Population Foundation of India (PFI), brought together political leaders, policy makers and programme managers to deliberate India’s strategies for meeting FP 2020 commitments and attaining the new Sustainable Development Goals.

"This is a bold and timely step by the Government to expand contraceptive choice for birth spacing. The inclusion of contraceptive choice by introducing injectables in the public health system, laying down new guidelines for improving quality of care and providing training to health workers will definitely work for the Indian population," said PFI executive director Poonam Muttreja.

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The Hans India: Family Planning – still a dream for India’s urban women
26 January 2016
By Stella Paul

Bali (Indonesia) and Hyderabad (India): 31 year old Sali, a domestic help in Indias Hyderabad is pregnant with her 4th child. It was not a decision taken by Sali who wanted an abortion as she felt the life was too hectic and hard to have a baby. But her husband was adamant: we have three daughters. I want a son. You must have this child, he had said, thus sealing the conversation.

It’s the 3rd month into her pregnancy and Sali often feels dizzy and weak especially because she juggles with 3 jobs a day. In each job, she cleans plates, besides sweeping and mopping the floor works that require her to bend down for hours. As a result, Sali often gets acute backache and nausea. She desperately wants to take a break from work, but cannot do that as her husband a daily wager at a construction site, earns only 2000 rupees ($30) a month an amount too low to sustain the entire family. Sali therefore, needs the money she earns - $800 a month from each house ($11).

Across the world, there are millions of women like Sali who still have no access to family planning facilities including contraception or the right to make a decision on whether or not to have a baby. As the Sustainable Development Goals have come into effect on January 1, 2016, there is an urgent need to reach out and help those women access those facilities and exercise their right to sexual and reproductive healthcare, said world leaders and experts at the 4th International Conference on Family Planning (ICFP2016) which began on Monday in Bali, Indonesia.

Addressing the conference at the opening ceremony, Babatunde Osotimehin, the Under Secretary General of the United Nations and Executive Secretary of United Nations Population Fund (UNFPA) said that if the world were to achieve the Sustainable Development Goals, it had to give greater importance on family planning as that was the way to save and transform lives.
"Family planning is about women's right and their capacity to take decisions about their health and well-being, said Dr. Babatunde Osotimehin, before adding that greater investment into family planning was needed to enable more women to meet their sexual and reproductive health needs, including contraception.

It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals," said the UNFPA chief.

In 2012, India made a commitment to spend $2 billion to provide family planning services to its citizens a sum to be spent for next 8 years, up to the year of 2020. Civil society organizations like Population Foundation of India have, however, pointed out that the bulk of the country’s health budget is spent on providing sterilization programs leaving very little for contraception and other services. Also, the budget itself - 33,150 crore rupees (4.2% of its total GDP) has drawn flaks for being too small.

The tight government spending has resulted in fewer opportunities and services for poor women like Sali who not only need contraception but also education and counseling on how to avoid an unwanted pregnancy and how to create a healthy pace between pregnancies.

Across India, with hundreds of thousands of poor people moving from villages to the cities every year, the size of the urban population is growing at an alarming speed. An overwhelming majority of these migrant population also works in the unorganized sectors as construction workers, waste pickers, barbers, vegetable and fruit vendors and domestic workers. To ensure that these people have regular and full access to sexual and reproductive healthcare including family planning, special facilities would have to be created, say experts at the ICFP2016.

If a woman cannot go to the family planning, then family planning must go to her, says Purnima Mane President and CEO of Pathfinder International, a global NGO providing population healthcare services in over 20 countries across the world. To help achieve that, Mane suggests 4 concrete steps for the authorities:

1) Give all urban poor working women access to Long Acting Reversible Contraceptives (LARC) such as intrauterine device (IUD) and the birth control implant. Both methods are highly effective in preventing pregnancy, last for several years, and are easy to use. Both are reversible, so, if a woman wants to become pregnant, she can have them removed at any time.

2) There should be special programs for the men, especially for the migrant laborers because it is often a man who often decides whether or not his wife should have another child. The program should be focused on educating the man on the need for his wife to have effective family planning measures and tools.

3) Finally, wherever applicable, employers should be asked to pay for the healthcare for their female employees. To achieve all of these is not easy and we may not get success in each case, but we do need to keep trying. It is extremely important to ensure that the surging population of poor urban working women lives healthy, Mane comments.
Meanwhile, in her tiny 1-room tenement in Hyderabad, Sali steels herself for a harder future: I wish my mother was still alive, so she could have helped take care of the baby. I don’t know how I will manage on my own.

Inter Press Service: Bali holds Family Planning Conference Amidst Many Unmet Needs
27 January 2016
By Stella Paul

BALI, Indonesia, Jan 27 2016 (IPS) - Porter Ngengh Tike is in her late thirties, but looks well over 50. For 8 hours every day, she carries around a large bamboo basket on her head, delivering supplies to local traders in the biggest traditional market of Bali – Pasar Badung. At the end of the week, she earns about 18 dollars – a sum that Tike uses for food, household expenses and her 10- year old son’s education. So, when it comes to seeing a doctor, there is no money, says Tike who suffers from genital infections.

Nyoman Sulastri , another porter and a part time vendor, also finds it difficult to pay for her health needs that include sexually transmitted diseases and contraceptives. Both of these women depend heavily on a clinic run by Yayasan Rama Sesana (YRS) – a local charity.

Located in the vicinity of the market, the clinic especially caters to women vendors and porters who comprise 67 per cent of the market’s total workforce. It offers among others, free check-ups and basic treatment for sexually transmitted infections and distributes free condoms.

On Monday, the 4th International Conference on Family Planning – a 3- day conference that brought together over 4,000 health experts, advocates and educators from across the world, started in Bali’s Nusa Dua. At the opening ceremony of the conference, policy makers and donors were unanimous on one issue: for a sustainable future of the world, family planning had to be given more importance and greater investments, so even the poorest could access sexual and reproductive and population healthcare, including family planning.

“Investment in Family Planning is absolutely necessary,” said Joko Widodo -the President of Indonesia who inaugurated the conference. The ICFP, he said, could be a good venue to make a step forward to that. “I wish that at this ICFP, we can discuss the main foundations necessary to build the planet that we want [by 2030], a future that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have a better opportunities for better lives,” Widodo said

Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of the United Nations Population Fund (UNFPA), agreed.

Reminding everyone that the core principle of the Sustainable Development Goals (SDGs) or 2030 agenda was “leaving no one behind,” Osotimehin said, “Access to family planning saves and transforms lives. Let’s do that. Let’s transform lives,” Osotimehin urged.
According to Family Planning 2020 (FP2020) – a multi-party, multi-stakeholder global partnership on family planning, 290.6 million women and girls currently used modern contraceptives, but millions were still left out.

To help narrow the gap, Melinda and Bill Gates Foundation, one of the co-sponsors of the conference and also one of the largest donors to global family planning, announced that it would invest an additional $120 million in the next three years.

In a video message, Melinda Gates of the foundation said that the money would be invested into three specific areas: advocacy, improving the quality of services, especially in contraceptives and also funding global programs that focused on family planning.

However, Osotimehin said that true sustainability could not come only from the funding of the donor organizations and countries had to “step up their efforts” to provide greater family planning. “Family planning is about women’s right and their capacity to take decisions about their health and well-being contributing to the objectives of FP2020,” he said.

Far away from the conference center, a motley crowd of about 50 women and girls sat in the sprawling yard of the Yayasan Rama Sesana clinic. They listened attentively to a group of the charity’s educators who explained the basic functions of reproductive organs, sex, contraceptives, common sexual diseases and sexual hygiene. Most of the women had little or no formal education and so the educators used blackboard, flipcharts, posters of female anatomy and wooden models of male reproductive organs.

According to Tike and Sulastri, these lessons were another reason why they came to the clinic: “I can learn new things ...I can hear them talk of other diseases also,” says Tike.

In Bali – one of the most popular tourist destinations in the Asia Pacific – the rate of STDs as well as cervical cancer is ‘alarmingly high’, said Luh Putu Upadisari, founder and head of YRS. “Women in Bali, especially those who work in the market, less education and less time,” Upadisari said.

The combination of all these three, she felt, made the women highly vulnerable to a number of sexual and reproductive diseases: “Many here suffer from severe STIs, cervical cancer and HIV/AIDS.” Her charity, she informed, had served over 21,000 women in past one decade.

According to World Health Organisation (WHO), globally, more than 500 million people are living with genital HSV (herpes) infection. At any point in time, more than 290 million women have a human papillomavirus (HPV) infection – one of the most common STIs.

At present, YRS’s main thrust was on giving out information and educating local women on the STI and family planning issues including contraceptives. The education and the counseling was free, but for the treatment, the charity always asked for a payment. It was mostly an effort to bring a behavioral change, she said.

However, the effort often failed to produce results, revealed Komang Afy – a staff member. “Since they can’t actually pay for the medicines or the check up, we ask them to make a donation. The idea is to help them build a habit where they start saving a little money for their own health and wellness. But most women just don’t have the money, or don’t care enough for their own health,” Afy said.
However, limited fund limited YRS’s ability to provide treatment beyond the basic level.

At the ICFP2016, President Jokowi acknowledged that Indonesia still had many unmet needs, but reiterated his commitment to support local women with greater access to family planning. “We know that the challenges facing Indonesian families in the future will [only] be greater, especially when it comes to population issues... we also encourage local governments to raise awareness and make family planning a priority in every municipality and village across Indonesia,” Jokowi said.

Mint: Government will promote birth spacing: J.P. Nadda
26 January 2016
By Jyotsna Singh

New Delhi: In a paradigm shift, the government will promote birth spacing by expanding the choice of contraceptives such as injectables, health and family welfare minister J.P. Nadda said at the Fourth International Conference of Family Planning (ICFP) in Bali on Monday. So far, the focus has been on female sterilization.

While addressing the Indian caucus at the ICFP, the minister also reiterated the government’s commitment to meeting the Family Planning 2020 goals and called upon civil society to work together with the government to accelerate progress on achieving the goals.

Family Planning 2020 is an international network of governments, civil society groups and funders with the objective of population control. India is part of it.

The shift in focus will require up to two-and-a-half times more resources. Poonam Muttreja, executive director of non-profit Population Foundation of India, said, “India will need Rs.187.3 billion in the coming four years if the 48 million new users of contraceptives are to be served by the public health system. This is Rs.113.8 billion more than what is projected to be the government budget allocation.”

She was quoting a study by Barun Kanjilal, health economist with the Indian Institute of Health Management Research, Jaipur. The study was commissioned by the Population Foundation of India.

C.K. Mishra, additional secretary, ministry of health and family welfare, said, “The government of India is committed to allocating increased resources as required to achieve the family planning objectives. The government is conscious of state-wise inequities and is working to address these.”

After decades of focusing on permanent methods of birth control such as female sterilization, the move towards temporary methods to ensure spacing between children is a big policy shift. The first indication to this effect came in September last year when the government announced inclusion of injectable Depo Provera in the family planning programme, which started a debate among public health experts. Some supported the move, while the others questioned its health impact.

Depo Provera is a contraceptive which is injected every three months. It is marketed as an alternative to oral contraceptives, which need to be taken daily.
“Studies show that injectables create hormonal problems for women. Also, we do not have a strong public health system which can do follow-ups to ensure that side effects are controlled among women,” said Vani Subramanian of women’s health group Saheli.

Mohan Rao, professor of community health and social medicine at Jawaharlal Nehru University, agreed. “Inclusion of Depo Provera does not increase choice for women in contraceptives. It is like any other in the basket,” he said, adding that the policy shift will have no positive impact on family planning.

Of the Rs.396.97 crore family planning budget of 2013-14, 85% was spent on female sterilization and only 1.45% on contraceptives. These figures might change radically in the near future.

Press Trust of India: Family planning has reduced maternal, child deaths: Nadda
25 January 2016

Family planning has emerged as a "key" strategy to reduce maternal and child mortalities in India, Union Health Minister J P Nadda said even as he asserted that the government is now emphasising on promotion of spacing methods.

Noting that 45 per cent of maternal deaths in India occur in the age group 15 to 25 years, Nadda said the country is moving from "limiting to delaying and spacing" methods for wider health benefits.

"The country has undergone a paradigm shift and now family planning has emerged as a key strategy to reduce maternal and child mortalities and morbidities. There has been a key emphasis now on promotion and provision of spacing methods.

"Considering that 45 per cent of the country's maternal deaths occur in the age group 15 to 25 years where 47 per cent of the total fertility is also clustered, India is moving from limiting to delaying and spacing for wider health benefits," Nadda said.

The Union Health Minister said this while addressing 'India marches towards FP 2020: a meeting of the India Caucus' at the International Conference of Family Planning at Bali, Indonesia.

He said India has achieved more than 65 per cent reduction in maternal mortality from 1990 to 2011-13 against the global achievement of 47 per cent during the same period.

"Family planning is just the first step on a long journey towards growth, equality and development. It works not just because smaller families can be healthier and wealthier but because empowering women is the key to growing economies and healthy open societies," he said.

He observed that India has been "consistently" making efforts towards improving health and reducing fertility for sustainable development ever since the world's first national program was launched by the country in 1952.

The Minister said India formulated its National Population Policy in 2000 which lays emphasis on
reducing the unmet needs for family planning, improvement of health care infrastructure and attaining population stabilisation by the year 2045.

Scoop News: Need to redefine family planning
2 February 2016
By Aarti Dhar

Bali, February 02, 2016 - Prof C.N. Purandare, president of the International Federation of Gynecology and Obstetrics (FIGO) had a point when he said family planning needs to be redefined because adolescents and youth were not often planning families.

He created quite a flutter at the Fourth International Conference on Family Planning (January 25-28) when he said adolescents and youth did often not plan families and, hence, had long been neglected in family planning initiatives while encouraging obstetricians, gynecologists and midwives to promote strategies and remove barriers in their countries to use long and reversible contraceptives to meet young people’s reproductive health needs.

A latest report from the UNFPA, the United Nations Population Fund, says that more than nearly one billion young people in the age group of 15-24 years in the Asia and Pacific region are having sex before marriage than ever before, though many face a dangerous death of information on sexual and reproductive health, and the lack of critical-life skills needed to manage safe, consensual sexual relationships.

The global discourse on adolescent sexual health at the moment is discussed in the context of family planning with focus on delaying marriage and birth of children, and spacing children which, in turn, is based on safeguarding the health of mother and child. Sex and love, both intrinsic to any relationship, are missing.

As producer, director Jonathan Stack put it: "After a career including quite a few films, I noted some stark differences. The biggest box office hook in film is sex, which to my surprise, and disappointment, is not a big part of family planning."

"While romance fills seats in film, in family planning, love is not a word loosely thrown around. While young men are the desired demographic in Hollywood, in family planning men are like Voldemort in Harry Potter, mostly unmentioned. Going forward, instead of saying 'women, children and adolescents,' it would be more efficient to simply say, 'not men,'" he said while signing off from Bali.

Sex and love are not often part of the conversation because these are taboo in most societies. Love is meant only for children and sex is almost unmentionable and is defined as ‘adolescence education programme’, ‘life skills’ and many such similar terms. Many countries of the world, adolescents (not married) do not have access to contraceptives and most countries do not allow abortions.
Close to 16 million adolescents in developing countries (15-19 years) give birth every year, many of which are unplanned pregnancies. An estimated 33 million young women (15-24) years have an unmet need for contraception.

In India also, abortion below the age of 18 years is considered as a result of rape even if sex was consensual, sex education was ‘banned’ in Bharatiya Janata party-ruled States some years ago when the Centre decided to include it in the curriculum and adolescent counseling centres are often described as ‘adolescent friendly centres’ in public health facilities. And these are things which are hardly ever discussed at home. Just to add, though India has one of the most liberal abortion laws in the world with no age limit for seeking abortion facilities, but the new tough anti-rape laws make it mandatory for a healthcare provider to report any abortion below the age of 18 years to police as a case of rape.

The UN report calls on countries in the region to urgently expand and improve sexual and reproductive health services as well as comprehensive sexuality education for young people. Many young people also face major physical, socio-economic and cultural barriers to accessing services, according to the report, “Sexual and reproductive health of young people in Asia and Pacific: a review of issues, policies and programmes.”

‘Without knowledge, information and access to quality care, young people face far bigger risks of unwanted pregnancy, unsafe abortion and sexually transmitted infections, including HIV,’ said Yoriko Yasukawa, UNFPA’s Asia-Pacific Director. “Development and globalization are helping to change attitudes to sex and relationships, so policies, programmes and laws on sexual and reproductive health must be reviewed and improved to acknowledge and reflect this reality, and best meet young people’s need.” She said while releasing the report.

According to the report close to 11 million unsafe abortions took place in the region in 2015, and 34 per cent of these were performed on women under 25 years of age. Up to 63 per cent of adolescent pregnancies in Asia-Pacific are unintended, leading to further, larger numbers of unsafe abortions, which are often unreported.

Higher risk behavior, including early sexual debut, multiple partners and sex under the influence of alcohol, are prevalent in some countries, and up to 10 per cent males and 20 per cent of females report having had a sexually transmitted infection or symptoms in the last 12 months, the report said. An estimated 620,000 youth (15-24) are living with HIV across the region.

“`We need to abandon once for all the idea that leaving young people in ignorance is going to stop them from having sex or that talking about is going to make them have sex,”’ said Yasukawa. “Ensuring their right to good information and services – and also the right to talk about sex—is the only way to help young people make responsible decisions about their own sexual and reproductive health, about how to treat and relate to their partners and about their future.’”

The Wire: Men, the Weak Link in the Push for Contraception and Sterilisation
2 February 2016
By Aarti Dhar
The Moroccan Sultan, Moulay Ismail ibn Sharif, who ruled between 1672 and 1727, is said to have fathered over 800 children from four wives and more than 500 partners. There were no contraceptives then but even now men have a very unimpressive track record of contraceptive use and even worse when it comes to sterilisation.

The latest data from the fourth round of the National Family Health Survey (NFHS-4) suggests that women continue to bear the burden of contraception, with female sterilisation accounting for 34% of total modern methods of contraception but less than 1% of men opting for a vasectomy, which is the most reliable form of birth control.

The data for 15 states and union territories shows that not a single vasectomy was done in Tamil Nadu, Puducherry, Goa and Andaman and Nicobar Islands in 2005-2006, when the third round of NFHS was conducted. In Karnataka, Andhra Pradesh, West Bengal, Bihar and Tripura, just about 0.1% of men had undergone vasectomy. In almost all states and UTs for which data has been released, less than 1% of the population had undergone vasectomy; Sikkim was the only exception with 3.4% – 1.6% in urban areas and 4.3% in rural areas. Yet, even this was less than NFHS-3 figures where the overall fraction was 4.5%.

A study conducted by Emily Jane Sullivan of London School of Hygiene and Tropical Medicines on “Motivation and barriers to vasectomy in low and middle income countries: A literature review” (PPTX) in 2014 highlighted some interesting myths and beliefs surrounding vasectomy. The most common were that it would impact the virility of men as it meant castration, and loss of authority in family and community circles. Even many among those who genuinely volunteered were ridiculed or turned away by the providers. Women, too, sometimes opposed vasectomy for the fear of men seeking other partners.

The minuscule number of men who actually opt for vasectomy do it primarily for economic reasons, if they have more than the desired number of children, and sometimes if the wife’s health does not allow her to undergo tubectomy or adopt any other form of contraception. Some men also believed it would improve their love-life with their wives and other partners. The role of the spouse here is also significant. In certain cases, the wife permits the husband to undergo vasectomy because she is aware of his partners outside marriage and does not want him to procreate.

Vasectomy is a simple surgical procedure performed under local anaesthesia. It is more effective, cheaper and requires less than day’s rest following the procedure, unlike with tubectomy. Despite this, only 3% of men using modern methods of contraception opt for vasectomy globally. This number is at 1% in low- and middle-income countries. Only six countries in the world have higher rates of vasectomy than tubectomy, with Canada leading at 22%.

Sullivan’s study was based on literature published between 1980 and 2014 from Iran, Kenya, Mexico, Nepal, Nigeria, Philippines, Rwanda, Sri Lanka, Tanzania, Bangladesh, Costa Rica, Ghana, Guatemala and India.

Even if sterilisation as a permanent method of family-planning has been popular in India, the morbidity associated with its after-effects, when done badly, have also been widespread. Shaken by the death of over a dozen women during a tubectomy camp in Chhattisgarh in 2014, the government has now decided to focus more on promoting vasectomies and announced that no special sterilisation camps, either by the government or private sector, will be allowed, and that all such procedures will be made available at designated health facilities on fixed days throughout the year.
The government has also increased the basket of contraceptives by offering injectables, progesterone-only pills (POP), and once-a-week non-steroidal birth control pills that will be rolled out from April 1. “We want the woman to decide when she wants to have a child and which contraceptive suits her best,” Union Health Minister J.P. Nadda announced at the Fourth International Conference on Family Planning held during January 25-28, 2016. The injectable contraceptives had been pending approval for the past 15 years following opposition by women’s groups over its side-effects.

While the government’s efforts tend to encourage women to opt for delaying and spacing births instead of restricting their family size, it is already providing sterilisation facilities on fixed days at Primary Health Centres with the help of dedicated mobile teams through the year. This eliminates the need to conduct camps, and ensure safe and immediately accessible options are available for those who want to avail it. The beneficiaries will also be provided drop-back services.

S** education

However, an issue lies with the government’s ambitious campaign on family planning that is to be rolled out in a couple months, with words like ‘sex’ and ‘intercourse’ having been left out of advertisements targeted at adolescents. “We are just being sensitive to faiths and not censoring. The idea is to engage with more and more people,” says Feroz Abbas Khan, the producer.

Khan believes he has gone “far” in Saathiya, a game for adolescents integrated into Main Kuch Bhi Kar Sakti Hoon (‘I, a woman, can do anything’), a TV show produced by the Population Foundation of India, which holds discussions on adolescent issues by bringing together boys and girls – the sort of forum not usually possible in rural settings. When one of his clips was reviewed by the health ministry, he was asked to replace the word sambhog (intercourse) with sharirik sambandh (physical relations). But Khan had no issues with this because it was meant for Doordarshan, a government-funded public service broadcaster.

“In our short films, we have challenged the hierarchy and patriarchy in some way. But all this was done after thorough research in the rural settings and we found that the youth were ready to open up,” he said. Episodes from the show explore health issues in the context of each person’s cultural norms.

The government also intends to pay special attention to two ‘red states’, Uttar Pradesh and Bihar, which pull down the national average on all social indicators. Twenty-four states and UTs – or 50% of the country’s population – have reached the total fertility rate of 2.1 or less but it continues to be very high in Bihar (3.4) and Uttar Pradesh (3.1). The aim is to help these states reach 2.1 by 2019.

According to NFHS-4, close to 60% of births in India (16 million) have birth intervals of less than six months; 24% (6.5 million) are third or more in the order of births; and 6.3% (1.7 million) are in the age group of 15-19 years. Even worse, the overall contraceptive use is just about 52% (i.e. of the population using it) while 21.3% reported an unmet need.

Antara News: President determined to promote village family planning program
26 January 2016
President Joko Widodo (Jokowi) determined to promote programs Village Family Planning (KB) throughout Indonesia to significantly reduce the dropout rate participation planning program.

"We approach the village family planning across Indonesia are expected to reduce significantly dropout rate participation the family planning program, "the president said when addressing the International Conference on Family Planning (International Conference on Family Planning / ICFP) in Nusa Dua, Bali, on Monday, as quoted from the press release Communications Team President.

To face these challenges, said the President, the Indonesian government will always encourage action program locally by involving the citizens. According to him, the village family planning can increase the use of contraceptives long term, because contraception short term such as pills and injections, acceptor often forget to use so dropouts Family planned to be increased.

"The government-run health program also includes the cost of family planning that is affordable or even free for couples KB," said the President.

As an illustration, the population growth rate of Indonesia in 2010-2015 at 1.32 per cent. This means that, every year residents Indonesia grew about 3 million inhabitants with an average birth rate per woman, between 2 to 3 children.

The Indonesian government, he added, is working hard to revitalize the family planning program because of the challenges and responsibilities faced by Indonesian families ahead will be even greater.

Indonesia is predicted to obtain demographic bonus in 2020-2030 in which the productive age population with very large while the smaller young age and old age have not been many.
"So the mother is getting wise and powerless to determine when they will have children. Also the safe delivery so that the mother and baby have the best chance for a healthy life, "said the President.

The Head of State also warned that the generation of quality, character, whose noble character, whose love of man can only be born to healthy mothers, while children sound comes from a family of healthy and prosperous. Therefore, the president said, family planning, maternal health, family health and well-being, become very important.

"Family Planning into a strategic investment to ensure the health of future generations, to ensure the achievement the goals of sustainable development and to achieve global security, and prosperity of the world, "said the President.

The President realizes that the progress made in family planning in the world today is thanks to the hard work, due diligence, and thanks to the leadership of sincere people, including their attendance at international conferences that.

"Indonesia was honored to host the International Conference on Family Planning (ICFP) now and feel proud of the presence of brothers," he said. At the same occasion the President also explained that the government provide training to thousands doctors and housewives to educate people about family planning.

"We also encourage the involvement of women in Indonesia who are members of the PKK movement as a driving force integrated health, family planning programs and in moving welfare programs families in all villages in the country," said President.

Moreover, the government will also encourage local authorities to improve the socialization and education of family planning, and to make family planning a priority programs in each City / County throughout the country.

President and invited world leaders, citizens of the world to take immediate steps real needed to realize healthy mothers, healthy children, healthy families, and prosperous. "Only then, we will be able to realize the planet into a better life," said the President.

The President Jokowi also reminded Agenda Sustainable Development which has been ratified by world leaders at the United Nations in November 2015, where world leaders are required to build the desired planet in 2030.

"The development objective has been to unite us globally," he said. However, the President believes that in order to achieve the global goal, all parties must do actions and programs of action that is local to the villages, up to the villages.
With research and research is expected to produce good quality data about the achievement of targets in the field of family planning programs.

BKKBN head Surya Chandra Surapaty and President of the Global Development Program, the Bill and Melinda Gates Christopher Elias and JHU party to discuss the continuation of this cooperation on the sidelines of the International Conference on Family Planning or the International Conference of Family Planning (ICFP) 4th held from 25- January 28, 2016 in Nusa Dua, Bali.

In addition to the PMA, in this meeting BKKBN and JHU also agreed to expand the My Choice program, which is an idea to encourage long-term use of contraceptive methods by providing a rational freedom to the user to select the type KB KB is needed.

Surya Chandra said, PMA is a special monitoring to measure the performance and accountability of family planning programs in each region in Indonesia. In 2015, the monitoring carried out in South Sulawesi representing all the provinces to describe the national conditions, while Makassar representing 526 districts / cities in Indonesia.

"The purpose of this program is to determine the extent of the target population and family planning program has been reached," said Surya.

Acting Deputy BKKBN Family Planning and Reproductive Health, Sanjoyo, added that this year is round the PMA is a brief survey, not as big as Demograasi and Health Survey Indonesia (IDHS).

This year is the second round cooperation with JHU assembled BKKBN this PMA. PMA implementation is expected to absorb a budget of around Rp54 billion. Bill and Gates Foundation support the PMA program in terms of budget, which is channeled through the JHU.

Berita Satu: **Local governments' commitment should be a measure of KB success**
28 January 2016

**Nusa Dua** - Global commitment to KB or family planning (FP) is considered useless without operational commitments of local government. Especially when associated KB as an instrument for achieving Sustainable Development Goals (SDGs) in 2030, then pemdalah which has the majority of resources to realize the program. Therefore, the local government's commitment must be measured and the results are evident in the indicators as in SDG.

It was delivered by the Head of the Demographic Institute of the University of Indonesia (LDUI), Sonny Harry Harmadi, in his presentation at the International Conference on Family Planning (ICFP) 4th in Nusa Dua, Bali, on Thursday (28/1). Sonny said, the challenges of today's family planning program is different. Not enough just to jargon two children are enough, or come join KB.

"Regional autonomy has led to governments becoming very important role, not only the commitment of the central government. In fact, the achievements of family planning programs are stagnant in recent years showed lower local government's commitment to this program, "said Sonny.
Sonny said, the President's statement at the opening ICFP Joko Widodo, Monday (25/1) is very clear that absolute KB investment, and the government should prioritize in the entire region. Now it depends on the ministers and heads of regions to translate the President's commitment.

Similar delivered Chief Executive of the Association of Practitioners and Experts Demographics, Sudibyo Alimoeso. According to him, global commitment to family planning should be accompanied by operational commitments at the district / city. Without commitment, the implementation of family planning in the area more severe. That commitment, among others, reorganize institutional KB in the area. Currently it is unclear institutional, where most areas are still combining business planning with other areas, such as women's empowerment, sports, and more.

Other commitments in terms of funding. When given authority as the executive affairs of family planning in the region, funding should also be the responsibility of local government, no longer dependent on the center. Central budget itself is limited to conduct a comprehensive effort, which largely to buy contraceptives.

To support the commitment of the local government, the National Family Planning Coordinating Board (BKKBN) should promote re-partnering with other policy makers, especially those directly related to the area, such as the Ministry of Interior and the Ministry of Rural Development of Disadvantaged Regions, and Transmigration and the private sector. "We need to build awareness that the program was not confined to the BKKBN. The Ministry of the Village can use village funds for family planning services, and Kemdagri could encourage counties and cities to implement its authority, "said Sudibyo.

According Sudibyo, local government's commitment is also important for the sustainability of programs that have been launched central government. He pointed out that the village family planning program launched President in Cirebon, West Java, recently, would not continue if no financial support from the government. "When a village is declared as a village family planning all the projects will go in there. But the question is for how long, when removed who continue. What about the villages that do not belong to the village of birth, whether considered successful and sustainability are not considered anymore," said Sudibyo.

Berita Satu: Country Success Stories in KB Program
27 January 2016

[NUSA DUA] Family Planning (KB) is recognized as having made a major contribution to economic development in almost all countries. Now, the family planning program is believed to be an important instrument in achieving Sustainable Development Goals (SDGs) in 2030.

In many countries, family planning programs not only managed to control the population, but the quality is also getting better. Here, the success story of a number of countries in implementing the family planning program, which is delivered on the second day of the International Conference on Family Planning Program or the International Conference on Family Planning (ICFP) 4th in Nusa Dua, Bali, on Tuesday (26/1).

Ethiopian Health Minister, Hon Dr. Kesetebirhan Admasu, say, in 2000 only a few of couples of childbearing age use contraception, because the distribution of health facilities (faskes) remains
centered in urban areas. The Government then makes equalization faskes throughout the area in order to reach all residents.

"Movement to reach all the people starting from 2003, starting with the expansion of services to children and mothers through family planning programs, control of non-communicable diseases, and sanitation," he said.

The result, he said, the total use of contraceptives or CPR increased to 42% of couples of childbearing age. A big jump in the last 14 years. In addition, millions of women have access to family planning services and the use of modern family planning.

Nevertheless, said Hon, they still face a major challenge to reach nomadic or nomadic communities, whose lives are always moving.

Another challenge, with increasing participation KB automatic increases contraceptive needs. Governments are required to retain the commitment of its budget, while the price of contraceptives popular in Ethiopia is quite expensive.

Finance Minister, Bambang Brodjonegoro, said the post-reform actually reduced attention to family planning, because the program is considered a relic of the new order. This transition causes the birth-death program from 1998 to 2002.

However, in recent years, the government realizes the importance of family planning contributes to the improvement of the economy. The idea of two children has become a basis for economic policy to date. Indonesia then transformed from a low-income country into a middle-income country.

"And the key to the success of family planning programs into it. And all countries also recognize that the transformation of all the countries are planning," he said.

Furthermore, Bambang said, the family planning program cannot be separated from Indonesia's economic development strategy. Without birth control, this nation will not have a good population structure. Population should be an asset not a burden.

"With two children, resources can be diverted to more, so that these children can become productive young children and can be quickly absorbed quality jobs," said Bambang.

Minister of Health and Family Welfare of India, Jagat Prakash nadda, say, has the second largest population in the world, which is about 1.2 billion people is the biggest challenge for the Indian government. Not to mention the area of 36 states became a big challenge.

Even so, through the family planning program of India managed to reduce the total fertility rate (TFR) or the total fertility rate to 2.3. A total of 24 of the 36 states have fallen to 2.1. It means that the average woman had only two children.

Steps were made, among others improve family planning services to women, and also give them the opportunity to choose their own type of contraception is desired, and birth spacing.

Intervention was also conducted on all the human life cycle as a national strategy. For example in the teenage years, they made sure the girls have good nutrition, and deficient red blood cells.
They have a program giving folic acid supplements every week to girls through adolescence. Supplementation is also given to pregnant women and ensure their children receive good nutrition, and after birth the baby getting 11 types of immunization. This attempt to reduce maternal mortality.

Minister of Health and Social Action Senegal, Awa Marie Coll-Seck, said that the family planning program in the country is quite successful because of the strong commitment from the president down to local leaders, including executives. This can be seen from the operating budget KB doubled. They also add to midwives up to 10-fold.

Berita Satu: Increased Budget for KB Program
27 January 2016

[NUSA DUA] Finance Minister Bambang Brodjonegoro said this government gives special attention to the Population and Family Planning program (KKB). KKB is an investment program to achieve the target Sustainable Development Goals (SDGs) by 2030.

Attention by raising the budget for the health sector to reach 5% of the state budget, or about Rp106 trillion in 2016. Most of the health budget to support the program progress KKB.

"SDG many indicators, especially health, education and general welfare of society. For health we are committed to increase the budget in accordance with the mandate of the Health Act that is equal to 5 percent," he said when speaking at a forum International Conference on Family Planning (ICFP) which was attended by around 4,000 participants from 114 countries at the Bali Nusa Dua Convention Centre (BNDCC) Nusa Dua, Bali, on Tuesday (26/1). In this event, the minister together with the ministers from several countries spoke about the government's commitment to family planning programs in each country.

KKB program, said Bambang, also benefited from the increase in the health budget. Because, by the Ministry of Health's budget will be allocated for the improvement of hospital services, the addition of medical devices, and health workers, which would also support the smooth running of the family planning program.

Furthermore, Bambang said, the increase in the health budget is also associated with the preparation for Indonesia face a demographic bonus that the peak is expected to occur in 2030.

"Indonesia will experience a demographic bonus until 2030, where the figure is very low dependence, and we have a very large population of productive age. The question is now how to utilize them as a source of economic growth," he said.

In the same occasion, Chief of BKKBN Surapaty Surya Chandra, said, BKKBN budget each year continues to increase. This year BKKBN received an allocation of Rp3,86 trillion, up from Rp 3.2 trillion in the previous year.
"Most of the BKKBN budget sent to the area for Operational Costs KB (BOKB). This BOKB to turn the program in the area, including the village of KB. The budget for activities in the village, such as coordination meetings, the cost of family planning, and operational immediately, "said Surya.

As known, the BKKBN budget increase in 2016, among others, to increase collateral availability of contraceptives amounting to Rp225 billion, the addition of family planning services targeted mobilization of long-term contraceptive methods Rp18.9 billion, and the strengthening of operational mechanisms mobilizing field line Rp176.1 billion.

In addition, to meet budget shortfalls salary and benefits as well as regular maintenance to increase energy financing needs outsourcing the appropriate minimum wage amounted to Rp46 billion.

In addition to the state budget that the Board received an additional budget through the Special Allocation Fund (DAK) amounting to Rp210 billion, or 35 percent. Thus the budget DAK-KB in 2016 to Rp 819 billion, up from Rp569 billion in 2015.

Budget for it for a while have been distributed to 470 districts / cities have submitted proposals to the Ministry of Finance, Bappenas and BKKBN. Thus, the total budget for the program of Population, family planning, and family development in 2016 reached 4.7 trillion.

Berita Satu: Dato Sri Tahir Receives 2016 Global Humanitarian Award
27 January 2016

[NUSA DUA] President Joko Widodo give a medal Global Humanitarians Award for Women and Children Health or the Global Humanitarian award for Women and Children to the philanthropic international level for their dedicated high against the Family Planning (FP). Among these is the founder of Mayapada Group, Dato Sri Prof. Tahir.

The award was presented by President Joko Widodo to Dato Sri Tahir at the opening of the forum International Conference on Family Planning (ICFP) 2016 in Bali Nusa Dua Convention Centre (BNDCC), Nusa Dua, Bali, on Monday (25/1).

In addition to Dato Sri Tahir, the President also handed the award to Sir Christopher Horn judged to have support improved child nutrition and maternal health. Other recipients are Faisal and Nafi Arif from Pakistan, which has given its CSR for community service. Meanwhile, Sri Dato Tahir judged to have supported and contributed greatly to the education and health of children in the world.

"Global Humanitarian Award is given to individuals who have kemimpinan, donate their wealth to support family planning programs, reproductive, maternal and child health," said Director and Senior Scientist of the Bill and Melinda Gates Institute, Jose Oying Rimon II.

Oying say, as an entrepreneur, Dato Sri Tahir principle always put service to the community. Forming foundations that provide health care and education for children.

In 2013, Tahir partnered with the Bill and Melinda Gates pledges US $ 200 million, or respectively US $ 100 million. As many as 75% of these funds to support the prevention of tuberculosis HIV / AIDS, malaria.
and removing polio in the world. A total of US $ 30 million for family planning programs in Indonesia and other Asian countries. In 2014, Dato Sri Tahir also help shape Indonesia Health Fund.

Dato Sri Tahir in his speech said that this award is an honor for him. According to him, as a son of the nation, he has a lot to enjoy the life of this country. Therefore, have an obligation to dedicate her life for the nation.

"I have taken many of these countries. I was born and raised here, enjoying a lot of things. Therefore I have to give back to the community, it was a logical consequence, nothing special, "said Tahir.

Tahir hoped, awards like can inspire people to do more to its surroundings. Tahir also stressed, comes from a very humble family, made aware of how to live a shortage. Conditions that make it personal always wanted to share a blessing for others.

Vice President Director of PT Pan Brothers, Anne Patricia Sutanto, adding, IHF are shaped by Dato Sri Tahir in 2014 and made a major contribution to overcoming a number of diseases in many countries.

Seven Indonesian businessmen who are members of IHF is targeting US $ 5 million over five years, and will be donated in 2015-2020 to support the prevention of HIV / AIDS, malaria, and KB. This fund will provide assistance to wipe polio worldwide.

In addition to improving access to family planning services for women, IHF also made two planning projects in 12 districts / cities for 3 months. Also trained 50 midwives to install safe contraception.

Berita Satu: Demographic Dividend Could Accelerate Development of Indonesia
26 January 2016

Jakarta - Minister of Finance Bambang PS Brodjonegoro believe, the demographic bonus that Indonesia can make a real contribution to the acceleration of sustainable development. This he expressed in the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, Bali, on Monday (25/1).

The minister said that as the country with the fourth largest population in the world, Indonesia has 64% of the population in the productive age range. Therefore, Indonesia has the potential to achieve sustainable economic growth by utilizing the demographic bonus, mainly from increased productivity of young workers.

In response, the Indonesian government was addressing this issue through the two pillars of the economic policy framework, namely human resource development and inclusive growth.

"Development of human resources include an increase in high-quality education, relationship education with industries, skills training, innovation, and productivity," he said as quoted by the website of the Ministry of Finance, on Tuesday (26/1). Meanwhile, the inclusive growth include anti-poverty policies, social protection and financial inclusion.

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Berita Satu: **Increased Budget Commitments to Family Planning Program**  
26 January 2016  
*By Dina Manafe*

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Forum was attended by around 4,000 participants from 114 countries was held in Bali Nusa Dua Convention Centre (BNDCC), Nusa Dua, Bali. In the event of this, the minister together with the ministers from several countries spoke about the government's commitment to family planning programs in each country.

KKB program, said Bambang, also benefited from the increase in the health budget. Because, by the Ministry of Health's budget will be allocated for the improvement of hospital services, the addition of medical devices, and health workers, which would also support the smooth running of the family planning program.

Furthermore, Bambang said, the increase in the health budget is also associated with the preparation for Indonesia face a demographic bonus that the peak is expected to occur in 2030.

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Berita Satu: **KB Investment Survival Keeps Economic Growth**
26 January 2016

Jakarta - President Joko Widodo (Jokowi) said investments in family planning (FP) becomes an absolute necessity to sustain the economic growth of a nation.

"Once again, investment in family planning is absolutely essential. Stigma in women, discrimination and even violence against women must end," the president said during a speech Jokowi at the International Conference on Family Planning (International Conference on Family Planning / ICFP) in Nusa Dua, Bali, on Monday (25/1).

Conference was initiated by the Bill and Melinda Gates Foundation through the Bill and Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health, will run until 28 January. In addition to involving the governments of various countries and international institutions in the field of population, family planning, reproductive health and gender, the conference also included activists of social organizations, experts and practitioners in the field of reproduction.

The conference was first held in 2009 in Uganda, Ethiopia and attended by some 2,000 participants from different countries. The second and third conference held in Senegal and Ethiopia in 2011 and 2013. In this year, the number of participants reached 3,400 people from 114 countries. This event took place on 25-28 January 2016.

President Jokowi through a written statement received by *Investor Daily*, said the government together with the community in various countries are required to act and the action program are local to the villages and villages. The Government of Indonesia, continued Jokowi, continue to strive to revitalize the family planning program. The policy was adopted to address the growing challenges and responsibilities facing families in Indonesia.

Mentioned, in the period 2020-2030, Indonesia is predicted to get a demographic bonus, where the population of productive age are very large in number than the young and elderly. "The Indonesian government is pushing a program of action that is local, involving the participation of citizens. We approach the village of Family Planning in Indonesia is expected to substantially reduce the drop-out rate participation of the family planning program," said President Jokowi.
Mangupura - Achievement of Family Planning (KB) or family planning in Indonesia still needs to be optimized. It refers to the total fertility rate (TER) is still stagnant in the last 10 years, unmet need in figure 11.4, and the contraceptive prevalence rate (CPR) in figure 61.9.

This was said by the Coordinating Minister for Human Development and Culture (Coordinating PMK) Puan Maharani in the International Conference on Family Planning in Nusa Dua, Badung, Bali, on Tuesday (25/1). Puan asserted, Indonesia faces numerous challenges in the success of family planning programs, but already there is a strong commitment to get it done.

"Indonesia is facing many challenges and we have a strong commitment to get it done," said Puan.

Described, there are some things that the Indonesian government's agenda related to family planning and reproductive health programs as outlined in the National Medium Term Development Plan (RPJMN) 2015-2019. Agenda, among others, to increase access to and quality of family planning services are equitable, adolescent development, enhancing the effectiveness of advocacy as well as Information and Education Communication (IEC), the strengthening of the role and functions of the family, as well as institutional strengthening of family planning (FP).

Indonesian government's commitment, said Puan, demonstrated through policies, programs and funding, harmonious and synergistic coordination between central and local government, mobilize the community, as well as good cooperation with global and private sector based on the spirit of mutual cooperation.

"Thus, we believe that the family planning program to be successful," he said.

PMK Coordinating Minister also explained, the right for every community to have a family and the family must live in prosperity. Therefore, the development community in Family Planning Movement in Indonesia is directed also on providing understanding to the community that the family must plan how to live a prosperous family, planning a family economic independence, family planning educated, and healthy family planning.

"The success of family planning programs that will benefit future generations and the state in managing a more prosperous life," he said.

The international conference was also attended by the President of Joko Widodo (Jokowi), the relevant ministers from 10 friendly countries, former President BJ Habibie, a number of ambassadors, Minister of Women, Mother and Child, Joanna Yambise, and Cabinet Secretary Pramono Agung.

On the occasion, Puan also explained that the International Conference on Family Planning that lasted for four days was attended by 4,374 participants from 114 countries. Details, 3,448 participants from abroad and 926 people from within the country.

"This is the most participants of an international conference on the implementation of the three together before," said Puan. This conference intends to strengthen Indonesia's commitment to family planning programs, exchange of information, learning and expansion of knowledge about contraceptive technology development, as well as various aspects of family planning programs.
"At the same time show the world that Indonesia is committed to the advancement of family planning programs globally," he said. Therefore, the theme was Global Commitment, Local Action.

Ready for Competition

Meanwhile, President Jokowi asserted, the world has now changed, the more extreme and complex. World like that need to be dealt with quality of life is good and ready to compete. The Head of State said that family planning should produce healthy mothers and children. Family planning is a strategic investment, ensure future generations are able to compete, and of course the prosperous.

"Indonesia must revitalize the family planning program," he said. Therefore, the President Jokowi encourage the dissemination of family planning programs and the PKK movement. He wants to make sure all health programs for mother and child go into the villages and the villages.

"Investing in family planning is absolutely essential. I repeat, investing in family planning is an absolute, "the president said. Jokowi called on all parties to put an end to the various forms of discrimination against women and to take immediate concrete steps. Without concrete steps, he considered various programs vain.

Pertumbuhan rate is currently at 1.32% of Indonesia's population, or 3 million people a year. On average there are 2-3 children born to a mother. The government hopes that family planning programs can reach all levels of society forward at a reasonable cost or free of charge wherever possible.

"I hope this program encourages local governments," he said.

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In addition to Dato Sri Tahir, the President also handed the award to Sir Christopher Horn judged to have support improved child nutrition and maternal health. Other recipients are Faisal and Nafi Arif from Pakistan, which has given its CSR for community service. Meanwhile, Sri Dato Tahir judged to have supported and contributed greatly to the education and health of children in the world.

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Oying say, as an entrepreneur, Dato Sri Tahir principle always put service to the community. Forming foundations that provide health care and education for children. In 2013, Tahir partnered with the Bill and Melinda Gates pledges US $ 200 million, or respectively US $ 100 million. As many as 75% of these funds to support the prevention of tuberculosis, HIV / AIDS, malaria, and removing polio in the world.

A total of US $ 30 million for family planning programs in Indonesia and other Asian countries. In 2014, Dato Sri Tahir also help shape Indonesia Health Fund.

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"I have taken a lot of the country. I was born and raised here, enjoying a lot of things. That's why I have to give back to the community, it was a logical consequence, nothing special," said Tahir.

Tahir hoped, awards like can inspire people to do more to its surroundings. Tahir also stressed, comes from a very humble family, made aware of how to live a shortage. Conditions that make it personal always wanted to share a blessing for others.

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In addition to improving access to family planning services for women, IHF also made two planning projects in 12 districts / cities for three months. Also trained 50 midwives to install safe contraception.

Berita Satu: Jokowi: KB Program Absolutely Must be Implemented
25 January 2016
By I Nyoman Mardika

Denpasar - President Joko Widodo said Family Planning (KB) to the front face tough challenge because increasingly complex problems. Therefore, the necessary quality of life through healthy mothers who will give birth to generations of virtuous.

"The challenges are severe in the program make the government continues to improve the quality of the population by revitalizing. I emphasize again that the national family planning program absolutely must be implemented, "said Jokowi in his address during the opening meeting of the International Conference on Family Planning (ICFP) to 4 which is housed in BNDCC Nusa Dua on Monday (25/1).

ICFP meeting attended by 3,374 participants from various countries which was delayed 2.5 months due to the eruption of Mount Merapi in Bali. Jokowi addition, the event was also attended by former President Prof. BJ Habibie, a Cabinet Minister Labour and Bali Governor Made Mangku Pastika. The meeting which was held two days until Tuesday (26/1) discusses some of the issues related to family planning in the world, including Indonesia.
Jokowi’s implementation of family planning programs bring substantial benefits to the formation of the younger generation of quality. This was to encourage the realization of the development goals that bring prosperity to the world. "Advances in family planning thanks to the hard work and leadership of the people sincerely like the audience all present at this conference," said the Head of State gave appreciation.

According to him, the growth of Indonesia’s population is relatively high, reaching 1.32 percent indicate they need real steps success of family planning programs. Action by establishing a village family planning is one way to reduce women breaking KB.

In addition it said Jokowi, socialization use long-term contraception, the installation of an inexpensive contraceptives and increasing the role of health personnel on the importance of family planning. The local government was also asked to continue to disseminate family planning as a priority program. "KB Investment is absolute," he said.

Jokowi president also asked the stigma of violence and discrimination against women is stopped. To that end, Jokowi also accompanied by First Lady Iriana Joko Widodo asked that implementation of ICPF this time can lay the foundation and vision care services as well as the use of contraceptives, so that women increasingly wise determine the time of pregnancy.

While the Coordinating Minister for Human Development and Culture Puan Maharani expressed his appreciation for the organization of conferences of this world. ICPF plays an important role as a forum to exchange ideas, share experiences and exchange information on the development of family planning in various parts of the world and the development of contraception.

Beritagar: Karanganyar example of international family planning
26 January 2016
By Bonardo Maulana Wahono

International congress that set questions about the particulars of family planning being held in Nusa Dua, Bali.

President Joko "Jokowi" Widodo officially opened the International Conference on Family Planning (ICFP) is on Monday (25/1) with a speech that emphasized the role of family planning as "strategic investments to ensure future generations, to ensure the achievement of the objectives sustainable development, to achieve global security, and prosperity of the world."

Jokowi principles promoted in the press conference related to the Kampung program KB (Family Planning) that he uarkan some time ago. While inaugurating the first KB Kampung Dusun Jenawi, Cirebon, in mid January, Joko Widodo President instructed the governors and regents / mayors throughout Indonesia for the realization of such villages in their respective areas.

"Planning a family for the next generation is very important to realize that quality family life," he said at the time.
Prior to the conference, the committee held an event field trips for 23 delegates from 14 countries participating ICFP to Karanganyar. The area was an option because it is considered a successful run family planning programs through advocacy Advance Family Planning (AFP), as Director of AFP Duff Gillespie.

AFP is an initiative that one of its objectives to revitalize the family planning programs in developing countries through increasing the fund more effective, increased commitment at the local, national and global. This program was introduced in Indonesia in 2011.

Reported by CNN, AFP Karanganyar new to around 2012. At that time, KB is not the top priority there. "In 2011, funding for family planning is only Rp 96 million. The field officer is also limited. One PLKB (Family Planning Field Officers) 3-4 oversees the village," said Any Indrihastuti, Head of Women Empowerment, Child Protection and Family Planning (BP3AKB) Karanganyar.

According to him, the type of injectable contraception most widely selected by the FP at the time. (Data from official government page shows the user Karanganyar contraceptive injections on active family planning participants amounted to 61.82 percent, and 61.71 percent of new family planning acceptors).

However, after a sustained program AFP - through Yayasan Cipta Method Mix (YCCP) - KB in Karanganyar program began to grow. The local government did not hesitate to give support.

For the sake of continuity of programs this KB, leader Karanganyar issued five special regulations:

1. decree No. 476/286 2015 on the implementation of population and family planning program
2. Regent Regulation No. 18/2015 on guidelines for the establishment of public health institutions in the field of KB
3. Regent Regulation No. 42/2015 on the development of family resilience
4. Regent Regulation No. 476/68 2015 on the establishment of sub-maid servants and family coaches village (PPKBD and sub-PPKBD)
5. Regent Regulation No. 41/2015 on the instructions for use village funds to promote family planning programs

Increased local budgets for family planning programs also increased. In 2015, the allocation of the budget reached Rp 2.4 billion earlier than Rp96 million.

Moreover, according to Karanganyar Regent Juliyatmono, the number of people who follow the family planning program in 2015 to reach 22 998 families, well above the target set, namely 19 117 families.

In August 2015, the district ranked first in the race of Family Planning Long-Term Contraception Method (LTM) national level. Karanganyar rid of Banten and Lampung which often tops.
Nusa Dua, the World Health Organisation (WHO) noted that 32-62 percent of new mothers do not get access to contraception. Similar conditions also occur in Indonesia.

"In Indonesia, there are 5 million births per year, we have not been optimally utilize post-partum FP (Family Planning)," said Sudibyo Alimoeso, Chief Executive of the Association of Practitioners and Experts Demography Indonesia (IPADI) on the sidelines ICFP (International Conference on Family Planning) 2016, Thursday (01/28/2016).

Sudibyo said the need for contraception is not met (unmet need) on post-partum (0-11 months after delivery) in Indonesia is still quite high. To overcome this, the role of health professionals and family planning officer is needed since ante natal care or prenatal.

The same opinion was also submitted by the Director General of Nutrition and Maternal and Child Health (MCH) of the Ministry of Health, Dr. Anung Sugiantono, Kes. According to Dr. Anung, FP post-partum potential to improve retention of FP.

"In Indonesia, 90 percent of births were handled by health personnel. Should FP post-partum can be optimized," said Dr. Anung, met at the same event.

WHO calls, FP post-partum provides an opportunity for mothers to determine the number and spacing. Lowering unmeet need is expected to reduce maternal mortality by 30 percent and infant mortality by 60 percent in women with a spacing of less than 24 months.

In ICFP 2016, WHO also released 'WHO Post-Partum Family Planning Compendium'. The first guide to family planning post-partum is intended to assist women in determining the choice of appropriate contraception after delivery.

"Compendium of new WHO is the first. Health care providers can now quickly access information needed, and got the better tools utuk provides guidance for women post-partum in choosing contraception," said Mary Lyn Gaffield, scientists from the Department of Reproductive Health WHO.

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The initiative to involve the transport driver in the socialization of contraceptive use in Ghana much to change. In the past, when they gathered more talk about football and politics. Now, the topic of conversation about condoms and family planning.

Owusu explained, there are about 92 drivers in four districts examined. The involvement of the driver who then called 'human condom' or 'condom man "to make the issue of contraception more easily accepted.

The majority of local residents are very devout Christian. Various breakthroughs were made around the world to campaign for contraception. In addition to limiting the population growth rate, the reason of maternal and child health is also an important consideration for the campaign.

If in Ghana this campaign involves bus drivers and taxi drivers, in Bali, mothers traders and porters Badung market are also heavily involved in similar activities. Incorporated in Foundation Rama Sesana (YRS), these mothers actively educate fellow traders and visitors of the market.

"The majority of low-income women in Bali did not have access to health information and health services at a reasonable cost," said Director of YRS, dr Luh Putu Upadisar alias Dr. Sari.
Karanganyar, Indonesia really had tasted the sweetness of success of the Family Planning (FP) in the New Order era. But in recent decades, no longer echo was felt even socialization continues to run. Apparently, the issue of decentralization of leadership that began in advance whether or not the family planning program is largely determined by the policies of the respective heads of regions. Therefore, a specific approach to local government is considered crucial. A program called Advance Family Planning (AFP) was introduced in Indonesia in 2011. The program is in the form of advocacy to the government in districts / cities in Indonesia in order to provide more support to revitalize family planning. "Statistically stagnant right because of decentralization. Therefore, we are helping the government to revitalize the family planning program, whose name AFP Approach," explained Inne Silviane as Executive Director of Yayasan Cipta Method Mix (YCCP), the manager of the AFP in Indonesia, told reporters in PHC Tasikmadu, Karanganyar Friday (22/01/2016).

However, of the five districts / cities first to experience this program, advocacy against Karanganyar can be said to be the most successful with their achievements such as the increase in the budget for family planning programs and increase the number of family planning acceptors. See also: Celebration Contraception Day World 2015, Momentum for gaungkan KB Back To The Karanganyar then appointed receive site visits from a number of countries. The visit was followed by 23 people from 14 countries, namely Burkina Faso, Cameroon, Congo, Ghana, India, Madagascar, Mali, Nigeria, Pakistan, Philippines, Senegal, Uganda, Zambia, and Kenya. The visit is also part of the activities of the International Conference on Family Planning 4th which was originally held in Nusa Dua, Bali on 25 to 28 January 2016. According to the Director of AFP, Duff Gillespie, PhD, the arrival of 23 delegates were to learn from Indonesia's experience in managing family planning programs, and see how Indonesia making this program a success. Moreover, the problems facing the majority of the participating countries and Indonesia in terms of family planning is also not much different, such as the insufficient number of trained personnel and the lack of synchronization of communication between providers and users of contraceptive services. "We've got a team that does the same thing in some other countries. But was the most successful is Indonesia," said Duff Gillespie on the same occasion.

Duff also recognize that Indonesia has a plus because of the geographical challenges that it faces. "Few countries have challenges such as Indonesia as the country's vast archipelago with thousands of islands. It makes the problem more difficult but Indonesia is quite successful in handling," he said. In addition, the amount of government support, local and central to the sustainability of family planning programs also Duff regarded as a positive side of Indonesia that could be emulated. For that Duff hoped that obtained from Indonesia can be implemented by the participants of the visit in each country. "After the conference, all participants will make joint action and we will help implement it," he said. Read also: BKKBN Java: Performance Sragen It's Good But Not That Not Guarded AFP funded by the Bill and Melinda Gates Foundation and received full support from the David and Lucile Packard Foundation and the Hewlett Foundation. For its own programs, the AFP is implemented by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs and YCCP in Indonesia.
26 January 2016

JAKARTA | DNA - After opening the International Conference on Family Planning or the International Conference on Family Planning (ICFP) 2016, held in Bali Nusa Dua Convention Center (BNDC), Bali, on Monday (25/1) afternoon, the President was accompanied by First Lady Joko Widodo, Iriana Joko Widodo left for Dili, East Timor in order to make a state visit.

The President and his entourage left the Ngurah Rai International Airport Bali headed to the airport Lobato, Dili saekitar at 07.00 am local time (26/1), using the presidential plane.

In the first state visit to Timor-Leste, President Joko Widodo will meet with East Timorese President Taur Matan Ruak and Prime Minister of Timor Leste Maria De Araujo, to discuss a number of issues such as the strengthening of cooperation in trade, investment, energy, infrastructure development as well as a shared commitment to accelerate settlement of border issues.

Salain it will be signed in this visit a number of notakesepahaman (MoU), namely MoU Youth and Sports, MoU Filing; MoU Cooperation of Climatology and Geophysics; MoU Cooperation of Search and Rescue; and MoU on Cooperation of Energy, Petroleum and Mineral Resources.

In Dili, President Jokowi also scheduled to receive Star Top Service Democratic Republic of Timor-Leste Grande Colar de Ordem de Timor-Leste Government of Timor-Leste to be worn by President Taur Matan Ruak.

President and First Lady Iriana Joko Widodo also will visit the Heroes Cemetery and Memorial Park Heroes Metinaro Lotus.

The President and his entourage are expected to arrive in the country on Tuesday (26/1) night around 20:00

Accompanying the president on a state visit, the Minister for Economic Affairs Nasution, Minister of Foreign Affairs Retno Marsudi, Minister of Maritime Affairs and Fisheries Pudjiastuti Susi, Minister of Youth and Sports Imam Nahrawi and Cabinet Secretary Pramono Agung.

Harian Terbit: Jokowi: Healthy and Prosperous Family Generation Deliver Quality
25 January 2016

Jakarta, HanTer - Joko Widodo President points out that the world is now changing more extreme, more complex, and the challenges ahead definitely heavier. All of that can only be faced when the quality of life of every citizen of the world is primed.

"Only healthy mothers, healthy children, families healthy and prosperous can give birth to generations of quality, generation of character, generation of virtuous, the love of fellow human beings," Jokowi president said while giving a speech at the opening of the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, Bali, on Monday (25/01/2016).
Therefore, family planning, healthy mothers, healthy and prosperous families became very important. Family planning became a strategic investment to ensure future generations, to ensure the achievement of the objectives of sustainable development, to achieve global security, and prosperity of the world," he said as quoted by page Setkab.

The President assessed the progress made in family planning in The world today is thanks to the hard work, due diligence, and thanks to the leadership of the people sincerely. "Indonesia was honored to host the International Conference on Family Planning today, and feel proud of the presence of Father / Mother and Brethren," said President Jokowi the applause of conference participants.

On the occasion of President Jokowi convey, that the Indonesian Government is also working hard to revitalize the family planning program. The president realizes that the challenges and responsibilities faced by Indonesian families in the future will be even greater. In population issues, according to the President, the population growth rate of 1.32 percent of Indonesia in 2014-2015.

That is, per year of Indonesia's population grew about 3 million inhabitants. The average birth rate per woman 2010-2015 of 2.4 children per woman or have 2-3 children. In addition, Indonesia is predicted to get a demographic dividend in the year 2020-2030, in which the population with a very large productive age while young age getting smaller and elderly has not been much.

To face these challenges, he added, the Government of Indonesia, always pushing action program locally by involving the citizens. "We approach the village family planning across Indonesia are expected to reduce significantly the numbers breaking participation KB Program, Family Planning. It also can increase the use of contraceptives long term because if contraceptives short term such as pills and injections, acceptor often forget that the dropout rate of family planning to be increased, "said the President.

According to the President, the health program run government also includes the cost of family planning affordable or even free for couples KB. "We do training for thousands of doctors and housewives to educate the community about family planning," said the President, adding that the government also encourages the involvement of Indonesian women who joined in the movement of the PKK as a driving force Posyandu program KB, as well as in moving welfare programs families in all villages in the country of Indonesia.

In addition, the government also encouraged local governments to improve the socialization and education of family planning and to make family planning as a priority program in each city or county in the entire country.

The president said, according to the sustainable development agenda that has been ratified by world leaders at the United Nations last November, we have to build a planet that we want in 2030. The development objective has been to unite us globally.

But the President believes, to achieve the global goal that we must take action and the action is local, right down to the villages, to the villages.

Therefore, he added, to maintain the continuity of economic growth in each country and even in each region, investing in family planning is absolutely essential. He said stigma against women, discrimination, and even violence against women should also be terminated.

"I look forward to the International Conference on Family Planning this, discussed the main foundations to realize the vision of building a planet we want that," asked President Jokowi.
As early, he added, need to be ensured regarding access to services and tools for family planning. So that the mother is getting wise and powerless to determine when they will have children, as well as safe delivery so that the mother and baby have the best chance for a healthy life.

Indopos: **Bayer Mandiri Program for Family Planning**
30 January 2016

Population and Family Planning Agency (BKKBN) is committed to a partnership with all stakeholders to support the program for Population Family Planning and Family Development (KKBPK) both in the local and international scale. One of the partners who have been have joined hands with BKKBN is PT Bayer Indonesia.

Bayer supports the International Conference on Family Planning (ICFP) in 2016 as one of the main sponsors. As one form of Bayer's commitment to health for the good life, Bayer memberikb an endorsement consistently to meet the needs of contraception in the form of self-reliance in family planning. In keeping with the theme ICFP 2016: Commitment to Global, Local Action (Global Commitments, Local Actions).

In Indonesia, continuous, PT Bayer Indonesia in collaboration with BKKBN since 1987 a program of KB Independent Qualified (KB Blue Circle) and Ambassador OC is an initiative of Bayer together with the BKKBN, Society of Obstetrics and Gynecology Indonesia (POGI), Asia Pacific Council on Oral Contraceptive (APCOC), the Indonesian Midwives Association (IBI). This shows the importance of the Public Partnership Program to support government programs in family planning programs and reducing the burden of government in the financing of contraception.

According to data from Indonesia Demographic and Health Survey in 2012, the rate of oral contraceptive prevalence in Indonesia showed 13.6 per cent, which according to IMS data Q2 / 2015 figures for the use of private markets only between 2 to 3 percent. This shows still need for increased use of oral contraceptives as a method of contraception that is easy to use and provide non-contraceptive benefits for women.

Ashraf Al-Ouf, President Director of PT Bayer Indonesia said that, since 1987, Bayer in collaboration with BKKBN in family planning programs Independent Qualified (KB Blue Circle). In this program, Bayer also conducts continuous education in the form of OC Ambassador program.

"Starting from the year 2008 - 2015, a total of 274 ambassadors oral contraceptives have been produced and can reach 76.732 2.601 women and has conducted public education activities for family planning programs, especially oral contraceptives. Bayer is the market leader for oral contraceptives in Indonesia and we fully support the Indonesian government in the revitalization of family planning through the Public Private Partnership program, "said Ashraf al-Ouf, Wednesday (27/1).

In this case, Bayer in collaboration with BKKBN inform and educate the public - especially women in Indonesia - about the importance of reproductive health and contraception. When the Indonesian women get information and can make choices for their health and their families, which means that they have helped to secure the overall health and welfare of the nation.
In an effort to revitalize family planning nationwide, Head of BKKBN, Dr. Surya Chandra Surapaty, MPH, Ph.D said that Indonesia as the host ICFP 2016 is an important milestone echoed back the Family Planning program. Public awareness of the importance of family planning programs need to be improved.

"We feel the program for Population, Family Planning and Family Development did not really resonate, so it should be held back movements to promote programs for Population, Family Planning and Family Development (KKBPK). Revitalization of family planning programs are more geared to support the implementation of Nawacita especially on the third goal is to build Indonesia from the periphery and to the BKKBN has set the development of the "Village family planning" as a new model of cultivation of family planning, "he said.

Then the ideals fifth of improving the quality of human life, for the BKKBN with the concerned ministries and other institutions with the same mewujudkannya and special BKKBN through a family approach the start of the program in 1000 the first life, Bina family Toddler, Family Development Youth Information and Counseling Center Youth , Elderly Family Development. Then on the eighth goal revolutionize the nation's character, and the BKKBN has implemented the family-based approach to mental revolution and it is intended to increase the resilience of the family.

Therefore fore BKKBN continue to encourage partnerships to support the success of family planning programs, more Surya Chandra Surapaty expect that the role of private sector is also needed in developing the village family planning.

Data Indonesia Demographic Health Survey (IDHS) in 2012 for the National show 58 percent of married women aged 15-49 years using modern contraceptive methods. Among modern family planning method used 2/3, injectables are the most widely used contraceptive married women (32 percent), followed by birth control pills, nearly 14 percent.

As part of the global Bayer's commitment in assisting developing countries to access contraception, Vice President Corporate Commercial Relations, Bayer AG, Klaus Brill said Bayer is very serious about social responsibility as a leading supplier of hormonal contraceptives.

"For fifty years - and in more than 130 countries - we have been supporting family planning programs which ensure that women around the world can use modern contraceptives regardless of their income. In January 2013, Bayer together with the Bill & Melinda Gates Foundation is working to create long-acting contraceptive implants reversible. At the time the program is successfully implemented, it can prevent more than 28 million unwanted pregnancies for the period 2013 to 2018, and, ultimately, prevent about 30,000 maternal deaths. In total, the program will save about US $ 250 million in the cost of global health, "said Klaus. (RMN)

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Challenging Old Assumptions, Creating a New Agenda. Teens will develop family planning programs for teenagers in the world. While the previous day specifically highlighted the role of family planning in achieving the SDGs, the global development agenda for the next 15 years was adopted by the UN General Assembly in September 2015.

"We cannot mess with business planning, to do real action and engage stakeholders. Because the number of women of childbearing age in 2015 69 million, but in 2050 will rise to 74 million," said Chairman of the Scientific Sub-Committee of the National Committee ICFP, Prof Siswanto.

He said, through momentum ICFP international meetings focusing biggest family planning, the scene of KB world community to share knowledge and to agree on the plan forward. This year's conference themed "Global Commitments, Local Actions". ICFP highlights progress and challenges in achieving the goals Family Planning 2020 (FP2020) to provide voluntary access to quality contraceptives to 120 million women worldwide in 2020.

Discussions are taking place today emphasized the importance of global and local investment in the field of human development and health to meet the needs of family planning and encouraging achievement SDGs. the speakers emphasized the importance of investment in the field of family planning to progress economically and SDGs related to health and gender. Each of these goals requires improved access to sexual and reproductive health and reproductive rights and services.

"It is necessary to change the perception of the family planning program is not a program that is a cost but an investment," said Chairman of the ICFP Sub-Committee of the National Committee for Demographic Dividend, Sri Moertiningsih Adioetomo.

Furthermore, he said, stagnation from the last 10 years is partly due to the idea that two children is not enough. The proof is the average number of children wanted 2.8 children per woman over the national TFR of 2.6. Meanwhile, Finance Minister, Prof. Bambang Permadi Brodjonegoro said that family planning has helped economic growth in the last 10 years. Indonesia has been transformed from a low-income country into a middle income countries. The key is coordinated by the success of family planning BKKBN. Many countries in the world recognize that family planning plays a major role towards the success of Indonesia in the field of economics.

"In terms of policy and my position as Minister of Finance, then I am committed to making health, including family planning, as one of the important pillars of economic policy," he said.

More than 220 million women in the world want to plan their families and the future but are not using modern contraceptive methods. Meet their needs for contraception can reduce the rate of unwanted pregnancy, maternal mortality (women die due to pregnancy / birth) and infant mortality - all of them are included in the target of SDGs.

"Family planning plays a major role in achieving the SDGs. If we can strengthen family planning programs, we will be able to make changes to the SDGs, in particular health and gender," said Minister of Health and Social Action Senegal, Dr. Awa Marie Coll-Seck.
Nusa Dua, Bali. President Joko Widodo on Monday opened the fourth installment of the International Conference on Family Planning, describing family planning as a "strategic investment to ensure that future generations can be successful" and key, in the long run, to ensuring global peace.

The conference, which brings together thousands of experts and activists on family planning and sexual health and rights from all over the world, is being hosted by Indonesia’s National Population and Family Planning Board (BKKBN) and the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, in the United States.

The first lady, Iriana, Vice President Jusuf Kalla, Coordinating Welfare Minister Puan Maharani and Health Minister Nila Moeloek also attended the opening ceremony in Nusa Dua, Bali.

It is the first time the event, themed "global commitments, local actions" this year, is held in Indonesia. It was originally scheduled to be held in November last year, but was canceled as eruptions of Lombok's Mount Rinjani volcano forced airports to close.

'Healthy mothers, healthy children'

In his opening speech, Joko said effective family planning programs were needed if the world wants to see "healthy mothers, healthy children and healthy, prosperous families."

Family planning is also key to achieving the Sustainable Development Goals (SDGs), the president added, and thus it is crucial in ensuring "global peace and security, and world prosperity."

Sexual and reproductive health and rights (SRHR) issues are an essential part of the 17 SDGs for 2030 that world leaders agreed upon last year.

The goals include ending poverty, ensuring inclusive and equitable quality education, achieving gender equality and the empowerment of all women and girls, promoting inclusive and sustainable economic growth, ensuring healthy lives and promoting well-being for all, at all ages.

Challenges for Indonesia

For the United Nations Population Fund (UNFPA), one of the core organizers of the ICFP, Indonesia is a priority country, even though its decades-old national family planning program is recognized internationally as a major success.

Indonesia's fertility rate has declined from 5.6 in the late 1960s to 2.6 now, as use of contraceptive devices also greatly increased.

Apart from family planning, the UN and other international organizations are also working to improve the maternal health situation in Indonesia and to curb the spread of HIV, as part of the broader sexual and reproductive health and rights agenda.

According to 2014 data from UNAIDS, an estimated 600,000 to 720,000 people in Indonesia live with HIV, but prevalence is rising, especially among women and young people.

Puan, the welfare minister, told delegates that Indonesia remains committed to progressive family planning programs and that the country would continue to improve access to, and quality of, family planning services.
Married couples in Indonesia have easy access to various means of contraception, but access to such commodities and services for unmarried people remains controversial, especially in religiously conservative parts of the country.

Pre-conference events on Sunday and Monday addressed the role of youths in family planning in Indonesia and elsewhere, and that of faith-based organizations such as Muhammadiyah, the country's second-largest Islamic socio-religious organization.

High rates of child marriage are common in certain parts of Indonesia, while another challenge is the still-common practice of female genital mutilation.

Funding and philanthropy

In a video message to delegates aired at the opening ceremony, Melinda Gates announced that her foundation would be spending an additional $120 million in the next three years to boost its family planning advocacy programs.

The message was welcomed by delegates, as UNFPA executive director Babatunde Osotimehin explained that worldwide funding for family planning programs has been falling, just as more people than ever need such programs.

"Family planning is not about health, it is about rights and empowerment," Osotimehin said in his opening speech. "We made some progress, but it is not enough ... We need to recommit ourselves."

Various speakers noted the need for the private sector to play a greater role, and four business leaders were praised at the conference for doing just that.

Indonesian businessman Tahir, the founder and chairman of Mayapada Group, received a Global Humanitarian Award for Women's and Children's Health.

The awards are meant to recognize “individuals who, with great vision and leadership, have invested private wealth to advance reproductive, maternal, neonatal and child health, especially family planning, at the country and global level,” the ICFP said in a statement.

Tahir, through his Tahir Foundation, is one of the key funders of Global Fund to Fight AIDS, Tuberculosis and Malaria.

"Wealth often comes with great responsibilities," he said in his acceptance speech, thanking his country for all the opportunities it had given him. "Giving back is a logical consequence."

Other awardees were Arif Naqvi, founder and CEO of private equity investing firm the Abraaj Group, and co-founder and chairwoman of the Aman Foundation Fayeeza Naqvi, and Christopher Hohn, co-founder of the Children's Investment Fund Foundation.

Christopher Elias, the president of the Bill & Melinda Gates Foundation's Global Development Program, also stressed the need for sustained funding.

"Investment in family planning is one of the best investments a country can make," Elias told delegates. "Everyone benefits and those benefits last a lifetime."

Jakarta Globe: Ball to Host International Conference on Family Planning
Bali will host the fourth International Conference on Family Planning next month, where delegates from around the world will discuss challenges to family planning initiatives.

The ICFP, a biennial event, will run from Nov. 9 to 12 and is expected to draw 3,500 delegates from Indonesia and abroad.

“We will invite experts and practitioners of family planning programs,” Surya Chandra Surapati, the chairman of Indonesia’s National Population and Family Planning Board (BKKBN), said in Jakarta on Tuesday.

“We also hope to have 1,000 midwives coming to the event as well since they are the main actors in applying family planning programs in Indonesia.”

He added the BKKBN hoped to use the event to build meaningful partnerships with other institutions working on family planning, including the Bill and Melinda Gates Institute for Population and Reproductive Health, the Johns Hopkins Bloomberg School of Public Health, the United Nations Population Fund (UNFPA), and others.

The ICFP is meant to strengthen the global commitment to family planning, to exchange information and knowledge on contraception technology, and to improve the attendees’ commitments and actions in family planning programs to realize the UN’s Sustainable Development Goals.

The conference will discuss the progress being made and the challenges to be surmounted in global family planning programs; family planning and its relation to economic development; and effective family planning programs for underdeveloped regions.

The Jakarta Post: Global action called for family planning
29 January 2016
By Rita Widiadana

The fourth International Conference on Family Planning (ICFP) wrapped up on Thursday with stronger commitments, actions and funding to accelerate family planning program worldwide.

“Every two years we gather at the ICFP to learn from one another and map out strategies to accelerate progress. Our goals are bold but, according to the latest Family Planning or FP2020 progress report, we risk falling short of the promises we’ve made to the millions of women that want contraception if we don’t step up,” said Jose “Oying” Rimon II, chair of the ICFP international steering committee and director of the Bill and Melinda Gates Institute for Population and Reproductive Health.

Since the 2012 London Summit on Family Planning, where the FP2020 goal was first agreed upon by global leaders, 37 countries, including Indonesia, have committed to reaching this goal, through efforts such as providing an additional 120 million women access to voluntary, quality contraceptive by 2020.
“This past year has seen the largest wave of new commitments to FP2020 since the London Summit, and existing partners are stepping up with new and increased pledges. More exciting commitment announcements are expected imminently, a testament not only to the compelling power of the FP2020 vision but to the growing value of this platform as a catalyst for change,” said Beth Schlachter, executive director of FP2020.

The Bill and Melinda Gates Foundation, for instance, has pledged an additional US$120 million to accelerate family planning in the next years.

The International Planned Parenthood Federation (IPPF) is expanding this year commitment to bring family planning services to women with an unmet need for modern contraception.

IPPF is now aiming to reach 60 million new users of family planning by 2020.

On Thursday, during the closing ceremony one of the highlights was the announcement of the winners of the 2016 Excellence in Leadership for Family Planning (EXCELL), which recognized contributions to increase access to and use of voluntary family planning information and services.

The 2016 winners are Kenya and Ethiopia for the country category, Yayasan Cipta Cara Padu from Indonesia for organization, Jannete Loreto-Garin, secretary of the health department, the Philippines, and Edcel Lagman, from the Philippines.

This year’s ICFP also stressed the importance of involving youths and promoting youth health and programs.

The world’s population of young people is at a historic high with 1.8 billion entering their reproductive years. Adolescent girls are at a dramatically heightened risk for pregnancy- and childbirth-related health complications, which is a leading cause of death among young women aged 15 to 19 in low- and middle-income countries.

“Investing in education, health and employment; recognizing that youths are precious human resources, and investment in youths will produce wealth and well-being for all nations; this is the transformation we can bring to the 2030 agenda,” said Benoit Kalasa, director of the UN Population Fund (UNFPA) technical division.

The Jakarta Post: Family planning key to economic progress
27 January 2016
By Rita Widiadana

A key minister in the administration of President Joko “Jokowi” Widodo has argued that there is a close link between family planning and economic progress, an issue that has recently become the subject of national and global attention.
“Family planning has really helped our economic improvement. [In the past 10 years] Indonesia has transformed from a low-income country to a middle-income country and the success of family planning has been the key. Many parts of the world have acknowledged that part of Indonesia’s [economic] success is because of family planning,” said Finance Minister Bambang Soemantri Brodjonegoro during a speech at the International Conference on Family Planning (ICFP) in Nusa Dua, Bali, on Tuesday.

“In terms of policy and my position as a minister, we are committed to making health, including family planning, one of the important pillars of economic politics,” he said.

To revitalize its family planning program, the Indonesian government has increased its budget allocation from US$65.9 million in 2006 to $263.7 million in 2014.

Indonesian family planning has become a role model for many developing countries after Indonesia succeeded in reducing total fertility rates and population growth.

The ICFP, held between Jan. 25 and Jan. 29, is one of the world’s largest international gatherings focused on family planning. The conference serves as a platform for the global family planning community to share insights and chart a collective path forward.

Tuesday’s sessions stressed the urgency of global and local investments in human capital and health to meet family planning needs and drive progress toward the Sustainable Development Goals (SDGs).

Many speakers at the forum underscored the importance of investing in family planning for both economic progress and for achieving the health and gender-related SDGs, each of which requires improved access to sexual and reproductive health and reproductive services.

“Family planning is about the rights of women and their capacity to make decisions about their health,” said Babatunde Osotimehin, the under secretary-general of the UN and the executive director of UNFPA.

“It is the most significant investment one can make to promote human capital development, combat poverty and harness a demographic dividend to contribute to equitable and sustainable economic development. Investing in girls and women is the right thing to do. When you allow girls to have education and women access to employment, any country in the world will gain tremendous economic benefits,” Babatunde said.

Family planning allowed women to space out childbirth, have fewer children and enter the workforce, he said.

In his opening remarks, Jokowi said that “all women and girls must be empowered to choose whether and when they want to have children, so that mothers and their babies have better opportunities for better lives”.

In Indonesia, the cost of contraceptives can create major challenges for family planning programs. To solve family planning problems, Jokowi emphasized the importance of investing in Kampung KB, the “village approach”, by increasing access to long acting contraceptives (LARCs) and by providing free services and peer education programs.
The family planning (KB) program in Karanganyar regency, Central Java, is set to be discussed at the International Conference on Family Planning (ICFP) in Nusa Dua, Bali, from Jan. 25 to 28, and will likely be implemented in 14 countries, an executive has said.

“We will follow up on the discussions and we will help them [ICFP participants] to implement this [program],” said Duff Gillespie, director of Advanced Family Planning (AFP), an advocacy group supported by the Bill and Melinda Gates Institute for Reproductive Health.

Duff and 23 delegations from 14 countries, namely Burkina Faso, Cameroon, Congo, Ghana, India, Madagascar, Mali, Nigeria, Pakistan, the Philippines, Senegal, Uganda, Zambia and Kenya, visited the Tasikmadu community health clinic (puskesmas) on Friday to learn about the KB program and how to make it a success.

Duff said that almost all regions and countries highlighted by the AFP faced the same difficulties in making their KB programs a success. Problems such as the limited supply of contraceptives, the lack of trained personnel and inadequate communication between service providers and prospective KB program participants continued to haunt KB targets.

In spite of that, Duff acknowledged that Indonesia faced a particularly difficult situation because of the fact that it was an archipelagic country with thousands of islands.

Meanwhile, Cipta Cara Padu Foundation (YCCP) executive director Inne Silviane said that her foundation deliberately approached stakeholders so they would be able to develop legal umbrellas to help advocate for communities.

“After that, we provide advocacy to villages by applying the available regency and gubernatorial regulations,” said Inne.

The successful KB program in Karanganyar is largely because of the support given to the regency by the local administration. In 2015, Karanganyar Regent Juliyatmono issued five regency ordinances regulating KB in the regency.

Juliyatmono also helped residents join the KB program by offering married men with one or two children up to Rp 5 million (US$370) each if they underwent the permanent KB Male Operation Method.

“Initially, I used my own money for the purpose, but as the number of those interested grew and grew, we set aside the allocation from the regency budget,” said Juliyatmono.

AFP began advocating for Karanganyar regency in 2012, and since then, the KB program has developed rapidly. Initially, a KB field counselor was only able to serve up to four villages. Now, however, village KB teams are found in the 162 villages throughout Karanganyar. As of December 2015, the number of KB
participants stood at 22,988. 5,113 receive non-hormonal treatments and the remaining 17,875 receive hormonal treatments.

The Jakarta Post: Indonesian family planning: A journalistic view
26 January 2016
By Rita Widiadana

Against the backdrop of a stagnant population control program over the last decade, Indonesia is hosting the fourth International Conference on Family Planning (ICFP) in Nusa Dua, Bali from Jan. 25 through to Jan. 28. But what does the biennial event, dubbed the largest international meeting focusing on family planning, mean for Indonesia’s bid to harvest its demographic dividend?

Jointly hosted by the National Population and Family Planning Agency (BKKBN) and the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, the conference gathers 3,000 policymakers, academics, donors, representatives of civil society groups, media members and other participants from 80 countries.

For Surya Chandra Surapaty, the newly elected chairperson of the BKKBN, the forum provides new momentum to efforts to revitalize the national family planning program. Indonesia can share both the progress and setbacks of its family planning, and thus help the world address its population challenges.

Many experts are skeptical that the national family planning program has run effectively under decentralization. The obvious result of the transfer of authority from the central to regional governments is Indonesia’s total fertility rate (TFR) being consistently at 2.6. But, based on Performance Monitoring and Accountability (PMA) 2020, part of the Family Planning 2020 initiative, the rate has already reached the worrying level of 2.3 in 2015. With such a high fertility rate, by 2030, Indonesia’s population is set to increase by 19 percent to 293.5 million, which the country can hardly afford.

At present, Indonesia’s population growth is estimated at 1.38 percent. The mid- and long-term development plan (RPJMN) 2015-2019 aims for growth of 1.2 percent by 2019.

Prior to ICFP, BKKBN with support from the Johns Hopkins Bloomberg School of Public Health’s Center for Communication Program commissioned Kompas senior journalist Maria Hartiningsih and myself to travel to some provinces to learn how family planning program worked and affected local people. The months-long trip resulted in a bilingual journalistic report entitled, A New Era for Family Planning in Indonesia.

Our visit to the provinces and regencies found that decentralization as really taken its toll on family planning and health programs, with a decreasing quality of public services. Some local leaders are reluctant to implement the program and some of them do not even understand what a family planning program is and how it links with their regional and human resources development plans.
But we can still see a ray of hope. Several provinces such as South Sulawesi, Maluku, West, Central and East Java run excellent family planning and public health programs and many regions incorporate family planning into their family and women’s economic empowerment, public health, youth and even rural infrastructure expansion programs.

With such thriving programs, decentralization should not be considered a hindrance to family planning. Instead it can be a springboard for creativity and innovation as it removes the centralistic and top-down approaches that were behind the success of family planning during Soeharto’s New Order era.

Having a one-size-fits-all family planning policy over all of Indonesia’s 17,000 islands is impossible. Every region has its own unique conditions and only its leader knows what his or her people need. The success of family planning in the decentralization era therefore lies in the hands of visionary leaders at central, provincial and district levels.

While in many regions decentralization has created confusion of authority related to family planning, the program remains robust at the grassroots level, with more women and men joining voluntarily. We have found faith-based organizations, civil society groups, dedicated field officers, courageous midwives and health providers who have kept the program alive and kicking.

The country’s two largest Muslim organizations — Nahdlatul Ulama (NU) and Muhammadiyah — have been playing an incredible role in implementing family planning to fill the void.

“We include family planning in our dakwah (proselatization) and recitations of the Koran during village activities,” explains Hj. Farida Salahudin Wahid, 71, chairperson of Yayasan Kesejahteraan Muslimat Nahdlatul Ulama, the NU charity foundation that provides thousands of hospitals, clinics and other health facilities.

NU women’s wings Muslimat and Fatayat, with their highly structured and powerful leaderships at the national, provincial, regional levels and strong footing in 14,000 villages, clearly champion social change in fostering reproductive health and family planning in Indonesia.

Muhammadiyah, meanwhile, perceives family planning as an effort to advance health and wellbeing. The organization’s official stance toward family planning has been advanced through its women’s wing Aisyiyah since 1971 and is included in the Keluarga Aisyiyah Sejahtera (Aisyiyah Family Welfare Program).

Aisyiyah has 20 million members and operates 4,560 educational institutions, 280 health facilities and 503 economic and cooperative units across the country.

Our trip allowed us to meet with the legion of civil society groups in every corner of Indonesia that give people in remote areas and underprivileged groups equal access to family planning services, reproductive, as well as general, healthcare.

Most of all, the roles of midwives, field officers (PLKB) and volunteers should be put on a high pedestal as the front liners in family planning efforts.
In Indonesia, 250,000 midwives play a pivotal role in helping deliver 63 percent of the 4.6 million births every year. Despite their limited salaries and facilities, these midwives are also responsible for 76.6 percent of family planning services for millions of women in all parts of Indonesia.

The other dedicated front liners are PLKB and volunteers. One PLKB must serve 10 to 20 villages, and while PLKB officers are on the government’s payroll, village volunteers only receive a monthly retainer of Rp 7,500 (55 US cents). Many of them work wholeheartedly and often brave natural and cultural barriers, which pose a risk to their lives.

“They are the real social agents in their communities that have kept family planning alive,” said Hari Fitri Putjuk, country director of Johns Hopkins Bloomberg School of Public Health Center for Communication Program Indonesia, who accompanied us on our trips.

What is encouraging is that BKKBN, once a rigid government institution and the sole provider of family planning services, open-heartedly accepts our findings. “These findings, good and bad, will form a basis for us to work together to improve the program as we move ahead,” Surapaty said after reading our report.

Time has changed. Gone is the top-down family planning policy. He says a drastic mental revolution in Indonesian family planning is badly needed.

He is referring to mental revolution as a change from the “feudal and bureaucratic” mentality of civil servants, academics and policymakers, including those working with BKKBN.

He promises to lead BKKBN in a new direction. One of his primary goals is changing BKKBN from an inactive and bulky organization into one that is action-oriented and efficient, by embracing local governments, civil society and all of the public to make the family planning program a success — a promise that might not be easy to keep.

The Jakarta Post: **RI philanthropist honored at int’l conference**
26 January 2016
*By Ina Parlina and I Wayan Juniarta*

Eminent Indonesian philanthropist and one of the country’s most successful businessmen Dato’ Sri Prof. Dr. Tahir was honored on Monday afternoon with a Global Humanitarian Award for Women’s and Children’s Health during the opening ceremony of the International Conference on Family Planning (ICFP) at the Bali Nusa Dua Conference Center (BNDCC).

President Joko “Jokowi” Widodo presented the award’s gold medal to Tahir and to the other recipients of the inaugural international accolade. The other recipients were Sir Chris Honh, the founder of the London-based Children’s Investment Fund Foundation (CIFF), and Fayeeza Naqvi and her husband Arif Masood Naqvi, the founders of Karachi-based private philanthropic trust Aman Foundation.

Arif Masood Naqvi was not present at the ceremony and CIFF’s executive director Alvaro Bermejo received the award on behalf of Sir Chris.
The awards were bestowed on individuals who, with great vision and leadership, have invested private wealth to advance reproductive, maternal, neonatal and children’s health, especially family planning, at the national and global level.

In 2013, Tahir donated US$103.5 million to the joint-donation effort initiated by the Bill and Melinda Gates Foundation. Called the Global Fund to Fight AIDS, Tuberculosis and Malaria, the collaboration has raised combined funds of US$207 million. In 2014, he donated an additional $7.5 million to the cause.

“I learned a lot from Bill and Melinda Gates. I believe they are among the greatest gifts to the world. They inspired me to help others and in turn I have inspired many others to do the same,” Tahir said in a touching acceptance speech that drew great applause from the audience.

He also played a pivotal role in the establishment last year of the Indonesia Health Fund, which saw eight wealthy Indonesian business figures committing $5 million each for health programs targeting the poor and disenfranchised. The Bill and Melinda Gates Foundation has pledged $40 million to the Fund.

Tahir revealed that Bill Gates was very impressed by the level of participation of Indonesia’s wealthy individuals in raising cash for health programs.

“He calls it the Indonesia Model, in which local wealthy individuals donate funds and the Bill and Melinda Gates Foundation provides matching funds, and should be replicated by other countries,”

“I genuinely hope more wealthy Indonesian individuals join philanthropic causes,” he said.

Tahir, an Indonesian of Chinese descent, said that he was born into a poor family in Surabaya, East Java. Being born into a family with meager financial means and in a certain city were not things he could choose.

“But I could choose to do good deeds or bad ones and I have chosen to do good,” he said.

“I am touched by the award. It is recognition. More important, however, is the content. I am deeply grateful that I have had a chance to do something for my country.”

He stressed that there was nothing inherently special in his philanthropic endeavor. It was a “logical consequence” of all the blessings that he had received throughout his life.

“This country has provided me with so many opportunities, I enjoy a harmonious relationship with my fellow countrymen, the government has enacted favorable economic policies that push the country forward so it is quite natural that I am giving back to the country and the nation,”

Tahir is also the only Indonesian to have signed The Giving Pledge, a commitment by the world’s wealthiest individuals and families to dedicate the majority of their wealth to philanthropy.

“Half of my personal wealth will be dedicated to philanthropic causes.”

When asked what his total wealth was, Tahir, ranked 10 on Forbes’s 2015 Indonesia’s 50 richest list, with a beaming smile simply said “I don’t know. I’d have to ask my accountant first.”
President Joko “Jokowi” Widodo is scheduled to open the fourth International Conference on Family Planning (ICFP) in Nusa Dua on Monday.

The four-day conference, which was postponed due to the eruption of a volcano in neighboring Lombok last November, will bring together around 3,000 participants from 80 countries including UN Population Fund (UNFPA) executive director Babatunde Osotimehin.

Co-hosted by the National Population and Family Planning Board (BKKBN) and the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, the ICFP will be the world’s largest meeting focused primarily on family planning.

Surya Chandra Surapaty, chairperson of BKKBN, said Indonesia had to grab this opportunity to show to the world the developments in the country’s revitalized family planning programs.

Family planning is frequently cited as one of the best investments in global development. Meeting the global unmet need for family planning services could save an estimated one in four women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year. Expanding access to contraception will play a critical role in achieving the Sustainable Development Goals.

The ICFP theme will be “Global Commitments, Local Actions” to highlight international and domestic efforts to improve contraceptive information and services and help ensure that family planning remains a priority for policymakers and donors across sectors.

Held biennially since 2009, the ICFP serves as a strategic inflection point for the family planning community worldwide. Jose “Oying” Rimon II, director of the Gates Institute and chair of ICFP’s International Committee, told The Jakarta Post on Saturday that Indonesia could reap benefits from the conference in two ways.

“First, Indonesia can show the world its successful effort to revitalize family planning after the 10 stagnant years. Second, Indonesia can learn the best practices and new innovations and technologies from participating countries in the field of family planning,” he said.

To revitalize its family planning programs, the Indonesian government has increased its budget allocation from US$65.9 million in 2006 to $263.7 million in 2014.

The opening ceremony will feature a presentation of the Global Humanitarian Awards for Women’s and Children’s Health to Dato’ Sri Prof. Dr. Tahir, founder and chairman of the Tahir Foundation, Sir Christopher Hohn, co-founder of the Children’s Investment Fund Foundation and Fayeeza Naqvi, chairman of co-founder of the Aman Foundation.
Aspiring young people both in rural and urban settings are now uniting to tackle teen marriage and pregnancy, which continues to haunt millions of youth in Indonesia.

Two passionate young leaders – Anggraini Sari Astuti and Nanda Fitri Wardani — will speak on behalf of Indonesian youth at the coming International Conference on Family Planning (ICFP) being held in Nusa Dua, Bali from Jan. 25 to Jan. 28.

“At the ICFP, we will share our experiences and programs with other youth participants from around the world and how we can work together to eliminate problems related to early marriage,” said Anggraini, a graduate from University of Indonesia’s School of Public Health in Jakarta in 2013.

When she lived in Karanganyar in Central Java, Anggraini saw her friends as young as 13 to 17-years-old having to enter forced marriages. “When I was 15 years old, I was proposed to marry a village boy. Thank God, my parents refused to follow the old tradition and sent me to school instead.”

When she was a medical student, together with several friends, Anggraini set up Indonesian Youth Health Ambassadors. She was also appointed to be a member of the Global Citizen Corps and the Youth Advisory Panel UNFPA Indonesia.

She is now working as a national UN Youth volunteer at UNFPA to work on its project about youth development and to identify the emerging issues of young people in Indonesia. She extensively travels throughout the country to educate young people on various health, population and development issues.

“We must delay adolescent pregnancy by empowering both girls and boys and educating them on the importance of education to shape their better future.”

Anggraini is also working closely with the Health Ministry to help develop a national action plan on school-aged children’s and adolescents’ health (a guide book for Indonesian teachers on youth reproductive health) and the National Action Plan on Youth Development (RAN), which touches on issues like the demographic dividend.

Born in Bandar Lampung in 1993, the other young leader, Nanda Fitri Wardani, who graduated from Padjadjaran University’s School of Medicine in the West Java capital of Bandung last November, was already active as a peer educator on youth reproductive health and other youth problems.

Nanda will become one of panelists at ICFP’s youth session entitled “Challenging Old Assumptions, Forging New Agenda”.
Nanda has been active in educating youth on reproductive health in West Java and other provinces in Indonesia. When visiting a remote and underdeveloped village about an eight-hour drive from Bandung, Nanda and her friends found so many girls aged 12 to 15 years were already married.

“I was crying when they told me that they really wanted to go to school instead of having babies. Some of them had even dreamed of becoming teachers or doctors,” Nanda said.

When visiting the eastern part of Indonesia, including Lombok Island, she found the same situation also affects girls there.

“There are many 17-year-old girls who have been married and divorced three or four times,” said Dayat, chair of the Bumi Gora Youth Group and youth ambassador from Lombok, West Nusa Tenggara.

About 30 percent of the West Nusa Tenggara population comprises youths with a low level of education; most have only graduated from junior high school.

“In our village, there is a centuries-old tradition of merariq kodeq, or eloping. Many are underage girls,” says Ihsanuddin, chair of the Young Family Planning and Family Empowerment group in Dasan Tereng village in West Lombok.

In the South Sulawesi capital Makassar, the Independent Youth Alliance is moving forward to touch on youth issues, including teen marriage, in the city.

“It is past time for young people to be able to obtain accurate information and education on sexual and reproductive health through suitable and effective communications so they can understand and protect their own bodies,” explained Nur Samsul Rizal, a student of the Islamic State University (UIN) in Makassar, who is also an ambassador for Planned Generation (GenRe) from the province.

GenRe was launched by the National Population and Family Planning Board (BKKBN) to prepare youths for a smooth and easy transition into adulthood by planning their education, career, family and supporting them to become responsible members of society who have healthy lives.

Through the Youth and Student Information and Counseling Center (PIK), young people become peer educators and counselors to encourage people of the same age to say no to free sex, drugs, STDs, HIV/AIDS and teen marriage.

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The Jakarta Post: Teen marriage: Stolen dreams & futures
24 January 2016
By Rita Widiadana

No girl should be robbed of her childhood, education, health and aspirations. Yet today millions of girls are denied their rights each year when they are married young — UN Women.

Indonesian girls are no exception. Millions of young girls in Indonesia are married before they celebrate their 18th birthday.
Teen and child marriage is prevalent in many parts of Indonesia, from Aceh to Papua, with the highest prevalence in Java, Sumatra, West Nusa Tenggara, Kalimantan and South Sulawesi, mostly occurring in rural areas.

The reasons for marrying young vary in each region, ranging from economic security, cultural and religious norms to trivial things. Teen marriage occurs for social advancement, cultural and economic reasons and due to the absence of knowledge on why child marriage is problematic.

In the West Java town of Indramayu, many girls aspire to marry older men because they might be able to buy them smartphones. On Lombok Island, girls and boys follow the tradition of “elopement”, while in South Sulawesi it is taboo for girls to reject their first marriage proposal.

Based on data from the Central Statistics Agency (BPS), about 22 million boys and girls aged between 15 and 19 are married. The Health Ministry’s 2013 National Basic Health Research Survey revealed that more than 42 percent of girls aged 15 to 19 were married.

UNICEF data said that one out of every six Indonesian girls were married before they turned 18, about 340,000 girls every year. Around 50,000 girls are married before they reach the age of 15 every year.

Health Minister Nina Moeloek said recently that ending teen marriage was among the nation’s challenges.

“Cultural barriers have triggered a rise in the number of child brides, and some traditional and religious practices have forced women to continue giving birth,” the minister said.

To make things worse, the 1974 Marriage law sets the minimum age of marriage for girls at 16 years old and 19 years old for boys, contravening the UN Convention on the Rights of the Child (CRC). Indonesia has ratified the convention, which declares marriage before 18 years of age a fundamental violation of human rights.

A number of civil society groups, government agencies and individuals have called for a judicial review of the outdated Marriage Law, demanding an increase in the minimum marriage age for girls to 18 years old.

The Constitutional Court, however, sees nothing wrong with allowing 16-year-old girls to marry, saying that it has not found justifiable reason to increase the minimum marriage age.

The losing battle at the court may serve as a major setback, but efforts to delay marriage among young girls have snowballed.

Margaretha Sitanggang, an officer with the UN Population Fund (UNFPA) Indonesia National Program for Youth and Adolescent Sexual and Reproductive Health, said that together with other UN agencies, including UNICEF, and civil society, UNFPA was active in supporting government efforts to launch policies and initiatives to increase the minimum marriage age.

“Teen marriage is a very big and sensitive topic in Indonesia since it is closely linked to social, cultural,
economic and religious issues. The problem must be addressed wisely and in a comprehensive matter from various perspectives,” she said.

UNFPA is working with the National Commission on Violence Against Women (Komnas Perempuan) and other civil society groups to conduct a study on the negative impacts of teen marriage on girls’ health, education and economic opportunities.

UNFPA will also work with Nahdlatul Ulama and Muhammadiyah, two of the largest Muslim organizations in the country, lawmakers and other institutions to take on teen marriage.

“We want to collect as much evidence as possible to show lawmakers, policymakers and other relevant parties the importance of delaying marriage for girls in Indonesia so that changes can be made to enhance the lives of these young girls.”

The Jakarta Post: Too young to marry
24 January 2016
By Rita Widiadana

Teen marriage, one of the most daunting youth and reproductive health problems in Indonesia and the world, is to be comprehensively discussed at the next International Conference on Family Planning (ICFP) in Nusa Dua, Bali, from Jan. 25 through 28.

Fifteen-year old Ani has just given birth to a baby girl. She was married to her 26-year old husband when she was barely 14.

“It is hard to have a baby but I’m happy,” said Ani, resting on a wooden bench in a neighbor’s house in Talaka, a hamlet in the hilly Bonto Tangnga Timur village in Bantaeng regency, South Sulawesi.

Her sister, Anti, now 17, also married when she was 14. The majority of girls in Talaka get married at a very young age, usually between 14 and 15-years-old.

In many parts of Indonesia, early marriage is commonly associated with poverty, however, in Talaka and other remote villages in South Sulawesi, early marriage is often based on centuries-old tradition.

“People here strongly believe that girls must immediately accept the first marriage proposal, otherwise the girl will never find a suitable husband. It is tradition. Postponing marriage is a family disgrace that leads to people calling their daughters ‘old spinster’ or lolo bangko in the local language,“ said Saldi Iswandi, a young reproductive and family planning field officer in the village.

Saldi and other youth in Bantaeng are actively trying to educate young people and their parents in hopes of preventing them from entering into marriage too young.

In Lombok Island, West Nusa Tenggara, youth marriage is also common.
Nurhasanah is expecting her first baby. She is 17-years old now, but she got married when she was 15. After the marriage ceremony, her husband left her to work as a migrant worker in Malaysia for two years.

The young mother-to-be lives in Pemongkong village in the Jerowaru district, East Lombok, with her parents-in-law.

The majority of the village inhabitants live in poverty. Most women are married in their early teens, at 12 to 15 years old, and have an average of five to 12 children during their reproductive years.

Rodiawan, a member of the Pemongkong village health and family development program, under the National Program for Community Empowerment (PNPM Mandiri), said that the village faces mounting problems — teen marriage and the disintegration of families as one or both parents leave to work overseas.

Children suffer from serious malnourishment and rarely go to school. The maternal mortality rate (MMR) and child mortality rate (CMR) are also skyrocketing. Pemongkong village greatly contributes to the high MMR rate in East Lombok, currently at 242.9 per 100,000 live births. The CMR for East Lombok sits at 55 per 1,000 live births.

Ani and Nurhasanah are just two among the millions of girls across the country who married in their teens. Based on data from the Central Statistics Agency (BPS), around 6 percent of boys and 13 percent of girls aged 15-19, about 22 million boys and girls, are already married.

Back in 2013, the of Health Ministry’s National Basic Health Research Survey revealed data suggesting that 42 percent of girls aged 15-19 are already married.

Meanwhile, UNICEF data shows that one in six Indonesian girls marry before they turn 18, about 340,000 girls every year and around 50,000 girls marry before they reach 15 every year.

Many factors place girls at risk of early marriage including poverty, customary or religious laws, family honor, inadequate legislative frameworks and the perception that marriage will provide protection.

In Indonesia, things are more complicated. A law, issued in 1974, sets the minimum age of marriage for girls at 16 years and 19 for boys. This law contradicts the United Nations Convention on the Rights of the Child (CRC). The government now agrees with the convention, that marriage below the age of 18-years is a fundamental violation of human rights.
Teen marriage is also linked to other rights — such as the right to freedom of expression, the right to protection from all forms of abuse and the right to be protected from harmful traditional practices.

Within the framework of the national agenda plan, it is considered that teen marriage badly affects a girl’s development by resulting in early pregnancy, interrupting school and limiting future career opportunities. Teen marriage also affects boys, but to a lesser degree than girls.

Numerous civil society groups and human rights’ activists have demanded a judicial review of the Indonesian Marriage Law to increase the eligible marriage age for girls to 18-years. However, the Constitutional Court has not find anything wrong with allowing 16-year old girls to get married, thus finding no justifiable reasons to increase the minimum marriage age to 18-years.

Siswanto Agus Wilopo, professor in reproductive health at Gajah Mada University in Yogyakarta, believes that teen marriage and pregnancy are beyond social, cultural, economic and health issues.

“Pregnant youth face a double risk for a variety of health repercussions and even risk dying from pregnancy-related complications,” said Siswanto.

The country’s population currently sits at around 245 million (BPS 2010), with the number of young people aged 10-24 considered to be approximately 63.4 million, the largest number of young people in the country’s demographic history. Addressing teen marriage and teen pregnancy is now a crucial challenge in Indonesia.

“Indonesia’s future is at stake if we do not address this issue immediately. Our youth face harsh competition on the global stage, we should help them reach their utmost potential,” said Siswanto.

The Jakarta Post: Cultural barriers hamper male involvement in family planning
15 November 2015
By Elly Burhaini Faizal

Indonesia has continued to see a relative lack of male participation in family planning due to cultural norms that see family planning and reproductive health as the sole responsibility of women.

Widespread misconceptions about contraceptives and a poor awareness of the importance of child and maternal health care and pregnancy-related death prevention have worsened the situation.

“This is why contraceptive use among married men has remained low in Indonesia. There has been a tendency for our society to fully place the responsibility for birth control in the hands of women,” Indonesian Planned Parenthood Association (PKBI) chairperson Sarsanto Wibisono Sarwono said at a 2015 World Vasectomy Day event in Gianyar, Bali, on Friday.

Sarsanto said the low male participation in family planning was reflected in the low rate of contraceptive use by men, which stood at only 2 percent, comprising 1.8 percent condom use and 0.2 percent vasectomy, according to the 2012 Indonesian Demographic and Health Survey (SDKI).
“Such a percentage is lower than the rate of contraceptive use by men in Islamic countries such as Bangladesh, Malaysia and Pakistan,” he said.

This year’s Word Vasectomy Day (WVD), the third after the first and second celebration in Australia and the US, respectively, was aimed at informing the public about the roles and responsibilities of men to their families, and hopefully encourage men to participate more in family planning and reproductive health.

“A challenge we will be facing together in the future is to increase male participation in reproductive health to 4.3 percent in 2019,” said Sarsanto.

As many as 28 men underwent a vasectomy during the peak of the 2015 WVD, themed An Act of Love, which was jointly held by the National Population and Family Planning Agency (BKKBN), PKBI, the Indonesian Association for Secure Contraception (PKMI) and several other organizations in Bali.

The WVD was initially part of the International Conference of Family Planning (ICFP), which had been scheduled to be held in Nusa Dua, Bali, on Nov. 9 to 12. The conference was postponed indefinitely due to the eruption of Mount Barujari in Lombok, West Nusa Tenggara last week.

“Our enthusiasm to hold the WVD has not subsided. Volcanic ash cannot diminish our spirit to bring about this movement,” said Dina Purita Antonio-Jufri.

A string of activities held as part of this year’s WVD include roadshow events, namely WVD Goes to Campus, which was held at the Bina Husada Institute of Health Sciences (Stikes Bina Husada) and Stikes Buleleng, and WVD Goes to Community, which was held in Banjar Kaja Waturenggong. Other activities include campaign programs broadcast on public radio station RRI and private TV station Kompas Dewata Bali as well as campaign activities during the Car Free Day on the Renon Square, Bali, and a dialogue held by the men with vasectomies group Prio Utomo in Wonosobo, Central Java.

The WVD was broadcast via live streaming to around 40 countries across the world, including India, Ireland, New Zealand, the Philippines, the US and Venezuela.

WVD cofounder Jonathan Stack said the WVD celebrated two groups of people; the men who accept vasectomies and the doctors who did the procedures.

“They are both the heroes. Without the doctors, we have nothing. Over the years, they have taken the time to practice to become experts in providing vasectomies. We also praise the men who have the courage to do it [vasectomy],” said the New York movie maker who has received several Emmy and Academy awards.

Stack further said free vasectomy services provided during the WVD and publicly aired were aimed at demonstrating to men that a vasectomy was really a simple procedure, particularly if compared to tubectomy on women.

“The men who are afraid to get vasectomy need to come and watch what women experience [with a tubectomy] and realize how courageous women are,” said Stack.
Men need to get a little more courage to stop worrying because a vasectomy has no impact on your sex life and it has no impact on who you are as a man. Instead, it makes you a more active man, to be able to take responsibility [for family planning and reproductive health],” he went on.

The Jakarta Post: Reform needed to end unwanted pregnancies, unsafe abortions
12 November 2015
By Elly Burhaini Faizal

To protect women from unwanted pregnancies and unsafe abortions, a stronger regulatory framework is needed to ensure sufficient access to sexual and reproductive health care, an expert has said.

Indonesia Planned Parenthood Association (PKBI) Bali chairman I Ketut Sukanata said many women had died or suffered injury as a result of unsafe abortions despite Government Regulation (PP) No.61/2014 on reproductive health that legalized abortions in certain circumstances.

“We already have PP 61, which sets out the scenarios in which a woman is allowed to legally obtain abortion services. It’s still not enough, however. Sexual and reproductive health services must be comprehensive, and be fully responsive to the rights and needs of women,” Ketut said on Thursday.

Under PP 61, signed as an implementing regulation to Law No.36/2009 on health in late July, 2014, women in specific circumstances – those facing a life-threatening medical condition and victims of rape – can legally obtain abortions. Even when it is allowed, however, pursuing a legal abortion involves strict procedures, including counseling, during which medical workers decide whether or not to grant the abortion request.

The PP stipulates an abortion can only be performed by a team of doctors at an established healthcare facility with the informed consent of both the abortion recipient and the lead doctor. Also, the abortion must be done within 40 days of the first day of the recipient’s last period.

Ketut added that safe abortions should be available not only in cases of rape or life-threatening health conditions, but also in other circumstances, such as contraceptive failures and unintended pregnancies among sexually active young people.

“If we are talking about birth control, all contraceptive methods carry a risk of failure. There should be a solution for an unwanted pregnancy if, for instance, a married couple opts not to have any more kids,” said Ketut.

He went on to say that unwanted pregnancies among sexually active teens had emerged as one of the biggest challenges for experts and groups concerned with reproductive health care.

“Many teenagers with unwanted pregnancies seek help through clandestine abortions, which pose a high risk of death or injury. At the same time, it is not possible for us [medical experts and clinics] to give them safe abortion services as it is not allowed under PP 61,” said Ketut.

Unsafe abortion was one of the issues discussed at World Vasectomy Day (WVD) 2015 for which health experts and concerned groups gathered in Bali. The third WVD had been scheduled to coincide with the International Conference on Family Planning (ICPF) in Nusa Dua, Bali. The conference was postponed, however, until further notice on account of last week’s eruption of Mount Barujari in Lombok, West Nusa Tenggara.
This year’s WVD celebration will be held in Gianyar, Bali, on Friday. Around 21 males of reproductive age are set to undergo vasectomies during the event. The commemoration in Gianyar will be broadcast via live streaming to countries across the world. Around 750 doctors in 40 countries are set to participate to provide vasectomy services in the global event.

The Jakarta Post: Youths voice right to sexual, reproductive health
12 November 2015
By Elly Burhaini Faizal

Youths have called for broader access to sexual and reproductive health care to make them less vulnerable to abuse, especially in the areas of sexuality, marriage and childbearing. Bahaluddin Surya of the Indonesian Planned Parenthood Association (PKBI) said many young people in areas across the country faced barriers to sexual and reproductive health information and care, putting them at a higher risk of sexual abuse, unwanted pregnancy and unsafe abortion and sexually transmitted infections.

“They face stigma and discrimination, which leaves them unable to access the services they need to protect their health,” he said on the sidelines of the Indonesian Youth Camp 2015 held in Nusa Dua, Bali, on Nov.11-12.

Sixty youths from across the country attended the Indonesian Youth Camp, which was initially designed to prepare for their participation in the International Conference on Family Planning (ICFP) on Nov.9-12. The conference was postponed indefinitely because of last week’s eruption of Mount Barujari in Lombok, West Nusa Tenggara.

The young advocates attending the youth camp hailed from 27 provinces and were chosen according to strict criteria by a steering committee, which comprised seven individuals selected from across the nation. The young advocates were selected based on work they had carried out in the fields of reproductive health, sexuality and family planning.

“Although the ICFP has been postponed, all participants and organizing committee members are still enthusiastic about holding the youth camp. I hope a declaration resulting from this event can accommodate all Indonesian adolescents, no matter what their background, to get [access to] the family planning program and health care services inclusive for all Indonesians,” said Bahaluddin.

Seven youths who coordinated the Indonesian Youth Camp for ICFP were from Ayo Ubud, the PKBI, the Gay, Transgender and Men Who Have Sex with Men Network (GWL INA), the East Jakarta office of the Indonesian Red Cross (PMI) and the Youth Forum Papua.

The PKBI and Rutgers WPF Indonesia held the Indonesia Youth Camp 2015, with support from dance4life, the Ford Foundation, the International Planned Parenthood Federation (IPPF), Rutgers and Simavi.

On the first day of the camp, AA Ayu Ratna Wulandari talked about the history of family planning in Indonesia and the importance of integrating human rights in family planning. Meanwhile, Alam Setia
Bakti of the PKBI headquarters in Jakarta presented his views on the importance for young people to be on the front line in the fight for inclusive family planning for all. Alexa Dominich as a community representative from CCM Indonesia talked about barriers the country faced in providing family planning services, especially to marginalized adolescents, including transgender teens.

Indonesia is projected to enter its demography dividend period in 2020-3020. During these years, the percentage of people in the productive ages of between 15 and 64 years will be 70 percent of the total population, far higher than a combined total of people aged below 15 years and above 65 years -- two age groups that depend on people in the productive age group. Failure to give adolescents adequate access to sexual and reproductive health care may hamper Indonesia’s opportunities to take advantage of the demographic dividend.

The Jakarta Post: Men encouraged to bear part of responsibility in family planning
11 November 2015
By Elly Burhaini Faizal

To promote male involvement in family planning, the Indonesia Planned Parenthood Association (PKBI), in collaboration with the National Population and Family Planning Agency (BKKBN) and the Partner in Population and Development (PPD), is set to host the third commemoration of World Vasectomy Day in Gianyar, Bali, on Friday.

Although a vasectomy is safe, effective and has few complications, there is still low acceptance in Indonesia, the PKBI says.

“It was reported that in 2014, the number of vasectomy acceptors in Indonesia reached around 8.5 million people or only 0.25 percent of total acceptors,” the PKBI stated on Wednesday.

The commemoration of World Vasectomy Day had been scheduled to coincide with the International Conference on Family Planning (ICPF) in Nusa Dua, Bali. However, ICPF spokesperson Dean Michael Klag announced last Thursday that the conference had been postponed until further notice on account of the eruption of Mount Barujari in Lombok, West Nusa Tenggara, last week, which had led to the closure of Ngurah Rai International Airport in Denpasar, Bali, for several days.

“Of course, we are all very disappointed about the ICPF postponement. We had been organizing the biggest event focusing on male involvement in family planning in history for three years, however, we will not let the volcanic ash bring our spirits down,” WVD cofounder Jonathan Stack said.

Globally, it is reported that the participation of men in reproductive health and family planning activities, especially vasectomies, stood below 1 percent.

“Among major reasons include poor knowledge about vasectomies, fears that reproductive organs of those who undergo a vasectomy will not function anymore, and a false understanding that a vasectomy is similar to castration,” said Stack, a New York movie maker who has received several Emmy and Academy awards.
To show his support for male involvement in family planning, Stack became a vasectomy acceptor in Australia in 2013, when the first commemoration of World Vasectomy Day was held. BKKBN head Surya Chandra Surapathy is scheduled to open the third commemoration of World Vasectomy Day, which will be held in Gianyar square.

“It is hoped that this year’s event encourages married couples to start discussing a vasectomy as a contraceptive choice, to boost male involvement in family planning and to call all health providers to improve the quality of their services,” said World Vasectomy Day commemoration organizing committee head Dina Purita Antonio-Jufri.

The peak event of this year’s commemoration in Gianyar will be broadcast via live streaming to countries across the world. Around 750 doctors in 40 countries are set to participate to provide vasectomy services in the global movement event.

The Jakarta Post: Decentralization threatens RI family planning program
19 August 2015
By Rita A. Widiadana

Indonesia will be hosting the International Conference on Family Planning (ICFP) in Nusa Dua, Bali, in November 2015. The Jakarta Post’s Rita Widiadana visited East Java and West Nusa Tenggara provinces to learn more about the dynamic changes in Indonesia’s family planning program with support from the Johns Hopkins’ Bloomberg School of Public Health’s Center for Communication Program. The following are reports from the trip.

Lilik Istikomah was happy when she gave birth to her second baby — a son, six years after his elder sister.

“Now, I feel complete. We have a daughter and a son with an adequate space of years between the two of them. My husband and I decided to take part in a family planning program,” said Lilik in her humble house in a village in Kediri, East Java.

For the 32-year old mother and schoolteacher, participating in family planning means planning for the future of her children.

“We do not want to build a large family with many children. Everything is expensive now. We can barely afford better food, education and or healthcare services.”

As a kader desa or village subfield officer, Lilik is an avid family planning counselor in her village who motivates young couples to take part in the program. For her job as a volunteer or kader desa, she receives Rp 7,500 (US80 cents) per month. Kader desa are the spearheads of the national family planning program because they are the ones who communicate directly with those who receive family planning advice.
A kader desa helps a field officer oversee women who use contraception and registers potential clients from villages.

The success of family planning in Indonesia, first begun under former president Soeharto’s new order regime in the late 1960s, was often associated with the work of these field workers.

The family planning program in Indonesia was known as one of the best in the developing world and one of the best in a country with a majority-Muslim population.

Between 1970 and 2004, family planning contributed to the drastic fall of total fertility rates (TFR) among women of childbearing age from 5.6 percent to 2.6 percent. Meanwhile, annual population growth stood at 1.49 percent.

But things have changed since then, and not for the better.

“The family planning program fell short following the reform era. It was not considered a major priority in the development programs of the post-reform administration,” explained Surya Chandra Surapaty, the newly appointed chairman of BKKBN.

Surapati insisted that family planning has been crucial for social and economic development in all countries of the world, especially for a large country like Indonesia with a huge populations.

“There is a close connection between large family size, poverty and people’s welfare,” he said.

The enactment of decentralization policies has worsened the situation. The BKKBN now no longer has the authority to monitor the program at the regional level.

Since decentralization has been adopted and implemented in Indonesia, the number of field workers has decreased by a third from an earlier number of 35,000 workers.

A reflection of this dynamic situation is the stagnant level of Indonesia’s total fertility (TFR) based on IDHS 2007 data. The data shows similar figures to those registered in the IDHS 2002-2003. The IDHS 2007 listed 2.6 children per woman.

Indonesia’s annual population growth stands at 1.49 percent this year, up from 1.4 percent in the previous year. This means an additional 6.6 million people are added to the country’s population every year. This means, in turn, that by the end of 2015, Indonesia will have a population of 270 million people. In 2045, the number will soar to almost 500 million of people, especially if the country continues to neglect its family planning programs.

Surapati, however, is convinced that President Joko “Jokowi” Widodo’s administration has shown a strong commitment to population development issues and the revitalization of family planning in Indonesia.

“It is clearly shown in his Nawacita [nine points development program in Sanskrit language],” he added. One of the policies listed is the launch of the population and family planning blue print for the period 2015-2019. The blueprint includes a larger funding allocation from the state budget in addition to
attracting funding from donor agencies. In the past, USAID, UNFPA were among major donors to the country’s family planning programs.

“We also plan to draw back the entire cadre of field officers across the country, and return them to a central BKKBN, starting in 2016,” he added.

Terrence Hull, emeritus professor of demography at the Australian National University, said in a recent interview the great promise of decentralization over a decade ago was the ability of people to exercise democratic control over their political leaders.

“The hope was that young couples would be able to press their local leaders for improved health and family planning services. Instead we read of money politics, and corruption at all levels of governments,” explained Hull, who has been researching and studying Indonesia’s population and family planning since 1972.

Professor Hull added that Indonesia is a huge country, with a huge population. Failure to provide family planning, health services and education to its citizens, especially those living on remote islands, would mean that they would be condemned to persistent poverty.

“Success in family planning will mean better education for individuals and lower population growth rates for the nation. This is what is known as a virtuous circle.”

JawaPos.com: Boost Competitiveness of KB for the Sake of Indonesia’s Future
25 January 2016

Governments are increasingly urging the Family Planning (FP). According to the President Joko Widodo, KB will also determine the future success of national development.

Speaking at the International Conference on Family Planning (International Conference on Family Planning / ICFP) in Nusa Dua, Bali, on Monday (25/1), Jokowi -sapaannya- stated, the world has now changed more extreme and complex. Therefore, Jokowi asserted that the program has been properly revitalized.

According to Jokowi, KB is a strategic investment to ensure future generations are able to compete and certainly prosper. "Family Planning into a strategic investment to ensure the health of future generations, to ensure the achievement of the objectives of sustainable development and to achieve global security, and prosperity of the world," said Jokowi as quoted from the press release the Secretariat of the Cabinet.

Meanwhile, Coordinating Minister for Human Development and Culture (Coordinating PMK) Puan Maharani said Indonesia faces numerous challenges in the success of family planning programs. However, he said, the government has a strong commitment to make it happen.

According to Puan, the government already has the agenda of KB program as stated in the National Medium Term Development Plan (RPJMN) 2015-2019. Among these is the improvement of access and
quality of family planning services are equitable, adolescent development, enhancing the effectiveness of advocacy and communication program of information and education (IEC).

In addition Puan also said the government agenda in RPJMN 2015-2019 for the success of family planning is the strengthening of the role and functions of the family, as well as institutional strengthening. "So we believe that the family planning program to be successful," he said as quoted from the press release Ministry for FMD.

In international events attended by 4,374 participants from 114 countries were Puan asserted, every member of society has the right to form a prosperous family. For that, the duty of the government to realize the people's desire to form a prosperous family.

According to Puan, Indonesia has held a coaching program to the community, which is directed to provide an understanding of the importance of family planning. This includes planning to foster economic independence, education, to health.

"The success of family planning programs that will benefit future generations and the state in managing a more prosperous life," he said.

JituNews.com: BKKBN and Bayer support ICFP
28 January 2016
By Suciati

BALI, JITUNEWS.COM - Population and Family Planning Agency (BKKBN) is committed to a partnership with all stakeholders to support the program for Population Family Planning and Family Development (KKBPK) both in local and international scale. One of the partners that have been hand in hand with BKKBN is PT Bayer Indonesia.

Bayer supports the International Conference on Family Planning (ICFP) in 2016 as one of the main sponsors. As one of Bayer's commitment to health for the good life, Bayer consistently provide support to meet the needs of contraception in the form of self-reliance in family planning.

In keeping with the theme of ICFP 2016: Global Commitments, Local Actions, Bayer supports family planning programs in more than 130 countries by providing access to modern contraceptives for women worldwide. Bayer to do this in a joint project with the United States Agency for International Development (USAID) and non-governmental organizations such as the United Nations Population Fund (UNFPA) and the Bill & Melinda Gates Foundation.

The President Director of PT Bayer Indonesia, Ashraf al-Ouf, said that since 1987, in collaboration with Bayer BKKBN in family planning programs Independent Qualified (KB Blue Circle). In this program Bayer also conducts continuous education in the form of OC ambassador program. Starting from the year 2008 - 2015, a total of 274 ambassadors oral contraception have been produced and can reach 76.732 2.601 women and has conducted public education activities for family planning programs, especially the use of oral contraceptives.
"Bayer is the market leader for oral contraceptives in Indonesia and we fully support the Indonesian government in the revitalization of family planning through the Public Private Partnership program," said Ashraf.

In Indonesia, on an ongoing basis, PT Bayer Indonesia in cooperation with BKKBN since 1987 do family planning programs Independent Qualified (KB Blue Circle) and Ambassador OC which is an initiative of Bayer together with the BKKBN, Society of Obstetrics and Gynecology Indonesia (POGI), Asia Pacific Council on Oral Contraceptive (APCOC), the Indonesian Midwives Association (IBI). This shows the importance of the Public Partnership Program to support government programs in family planning programs and reducing the burden of government in the financing of contraception.

"In this case, Bayer cooperated with BKKBN informing and educating the public, especially Indonesian women about the importance of reproductive health and contraception. When Indonesian women get information and be able to make choices for their health and their families, meaning that they have helped to secure the overall health and welfare of the nation," said Ashraf.

Kabar24.com: Jokowi Visit to East Timor
26 January 2016

Kabar24.com, JAKARTA - President Joko Widodo accompanied by First Lady Iriana state visit to Timor Leste today Tuesday (01/26/2016).

Jokowi will meet with East Timorese President Taur Matan Ruak and Prime Minister of Timor Leste Maria De Araujo, to discuss a number of issues of strengthening cooperation in trade, investment, energy, infrastructure development as well as a shared commitment to accelerate the completion of the border issue.

Quoted from page www.setkab.go.id, in addition to meet heads of state and government, this state visit also signed a number of documents notakesepahaman (MoU) the MoU kerjasasama Youth and Sports, MoU of cooperation Archival, Climatology and Geophysics MoU cooperation, cooperation MoU Search and Rescue, as well as cooperation MoU Energy, Petroleum and Mineral Resources.

In Dili, President Jokowi also scheduled to receive Star Top Service Democratic Republic of Timor-Leste Grande Colar de Ordem de Timor-Leste Government of Timor-Leste to be worn by President Taur Matan Ruak.

President and First Lady Iriana Joko Widodo also will visit the Heroes Cemetery and Memorial Park Heroes Metinaro Lotus.

The group headed to East Timor at 07.00 pm from the international airport Ngurah Rai Bali towards Lobato Dili airport by using the presidential plane.
Previously President Jokowi opened the International Conference on Family Planning or the International Conference on Family Planning (ICFP) 2016, held in Bali Nusa Dua Convention Center (BNDCC), Bali, on Monday (01/25/2016).

The President and his entourage are expected to arrive in the country on this day at 20:00.

Accompanying the president on a state visit, the Minister for Economic Affairs Nasution, Minister of Foreign Affairs Retno Marsudi, Minister of Maritime Affairs and Fisheries Pudjiastuti Susi, Minister of Youth and Sports Imam Nahrawiā.

Kompas: BKKBN Pursues Targeted Success of Village KB Program
27 January 2016
By Sri Lestari

NUSA DUA, KOMPAS.com - the National Population and Family Planning (BKKBN) pursue a target for the success of the national program the village family planning (FP), which was launched in January 2016.

On the sidelines of the International Conference Family Planning (ICFP) in Nusa Dua, BKKBN head Surya Chandra Surapaty delivered the message that BKKBN is targeting a district in Indonesia has one village family planning.

"It is expected that a success of the program and the target of the district has a village family planning," said Surya, on Wednesday (01/27/2016). Surya added, that village KB is a new model in capturing the family planning program sustainability. This program is nothing but a revitalization of family planning programs are more geared to supporting the implementation Nawacita mainly on ideals third is to build Indonesia from the periphery.

"Kampung KB is prioritized in frontier countries, remote areas and regions with difficult range of vehicles," he added. As presented by Coordinating Minister PMK, Puan Maharani at the opening of the 2016 ICFP, there are currently 582 village KB programs, a number that is expected to continue to grow and spread throughout Indonesia.

Kompas: Jokowi on Mothers and Family Planning
26 January 2016
By Sri Lestari

NUSA DUA, KOMPAS.com - President Joko Widodo give a speech in the International Conference Family Planning (ICFP) in Nusa Dua, Bali, on Monday (01/25/2016). In his speech, the mother Jokowi convey important role in building the country.

Jokowi said that only a healthy woman can give birth to generations of quality, character, and virtuous.
"Only healthy mothers, healthy children, healthy families, and prosperous that can give birth to generations of quality, character generation, the generation that virtuous love of fellow human beings," said Jokowi.

He also confirmed that the Family Planning (FP) is very important. KB into a strategic investment to ensure future generations to ensure the achievement of the objectives of sustainable development, as well as to achieve global security and prosperity in the world.

"I know the progress of family planning in the world today is thanks to the hard work, due diligence, and thanks to the leadership of the people sincerely," he said.

Maketh Indonesia as the host ICFP Jokowi admitted as evidence that the Indonesian Government is working hard to revitalize the family planning program with challenges, both from family and government.

This international conference was attended by about 4,374 delegates from 114 countries consisting of 3,448 international delegates and 926 delegates from within the country.

Kompas: Minister Joanna urges Engeline to be Delayed For Film Production
25 January 2016
By Sri Lestari

Minister of Women Empowerment and Child Protection Yohana Susana Yembise expect a movie about the life story of Engeline not produced before the publication of the court decision.

"I think for the time being should not (make a film story Engeline), until the verdict ends (judgment of the law), "Joanna said while attending the International Conference Family Planning (ICFP), in Nusa Dua, Bali, on Monday (25/01/2016).

Joanna continued, he would not forbid any party to make a film about Engeline if the court already sentenced. Because after all, the story of Engeline could be a model of how to Indonesian law enforcement in handling cases of violence against children.

"The case Engeline this could be a model for law enforcement in Indonesia. I continue to accompany (guard) legal proceedings Engeline and always ask for the head agency to monitor. If later the legal process has been completed and made the film, expected to provide inspiration,"added Joan. Inspiration addressed to children and women in Indonesia to be vigilant and respect as well as to detect the emergence of violence.

The story Engeline expected to be learning together to make the family as the main pillar in creating affection without violence.
KRjogja.com: **14 Countries Acknowledge Success KB Karanganyar**  
22 January 2016  
*By Ivan Aditya*

**KARANGANYAR (KRjogja.com)** - Envoys of 14 countries on Family Planning International participants appreciated the success of Karanganyar run family planning programs. In the program, the commitment of local governments through financing and regulation applied.

This was conveyed by the Executive Director of Strategic Communication for Social Development Copyright Method Mix Foundation (CCP), Inne Silviane to KRjogja.com regent at the home office, Friday (22/01/2016). He said its operations since 2010 until now on Earth Intanpari on Advance Family Planning program (AFP) was not in vain.

In the field of finance, local government is able to increase the portion of program budgets to AFP from Rp 9.6 million to Rp 1.1 billion. Then the binding regulatory programs that include SE No. 476 / 433.28 on Village Fund Allocation for family planning programs that strengthened decree No. 41 on Technical Guidelines for Use of the Village Fund.

Now, 162 villages in Karanganyar each reserve fund of Rp 3 million to Rp 5 million per year is allocated program was managed by a team of KB Village (TKBD). "We will not give a good assessment without proof of the location. 22 participants from 14 countries have seen the leadership and commitment of regents very mencukung AFP, "he said.

Participants mainstreaming family planning program's original 14 countries will adopt governance in Karanganyar then apply in his hometown. This is to encourage the government concern in the country.

In Karanganyar, he brought 22 participants from Burkina Faso, Cameroon, DRC, Ghana, India, Madagascar, Mali, Nigeria, Pakistan, Philippines, Senegal, Uganda, Zambia and Kenya. "There are six districts / cities in Indonesia that started us off after getting assistance. A total of 19 districts / cities are accompanied by," he said.

Inne said such assistance focuses on the proper method of family planning guidance and stakeholder mapping. Acceptor interest in using the facility into a state-owned KB funded institution criteria Bill and Melinda Gates Foundation to start its operations. "Previously, many people want to come in Karanganyar KB but do not know how to access it," he said.

While the opportunity to meet Karanganyar Regent Juliyatmono used the envoys of 14 countries to explore the local government policy related to AFP. They measure the commitment regent of regulation and funding to respond acceptors.

Juliyatmono regent said acceptors are free to choose the method as required. To stimulate the participation of citizens, it offers compensation in the form of capital and cash stimulant to the productive age.

Liputan6.com: **Jokowi: Family Planning is Absolute Investment**  
26 January 2016
By Luqman Rimadi

Liputan6.com, Jakarta – President Joko Widodo attended and the opening of the International Conference on Family Planning (International Conference on Family Planning / ICFP) in Nusa Dua, Bali (01/25/2016). In his speech, Jokowi reminded the importance of Sustainable Development agenda which has been ratified by world leaders at the United Nations in November 2015.

"The purpose of this development has been to unite us globally. To achieve the global goal, we must take action and program of action that is local to the villages, up to the villages," said Jokowi through the Communications Team of the President, on Monday (25/1/2016).

To maintain the continuity of economic growth in each country, investing in family planning is absolutely to be done. "Once again investing in family planning is essential. The stigma against women, discrimination and even violence against women must end," said Jokowi.

President who was with Lady Iriana Joko Widodo hopes, in this ICFP forum, discussed the main foundations for realizing the 2030 vision of building planets has been agreed by world leaders.

As a first step, the president said, is necessary to ensure the access to services and tools for family planning. "So the mother is getting wise and powerless to determine when they will have children. Also the safe delivery so that mothers and babies have the best chance for a healthy life," said the President.

Family Planning Health Determine Future Generations

At the beginning of his speech, the President reminded the generation of quality, character, and noble character, can only be born to healthy mothers, healthy children and comes from a family of healthy and prosperous. Therefore, family planning becomes very important.

"Family Planning into a strategic investment to ensure the health of future generations, to ensure the achievement of the objectives of sustainable development and to achieve global security, and prosperity of the world," said the President.

President aware that the progress made in family planning in the world today is thanks to the hard work, perseverance, and leadership sincere people, including those present at this international conference. "Indonesia was honored to host the International Conference on Family Planning (ICFP) now and feel proud of the presence of brothers and sisters," said Jokowi.

The Government, according to Jokowi currently working to revitalize the family planning program. Jokowi said the challenges and responsibilities faced by Indonesian families in the future will be even greater.

"Indonesia is predicted to get a demographic dividend in the year 2020 to 2030, in which the productive age population with very large while the smaller young age and old age is not a lot," he said.

To face these challenges, the Indonesian government has always pushed the action program locally by involving the citizens. "We approach the village of Family Planning in Indonesia is expected to
substantially reduce the drop-out rate participation of the family planning program," said former Governor of DKI Jakarta.

In addition, the village family planning can improve the long-term contraception. During this time the use of contraceptives is only used for a short period such as pills and injections. "It is often forgotten that the dropout rate of family planning increases. Government-run health program also includes the cost of family planning that is affordable or even free for couples KB," said the President.

To illustrate the issues of population, the population growth rate of Indonesia in 2014 to 20,015, 1.32 percent. That is, per year of Indonesia's population grew about 3 million inhabitants. The average level of 2010-2015 births per woman 2.4 children / woman or a woman having 2 to 3 children.

Morningstar: Indonesia tries to Trim Birth rate to Aid Economy – Update
25 January 2016
By Sara Schonhardt

JAKARTA--Indonesia seeks to revive a family-planning program that has languished since its heyday decades ago, when its "two kids is enough" campaign gained global attention and helped halve the nation's birthrate.

Those efforts were in the spotlight on Monday when President Joko Widodo opened the International Conference on Family Planning by saying his government was working to make such programs affordable and accessible to address challenges posed by a growing population and ensure the success of future generations.

"To sustain economic growth in every country and every region, investment in family planning is absolutely necessary," Mr. Widodo said, calling it a "strategic investment" geared toward reaching the goals of "sustainable development, global security and world prosperity."

Jakarta's move to lower Indonesia's fertility rate to energize economic growth in what is now the world's fourth most populous country comes as China and Japan strive to do the opposite--raise fertility rates to address the threat aging populations pose to their own economies.

Indonesia's National Population and Family Planning Board plans to inject more government money into education and services in the hope of easing the strain a growing population puts on housing, water, education and employment, officials say.

"We realize the challenges and responsibilities faced by Indonesian families in the future will only get bigger," Mr. Widodo said at the annual conference, which aims to address issues such as reproductive health and access to contraceptives by bringing together world leaders and development experts.

A slower rise in Indonesia's population helped economic growth during the era of former autocrat Suharto, which ended in 1998. Indonesia's fertility rate fell over 30 years to 2.6 children per woman by 2002, down from 5.6, according to data from the national statistics agency. Population growth slowed from around 2.3% to 1.4%.
But for 10 years, starting in the early 2000s, Indonesia's family-planning programs stagnated, and experts say it has been to the country's detriment.

"There was no campaign, no accurate information, no promotion" during that decade, said Hari Fitri Putjuk, country representative from Johns Hopkins's Bloomberg School of Public Health's Center for Communication Programs. "Now it's young people [who] haven't been exposed to family planning."

Lower birthrates were a big reason for an economic surge not only in Indonesia but across East Asia in the three-decade-long period ending in the 1990s, said Jose Oying Rimon, director of the Bill & Melinda Gates Institute for Population and Reproduction at Johns Hopkins. Fewer children increases the working-age population and leads to more-sustainable development, he said.

Indonesia tried to revive the program several years ago, but progress has been slowed partly by a lack of commitment and funds from local governments that manage the programs, said Melania Hidayat, a program officer at the United Nations Population Fund in Jakarta.

Now, Mr. Widodo is supporting the family-planning board's efforts to boost their commitment. This month he launched a village family-planning project in West Java that has gained the backing of local village chiefs, and on Monday he encouraged all local governments to make the program a priority. Family-planning services are now provided free to couples who pay a premium to access a universal health-coverage program launched in 2014, he said. The government also has been investing in improving family-planning clinics and training for local health workers and in increasing the use of contraceptives.

A community-outreach program launched in 2014 in connection with Johns Hopkins School of public health arms volunteer health workers with tablet computers loaded with videos, guides and information sheets about family planning and reproductive health. The program also recently launched a mobile app called Skata that gives couples budgeting tools to plan their families.

Indonesia's national fertility rate has recently fallen to 2.3 children per woman from 2.6, according to a 2015 population survey, but the goal is to reduce it further to 2.1--the replacement rate--by 2025.

Surya Chandra Surapaty, head of the National Population and Family Planning Board, said the family-planning program is aimed at ensuring that population growth doesn't offset the benefits of economic expansion. It calls for a different family-planning program than the one that gained so much traction during Suharto's time.

"They need a much more sophisticated, demand-generation campaign, focusing less on slogans but more on really providing the right information at the right time," Mr. Rimon said.

Health experts say the program still has some holes, one being that it targets only married couples due to regulatory restrictions in the Muslim-majority country. Indonesians often still view teaching youth about family planning as taboo.

Providing even married couples with contraception has encountered opposition from some of Indonesia's Islamic political parties. Several years ago, Indonesia's health minister at the time was criticized for advocating condom use; last year a city in East Java sought to restrict condom sales.
The information and services for youth focus mainly on abstinence and don't respond to the needs of a diverse population, Margaretha Sitanggang, who works on youth and adolescent reproductive health at the United Nations Population Fund, said.

"Comprehensive and age-appropriate education on reproductive health is key in delaying the age of marriage and unwanted or early pregnancy among adolescents which is associated with higher risk of morbidity and mortality," she said.

Ms. Hidayat said some private health providers are reluctant to challenge stigmas or cultural barriers.

The private sector has more flexibility to provide services, she said, "but private health providers have their own beliefs or their own judgment."

Resty Woro Yuniar contributed to this article.

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**Republika: Contraceptives Now Shaped Like a Patch**
29 January 2016
*By Mutia Ramdhani*

In family planning programs implemented by the government so far, there are several kinds of ways and means of contraception that can be applied to couples (couples) of reproductive age. Kind, among other tools in the form of a spiral (IUD), implants, condoms and oral medications. In addition, there is also the way in the form of surgical method of contraception, such as tubal ligation and vasectomy.

Now, one of the global pharmaceutical company and leader of the oral contraceptive market in Indonesia, PT Bayer Indonesia, will soon launch a new product for contraception. Women's Head of Marketing at Bayer HealthCare Indonesia, Rosalina Sutadi, said it is in Nusa Dua, Bali, on Wednesday (27/1).

These companies manufacture contraceptives in the form of patches as diversified forms of contraceptives, other than condoms, pills, and spiral (IUD) KB. "We are registering some of the new products to be launched this year, one of them a patch. The patch can later be used at least one week," said Rosalina told Reuters on the sidelines of the International Conference on Family Planning (ICFP) in 2016 was.

Women can get pregnant if one sperm in men managed to reach the egg (ovum). Patches as contraceptives will prevent conception (ovulation) by way thicken cervical mucus so that sperm travel through the cervix to reach the egg becomes very difficult.

Quoted from page nhs.uk, this particular patch proved 99 percent effective in preventing pregnancy. One sheet of the patch can be worn for one week and replaced up to three times or the use of three weeks.
The patch is already plastered with a special hormone that would seep through the pores of the skin of the wearer. People who use it can still be business as usual while using the patch, such as swimming or exercising.

Innovation, said Rosalina, is intended to produce a superior product that is a priority of his company. In 2015, Bayer has been disbursed up to 3.6 billion euros for research and development in research for these products.

Bayer has been providing various methods of contraception. This is because no single method or contraceptives that can be used are common to all women.

To that end, the company also optimize public education related to family planning programs independently on an ongoing basis, especially the use of oral contraceptives. "We're working to support family planning in Indonesia through the MoU (Memorandum of Understanding) with the National Family Planning Coordinating Board-BKKBN since 1987," said Head of Communications of PT Bayer Indonesia, Anton Susanto.

He claims since 2008 until 2015 the existing 274 ambassadors oral contraceptives that have been generated that have reached at least 77 thousand women through approximately 2,601 times the education to the community. The achievement was primarily related to the use of oral contraceptives.

Meanwhile, Vice President Corporate Commercial Relations Bayer AG, Klaus Brill explains, globally, the company is committed to help developing countries to gain access to contraception. "We are serious about social responsibility as a supplier of hormonal contraceptives. For 50 years and in more than 130 countries in the world we support family planning programs," he said.

Republika: **Family Planning Driven by Women’s Rights**
29 January 2016
*By Mutia Ramadhani*

REPUBLIKA.CO.ID, NUSA DUA - Health Minister Nila F Moeloek encourage family planning program (KB) - based rights, particularly women's rights.

Indonesia committed to participate in the achievement of Family Planning in 2020 by prioritizing family planning programs as a core issue of sustainable development.

"I think we have to work hard, because they live four more years. Indonesia still recorded three million births per year, which means planning are still not working well," said Nina met at the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Thursday (28/1).

The government, said Nina has established a rights-based family planning. Women have the right to determine the timing and number of children who can be born.

Head of the Population and Family Planning (BKKBN), Surya Chandra Surapaty said family planning services for the urban poor and rural communities are below the poverty line need to be considered.
Another important point that should be stressed is to mobilize resources if there is a need for contraceptives, reproductive health, and maternal and child health, post-abortion services, and innovative mechanisms that raised private and government.

"We are excited by the commitment of the various new contraceptive technologies, especially those that can protect women from sexually transmitted infections, as well as bringing more intensive planning services to rural households," he said.

The International Foundation Parenthood Federation (IPFF) is committed to reach 60 million new female contraceptive users in the next five years. This is in order to support the global commitment to reach 120 million women around the world in accessing the family planning program.

"We have an ambitious commitment to advancing the rights of women and girls around the world to decide for themselves when and how many children they want to have," said Executive Director of Family Planning in 2020 (FP2020), Beth Schlachter.

IPFF mediating in providing modern contraceptives to women and young girls for decades. IPFF is a partner that ensures KB FP2020 be a central part of the global development agenda.

Republika: Humanitarian Crisis Solution Critical to KB Success
29 January 2016
By Mutia Ramadhani

REPUBLIKA.CO.ID, NUSA DUA - Chief of the Commodity Security Branch at the United Nations Population Fund (UNFPA), Jagdish Upadhyay program emphasizes the success of family planning (FP) in many countries around the world also determined the solution taken pemimin-a world leader in address the humanitarian crisis.

UN records there are at least 40 countries around the world are experiencing a humanitarian crisis.

"The humanitarian crisis makes health programs excluded. Countries like Syria and Nepal, for example, have become part of our duty to support them," said Upadhyay at the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Thursday (28/1).

At the global level, UNFPA estimates Upadhyay is still a shortage of funds to one billion dollars for development planning. That is why the United Nations continues to encourage the governments of each country in the world to prioritize family planning in the national development agenda.

The family planning program - when viewed from the side of the business - is actually a promising investment. KB is a public health investment in the world with a greater final results.

"By spending one billion dollars for family planning programs, we can save two billion dollars in other sectors," said Upadhyay.
There are so many examples of countries in the world, such as Ethiopia that make family planning as a core issue of the government. However, many countries are still subordinated planning program.

Governments in small and medium-sized countries such as only providing products KB most basic and inexpensive. That way they think is already running a family planning program. Build kesehata system, said Upadhyay had to serve all levels of the community with many options.

Public Health experts from Zambia, Nambao Mary pointed out that at least 96 per cent of women in Nigeria concerned about his health. This is because the total population in the country only 13 million people.

"Due to low population numbers, politicians and policy makers had felt no need to promote family planning, but there are still 21 percent of family planning in Zambia have not been met," he said separately.

Although the current Zambian government is committed to doubling the budget allocation for family planning, said Mary, he still saw the numbers need choices KB remains high. Development of a variety of contraceptive methods will improve access to communities who do not get family planning services.

Republika: Bayer to Launch New Contraceptive Patch
27 January 2016
By Mutia Ramadhani

REPUBLIKA.CO.ID, NUSA DUA - global company and leader of the oral contraceptive market in Indonesia, PT Bayer Indonesia in the near future will launch a new product that can be used as a contraceptive.

Women's Head of Marketing at Bayer HealthCare Indonesia, Rosalina Sutadi said the patch will diversify contraceptives other than condoms, pills, and spiral (IUD) KB.

"We are registering some of the new products to be launched this year, one of them in the form of the patch. The patch can later be used at least one week," said Rosalina told Reuters on the sidelines of the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Wednesday (27 / 1).

Women can get pregnant if one sperm in men managed to reach the egg (ovum). Patches as contraceptives will prevent conception (ovulation) by way thicken cervical mucus so that sperm travel through the cervix to reach the egg becomes very difficult.

Quoted from page nhs patch this particular proved 99 percent effective in preventing pregnancy. One sheet of the patch can be worn for one week and replaced three times or the use of three weeks.

The patch has been plastered with a special hormone that will seep through the pores of the skin of women. Users can still business as usual while using the patch, such as swimming or exercising.

Innovations to produce a superior product, says Rosalina is a company priority. In 2015, Bayer has been disbursed up to 3.6 billion euros for research and development.
Bayer has been providing a variety of contraceptive methods. This is because no single method or contraceptives that can be used are common to all women.

**Republika: 5 Reasons Early Marriage Jeopardizes Health**
26 January 2016

REPUBLIKA.CO.ID, Unicef data showed more than 700 million women in the world is married before the age of 18 years. As many as 280 million girls nowadays even become 'child bride.' In the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, global organization, Girls Not Bride trying to explain five reasons why married early or too young to get married at the age of keseatan threatening mother and child.

**The risk of teenage pregnancy**

'Child bride' will become mothers early age. This is because after marriage the next step to be undertaken woman is pregnant and gave birth to a child.

**Giving birth at an early age the risk of death**

When women give birth at the age of immature, their lives at high risk. The occurrence of complications during childbirth one push of death in girls aged 15-19 years in underdeveloped countries. Girls who give birth in the age range of the many who died.

**Child's immune system is weak**

Babies born to mothers whose young bodies usually have a weak immune system, especially the first week after birth. Deaths of babies born to mothers under the age of 20 years is higher than over 20 years. 'Child bride' is also likely to have babies with low birth weight. Health effects usually last for a long term.

**Health knowledge, especially about minimal KB**

'Bride children,' especially women are less knowledgeable about family planning (FP), sexual health, reproduction and contraception. They need access to more knowledge in this regard.

**Not married at an early age reduces maternal mortality**

Countries with many people who undergo early marriage usually has a high maternal mortality rate. When girls have access to a wide range of sexual and reproductive health services, including sexual education and family planning, they can decide when and how many children were born.
Bill and Melinda Gates Foundation Donates 300 Million dollars for Contraception
26 January 2016

REPUBLIKA.CO.ID, NUSA DUA - Donors world, the Bill and Melinda Gates Foundation committed to donate 300 million US dollars. The funds are for the success of the Family Planning (FP) in countries in need, particularly to help prevent women and young girls of deaths from unwanted pregnancy or giving birth at too young age through the provision of contraceptives.

"Increase the number and types of contraceptives is very important. Data last 30 years indicate when a contraceptive method is applied, then its use could increase to eight per cent in one country," said President of Global Development at the Bill and Melinda Gates Foundation, Christopher Elias at the International Conference on Family Planning (ICFP) 2016, Nusa Dua, on Monday (25/1).

Christopher explained it identified three steps to accelerate the achievement of progress KB 2020. First, through advocacy. There is a need to ensure that all women and children could access contraception. When girls have access to contraception, they can prevent unwanted pregnancy, graduated, space births, and ultimately contribute to the national economy.

Second, improve the quality of family planning services to women. Donor agencies based in the United States involves the private sector to facilitate counseling, information, and access to a comprehensive range of contraceptives, particularly long-term contraception.

Third, funding programs that expand the knowledge and adolescents' access to contraceptives. A team of experts, said Christopher has conducted evaluations in countries such as Kenya, India, and Senegal. Program there managed to improve the quality of care and access to contraception options for women and young girls.

The use of contraceptives in 19 cities in Senegal for example, could be increased by 24 percent. Many local governments are ultimately replicate this solution. Looking ahead, the Bill and Melinda Gates offers donors an incentive to expand similar programs in Asia and Africa.

Commitment Global and Local Action Support KB
26 January 2016

Mothers traders in Pasar Badung, one of the traditional market in Denpasar, are involved in the dissemination of family planning services (KB). Dissemination of information in the market environment very quickly, so make Rama Sesana Foundation (YRS) led by Luh Putu Upadisar good use. "We focus on family planning and reproductive health services, such as transmitted infections and cervical cancer," said the doctor who is familiarly called Sari was last weekend.

According to him, two issues of reproductive health at the top is still prevalent, even though such cases could be prevented. Reproductive health information has not been so reach all levels of society.
Traditional markets become a great medium because it is a gathering place for many women. Sari doctor noted, there are at least 21,246 people accessing reproductive health services in the foundation, located on the fourth floor of the traditional markets.

This foundation offers health services and counseling for low-income women who worked in the market as a seller, buyer, and the people who live in the market environment. People who need family planning services, such as injectable and IUD could come here. Contraceptives, such as pills, injections, spiral, and the condom was obtained from the donors.

Socializing done Rama Sesana Foundation in line with the global commitment and local action to realize a prosperous family. Moreover, the rate of early marriage (19 years and under) in Indonesia is high, reaching 46.7 per cent by the Health Research Data, 2010. Head of the National Population and Family Planning (BKKBN) Surya Chandra Surapaty said Indonesia was part of a global commitment. "Being married or having children must be planned, not because of the disaster," said Surya, Republika found in the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Monday (25/1).

Development of family welfare, said Surya, should start from the village. Therefore, BKKBN echo the national program 'Kampung KB' in every county and city in Indonesia. The program is aimed at controlling the birth rate in order to improve the quality of the population.

Kampung KB targeted objectives can be evenly distributed in all provinces in Indonesia. The priority is a fishing village, slum, urban poor village, or other kampung its participation KB low.

Maternal mortality hard pressed if the total fertility rate (TFR) is still stagnant 2.6 children per one woman of childbearing. Surya call that number should be lowered to 2.1 children per one woman of fertile so that the quantity and quality of the population balance. "This target should be reached by 2025," said Surya.

BKKBN advocated minimal ideal married couple at the age of 21 years for women and 25 years for men. This age is considered ripe. The next task is to space the pair spacing, at least three years between the first and second child. Three years could be used mothers to exclusively breastfeed their children for two years. She also had time to educate their children before having a new sister.

Member of the Legal Affairs Committee and Tajdid Muhammadiyah Wawan Gunawan Abdul Wahid in the exposure ICFP written in 2016 mentions, Muhammadiyah in principle welcomes KB. Indonesia's largest Muslim organization in this regard is not limited tahdidun KB nasl or control the birth rate, but also Tandzimul nasl or family planning. "This is how to manage the welfare of the family. In order to achieve a prosperous family would require qualified younger generation," he said.

This is in line with the commands of Allah in the Koran as written in Sura at-Tahrîm 6 and 59. These two verses Sura Maryam, said Wawan, describe that quality family will only be generated quality generation. "Some effective methods to get the family as it is to regulate the spacing and reproductive health husband and wife."

Executive Director of the Uganda Protestant Medical Bureau (UPMB) Tonny Tumwesigye added, the religious leaders of Islam, Christianity, Buddhism, Hinduism and other faiths in the world need to increase cooperation and advocacy for echoing KB. A total of 80 leaders and representatives of religious
leaders of religious organizations in various countries around the world gathered in ICFP for the first time. They discussed best practices to promote birth control use religious approach. Misunderstandings are still confusing hopes to overcome by socialization and the provision of better information.

Speaking in ICFP 2016, President Joko Widodo (Jokowi) expects this conference to contribute to the preparation of the agenda of Sustainable Development Goals (SDGs) after 2015, among others, through the village family planning program. The program integrates family planning and reproductive health in the mechanism of the National Health Insurance through the Social Security Agency (BPJS).

Population and Family Planning Agency (BKKBN) in 2016 received a budget allocation of Rp 3.86 trillion. The amount is an increase compared to Rp 3.5 trillion in 2015. This proves the government's commitment to support a range of activities related priority KB. "Investment is an absolute KB. KB should be a priority program in every county and city across the country," said President Jokowi.

Oleh Mutia Ramdhani, ed: Andri Saubani.

Republika: **KB Success Through Mobile Technology**
26 January 2016
*By Mutia Ramadhani*

REPUBLIKA.CO.ID, NUSA DUA - Technology also plays an important role dissemination of information related to the Family Planning (FP) worldwide. There are 2.6 billion users of smart phones (smartphones) worldwide today and the figure is expected to grow to 6.1 billion users in 2020.

And information technology adviser at IntraHealth International, Amanda Puckett Bendor said mobile technology is one tool to improve the quality of women's health, especially information about family planning, sexual health and reproduction. How come? Many health workers in many countries of the world, even in remote areas can access a mobile phone today.

"Take mHero for example, this is a mobile platform developed IntraHealth and Unicef that connects all the staff at the Ministry of Health in West Africa in the fight against the Ebola virus, also another epidemic, including those related to family planning," says Bendor at the International Conference on Family Planning (ICFP) 2016 Nusa Dua, on Tuesday (26/1).

IntraHealth International is a partner of the Knowledge for Health program funded by the US Agency for International Development in the United States. Other applications, mHealth is used for distance learning for officers of health services in many countries. This application also allows users to collect data related health and much more.

Republika: **President: KB investment is Absolute**
26 January 2016
*By Mutia Ramadhani*
Family Planning (FP) is a strategic investment to ensure future generations in order to achieve sustainable development. The World Organization of the United Nations also confirmed countries around the world need to allocate specific funding for the success of the Family Planning (FP).

"Investing in family planning is absolutely essential. KB should be a priority program in every county and city across the country," the president said, Joko Widodo in the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Monday (25/1).

Jokowi deliver government welcomed the conference as a platform to exchange experiences and information in managing population control and family planning programs. Concern for population and family planning issues arise because there are still obstacles in reducing the fertility rate, while the increasingly limited natural resources.

This conference, said Jokowi is expected to contribute to the preparation of the agenda of Sustainable Development Goals (SDGs) after 2015, including through the village family planning program. The program integrates family planning and reproductive health in the mechanism of the National Health Insurance through the Social Security Agency (BPJS).

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Religious Leaders Success Program Helps KB
26 January 2016
By Mutia Ramadhani

Muhammadiyah, Christian Connection for International Health, and the Faith to Action Network work together as co-chairs the sub-committee at the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, Bali, 24-25 January 2016. All three are found all the families in the world - regardless of their beliefs or religion - are entitled to health and family welfare.

Many faith-based organizations in the world supporting the government and related parties providing services on family planning (KB). They realize that family planning can protect maternal and child health, reduce the number of abortions, and prevent unwanted pregnancy.

Member of the Legal Affairs Committee and Tajdid Muhammadiyah, Wawan Gunawan Abdul Wahid in the exposure of its written mention of Muhammadiyah in principle welcomes KB. Indonesia's largest Muslim organization in this regard is not limited tahdidun KB nasl or control the birth rate, but also Tandzimul nasl or family planning.

This is in line with the commands of Allah in the Koran as written in Sura At-Tahrim 6. The meaning of the verse, "O ye who believe, guard yourselves and your families from the Fire whose fuel is men and
stones; guardian angels of the rough, hard, and do not disobey Allah in what He commanded them and always do what they're told.’

God also says in Surah Maryam 59 which means, 'But coming after them an offspring that they have neglected prayer and indulge in lust; then they will meet error. "Both of these verses, said Henry illustrates that quality family will only be generated quality generation.

"Some effective methods to get the family as it is to regulate the spacing and reproductive health husband and wife. So once again, in principle there is no problem between Muhammadiyah view the KB, "he said.

"This is how to manage the welfare of the family. To achieve a prosperous family, it is necessary to qualified younger generation, "he said.

Executive Director of the Uganda Protestant Medical Bureau (UPMB), Tonny Tumwesigye added religious leaders of Islam, Christianity, Buddhism, Hinduism and other faiths in the world need to increase cooperation and advocacy for echoing KB. Many religious leaders in developing countries strongly support family planning programs to protect the health of the people.

"If you have 100 children but is not qualified, you just make the world worse. If you only have a few children, but you are successful learners, living with health guaranteed, and can explore their potential, you managed to make the world better, "said Tumwesigye.

Tumwesigye looked leaders or religious leaders are so respected in the community. This puts them in an ideal position to participate educate the public, provide health services from the religious side, and remove the myths that make people reluctant to contact with KB.

A total of 80 leaders and representatives of religious leaders of religious organizations in various countries around the world gathered in ICFP first time. They discussed best practices to promote birth control use religious approach. Misunderstandings are still confusing hopes to overcome by socialization and the provision of better information.

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Republika: UN: Natural World Crisis Support at KB
26 January 2016
By Mutia Ramadhani

REPUBLIKA.CO.ID, NUSA DUA - Executive Director of the United Nations Population Fund (UNFPA) as representatives of the Secretary-General, Babatunde Osotimehin added the world is currently experiencing a crisis support for family planning. Family planning program is currently very dependent on donors.

"Funding for family planning in the future is the responsibility of the state, should not be dependent on any donor. State must keep its own people, "he said at the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Monday (25/1).
If a country's investment planning program continues to stagnate and not offset the growth in population, the goal of the US dollar for the health sector.

"Two billion young people in the world need access to and information on family planning. World leaders must ensure that in 2030 there was no youth and girls 'abandoned.' They had a happy life and bemartabat, "he said.

UNFPA as a United Nations agency that handles issues of global population strongly supports family planning programs in developing countries such as Indonesia. This, Osotimehin said with regard to the utilization of the demographic bonus. Quality of life for infants, children, and members of keluatga guaranteed when women have access to contraceptive services.

Women have the right to determine when and how much they would give birth to a child. In the end, every pregnancy is expected and every child born is assured treatment.

Republika: **UN Targets 120 Million Women to Participate in KB 2020**
26 January 2016
By Mutia Ramadhani

REPUBLIKA.CO.ID, NUSA DUA - The United Nations (UN) through the United Nations Population Fund (UNFPA) is targeting 120 million women and young girls can access the Family Planning (FP) worldwide in 2020.

UNFPA Executive Director, Babatunde Osotimehin said the KB became one of the family and the nation out of poverty.

"Our goal is 120 million women in the world to follow the KB voluntarily in 2020. We must ensure they have access to family planning and contraception," said Babatunde in the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Tuesday (26/1),

In 2012, an estimated 80 million women in developing countries undergo unwanted pregnancy. One of the four women were forced to have abortions at high risk. Babatunde assess the family planning program could avoid millions of unwanted pregnancies and saved thousands of lives.

Co-chair of the Bill and Melinda Gates Foundation, Melinda Gates in a video message expressing his foundation is committed to increase funding for family planning programs to 25 percent for the next three years, or an additional 120 million US dollars.

Every dollar spent to support family planning programs actually save the state budget up to six dollars. "It could be used by the government to improve public services, including health, housing, water and sanitation," he said.
Currently more than 220 million women in developing countries have not got access to family planning because of lack of information. Existing budget, said Melinda future, more for family planning advocacy activities, particularly in the sub-region of Africa and Asia.

Republika: BKKBN Encourages Family Planning
25 January 2016

The number of early marriage (19 years and under) in Indonesia is high, reaching 46.7 per cent by the Health Research Data, 2010. Head of the National Population and Family Planning (BKKBN), Surya Chandra Surapaty said the Indonesian part of the world has a global commitment and local action to realize a prosperous family. "All countries are committed to controlling the quantity of the population through careful planning. Married or have a child that must be planned, not because of the disaster," said Surya found Republika.co.id in the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, on Monday (25/1), development of family welfare, said Surya, should starting from the village. Therefore, BKKBN echoing national program Kampung KB in every county and city in Indonesia. The program is aimed at controlling the birth rate in order to improve the quality of the population.

Kampung KB targeted objectives can be evenly distributed in all provinces in Indonesia. The priority is a fishing village, slum, urban poor village, or other kampung its participation KB low.

The maternal mortality rate is hard pressed if the total fertility rate (TFR) is still stagnant 2.6 children per one woman of childbearing. Surya call that number should be lowered to 2.1 children per one woman of fertile so that the quantity and quality of the population in balance. "This target should be reached by 2025," said Surya.

BKKBN advocated minimal ideal married couple at the age of 21 years for women and 25 years for men. This age is considered ripe. The next task is to space the pair spacing, at least three years between the first and second child. When three-year-old could be used mothers to exclusively breastfeed their children for two years. She also had time to educate their children before having a new sister.

Republika: Bengkulu Gagas Campaign to stop “When are you getting married?” questions
24 January 2016

Culture asking 'when marriage?' or 'when to get married?' a scourge for single rural and urban areas today. The question often brings its own fears for someone whose status is not married. The young people who are members of Generation Planning Forum (genre) of Bengkulu province initiated the campaign 'Stop inquiry When marriage?' Bengkulu.

Chief Executive of the Forum genre Bengkulu, Yulesti said that question raises the pressure as marriage is the final achievement of a person, especially a woman. "Marriage is not race, married not just had a child. Do not let those questions intervene in young people today," he told Reuters .co.id in the Youth
The teens in the area, said a student at the State University of Bengkulu was also familiar with the term 'bachelor obsolete.' This nickname is often pinned on men or women considered too old not married. Marriage, said Lesti is one thing to be prepared, especially family planning. Careful planning is as important as knowledge about family, sex, contraception, and so on.

Participants of the Youth Conference 2016 ICFP origin Bengkulu, Bengkulu Adina Falisha said currently ranks sixth highest in the case of early marriage on children in Indonesia. He wanted to change this perception by applying yourself first.

"At least by attending this event, I can educate and disseminate the importance of planning a family to school friends," she said.

Ms. SMA 5 Bengkulu encourage young people of school age to avoid promiscuity free. According to him, the ideal age to get married is the range of 24-25 years. Netizen from Jakarta, Amanda Siallagan petitions raise even stop asking 'when mating?' 'when to have children?' 'when to add the child?' and 'when' the other.

In a petition to be signed on its website change.org it, Amanda said culture asking this makes as the most important achievement in human life is to get married. This question, said Amanda usually constituted not by a sense of concern, but excessive sheer curiosity alias 'for police,' or show off, or think of it as a competition about who wants to get married and have children first.
October 13, 2015 was the last time President Habibie had met Jokowi at the Presidential Palace. It was BJ Habibie who claimed to have delivered farewell to President Jokowi for wanting to go overseas for a long time until December 29, 2015.

Sindonews.com: Jokowi Speaks at International Conference on Family Planning
26 January 2016
By Puji Sukiswanti

BALI - President Joko Widodo (Jokowi) opened the International Conference on Family Planning (ICFP) or the International Conference on Family Planning.

Jokowi stated, in facing the challenges of life increasingly heavy and complex problems required a good quality of life to deal with it.

Where in achieving a good quality of life will begin from healthy mothers who will give birth to a healthy child, so as to give birth to a healthy generation of qualified and virtuous.

Jokowi conveyed that the implementation of family planning programs bring substantial benefits to the formation of qualified young generation that will lead to the development goals which will bring prosperity and welfare for the world.

"Advances in family planning thanks to the hard work and leadership of the people sincerely like the audience of all, I really appreciate," said Jokowi when opening the International Conference on Family Planning (ICFP) to 4 which is housed in BNDCC Nusa Dua, Badung, Monday (25/1 / 2016).

According to Jokowi, Indonesia's population growth, which reached 1:32 percent, showing still need to be taken various concrete steps in the success of family planning programs.

Local action by establishing Village Family Planning (KB) is an effort to reduce the public, especially women who have dropped KB.

"Concrete steps such as socializing the use of long-term contraception, the installation of contraceptives cheap even free," said Jokowi.

"As well as increasing the role of health workers in pensosialisasikam the importance of family planning and increased participation and involvement of mothers in the PKK to move the family planning program," he added.

Recognized Jokowi, local governments are also asked to continue to socialize and make family planning a priority program. "KB Investment is absolute," he said.

"By planning a pregnancy will be born a healthy child and the life of the mother will also be more qualified," he concluded.
Sindonews.com: Puan Maharani: Government Cares about Family Planning
26 January 2016
By Praise Sukiswanti

BALI - Coordinating Minister (Coordinating) Human Development and Culture (PMK) Puan Maharani states, the International Conference on Family Planning (ICFP) plays an important role as a forum to exchange ideas, share experiences and exchange information on the development of family planning in various parts of the world as well as the development of contraception,

"For our country Indonesia, the holding of this conference shows that Indonesia has the awareness of the importance of family planning," said Puan in Nusa Dua, Badung, Bali, Monday, January 25, 2016.

Puan explains, global family planning will help the realization of sustainable development through family planning and family planning locally will be able to help the realization of small family happy and prosperous.

In the future, in order to improve the implementation and achievement of family planning, would have taken some important steps in between improved access and family planning services, youth development and strengthen family functioning and family planning.

"The government will continue to support in terms of funding and improve the synergy and coordination and to increase community participation in the success of family planning programs in Indonesia," said Puan.

According to Puan, no less important is to provide guidance to the public that everyone is entitled to a family and the right, too, have quality family.

"With this guidance is expected to form a prosperous family, the family of independent, healthy and educated family," he explained.

Tabangen: Comparative studies show surge of successes in KB, Karanganyar
24 January 2016

Karanganyar, Indonesia really had tasted the sweetness of success of the Family Planning (FP) in the New Order era. But in the last two decades, its echo is no longer so pronounced although socialization is always running.

Apparently, the problem began in the decentralization of leadership so that the least developed family planning programs is largely determined by the policies of the respective heads of regions. Therefore, a specific approach to local government is considered crucial.
A program titled Advance Family Planning (AFP) was introduced in Indonesia in 2011. The program is in the form of advocacy to the government in districts / cities in Indonesia in order to provide more support for revitalizing KB.

"Statistically stagnant because of the decentralization. Therefore, we are helping the government to revitalize the family planning program, whose name AFP Approach, "explained Inne Silviane as Executive Director of Yayasan Cipta Method Mix (YCCP), the manager of the AFP in Indonesia, told reporters in PHC Tasikmadu, Karanganyar, Friday (22/1/2016).

However, of the five districts / cities first who felt the program, advocacy tillage to Karanganyar can be said that the most successful with their achievements such as the increase in the budget for family planning programs and increase the number of family planning acceptors.

Karanganyar later appointed to the receive site visits from a number of countries. The visit was followed by 23 people from 14 countries, namely Burkina Faso, Cameroon, Congo, Ghana, India, Madagascar, Mali, Nigeria, Pakistan, Philippines, Senegal, Uganda, Zambia, and Kenya.

This visit also is part of the International Conference on Family Planning to-4 that was originally held in Nusa Dua, Bali on 25-28 January 2016.

According to the Director of AFP, Duff Gillespie, PhD, the arrival of 23 delegates were made to learn from Indonesia's experience in managing family planning programs, and see how Indonesia make this program a success. Moreover, the problems that faced by most of the participating countries and Indonesia in terms of family planning is also not much different, such as the insufficient number of well-trained personnel and lack of synchronization of communication between providers and users of contraception.

"We belong to the team that did the same thing in two other countries. But it turns out that the most successful is Indonesia," said Duff Gillespie in equal opportunities.

Duff also recognize that Indonesia has a plus because of the geographical challenges that it faces. "Very few countries who have challenges such as Indonesia as an archipelagic country which is very spacious with thousands of islands. It makes the problem more difficult but Indonesia is quite successful in handling," he said.

In addition, the amount of government support, local and central to the sustainability of family planning programs are also considered Duff as the positive side of Indonesia that can be replicated.

For that Duff hoped what is obtained from Indonesia is able to be implemented by the participants of the visit in each country. "After the conference, all participants started to make a joint action, and we begin to help implement it," he concluded.

FP is funded by the Bill and Melinda Gates Foundation and received full support from the David and Lucile Packard Foundation and the Hewlett Foundation. For its own programs, the AFP is implemented by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs and YCCP in Indonesia.
TEMPO.CO, Jakarta - With a 1.49 percent annual growth rate, Indonesia’s current population of more than 250 million is expected to surpass that of the United States by 2043, possibly becoming the third most populous country after China and India. Despite a national family planning program in place since 1967, Indonesia continues to struggle with various socio-cultural constraints that prevent it from becoming more effective and efficient. Such issues emerged during the recent International Conference on Family Planning in Nusa Dua, Bali.

On the sidelines of the biennial conference, Tempo English contributing editor Cory Rogers spoke to Dr. Babatunde Osotimehin, the current executive director of the United Nations Fund for Population (UNFPA). Dr. Osotimehin, a Nigerian national who is serving his second term as head of UNFPA, shared his views on how empowering women through sexual and reproductive health rights is a key to unlocking Indonesia’s development potential. Excerpts of the interview:

* * * *

You just came from the World Economic Forum in Davos, Switzerland. What role do you see for the private sector in terms of family planning and reproductive health?

It’s big. I want to start by saying there are many dimensions to it. The first is that we need to see family planning as central to development, and if you start from the perspective, like I do, that women and girls are absolutely central to human development, then everything flows from that. So the ability for countries and the private sector to contribute to development and the capacity of girls and women to participate in the workforce is key.

But you cannot have that if you don’t have good health and good education, and one of the most important pieces is the ability for women to control their fertility. That also extends to all the issues about sexual and reproductive health services, so that when they have children, they have healthy children. So investment in women and girls is critical. The private sector has a role to play in that by...
providing resources to assist governments. For example, when we are looking at how to make money 'go far' in family planning, we're looking at how we can drop the price of family planning commodities. The private sector agreed to do so if we could give them a guarantee. So we gave them a volume guarantee and they dropped the price from about US$28 to US$8 per person. So that's the sort of thing we are talking about.

But is the private sector's involvement sufficient?

It's not enough: we need to scale it up. In the past, we had this thing called corporate social responsibility. We have to get away from that; to have the private sector actually see itself as a part of development. So in Indonesia for example, (they must recognize) they are a part of Indonesia's DNA. They must put their resources out, which should include job training, internships, making sure children have access to science and math and technology. That's where it has to change.

How important is directing that kind of investment to young people?

Today in the world, there are 2 billion young people, most of them in the developing countries, and when you look at Indonesia's demography, there is a large population of young people. If you look at the fourth industrial revolution artificial intelligence, robotics, driverless cars those are the things that will be the next contributors to development. If Indonesia and the rest of the developing world is going to participate in that revolution, they are not going to go the path of Europe or North America. They will have to leapfrog in order to be part of it. That implies that we have to skill the young people today to do that. That implies that Indonesia will have to invest in a different kind of education. That's the message that has to go out.

UNFPA's eight-year program in Indonesia just ended. What will be different about the new program?

When you look at country profiles, Indonesia is not a poor country. Indonesia is advancing in terms of its own indicators of development. So we expect Indonesia to do something by itself. But you know, sometimes government policy does not achieve the objectives it sets. For example, Indonesia has decided to adopt universal health coverage. That's a good thing. But how is it going to work? What kind of money will be dedicated (to it)? How will it be divided up? How will there be assurances that resources meant for family planning actually go to family planning? How do you monitor it? How do you ensure quality care? Those are the things that exist in the policy framework and require programmatic guidance to achieve. So that's where we go, so that at the end of the day, we will help them direct resources and programming and data and foreign investments.

Are the drivers of rising maternal mortality in Indonesia still unknown?

We know some of the reasons. Early marriage is an issue; we need to address that. Equality of service is not the best; some of the points of service are not the best. And when we look at the geographies where this is happening we also need to invest in some areas that are disadvantaged.

According to the World Health Organization, Southeast Asia has one of the highest rates of unsafe abortions. How can the UNFPA help the Indonesian government address this issue?
The issue of unsafe abortions is a national thing. So we don't prescribe as to whether abortions should be available or not. But we do say this: In countries where it is legal, it has to be safe. In countries where it isn't legal, countries need to provide post-abortion care. Those are the two things. So how do you prevent unsafe abortions? I'll say two things: first is comprehensive sexual education, so they know who they are, they know their vulnerabilities. The second, of course, is access to services, access to contraception. That's something we have to think about in Indonesia. And if you look at maternal mortality here, it's not just about girls who are unmarried who are dying. Some of them are married, so it's about access to contraception.

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Tempo: Government Youth Teams Qualified for Contraception
29 January 2016
By Mitra Tarigan

TEMPO.CO, Nusa Dua - Health Minister Nila Moeloek said Indonesia should immediately move to provide access to quality contraception for 120 million women in 2020.

"The trick with the youth movement," he said at the International Conference on Family Planning in Nusa Dua, Bali, Thursday, January 28, 2016.

He said young people across Indonesia needs to know her reproductive health. "What's implementation, we will discuss with experts. It should be a breakthrough," he said.

Nila also asked all government agencies to work together to realize this commitment. Could not just one institution, he said. Across all sectors must work together.

At the closing ceremony ICFP 2016, Head of the National Population and Family Planning Surya Tjandra Surapaty invite participants, consisting of over 3,000 people from 100 countries to move immediately.

They are required to submit results of the conference in their respective countries to achieve the goals by 2020. Solar ask the conference participants imitate Indonesia are already doing local action to achieve global objectives,

It was seen from the village family planning program. "We're trying to pick villagers reach the global goal," he said.

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Tempo: Government to Build 582 Village Family Planning Programs
26 January 2016

TEMPO.CO, Nusa Dua - The government will construct 582 village family planning (FP) throughout Indonesia this year. "Especially in remote areas the forefront," said Coordinating Minister for Human Development and Culture Puan Maharani opening of the International Conference on Family Planning in 2016 in Nusa Dua, Bali, Monday, January 25, 2016.
In the village, said Puan, the government will educate the public, especially women, to promote formal and informal education. Is expected to increase in the education, women can determine its own future when to get married or when to have children. "Capacity building is a person who needs to be developed," he said.

According to Puan, physically and mentally, girls can marry at least at the age of 18 years. Unfortunately, during this time many women are forced to marry young, which consequently have an impact on the health of the mother and baby.

President Joko Widodo said village development planning is one of the government's efforts to encourage community participation in developing the program again. "The government is working hard to revitalize the family planning program because of the challenges and responsibilities faced by the family of Indonesia will be even greater," said Jokowi.

The village is expected to educate the community to improve the long-term use of contraceptives. According to data received Jokowi, only a few who use long-term contraception. Therefore, short-term use of contraceptives, such as pills and injections, are often careless so the numbers fail KB increase. "Government-run health program covers the cost of affordable birth control or even free for couples KB,"

Indonesia is expected to get a demographic bonus in 2020-2030. At that time, the population of productive age is very large, while the smaller young age and old age is not so much.

**Tempo:** [Jokowi to Open International Conference on Family Planning](https://www.tempo.co/read/news/2016/01/25/2617735120/2690541782/jokowi-to-open-international-conference-on-family-planning)

25 January 2016

President Joko Widodo is scheduled to attend the opening of the International Conference on Family Planning (ICFP) or the International Conference on Family Planning in Nusa Dua, Bali. Jokowi is scheduled to open at 15:00 CEST activities in Bali Nusa Dua Convention Center.

From the observation Tempo, in the vicinity of the opening ceremony, the Presidential Guard has begun asking sterilize the car to be passing in the area. Police also started to show up at the airport location. There are several aides of President which is scheduled to accompany Jokowi at the opening ceremony. They are Coordinating Minister for Human Development and Culture Puan Maharani, Minister of Foreign Affairs Retno Lestari Priansari Marsudi, Finance Minister Bambang Brodjonegoro, and Health Minister Nila Moeloek.

Chief of the Demographic Institute of the University of Indonesia Sonny Harry Budiutomo Harmadi appreciate the arrival Jokowi at the event themed "Family Planning" it. Sonny remembered that Jokowi make themselves present in Cirebon at the launching ceremony Village Family Planning in Hamlet Jenawi, Mertasinga, Gunung Jati, Cirebon, before the bombings Thamrin on 14th January.

"This means that Mr. Jokowi has great attention to the family planning program, "Sonny said in Nusa Dua."
The international conference on family planning is a biannual meeting in the field of family planning. The conference was initiated by the Bill and Melinda Gates Foundation through the Bill and Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health. This activity involves the governments of various countries and international institutions in the field of population, family planning, reproductive health and gender, social organizations, experts, and practitioners.

This conference is an opportunity to strengthen the commitment to family planning as well as the exchange of information, learning, and knowledge of technological developments contraception. The first conference was conducted in 2009 in Uganda and was attended by some 2,000 participants from different countries. The second and third conference conducted in Senegal and Ethiopia in 2011 and 2013. ICFP 2016 is scheduled to be attended by 3,400 participants from 114 countries. This event took place on January 25-28 2016.

Tren.co.id: **Jokowi: Mothers Have Played Important Role in Building the Country**  
26 January 2016  
*By Yogi Ari*

As President Joko Widodo has given a speech in the International Conference Family Planning (ICFP) in Nusa Dua, Bali, on Monday (01/25/2016). In his speech, Jokowi mother has delivered an important role in building a country.

Jokowi explained that only a mother would be healthy and fit that can give birth to generations of quality, character, and virtuous so useful for the country.

He did not forget also confirmed that the Family Planning (FP) will be very important for the future. KB become strategic investments in order to ensure future generations to ensure the achievement of the goals and ideals of the country and make the world prosperous.

Indonesia being the host of ICFP, Jokowi recognized this as proof that the government is working hard to revitalize the family planning program with the challenges faced today in the era of globalization is increasingly strengthened, both family and government.

The international conference was attended by about 4,374 delegates from 114 countries consisting of 3,448 international delegates and 926 delegates from within the country.

Tribun Bali: **Jokowi: Stigma and Discrimination Against Women Must End!**  
25 January 2016  
*By AA Gde Putu Wahyura*
The President of the Republic of Indonesia, Joko Widodo, said that when the world increasingly extreme and increasingly complex, can only be passed with the quality of a healthy family that spawned generations strong.

Therefore, family planning becomes very important in the life of the world for the future.

"To achieve the global goal of each state and the region should invest in family planning. Up to the villages, the village, and the stigma and discrimination against women should also be terminated. When healthy mothers, healthy children, then the family will be healthy and prosperous," said President Jokowi when the International Conference on Family Planning, in Nusa Dua, Badung, Bali, on Monday (25/01/2016).

In the years 2010-2015 each Indonesian women have an average of 2-3 children.

With the high growth rate of the investment to family planning is an absolute thing that must be run by Indonesia and the world.

This is solely to achieve the global goals relating to family welfare.

"The progress achieved Yanga family planning in the world today is thanks to the hard work, due diligence, and thanks to the leadership of people who are sincere," he explained.

Indonesia being the host of ICFP, Jokowi recognized this as proof that the government is working hard to revitalize the family planning program with the challenges faced today in the era of globalization is increasingly strengthened, both family and government.

The activity was also attended by the third President of the Republic of Indonesia, Prof. Dr. BJ Habibie, President Ir Joko Widodo, Lady Iriana Jokowi, Coordinating Minister for Human Development and Culture, Puan Maharani, Minister of Women Empowerment and Child Protection, Yohana Susana Yambise, President of Global Development Bill and Melinda Gates Foundation, Dr. Christopher Elias, Executive Director of UNFPA and UN Under-Secretary General Dr. Babatunde Osotimehin, Dean of the John Hopkins Bloomberg School of Public Health, Dr. Michael J Klag, Chief of BKKBN Indonesia, Dr Surya Chandra Soerapatti, and conference participants.

Tribun Nasional: ICFP 2016 a Milestone for Revitalization of Program for Population, Family Planning and Family Development
27 January 2016

TRIBUNNEWS.COM, BALI - Meeting of the International Conference on Family Planning (ICFP) 2016 in Bali assessed Head of the National Population and Family Berancana (BKKBN), Surya Chandra Surapaty momentum improve population program in Indonesia.

"ICFP 2016 a milestone in the implementation of the revitalization program for Population, Family Planning and Family Development," said Surya Chandra Surapaty in Bali, on Tuesday (26/01/2016).
ICFP could become a means to strengthen the commitment to family planning.

"As well as can be a vehicle for exchanging information, learning and knowledge of the field of technology development planning," he said.

This conference has a high strategic value because it followed more than 4,337 participants from 144 countries.

"This is the 4th conference held earlier since 2009 in Uganda, in 2011 in Senegal, and in 2013 in Ethiopia," he said.

Of this conference is expected the consensus in support of the CLA program worldwide, with the support of grants from international donors.

ICFP Forum 2016 also gave awards to the philanthropic international level high for their dedication in the field of family planning.

They are Patricia Sutanto, the CEO of the company that help fight tuberculosis and malaria, Sir Christopher Horn of British support improved child nutrition and maternal health.

Then Faisal and Nafi Arif from Pakistan that gives CSR the company for community service as well as Sri Datuk Dr. Tahir, bankers whose philanthropy that supports education and health of children.

In a conference that lasted 4 today, 25 until January 28, 2016, will be held various sessions of exposure oral or poster presentation of all participants.

In addition, there are also some special sessions on Indonesia, including the demographic bonus.

UNFPA Executive Director, Babatunde Osotimehin, UNFPA expressed as a UN body that handles global population issues are very willing to support family planning programs.

"Mainly in developing countries, including Indonesia, especially in relation to the use of the demographic bonus through the development of quality human resources," he said.

He called the quality of life for infants, children and family members guaranteed, when women have access to contraceptive services, so as to determine when, and how many will give birth to a child.

"So that every pregnancy is expected, and every child born would be guaranteed treatment," he said.

President of Global Development of Bill and Melinda Gates Foundation, Dr. Christopher Elias, expressed a strong commitment to provide aid of 300 million dollars.

This assistance is used to help prevent women and girls from death due to pregnancy or childbirth at very young age, through the provision of contraceptives.

"The choice of contraception should vary according to the needs and fulfillment of human rights," he said.

The conference was originally scheduled to be held in November 2015, but has been delayed, because the volcanic eruption of Mount Rinjani on Lombok island Child adjacent to the island of Bali.
Tribun Nasional: The success of family planning role in achieving sustainable development goals
27 January 2016

TRIBUNNEWS.COM, BALI - Meeting the demand for contraceptives can reduce the rate of unwanted pregnancy, maternal mortality during pregnancy, birth and infant mortality target covered by the Sustainable Development Goals or SDG's.

"Family planning plays a major role in achieving the SDGs," said Minister of Health and Social Action Senegal, Dr. Awa Marie Coll-Seck on the sidelines of the meeting of the International Conference on Family Planning (ICFP) 2016 in Bali, on Tuesday (01/26/2016).

If it can strengthen family planning programs, we will be able to make changes to the SDGs, in particular health and gender.

He said, should make sure to reach SDG to 3, namely universal health coverage.

"We must be able to integrate a minimum package of contraceptives. It is more efficient and helps us ensure that women can contribute to the achievement of SDG's so it can be more advanced and better economic growth," he said.

Currently, more than 220 million women in the world want to plan their families and the future but are not using modern contraceptive methods.

Finance Minister, Bambang P Brodjonegoro said family planning programs have helped economic growth.

This makes Indonesia has been transformed from a low-income country into a middle income countries.

"In terms of policy and my position as Minister of Finance, then I am committed to making health, including family planning, as one of the important pillars of economic policy," he said.

ICFP the scene KB world community to share knowledge and to agree on future plans on the theme of Global Commitments, Local Actions.

ICFP highlights progress and challenges in achieving the goals Family Planning 2020 (FP2020) to provide voluntary access to quality contraceptives to 120 million women worldwide in 2020.

Discussions are taking place today emphasized the importance of global and local investment in the field of human development and health to meet the needs of family planning and to encourage the achievement of SDG's.

Speakers emphasized the importance of investment in the field of family planning to progress economically and SDG’s health and gender-related.
TRIBUNNEWS.COM, BALI - Achievement of Family Planning (KB) or Family Planning in Indonesia still needs to be optimized. It refers to the Total Fertility Rate (TER) is still stagnant in the last 10 years, Unmet Need in item 11.4 and Contraceptive Prevalence Rate (CPR) in figure 61.9.

This was said by the Coordinating Minister for Human Development and Culture (Coordinating PMK), Puan Maharani in the International Conference on Planning family, Nusa Dua, Bali, on Tuesday (25/1). Puan asserted, Indonesia faces numerous challenges in the success of family planning programs. However, there are already strong commitment to get it done.

"Indonesia is facing various challenges, and we have a strong commitment to get it done," said Puan Maharani.

Politicians Indonesian Democratic Party of Struggle (PDIP) is explained, there are some things that the Indonesian government's agenda related to family planning and reproductive health programs as outlined in the National Medium Term Development Plan (RPJMN) 2015-2019. Among these is the improvement of access and quality of family planning services are equitable, adolescent development, enhancing the effectiveness of advocacy as well as Information and Education Communication (IEC), the strengthening of the role and functions of the family, as well as institutional strengthening of family planning (FP).

Indonesian government's commitment, said Puan Maharani, demonstrated through policies, programs and funding, harmonious coordination and synergy between the central government - local, mobilize the community, a good cooperation with global and private sector are based on the spirit of mutual cooperation. "So we believe that the family planning program to be successful," he said.

He also explained, the right for every community to have a family, and the family had to live in prosperity. Therefore, the Community Development Movement of Family Planning in Indonesia is directed also on providing understanding to the community that the family must plan how to live a prosperous family, planning a family economic independence, family planning educated, and healthy family planning. "The success of family planning programs that will benefit future generations and the state in managing a more prosperous life," he said.

The international conference was also attended by the President of Joko Widodo (Jokowi), the relevant ministers from 10 friendly countries, former President BJ Habibie, a number of ambassadors, Minister of Women's Empowerment, Women and Children, Joanna Yambise and Cabinet Secretary, Pramono Agung.

On the occasion, Puan Maharani also explains the International Conference on Planning family that lasted for four days was attended by 4,374 people from 114 countries, with details of 3,448 participants from abroad, and 926 people from within the country.

"This is the most participants of the international conference on the implementation of the three together before," he said. The conference is intended to strengthen our commitment to family planning programs, exchange of information, learning and expansion of knowledge about contraceptive technology development and various aspects of family planning programs.
"At the same time show the world that Indonesia is committed to the advancement of family planning programs globally," he said. Therefore, the theme was Global Commitment, Local Action.

**Ready for Competition**

While President Jokowi asserted, the world has now changed, the more extreme and complex. Such a world needs to be faced with a good quality of human life, which is ready to compete. The Head of State said that family planning should produce healthy mothers and children. Family planning is a strategic investment, ensure future generations are able to compete and certainly prosper.

"Indonesia must revitalize the family planning program," he said. Therefore, the President Jokowi encourage the dissemination of family planning programs, the PKK movement. He wants to make sure all health programs for mother and child go into the villages and the villages.

"Investing in family planning is absolutely essential. I repeat, investing in family planning is essential," said the former Jakarta governor. He also called on all parties to put an end to all forms of discrimination against women and to take immediate concrete steps. Without concrete steps, he considered various programs are in vain.

Population growth rate is currently at 1.32 percent, or 3 million people a year. On average there are 2-3 children born to a mother. The government hopes that family planning programs can reach all levels of society forward at a reasonable cost or free of charge wherever possible. "I hope this program encourages local governments," he said.

**Tunas Bangsa: The Government Revitalization Program KB**

26 January 2016

JAKARTA, (tubasmedia.com) - The world is changing more and more extreme, complex, and the challenges ahead definitely heavier. All of that can only be faced when the quality of life of every citizen of the world is primed.

It was raised Joko Widodo President at the opening of the International Conference on Family Planning (ICFP) 2016 in Nusa Dua, Bali, on Monday (01/25/2016) afternoon. According to Jokowi, only healthy mothers, healthy children, healthy and prosperous families can give birth to quality generation, character generation, the generation that is virtuous, loving human beings.

In connection with that, the President said, family planning, healthy mothers, healthy and prosperous family becomes very important. "Family planning into a strategic investment to ensure future generations, to ensure the achievement of the objectives of sustainable development, to achieve global security, and prosperity of the world," he said, as quoted from page Setkab.

President Jokowi said that the Indonesian government is working hard to revitalize the family planning program. Challenges and responsibilities faced by Indonesian families in the future will be even greater.

Indonesia's population growth rate of about 1.32 percent in 2014-2015. That is, per year of Indonesia's population grew about 3 million inhabitants. Moreover, Indonesia is expected to receive a demographic
bonus in 2020-2030, in which the productive age population with very large while the smaller young age and old age have not been many.

It is said, in order to face these challenges, the Government of Indonesia has always pushed the action program locally by involving the citizens. Using the approach of village family planning in Indonesia is expected to substantially reduce the dropout rate, family planning program participation. Besides improving the long-term use of contraceptives because if the short-term contraceptives, such as pills and injections, are often forgotten acceptors of family planning so that the dropout rate to be increased.

According to the President, government-run health program also includes the cost of family planning that is affordable or even free for couples KB.

"We do training for thousands of doctors and housewives to educate the community about family planning," the president said.

In addition, the government encourages the involvement of women who joined in the movement of the PKK as a driving force Posyandu, family planning programs, as well as moving the family welfare program in the entire village.

Viva.co.id: Jokowi: KB is a Strategic Investment for the Future
25 January 2016
By Syahrul Ansyari, Bobby Mainstay

President Joko Widodo officially opened the International Conference on Family Planning IV in Nusa Dua, Bali. In the opening speech, Jokowi said that today the world has changed in the extreme and increasingly complex.

"We know the world is changing more and more extreme, complex and increasingly severe challenges ahead," said Jokowi at the beginning of his speech, Monday, January 25, 2016.

Jokowi said, the world changes can only be faced with the quality of life for all the inhabitants of the earth that shows improvement.

According to him, only the mother, child and family who can give birth to a healthy quality generation, virtuous, character and love of neighbor. By because they were, said Jokowi, Family Planning (FP) becomes very important.

"KB is a strategic investment to ensure future generations based on sustainable development, global security and prosperity of the world," said the former mayor of Solo.

Jokowi continued, dreams can come true sublime above with hard work, perseverance, and sincerity. He expressed honored to host the event.

"We are working hard to revitalize family planning. We are aware of the greater challenges of Indonesian families," said Jokowi.
Jokowi added, the rate of population growth in Indonesia is quite rapid. In 2014-2015 amounted to 1.35 percent, or 3 million people per year.

"The birth rate of the years 2010-2015, the child is born or 2.4 per woman has three children. We also got the demographic bonus in 2020-2030, in which the major productive age, old age yet," said Jokowi.

Viva.co.id: **Minister Puan: Family Planning Program Stagnant for Last 10 Years**
25 January 2016
*By Endah Lismartini, Bobby Mainstay*

Coordinating Minister for Human Development and Culture, Puan Maharani, revealing the Family Planning (FP) since the last 10 years of stagnation. Then he wished the family planning program in Indonesia needs to be optimized.

"In Indonesia, the achievements of the family planning program still needs to be optimized. The program KB stagnant in the last 10 years. The numbers remained at 61.9 percent," said Puan at a meeting of the *International Conference on Family Planning IV* in Nusa Dua, Bali, on Monday afternoon, January 25 2016. According to him, the government now faces the formidable challenge to increase family planning programs. However, Puan called the government has a commitment to finish. Forum which was attended by thousands of participants from various countries in Europe, America, Africa and Asia is expected to strengthen the commitment to against KB. "This event reinforces our commitment to family planning, technology development planning, as well as showing our commitment to the advancement KB globally to achieve development and sustainable health," he said. The forum will discuss how to prepare for the demographic bonus 2020-2030. Thus, it is necessary readiness of government, especially between BKKBN and the Ministry of Health, so that the capacity building of women should be prepared. Women have the right at their must be married and must have children, "said the daughter of the former President Megawati Sukarnoputri.

The Himalayan Times: **Bali conference urges to invest on family planning**
28 January 2016
*By Rajan Pokhrel*

Nusa Dua (Bali), January 27

As thousands of researchers and stakeholders attending the fourth international conference on family planning in Bali, Indonesia, have intensified discussion on the future of the global family planning campaign, experts have highlighted that the family planning is key to achieving the Sustainable Development Goals.

The world forum has provided ample opportunities to the developing countries like Nepal to learn and share the best practices while accelerating their sexual reproductive health and family planning
campaigns, according to Jagdish Upadhyay, Head of Reproductive Health Commodity Security and Family Planning at the UNFPA.

“This time is very important for all stakeholders who work in the field of family planning and sexual reproductive health to shape their agenda to meet the target of the SDGs,” he told this daily while talking on the sidelines of the ICFP 2016.

Upadhyay, who leads the UNFPA’s family planning work across the world from the agency’s headquarters, also urged for a participatory approach that Nepal could adopt to implement the highly successful social marketing campaign in family planning. “Developing countries like Nepal can easily address the unmet need of contraceptives by focusing more on participatory social marketing approaches in which family planning should have been treated as human rights, particularly the rights of girls and women,” he said. According to him, developing countries need more investment to expedite family planning campaign.

Do countries like Nepal really need family planning programmes, as they already have lowered their total fertility rates as well as the infant and maternal mortality ratios? The UN executive said the stakeholders and the government mechanisms must increase their investment in the family planning campaign as such campaign would never last. “It’s not merely controlling the number of newborns but it’s all about planning for a better family considering it as the universal human rights of a girl, an adolescent or women,” he said. Saying that the family planning is key to achieving the SDGs target by 2030, Upadhyay also highlighted that UNFPA was equally prioritising the FP2020 campaign. “UNFPA is committed to supporting the implementing agencies to make FP2020 a success as well as to drive the family planning work for achieving the SDGs,” he added.

In the conference, young leaders also discussed specific ways to improve the sexual and reproductive health of young people, including youth-friendly health services, laws and policies focused on adolescent health, and conditional cash transfer programmes. They also emphasised the need to meaningfully engage youth and adolescents as key partners and decision-makers on family planning.

“The issue of adolescent sexual and reproductive health and rights is not just one about information; it is fundamentally interlaced with intersectional issues of social justice, finance and poverty alleviation,” said Nomtika Mjwana, young leader and ZAZI Women Empowerment Ambassador from South Africa.

The world’s population of young people is at a historic high, with 1.8 billion people entering their reproductive years. Adolescent girls are at a dramatically heightened risk for pregnancy – and childbirth-related health complications, which is a leading cause of death among girls aged 15-19 years in low- and middle-income countries.

“It is the opportunities, the needs and the choices of young people today that will define the world not only as we know it, but as we want it,” said Katja Iversen, CEO of Women Deliver at the official ICFP press conference.

“Our youth leaders have told us loud and clear: know our interests and work with us, co-design and co-create with us to drive successful programmes; invest in our empowerment education, health and employment; recognise that we are our nations’ precious human resources and investments in us will produce wealth and well-being for all nations; leverage our collective power for the collective
transformation we can bring to the 2030 agenda,” said Dr Benoit Kalasa, Director of the Technical Division, UNFPA. “Our journey to 2030 starts and ends with prioritising adolescents and youth.” The conference which recorded a number of plenary sessions, presentations and exhibitions will end tomorrow after discussing global partnerships and actors, human rights and acceleration of progress towards 2020.

The Himalayan Times: Int’l Conference on Family Planning kicks off in Bali
25 January 2016
By Rajan Pokhrel

“I have a story about a married woman from Nepal to justify the importance of family planning in the present world.”

This was a statement by Dr. Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA, while he was referring to an urgent situation a woman from Sindhupalchok faced during the time of devastating April earthquake. Without naming the needy or describing it in detail, the UNFPA boss mentioned in the 4th International Family Conference which kicked off in Bali, Indonesia on Monday, that Nepal had a case to describe the urgency of family planning services in the time of disaster.

Though the details are still unavailable, the UN official seemed to be fully aware about the situation on how disaster prevented the needy women and girls from accessing to proper reproductive health and family planning services.

According to reports, many women and girls were forced to discontinue the use of contraceptives in the time of earthquake in Nepal while such situation, Babatunde highlighted, would have a longterm impact on women’s health.

“Family planning is about women’s right and their capacity to take decisions about their health and wellbeing contributing to the objectives of Family Planning 2020,” said Babatunde, calling for a global action to expand the access to contraception. “It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals.”

Opening the conference, which was attended by more than 5,000 delegates from across the globe, Indonesia’s President Joko “Jokowi” Widodo stated that the ICFP provided a platform to discuss the main foundations necessary to build the planet that we wanted [by 2030].

“A [future] that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have a better opportunities for better lives.”

“The family planning data and evidence point to concrete steps we can take as a community to get back on track to meet our FP2020 goal,” said Chris Elias, President of Global Development at the Bill & Melinda Gates Foundation, in his speech at the opening ceremony.
“Now we must ask ourselves what more we can do to align our efforts to ensure all women have the information and tools they need to time and space their pregnancies.”

Family planning will play a critical role in realising the Sustainable Development Goals (SDGs) – the new development agenda for the next 15 years, adopted in September at the United Nations General Assembly – and reducing the global unmet need for family planning services could save an estimated 1 in 4 women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year. The 2016 ICFP will serve as a platform for global partners to revisit global commitments to family planning and accelerate progress towards the FP2020 goal.

Thousands of government, health and development leaders from around the world gathered in Bali, also called the island of gods and goddesses, to make the ICFP a success. Co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia, the conference is centred on the theme of “Global Commitments, Local Actions.”

During a video address included in the opening ceremony, Melinda Gates reiterated the Bill & Melinda Gates Foundation’s commitment to increasing funding for family planning by 25 per cent over the next three years.

According to the most recent global progress report released by FP2020, a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, in the last three years 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world’s poorest countries. This brings the total of women using a modern method of contraception in FP2020’s 69 target countries to 290.6 million. However, FP2020 has set annual benchmarks to measure family planning progress, and the most recent numbers revealed that modern contraceptive use is behind 2015 projections by 10 million. Despite recent progress, millions of women still cannot access the family planning information and tools they need.

At the opening ceremony, numerous global leaders discussed the global status of family planning and call for urgent action to increase access to family planning services worldwide.

During the ceremony, Jokowi and Elias also presented the first-ever Global Humanitarian Awards for Women’s and Children’s Health. The awards recognised individuals for their tremendous contributions and commitment to advancing maternal and child health and wellbeing, especially family planning, in communities around the world. This year’s four honourees are: Dr. Tahir, Chairman and Founder of the Tahir Foundation; Christopher Hohn, Co-founder of the Children’s Investment Fund Foundation; Fayeeza Naqvi, Chairman and Co-founder, and Arif Masood Naqvi, Co-founder of the Aman Foundation.

In the following three days of the conference, scientists, researchers, policymakers and advocates attending the ICFP will discuss the latest trends, challenges, innovations, and research in the effort to increase access to family planning around the world, according to organisers.
In 2012, at the London Summit on Family Planning, government and private-sector donors got together to launch what had been described as a “groundbreaking effort” to reach an additional 120 million women and girls in the world’s poorest countries by 2020.

The effort, since consolidated into a movement called “FP2020,” seeks to make “affordable, lifesaving contraceptives, information, services, and supplies” available to the world’s women, ensuring that “women in developing countries can have the same freedom to access family planning services—without coercion, discrimination and violence—as women in the developed world.” Beth Schlachter, executive director of FP2020, described it as “a platform for collaboration.” One of its aims was ensuring that “the rights-based framework [of family planning] is available to women and girls who choose [to avail themselves of it].”

Another way of viewing FP2020 is that between 2012 and 2020, “over 200,000 fewer women and girls will die in pregnancy and childbirth, and nearly 3 million fewer infants will die in their first year of life.”

Rarely is family planning seen as a lifesaving intervention, especially in a country like ours where the “debate” tends to center on matters like dogma, fears of encouraging promiscuity, women’s autonomy (and the loss of male dominance), and the supposed desirability of large families. This, even if public opinion polls dating back decades show that Filipino men and women want to have smaller families, believe in the value of family planning, and more important, would support candidates advocating family planning.

* * *

At this year’s International Conference on Family Planning (ICFP), at the halfway mark toward 2020, despite promises of new money and heightened involvement, the folks behind FP2020 are seeing the drive flagging, with the numbers of acceptors falling short of targets.

Several factors have been cited to explain this, including the “hostility” of the George W. Bush administration to family planning, which resulted in the stunting of US government policy, programs and funding.

Another factor has been the emergence of new health and humanitarian emergencies, such as the Ebola outbreak in some countries in Africa and now the alarming spread of the Zika virus, and the redirection of humanitarian funds in Europe toward addressing the immigration crisis.

And yet, said Ellen Starbird of the US Agency for International Development in a talk before our group of women journalists, family planning is “critical” to the attainment of the Social Development Goals or SDGs, a set of specific goals agreed on by the world governments to be reached by 2030.

* * *

Family planning, said Starbird, is included in two goals—No. 3 and No. 5—that concern health. And yet, she asserted, in all 17 SDGs are “17 good reasons to support family planning.” After all, a quick way of summing up the SDGs is that they are all about “people, planet, prosperity and peace,” all of which can be attained only if we stabilize world population growth, ensure a sustainable environment far into the future, raise standards of living, and support stable governments.
At the opening plenary of ICFP, Christopher Elias, speaking in behalf of the cosponsor, the Bill and Melinda Gates Institute for Population and Reproductive Health of the Bloomberg School of Public Health of Johns Hopkins University, warned that the organizers of FP2020 are “falling behind” in the march toward reaching the movement’s goals. “We owe it to the future to catch up,” he declared. Elias suggested three ways by which everyone in the community could “catch up”:

First, persist in the advocacy for family planning and reproductive health and rights, putting points across “consistently and compellingly,” with emphasis on the lifesaving and lifetime benefits to be gained from access to family planning.

Second, improve the quality of services and ensure “comprehensive access to all forms of family planning, especially to long-lasting reversible methods.” He urged service providers to expand the contraceptive choices of users, urging the private sector to increase its involvement.

And third, “expand access to those most disenfranchised.” These include the urban poor and the youth, who are deprived of information, counseling and services (and in the Philippines, by way of a Supreme Court intervention).

* * *

“We need to challenge each other,” said Elias, “to ask ourselves: What concrete steps can we take to get back on track?”

The ultimate goal, he declared, is for the global family planning community “not just to survive but also to thrive.”

In a more intimate roundtable with selected journalists from Asia, Elias emphasized that improving the quality of services could be a “game changer,” with clinics and centers offering “a more diverse range of methods” being a key element in achieving quality services.

“Countries own these programs,” Elias emphasized, to questions raised about foreign interference in government policies, given the Gates Foundation’s prominence in the drive to revitalize the global movement for family planning. “Governments just have to make sure that what happens on the ground is what they wanted.”

And men and women, boys and girls, in turn need to make sure that their governments, as well as their private practitioners, offer them effective, comprehensive, safe and respectful services to enable them to better plan their families and their lives.

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Correction. Christopher Elias, whose speech at the opening plenary of the International Conference on Family Planning and remarks at a roundtable for Asian media I quoted in a column last Wednesday, is not connected to the Gates Institute at Johns Hopkins University. He is instead the president of the Global Development Program at the Bill and Melinda Gates Foundation. Apologies to everyone, but especially to Elias, for the confusion.
IN FAMILY Planning, men are like Voldemort in ‘Harry Potter,’ mostly unmentioned. Going forward, instead of saying ‘women, children and adolescents,’ it would be more efficient to simply say ‘not men.’” That’s the observation of Jonathan Stack, who took part in the just-concluded International Conference on Family Planning held in Bali, as an organizer of activities marking World Vasectomy Day. Stack, a filmmaker newly converted to the world of family planning and reproductive health and rights, may have been speaking tongue-in-cheek. But he had a point.

“Male involvement” has long been mentioned as a sought-after goal, a “holy grail” of family planning, where policymakers and planners bemoan the lack or minimal participation of men and boys in an issue where they are, at the very least, half-involved.

Women and girls, after all, do not get pregnant by themselves. And yet it seems that much of the burden is expected to be borne by them, and while men can (and often do) walk away from a single sexual encounter with little care for results, their female partners must face more far-reaching consequences. For one, there is a possible infection (something her partner could be afflicted with, too), pregnancy (if the sex occurs during a fertile period), nine months of bearing the “fruit of conception,” the ordeal of birthing and its many side effects, and, sad to note, much of the responsibility of rearing and nurturing the child.

And yet, says Emily Jane Sullivan (presenting a study on the “motivations and barriers” that men in low- and middle-income countries face in deciding whether or not to undergo a vasectomy), men do want to take more responsibility in planning and managing their families. But they face numerous barriers ranging from lack of information to myths and misconceptions surrounding vasectomy, religious beliefs and—believe it or not—opposition from their wives and partners.

* * *

“FEMALE sterilization is one of the most common methods of family planning around the world,” states Sullivan, and yet “vasectomy rates for men rarely reach over one percent” of any given population. In fact, there are only six countries that report vasectomy as the most common method of family planning, with Canada topping the list. (Another reason for crushing on “Apec hottie” Canadian Prime Minister Justin Trudeau, all of us women at the seminar agreed.)

Indeed, ever since 1980 when “non-scalpel vasectomy” (NSV) was successfully tested and developed in China, vasectomy has become an “almost painless” procedure (for which the only medical intervention necessary, say doctors who have performed NSV, is a Band-aid over the puncture site). Indeed, say health authorities, NSV is “20 times safer” for a man than ligation is for a woman. It is also cheaper, including less “down time” for the patient (who can walk away on his own after an hour or so), while providing the same number of “couple years protection” as ligation would. Although it is possible to “reverse” both vasectomy and ligation, the operation necessary for it would be far more complicated,
expensive and risky; so individuals and couples are counseled to think long and carefully before undergoing these “permanent” methods.

* * *

BUT “male involvement” in family planning is not confined to simply undergoing a vasectomy (or using a condom).

In a workshop called “It Takes Two,” on couple decision-making and family planning acceptability, speakers noted how couples, even those already affianced or in the early months (or years) of marriage, rarely talked about their family plans or preferences. Usually, said Foglabenchi Lily Haritu, who hails from Cameroon but was presenting a study on couples from Madhya Pradesh in India, “spousal communication is rare and triggered by the crisis of an unplanned pregnancy.” Only then, her subjects told her, would husband and wife begin discussing their family planning preferences and options. The discussion, she added, is usually initiated by the man, for if a woman would open up the topic, “that is considered a perversion,” or else trigger suspicions of infidelity.

And in case of a conflict or clash of opinions, they found that the standoff would most commonly “be resolved by the wife submitting to the (decision of the) husband.” Jagranath Behera, presenting a study on “encouraging young married women to improve intra-spousal communication” in rural India, said they found that when there was “communication between spouses, it was more likely that they would be using contraception.”

* * *

CLEARLY, both field workers and clinicians should work harder to “rope in” the men into the discussion and practice of family planning. And yet, in the desire to get more men involved, health authorities may end up marginalizing even more already marginalized and silenced women.

A friend reports being “scandalized” by a report from another workshop in which it was disclosed that women who come to a health center accompanied by their husbands or partners receive greater priority from the center personnel and are indeed pushed to the head of the line. “But what of the women whose husbands could not or would not accompany them?” she asked. “Should they be penalized for having uncooperative husbands or partners?” Indeed, shouldn’t they be accorded even higher priority given the barriers they had to hurdle before going to the health center?

There is also the possibility that some women may be “reading” their husbands wrong, thinking or assuming that the men are against family planning—when in truth they believe in it and would encourage their wives to practice it or, who knows, may even be willing to undergo a vasectomy if told the full, unvarnished facts.
“Let her be a girl!” was the chorus of a song marking the close of the Fourth International Conference on Family Planning (ICFP) held in Nusa Dua, Bali, Indonesia.

Led by youth delegates who enlivened (and enlightened) the proceedings of the three-day gathering, the song-and-rap number spoke of the need to let young people fully explore their potentials, dream their dreams, and enjoy their youth before being thrust into the world of adult concerns—motherhood (and fatherhood), marriage, and family responsibility.

But to give young people the time and space to enjoy this respite before they walk through the threshold of adulthood, they need the support of other adults: governments and government officials, health caregivers, educators, faith leaders, advocates, and most of all, their parents.

They need policies, laws, funds and respectful service and counseling from adults who not only are willing to help but are also ready to listen to them and respect their own desires to set the directions their lives would take. A young woman speaking in a plenary said it best: “Young people are not just the leaders of tomorrow, they are leaders today.”

In a plenary focused on youth issues, Nomtika Mjwana, a young leader from South Africa, enjoined adults to “look at strategies that can inform and educate young girls and empower them not to see themselves as objects waiting for men, but as women with pride and the agency to decide what they need to do with their own bodies.”

But first, let her—let all of them—be a girl today, so she can be fully a woman at the right time!

* * *

The world has not seen as many young people as we are seeing today, with the population of young people at an historic high, with 1.8 billion entering their reproductive years. For girls, especially, the risks are high and fraught with danger, with many facing pregnancy- and childbirth-related complications, a leading cause of death among young women aged 15-19 in low- and middle-income countries, where the Philippines belongs.

“Our youth leaders have told us loud and clear: Know our interests and work with us, co-design and co-create with us to drive successful programs; invest in our empowerment education, health and employment; recognize that we are our nations’ precious human resources, and investments in us will produce wealth and wellbeing for all nations; leverage our collective power for the collective transformation we can bring to the 2030 Agenda,” said Dr. Benoit Kalasa, director of the United Nations Population Fund’s Technical Division.

Conference presentations noted that many youth pregnancies and pregnancy-related deaths are preventable through access to family planning information and contraceptives, yet contraceptive use among girls lags behind that of older women. In parts of Asia and Africa, over half of the youth who want to avoid pregnancy don’t have access to contraception.

(And thanks to a Supreme Court intervention, before young Filipinos can gain access to family planning commodities or services, they need to present written consent from their parents, or else the healthcare
delivery people risk sanctions. But if young people can’t even bring themselves to talk about sex with
their parents [and vice-versa], how can you expect them to ask their parents for a note requesting family
planning counseling and services from the health center staff?)

* * *

A question on most everyone else’s mind at the ICFP was: “What’s happening in the Philippines?” Of
course, news of the “castration” of the allocation for contraceptives from the Department of Health
budget had preceded the Filipino delegates to the ICFP. What many couldn’t understand was how, given
the over-a-decade-long struggle to pass the Responsible Parenthood and Reproductive Health Law,
Filipino legislators would let all that fire and passion, debate and deliberation come to nothing by cutting
out the money needed to implement the program.

Still, champions need to be recognized for their persistence and perseverance, despite all the odds and
all the obstacles thrown their way.

In the last-day plenary, the Excellence in Leadership for Family Planning (EXCELL) Awards were
announced, recognizing “contributions to increase access to and use of voluntary family planning
information and services.”

In the individual/team category, honored were Health Secretary Janette Loreto-Garin and former
lawmaker Edcel Lagman (representing the first district of Albay). The two were honored for their years
of hard work in the House of Representatives, leading the charge for the passage of the RPRH bill,
persisting despite the waxing and waning of support for the measure from their colleagues and the
executive branch. Lagman, who is once more seeking the congressional seat for his home district, slowly
made his way up the stage, needing no assistance and giving the lie to black propagandists’ assertion
that he is now wheelchair-bound. Watching the swing in his step, I fully expected him to even join in the
group dancing that concluded the rites!

Awarded for the impressive strides their governments have made in promoting the reproductive health
situations in their country were Kenya and Ethiopia, both represented by their Ministers of Health, with
the Ethiopian official remarking that even in matters like family population, “the sports rivalry between
our countries lives on.”

Given the organization/facility award was Yayasan Cipta Cara Padu, an Indonesian family planning NGO
now headed by a former head of Indonesia’s National Population and Family Planning Board.

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Inquirer.net: The joy and hardship of birth
25 January 2016
By Rina Jimenez-David

The Nusa Dua area of this island is the site of the International Conference on Family Planning (ICFP),
which formally opened Monday (Jan. 25) with a keynote address by Indonesian President Joko Widodo.
Held every other year since 2009, the ICFP has, in the words of the organizers, “brought together the family planning community to share best practices, celebrate successes, and chart a course forward.” Theme for this year’s conference is “Global Commitments, Local Actions,” fusing the twin goals of the movement: getting the world’s governments, international institutions and multilateral agencies to commit both resources and political will to push the family planning agenda forward; and then translating these into local policies, programs and services.

It is also—in the words of Beth Schlachter, executive director of FP 2020 (which aims to reach an additional 100 million women and girls worldwide with family planning services and supplies)—a means to put family planning back into the limelight of world attention and official priorities.

Since the early 1990s, said Schlachter, huge chunks of the budget worldwide for reproductive health services have gone to address the HIV/AIDS crisis. As a consequence, family planning programs stagnated and in some countries, progress has even backslid. With the HIV/AIDS situation stabilizing in some countries (but not in the Philippines which is experiencing a resurgence of the disease), the world can now focus on spreading the message that family planning promotes the rights of women and children and improves their lives.

By some sort of serendipity, I managed to stumble upon a TV documentary on my first night here about the births of four babies in different parts of the world: the United States, France, Cameroon and India.

As expected the scenarios highlighted the differences in the experiences of mothers and babies who went through the birthing experience in settings vastly different from one another. The mother in the United States gave birth, by caesarian section, to twin girls, attended by an obstetrician/gynecologist and a nurse/anesthesiologist, both of them male. In France, a midwife attended to the birth, but she had to call on a doctor to assist with a pair of forceps when the infant stalled in the birth canal. In India, the mother was brought to a Catholic hospital and attended to by a nun/matron. It took more than 10 hours for the baby to be delivered, with the husband and mother nervously fidgeting outside the delivery room. In Cameroon, the birth was presided over by a village midwife in a village birthing center with the most rudimentary of facilities. To weigh the infant—the eighth in line in the family—the midwife had to weigh herself first and then weigh herself again while carrying the infant.

But what struck me most were the commonalities in all four birth experiences: the anxiety and nervousness of the mothers, the easy air of competence that surrounded those assisting at the births, and their efforts to ease the women through their pain and uncertainty, and then the joy that surrounded the arrival of the babies. The Indian father was ecstatic at the birth of his son, vowing to make the world better for him. Would he have felt the same if he were holding a daughter?

Cushy or rudimentary, technologically advanced or pitifully simple, whatever the circumstance, the experience of pregnancy and birth is much the same. Would that every mother giving birth do so without fear of death or disability. And would that every baby born is wanted, desired and loved!

* * *

On our first day in Bali, our group of women journalists, gathered by the Population Reference Bureau, joined other journos on a field visit to Yayasan Rama Sesana (YRS), a nonprofit, nongovernment sexual and reproductive health clinic located in Pasar Badung, Bali’s biggest traditional market.
Here, on the fourth floor of the structure, the YRS provides women, men and young people medical services and education sessions ranging from prenatal care, family planning and counseling, breast and cervical cancer prevention, and STIs, including HIV/AIDS.

Dr. Luk Putri Upudisari, known as “Dr. Sari” to her staff and clients, described the YRS as “like my second home,” seeing the clinic as a means to reach out to low-income Balinese women by giving them access to information and affordable health services. Founded in 1999, YRS serves an average of 520 clients a month, while mobile clinics reach an additional 120.

Why the focus on women? Because, said Dr. Sari, “women have less education, less income, less power and less time.” In a way, locating YRS in a big public market is bringing reproductive health services to where the women are, since the market is not just a place to find and buy foodstuff and household necessities, but also to meet with other women and exchange information and keep up-to-date on each other’s lives.

That morning, there was an education session going on and we found women standing in front of the group wearing aprons on which were imprinted diagrams of the reproductive system. The atmosphere was carefree, but the women seemed caught up in the lesson. Trusting women with information doesn’t just empower them, it can save their lives.

* * *

CORRECTION. In last Sunday’s column, I wrote that both Ninoy Aquino and Sen. Juan Ponce Enrile belonged to the fraternity Upsilon Sigma Phi. I was wrong. Enrile is a member of Sigma Rho, and apparently I managed to offend both Upsilonians and Sigma Rhoans in the process. My apologies to them.

Forgive the senior moment. The other Upsilonian I was referring to was no less than the late dictator Ferdinand Marcos, which makes the irony I was going for even more dramatic.

Philippine Daily Inquirer: Putting women at the center
26 January 2016
By Rina Jimenez-David

BALI—To the sound of rhythmic gongs and brass percussion, the fourth International Conference on Family Planning (ICFP) opened yesterday at the Bali Nusa Dua Conference Center. The conference, postponed last November after a volcano eruption in a nearby island covered the airport in ash, finally pushed through with what its organizers hoped would be a “volcanic” eruption of international support for family planning.

The opening ceremony was graced by no less than Indonesian President Joko “Jokowi” Widodo, who was accompanied by his wife Iriana, herself active in women’s groups. In his keynote address, Jokowi noted that Indonesia, long acknowledged as a “success story” in the world for its successful family planning program, has had to “revitalize” the program in recent years.
Part of this revitalizing strategy was to bring the program down to the “village level,” encouraging local governments to raise awareness of the need to persist in convincing Indonesians to have smaller families, Jokowi said.

He said that on the global level, he wished that governments around the world, especially at the conference, could “discuss the main foundations necessary to build the planet that we want.” He envisioned “a future that ensure all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have better opportunities for better lives.” His words certainly underscored the theme of this year’s ICFP: “Global Commitments, Local Actions.”

* * *

Also addressing the delegates at the opening rites were Dr. Babatunde Osotimehin of the UN Population Fund; Dr. Christopher Elias, president of the Global Development Program at the Bill and Melinda Gates Foundation (a cosponsor of the ICFP) and a roster of global leaders emphasizing the urgency of meeting the goals set for populations, families and individuals.

Given for the first time at the ICFP plenary were the Global Humanitarian Awards for Women’s and Children’s Health, recognizing individuals for their “tremendous contributions and commitments to advancing maternal and child health and well-being, especially family planning in communities around the world.”

Honored were: Dato Sri Prof. Dr. Tahir of Indonesia, whose Tahir Foundation Health Fund has raised $200 million with the Bill and Melinda Gates Foundation for health and family planning programs in Indonesia and other parts of the world; Sir Christopher Hohn, a Britain-based investment banker and cofounder of the Children’s Investment Fund Foundation, with his representative Alvaro Bermejo announcing a new $30-million initiative called Adolescents 360 focusing on youth health needs in sub-Saharan Africa; and Fayeeza Naqvi and her husband Arif Masood Naqvi from Pakistan who founded the Aman Foundation which provides funding for programs targeting women and children’s health.

In a video address, Melinda Gates also announced that the Bill and Melinda Gates Foundation was committing an additional $120 million to ensure that family planning remains “on top of the agenda” of international bodies and of national and local governments.

* * *

Capping the opening rituals was a speech by a youth representative, Margaret Bolaji, a health researcher from Northern Nigeria whose submitted video was selected out of 400 entries in a competition.

She certainly brought the opening ceremonies to a dramatic and moving finish, speaking eloquently of three friends, all young women, who embodied for her the dreams—and frustrations—of young people confronting changes in their lives. One of them was a girl she called “Maria,” with whom she grew up in the same village, but whose fate contrasted sharply with hers, after being forced by her family to leave school and marry a much older man. By age 18, Maria already had three children, with her health compromised by too many pregnancies that came too close together. And worse, her husband then died in a road accident, leaving the young woman and her children with a bleak future.
Another friend, “Zaina,” she met at a fistula center after the girl had become pregnant at age 12 following her marriage to another older man at 11. Zaina died from her ailment (fistula occurs when there is a tear in the birth canal during a difficult delivery, causing massive infection) a few days after she and Margaret met. “I dedicate my presence here to Maria and Zaina,” Margaret said. “How are we going to put them in the center of the national agenda?”

But her last friend, Hajira, showed the way. Having escaped family pressure to enter an early marriage by winning a scholarship to high school, she now pursues a dream of becoming a journalist, with Margaret pointing out that Hajira’s fortunate turn shows the world the need “to make the youth a priority.”

* * *

Finally, a shout-out to Jose “Oying” Rimon, now a director and senior scientist of the Bill and Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University.

At the opening, Oying acted as a presider, but as UNFPA’s Osetimehin noted, the afternoon’s event was also partly to “celebrate Oying.” It was Oying who had played a key role in organizing the ICFP through the years, but most especially this year’s.

When the volcano eruption last year laid to waste the ICFP 2015 (now 2016) preparations, Oying led the efforts to keep the organization together, making sure that despite the setback, the goals remained clear and the mechanisms still working. Oying has been a friend, not just to me but to the entire reproductive health community in the Philippines, to whom he has been a valued advisor and consultant. He is certainly one Filipino we can be proud of.

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Philippine Daily Inquirer: Bidding Bali bye-bye
6 November 2015
By Rina Jimenez-David

My previous column on “human rights in the delivery room” was intended as a prologue of sorts to the holding of the International Conference on Family Planning (ICFP) that was supposed to open Monday at the Nusa Dua Resort in Bali, Indonesia. I was to be part of a group of media women from all over the globe attending the conference, which was to close on Nov. 12. In fact, I had been packed and ready to skedaddle for my second visit to Bali, my only problem being how to foil the “laglag-bala” scammers at the airport.

It was my son who casually asked, while we were visiting our grandson Wednesday evening, what would happen to the conference since a volcanic eruption had led to the closure of the Bali airport. My initial reaction was: “Whaat? What are you talking about?”

A quick check on the Internet yielded the information that Mount Rinjani on Lombok Island had erupted that morning, leading to the closure of three airports, including the Ngurah Rai International Airport in Bali. As a result, “thousands” of tourists were left stranded in the closed airports, while many more—including the conference-goers—were left in limbo in airports around the world, waiting in vain for news of the resumption of their connecting flights to Bali. Yesterday morning, e-mails from the organizers
informed ICFP participants that the gathering had been “postponed.” A terse reminder from those organizing the team of media women covering the event simply said: “Please don’t board your flights. The conference has been cancelled.”

So, with “all my bags packed and ready to go,” I am left contemplating the “empty” days ahead, the vision of walking the sands of Bali quickly fading from consciousness. Sigh.

* * *

But let me return to the subject of human rights in relation to reproductive rights, including the right to practice family planning.

While earlier scholars studying the link between family planning and human rights looked on the issue in terms of coercive policies and clinical abuses, lately, the discussion has shifted to “learning how human rights principles can systematically improve the way that clinic-based family planning programs are planned, implemented, monitored, and evaluated, ensuring that they go beyond rhetoric.”

Karen Newman and Charlotte Feldman-Jacobs, authors of the policy brief on “Family Planning and Human Rights” under the auspices of the Population Reference Bureau, cite one instance where the observance of human rights principles in service delivery can result in improved health and morale among the clients.

“For example, policies must be in place so that payment systems reward service providers who spend time explaining to clients the strengths and weaknesses of various methods—thereby enabling clients to make more informed choices,” they say.

“Where service providers are paid according to how many IUDs they insert, or how many people they see in an hour—which incentivizes them to see people as quickly as possible—clients are prevented from making a choice based on full, free and informed consent,” they add.

* * *

Policymakers and service providers make the right noises about “empowering” the women who are most commonly on the receiving end of family planning and other reproductive health services. But it is often too easy to overlook the need to respect a client’s dignity and rights when one is under pressure to produce results.

Still, the authors stress that “human rights concepts are ... critical to women’s empowerment and to advancing women’s agency, so that women can access the services they need, decide for themselves whether and when to become pregnant, and become agents of change in their communities and nations.”

The United Nations has detailed the elements of what constitute the “highest attainable standard of health” for women, men and children around the world, regardless of the development status of their nations.

These elements or state obligations include making health services available in sufficient quantity; accessible in ways that are nondiscriminatory and ensure that services can be accessed physically and financially; acceptable, that is, respectful of the culture (and preferences) of individuals; and of good quality.
The same guidelines when used together, say the authors, “can help service providers focus, for example, on specific population groups who are not being reached by existing services, such as young people, and help to identify what needs to be in place to make such services available.”

* * *

In Papua New Guinea, for instance, authorities fashioned an “integrated health package” specifically for young people, providing a “well-youth” check.

The service package includes “a range of critical services including a general medical checkup, HIV voluntary testing and counseling, sexually transmitted infections screening, contraceptive counseling, pregnancy testing, breast or testicular cancer checkups, and antenatal care if the client is a young mother.”

The service, says the article, has proven to be highly popular, with more than 1,400 young people receiving a well-youth check within its first year.

There’s one hitch, though: Young people proved reluctant to seek the service and even enter the health center when adults were present. But by gathering feedback from the youthful clientele, clinic managers were able to devise means to put the young people at ease, including “adapting client flow to reduce young people’s exposure to adult clients and provide them with privacy in waiting rooms and other common areas.”

Philippine Star: Garin, Lagman cited for RH effort
1 February 2016
By Paolo Romero

MANILA, Philippines – Health Secretary Janette Garin and former Albay congressman Edcel Lagman were conferred the Excellence in Leadership for Family Planning (EXCELL) Award for the individual and team level in recognition of their vital contributions to the passage of the Reproductive Health (RH) Law.

The award was presented to Garin and Lagman at the closing ceremonies of the 4th International Conference on Family Planning (ICFP) in Bali, Indonesia on Jan. 28.

The two were selected from almost 200 nominations that the ICFP organizers received from all over the world.

Lagman underscored that “this EXCELL award gives much impetus to the RH advocates in the Philippines to relentlessly continue the good fight, not to lower their guard and never to rest on their laurels.”

Jose Rimon II, chairperson of the ICFP international steering committee, said EXCELL Awards recognize countries, organizations/facilities, and individuals/teams “who have made significant contributions to the family planning field, and whose leadership and work deserve to be highlighted and used to inspire meaningful dialogue within the community.”
Garin and Lagman were RH champions during their terms in Congress as they defended the RH bill during long, tedious and often acrimonious plenary debates, he said.

Lagman is also widely credited for shepherding the RH bill through the legislative mill until it finally became Republic Act 10354 or the “Responsible Parenthood and Reproductive Health Act of 2012.”

Garin is continuing her RH advocacy as secretary of the Department of Health.

It took Congress 15 years to pass the RH Law and have it declared constitutional by the Supreme Court.

Garin, a medical doctor, also recalled that “when we were fighting to pass the RH Law, I was called an abortionist.”

“There were pictures of me burning in hell. I wish I could be seen (instead) as an angel for reproductive health.”

Lagman said while they have won in the legislature and the highest court, these are the same institutions – Congress and the Supreme Court – which are being used by opponents of the RH Law to derail its implementation.

“Congress, particularly two senators, engineered the slashing of P1 billion from the budget for contraceptives, while the Supreme Court has issued a continuing, albeit temporary, injunction prohibiting the government from purchasing and distributing Implanon and Implanon NXT, which are among the two most popular contraceptive implants,” he said. — Paolo Romero

“These adverse developments are lamentable because central to the implementation of the RH Law is the availability of family planning supplies, particularly to marginalized acceptors in the poorest quintile,” he said.

The substantial budget cut has severely impaired government’s capacity to provide family planning supplies to millions of acceptors, Garin said.

The 4th ICFP was co-hosted by National Family Planning Coordinating Board of Indonesia and the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

It brought together about 3,000 researchers, program managers, policymakers and RH advocates from around the world to share their best research and practices and to use their knowledge to expand access to family planning services.

Rappler: The kids are having sex and they are not OK
11 February 2016
By Ana P. Santos

Bali, Indonesia – There are an estimated 1.8 billion adolescents around the world.
The largest generation of young people in history is entering their reproductive years.

The United Nations Population Fund (UNFPA) reports that young people between the ages of 15-24 are having more sex than ever before but have limited access to adequate sex education and contraceptive services. In some countries, minors and unmarried individuals are prohibited from getting contraceptives and HIV testing/STI treatment without parental consent.

At the International Conference on Family Planning last week, at the forefront of the discussion among scientists, doctors and advocacy groups was giving young people access to sexuality education, long-acting contraception, and safe abortion in a environment that is free from judgment and bias.

More than 40 leading global health and development organizations endorsed a consensus statement calling for the need of “all sexually active young people to have access to the widest available contraceptive options regardless of marital status.”

Not doing so will contribute to the estimated 16 million adolescents between 15-19 who give birth every year. Maternity related complications are the leading cause of death among women in this age group. It will continue to expose young people to sexually transmitted infections (STI). Globally, young people between 15-24 years old have the highest rate of STIs across any age group.

It was also clear that achieving the goal of youth access will require changing the way the development community has traditionally dealt with matters related to birth control, family planning—and yes, let’s put it out there—abortion.

What needs to change?

**Break programs down into smaller age segments**

The commonly used definition of “young person” is someone who is between the ages of 10-24.

There is a lifetime of change that occurs in the span of those 14 years and interventions like sexuality education cannot be lumped together into such a wide age bracket.

Smaller segmentations of adolescence used in research like early adolescence (age 10-14), late adolescence (ages 15 to19) and early adulthood (ages 20 to 24) need to be expanded into targeted programs that meet the specific needs of these life stages.

**'Pre-marital sex is an outdated concept**

Globally, men and women are delaying marriage for various reasons. Some are prohibited from doing so because of their sexual orientation. Others simply don’t want to.

For a myriad of reasons, marriage is no longer a prerequisite to sex and yet, many measurement tools still use marriage as the basis for assessing interventions. For example, “contraceptive prevalence rate” primarily measures the number of married women between 15-49 who are using at least one contraception method.
Limiting measurement tools to those who are married is a lost opportunity to evaluate how contraceptive commodities and services are reaching young people who need it—regardless of their marital status.

**Re-orient health providers**

In a plenary discussion, Dr Venkatraman Chandra-Mouli, an adolescent sexual health expert with the World Health Organization called for investing in training that would prepare healthcare workers to treat adolescents seeking sexual health services “with equity, confidentiality, and without discrimination.”

Healthcare providers need to give non-discriminatory services to adolescents who need it, with their health being the primary consideration rather than age, said Chandra-Mouli.

Often, the need for parental consent is a hindrance to teens accessing condoms and or getting treatment for STIs. But many cases have grey areas requiring parental involvement.

“If a 14-year-old gets an STI because she has been seeing a much older man, she should be treated for that STI. But her parents will need to be called on to address the issue of the older man,” explained Chandra-Mouli.

Situations like this will call for healthcare workers to evaluate situations on a case-to-case basis and exercise their best judgment. They will need training to understand youth sexual behavior and respond to youth sexual health needs.

**Discuss safe access to abortion**

Current epidemics like the Zika virus, now declared a global health emergency, are pushing abortion to the front and center of the reproductive health discussion.

The United Nations has called on the Latin American countries hit by Zika to liberalize access to contraception and allow abortion.

Today, it is Zika. Previously, it was Ebola. Tomorrow, it will be another unfortunate outbreak, another calamity or conflict causing thousands to be displaced that will force us to acknowledge the intersections between epidemics, natural and man-made disasters, and reproductive health. It will compel us to discuss abortion not within the realm of religion or morals, but within the context of a woman’s health and well-being.

**Find a common language**

Lambert Grijns, special ambassador for Sexual and Reproductive Health Rights and HIV/AIDS at the Dutch Ministry of Foreign Affairs, suggests discussing sexual and reproductive health matters using a language that everyone can agree on.

In an interview with the Faith to Action Network, Grijns shared that the Netherlands has one of the lowest teen pregnancy rates and, consequently, one of the lowest abortion rates in the world.
Grijns attributes this to liberal Dutch views on sex and sexuality – views that have been translated into liberal policies that focus on prevention of teen pregnancy rather than addressing its consequences.

“The way to start a dialogue and find a common ground is by using the word ‘non-discrimination’. I think, from a religious perspective, no one would accept the other person being discriminated against,” said Grijns.

Grijns added: “The other emphasis should be on health. We should not look at these issues from a controversial or a negative angle but stress that everyone has the right to access health services. We can at least be pragmatic and agree on those things.”

Rappler: **RH champions awarded for contributions to family planning**
29 January 2016
By Ana P. Santos

BALI, Indonesia – Former Representative Edcel Lagman and Department of Health (DOH) Secretary Janette Garin were among the winners of the 2016 Excellence in Leadership for Family Planning Awards for their role in aiding the passage of the landmark reproductive health (RH) law.

The award was given by the Bill & Melinda Gates Institute and the Indonesian National Population and Family Planning Board at the International Conference on Family Planning which ended Thursday, January 28.

“When we were fighting to pass the RH Law, I was called an abortionist. There were pictures of me burning in hell,” said Garin. “I wished I could be seen (instead) as an angel of reproductive health.”

Garin who previously served as Iloilo representative before becoming DOH secretary was one of the co-authors of the RH Law.

“Family planning dates back to antiquity. People have been trying to control having babies since they started making them,” said Lagman during his acceptance speech, drawing laughs from the audience.

Lagman recalled the long road to passing the RH law which set out to provide contraceptive information and services to poor women. During his term in Congress, Lagman was a staunch RH supporter and one of the principal authors of the RH law.

“And now the saga continues. The new challenge is the full and speedy implementation of the law. We cannot rest on our laurels,” said Lagman.

**Bittersweet victory**

Since it was passed in 2012, the reproductive health law has been met with continuous opposition. It was challenged by anti-abortion groups, causing the Supreme Court to temporarily halt its implementation. In 2014, the Supreme Court upheld the constitutionality of the law.
The following year, the Supreme Court issued a temporary restraining order (TRO) preventing the DOH from purchasing and distributing implants based on complaints filed by anti-abortion groups that claimed that implants are abortifacients. (READ: [Dash of SAS] Why do some pro-life groups hate women so much?)

The latest blow to the implementation of the law was the scrapping of the P1-billion budget allocated for contraceptives. Legislators and activists called the budget cut “unethical” and “immoral.”

The DOH has been scrambling for funds to fill in the shortfall.

According to Garin, P337 million will be taken from funds meant for the purchase of blood pressure apparatus and an additional P50 million will be taken from trainings.

“The total amount now earmarked for family planning is P490 million. We’re looking at a gap of P510 million. We are making sure that allocation for HIV will not be touched. Of the P490 million identified, P50 million will go to (purchasing) condoms,” said Garin.

Way off

Garin admitted that it is still far off from the P1 billion original contraceptive budget.

DOH regional offices have their own budgets to implement regional or community programs, but Garin said reallocating funds from the regional coffers has not yet been resolved.

“We are also looking into that, but we have to make sure other programs like immunization are not affected,” she said.

The Philippines failed to meet its Millennium Development Goal (MDG) of reducing maternal mortality and new HIV infections. The country has one of the highest rates of teen pregnancy in the region and one of the fastest growing HIV epidemics in the world. (READ: Meeting RH-related SDG targets: ‘Work must start Day 1’)

More than 3,000 people attended and participated in the 4th International Conference on Family Planning, a biennial conference that gathers experts and activists toward reaching the goal of enabling an additional 120 million women to access quality contraception by 2020. – Rappler.com

Reporting for this story was supported by The Pulitzer Center on Crisis Reporting.
That announcement was made on January 25 via a recorded video message delivered by Melinda Gates, co-chair of the Bill & Melinda Gates Foundation at the opening of the International Conference on Family Planning (ICFP), a global conference that gathered more than 4,000 family planning experts and advocates.

Chris Elias, President of Global Development at the Gates Foundation explained that the additional investment will focus on three key areas: promoting advocacy to keep governments focused on policies and programs that promote family planning; improving access to information and services so women will have wider contraceptive choices; and expanding urban health care programs across Africa and Asia.

“There is a critical need to make a consistent and compelling case for budgets, policies and programs that ensure more women and girls can access contraceptives,” said Elias.

**Access to modern contraception**

The additional investment is meant to help accelerate attainment of the goals set out at the 2012 London Summit on Family Planning. In London, the FP2020 global partnership was formed to enable 120 million women and girls from 69 of the world’s poorest countries to access modern contraception by 2020.

The most recent Family Planning 2020 global progress report revealed that in the last three years, there were 24.4 million more women and girls who had access to contraception. (READ: Contraception saves 250,000 lives each year) However, this is 10 million short of the target that FP2020 hoped to achieve by 2015.

According to Elias, funding of family planning initiatives is slowing down and is further hampered by the global economic crisis.

“Funding for family planning programs fell by $20 million and is almost back to 2012 levels. The family planning data and evidence point to concrete steps we can take as a community to get back on track to meet our FP2020 goal,” said Elias.

**Sustainable Development Goals**

With one third of the world’s population estimated to be between 10-24 years old and an unprecedented number of young people entering reproductive age, family planning will play a critical role in realizing the Sustainable Development Goals (SDGs) – the new development agenda for the next 15 years, adopted in September 2015 at the United Nations General Assembly.

Reducing the global unmet need for family planning services could save 1 in 4 women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year. (READ: Meeting RH-related SDG targets: ‘Work must start from Day 1’)

“The Government of Indonesia is working hard to revitalize our family planning program [because] we know that the challenges facing Indonesian families in the future will [only] be greater, especially when it comes to population issues,” said President Joko Widodo during his opening speech at the ICFP.

“In order to sustain economic growth, investments in family planning are absolutely necessary,” added the Indonesian President.
The 2016 ICFP will run from January 25 to 28 and will serve as a platform for global partners to revisit global commitments to family planning and accelerate progress towards the FP2020 goal.

QuanTV: Report on Bali Conference on Population and Family Planning (broadcast at 16:00)
27 January 2016
By Hong Quan Dang

Vietnam's policy in the sphere of family planning in recent years has received high praise from the international community. Nevertheless, the country has yet to solve many problems, such as how to effectively take advantage of the demographic dividend or how to improve health care for mothers and newborns. These issues were also on the agenda of the International Conference on Family Planning which opened on January 25 in Bali, Indonesia. The conference is organized by the Indonesia's Committee on Family Planning and the Gates Institute for Population & Reproductive Health.

The International Conference on Family Planning, which is held every 2 years, this year takes place under the theme "Global action, local commitment." The participants discussed issues such as "South-South experience exchange on demographic dividend, faith based organizations and family planning, financial initiative to support of family planning programs, and others.

Census data show that in recent years, the birth rate has been steadily declining in Vietnam and in 2013 was already down below the level of the reproductive fertility.

Le Canh Nhac, Deputy Chief of the General Directorate of Population of Vietnam: At the Bali conference, Vietnam has committed itself to further provide family planning services and contraception, as well as further involve private sector in family planning. Vietnam is also willing to share experience with international friends on resource mobilization and the implementation population and family planning goals.

Vietnam is among the countries with average income per capita, so international financial support to Vietnam is gradually reduced, forcing the country to seek other methods of work in the field of family planning and reproductive health.

Le Canh Nhac, Deputy Chief of the General Directorate of Population of Vietnam: We gradually involve the private sector in this area to make up for the decline of international assistance in family planning.

Ritsu Nacken, Acting UNFPA Representative in Vietnam: I believe that there are many ways to address this issue. One of them - improving the quality of condoms. According to our data, many condoms on the market today do not meet the quality requirements. Also, insurance companies must include reproductive health in their sphere of activity.

According to forecast by the United Nations Population Fund, the population of Vietnam is rapidly aging due to the decline in fertility and increase in life expectancy. Therefore the period of the demographic dividend will not last long.
The organization recommends that besides effective policies to take advantage of the demographic dividend, Vietnam should pay more attention to improve the provision of health services, especially reproductive health.

Agence de Presse Sénégalaise: The “Young Ambassadors” in a Dynamic Sharing Good Practice for the Promotion of FP
2 February 2016
By Adama Diouf Ly

Bali (Indonesia), February 1 (PAS) - The Youth Ambassadors for promoting family planning in West Africa Francophone members of the Regional Alliance are in a process of sharing experiences and good practices between national networks to overcome the 'socio-cultural barriers, unfavorable policies and reluctance to youth access to information on sexual and reproductive health'.

Attending the International Conference on Family Planning that ended in Bali (Indonesia), youth leaders have expressed their willingness to "work together to facilitate effective strategies through access to information and services the reproductive health for adolescents and youth in their country."

Belonging to different socio-cultural environments with different realities, youth associations across Africa yet to come to pool their efforts through sharing of experiences and good practices.

"We have not the same values nor the same cultural aspects but we try to tailor the message to the target population, taking into account the context," said the young Mauritanian Dieynaba Ndiom, president of the Regional Alliance networks youth ambassadors for family planning set up for this purpose.

For example, "the gender issue is very taboo in Mauritania unlike the Benin" according to the young Dieynaba. "We are not talking about contraceptive use and directly all the time because the issue is taboo, but we insist on information, awareness," said she said in an interview with the special Envoy of the APS by presidents of young Francophone ambassadors networks.

"At the African region, especially Mauritania, religion with the speeches of certain religious, social burdens still remain a barrier to young people's access to family planning," added the president of the Regional Alliance family planning, Dieynaba Ndiom.

In Mauritania, the Network of Young Ambassadors for the PF is "a new concept in gestation phase". Young people's access to family contraceptive methods is prohibited by law, but at the same time, advocacy for the health of young breeding are tolerated in schools, public places, said the Mauritanian young.

"The religious discourse is very influential and always hooked it to pass messages. For that we have more young panelists, more participants," said Dieynaba Ndiom.

In Benin, where the religious question is not very pregnant as in Mauritania and Senegal,
"The Beninese Association for Social Marketing and communication for health, local NGO associated with International Population Service (PSI) has established friendly youth centers with playgrounds, library, internet access alongside clinical services, "explained the president of the Network of young ambassadors, Assaba Augustin, a member of the Alliance.

"It's a big task, a mission long we can do at once, but a multisectoral approach and exchange experiences between young people can get to the end of reluctance," he added.

In Benin, he recalled, "the Government had made a commitment during the Addis Ababa Summit in 2013 to make freely available to young modern contraceptive methods. This commitment should be effective in 2015, it is in 2016 and nothing has been done."

"There really is not a study to see how young people would want these different methods are available to them and that's the whole point," he said.

Young people ask their governments to do "a lot more effort, but the idea is to attract young people to adopt these methods," said Augustin Assaba.

"You can not abstain, you are sexually active, protect you," remains the message to give to young people wherever they are, according to the president of the Association "Word to the young," the Senegalese Mandiaye Small Badji.

It is for him to "enable young people to access to reproductive health services, according to their choice without being stigmatized."

"The decisions young people about family planning are critical to their health and sexual and reproductive rights and too often, young people face barriers that limit their access to modern contraceptive methods of their choice," said President of the Network of young ambassadors for the promotion of FP in Mali, Keita Edouard.

Cultural norms, lack of financial resources and political priorities among the main barriers to contraceptive use among young people, he said.

Today, "the main target layer for family planning must be youth in achieving the 2020 Family Planning targets since it is young people who are called to form couples."

As key players, youth must be involved at the top level by both governments that lead the programs that the technical and financial partners, pleaded Edward Keita, one of 350 young people invited to take part in the 4th CIPF.

Indeed, it is young girls and teenagers who are most often the victims of unwanted pregnancies, sexual violence, abortion caused by lack of information or problems of access to services of reproductive health, a- he noted.

Problems are often, for these girls, causes of family breakdown, disruption in the remainder of their studies or even the end of schooling in many cases.
"We can no longer fold our arms, we must do our best not only in family advocacy for universal access to contraceptives, but play a role of advocacy among religious leaders, community leaders, government parliamentarians," he said.

"The most important thing at first is information, advocacy for abstinence before addressing those who are already sexually active", supported the Young Ambassadors of the PF.

The strategy is shared in Côte d'Ivoire where the student movement for awareness against HIV (MESSI) also arises as megaphones for the promotion of FP.

Various communication channels are used to inform young people as social networks (facebook, twitter ...) to share with the youth of the simple, accessible and cost. Number of commitments made at the London Summit of 2012 on Family Planning (PF2020) focused on increasing gender equality and access to family planning among young people.

The CIPF 2013 Addis Ababa (Ethiopia) has highlighted the need to maximize sexual and reproductive health of young people. For the CIPF Bali, young people, this time, took part in various sessions presenting communication sessions or as moderators.

Agence de Presse Sénégalaise: The 4th ICFP Calls for Accelerated Efforts to Give 120 Million Additional Women Access to Contraception
31 January 2016
Adama Diouf Ly

Bali (Indonesia) Jan 31 (APS) - The 4th International Conference on Family Planning (ICFP), recently held in Bali (Indonesia), ended with a call to action from stakeholders, and to expand access available options for contraception, the profit of 120 million more women by 2020, noted the special envoy of the APS.

This call was made by senior government officials, donor organizations, leaders of civil society and other partners. The 2016 edition (January 25-28) of the CIPF focused on "Global Commitments, local actions ".

"Every two years, we meet at the ICFP, to learn from each other and define strategies to accelerate progress with ambitious targets (...) ", argued the president of the International Committee steering the CIPF, Jose Rimon II.

According to Rimon, citing the latest report FP2020 situation, "if we do not move to the next level, we could not keep commitments to millions of women who need contraception".

As he urged all involved parties to make "good use of all these lessons on their return quickly to try new solutions and to translate the commitments made at the global level in local action."

Investments in family planning play "a leading role in the health, growth and progress worldwide in development, and we already have the tools to achieve our goals," said Mr. Rimon, moreover director of the Bill and Melinda Gates Institute for population and reproductive health.
"Never commitments under the objective FP2020 been so many since the London Summit, and some of our partners to adopt even more ambitious targets", has for his part welcomed the Executive Director FP2020, Beth Schlachter.

She was speaking at the plenary devoted to Family Planning 2020, an international partnership to provide access to contraceptives to 120 million more women by 2020.

"Other promising announcements are expected shortly, reflecting accession aroused the goal FP2020, but also the growing importance of this platform as an engine of change," she added.

During this session devoting completion of the CIPF, the governments of the Democratic Republic of Congo, Indonesia and the Philippines discussed the opportunities and challenges that await them in their efforts to meet their commitments.

This session also provided an opportunity for representatives of civil society and multilateral institutions, to engage in a lively dialogue during which they exchanged views on ways to promote innovation and overcome existing obstacles so that women and girls have access to the information and services they need for contraception.

"It is regrettable that the governments that are publicly committed in their speeches and promises to eradicate poverty do not resort to family planning to fight against this scourge [...] Family planning is not only a right [...] It is a guarantee of a better quality of life that every person and every family should benefit ", said the Minister of Health of the Philippines. Janette Loreto-Garin.

The International Federation for Family Planning (IPPF) has announced plans to strengthen its commitment to expand to an additional 60 million users by 2020, access to family planning services, including modern contraception.

"We are proud of what we accomplished and excited to go even further by providing access to family planning to 60 million additional users," said Tewodros Melesse, director general of IPPF.

Family planning has been so identified as "one of the most profitable and beneficial health interventions" by stakeholders to hundreds of sessions that marked the conference held for four days in Bali.

They thus emphasized the importance of family planning to achieve the new Sustainable Development Goals (SDGs) and different challenges related to development in the areas of health, education, poverty and the environment.

Held every two years since 2009, the ICFP has registered a record participation in Bali with 4700 delegates, representing governments, media from 114 countries worldwide.
Bali (Indonesia), January 27 (APR) - The leaders of the Indonesian Association for the welfare of the family owner of the clinic "Kisara Kita Sayang Remaja" (we love the children in the local language) held daily program education for sexual and reproductive health through which toddlers aged between 3 and 5 years to learn more about their bodies, non-violence, respect each other and to have self-esteem, found the Special Envoy of the APS in Bali (Indonesia).

A site visit to the clinic Kisara set in a large area of Kuta city by Indonesian Planned Parenthood Association (IPPA) allowed francophone journalists at 4-th International Conference on Family Planning to discuss with officials.

It took about thirty minutes to travel by bus through the main streets lined with greenery, meandering the resort of Nusa Dua to the outskirts of the city of Kuta to get to the clinic's storefront which opened its doors group of French journalists visited site in Bali, "Island of the Gods".

The first building on the right at the entrance of the large clinical courtyard houses the space dedicated to toddlers who welcomes visitors invited to enter barefoot in a city where it rains throughout the year.

From the outset, we are struck by the plethora of toys including several woolen dolls, porcelain, etc. ground and arranged on shelves in a large veranda with walls covered with colorful paintings and a small carpet in another room.

On shelves, penis-shaped wooden statuettes and other in mating position capture the eye of the visitors.

But in the three rooms that make up the small building, young point or girls or little boys. Normal, "is day of classes for girls and boys trained to provide learning body awareness," said the monitor.

A glance information on the option of the Association of "breaking taboos" in this country with the largest Muslim population in the world. This is for the association to "protect youth through sexuality education through information sessions to help them be able to defend their bodies and ensure their good health."

"It is early that children should know their body, their anatomy and importance to their health in general and reproductive health to protect their future," says the President of Indonesian Planned Parenthood Association (IPPA), Dr. Duarsa Mita surrounded the Director of the Clinic and program manager of "ASK" (Access Services Knowledge in English) also took place in Senegal by the Association for Family Welfare (ASBEF).

The idea is just to get toddlers to "early awareness of the importance of their bodies to boost self-esteem for the little girl and the boy to the consideration and respect due doom a girl."

Very cheerful, Dr. Mita, past sixty, explained to journalists and representatives of the NGO "Population Reference Bureau" at the CIPF, that "this early life education also addresses the problem of sexual violence against girls since very early, the boy is educated to protect women."

She is convinced today of the need to "take the health problems of adolescents and young people at the base, when knowledge is best assimilated." In the presentation made during this visit, the Director of
the clinic, said Ketut Sukanaja "than at Bali, one of the archipelago islands of Indonesia, there are 12,000 HIV carriers which 30% young people".

According to a survey of adolescents in Bali by the association, "4 in 10 young people have already had sex."

Thus, a pioneer of family planning in Indonesia with the establishment of the association in 1959, IPPA decided to proceed with the communication strategies for prevention, education but also access to contraceptives and health care at the Kisara clinic.

Such as sex education is not authorized by the Government of Indonesia to school, as well as the distribution of contraceptives to young people and unmarried women in the public health institutions, IPPA offers, through the clinic, services to protect against sexually transmitted diseases including HIV / AIDS.

However the attendance rate only 14% of young people are recorded on the 1520 recipients of the clinical services that offer consultations and family planning services to married women.

Agence de Presse Sénégalaise: ICFP: DRC Presents its Strategic Plan for National Family Planning
28 January 2016
By Adama Diouf Ly

Bali (Indonesia), Jan 28 (APS) - Minister of Health of the Democratic Republic of Congo (DRC), Felix Kabange Numbi explained the new policy of promoting family planning in his country on Thursday in Bali (Indonesia), the last day of the 4th international Conference on family planning (CIPF), noted the special envoy of the APS.

This new policy is part of a National Strategic Plan, said Mr Numbi, the head of a delegation of twenty members, which included the ministers of Planning and Education and several responsible for directions.

He has exhibited in front of the French media, this plan aims to achieve a contraceptive prevalence rate of 19%.

"The new budget allocation will help fulfill the objectives of the DRC, established in the plan to increase contraceptive prevalence in the country from the current 6.5% to 19% in 2020," he explained. The Congolese authorities aspire, through this, to ensure access to modern contraceptive methods at least 2.1 million new users.

The National Assembly of the DRC, to finance this plan, voted "unanimously in favor of a budget request for the purchase of contraceptives, which will be included in the budget of the Ministry of Health."

This national commitment was validated by a budget allocation of $ 3.5 million in December 2015, during the parliamentary session, assured informed Felix Kabange Numbi, adding that this is "the first ever given budget allocation by the government to contraceptives."
In this option the Congolese government to promote FP, Mr Numbi emphasized the need for his country to "control population growth to benefit the people of the economic growth."

"Every year the population increases by two million and we will be 264 million in 2050, while the construction of new hospital policy and educational infrastructure has not kept pace with this progress," said the minister.

The DRC, with a current population of 83 million, is "determined to go to a planning program supported to take advantage of the population of the demographic dividend," he said.

A decision that motivated him as "strong presence" of the Congolese authorities, who rely on the donors present at the international conference to support this policy.

The DRC, which has the second largest forest after Indonesia needs a financing 120 million dollars annually for resources, learned correspondent of APS.

According to the authorities concerned, the only logistics dedicated to the distribution of contraceptives should cost 25% of this budget.

Agence de Presse Sénégalaise: Family Planning: Renewed Commitments to Accelerate Progress at the 4th ICFP
28 January 2016
By Adama Diouf Ly

Bali (Indonesia), January 28 (APS) - Commitments for acceleration towards family planning were renewed Thursday in Bali (Indonesia) at the end of the 4-th International Conference on Family Planning (ICFP) focused on "Global Commitments, local actions".

In the great hall of plenary Nusa Dua Convention Center, place of convergence of more than 4,000 people from a hundred countries, stakeholders have made commitments to the 2020 family planning goals (FP2020) a reality in the 69 target countries.

In turn professional organizations, youth movements, the governments represented by the host countries and donors under the leadership of Malinda Gates Foundation, have assured their willingness to continue working with all involved to ensure planning services Family (FP) and help "communities to survive."

What will change things is the integration of PF in the region's development policies. The countries of the sub-region have fairly ambitious economic goals in wanting to trigger all their emergence, said the participants.

This necessarily requires the mastery in the medium and long-term growth of the population. Go to "new creative ideas" for better youth in reproductive health peer engagement emerged in speeches.
An approach welcomed by applause bursts of 350 youth delegates in the room. Number of commitments made at the London Summit of 2012 on Family Planning (FP2020) focused on increasing gender equality and access to family planning among young people.

The ICFP 2013 Addis Ababa, Ethiopia, has highlighted the need to maximize sexual and reproductive health of young people.

During the last three days of the conference, scientists, researchers, policymakers and advocates of family planning exchanged on the latest trends, challenges and innovations for improving access to FP services worldwide.

Each day was devoted to issues playing a central role in achieving FP2020. Through this international program targeting 69 countries, the idea is to reach 120 million new users by 2020.

Agence de Presse Sénégalaise: *Introduction of Essential Drugs: ANP Will Draw on the Push Model Initiative*
28 January 2016
*By Adama Diouf Ly*

Bali (Indonesia), Jan 27 (APS) - The National Supply Pharmacy (PNA) was part of a process of facilitating access to essential medicines, starting with the "successful model of Pusch Model Initiative " said Wednesday in Bali (Indonesia), its director, Annette Seck.

Push Model The Initiative consists of a mobile warehouse system of supply of family planning products (FP)

"From a vertical model of distribution of contraceptives, the ANP will extend the dynamic tending towards integration of goods and essential drugs into the system at health centers and posts," said Ms. Seck.

The director of the ANP hosted a session of the International Conference on Family Planning (CIPF), whose fourth session opened Monday, will continue in Indonesia.

His speech focused on "national expansion of Pusch Model Initiative provide access to contraceptive supplies and essential drugs."

"The outcome of this expansion will be a revolution, a great transformation of the supply chain", supported Annette Seck, noting that health authorities have, through this, put essential drugs available to people in the the more peripheral areas.

"It is time that the supply chain is changing and for breaking out of stocks so that people have drugs in the right quantities and at the moment they need it," she argued before the representatives of Senegal's partners in the health field.

According to its director, the ANP has already "tested" the Pusch Model Initiative (IPM), implemented by an agency execution and private operators, and allowed in two years (2012-2014) to finish with stock-outs for contraceptives.
Implementation of this initiative has to know that "the ANP was quite able to do it," said Annette Seck. The Push Model Initiative (IPM) has been in 2012 without the participation of the National Supply Pharmacy (PNA), while in a "process of transformation".

"Now it's not to get in competition, but to allow everyone to do what he does best," she assured to the Minister of Health and Social Action Senegal, Awa Marie Coll-Seck, present in the room. ANP will "probably" make a portion of the distribution, the remaining portion to be entrusted to private operators, if one believes its director.

"Everyone agrees today that the supply chain must be in the sense that it must do so that the drugs go to the health center and why not to the health center", she noted.

With this called "Jegge sina" program (I approach in local language Wolof) is a joint distribution model has the advantage of solving the problem of funding.

"We are filing sales and medicines are paid after and margins paid back to the health district level," she has said.

ANP account by al subsequently evolve into the concept "Yeksina" (I'm here, in Wolof), to meet its distribution targets at all levels of the health pyramid, said Ms. Seck,

ANP also has she benefited from the World Conference on planning "to share this great experience which is being implemented," the representative of IntraHelath, Modibi Dicko, who presented the results of IPM.

For the "Pusch Model", he recalled, the ANP had decided, after starting, "to accompany the project, not just contraceptives, but other essentials gradually introduced into the distribution channel". 9 contraceptive products introduced into the system, the ANP tested in St. Louis in 2014, "the integration of all vaccines and Fatick, in addition to contraceptives, the products of the mother and child were introduced to get to 33 products, "he noted.

Funded by the Bill and Melinda Gates Foundation, IPM involved the distribution of the full range of contraceptives.

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Agence de Presse Sénégalaise: Achieving SDGs Correlated With Family Planning Program (ICFP)
27 January 2016
By Adama Diouf Ly

Bali (Indonesia), January 26 (APS) - The new agenda of the international community in 2030 for the implementation of Sustainable Development Goals (SDGs) cannot be executed without regard to family planning, key development strategies in many developing countries, considered Tuesday in Bali (Indonesia), the South of political leaders.
Invited to a panel held as part the International Conference on Family Planning around family planning and sustainable development relationship, the Ministers of Health of Senegal, Ethiopia, India and the Minister of Finance of Indonesia established by turns “Connections between success SDGs and democratic access to health services, including those related to reproductive health.”

First to launch the debate with a presentation on progress achieved in 4 years under the rate hike contraceptive prevalence (20.1%) in Senegal, the Minister of Health and Social Action Awa Marie Coll-Seck considered family planning as an “opportunity for the plan of economic development and also one of the keys to use the demographic dividend.” To achieve sustainable development, said Awa Marie Coll-Seck, today it is “to integrate family planning with other programs, but also ensure a sustainable funding and finally fight against all religious barriers that prevent women going to family planning.”

Moreover, Ms. Seck held that “all local actors involved in the promotion of planning must work together to prevent women die due of closely spaced pregnancies and risks, so that young girls out of school because of early and unwanted pregnancies.” Challenges shared with Ethiopia or with India which ministers responsible for health issues and family welfare who also spoke at the hall of Nusa Dua Convention Center in Bali.

The use of modern contraceptives by women has increased from 6% in 2000 to 52% in 2014 in Ethiopia. Successes over the last 15 years in the field of health, including reducing maternal and child mortality (68 and 72%), which resulted in his house the last ICFP with over 3400 participants.

This is why Ethiopia, in perspective of achieving the SDGs, decided to rely on four key pillars: the first is equality and equity in access to health services with data analysis to eliminate discrepancies between urban and rural areas. This is to “ensure that every Ethiopian has access to health services with quality care for all,” said Minister of Health Dr. Admasu Kesetebirhan. Other pillars for sustainable development also include promoting “family models and model villages” to reach a critical mass in all countries in a few years.

For the Indian Minister of Health and family welfare, Jagat Prakash Nada, the idea is to integrate into development programs dimension "Women's Safety" with a life-cycle approach to account comprehensively the health of women and children. Moderator of the panel, the Director of the Office for Population and Reproductive Health USAID Ellen Starbird stressed global commitments and local actions to an “impact on PF and the ability of countries to achieve the ODD.”

The ICFP hosted this year record participation since its launch in 2009 in Uganda with 4374 participants from 114 countries around the world.

Agence de Presse Sénégalaise: ICFP: Actors Call for a Mobilization of Funds for Reproductive Health
27 January 2016
By Adama Diouf Ly

Bali (Indonesia), January 26 (APS) - Panelists at the 4th International Conference on International Planning (ICFP) raised Tuesday in Bali (Indonesia), the need to finance health programs of reproduction, has noted the special envoy of the APS.
The fourth International Conference on Family Planning (ICFP), was opened Monday in the Indonesian capital on the theme: "Global commitments, local actions."

The representatives of governments and international organizations and donors all argued that funding is a crosscutting issue to achieve the objectives of the Global family planning program in 2020 (PF 2020 English).

This program was launched in 2012 in London (England), target additional 120 million women in 69 countries for access to voluntary contraception by 2020.

Indonesia for hosting this fourth ICFP today devotes 5% of its national budget to health, has given its Finance Minister Bambang Permadi Soerimantri Brodjonegora.

Speaking Tuesday at a panel on family planning and Sustainable Development Goals, he said that Indonesia has quadrupled its budget, from $ 65.9 million in 2006 to 263.7 million in 2014.

According to him, it was for the Indonesian government to "demonstrate its commitment to invest more in health programs, particularly in reproductive health for sustainable development of human capital."

The Senegalese Minister of Health and Social Welfare of Senegal, Awa Marie Coll-Seck, who took part in the panel, also referred to the "problem of financing to sustain the achievements in family planning".

"In 4 years Senegal has jumped 8 points on the contraceptive prevalence rate from 12 to 20.1% between 2012 and 2015," she informed citing latest results of the Demographic in Health (DHS) published by the National Agency of Statistics and Demography (ANSD).

For the minister, there was a "strong commitment of the Head of State who has the necessary financial means."

To push the country to the "funding effort", donor governments have increased by a third (30%), bilateral funding for family planning, said the director of the Coordinating Unit of Ouagadougou Partnership, Fatimata Sy, at a meeting of information with the French-speaking journalists.

This partnership was launched in 2011 in Burkina Faso by 9 countries of francophone West Africa to accelerate progress in the use of family planning services.

Today one of the major challenges of this mechanism and to “mobilize the internal and external funding in a sustainable way,” said Fatimata Sy.

Of high impact intervention packages holders were identified and experienced to “quickly achieve the desired results in terms of raising the PF,” she said.

But the Director of the Coordination Unit, the problem lies in scaling these pilot interventions that require financial and technical resources.

“These resources should not come only from donors but also our governments that talk about increasing sustainability, sustainable development and right to contraception,” she said. Thus, “it is up to governments to ensure that the right people.”
For this mobilization of resources, the Partnership is also counting on the private sector investing in each of the 9 countries to highlight the relationship between development and economic growth through family planning is an important element, according Fatimata Sy.

“It is only after this that should look to the technical and financial partners, donors to request that we can fill the gaps in terms of family planning programs financing,” she argued.

Agence de Presse Sénégalaise: The Ouagadougou Partnership in a Dynamic Acceleration of its Shares
26 January 2016
By Adama Diouf Ly

The Special Envoy of the APS: Diouf Adama Ly Bali (Indonesia), Jan 26 (APS) - The Partnership Ouagadougou (PO), a family planning program launched by nine francophone countries in West Africa, with the support of donors, has hit 2.2 million new users of modern contraceptive methods in its second phase of action (2016-2020), did we learn from the director of the coordination unit, Fatimata Sy.

In an interview with French journalists at the 4th International Conference on Family Planning, held in Bali (Indonesia), Ms. Sy welcomed the "success" of the first phase of Ouagadougou Partnership.

A firm of experts in monitoring and evaluation has relied on the new objective, starting from what the Partnership Ouagadougou had reached 1.184 million new users of modern methods of contraception voluntarily between 2011 and 2015. “This is a phase acceleration that requires more work to trigger a change with financial and technical resources much more important,” said the director of the Coordinating Unit in Ouagadougou Partnership.

The Partnership “has far exceeded projections” initially selected, who were to touch one million women, a goal deemed ambitious when it was launched in 2011, said Ms. Sy, rejoicing in these results.

"Each of the nine countries of the Ouagadougou partnership had to record continuous way in 4 years results superior to what has been done cumulatively over the past ten years, "she argued.

The Partnership also reached a political commitment “increasingly strong, since the objective was to reposition the planning the socio-economic environment of the 9 member countries," said Sy Fatimata.

The various countries involved in the Partnership will all have units or functional divisions, replacing the focal points at the beginning housed in ministries, a- she advised. This new mechanism induced a greater mobilization of financing both at government level and at the level of donor funds, it is argued.

Analyses made to donors by the Partnership report of a 30% increase in investments in family planning. These "success" were celebrated in Cotonou (Benin) in December, during a meeting which enabled the Partnership to Ouagadougou to revisit the challenges that this initiative is called to face.

The challenges of "stimulating" demand for family planning, to address unmet needs and achieve the new target of 2.2 million new users by 2020, not counting the need a commitment "more expanded" of youth in the promotion of sexual and reproductive health of young people.
To Sesi Aliu, expert of the "Family Planning 2020 '(FP2020), an international mechanism concerning 69 countries, the Ouagadougou Partnership is "a movement, a true regional platform for exchanging experiences, innovations". "This dynamic movement makes them even more impressive progress," assured Mr. Aliu.

Since 2011, the nine member countries of the Partnership Ouagadougou, together with the technical and financial partners, working to feed "these dynamics through national action plans with well detailed strategies for achieving national goals, according Sesi Aliu.

The Partnership in Ouagadougou was sealed in February 2011 at the Regional Conference on Population, Development and planning by governments of nine West African Francophone countries, namely Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo. It aims to accelerate progress in the use of planning services in the countries concerned.

Agence de Presse Sénégalaise: Actors Reaffirm Their Support For Family Planning
25 January 2016
By Adama Diouf Ly

The Special Envoy of the APS: Diouf Adama Ly

Bali (Indonesia), Jan 25 (APS) - The opening of the Fourth International Conference on Family Planning (ICFP) was marked on Monday in Bali (Indonesia), with commitments of stakeholders of the global program ‘Family Planning 2020 ’ to provide "stronger support to the efforts of communities to provide to women, children and young people good health."

The CIPF marks the starting point of "revitalizing family planning programs, to meet the promise of good health for millions of women, girls and youth", supported the Director of the National Committee for Population and family planning in Indonesia, Dr Surya Chandra Surapaty.

" The decisions and actions taken today will determine what will be in three years, in perspective promises required to have by 2020 the 120 million new users of family planning," did -he pointed to the president of Indonesia Joko Widodo, came to chair the opening ceremony.

"There is no time to lose, we must continue the efforts to enable women and girls to have the life they want while respecting their rights," said in a video message, Melinda Gates, co-chair of the Gates Foundation, initiator of this conference in collaboration with the John Hopkins University Bloomberg School and the Indonesian National Population and Family Planning Board (BKKBN).

She reiterated the commitment of the Foundation to put in three years to generate $ 120 million in support of community efforts in family planning programs in Africa and Asia.

Funding that will be flexible to "provide a diverse range of effective interventions with high impact on the lives of women, youth and the poor in urban areas. "

Since the launch of FP2020 in London in 2012, there has been " good news " with an increase of 20% contraceptive prevalence rate in Francophone Africa, but much remains to be done to further empower
millions of women so they can be useful to their country, said the president of the Global Development Program of the Gates Foundation, Dr. Christopher Elias.

"Some unplanned pregnancies threaten the survival of women and children and undermine their empowerment," he observed, prior to reaffirm, for the stakeholders of the FP2020 initiative, the need to make new commitments to examine, analyze data to identify gaps and see the opportunities that will guide the new shares.

Support to communities, improving service quality, product availability and global access to all contraceptive methods, especially the long-term methods, challenges remain to ‘keep the FP2020 promise,’ as well as the investment on youth.

The ICFP held every two years, is a movement and a strategic platform of the influence of family planning agenda at the international level. The 2016 edition focuses on "Global commitments, Local Action ".

Agence de Presse Sénégalaise: FP: Indonesia's Revitalization of its National Program
25 January 2016
By Adama Diouf Ly

Bali (Indonesia), Jan 25 (APS) - The Indonesian government announced Monday, will revitalize its national family planning program, based on the results of the 4th International Conference on Family Planning, opened the same day in Bali, an Indonesian tourist island.

The conference "is the most important meeting held in Indonesia to strengthen efforts to revitalize family planning in our country," said the chairman of the National Committee for Population and Family Planning in Indonesia, Dr Surya Chandra Surapaty.

According to him, the meeting offers the opportunity to "make exchanges with all stakeholders for a new starting point for revival of family planning programs."

The Indonesian Minister of Human Development and Culture, Puan Maharani, also stressed the "strong commitment" of the Indonesian government in this regard, reaffirming its ambition to “solve the health problems faced by women in the field Health of reproduction.”

It found 69.6% the rate of antenatal care (ANC) in the country, "with significant unmet needs for family planning", without further detail.

Puan Maharani as he stressed the need to "guarantee the right of every individual to have a prosperous family" through family planning.

"The PF is a strategic way to improve people's lives, developing the skills and leadership of men and women," said Indonesian President Yoko Widodo, presiding over the official opening of the meeting.
In Indonesia, an archipelago of nearly 17000 islands, the population is increasing annually by 3 million, reported Yoko Widodo, before pleading for actions aimed at bringing women’s health services and ending violence exerted on the fairer sex.

In this perspective, are we taught, Indonesia has quadrupled its budget for family planning, increased from 65.9 million in 2006 to 263700000 in 2014.

In this way, the Indonesian authorities seek better training of health workers and better provision of free family planning services throughout the country's new universal health coverage system.

So many things justifying the choice to organize this conference in Indonesia, which is held every two since 2009, at the initiative of the Bill and Melinda Gates Foundation, the Johns Hopkins University School of Health and several partners.

According to organizers, Indonesia is a country that "has demonstrated leadership through innovation in family planning programs."

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Agence de Presse Sénégalaise: FP is a “Good Instrument for Achieving the SDGs” (Ban Ki-Moon) 25 January 2016
By Adama Diouf Ly

The Special Envoy of the APS: Diouf Adama Ly Bali (Indonesia), January 25 (APS) - Family planning is a "key" and "a good tool" for achieving sustainable development goals (SDGs) The roadmap to combat poverty, inequality and climate change over the next fifteen years, has supported the Secretary-General of the United Nations (UN), Ban Ki-moon. "Family planning can save lives," he has noted in a message read on his behalf at the opening of the 4th International Conference on Family Planning -CIPF) Monday in Bali (Indonesia). "When women have access to information, there are fewer unwanted pregnancies, fewer maternal and infant mortality, more education of children, "said the UN SG in the message read by the Executive Director of the UN Fund Population (UNFPA) Dr. Babatunde Osotimehin. In the view of Ban Ki-moon, family planning is "a way to improve the quality of life of women in respect of their rights."

"I respect women and children who are largely the achievement of sustainable development goals," he has stressed in his message to the participants in the meeting whose official ceremony of "opening was chaired by Indonesian President Yoko Widodo.

The UN SG has called for intensified efforts in this area, with "effective strategies" to youth and adolescents, health services for reproductive tailored to their needs. " We can change the world ensuring quality of life for all, "concluded Ban Ki-moon in his massage. The ODD, launched last September to replace the Millennium Development Aims (MDGs)," now give governments and the makers opportunity to better understand family planning, "said the Executive Director of UNFPA.

"Birth spacing is an opportunity for families and nations out of poverty, an opportunity for girls to have a good job," Babatunde Osotimehin said, addressing the delegations from 114 countries around the world.
According to Dr. Babatunde with family planning, "financially successful families and children have more opportunities to go to school." The 2016 edition of the CIPF, theme-based 'global commitments, local action', has stressed that sustainable development should be supported by countries to protect their populations.

"Having women happy in 2020, we can do it together," he told Dr. Babatunde, also the UN Under-Secretary General.

Since 2009, the International Conference on Family Planning (CIPF) gathers every two years the relevant stakeholders, to "share best practices, celebrate successes and chart the way forward".

Indonesia was chosen host the 2016 edition, due to the leadership his country has demonstrated, through its innovations in family planning programs, the organizers said.

Agence de Presse Sénégalaise: 4th ICFP Opens Monday In Bali, “Global Commitments And Local Actions”
24 January 2016
By Adama Diouf Ly

+++ From the correspondent of APS: Diouf Adama Ly +++ Bali (Indonesia), January 24 (APS) - The Fourth International Conference on Family Planning (ICFP) opens Monday to Bali Nusa Dua Convention Centre, Bali (Indonesia) on global commitments and local actions, part of the new international agenda on sustainable development, learned APS.

Held every two years since 2009, the ICFP is a platform for exchanges on the progress and challenges of family planning in the world. It is "built on the strength of the strategic intersections between different sectors and brings together leaders in research, advocacy, public policy, media," the organizers said in a document of 267 pages on the conference program.

In a message contained in the document, the Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, and the National Council on Population and Family Planning of Indonesia recalled the tremendous progress made since the inaugural ICFP in Kampala (Uganda). The Kampala conference was marked by the call to the international community from planning to put its best practices to scale by realizing political changes and effective programs. In years before Kampala, the Dakar conference in 2011 had focused on "the improving family planning services in francophone Africa ".

In response to the launch in London in 2012" Family planning 2020 (PF2020) with a target of 120 million new users of contraceptives in 4 years, the CIPF has gathered 3400 Participants in Addis Ababa (Ethiopia) in 2013 to celebrate progress towards "full access, built-choice", said the document.

The CIPF offers this year an extensive program of conferences and satellite events with more than 200 sessions scheduled over three days including over 500 individual presentations, 80 panels and 350 poster presentations. The topics are related to the flagship response to the needs of young people by
encouraging their participation, quality of care, demographic dividend, advancing through the PF faith-based organizations, progress and challenges of PF2020, innovations in financing, the initiative for implementing best practices.

Already on the eve of the official opening, a youth pre-conference was held at the Bali Nusa Dua Convention Centre. Sexual and reproductive health of young people will not only be one of the most discussed substantive issues but will also be subject to the three plenary of the conference. Also, Francophone and Anglophone journalists followed separately the Population Reference Bureau initiative (PRB), a pre-conference workshop to prepare media coverage.

Present in Bali, the Minister of Health and Social Action Awa Marie Coll-Seck is invited to a panel organized by Population Council to present the significant progress made in recent years in the field of contraceptive prevalence reach in three years (2012-2015) of 12-16%.

Agence de Presse Sénégalaise: ICFP: Awa Marie Coll-Seck Reports On Advances In Contraceptive Prevalence In Senegal
24 January 2016
By Adama Diouf Ly

+++ From the correspondent of APS: Adama Diouf Ly +++ Bali (Indonesia), January 24 (APS) - The Minister of Health and Social Action, Awa Marie Coll-Seck presented Sunday in Bali (Indonesia ), the advances and challenges ahead for the achievement of family planning targets for 2020 (PF2020) by Senegal.

Invited to a panel initiated by the US-based Population Council on the eve of the opening of the 4th International Conference on Family Planning (CIPF), Awa Marie Coll-Seck has set the tone on the status of family planning in Senegal before his speech expected at the first plenary Tuesday focused on family planning and new sustainable development goals.

"Senegal has been invited as a leading country having made many significant advances in the field of reproductive health, particularly in the area of planning," said she emphasized at the end of the panel. It exposed the strengths of the rehabilitation program in contraceptive prevalence to 27% in 2020, challenges to the achieving this goal. For the Minister Awa Marie Coll-Seck, "is primarily a political leadership with the head of state gave necessary means". Senegal also has a leadership in the parliament, religious, journalists, and more community involvement that does not always exist in other countries, she stressed during the panel held on the eve of the official opening of the CIPF.

She also used the example of "Bajenu Gox" (neighborhood godmothers) that can, she says, "talk at any time with the families to try to address health issues of reproduction, child survival level homes. "The minister also spoke about the contribution of non-governmental organizations, associations, artists to reach this" strong commitment at the community level."

The availability of contraceptive products, human resources by recruiting itinerant midwives in more remote areas with support from the Gates Foundation, also had "a large part in the increase in contraceptive prevalence in three years to reach 12-16%, noted Ms. Seck.
However, the Minister expressed to the participants in this panel of financing problem to sustain the gains made in family planning. Indeed, the minister said, "If the budget of the health sector does not increase a regularly, there is a risk of maintaining the momentum recorded progress since 2012. The question of "religious fundamentalism" was also among the challenges statement. And for the minister, "the people who did not understand religions can destroy what has been done in this direction and we must be very careful." Therefore, she praised the work done by the Imams and general faith association.

"It is an honor for Senegal to give an example to also say that we can do better," she said during the panel focused on the theme: "Advancing Family Planning for universal access."

The international conference that opens Monday to Nusa Dua Convention Centre in Bali is also" an opportunity to get other partnerships to better support NGOs and youth in high schools, "said she added.

Held every two years since 2009, the CIPF initially scheduled for November 2015 was postponed to this date (January 25-28).Indonesia "innovative country in family planning programs" has been chosen to host the 4th Conference focused on the theme: "Global Commitments, local actions".

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Agence de Presse Sénégalaise: Report of The International Conference On Family Planning
5 November 2015
By Adama Diouf Ly

Dakar, November 5 (APS) - The International Conference on Family Planning (ICFP) provided, from November 9 to 13 in Bali, Indonesia was postponed to a later date due to the eruption of a volcano occurred in one of the islands of the Archipelago, learned APS nearby organizers.

The 4th International Conference on Family Planning, the first in Asia to Indonesia was scheduled considered the “leader into innovative family planning programs in the region and in the world,” the dedicated website set up for several months.

The ICPF is organized by the Bill & Melinda Gates Institute for Population and Reproductive Health at the John Hopkins Bloomberg School of Public Health.

At its 3rd edition, held in 2013 in Addis Ababa (Ethiopia), the CIPF gathered 3,500 people to 'celebrate the success of family planning.'

The conference in Indonesia expecting more than 3,000 researchers, policy makers, students and accredited journalists.

This is the largest high-level conference on global family planning. The first conference, held in Kampala (Uganda) in 2009, had convened for the first time in twenty years over 1,300 participants around the subject of family planning.

Problems of family planning in Francophone Africa were raised during the second conference which was held in 2011 in Dakar (Senegal).
Indonesia had been chosen to host the 4th ICPF, having achieved success in its innovative family planning programs.

National family planning initiatives have doubled the contraceptive prevalence rate to nearly 60% between 1976 and 2002, and reduced in half the fertility rate.

The ICPF provides a platform to highlight the successes achieved in the field of family planning around the world, and the obstacles still to be overcome.

Agence D’Information D’Afrique: Health: DRC presents at the international conference on family planning in Indonesia
30 January 2016
By Aline Nzuzi

The Minister of Health, Dr. Felix Kabange Numbi, takes part in this conference opened on January 25 at Nusadua in Bali.

Dr. Felix Kabange Numbi was invited to present the experience of his country on the future of funding for sexual and reproductive health in a panel co-sponsored by the World Bank Group and the International Federation for Family Planning.

After presenting the demographic characteristics of the Congolese population as the growth rate to 3.1% and the fertility rate to 6.6 children per woman, the Minister noted that the acceleration of demographic transition is a priority government. The DRC is strongly committed in terms of reproductive health and family planning.

Since January 10, 2014, the DRC launched its national strategic plan for family planning which aims to pass contraceptive coverage from 5.4 to 19% in 2020. The Minister also emphasized the process that followed the DRC as one of four pilot countries of the new global funding mechanism and the drafting of the investment framework being.

Ghana News Agency: Indonesian President calls for action on contraception
27 January 2016

President Joko Widodo, President of the Republic of Indonesia, has opened the fourth International Conference on Family Planning (ICFP) with a call for global action to expand access to contraception.

He said there was the need to build a future that would ensure that “all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have better opportunities for better lives.”
The four-day conference being held in Nusa Dua, Indonesia is being attended by thousands of government, health and development leaders worldwide.

Co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN), the conference is centered on the theme of “Global Commitments, Local Actions.”

Mr Joko Widodo said to achieve the Sustainable Development Goals (SDGs) and sustain economic growth, investments in family planning are necessary and urged global leaders to take real action to bring about healthy mothers, healthy children and prosperous families.

“By so doing we will be making the Planet Earth a better place to live,” Jokowi added.

He said the stigma and discrimination against women seeking family planning services must end, and that family planning education must become a priority in every country.

“The Government of Indonesia is working hard to revitalise our family planning programme, we know that the challenges facing Indonesian families in the future will only be greater, especially when it comes to population issues... we also encourage local governments to raise awareness and make family planning a priority in every municipality and village across Indonesia,” The President said.

Dr. Babatunde Osotimehin, Executive Director of UNFPA, said family planning was about women’s rights and their capacity to make decisions about their health and well-being, contributing to the objectives of FP2020.

“It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividends, thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals,” he said.

Dr Chris Elias, President of Global Development at the Bill & Melinda Gates Foundation, said the family planning data and evidence pointed to concrete steps taken as a community to get back on track to meet the FP2020 goal, adding, “Now we must ask ourselves what more we can do to align our efforts to ensure all women have the information and tools they need to time and space their pregnancies.”

He said family planning will play a critical role in realising the SDGs, the new development agenda for the next 15 years, adopted in September at the United Nations General Assembly and help in reducing the global unmet need for family planning services.

The 2016 ICFP will serve as a platform for global partners to revisit global commitments to family planning and accelerate progress towards the FP2020 goal.

The ceremony presented the first-ever Global Humanitarian Awards for Women’s and Children’s Health to recognize individuals for their tremendous contributions and commitment to advancing maternal and child health and well-being, especially family planning, in communities around the world.

This year’s four honorees were: Prof Dato’ Sri. Tahir, Chairman and Founder of the Tahir Foundation; Sir Christopher Hohn, Co-founder of the Children’s Investment Fund Foundation (CIFF); Mrs Fayeeza Naqvi, Chairman and Co-founder, and Mr Arif Masood Naqvi, Co-founder of the Aman Foundation.
The ICFP serves as a strategic inflection point for the family planning community worldwide. It provides an opportunity for scientists, researchers, policymakers and advocates to disseminate knowledge, celebrate successes and identify steps towards reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

Sidwaya: Rape and unwanted pregnancy: Double victims
8 February 2016
By Boureima Sanga

In acts of rape, the authors do not often protect and leave no opportunity for victims to do. The victims are exposed to sexual violence but also the risk of an unwanted pregnancy. The geographer and demographer Nathalie Sawadogo, Higher Institute of Population Sciences (ISSP) has studied the phenomenon among young women in Ouagadougou, it has presented to the international conference on family planning in Bali, Indonesia in January 2016.

Nopoko, high school student, 16 years. Following a conflictual family situation, she fled to her friend who lives with his parents. One day, in the absence of parents, she is raped by the elder brother of her friend, aged 29. First unintended report first unwanted pregnancy for Nopoko! The victim was a shame, and also because she does not know who to trust. She finally reveals what happened and the author acknowledges. She and her children supported by the family. It will eventually return to his own family, leaving the child with his former landlords. Such is the story of a girl raped twice and unwanted pregnancy reported by the researcher, Nathalie Sawadogo. In his research entitled "Doubling victims: A qualitative analysis of the unresolved exposure to unwanted pregnancy after sexual violence among young women in Ouagadougou (Burkina Faso)," Dr Sawadogo interviewed 76 respondents composed of 50 women and 26 men. It appears that eight women were raped during their sex life, sometimes ten years before the study. Both men acknowledged also be rapists. And they "tell it without remorse," notes Dr. Sawadogo. Of the eight young women raped, the other two, as Nopoko, were not immune to what they have always avoided: forced sex, unwanted pregnancy. The consequences of sexual abuse of young women are among other physical and psychological trauma, exposure to STIs / HIV and unwanted pregnancies. The three victims of rape and unwanted pregnancies have not received adequate support or abortion (although authorized by the Burkinabe law in cases of rape). The law on reproductive health in Burkina confirms the prohibition of the voluntary interruption of pregnancy such as the Penal Code provides, but with exceptions, including rape, incest or risk to the mother peril or the child. These young women have rather been eligible for arranged marriages and a drop. Yet, says the author of the study, adequate support with emergency contraception could respond at least to the risk of unwanted pregnancy.

Shame away victims of support
"This violence occurs in all socio-cultural and the answer is almost the same; First shame the side of the victim. She did not dare confide in someone. Even if she were to do his entourage, there is the concern to safeguard the reputation. His confidants will avoid divulging what happened. So, these victims were not adequately support especially in terms of resolution of the exposure to unwanted pregnancies, "says Geo-demographer. For the researcher, rape is sometimes the result of close, if the "stable" partner. And in the male-dominated society, victim status is not recognized the young woman who has been raped. This one is made guilty. Some participants asked about the fact that something is to ask victims to denounce, to visit health centers for care, but another is to know what the future of the victim. Who would want to have a woman who has been raped? Questions that remain intact. Some think that we must conduct work on several levels. We must educate victims to speak and educate society so that it does not beat the victims, but it helps them find an appropriate solution. The geographer and demographer explained that this is an exploratory study, part of the finding that sexual violence exist in Burkina and that there is very little evidence of this phenomenon. Rape is a violation of individual rights and Dr Sawadogo think the victim does not have to feel guilty. It is necessary that the company treats as a victim, and accept instead of trying to hide, concluded Dr. Nathalie Sawadogo.

Sidewa: Family planning: “Djandioba”, or the gateway to contraception
4 February 2016
By Boureima Sanga

Innovative practices for Promotion of Family Planning (FP), it exists in Burkina. Health District Tugan has developed a concept called "Djandioba Day Family Planning (JDHF)" which is the pride of the Ministry of Health. In four years, the JDHF has recruited 9504 new users of contraceptive products. This strategy was presented at the Fourth International Conference of the FP in Bali, Indonesia in late January 2016.

"Family Planning Djandioba of Day" (JDHF) or "Djandioba Days of family planning" (in English) is the original model that Burkina shared the world meeting on family planning (FP) in Bali, Indonesia. Very famous in the west and northwest of Burkina Faso, the "Djandioba" is a popular festivities of dance that is practiced to the sound of traditional music. According to former head doctor of the district health Tugan, Dr. Souleymane Kabore, it is a "revolutionary discovery" that was born in 2013 in Tougan, a town 200 km from Ouagadougou.
The JDPF is a materialisation of the famous phrase "join the business with pleasure." Thus says Dr Kaboré, the "Djandioba" served as a vehicle for promoting family planning in order to break the genes, the reluctance and taboo surrounding the issue of contraception in most households Burkinabe. Far from being a festive activity FREE says Dr Kaboré, the "Djandioba Day Family Planning" obeys the contrary, a rigorous methodology which comes in 7 steps. The first step is to make a plea to village leaders to present the concept and seek their support. Then comes the establishment of an organizing committee villagers. The role of this committee is to identify needs and seek funding. Step 3 involves the sensitization of communities to the PF by community health workers. These have, then, in turn, responsible for recruiting potential beneficiaries.

Fundraising carried out by the communities is the 4th stage. Two to three days before the feast, comes the fifth step of providing contraceptive products. The "Djandioba" itself is the 6th stage under the leadership of the organizing committee. Completed festivities, health workers take stock in the presence of village communities: this is the final step. "Every organization rests on the community. In past editions, the diaspora Tugan was much in demand. Also, this festival dedicated to family planning is also an opportunity to gather the girls and SON of a given locality. Since at that time, the diaspora, present at the party, many dating knowledge, "says Dr Souleymane Kabore. Extend strategy in regional, Burkina Faso says the Director of Family Health (DSF), Dr. Isabelle Bicaba, is committed in its PF's stimulus plan to enlist 332,000 women, new users of contraceptive methods, from 2013 to 2015. According to her, special emphasis has been on the demand, the supply of care and availability of contraceptives. "The goal has been achieved through several strategies including that of Djandioba. During this festive event, we managed to educate women by providing contraceptive products, "she says. He added: "In total the 3rd quarter of 2015, we HAVE achieved 360,000 new users far beyond the goals we are FIXED. But we expect a formal evaluation."

In this recovery plan, the district health Tugan that follows the boundaries of the Sourou province had a mandate to recruit 6900 new users of contraceptive methods.

In total from 2013 to 2015, four editions of "Djandioba Day Family Planning" (JDPF) were organized and helped to recruit over 9,000 new users exceeding the target set by the District Department of Health.

"More than 109,000 people were reached by this approach," says Dr Kabore.

According to him, an edition of the JDPF costs 6000 dollars, or about 3 million FCFA. By reducing the cost to the affected individual a quick calculation gives $ 0.12 per person sensitized and 2.42 dollars per woman recruited. For the record, the health district of Tugan had a population of 273 000 inhabitants in 2015 and 65 000 women of childbearing age.

In addition to revolutionizing the world of family planning by its originality, "Djandioba" as outreach strategy to birth spacing, seems to have marked the spirits. Therefore, the actors of family planning argue for expanding the strategy throughout the territory of Burkina Faso and all 9 countries of the Ouagadougou Partnership (Benin, Burkina Faso, Ivory Coast, Guinea Conakry, Mali, Mauritania, Niger, Senegal and Togo). "It's definitely a GOOD strategy. We believe it is wise to popularize and to scale, "said for his part, Rodrigue Ngouana unity of coordination of the Partnership in Ouagadougou based in Dakar.

Multiple benefits
For Dr Souleymane Kabore, the benefits of this strategy developed in Tugan are multiple. It helps to strengthen links between communities and health workers. "Health workers combine both leisure and work alongside the people with the key health goal," he says.

The strategy of "Djandioba" also solves the problem of lack of funding. CAR populations themselves, he says, are self-financing up to 52%. Moreover, he continues, each edition of the JDPF helps recruit at the very least more than 2000 women with 44% of new users who dare to take the step during these days.

In the opinion of the former head doctor of the district health Tugan, Dr Kaboré, awareness of the strategy by the "Djandioba" still has good days ahead. "This is a concept that combines several strategies. And I think it can help us to quickly reach our family planning goals," he says.

Sidwaya: Access to contraception: Bali accelerates the pace
31 January 2016
By Boureima Sanga

The Fourth International Conference on Family Planning, held from January 25 to 28, 2016 in Bali, Indonesia, concluded its work with a call to speed up efforts to contraception under 120 million women new users by 2020.

Researchers, donors, health professionals, heads of organizations of civil society, government representatives, young people ... gathered, from 25 to 28 January 2016 on the island of Bali in Indonesia, on the theme "global commitments, local actions!"

Indonesian President Joko Widodo, who opened the proceedings of the Fourth International Conference on Family Planning (CIPF) called for a global mobilization to make family planning a priority and expand access to contraception. "I hope that this conference will be an opportunity for us to reflect on the foundations needed to build the future we want. A future where all women and girls have the opportunity to choose whether or not they wish to have children and when, but also to space births, so that mothers and their children have better opportunities," said said the head of the Indonesian state, Jokowi, as it is called his countrymen. According to him, if countries are to achieve sustainable development objectives, they must act locally. "To sustain growth, it is essential to Invest in family planning ... I invite all world leaders to take concrete steps to protect the health of mothers and their children, and to provide families a healthy and prosperous life. It is only at this price that we can make the world a better place, "Jokowi faith.

To believe the latest report on the progress made globally established by Family Planning, 2020 (FP2020), the number of women and girls who wish to avoid or delay pregnancy and who now use modern contraception has increased in last three years of 24.4 million in the poorest countries. Family Planning 2020 is a partnership that aims to give 120 million more women access to voluntary contraception to 2020.

Despite progress recorded recently, millions of women still do not have access to the information and tools they need for family planning. The conference was attended by the Assistant Secretary General of the United Nations and Executive Director of UNFPA, Babatunde Osotimehin, chairman of the Global
Delivering the promise

In an audiovisual message, the co-founder of the Bill and Melinda Gates Foundation has estimated that there is much to do if we are to realize the promise of putting 120 million women using contraception in 2020 (PF2020); and the challenge is to reach young people, empower women and girls and give them a better education. "We have many things to do, no time to lose, continue our efforts for the PF," she said. Babatunde Osotimehin went further, recalling the importance of the PF.

Investing in family planning is an eminently worthwhile investment to foster human capital development, the fight against poverty, reap a demographic dividend, and contribute to equitable and sustainable economic development in the context of sustainable development goals," -t he said. Unfortunately, noted the Minister of Health of the Philippines, Janette Loreto-Garin, it is regrettable that the governments that are publicly committed in their speeches and promises to eradicate poverty do not resort to family planning to fight against this scourge. "Family planning is not only a right, it is a guarantee of a better quality of life that every person and every family should enjoy," she started.

In response to the concern to achieve the objective FP2020, the Bill & Melinda Gates Foundation announced that it will invest an additional $ 120 million in programs of family planning over the next three years, an increase 25% of its envelope.

The International Federation for Family Planning (IPPF) has also announced its intention to strengthen commitments to expand to an additional 60 million users by 2020 access to family planning services, including ways modern contraception. The Federation has expanded its services to 15 million people and saw the total number of beneficiaries jump by 40% since 2012.

"We are proud of what we 've accomplished and excited to go even further by giving users access to additional family planning to 60 million", welcomed the Director-General of IPPF, Tewodros Melesse. "The last FP2020 status report indicates an urgent need to intensify our efforts, because millions of women are still left behind. Donors should also increase their commitments to family planning and we hope that our ambitious goal inspire others to act, "he hoped.

The Ouagadougou Partnership which includes 9 countries in West Africa reaffirmed the commitment to turn to reach 2.2 million women new users of contraceptive methods by 2020. "Our goals are ambitious, but according to the latest report from FP2020 situation, if we do not move to the next level, we could not keep commitments to millions of women who need contraception. I urge all our partners to translate the commitments made at the global level in local action, "warned the president of the CIPF International Steering Committee and Director of the Bill and Melinda Gates Institute for Population and Reproductive Health, Jose Rimon II.

Completion of the CIPF was marked by the award of the winners of the 2016 Leadership Excellence in Family Planning (EXCELL) whose names were announced by the co-organizers of the Conference, the Bill and Melinda Gates Institute for population and reproductive health, affiliated with the Bloomberg School of public health at Johns Hopkins University and the Indonesian National Council of population and family planning (BKKBN). These awards distinguish outstanding contributions in the field of access and use of voluntary family planning information and services. They were awarded to countries (Kenya and Ethiopia), organizations or institutions (Yayasan Cipta Cara Padu (Indonesia) and personalities...
Sidwaya: Family planning: Innovative advocacy tool shared in Bali
29 January 2016
By Boureima Sanga

The NGO Global Planned Parenthood (PP Global) is in Bali, Indonesia to share its experiences in advocating for family planning (FP). Tuesday 26 January 2016, Carole Osero Ageng’o PP Global moderated a panel on an advocacy tool “Voice for Health”, a model that allows a leader to mobilize its similar to conduct advocacy and achieve a goal.

"Voice for Health" is an advocacy tool. In the US, Planned Parenthood Federation of America (PPFA) is used to build the capacity of its advocacy teams. He developed a course created by Marshall Ganz, a professor at Harvard University. It is designed on the success of the civil rights movement in the United States: the movement of Martin Luther King. Pr. Ganz, teaches strategies to ACTIVISTS this movement, union leaders, and other leaders who would organize the community to inspire change.

According to Ms. Carole Osero Ageng’o NGO Planned Parenthood Global, a division of PPFA, "Voice for Health" allows activists to develop their leadership, to empower and engage others to their cause to to find ways and strategies to achieve their goal. This tool highlights the importance of "public narrative" that is, how to use personal stories to engage communities.

Marshall Ganz, course designer, "The organizers of the work begins with the acceptance of their responsibility to the other challenged to join in the action," insists the author.

Carole illustrates this, by the example of the Kenyan activist Wangari Maathai with her movement green belt. Conservationist, she was able to prevent the late President Arap Moi to destroy Kenyan National Park for other purposes. How did she do? Carole says she was repeatedly humiliated by AUTHORITIES who thought only appropriating the park for other INVESTMENT.

It raised awareness of the communities on the importance of the park and necessitated saving. So she mobilized women to manifest; before the intransigence of President Moi, the old women undressed to walk naked. The Kenyan president, gave up his project and the park was saved. "She used the women to save the national park. These women were the power Wangari Maatai has used to counter the power of authorities. The model "Voice for Health" is an innovation in advocacy that each organization can adapt to their environments, "said Carole Osero Ageng’o .

She invited participants to try out this innovative tool for advocacy. However, she said that Planned Parenthood Global works with partners in Burkina Faso, Kenya, Uganda, Nigeria and Senegal, to transform "the sum of our strength in resources required to achieve the progress that we want in the FIELD health and sexual and reproductive rights. "

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Melinda Gates, co-chair of the Bill & Melinda Gates Foundation, in a video address during the opening ceremony of the International Conference on the International Planning (CIPF) on Monday January 25 in Bali, reiterated the commitment of the said FINANCING foundation to increase family planning by 25% over the next three years.

The joy was visible on the faces of the participants at the opening of the International Conference on the International Planning (CIPF), Monday, January 25, 2016 in Bali, Indonesia. Indeed, the Bill & Melinda Gates Foundation announced on the occasion that she INVEST $ 120 million dollars to family planning programs over the next three years is a 25% increase in its current funding. Melinda Gates argued that there is no time to lose if the actors want to achieve the goal of going to contraceptive method 120 million women and girls in 2020.

More women and girls must be able to access contraceptive services and family planning (FP). According to her, unfortunately this is not the CAS as a new report finds that actors may not achieve the goal of 2020. A four years from the deadline, the international community has a narrow but critical window the ability to realize the promise.

"These are decisions made today will determine whether we keep our promise of 120 million women. Since we have made that promise, millions of unwanted pregnancies were avoided and thousands of lives saved. But the hard truth is that to keep it, we must do more, and we must act now," said Melinda Gates.

Three priority AREAS

The Bill & Melinda Gates Foundation announced that additional funding will focus on three priority areas. This will improve the quality of services and the range of contraceptive options that women receive; reaching the most marginalized with contraceptives and services, particularly the urban poor. Finally, it will issue to support the work of local actors who make policies and programs to more women and girls to access contraceptives. Much of this funding will INVESTED in access to youth health services.

"We have in our power to give every woman, every girl, everywhere, the possibility of a healthy and prosperous life for herself, her family and her community," asserts Does elle. Elle is convinced that the access to family planning can change lives. FP enables women to decide when they want to have children and to reduce unwanted pregnancies and maternal and neonatal deaths.

Elle also increasing, said Ms. Gates, educational and economic opportunities for women and leads to families and healthier communities. Voluntary family planning, stakeholders argue, is one of the most profitable investments a country can make in its future.

About the Bill & Melinda Gates Foundation

Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help people lead healthy, productive lives. In developing countries, it focuses on improving people's health
and giving them the chance to lift themselves out of hunger and extreme poverty. In the US, it VISE to ensure that all people, especially the poorest, have access to the opportunities they need to succeed in school and in life. Based in Seattle, Washington, the foundation is led by CEO Sue Desmond-Hellmann and Co-chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.

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Sidwaya: Family Planning: Global commitment on the Island of God
25 January 2016
By Boureima Sanga

The President of Indonesia, Joko Widodo, gave four shots gong January 25, 2016, in Bali, marking the opening of the 4th International Conference on Family Planning (CIPF). This, before 4374 participants from 114 countries to discuss the progress and new directions to be taken for the promotion of family planning.

Bali Island called island of God! It is in this part of Indonesia that the actors of the Reproductive Health and Family Planning opened in Bali Monday, January 25, 2016, their international conference on the theme "Global commitment and local action." For the president of Indonesia, Joko Widodo, family planning is a strategic investment in that it can offer a quality of life to the child, the mother and family to build a quality generation. Indonesia, he explained, records every year 3 million birth.

Thus, the Indonesian population believes every year 3 million people. In order to control population growth, the government supports family planning programs by making certain contraceptives free products and training health staff. "The PF is a human right. To build a better world, women must decide freely to space their birth and violence against them also must stop," said President Joko Widodo said Jokowi.

A contraceptive prevalence rate of over 60%

Indonesia's efforts in family planning were welcomed. This country has a contraceptive prevalence rate of over 60% against 25% for example in Burkina Faso (The prevalence of contraception is the percentage of women using any form of contraception). Unmet needs of the rates, ie, women who need a contraceptive and for one reason or another do not use is 4% against 23% in Burkina.

At the opening, the participants also followed an audio message Melinda Gates co-founder of Bill and Melinda Gates, host of the ICFP. It found that there is much to do if we are to realize the promise of putting 120 million women using contraception by 2020 (PF2020) and the challenge is to reach young people, empower women and girls and give them a better education. "We HAVE a lot of thing to do, no time to lose; continue our efforts for the PF," she said.

As the Executive Director of UNFPA, Dr. Babatunde Osotimehin, representative of the UN Secretary General, the PF is the key to open up opportunities, it is a good investment to achieve sustainable development. "The PF is not health but a right of the woman; for families and nations can get out of poverty, you have to plan," stated the UN representative. PF's PROMOTION champions efforts were rewarded through the Global Humanitarian Award for the Health of Women and Children. The winners
who sported their medals are the foundations, "Children's investment" of the United Kingdom; "Aman" of Pakistan and "Tahir" of Indonesia.

This award recognizes individuals who have distinguished themselves through their vision and leadership, and have INVESTED private funds in improving reproductive, maternal, newborn and child health, including family planning in the national and global levels. "This award is a recognition of the outstanding contributions of these people to the goal of saving thousands or even millions of lives at a time across the world," said Jose "Oying" Rimon II, Director of the Institute Gates and Chairman of the Steering Committee of the ICFP.

Sidwaya: **Bali: Global commitments expected for FP**
24 January 2016
*By Boureima Sanga*

Bali in Indonesia, the largest Muslim country in the world, is home to the 25 to 28 January 2016 the 4th International Conference on Family Planning (ICFP). Actors from the world's four sides will reflect on the theme "Global Engagements, Local Actions" to promote family planning.

After Kampala, Dakar, Senegal, and Addis Ababa in Ethiopia, the International Conference on Family Planning (ICFP) opens today for the 4th time in Bali, Indonesia. SCHEDULED from 9 to 12 November and postponed due to volcanic eruption, this time it's good. And, over 3,500 participants from around the world, researchers, professionals, policy makers, activists, civil society leaders, media and international organizations are expected to discuss achievements and prospects in family planning.

This 4th edition has the theme: "Global Commitments, Local Actions" So many themes corresponding to the key challenges to be resolved will be discussed, including the response to youth needs, creating demand and social change, accountability and advocacy. Throughout the conference, new commitments on FP will be taken and champions efforts rewarded through the Global Humanitarian Award for the Health of Women and Children.

Since 2009, the ICFP is held every two years to celebrate successes, share experiences and make new commitments to family planning in the world. Indonesia was chosen to host the event by his champion status in the FIELD FP. Indeed, the efforts made at the national level have doubled the contraceptive prevalence rate in the country and reduce the half fertility rate between 1976 and 2002. In addition, the Indonesian government has increased the budget allocated to the PF to strengthen human resources and provide free services.

Significant progress has been made since the 1st conference in Kampala, though it will continue efforts. CIPF and Bali is for actors, a key opportunity to consolidate the current momentum for FP, ensure that it remains a priority and speed up or renew commitments.

Burkina Faso is now in Bali by a strong delegation of the ministry of health officials, researchers from the Higher Institute for Population Sciences (ISSP) from the University of Ouagadougou and civil society organizations.
The 4th International Conference on Family Planning (ICFP) is organized by the Bill and Melinda Gates Institute for Population and Reproductive Health, School of Public Health at Bloomberg Johns Hopkins University and the National Bureau for population and Family Planning (FP) in Indonesia.

La Voie: **End of the International Conference on Family Planning: Reaching over 120 million contraceptive users by 2020**
29 January 2016
*By Zié Oumar Coulibaly*

[Appeared in print only]

La Voie: **4th Conference on Family Planning: Fair for women's empowerment opens in Bali**
25 January 2016
*By Zié Oumar Coulibaly*

[Appeared in print only]

New Business Ethiopia: **Ethiopia gets ‘Excellence in leadership for family planning Award’**
11 February 2016
*By Melaku Berhanu*

The International Conference on Family Planning held from January 25-28, 2016 awarded countries including Ethiopia, organizations and individuals for the excellence in leadership for family planning (EXCELL).

The winners of the 2016 Excellence in Leadership for Family Planning (EXCELL) Awards were announced by the conference co-hosts, the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and Indonesia’s National Population and Family Planning Board (BKKBN).

The EXCELL award Ethiopia has received recognize its contributions to increase access to and use of voluntary family planning information and services.

Under the category of countries ICFP called the 2016 EXCELL award winners are Ethiopia and Kenya. Ethiopian minister of health Dr. Kesetebhran Admassu applauds the community health extension workers for the wonderful achievements which made the country acknowledged best on family planning leadership worldwide.

During the press conference held at the ICFP the minister said community health extension workers in Ethiopia are successfully supporting the family planning endeavors the country is keen to achieve.
“70 percent of women in Ethiopia accesses contraceptives from community health extension workers. This helps the country to register incredible results on family planning” Dr. Kesetebrhan said. He mentioned as Ethiopia is the second populous country in Africa reaching over 90 million where family planning get strong attention by the government.

“After Ethiopia kicked off community health extension program the prevalence rate of contraceptives reached to 42 percent from its 6 percent rate which is a seven fold dramatic increment.” said Dr Kesetebrhan, adding that as this change is the result of the health extension program the country has been applying.

According to the Minister, the health extension workers are now being capable of giving a long acting reversible contraceptives -LARCs, such as injectable and implants through training and capacity building. “Ethiopia is now setting up procedures to apply an intra-uterine contraceptive device (IUCD) through health extension workers and it is quite a relief to reach the community and serve demands through this setup.

According to the minister 90 percent of Ethiopian women gave birth at home before health extension program began but now the number changed as 70 percent of them gave birth in health facilities and this is a dramatic effect.

New Business Ethiopia: International conference on family planning kicks off in Indonesia
26 January 2016
By Melaku Berhanu

The fourth International Conference on Family Planning kicks off on Monday in Nusa Dua, Indonesia under the theme “Global Commitments, Local Actions.”

With the gathering of thousands of government, health and development leaders from around the world, the 4th ICFP is expected to serve as a forum for discussions on the latest trends, challenges, innovations, and research in the effort to increase access to family planning around the world. Scientists, researchers, policymakers and advocates attending the conference will forward important topics to tie up family planning with the new sustainable development goals.

While officially opening the conference with his keynote address, the president of Indonesia Joko Widodo calls for global action to expand access to contraception.

“A [future] that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have a better opportunities for better lives” the president stated.

Jokowi also added that the Government of Indonesia is working hard to revitalize its family planning program with the understanding of the challenges facing Indonesian families in the future will get worst especially when it comes to population issues.
In his statement Jokowi explained as the issue of contraceptive discontinuation and cost can create major challenges for family planning progress in Indonesia. To solve these issues, he emphasized the importance of investing Kampung KB, the “village approach,” increasing access to long acting contraceptives (LARCs), and reducing the cost of family planning by providing free services and peer education programs.

Jokowi also insisted that stigma and discrimination against women seeking family planning services must end, and that family planning education must become a priority in every district – and in every regency – of the country.

Expressing his wish this ICFP to discuss the main foundations necessary to build the planet that the world want to see by 2030, the President call for local action on investment in family planning In order to sustain economic growth.

“I want to invite all global leaders to take real action to bring about healthy mothers, healthy children and healthy and prosperous families so that we make planet earth a better place to live,” Jokowi said in his closing statement.

Prior to the President’s keynote address, Dr. Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA presented the conference a message by the UN secretary general Ban Ki Moon saying "Family planning is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals."

During the ceremony, President Jokowi accompanied by Dr. Babatunde and Dr. Christopher Elias, President of the Global Development Program at the Bill & Melinda Gates Foundation, presented the Global Humanitarian Awards for Women’s and Children’s Health. The three awardees were honored for their contributions and commitment to advancing maternal and child health in communities around the world.

According to the most recent global progress report released by Family Planning 2020 (FP2020), a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, in the last three years 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world’s poorest countries. This brings the total of women using a modern method of contraception in FP2020’s 69 target countries to 290.6 million.

However, FP2020 has set annual benchmarks to measure family planning progress, and the most recent numbers revealed that modern contraceptive use is behind 2015 projections by 10 million. Despite recent progress, millions of women still cannot access the family planning information and tools they need.

During a video address included in the opening ceremony, Melinda Gates reiterated the Bill & Melinda Gates Foundation’s commitment to increasing funding for family planning by 25% over the next three years.
During the following days Plenaries, CEO & topical roundtables, workshops and auxiliary events are scheduled to held discussions among delegates of 100 plus countries on family planning issues. The conference will end the coming Friday, Jan 28th.

ICFP is held biennially since 2009 and it serves as a strategic inflection point for the family planning community worldwide. It provides an opportunity for scientists, researchers, policymakers and advocates to disseminate knowledge, celebrate successes and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

Vibe Ghana: ICFP 2015 postponed due to volcanic eruption in Indonesia
8 November 2015

The 2015 International Conference on Family Planning (ICFP) in Nusa Dua, Indonesia, which was scheduled to take place from November 9 to 12, has been postponed due to a volcanic eruption on the neighboring island of Lombok.

The decision to postpone the conference, which had the theme “Global Commitments, Local Actions,” was made after a volcanic ash cloud forced the closure of the Denpasar Airport for three days, affecting the timely arrival of thousands of participants and dignitaries. The closure of the airport has also created a backlog of canceled flights to Denpasar.

This was contained in a statement jointly issued by Jose “Oying” Rimon II, Director of the Bill & Melinda Gates Institute for Population and Reproductive Health and Chair of the 2015 ICFP International Steering Committee, and Surya Chandra Surapaty, Chairman of the National Population and Family Planning Board of Indonesia (BKKBN) and Chair of the 2015 ICFP National Steering Committee and copied to the Ghana News Agency.

It said the postponement was a disappointment for the many individuals and organizations that have worked tirelessly to plan this historic event, as well as the thousands of conference participants. We want to thank everyone who has contributed time and effort to preparing for the 2015 ICFP.

“In the weeks ahead, conference organizers will be meeting to decide on the next steps. We want to thank you in advance for your understanding and patience and we promise to share details as soon as a new date is confirmed,” the statement said.

The statement expressed with heavy hearts that the volcanic eruption has affected the travel plans of many participants and collaborators. Several flights have been delayed and many high-level speakers were concerned that they would not be able to make it at all because of the unpredictable schedule of airport openings and closings.

“To minimize inconvenience for those who had not yet begun their journeys, protect the health and safety of our valued delegates, and maximize the value of the conference for the family planning community as a whole, we chose to postpone to a later date,” it added.

The statement explained that “family planning was frequently cited as one of the “best buys” for global development and expanding access to contraception would play a critical role in the global efforts to achieve the Sustainable Development Goals.
“While our in-person collaborations this November have been delayed, we hope the family planning community will continue this important conversation virtually in forums around the world”.

The ICFP is held every two years to provide an unparalleled opportunity to rally the worldwide family planning community and increase momentum towards achieving universal access to sexual and reproductive health services.

This momentum is created, in large part, by convening thousands of the world’s leading scientists, researchers, policymakers and advocates together in a single location.

Daily Nation: **Dear mama campaign praised at International Family Planning conference**
27 January 2016
*By Njeri Rugene*

The campaign to bring together Kenyan teenagers and policy makers to identify and solve sexual problems affecting young adolescents was on Tuesday praised here in Nusa Dua, during the International Family Planning conference.

The Dear Mama Campaign, initiated in 50 schools from seven counties in Western and Rift Valley regions, involved 3,307 pupils between 10-15 years – who expressed their fears, opening up about their main challenges and obstacles to their studies.

The campaign was initiated by 35-year old Ms Leah Ogada, then a senior advisor with Ipas Africa Alliance, an organisation which advances women's reproductive health rights across Africa.

This, she did, following reports of large numbers of girls dropping out of schools especially in Trans Nzoia and Bungoma counties. The minors addressed their heart rending letters to Kenya’s First Lady Margaret Kenyatta - coinciding with her Beyond Zero campaign.

**HIGHEST DROP-OUT CASES**

The schools involved in the campaign were identified as those with the highest drop-out cases from pregnancy and other disciplinary issues from Busia, Bungoma, Vihiga, Kakamega, Siaya, Trans Nzoia and Uasin Gishu counties.

"Our main objective was to empower the young adolescents to advocate for their reproductive health and rights," Ms Ogada told delegates at the International Family Planning conference at Nusa Dua, in Bali.

"We were happy that the boys and girls were bold enough to share with us their experiences which, as a result, will see gaps that still exist in creation of adolescence's policies are sealed," she said in her presentation during a session on empowering youth and improving family planning services.

In one letter, a 15-year girl gives a graphic description of how she was defiled by a man known to her and her appeal for help was unsuccessful. She has had to live with the trauma of “that evil process."
Another girl spoke of how she has to miss school for five days a month during menstruation because her family is too poor to afford sanitary towels.

"I am in class seven and I find it hard to catch up with other pupils in the class because in a year, I am out of class for 60 days because of lack of sanitary pads," the girl wrote.

Another pupil narrated how six girls had dropped out of school last year after they got pregnant. "Some of my classmates got pregnant because of boy/girl relationship," wrote the pupil.

On Tuesday, Ms. Ogada said most of the pupils singled out defilement as their biggest fear and obstacle to their studies.

The children also spoke of the need for sexual education, indicating they had never had it. Peer pressure, sodomy and love relationships with teachers were also singled out as major issues, respectively.

**NIGHT DANCES**

"Witnesses or the rape victims were often threatened to drop the cases," she said of the research adding that night dances were some of the events that put the adolescents at risk of sexual violence.

It was observed that the minors do not trust the system based on their experiences as they seek reproductive health services.

"They have incorrect information on pregnancy, HIV and other reproductive health issues,” she added.

Contents of the letters were discussed by Ministry of Education and county officials as well as non-governmental organisations in a bid to seek solutions.

Some three teachers who were found to have abused pupils in Busia and Trans Nzoia initially went into hiding even as the Director of Public Prosecutions moved in to prosecute some culprits.

The findings also led to community fora where issues affecting the children were raised even as the cases were handed over to relevant institutions for action.

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**Daily Nation:** [Kenyan clergy push for family planning at global health forum in Indonesia](http://www.dailynation.co.ke/articles/252337-kenyan-clergy-push-family-planning-global-health-forum-indonesia)

27 January 2016

*By Njeri Rugene*

Religious leaders from Kenya are part of the clergy gathered at this year’s International Family Planning conference here to discuss their role in family planning.

The representatives from the Supreme Council of Kenya Muslims (Supkem), the Christian Health Association of Kenya, the Kenya Muslim Youth Alliance, the Hindu Council of Kenya and the Faith to
Action Network are part of the clergy from 26 countries meeting to coordinate their contributions to the achievement of family planning and sustainable development goals (SDGs), which came into effect on January 1.

The 86 delegates said they would hold governments accountable on both issues even as they complained about being excluded from "decision and policy making in family planning and development initiatives."

"This is a lost opportunity by governments, donors and other partners where they can leverage faith resources to accelerate achievement of the various milestones in development," they said in a statement after their first meeting in Nusa Dua.

The religious leaders pledged "to continue" to provide and support quality family planning services and referrals to communities.

They would also continue to inform and educate their communities, "especially the youth and faith leaders" on family planning," as is consistent with their values, recognising that this protects the lives and health of mothers, children and families," the leaders said.

ADVOCATE FOR FAMILY PLANNING

Mr Peter Munene, the Faith to Action Network international coordinator, said the clergy had agreed to advocate 'internally' within the religious community to ensure they embrace family planning programs.

Some of faith-based Kenyan delegates at the conference are Mr Nitin Malde, the chairman of the Hindu Council of Kenya; Sheikh Ibrahim Lithome, a consultant with the United Nations Population Fund: Lattif Shaban and Msuri Hamisi of Supkem; Rev Simon Ngiki of World Provision Centre; Cynthia Nyakwama of World Vision Kenya; and Angela Mutegi and Vitalis Mukhebi of Faith to Action Network.

The four-day conference that opened on Monday brings together thousands of global health experts and policymakers, researchers, youth leaders, religious leaders and family planning advocates, including Indonesia President Joko Widodo and United Nations Population Fund Executive Director Babatunde Osotimehin.

They have been urging policymakers to improve global access to family planning resources and elevate it in the context of the new SDGs.

This year's conference, whose theme is "global commitments, local actions", is hosted by the Bill and Melinda Gates Institute for Population and Reproductive Health and the National Population and Family Planning Board of Indonesia.

Daily Nation: Kenyan youth uses football to teach family planning
27 January 2016
By Eunice Kilonzo
NUSA DUA, INDONESIA

A Kenyan youth has on Wednesday shared how he uses sports to teach his peers about reproductive health in Mathare Slums, Nairobi.

Evans Odenyo, 24, a football coach was one of the youth panelist in the Fourth International Conference on Family Planning in Nusa Dua, Indonesia.

Mr. Odenyo said to the youthful audience: “If we find happiness in sports, imagine how better it will be if we included information, on reproductive health, specifically for the youth. It’s working in Mathare.”

Adding: “this is our unique strategy to create a safe space for youth to discuss family planning.”

The Bentoz United FC coach and a peer educator told the Nation in an earlier interview that youth are always seeking information on issues that affect them, from varied sources.

“Youth do not always have accurate information on reproductive health. They use the internet but it’s not always accurate. However, we ensure that they get it when they come for football training,” said Mr Odenyo.

He continued: “We have a game where participants dribble a football away from a cone labelled “sex without a condom” then we discuss why this is so.”

On Wednesday, he told the panel at the Nusa Dua Convention Centre that youth have a myriad of inquiries and once they give them information, they refer them to health facilities for follow up.

He said it was imperative that hospitals make their reproductive health services more youth friendly for his peers.

“They should be in such a way that you can get them whenever we need them, that they are friendly, they are interactive and not discriminatory,” he said.

“Health and sports can be integrated for social change, it is done in Kenya, it can be done elsewhere,” he concluded.

ABOUT THE CONFERENCE

- The fourth International Conference on Family Planning in Nusa Dua, Indonesia, began January 25 and ends on 28, 2016. The conference is held biannually.
- It is co-hosted by the Gates Institute and the National Population and Family Planning Board of Indonesia.
- The conference will draw several researchers, program implementers, policymakers, advocates, youth leaders, media, and representatives of local and international organisations.
- The inaugural ICFP was held in 2009 in Kampala, Uganda. The next in 2011 was held in Dakar, Senegal, and the last one was in 2013 in Addis Ababa, Ethiopia. The fourth conference was slated for November 2015 in Indonesia but was postponed following volcano eruptions.
Nation Journalist Eunice Kilonzo won an international award at a global forum in Indonesia for her reporting on reproductive health issues.

Ms. Kilonzo, the Nation's Team Leader on Health, was Wednesday awarded in a ceremony that took place on the sidelines of the International Family Planning Conference in Nusa Dua, Indonesia.

She was awarded by the International Planned Parenthood Federation (IPPF) for a story on abortion in Kenya.

She won in the English print category.

In her acceptance speech, Ms. Kilonzo said: "This award is for Kwamboka, the 15-year-old girl I met at Kenyatta National Hospital, who because of a botched abortion ended up with kidney failure. She was lucky to survive but these are issues that should have all of us concerned."

According to one of the judges, Ms. Jane Godia, the competition attracted nearly 165 entries.

"The two stood out because their articles were human interest stories that were factual and shared key information in a concise and interesting way," Ms. Godia said.

IPPF Director of External Relations Mr. Owain James said the awards seek to have reproductive health issues discussed.

"The IPPF African Journalist award recognised stories that promoted national dialogue and challenged governments on their family planning commitments."

“I have 10 children - I do not use contraceptives because I do not want to get cancer,” says Peninah Nyagah.

Peninah, 42, says this with conviction, and goes ahead to inform us that she knows a woman who got cancer because she was on the daily pill.

“Years back, while pregnant with my third child, I met this woman who told us that she had gotten cancer because of using pills. That got me really scared.”
The vegetable vendor in Soweto Slums in Kayole, Nairobi, adds that she and her husband do not use condoms, but when they get intimate, she goes to the chemist and buys the pack of 21 pills, but only takes one, and then throws the rest away. Reason?

“I do not take the full pack because I do not want to get complications.”

Each time she and her husband get intimate though, she gets pregnant. For the past six months, she has not menstruated – her neighbours tell her that it could be early menopause, but she has not gone to hospital for a factual diagnosis.

In another part of Soweto Slum is yet another mother of 10.

Josephine Aseyo, 36, had her first child at 15 years.

“I did not know that I could space my pregnancies or delay them,” she says.

She only found out about available family planning methods after delivering her tenth child four years ago. “My husband and I decided that we are not going to have any more children. I opted for the injectable, and I am glad we took that step.”

All through her pregnancies, Josephine considered using a family planning method, but did not go through with the thought, because her husband is a casual labourer who would be away for several months.

She says, “When he came back, he would either leave me pregnant, or nursing a child. The injectable has given me peace of mind.”

**KEY HIGHLIGHT**

The shift to modern methods of family planning is a key highlight in a survey released on November 3 last year. The survey sampled women among the urban poor population in five areas in the country - Nairobi, Machakos, Kakamega, Mombasa and Kisumu.

The report consists of two surveys, one at the beginning of 2010, (also the baseline) and the other after four years (end line). They both showed a significant increase in modern contraceptive use in the urban areas.

In 2010, 8,850 eligible women were enrolled in the study, and after four years, 5,217 were interviewed.

**THE RESULTS**

The percentage of women aged 15 to 49 reporting current use of modern methods at the end line phase of the study is as follows: Nairobi 55 per cent (up from 44 percent at the baseline); Mombasa 44 per cent (up from 29 per cent at the baseline); Kisumu 59 per cent (up from 44 per cent at the baseline); Kakamega 54 per cent (up from 46 percent at the baseline); and Machakos 58 per cent (up from 45 per cent at the baseline).
The Kenya Urban Reproductive Health Initiative (KURHI), also known as the Tupange project, conducted the study. The project’s main objective is to increase the contraceptive prevalence rates (CPR) in these areas by increasing access to quality family planning services and to sustain use of contraceptive methods, especially among urban poor residents.

**Reasons for, or against using modern contraceptive methods:**

According to the report, the most frequently cited reasons for using a contraceptive method across the study areas were the desire not to get pregnant, the method’s safety or lack of side effects, and the method’s convenience of use.

Another reason why the women favoured one contraceptive over another was not having to use it daily - some said they were prone to forget to take the pill within a stipulated time, making injectables quite popular.

Women also picked a contraceptive such as the male condom to avoid contracting HIV and other sexually transmitted infections.

The women who did not use any contraceptive cited health concerns, fear of side-effects, and having infrequent sex/no sex or no partner. Project Director, Tupange, Nelson Keyonzo, says women, even the urban poor, want long-term family planning methods. He however said misconceptions about contraceptives were a major challenge.

“We have developed and disseminated a booklet to provide correct information on contraception to the community and trained community health volunteers.”

**Preferred methods:**

According to the study, most women preferred injectables in all areas at baseline, except Kisumu, where implants, (such as Intrauterine Devices-IUDs) had become the most prevalent method.

The main source of IUDs in Nairobi and Kisumu were private facilities, in Machakos and in Kakamega, public facilities. In Mombasa, the most commonly used source for IUDs shifted from private facilities at baseline, to public facilities at end line.

The main source of injectables remained the same between surveys in Mombasa (private facilities) and in Kisumu, Machakos, and Kakamega (public facilities); in Nairobi, injectables were mostly obtained from public facilities at baseline, but private facilities at end line.

**Unmet Family Planning Need:**

Overall, the unmet need for family planning decreased between surveys in all areas except Kakamega, where it increased.

In Nairobi, the unmet need for family planning decreased from 16 to 9 per cent between surveys; the majority of this decrease was for unmet need for spacing, and was observed mainly among women in poor households.
Similar results were noted in Kisumu, where the unmet need for family planning decreased from 18 to 8 per cent between surveys, with the majority of the decrease attributable to unmet need for spacing, particularly among women in poor households.

The decreases observed in Mombasa (20 to 17 per cent) and Machakos (9 to 5 percent) were minimal — about 3 per centage points in each case.

Among women in Machakos, the unmet need for spacing decreased from 4 per cent at baseline to 2 per cent at end line.

Kakamega is different from the other centres in that it is the only area where the unmet need for family planning increased between surveys, doing so by about 2 per cent points. Women in the poorest households had a 9-percentage-point (6 to 15 per cent) increase in their unmet need for spacing and a 2-percentage-point (13 to 15 per cent) increase in their unmet need for limiting.

Additionally, the proportion of women in Kakamega whose demand for FP was satisfied decreased from 87 per cent at baseline to 85 per cent at end line.

Kenya has an unmet need for family planning at 23 per cent. According to the 2014 Kenya Demographic Health Survey (KDHS), at least 18 per cent of married women have an unmet need for family planning.

The most significant decreases in unmet need were in Nairobi (from 16 to 9 per cent between surveys) and Kisumu (from 18 to 8 per cent).

In comparison, the decreases observed in Mombasa (from 20 to 17 per cent) and Machakos (from 9 to 5 per cent) were minimal. In contrast, the unmet need for family planning increased in Kakamega from 13 per cent at base line to 15 per cent at end line.

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**Contraceptives by ages in the report:**

Among 15 to 19 year-olds, who are sexually active, the most prevalent method at baseline was injectables in Nairobi, Mombasa, and Kakamega and male condoms in Kisumu and Machakos. At end line, injectables were the most prevalent in Nairobi and Mombasa, implants were the most prevalent in Machakos and Kakamega, and male condoms remained the most prevalent in Kisumu.

For the 20 to 24 year-olds, injectables were the most prevalent at baseline and end line in all cities, with the exception of Kisumu, where implants were slightly more prevalent at end line. The largest increases took place among 20- to 24-year-olds and were observed in implant use in all cities except Mombasa, where injectable and male condom use increased most between surveys.

The most prevalent methods among 25 to 29 year-olds in all cities were implants and injectables; implant use also increased most between surveys in all cities except Nairobi, where the largest increase was in injectable use. Similar results were observed for 30 to 34 year-olds and 35 to 39 year-olds in all cities.
However, there are slight differences in the methods of choice among the older women (i.e. those age 40 or older). At baseline, the most prevalent method among women between 40 to 44 years was sterilisation in Nairobi and Machakos, male condoms in Mombasa and Kisumu, and injectables in Kakamega.

However, by end line, the most prevalent method for this age group had become injectables in all cities except Machakos, where daily pills predominated. The methods that increased most in use between surveys for women between 40 to 44 were injectables in Nairobi, Mombasa, and Kisumu and implants in Machakos and Kakamega.

For women in the oldest age group (45 to 49 years old), sterilisation was the most prevalent contraceptive method in all cities, except in Mombasa, where implant use had increased beyond sterilisation.

Interestingly in this age group, Nairobi, had the greatest increase in traditional methods (4 per cent at baseline to 10 per cent at end line); in Mombasa, it was in implants (2 per cent at baseline to 6 per cent at end line); in Kisumu, it was in injectables (1 per cent at baseline to 10 per cent at end line); in Machakos, it was in sterilisation (20 per cent at baseline to 25 per cent at end line); and in Kakamega, it was in implants (none at baseline to 5 per cent at end line).

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Communication between spouses or partners on family planning methods

The percentage of women married or in union who reported ever discussing family planning use with their spouse or partner increased from 68 to 81 per cent in Nairobi, 71 to 80 per cent in Kisumu, and 70 to 80 per cent in Kakamega but decreased from 64 to 61 per cent in Mombasa and from 84 to 81 per cent in Machakos.

Finally, the women were asked if they needed permission to use a method of family planning if they wanted to. Although 60 per cent of women in Mombasa reported needing permission to use a contraceptive method at baseline, the proportion had decreased to 38 per cent at end line.

Likewise, in Kisumu and Machakos, the percentage of women reporting that they needed permission to use a contraceptive method decreased by 8 percentage points and 24 percentage points, respectively.

In Kakamega, however, the percentage needing permission to use a contraceptive method increased by 10 percentage points between the baseline and end line surveys, and about one-third of the women (32 per cent) in Nairobi reported they needed permission from someone else to use a contraceptive method at both surveys.

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According to a recent survey, injectables are the most popular form of birth control among women in the urban areas of Nairobi, Machakos, Kakamega, Mombasa and Kisumu

Contraceptive use in 5 urban centres
Nairobi: The most prevalent method at baseline in Nairobi was injectables for women overall, as well as those married or in a relationship. Injectables remained the most prevalent method at end line though implant use increased most between surveys—from 2 to 9 per cent for women overall and from 3 to 13 per cent for women married or in union.

Mombasa: The contraceptive prevalence increased from 34 to 47 per cent for women overall, and from 48 to 53 per cent for those married or in a relationship. Use of most contraceptive methods increased between surveys except for daily pills, emergency contraception, female condoms, and traditional methods, which decreased between surveys. Injectables were also the most prevalent method in Mombasa; however, implant use increased most between surveys, from 2 to 11 per cent for women overall and from 3 to 14 per cent for women married or in union.

Kisumu: Though injectables were the most prevalent method among women overall and those married or in union at baseline, the percentage using injectables at end line declined, while those using implants increased, making implants the most prevalent method at end line for women overall and those married or in union.

Specifically, about one in five women (one in four for those married or in union) reported using implants at end line. Overall in Kisumu, the contraceptive prevalence rate (CPR) among the percentage of currently married women who are using a method of contraception, increased from 48 to 63 per cent for women overall and from 57 to 73 per cent for those married or in union.

Machakos: Contraceptive prevalence rate increased from 53 per cent at baseline to 65 per cent at end line for women overall and from 73 per cent at baseline to 81 per cent at end line for women married or in union.

The majority of this increase was observed in the use of implants, which increased from 4 to 12 per cent for women overall and from 6 to 15 per cent for women married or in union.

The use of sterilisation, male condoms, and traditional methods decreased between surveys, while the use of implants, IUDs, injectables, emergency contraceptives, and female condoms/LAM increased between surveys for women overall as well as for those married or in union.

Kakamega: CPR increased from 49 to 56 per cent among women overall and from 61 to 65 per cent among women married or in union. Similar to Machakos, the majority of the increase in CPR was in use of implants (3 to 15 per cent for women overall and 4 to 18 per cent for women married or in union). However, injectables were the most prevalent contraceptive method for all women at the time of both surveys.

Daily Nation: **Health groups root for birth control use by teens at global forum**
26 January 2016
*By Eunice Kilonzo*

Global health organisations have argued that sexually active adolescents and youth should have access to contraceptives as their “right”.
Representatives of the groups that included Marie Stopes International, Population Service International (PSI) and USAID argued that sexually active adolescents and youth aged between 10 and 24 should access contraceptives such as injectable family planning, coils and implants.

They said the family planning methods would not only prevent unwanted pregnancies until they finish school and gain employment but will also "often decrease menstrual flow and pain, can treat gynaecological conditions and reduction of anaemia".

Speaking in one of the side events during the 4th International Conference on Family Planning in Nusa Dua, Indonesia, one of the panellists, Prof Chittaranjan Narahari Purandare of the International Federation of Gynaecology and Obstetrics, said "there is no medical reason to deny them (teenagers) access to contraceptives".

He argued that countries have a responsibility to support, advocate and accelerate access to quality products and services for all regardless of their marital status.

INTERVENTIONS

Another panellist, Ms Monica Kerrigan of the Family Planning 2020, a consortium of family planning and reproductive health organisations, said it was sad that countries are ignoring the right of young people to information and ultimately on family planning.

“Young people are entering the reproductive age but they are faced with numerous barriers in accessing long acting reversible family planning methods, because it is assumed that it will make them to want to have sex? That is not true. Let them make their own decisions,” she said.

In the statement also signed by Pathfinder International, UK-AID, the International Planned Parenthood Federation and the International Youth Alliance for Family Planning, the organisations said policymakers, ministry representatives, communities and families should have access to information on the “safety, effectiveness, reversibility and cost-effectiveness of contraceptives”.

During the opening ceremony of the forum on Monday, the Bill & Melinda Gates Foundation pledged an additional $120 million (Sh12.2 billion) over the next three years to improve access to modern contraceptive methods for 120 million more women and girls across 69 countries, including Kenya, by the year 2020.

The money will be used for family planning advocacy, improving family planning services in the private sector and expanding proven family planning interventions.

Daily Nation: Kenyan youth in Indonesia for global family planning forum
24 January 2016
By Njeri Rugene

NUSA DUA, BALI. Youth representatives from Kenya are among groups and individuals attending an international conference on family planning which opens Monday in Nusa Dua, Indonesia.
The forum brings global health experts, researchers, policy makers, rights campaigners and media, with President Joko Widodo of Indonesia as the guest speaker.

Kenya has a big presence at the high level conference with individual and group presentations from health professionals and youth representatives.

An estimated 350 young people are attending the conference in which the youth form a key focus.

On Wednesday, Vidalyne Omollo and Nixon Otieno from Nairobi’s Centre of Study for Adolescence are set to make a presentation on uptake of contraception among the youth aged between 10-24 years from Kenya, and the lessons learnt, based on a programme known as ‘Youth for Youth.’

Organisers of the four-day conference say the forum is critical as it comes at a time when the world is rallying around the new global development agenda which places a lot of importance on family planning.

The organisers hope that by the end of the conference, the forum will agree on ways of ensuring that family planning is available to women and girls as the world seeks to achieve the Sustainable Development Goals (SDGs).

“In the past three years, we have made enormous strides.

“Family planning programmes and contraceptive services are getting to millions of women and girls who have not had access before, including the poorest, the most vulnerable and the hardest to reach,” says Babatunde Osotimehin, the executive director, United Nations Population Fund (UNFP) and Dr Chris Elias, president of the Bill and Melinda Gates Foundation.

FAMILY PLANNING 2020

However, the two leaders say even as they head to the half-way mark in achieving the Family Planning 2020 goal, the pace of growth has not matched their projections as they seek to help women and girls to plan their lives and families.

"We must act together with urgency to fulfil our promise to millions of women and girls who want the chance to shape their own lives and destiny,” they said in a communication to participants ahead of the official opening.

"As we approach the half-way mark to our 2020 goal, we are faced with a shortfall we cannot ignore.

“We must step forward and reinvigorate our commitment to the movement in bold, meaningful, and measurable ways,” they added.

Ms Beth Schlater, says an unprecedented 290.6 million people from 69 of the world's poorest countries are now able to access family planning services.

This is an increase of 24.4 million since 2012, she said on Sunday while speaking in meeting with a group of women journalists from Africa and Asia.

MORE CONTRACEPTIVES
The increase followed a 2012 summit in London where stakeholders promised to ensure contraceptive services reach an additional 120 million women and girls by 2020, internationally.

"Our task is ambitious, but achievable," Ms Schlater said.

"We know more now than we did three years ago and have data and on-the-ground experience to show what works and what doesn't."

She added: "through this global partnership, we have learned that we can make an enormous difference, but we must work together to empower women and girls to plan their own lives and futures. It is a promise we made three years ago at the London summit, and it is one worth keeping."

She singled out procurement hurdles and challenges of devolution in some countries as some of the obstacles in ensuring access to family planning services.

The Bill and Melinda Gates Foundation has pledged to increase its financial commitment by 25 per cent over the next three years.

Marie Stopes International and Jhpiego are among donors who have also pledged to renew their support to family planning.

The foundation is among the main sponsor of the conference, organised around the theme of ‘Global action, local commitment’, and which closes on January 28, 2016.

Daily Nation (Kenya): Schoolgirls pen heartbreaking letters in ‘Dear Mama President’ campaign

3 November 2015

By Njeri Rugene

When the Daily Nation published a report to the effect that 28 primary school girls from Trans Nzoia and Bungoma counties had been impregnated-five from one institution, Ms. Leah Ogada was struck hard by the news and immediately sprung to action. Her mission? To unearth the reasons behind this.

Ms. Ogada, 35, a senior advisor with Ipas Africa Alliance, which works to advance women’s reproductive health and rights across the continent, had been involved in school outreach activities in the affected regions before, but the report about the minors still triggered her curiosity.

“Although I had been involved in school outreach activities in the region, the report about the state of the minors triggered our curiosity. We wanted to know what was actually going in the minds and lives of these minors,” she says.

“We were concerned that the high dropout rate of minors from school due to pregnancies and felt something needed to be done to reverse the trend,” she says.

PLATFORM TO SPEAK OUT

Ipas Africa Alliance, which was funded by the Netherlands government with an aim to reduce maternal deaths from unsafe abortions and to advocate for policies, reached out to ministry of education officials in seven counties from Western Kenya and jointly launched a campaign to give pupils in selected
schools, a platform to speak out about their challenges, fears and what they felt were personal obstacles to their education.

Fifty schools from Bungoma, Busia, Vihiga, Kakamega, Siaya, Trans Nzoia and Uasin Gishu counties were picked for the campaign, dubbed “Dear Mama President” and which ran for a year from last October.

It involved pupils between 10-15 years.

“We gave the pupils pen and paper and asked them to list down what they were experiencing and made them not concentrate on their studies,” Ms. Ogada says.

The campaign coincided with First Lady’s Margaret Kenyatta’s Beyond Zero campaign, whose focus is mainly on maternal health.

The pupils were asked to address their letters to her, and the mention of Mrs. Kenyatta’s name gave them the confidence to pour their hearts out, because it gave them hope that their troubles would be addressed.

“What we read shocked us. We were traumatised and shocked by the results as we had not expected what came out from the pupil’s own stories,” Ms. Ogada explains.

MEDICAL ATTENTION

“We had to for instance move in quickly and seek medical attention for some girls who we found were suffering from effects of abortion,’’ she adds.

She says that in 80 per cent of the 3,307 letters, the minors spoke of sexual abuse including rape, defilement, incest, and sodomy by their relatives, teachers, schoolmates and even parents.

Other issues related to lack of parental care, peer pressure drug abuse and poverty (including jigger infestation).

“We realised that we needed to bring in parents and authorities to deal with some of grave cases even as some of the minors had to be taken to hospital. They had been raped and even sodomised and were suffering quietly,’’ she adds.

When the campaign kicked off, three of the teachers who were suspected perpetrators of sexual abuse in Busia and Trans Nzoia went into hiding, fearing arrest.

Director of Public Prosecutions Keriako Tobiko also moved in, says Ms. Ogada, and his officials helped prosecute some culprits who were mentioned and charged in court.

Ms. Ogada says the campaign’s intention was to have briefs of the essays sent to the Education ministry for possible development of policy and budget that specifically address adolescent reproductive health and rights.

They also hoped and still do, that counties would use that to increase their budgets for health so that they are able to address and prioritise issues to do with adolescence health and reproductive rights.

At least two counties, Busia and Vihiga, were able to adjust their health budgets following the campaign, she says.
In their letters, the pupils opened up their hearts giving graphic details of traumatising experience in the hands of rapists—mainly older people known to them and even strangers.

Some girls told of how after they were molested by close relatives, their mothers would warn them against speaking out. The contents of some of the letters are heartbreaking as the children narrate their pain to “Mama President.”

But Ms. Ogada is disappointed that the campaign ended “prematurely” last month at a time follow-up on the affected minors is needed. However, she has a reason to smile.

The Dear Mama Campaign has been recognised as among Kenya’s four success stories, singled out to be highlighted to the world at the International Conference on Family Planning, which opens in Nusa Dua, Indonesia, next week.

She is expected to make a presentation at the conference which will also be addressed by global leaders among them Indonesian President Joko Widodo, UNFPA Executive Director Babatunde Osotimehin and Bill & Melinda Gates co-chair Melinda Gates.

This year’s conference whose theme is “Global commitments, Local Actions,” is expected to address access to life-saving family planning resources and elevate family planning in the context for new Sustainable Development Goals.

An analysis of the latest national and county health budget indicates that allocations to health by counties increased to 22 per cent in 2014/2015, from 13 percent in the 2013/2014 financial year.

But the analysis by the Health Policy Project Kenya, which is funded by USAID, found huge differences between counties. In 2013/14 financial year, their analysis showed that more than 80 per cent allocated at least 15 per cent of their budgets to health.

In the last financial year, 2014/2015, says the percentage of counties that met the 15 percent threshold fell to less than 50 percent.

“While the average allocation to health to counties rose, county decision makers continued to provide to provide the majority of funding to visible infrastructure projects rather than health services,” says the 2014/2015 national and county healthy analysis report. It calls upon county governments to increase health budgets.

**OTHER SUCCESS STORIES**

Other success stories set to be highlighted at the Indonesia conference:

1. On discovering that fellow young people would more likely take interest in contraception and family planning lessons when in a comfortable and conducive environment, Evans Odenyo, a peer educator and a football coach, decided to integrate sports with lessons on health and family planning. For instance, he gets his participants to dribble, a football away from a cone labelled “sex without a condom.”

His unique strategy for creating a safe space for youth to discuss family planning will be highlighted at this year’s conference.
2. A World Vision supported project which saw 120 fathers and 28 religious leaders trained to disseminate family planning messages on “healthy timing and spacing pregnancies,” to their families and communities.

The act by influential men to publicly display such messages created an enabling environment for men and women to access family planning in community meetings. The messages read: “I am an HTPS/FP (Healthy Timing and Spacing of Pregnancies/Family Planning) male champion.”

3. Tupange project where 880 community health workers in Nairobi, Kisumu, Mombasa, Machakos and Kakamega were trained for five days on Family Planning methods to deal with issues of overcrowding and under-staffing at health centres.

They were expected to provide Family Planning counselling and distribute pills and condoms. Between 2011 and 2013, the volunteers distributed the same to more than 805, 904 clients resulting to doubling of family planning services at the health facilities they supported.

The Star: [Family Planning to take centrestage in AU Summit](http://example.com)
26 January 2016
By Joyce Chimbi

The 24th African Union Summit is underway in Addis Ababa Ethiopia where stakeholders are urging their respective governments to demonstrate that family planning is a priority.

“This particular Summit is key since it is the first within the Sustainable Development Goals (SDGs) era adopted by the United Nations General Assembly last year,” says Sam Ntelamo, resident representative at the International Planned Parenthood Federation (IPPF) Liaison Office to the African Union.

He further said that the Summit presents a “golden opportunity to work towards providing a wider range of sexual and reproductive health services, particularly in increasing access to family planning which is central to gender equality.”

Ntelamo emphasises that the space provided by the Summit will significantly contribute towards advocacy efforts towards ensuring that family planning is flagged as a key development issue.

“The current development agenda on the African continent involves deals on infrastructure, neglecting issues of social development. Sexual and reproductive health services are key to social development and to sustainable development,” he observes.

In the same breath, stakeholders have been vocal in pushing to have family planning programs grounded in human rights.

“Kenya’s unmet need for contraceptives is 25 per cent nationwide but 60 per cent among HIV positive women,” says Dr John Ong’ech, head of reproductive health at Kenyatta National Hospital.

Family planning experts are hopeful that this Summit will deliver for women like Susan Auma who lives in Ruaka slums in Kasarani, Nairobi. She is barely 40 years old and is already a mother of seven children. Her daughters are not that far behind too.
“My second born daughter is 21 and she has four children. My 24 year old daughter has two children. One of my younger daughters got pregnant when she was in Standard seven,” Auma explains.

Their life story is as a result of a combination of factors, “the nearest health center is five Kilometers away, and when you get there the queue is too long. You often do not get what you need and told to come another day.”

The story is the same for other women in Utooni village, two Kilometers from Kangundo town in the Eastern part of Kenya. Jacinta Mutio who lives in this village explains that not even those mentally handicapped are spared.

She talks about her neighbour’s daughter, Pauline Nzula who got pregnant only four months after giving birth to her first child at 15 years.

Mutio, also a community health volunteer in this remote and marginalised village, explains that family planning issues are very complex but the primary ones are inadequate stock and distance to the health facility.

“We have the women who do not use any form of contraceptive so multiple births are too common. Those who want to use family planning cannot access it because of the distance to the nearest facility. Others will go to the health facility but when they do not get what they want once or twice, they do not return,” she explains.

Julia Njoki says that due to the challenges of accessing family planning services, many in the sprawling Mathare slums have given up on modern contraceptive methods turning to herbalists for traditional methods whose failure rates remain high.

According to experts, one of the barriers for women with HIV to access contraception is the health facility staff. They are not trained on contraceptive options for women living with HIV; have misconceptions about contraceptive safety; most only offered male condoms, although women preferred long-acting implants and injections, and many were judgemental about the women’s sex lives.

A significant number of women are also not using safe and effective family planning methods due to lack of support from their partners or communities.

Take Auma’s husband who has now married a second wife “after my last pregnancy I decided that it would be the last one. My husband was not happy with me not giving birth anymore.”

This is the reason why injection is the most popular method because women can use it without telling the husband, Dr Ong’ech explains.

“Unequal gender relationships and weak negotiating power influence contraceptive use,” he says.

Lucy Wairimu, who distributes family planning commodities to residents of Mwiki-Kasarani including Auma in a bid to remove the barriers that hinder women from collecting them at health facilities, says that lack of partner support is a major problem.

She says that confronted with the possibility of a co-wife, “many would rather give birth as often as the husband pleases.”
Family Planning experts such as Leah Wanaswa say that the plight of these women brings to the fore the great need for governments to invest more in family planning, saying that when women give birth to fewer children, the children will be able to obtain better education, health and well being.

She says that in regard to the supply chain for family planning commodities, the Push or Pull system has not worked effectively and as a result, there are significant discrepancies across health facilities.

“Some facilities have excess contraceptives, while others do not have. The push-pull mechanism is about a facility requesting for what it needs,” she observes.

Experts say that family planning distribution systems are composed of a network of facilities including warehouses and hospitals.

Wanaswa explains that the government at both the county and national level must ensure that these systems meet the objective, which is to provide timely and adequate family planning commodities to the women.

Kenya is facing the challenge of moving to a decentralised political system. Wanaswa belabours the need for family planning experts to work with the county governments to ensure that there are no bottlenecks in ensuring that family planning services reach the intended.

According to her, there is a great need to build capacities at the county level to support and implement family planning policies.

In this regard, Leah Mumo, a nominated member of the County Assembly in Nairobi, who has demonstrated a commitment to women and girls empowerment, explains that family planning is not only a human right but is key towards achieving gender equality.

Having gotten pregnant while only in standard five, Mumo knows all too well the challenges that girls face with early pregnancies, including dropping out of school and facing a bleak and an uncertain future.

Mumo is however confident that in spite of the challenges women face in accessing family planning, the government has demonstrated a tangible commitment to improve this.

“Family planning is a priority. We want a country where women can be pregnant if and when they want, space their births in a manner that allows them to be fully functional and productive members of the society,” she says.

Against this backdrop, family planning experts are positive that some of the outcomes of the eight-day Summit will provide practical strategies to create a dedicated budget line for family planning to meet its demand.

That government will also purpose to empower women and girls to make family planning choices and freely exercise their sexual and reproductive rights.

“The theme for the AU Summit is ‘African Year of Human Rights’ and is significantly in favour of the empowerment of women and girls,” Ntelamo expounds, further saying that for Africa to harness its demographic dividends, there will be a need to ensure that youth are empowered and able to access family planning services.
Member States are therefore discussing national and international development frameworks which include the Maputo Plan of Action and SDGs.

Revisiting the Maputo plan is key as it is the continental policy framework and the most comprehensive document addressing universal access to sexual and reproductive health in all countries in Africa.

In 2012, Kenya joined a growing list of countries in making a commitment to fast track its family planning commitments under the Family Planning 2020 (FP2020) which is a global partnership that supports the rights of women and girls to decide freely, and for themselves, whether, when, and how many children they want to have.

FP2020 works with governments, civil society, multi-lateral organisations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020.

Kenya committed to meeting various objectives, which included increasing budgetary allocations to family planning, removing barriers to access family planning, ensuring that a diverse mix of modern day contraceptives are available and accessible to women and girls by investing in functional supply chain, procurement system and health workers.

FP2020 most recent progress report shows that the glaring gap in family planning notwithstanding, Kenya is making significant strides which include an increase in its contraceptive prevalence rate for married women that rose from 46 per cent in 2009 to 58 per cent.

According to the report, this exceeded the government’s own goal of achieving a 56 per cent contraceptive prevalence rate by 2015.

This has largely been attributed to the country’s shift to community based distribution of injectable contraceptives, a nationwide drive led by the ministry of health in conjunction with other partners.

Mumo says that increased access to family planning will have an impact on the Gross Domestic Product (GDP) of the country and also sustainable development.

The Star: **Combining Football and Reproductive Health**
25 January 2016
*By Miriam Leseni*

Born and raised in Githurai Evans Odenyo was just like many young boys who enjoy playing football. He loved it so much that he even played for 'Bentos' one of the popular clubs in Githurai.

He was only 11 when he joined the Mathare Youth Sports Association (MYSA). The association worked with young people by redefining football and using it as a platform to address serious social challenges that they face, particularly those associated with sexual and reproductive health.

Odenyo through hard work, discipline and patience has risen to the highest level of governance and is currently the executive chairperson of MYSA 2015/16. He is in charge of all MYSA activities which are sports and community service.
“When life gives you a challenge, you use what you have to deal with it. We only had football and through it, we have been addressing early pregnancies, early marriages, abortion, family planning, HIV/AIDS and many other sexual and reproductive health challenges,” he explains.

“We are turning our football stadiums into youth friendly spaces to help us cope better with our sexuality,” he says.

Adding that the message has not always been enough and there is need for other stakeholders such as the government and the private sector to come in.

“You can tell youths to take up family planning services for instance but they are not always available therefore lacking continuity. You go to a facility and the pill you use is out of supply,” he expounds.

Currently MYSA has 27,000 registered members in 16 zones in Nairobi including Githurai, Kariobangi, Kayole, Dandora, Eastleigh and Baba Dogo.

Members are both male and female. Anyone within this 16 zones can be a member of MYSA, joining is free but to be a registered member you must be, or have been either a football player or coach.

“If you are in Kayole for instance, you go to their stadium which is called Calvary, you will find the MYSA zonal coordinator who gives you a team list from which you chose, you register as a player or you can form your own team,” he says.

Though registering is free, MYSA has many well wishers and projects that sustain it. They have a gym, a cafeteria and a borehole that bring in money to support the association.

Odenyo’s goal at MYSA - a youth led, youth owned association- is to ensure that sexual and reproductive health services are available, accessible and affordable for young people.

Through football, there are many opportunities to address youths since a zone like Githurai can play about 200 games in a year.

“People assume that young people know about their reproductive health but in real sense they do not. We are pushing for youth friendly services but also for those with comprehensive information to go to schools and share it,” he expounds.

He says that when young people do not have somebody to lead them, they end up relying on each other for information.

“As a result, I have been doing a lot of community dialogue with youths and encouraging them to take on family planning,” he says.

Odenyo says that young people below the age of 24 years have been neglected hence the need for youths to stand with other youths in addressing challenges that continue to stand between them and their goals in life.

As a young peer educator in family planning, Odenyo discovered that young people are more likely to engage in lessons about contraception and family planning when they are in a comfortable, welcoming environment.
Consequently, MYSA carries out outreach programs through various ways, the most popular being organizing tournaments but rather than playing to win a trophy, the youths play to win a sexual and reproductive health theme.

One of the themes that have been played for in the past is the ‘Zip it of Play Safe’ laying emphasis on the need to practice safe sex or to abstain from sex all together.

“As long as youths are playing football with an awareness of why they are doing it, this encourages youths to be even more competitive and while doing so, the message always gets home,” he says.

MYSA does not work alone though “we have partnered with Mathare Youths Empowerment and together, every first Tuesday of the month youths are offered free HIV/AIDS testing and of course counselling.”

“Family planning services are also offered and many youth between the ages of 16 to 24 come for HIV testing, we are working on increasing the number of days by having more trained counsellors.”

He says that the environment is youth friendly and the turnout has been impressive, both male and female youths have been receiving the services they need.

Young girls have been dropping out of school and MYSA has been on their trail “providing information and encouraging them to either abstain or practice safe sex. This way, they will be able to stay in school.”

Using his knowledge and experience as a football coach, he has therefore continued to integrate sports with lessons about health and family planning.

“We also look out for the children in MYSA. If a child is facing any form of violation, we intervene. We also target those with disability and have special games for them,” Odenyo adds.

Malawi News Agency: **25 year old youth won scholarship to attend ICFP conference in Indonesia**
9 January 2016
By Tikondane Vega

[Appeared in print only]

The Nation: **MPs call for integrated approach to family planning**
28 January 2016
By Edyth Kambalame

Chairperson of the Parliamentary Health Caucus Juliana Lunguzi and Member of Parliament for Blantyre Bangwe Constituency Davie Kadzinja have urged government to consider establishing a national population council for coordinated efforts in achieving the Family Planning 2020 goals set in London in 2012.
Speaking in an interview on Thursday— the closing day of the International Family Planning Conference (ICFP) in Indonesia, whose theme is ‘Global Commitments, Local Actions’—Lunguzi said a population council would ensure data from different sectors such as economic, health, environment, gender and youth education is put together for integrated work towards meeting family planning targets which, she said, are a critical link to achieving Sustainable Development Goals (SDGs).

“Malawi has shown commitment to the [targets set at the London Summit of Family Planning] and we are doing well in many areas. But where we see the gap is the local commitment in certain critical areas, such as the provision of youth friendly services in our health facilities,” said Lunguzi.

She added: “The countries that have made strides in family planning such as Indonesia, Bangladesh and Kenya, have a population council. Malawi has everything, but we lack leadership and action, hence the need for a population council.”

Lunguzi said population and reproduction health cannot be the responsibility of one ministry, saying the programme needs to be multisectoral.

In his remarks, Kadzinja said investing in youth and involving men in the family planning agenda is key if government is to achieve its population goals.

“Most family planning messages are being targeted towards women, which makes it seem like it is a women’s problem. But population is everyone’s problem. Men and youths also need to be actively involved,” said Kadzinja.

At the 2012 London Summit of Family Planning, government made several commitments, most of which have been fulfilled, such as raising the legal marriage age from 15 to 18, approve the National Population Policy, having a line budget for reproductive health and raising the contraceptive prevalence rate (CPR) to 60 percent, with a specific target on youth aged between 15-24.

While most of the commitments have been fulfilled, the country’s CPR remains low at, and the total fertility rate, the average number of children a woman is likely to have in her childbearing age, a 5.7 high. In addition, youth continue to face challenges in accessing reproductive health services in Malawi.

The United Nations has warned that if Malawi does not lower its TFP, its population is projected to exceed 29 million in 2030, and reach 45 million in 2050 thereby putting a strain on natural resources and the economy.

The MPs said high population growth is impacting negatively the country’s environmental, health and economic sectors, and that for the country to make progress, every Malawian needs to understand and own this challenge.
Stakeholders in the health and population sector have backed calls for collaboration and local action to improve family planning access worldwide. The call was made in Indonesia on Monday during the opening of the fourth International Conference on Family Planning (ICFP). Speaking in a telephone interview on Tuesday, Jesman Chintsanya (PhD), a lecturer in population and demographic studies at the University of Malawi’s Chancellor College in Zomba, said the country’s population growth rate is rising at an alarming rate and investing in family planning is important. He said such an investment would benefit both government and individuals. But he said investment in family planning goes alongside sensitisation to the people on the need to have fewer children as well as women empowerment because although there has been an increase in contraceptive prevalence rate, the total fertility rate (total number of children that a woman can bear) is still high. He said there is a need to invest in sensitisation of people on the benefits of having fewer children and women empowerment in area of education. Commenting on the same, health rights activist Maziko Matemba, speaking in a telephone interview from Lilongwe, said it is 100 percent needful for Malawi to invest in family planning if economic development is to be achieved and sustained.

Speaking at the ICPF opening, United Nations Population Fund (UNFPA) executive director Babatunde Osotimehin urged governments to recommit their efforts in increasing family planning services. Currently, about 20 percent of married women in Malawi want to prevent or delay pregnancy, but are not using a modern contraceptive method according to a report by family Planning 2020 (FP2020) released in November.

The Nation: Countries urged to invest in access to contraceptives for youth
26 January 2016
By Edyth Kambalame

Governments have been urged to commit and invest in creating an enabling environment for adolescents and youth to demand, access and use a full range of contraceptive methods in their countries.

Speaking on Tuesday during the launch of the Global Consensus statement for Expanding Contraceptive Choice for Adolescents and Youth at the on-going International Conference on Family Planning (ICFP), executive director of Family Planning 2020 (FP2020) Beth Schlachter said increasing access to contraceptives for youths—including long-acting reversible methods—would keep girls in school, improve economic activities and contribute toward achieving the Sustainable Development Goals (SDGs).

“The largest generation of young people the world has ever seen is entering reproductive age, and yet these young people too often face enormous barriers in accessing a full range of contraceptives, including long acting reversible methods,” said Schlachter.

Malawi has a very youthful population, with two-thirds of the population being under age 25. The 2014 Malawi Youth Data Sheet developed by the Population Reference Bureau (PRB) attributes this to the country’s sustained high fertility in the last 20 years.
“This places a significant burden on the working-age population to provide the basic health and education needs required by children and youth. Proper investments in the well-being of children and adolescents will help ensure that current and future generations will grow and develop into their full potential,” reads the data sheet.

Currently, the country’s total fertility rate—the number of children a woman is likely to have in her childbearing years—is 5.6. On the other hand, about 26 percent of women in Malawi have an unmet need for contraception, leading to unplanned pregnancies.

Furthermore, over 1 in 5 adolescent girls would have begun bearing children by age 17, according to the 2014 Malawi Youth Data Sheet.

The consensus statement says barriers to adolescents and youth’s contraceptive use include limited knowledge of their contraceptive options, myths and misconceptions, provider bias, lack of family and community support, negative social norms and poor access.

“Global efforts to prevent unintended pregnancies and improve pregnancy spacing among adolescents and youth will reduce HIV/STI incidence, keep girls in school, improve economic opportunities and contribute toward reaching the Sustainable Development Goals,” reads the statement in part.

Developed by Pathfinder International, FHI360, Marie Stopes International and Population Services International (PSI), the statement “is intended to generate awareness about the right of all sexually active youth to have access to the widest available contraceptive options, regardless of marital status and parity.”

The Nation: Governments called to invest in family planning
26 January 2016
By Edyth Kambalame

The fourth International Conference on Family Planning (ICFP) opened in Nusa Dua, Indonesia, on Monday with global leaders underscoring the need for collaboration and local action to improve family planning access worldwide.

Organised around the theme Global Commitments, Local Actions, the conference has brought together thousands of global political, development and health leaders and advocates.

During the meeting from January 25 to 28, delegates will call attention to the wide-ranging benefits of helping people plan their families—which include greater economic growth, increased education attainment and improved maternal, newborn and child health.

United Nations Population Fund (UNFPA) executive director Babatunde Osotimehin urged governments to recommit their efforts in increasing family planning services.

He said instead of banking on donors for support, countries should be able to provide family planning resources.
Currently, about 20 percent of married women in Malawi want to prevent or delay pregnancy, but are not using a modern contraceptive method, according to a report by Family Planning 2020 (FP2020) released in November 2015.

FP2020 executive director Beth Schlachter said during a pre-conference meeting on Sunday that the ICFP2016 serves as a platform for global partners to revisit their commitments to family planning and accelerate progress towards the FP2020 goals set at the 2012 London Summit on Family Planning.

According to USAid, for every $1 (about K700) spent on family planning, governments can save up to $6 (about K4 200) for other development priorities.

ICFP 2016 follows the inaugural ICFP 2009 in Uganda, which was followed by ICFP 2011 in Senegal and ICFP 2013 in Ethiopia.

The Nation: Gates Foundation commits $120m to family planning
25 January 2016
By Edyth Kambalame

The Bill and Melinda Gates Foundation on Monday announced that it will invest an additional $120 million (about K84 billion) in family planning programmes over the next three years, a 25 percent increase on its current family planning funding. Speaking in a live video stream during the opening of the International Conference on Family Planning (ICFP) in Indonesia, the Foundation’s co-chair, Melinda Gates said the additional funding will focus on three priority areas that demonstrate potential for significant progress in increasing access to family planning.

The priority areas are: advocacy for family planning, improving the quality of services women and girls receive, and spreading access to the urban poor and adolescents.

“We have it in our power to give every woman, every girl, everywhere the chance to not just survive but thrive; to lead healthy, prosperous lives; to empower them to ultimately transform their lives,” said Gates.

Speaking during the opening, the Gates Foundation’s president of global development Chris Elias said with the largest generation of youth in history about to enter their reproductive years, the Foundation will also invest in learning how to more efficiently and more effectively reach young people.

“Our approach has to start with examining the evidence and analysing the data so that we know what’s working and—just as importantly— what isn’t,” said Elias.

He urged delegates to challenge each other on what steps to take to meet the family planning 2020 (FP2020) goals set at the 2012 London Summit of Family Planning where the global community—including the Malawi Government—set an ambitious goal to ensure an additional 120 million women and girls would have access to family planning services and contraceptives by 2020.
“Each of us has a role to play. We have the expertise and experience to achieve a world where women and girls are empowered to make their own decisions about their own lives. A world where they just don’t survive but thrive,” Elias said.

The financial pledge by the Gates Foundation comes in the wake of a new FP2020 progress report which found that the global community risks falling short of its FP2020 goal if it does not take immediate action to speed up progress.

Three years after the London Summit on Family Planning, an additional 24.4 million users have been reached with modern contraception, averting 80 million unwanted pregnancies, 26.8 million unsafe abortions and 111 thousand maternal deaths. Malawi is one of the countries with the highest acceleration in the modern contraception use rate.

The ICFP opened on Monday and will close on Thursday.

The Nation: Taleka Makunje: championing reproductive health for youths
31 October 2015
By Edyth Kambalame

Taleka Makunje is among the youth who won a video contest on youth access to family planning from a worldwide contest. She shares her passion of youths rights and the award details with EDYTH KAMBALAME.

Tell us briefly about your background

My name is Taleka Makunje. I was born on September 13, 1989. I am the fourth born in a family of five children. I went to Chichiri Primary School and Stella Maris Secondary School. Then, I studied Media for Development at Chancellor College (Chanco). I am currently working at Centre for Youth Empowerment and Civic Education (Cyece).

Tell us about the International Conference on Family Planning (ICFP) youth video contest that you recently won.

There was a call for youths from all around the world to submit videos expressing their views on youth access to family planning in their countries. They received over 180 videos from different countries and mine was one of the best and was selected among the top 25 videos that won.

In my video, I spoke about how most youths are hindered from accessing family planning methods either because of traditional, religious or physical reasons. I went further to explain the interventions that we have been doing at my organisation to ensure that youths access family planning methods without hindrance and how this helped reduce early pregnancies and girls school dropout rates. Winning this contest means I have obtained a full scholarship to attend the 2015 International Conference on Family Planning in Bali, Indonesia scheduled for November 8 to 12. I have also been selected to moderate one of the sessions. The conference will be attended by high level delegates from all around the world, including Melinda Gates, presidents from different states as well as directors from major health organisations. This is a great opportunity to share with the rest of the world what Malawi is doing towards the realization and implementation of the Sustainable Development Goals (SDGs).
How did you get involved in reproductive health issues?

I have always had a passion for youths. I love and enjoy giving motivational/inspirational talks, encouraging them to believe in their dreams; to believe that God has a great purpose and destiny for them. I love to share the Gospel with youths because they are at a critical stage in their lives where they are defining who they are. You cannot define yourself unless you get the definition from God their creator. I relate with the youth better because my organisation is focused more on their sexual reproductive health and rights (SRHR). I also advocate for them to different policy makers on their right to live healthy lives.

What are your views on youth and reproductive health in Malawi?

Due to their lack of access to SRHR services, the youths have found themselves in terrible predicaments which would have been easily avoided. These problems include early pregnancies, death, sexually transmitted infections (STIs) and HIV. Such factors are contributing to the poverty situations in their communities.

Why does your organisation focus on youths in rural areas?

Cyece focuses on youth in rural settings because they are living in hard-to-reach areas to access SRHR services. This is such a huge challenge and in essence, they are marginalised and disadvantaged.

No one should be left behind as we move into SDGs from Millennium Development Goals (MDGs). We want them to take part in national, global and regional SRHR agendas. It is their human right to have access to such regardless of their economic or physical status.

Tell me about the survey you conducted on youth uptake of reproductive health services?

We recently conducted a survey in Mangochi to assess youth uptake of reproductive health services. The results were alarming which led to our implementation of another project specifically targeting an increased uptake. It was discovered that only 33.6 percent sexually active youths are seeking SRHR services. This applies to youths in the age bracket of 10-24. It was also noted that most people have a negative attitude towards the use of family planning methods especially by the youths as they feared it would lead to reproductive complications; and because it is just morally unacceptable either based on religion or cultural beliefs.

Any impact of your work so far?

Our vision is to have a Malawian society where children and young people are protected, healthy and happy. We thrive to advance the rights of youths and children in vulnerable conditions; to ensure they are living their full potentials. So far, with the different projects we are implementing across the nation, we are proud to note that we have withdrawn a number of girls from early marriages and sent them back to school.

We have also prevented some girls from being forced into marriages they weren’t ready about. All this has been possible with the help from communities who have set by-laws to ensure their youths and children are living in friendly environments. Our major achievement should be the change in attitudes of the people in the communities where we work. We have seen a shift in attitudes from harmful socio-cultural practices to upholding the rights of the youths and children.
What motivates you?

My greatest motivation is knowing that I am making a difference in someone’s life. Just knowing that my efforts are helping improve the livelihood of a girl somewhere is enough to make me work even harder. The girls I meet have been condemned to a life of poverty and suffering. They do not believe they can get away from their communities and do something useful. It is my opportunity to open their eyes to a life of possibilities, a life of beauty, joy, hope and peace.

What message do you have for youths?

They can be anything they want to be. They have the capability within themselves to rise to greatness. Women are strong, motivated, assertive and passionate; and that is all they need to achieve great things in life. Know who you are and live life according to that; never apologise for who you are! You are born great, you are a star!

Any last comment?

My last word is for the youth of Malawi this country is in our hands, it is our responsibility to steer it in the right direction. Find your identity in God and live a purposeful, healthy, inspired and motivated life so that we can influence our country for the better.

The Times (Malawi): International Conference on Family Planning shifted to Jan
26 November 2015
By Theresa Chapulapula

The fourth International Conference on Family Planning (ICFP) will take place in Indonesia from 25-28 January next year, the organizers have announced.

The meeting which was expected to take place in November this year was postponed due to a volcanic eruption on the nearby island of Lombok in Indonesia.

Director of the Gates Institute and Chair of the ICFP International Steering Committee Jose “Oying” Rimon II and Chairman of the National Population and Family Planning Board of Indonesia Surya Chandra Surapaty announced the new dates through a statement.

“Postponing the November conference activities was an extremely difficult decision, but we believe it was the right thing to do to protect the health and safety of our valued delegates and to maximize the value of the ICFP for the family planning community,” the statement says.

The statement adds, “We are pleased to confirm that the fourth ICFP will be held in Nusa Dua in late January 2016, and we are excited to reconvene the family planning community so soon.”

The meeting will be co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia.

The conference is the largest international meeting focused on family planning.
It will be held under the theme “Global Commitments, Local Actions.

The meeting will highlight international and domestic efforts to improve contraceptive information and services and help ensure that family planning remains a priority for policymakers and donors across sectors.

Family planning is frequently cited as one of the best investments in global development.

According to the statement, meeting the global unmet need for family planning services could save an estimated 1 in 4 women from deaths related to pregnancy or childbirth.

It can also prevent 1.1 million infant deaths each year, and expanding access to contraception will play a critical role in achieving the Sustainable Development Goals.

International Conference on Family Planning, held biennially since 2009, serves as a strategic inflection point for the family planning community worldwide.

It provides an opportunity for scientists, researchers, policymakers and advocates to disseminate knowledge, celebrate successes and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

Some officials from Malawi are expected to attend the meeting.

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Le Sahel: Closing of Bali International Conference on Family Planning: Accelerated efforts to give 120 million more women access to contraception
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Le Sahel: Investment in FP is social and essential
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By Fatouma Ide Boubacar

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Le Sahel: The program "Illimin" raises the level of knowledge of contraceptive modern methods from 11.6% to 88.7% in Niger
25 January 2016
By Fatouma Ide Boubacar

[Appeared in print only]
The Authority: *Family planning: Passing the message through entertainment*
7 February 2016
*By Rose Moses*

ROSE MOSES, who was at the just concluded International Conference on family planning in Bali, Indonesia, reports on how some Nigerian stakeholders are using entertainment to pass the family planning message.

The International Conference on Family Planning (ICFP 2016), which held January 25 to 28, 2016 in Nusa Dua, Bali, Indonesia, has come and gone but the message, which continues to resonate across the globe is that investing in family planning is not just central to driving positive health outcomes, but also key to economic growth as well as global development progress.

The conference, with theme: “Global Commitments, Local Actions,” was a convergence of high level policy makers, scientists, researchers, programme managers, as well as civic leaders, youth and faith based organizations from around the world, all of who shared their best research and practices for the purpose of using the knowledge to expand access to family planning services.

And they were all challenged to take the things learned from the event, described as one of the largest ICFP’s in history, back home, to quickly test new solutions that would transform the global commitments made into local action.

In other words, the conference did not just emphasize family planning as the key to addressing an array of development challenges around health, education, poverty and the environment, it also harped on its importance to achieving the new Sustainable Development Goals (SDGs), a development agenda for the next 15 years adopted in September 2015 at the United Nations General Assembly.

Bringing the message home, Mrs. Babafunke Fagbemi, Executive Director, Center for Communications Programme Nigeria (CCPN) says “Everybody in Nigeria and elsewhere, needs to plan their families and it is not only for the benefit of having the number of children you can take care of, it is also for the benefit of the parent….The woman is able to rest and space her child birth. There is more love, there is enough time to be intimate with your partner without having any fear or worry about any pregnancy that is going to be unplanned.”

Dr. Mojisola Odeku, Project Director of Nigerian Urban Reproductive Health Initiative (NURHI) while affirming the above position, said “Family planning is a life-saver; it is a tool to promoting maternal survival,” stressing that as immunization is to child survival, so is family planning to maternal survival. Therefore, for Nigeria to promote national and sustainable development, family planning is key pillar to be able to do so.

Dr. Odeku and Mrs. Fagbemi were among the many Nigerians participants at the just-concluded conference, and at one of their presentations entitled, “Lights, Camera, Impact: Entertainment Education Innovation,” they disclosed how they have been using both radio and television to spread the message in Nigeria.
In other words, they share in the vision to eliminate supply and demand barriers to contraceptive use and make family planning a social norm in Nigeria through entertainment.

“We are an entertaining community. We have not used our platform of the entertainment well enough to be able to pass the family planning message,” Dr. Odeku told The AUTHORITY on Sunday in an interview at the conference. “We did it in the 80s. Remember when Onyeka Onwenu and Sunny Ade did that song, “Wait for me,” especially for young people? Or even wait for me, if I am not ready, yet, you can plan yourself. So, that needs to come back because Nigerians imbibe and internalize messages through entertainment and fashion.”

While NURHI focuses on making modern family planning contraceptives available to the urban poor and increasing its use among the target populations, particularly the youth, women and men of reproductive age, with funding from the Bill and Melinda Gates Foundation, CCPN, a registered Nigerian non-governmental organization (NGO) specializes in the development and implementation of strategic health communication projects and programs, with support from the Johns Hopkins Center for Communication Programmes Baltimore, USA.

According to Fagbemi, CCPN, which has engaged the vibrant Nigerian film industry, is taking the lead and coordinating Entertainment-Education (EE) work with Nollywood as a medium to provide education to the public on thematic areas of health and social development, a partnership she expects will leave a lasting legacy in the EE industry and improve the quality of EE programming in Nigeria. Fagbemi demonstrated her pre-sentation at the ICFP 2016 with a television series entitled “New-man Street,” an entertainment education program featuring well-known faces in Nollywood and aspiring artists that entertain the audience while incorporating useful information about family planning and malaria.

And as she would explain later to The AUTHORITY on the side-lines of the conference, “in Nigeria, we are trying to leverage on the power of entertainment education by using the popularity of Nollywood also to get to the heart of the audience.”

‘Newman Street,’ she said, is creatively scripted and acted to address key health concerns facing all Nigerians. The characters are captivating and their stories powerful. Leveraging on the popularity and success of Nollywood, Newman Street features such stars as Bimbo Akintola, Fred Amata, Sani Muazu, Sani Danja, among others to lift people’s spirits, providing them with the correct information they need to make the best life decisions for themselves and their families.

“We want them to have skills, to have correct knowledge, to know what around health issues that touched their lives and debunking the myth and rumours around family planning, which have been in existence and have actually con-stituted a barrier to offering of ser-vice,” the CCPN executive director added.

Despite the myths and barriers, Mrs. Fagbemi told The AUTHORITY on Sunday that the good thing is for people to know that modern family planning methods are really safe. They are effective, they are available and they are accessible.

All that one needs to do is to go to a health facility with a family planning unit, where the providers have been trained to offer service. No doubt, at such place, there must be one method that is best for the individual, she said.
The problem, she said, is that some women tend to listen to what some others say about methods that might not have worked for them, stressing that it’s possible that a method that works for one might not work for the other.

“What you need to do is to go to where the authorities in this service are, talk to them and they will recommend a method that is best for you, after explaining all the options that they have.”

On the challenges of convincing certain religious groups against family planning, The AUTHORITY gathered that though these religious groups may not support modern family planning methods, one of things the NURHI project is said to have done so well is to get the religious stakeholders on its side.

“So right now, everybody knows that religion does not disapprove of you to plan your family. Where the areas of contention might be is the ‘How.’ And I think right now, we have lots of religious leaders, Muslims and Christians alike, who will tell their congregation that it is in your own interest to plan your family,” Fagbemi concluded.

Dr. Odeku, on the other hand, reveals that NURHI uses a multi-prong communication platform to communicate family planning. This process, she noted, takes care of issues the target audience may have.

According to her, some have fears of side effect, and in such instances, the radio magazine programme of about 26 episodes per magazine, is used to talk about every issue of concerns that they raise. The programme, she also said, brings in testimonials of the people, who have used different methods, with some others calling in to ask questions. A health-care provider is usually brought in for expert views and opinion on any issue raised, she said.

The Authority: WHO launches new tool to help guide contraception choices
2 February 2016
By Rose Moses

The World Health Organisa-tion (WHO) has announced the launch of a new digital tool to help women access safe contraceptive options in the immediate or extended postpartum period, whether or not they are breast-feeding.

Known as the ‘WHO Postpartum Family Planning Compendium,’ the tool, launched at the just concluded International Conference on Family Planning (ICFP 2016) in Nusa Dua, Indonesia, aims at health providers, who are prescribing contraception to postpartum women and program managers, as well as policy makers, who facilitate the availability of contraceptive methods.

It also focuses on the initiation of family planning services within the first 12 months following childbirth to prevent closely-spaced and unintended pregnancies.

“The new WHO Compendium is the first tool of its kind,” says Dr. Mary Lyn Gaffield, Scientist in the Department of Reproductive Health and Research at WHO. “Health-care providers will now be able to quickly access the information they need, and be better equipped to give post-partum women guidance on safe contraceptive options.”
Explaining further to The AU-THORITY on the side-line of the just-concluded conference, Dr. Gaffield, an epidemiologist who has served at the Centre for Disease Control and Prevention in Atlanta, United States of America (USA), said the user-friendly digital plat-form helps health providers quick-ly and easily access WHO recom-mendations on what contraceptive options are available for postpartum women.

The Authority: ICFP 2016 closes with global call to provide contraceptive access to 120m more women
31 January 2016
By Rose Moses

The curtain was drawn over the fourth International Conference on Family Planning (ICFP) 2016, in Nusa Dua, Bali, Indonesia, Thursday, with a call for ac-tion from country governments, donors, civil society and other partners to expand contra-ceptive access and options said to be one of the most cost-effective and beneficial health interventions.

The conference, organized around the theme: “Global Commitments, Local Ac-tions,” emphasized family planning as the key to addressing an array of development chal-lenges around health, education, poverty and the environment as well as to achieve the new Sustainable Development Goals (SDGs).

“Every two years we gather at the ICFP to learn from one another and map out strate-gies to accelerate progress,” said Jose “Oyi-ing” Rimon II, Chair of the ICFP International Steering Committee and Director of the Bill & Melinda Gates Institute for Population and Reproductive Health.

Although the goals are bold, Rimon II, however, noted that with the latest FP2020 progress report, the global movement risks falling short of the promises made to the mil-lions of women that want contraception, if ac-tions are not stepped up.

According to him, investing in family plan-ning is key to driving positive health outcomes, economic growth and global development progress, adding that the tools needed to achieve these goals are available to all.

He therefore challenged all stakeholders to take the things learned back home and begin testing new solutions quickly so as to transform the global commitments into local action.

The conference also acknowledged that since the 2012 London Summit on Family Planning, where the Family Planning 2020 (FP2020) goal was first agreed upon by global leaders, 37 countries have made commitments to reach this goal.

The AUTHORITY gathered that in the past year, FP2020, a global partnership dedicated to providing access to contraceptives for an addi-tional 120 million women by 2020, has seen a wave of new commitments.

“This past year has seen the largest wave of new commitments to FP2020 since the Lon-don Summit, and existing partners are stepping up with new and increased pledges,” said Beth Schlachter, Executive Director of FP2020.
According to her, more exciting commitment are expected, and will serve as testament, not only to the compelling power of the FP2020 vision, but to its growing value as a catalyst for change.

Spirited dialogue also featured among partners representing civil society and multilateral institutions, all of who shared their unique perspectives on how to drive innovation, and overcome barriers to ensure that women and girls everywhere have access to the contraceptive information and services they need.

“It is a sad thing that governments publicly advocate, deliver speeches, deliver promises to eradicate poverty, but not all are committed to eliminating poverty with family planning... Family planning is not just a right... It’s all about a better quality of life that each human being and each family deserves,” Hon. Janette Loreto-Garin, Secretary of the Department of Health, Philippines, said.

Similarly, the International Planned Parenthood Federation (IPPF) used the occasion to announce plans to expand its commitment to bring family planning services to women with an unmet need for modern contraception, in effect, targeting 60 million new users by 2020.

Tewodros Melesse, IPPF’s Director General, while confirming that IPPF has already reached 15 million new users and increased its total family planning clients by 40 per cent since 2012, he explained that the new commitment represents the organization’s most ambitious pledge ever and will allow millions more women to freely choose the size of their families.

“We are delighted by what we have achieved and that we can make an even more significant contribution through our increased pledge to reach 60 million new users of family planning,” Melesse said.

While reminding that the recent FP2020 performance report highlighted that more action is urgently needed and that millions of women are missing out, he called on donors to increase their commitments to family planning, even as he hopes IPPF’s ambitious pledge at the conference, will encourage others to act.

More than 3,000 people attended and participated in the fourth International Conference on Family Planning, one of the largest ICFP’s in history. This gathering strengthened the global commitment to achieving the FP2020 goals and rededicated the family planning community’s efforts to ensure all women and girls are able to access affordable, effective and life-saving contraceptives.
According to the conference, each requires improved access to sexual and reproductive health as well as reproductive rights and services.

Emphasis was also placed on the importance of creative thinking and risk-taking to develop new solutions to family planning challenges at the occasion that witnessed the launch of ‘David and Lucile Packard Foundation 2016 Quality Innovation Challenge.’ The Foundation invites conference participants to submit inventive ideas for improving quality in sexual and reproductive health as well as empowering women and girls.

Addressing more than 2,500 attendants at the global event, speakers at different sessions connected the links between family planning and global development by putting spotlight on the role of family planning in attaining the Sustainable Development Goals (SDGs), the new development agenda for the next 15 years, adopted in September 2015 at the United Nations General Assembly.

The Authority: $30m family planning project for girls launched in Indonesia
26 January 2016
By Rose Moses

Population Services International (PSI), Monday, at the ongoing International Conference on Family Planning (ICFP) in Nusa Dua, Indonesia, announced the launch of the ‘Adolescents 360’ project, an initiative that aims to increase voluntary modern contraceptive that will reduce unintended pregnancy among adolescent girls between the ages of 15 and 19 in Nigeria, Ethiopia and Tanzania.

The four-year $30 million grant from the Bill & Melinda Gates Foundation and the Children’s Investment Fund Foundation, is implemented by PSI and consortium members: IDEO.org, the Centre on the Developing Adolescent from the University of California, Berkeley, Triggerise, and Ogilvy & Mather Africa.

Working in the three focus countries with PSI/Ethiopia, PSI/Tanzania and Society for Family Health, a PSI independent member in Nigeria, the initiative, The AUTHORITY gathered, will develop cost-effective solutions to delivering high quality, affordable and accessible voluntary contraceptive information and services to adolescent girls.

Throwing more light on the initiative, PSI director of family planning and reproductive health, Jennifer Pope, says the need for contraception among adolescent girls is high. And in sub-Saharan Africa alone, 40 per cent of girls and young women who want to use contraception are not able to access it. As such, girls aged 15-19 in the region, account for 16 per cent of all births each year, an estimated 2.2 million unintended pregnancies, and 25 per cent of all unsafe abortions.

Also, statement from the Global Health Strategies at the ongoing ICFP 2016, which indicates that complications resulting from pregnancy and childbirth are leading causes of death for this age group, reveals that about 70,000 adolescent girls die annually in developing countries from pregnancy related complications.

And for a girl under 15, the risk of maternal mortality is double that of a woman over 20 years old, The AUTHORITY learnt.
According to the statement, adolescent girls rarely have a say on matters related to their own health and many face significant barriers in accessing contraceptive services and products.

The Authority: **Contraceptives avert 80m unwanted pregnancies - Experts**  
26 January 2016  
*By Rose Moses*

Experts have said that 80 million unintended pregnancies have been averted world-wide by women through the use of contraceptives.

Their position was published in a report released by policymakers, scientists, researchers, programme managers, civic leaders, youths and faith-based organisations at the 2016 International Conference on Family Planning (ICFP) in Nusa Dua, Indonesia, which begins today; it also showed that more women and girls now use contraceptives.

The report of the Family Planning 2020 (FP2020) further indicated that more women and girls who want to avoid or delay a pregnancy, are voluntarily using modern contraceptives in the world’s poorest countries.

The figure is put at 290.6 million, which represents an increase of 24.4 million from that of 2012.

The report, entitled “Commitment to Action 2014-2015”, which detailed the global achievements since the landmark 2012 London Summit on Family Planning, explained that the additional 24.4 million women using effective contraceptives in the past one year alone, have averted 80 million unintended pregnancies and prevented 26.8 million unsafe abortions and 111,000 maternal deaths.

Family Planning 2020 is a global partnership which supports the rights of women and girls to decide, freely and for themselves, whether, when and how many children they want to have.

The FP2020 works with governments, civil society, multilateral organisations, donors, the private sector and the research and development community to enable 120 million more women and girls to use contraceptives by 2020.

The Authority: **Vasectomy: Inspiring men to rise up out of love**  
12 December 2015  
*By Rose Moses*

November 13, 2015 was celebrated as World Vasectomy Day (WVD), better described as the largest male oriented family planning event in history. Events marking this year’s celebration were held in Gianyar, Bali, Indonesia, where organisers hosted an all-day multimedia event with live streaming from around the world connecting a network of vasectomy providers and recipients.
With Indonesia as the 2015 headquarters, the WVD was scheduled to coincide with the International Conference on Family Planning (ICFP) initially planned to hold in Nusa Dua, Bali, from November 9-12, and which was postponed following a volcanic eruption that led to the closure of the airport in Bali days leading up to the conference.

Organisers of the WVD, who had planned an auxiliary event on November 10 at the ICFP, while reacting to the postponement of the conference, said, “we are, like all of you, deeply disappointed at the turn of events, but after three years building the largest male-oriented family planning event in history, we refuse to let volcanic ash deter us.”

True to their word, the World Vasectomy Day was successfully celebrated with the mayor of Gianyar opening the event, while the Executive Director of PKBI (one of the sponsors of the event), Ketut Sukanata, and the first to receive his vasectomy in a medical van on site.

Over 700 doctors in 40 countries participated in the celebration, which also had 32 beautiful volunteer families that showed up. There were also five doctors, who contributed their knowledge, including WVD’s founders, Dr. Doug Stein and Dr. Ramon Suarez.

While most Indonesian men and those elsewhere may have keyed into this process of working together to transform powerful acts of love into a global movement for social good, not much of Nigerian men would hear of any such thing.

According to promoters of the male family planning event, vasectomy is a procedure that makes men share responsibility for family size and in so doing, greatly increases the likelihood that their children and their children’s children live a quality life.

A surgical procedure for male permanent contraception, according to expert description, vasectomy is said to be an excellent and safe method for men, whose families are complete, to prevent unintended pregnancies. It is one of the easiest medical procedures, during which urologists say the vasa deferential, are severed in a manner that prevent sperm from entering into the ejaculate (or semen).

In other words, vasectomy offers a role for the man to play in the most intimate part of his life, said Co-founder of World Vasectomy Day, Jonathan Stack. Interestingly, it is this heroic act that World Vasectomy Day acknowledges in a very public forum. “We are committed to being good stewards of the earth while encouraging the kind of dialogue that leads to a more loving home and a more peaceful world,” Stack said. A vasectomy is a collective movement for good, composed of individual acts of love, he further explained.

Although the goal was never to dictate how many children a person should have as numbers alone can’t determine our destiny, it is the general belief of the promoters of vasectomy that every single challenge faced by humanity is made more difficult to resolve with an even larger population.

Therefore, providing choices that inspire men to participate in the most important conversation of our lives makes for a healthier society.

Using various tragedies, especially acts of terrorism against fellow beings as example, Stack in his message at this year’s celebration, said people aren’t born to be bad; they only lose hope and become resentful and angry for lack of opportunity.
He further said: “Be it humiliation, hunger, alienation, hatred or a combination of all, over time, they find purpose in extreme acts of violence and rationalization for their evil deeds by perverting the true meaning of a given religion and faith.”

World Vasectomy Day, he said, is the opposite of the above painted scenario, stressing instead that in every sense of the word, it exists to “inspire men to rise up out of love in support of their partners, their children, their communities and our collective future. We are telling a love story writ large in the hearts of men on every continent and, ultimately, in every country.”

Stack, who has been on vasectomy missions to many countries of the world, said, “I witnessed that regardless of culture, country or class, on the day men get their vasectomy, they are unusually kind and generous. He says further: “Maybe having our pants down makes us particularly vulnerable, but when we voluntarily choose to exit the gene pool, we are quick to acknowledge the love we feel for our partners, our children and even the well-being of the planet.”

But how many African, nay, Nigerian men, would love to be this ‘generous?’ How many would like to get a vasectomy? Expectedly, this kind of generous men are in short supply in our part of the world. In fact, it was a loud ‘No’ from all those we approached with the question seeking to know if they would support their family sizes by getting a vasectomy.

Some shouted their objection so loudly. Others expressed it diplomatically, while some others, yet, think we must be coming from somewhere around Mars with such a question, not only to an African man, but a Nigerian for that matter.

Our investigations revealed that vasectomies are usually performed in a physician’s office or medical clinic. “The procedure is not complicated, the incisions small, and the necessary equipment, routine,” is how the founders of the event explained it.

Due to its simplicity, a vasectomy usually takes less than 30 minutes, The AUTHORITY on Sunday also gathered. In fact, some medical experts would say the procedure lasts 15 minutes from pants down to pants up. And does it hurt? The answer is as simple as it can get.

Most men reportedly get surprised by how little pain it causes, which, given the amount of anxiety many of them feel beforehand, and is pretty amazing. And when done by a skilled provider, the most shocking part is how fast it is, and how quickly you can get on with your life, says Dr. Stein.

So, why does the word, vasectomy, invoke some taboo-like expression in this part of the world? A medical doctor, who disclosed that in all of his about 15 years of practice, he has only come across just one Nigerian that has gotten a vasectomy, describes the black man’s attitude to the procedure as a misplaced ego.

For the purpose of confidentiality or secrecy, which is a strong factor in the whole process, the Lagos-based doctor, who does not want his name mentioned, and who as a matter of fact, assisted his boss a very long time ago to carry out the said vasectomy, has never since then, heard of, nor come across any other person that has done vasectomy in the country.
Even at that, this one pa-tient, he said, was so secretive about the whole procedure that not even a single mem-ber of his family got to know about it. Except of course, his wife, who, out of love for, and to help manage the family size, was the reason he under-took the procedure in the first place.

“To tell you how secret the whole process was, we could not even perform the proce­dure in the presence of a nurse because the patient wanted to block every possible avenue through which any other per-son will get to know that he had a vasectomy.”

“That was the first and only Nigerian man that I have known to have had a va­sectomy till date,” the medical doc-tor told The AUTHORITY on Sunday.

Although one of the easi­est procedures, vasectomy is hardly subscribed to by the black man, something he largely attributes to ego, he said. Traditionally, most of them believe that having a va-sectomy would mean taking away their manhood.

Corroborating this position, a father of three, who is also a marriage counselor and pas-tor in Lagos, said although he believes in family planning, and indeed, supports his wife in this direction by using con-dom, he will never consider a vasectomy because it is irre-versible.

The pastor, who prefers to be addressed as Mr. Tunji, based his argument on the fact that vasectomy has no remedy. Should, for any reason, you someday wish to reverse your decision on family planning, you will never be able to re-open that chapter if you have had a vasectomy, he explained.

Mr. Tunji cited the instance of a particular family that lost all their children in the Sosoliso plane crash some 10 years ago. “Now, imag­ine if the man had chosen to have a vasectomy before this tragedy. Although the pain of losing all children at the same time will always be there, think about what will become of the man if he now wishes to have one or two more children to fill the vac­uum, but can’t, just because he had a vasectomy,” Tunji reasoned.

According to him, the rea­son why most African men will continue to resist vasec-tomy is mostly because of the belief that a man should be buried by his children. There­fore, they would not want to do anything that will affect that process. “In the case of vasectomy, you have perma­nently blocked any chance of having children, even when circumstance may force you to reconsider,” he said.

Stack reaffirmed this po­sition when he said that the bottom line is that most men resist getting a vasectomy be­cause they fear it will make them less of a man. He how­ever, clarified that getting a vasectomy when the time is right is about as ‘manly’ a thing as any man can ever do.

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18 January 2016
By Aminu Magashi

It was Monica Kerrigan, Senior Advisor in the FP2020 Secretariat hosted by United Nations Foundation that gave me a USB flash drive containing the FP2020 2014-15 Progress Report at a meeting that we both attended in Nairobi in November 2015 ahead of the GFF Learning Meeting. I made a gentle and of
course verbal commitment that I will read the report and scribble few words focusing on key highlights. When I met her again on Thursday 14th January 2016, in Washington DC at a USAID convened meeting to harmonize framework for Civil Society Engagement, I quickly remembered that I haven’t yet scribbled the few lines. Writing today about the FP2020 Progress Report is equally important as we are just one week to the 4th International Conference on Family Planning that will be hosted in Nusa Dua, Indonesia 25–28 January 2016.

The conference website has observed that “Indonesia’s national family planning initiatives doubled the contraceptive prevalence rate to nearly 60 percent between 1976 and 2002 and decreased the fertility rate by half. The country has quadrupled its budget allocation for family planning, from $65.9 million in 2006 to $263.7 million in 2014, which will enable better health workers training and the provision of free family planning services through the country’s new universal health care system.” Coming back to the FP2020 Commitment to action 2014-2015, it is refreshing to note that “three years ago, we made a promise. At the 2012 London Summit on Family Planning, we pledged to bring modern contraception within reach of an additional 120 million women and girls by the year 2020. As we approach the halfway point to 2020, we can see clearly how much we’ve accomplished together, how much is left to do, and whether we’re on track for our goal. Today because of the work of FP2020’s partners around the world, more women and girls than ever before are using modern contraception. An unprecedented 290.6 million women and girls in the world’s poorest countries are now able to decide for themselves whether and when to get pregnant, an increase of 24.4 million from the time of the London Summit.

Nevertheless, our results aren’t measuring up to our ambition. We’ve reached 24.4 million women and girls with lifesaving contraception, but that’s 10 million fewer than we had hoped to reach by this time. If we continue at this rate, we risk missing our goal—and leaving millions of women and girls without the care and services they need and deserve. One of the “hopes’ for sustained health investment, as the report observed is that that the Bill & Melinda Gates Foundation is pledging to increase its financial commitment to family planning by 25% over the next three years. Melinda Gates, Co-Chair Bill & Melinda Gates Foundation has this to say “Our shared goal is ambitious—and it has to be. Family planning saves lives and unlocks the potential of women, their families and communities. But while we have made progress, the latest data show that we’re not yet meeting our goals. With five years to go, we have a window of opportunity to get back on track.” Executive Director, United Nations Population Fund, Dr. Babatunde Osotimehin and President of Global Development, Bill & Melinda Gates Foundation, Dr. Chris Elias who are the co-chairs of the FP2020 Reference Group while writing a forward for the report observed that “the good news is that the time to rally as a community has never been better. This is a pivotal year in global development. With the launch of the Sustainable Development Goals, the new Global Strategy for Women’s, Children’s and Adolescents’ Health, and expanded global financing mechanisms for health, we have a once-in-a-generation opportunity to chart a course for the world we want. Universal access to family planning and contraceptive services is an essential part of that world. Now is the moment to build bridges to our partners across sectors.” In concluding this write up, I have to make a passionate appeal to heads of states especially in Africa where we are recording one of the highest burden of maternal and under-five deaths. The international community has created a sustained platform and has mobilize financial resources and technical support to help countries improve their contraceptive prevalence rates that have a direct bearing on women’s survival. It is desired that our leaders should match such kind gestures with allocating adequate funding in their yearly country budget for family planning and reproductive health commodities.

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The International Conference on Family Planning (ICFP), scheduled to begin on Nov. 6 in Nusa Dua, Indonesia, has been postponed due to a volcanic eruption in the neighbouring island of Lombok. A statement issued by the organisers in Abuja said the postponement followed a volcanic ash cloud that forced the closure of the Denpasar Airport, for three days.

It said the closure of the airport created a backlog of cancelled flights to Denpasar which prevented the timely arrival of thousands of participants and dignitaries.

“As of Friday, Nov. 6, the Denpasar Airport had re-opened; however, the opening is considered temporary and is dependent on unpredictable natural factors such as wind direction and volcanic activity.

“The Government of Indonesia is making an evaluation every two hours to decide whether the airport should remain opened or closed,” the statement said.

The statement also quoted Jose Rimon II, Chairman of the National Population and Family Planning Board of Indonesia (BKKBN), as saying that the conference would have afforded the world to consolidate reproductive health services.

“Every two years, the ICFP provides an unparalleled opportunity to rally the worldwide family planning community and increase momentum toward achieving universal access to sexual and reproductive health services.

“This momentum is created, in large part, by convening thousands of the world’s leading scientists, researchers, policymakers and advocates together in a single location.

“As the 2015 conference approached, we realised with heavy hearts that the volcanic eruption will affect the travel plans of many of our valued colleagues and collaborators.

According to statement, Rimon II said that several flights were delayed until two days into the conference.

“Many high-level speakers were concerned that they will not be able to make it because of the unpredictable schedule of airport openings and closings.

“This postponement is a disappointment for the many individuals and organisations that have worked tirelessly to plan this historic event, as well as the thousands of conference participants,” the statement quoted Rimon as saying.

According to the statement, Rimon, who is the chairman of the 2015 ICFP International Steering Committee, said the confab was postponed to minimize inconvenience for those who had not yet begun their journeys.
It said that the postponement was to protect the health and safety of the delegates and to maximise the value of the conference for the family planning community as a whole.

Vanguard: Nigeria tops list of countries providing contraceptives
2 February 2016
By Sola Ogundipe

Nigeria provided 22 per cent of the contraceptives provided by the top 10 contraceptives providing countries in 2013 and 2014. Out of a total of 8,153,431 contraceptives provided for the two years, Nigeria provided 3,873,115. In 2013, Africa’s most populous country provided 1,835,966 contraceptives, a figure that increased to 2,037,149 in 2014 according to data released by the Family Planning 2020, FP2020, at the just concluded 4th International Conference on Family Planning, ICFP 2016, held in Nusa Dua, Indonesia.

Other countries among the top 10 providers of contraceptives are Democratic Republic of Congo, Vietnam, Ethiopia, Ghana, India, Malawi, Mali, Pakistan and Togo. The data was released just as the conference closed with renewed calls from global leaders for increased action to expand contraceptive access and options for family planning services to additional 120 million women by 2020.

Over 3,000 participants attended the historic conference organised around the theme “Global Commitments, Local Actions” even as the IPPF has already reached 15 million new users and increased their total family planning clients by 40 percent since 2012. As part of the FP2020 commitment, Nigeria pledged to provide additional US$8.35m annually until 2016 for reproductive health commodities.

Further, government pledged to improve equity and access to family planning for women with lowest socioeconomic status, including promoting policy formulation and actions that support maternal and child health. Programmatically, Nigeria committed to training more community health workers to deliver the range of contraceptives in rural areas.

Data from the National family planning core indicator 2014-15, showed that the number of additional users of modern methods of contraception rose from 194,000 with a contraceptive prevalence rate, modern methods (mCPR) 10.5 percent in 2013 to 667,000 and 11.4 percent mCPR in 2014. In 2015 the figure rose to 1,064,000 (12.1 percent). Nigeria’s ambitious FP2020 commitment, includes the goal of raising the contraceptive prevalence rate, CPR, among married women from 15-36 percent by 2018.

Access for 60 million

In its own contribution during the ICFP 2016, the IPPF pledged to provide access to 60 million new users by 2020. The move is part of measures to provide family planning services and bridge unmet need of women for modern contraception. Speaking during the closing session of the conference, IPPF’s Director General, Tewodros Melesse said the new commitment represents the organisation’s most ambitious pledge ever and will allow millions more women to freely choose the size their families.

“We are delighted by what we have achieved and that we can make an even more significant contribution through our increased pledge to reach 60 million new users. Beth Schlachter, Executive
Director of FP2020, said the past year had seen the largest wave of new commitments since the London Summit. “More exciting commitment announcements are expected imminently – a testament not only to the compelling power of the FP2020 vision, but to the growing value of this platform as a catalyst for change.”

“Every two years we gather at the ICFP to learn from one another and map out strategies to accelerate progress. Our goals are bold but, according to the latest FP2020 progress report, we risk falling short of the promises we’ve made to the millions of women that want contraception if we don’t step up,” said Jose “Oying” Rimon II, Chair of the ICFP International Steering Committee and Director of the Bill & Melinda Gates Institute for Population and Reproductive Health.

Rimon who threw a challenge at the close of the conference, said investing in family planning is key to driving positive health outcomes, economic growth and global development progress.
The four-year project will include approaches such as user-centered design to understand adolescent health needs and boost girls’ access to contraceptives in Ethiopia, Tanzania and Nigeria. The initiative aims to find a model to increase voluntary, modern contraceptive use and reduce unintended pregnancy among girls between the ages of 15 and 19.

“I wish that at this ICFP, we can discuss the main foundations necessary to build the planet that we want [by 2030],” said His Excellency Joko Widodo, President of the Republic of Indonesia. “A [future] that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have better opportunities for better lives.”

“The Government of Indonesia is working hard to revitalize our family planning program [because] we know that the challenges facing Indonesian families in the future will [only] be greater, especially when it comes to population issues... we also encourage local governments to raise awareness and make family planning a priority in every municipality and village across Indonesia,” Jokowi continued.

“I believe that to achieve the (Sustainable Development Goals), we have to take local action... In order to sustain economic growth, investments in family planning are absolutely necessary... I want to invite all global leaders to take real action to bring about healthy mothers, healthy children and healthy and prosperous families – because only by doing this can we make Planet Earth a better place to live,” Jokowi said in his closing statement.

According to the most recent global progress report released by Family Planning 2020 (FP2020), a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, in the last three years, 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world’s poorest countries.

**Contraception method**

This brings the total of women using a modern method of contraception in FP2020’s 69 target countries to 290.6 million. However, FP2020 has set annual benchmarks to measure family planning progress, and the most recent numbers revealed that modern contraceptive use is behind 2015 projections by 10 million. Despite recent progress, millions of women still cannot access the family planning information and tools they need.

“The family planning data and evidence point to concrete steps we can take as a community to get back on track to meet our FP2020 goal,” said Chris Elias, President of Global Development at the Bill & Melinda Gates Foundation, in his speech at the opening ceremony. “Now we must ask ourselves what more we can do to align our efforts to ensure all women have the information and tools they need to time and space their pregnancies.”

Family planning will play a critical role in realizing the Sustainable Development Goals (SDGs) – the new development agenda for the next 15 years, adopted in September at the United Nations General Assembly – and reducing the global unmet need for family planning services could save an estimated 1 in 4 women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year. The 2016 ICFP will serve as a platform for global partners to revisit global commitments to family planning and accelerate progress towards the FP2020 goal.
“Family planning is about women’s rights and their capacity to make decisions about their health and well-being, contributing to the objectives of FP2020,” said Dr. Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA. “It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend, thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals.”

**Policymakers and advocates**

In the following days of the conference, scientists, researchers, policymakers and advocates attending the ICFP will discuss the latest trends, challenges, innovations and research in the effort to increase access to family planning around the world.

Held biennially since 2009, the ICFP serves as a strategic inflection point for the family planning community worldwide. It provides an opportunity for scientists, researchers, policymakers and advocates to disseminate knowledge, celebrate successes and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

The 2016 ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN). The conference is made possible through the ICFP Core Group—the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, UNFPA, USAID, FP2020, the International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI) and the UN Foundation—as well as the International Steering Committee and National Steering Committee of the ICFP.

Vanguard: **Global leaders seek $9.4bn to meet family planning needs**

27 January 2016

*By Sola Ogundipe*

Global leaders have called for greater investment and urgent action towards increasing access to family planning services worldwide, even as an estimated US$9.4 billion is required annually to meet all women’s needs for modern contraception in the developing world. Making the call for more commitment to family planning initiatives Monday at the opening of the 4th International Family Planning Conference, ICFP, in Nusa Dua, Bali, Indonesia, government, health and development leaders from around the world, unanimously agreed that the way to truly ensure sustenance of family planning programmes is to mobilise funds locally.

Speaking at the event, themed “Global Commitments, Local Actions,” co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health and the National Population and Family Planning Board of Indonesia (BKKBN), President Joko Widodo of Indonesia, said, “I wish that at this ICFP, we can discuss the main foundations necessary to build the planet that we want by 2030. A future that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have a better opportunities for better lives.”

To solve the issues of contraceptive discontinuation that can create major challenges for family planning progress, Jokowi emphasised the importance of investing the “village approach,” increasing access to long acting contraceptives and reducing the cost of family planning by providing free services and peer
education programmes. “I believe that to achieve the Sustainable Development Goals (SDGs), we have to take local action.

**Family planning**

Under-Secretary-General of the United Nations and Executive Director of UNFPA, Prof. Babatunde Osotimehin, “Family planning is about women’s right and their capacity to take decisions about their health and well-being contributing to the objectives of FP2020. “It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals.

President of the Global Development Programme at the Bill & Melinda Gates Foundation, Dr. Christopher Elias, said: “The family planning data and evidence point to concrete steps we can take as a community to get back on track to meet our FP2020 goal. “Now we must ask ourselves what more we can do to align our efforts to ensure all women have the information and tools they need to time and space their pregnancies.”

In a report by the Guttmacher Institute entitled: “Adding It Up: Investing in Sexual and Reproductive Health” meeting all women’s needs for modern contraception in the developing world would cost $9.4 billion annually, an increase of $5.3 billion.

According to the report, if all need for modern contraception were met, the annual cost of pregnancy related care for women and their newborns would be $28.0 billion, an increase of $13.8 billion. “The total includes $4.2 billion (a $3.0 billion increase) to provide HIV testing and counseling for all pregnant women, testing for their newborns and antiretroviral therapy for those who need it. The report notes that fully meeting the need for modern contraception, maternal and newborn health care, and antiretroviral care for pregnant women living with HIV and their newborns, and treatment for four major curable STIs would cost $39.2 billion annually, more than a doubling of current spending in 2014.

But, it also argued that fully satisfying women’s modern contraceptive needs would make health care investments more affordable overall. “For every additional dollar invested in contraception, the cost of pregnancy-related care (including HIV care for women and newborns) is reduced by $1.47,” the report noted.

A recent global progress report of the Family Planning 2020 (FP2020), a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, in the last three years, 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world’s poorest countries. This brings the total of women using a modern method of contraception in FP2020’s 69 target countries to 290.6 million. However annual benchmarks to measure family planning progress, revealed that modern contraceptive use is behind 2015 projections by 10 million.
Associate Researcher, United Nations Population Fund, UNFPA, and radio presenter, Bolaji Margaret is working assiduously to enlighten young girls in Northern Nigeria on immunisation, as well as reproductive health issues.

She shares her experience in this telephone interview.

**HOW would you score the awareness about immunisation in your part of the country?**
I reside basically in Zaria, and in most of its communities, girls are married off after primary school. In fact, recently, a man here gave out his eight and ten year old daughters for marriage. So, majority of them understand absolutely nothing about HIV, puberty, family planning, immunisation and much more, by time they get married. Even while teaching them about family planning, because of their sensitivity, we restrict our lectures to issues around menstruation. We still often get accused of teaching them promiscuity. Now, what we do is involve the boys and men, as well as traditional leaders in the community.

...and what’s their attitude toward child immunisation like?
Fairly commendable, especially with the ones that have passed through Safety, our girls’ club. They now understand what it means to attend antenatal, post natal and even go for immunisation. They also in turn disseminate this information to their families and communities.

**Prior to the arrival of the Safety Club, what was the situation?**
The infant-maternal mortality rate was outrageous. Of course, this has reduced. Out-of-hospital birth has also not helped but the challenge is that majority of the women practicing this do so on their mother or mother-in-laws’ advice, on the claim that they had their own children right there in the house. Their fathers and husbands also insist on this on the argument that a male doctor will attend to them at the hospital.

**Is access to health facilities a problem?**
It should be a factor because only two of out of the nine communities here have primary healthcare centres. Those from the other seven communities have to go through a 30 to 1 hour drive to access these health centres.

**Proportion of women going for child immunisation**
Though this is on the increase, compared to the number of infants in the communities, it is insignificant. More still needs to be done to improve awareness and ensure more mothers adhere to immunisation schedules.

The New Times: [Global youth leaders call for more friendly family planning services](http://www.thenewtimes.co.ke)
30 January 2016
*By Doreen Umutesi*

Global youth leaders have called for more youth friendly family planning services. This was at the just-concluded fourth International Conference on Family Planning (ICFP) held in Nusa Dua, Indonesia.
Experts say adolescent girls are at a heightened risk of pregnancy and childbirth-related health complications, which is a leading cause of deaths among young women aged between 15 and 19 in low and middle income countries.

Dr Nzabonimpa explains why youth need easy access to contraception. (Doreen Umutesi)

According to the Rwanda Demographic and Health Survey 2014/2015, teenage pregnancy between the age of 15 and 19 was at 7.3 per cent.

Speaking to The New Times, Dr Anicet Nzabonimpa, a reproductive health family planning expert at Rwanda Biomedical Centre, said there is need for new ways to reach young people with information on contraceptive services.

Based on the Rwanda Demographic and Health Survey 2014/2015, at least 35.3 per cent of youth between the age of 15 and 19 use contraception, while 47.4 per cent of youth between the age of 20 and 24 use contraceptive methods.

The most used contraception method is the condom, according to Nzabonimpa.

Statistics indicate, that globally, only 22 per cent of women aged between 15 and 24 are using contraception, compared to 60 per cent of women over the age of 30.

“With the youth we don’t call it family planning; instead we call it prevention of unwanted pregnancies. The Ministry of Health set up youth corners at most health centres in the country to provide friendly reproductive health services. These supplement the 17 youth friendly centres that are at different districts,” said Nzabonimpa.

He further said that, at youth corners, there are usually two (one male and one female) health personnel who are youths themselves and they also work on weekends.

“The youth used to shy away from health centres because they were scared of meeting older people when coming for reproductive health information and services. Youth corners were set up so that the youth could easily access the services,” Nzabonimpa explained.

At the conference, it was noted that, in Asia and Africa, over half of the youth who want to avoid pregnancy don’t have access to contraceptive services.

Speakers discussed specific ways to improve the sexual and reproductive health of young people, including youth friendly health services, as well as laws and policies focused on adolescent health.

Young leaders at the conference emphasised the need to meaningfully engage youth and adolescents as key partners and decision makers on reproductive health.

Katja Iversen, the chief executive of Women Deliver, noted that it is the needs and the choices of young people today, who account for half the world’s population, that will define the world “not only as we know it, but as we want it”.

“Giving them the opportunities and the access so they can make those choices and reach their full potential is important for all of us,” said Iversen.
Expanding family planning for youth and adolescents has long-term benefits for society as a whole, they said.

Young people, who utilise family planning services and information, are more likely to complete their education, pursue the career of their choice, raise healthy children and live healthier and more prosperous lives.

ICFP brings together leaders and family planning advocates from around the world to ensure that everyone, including the youth, has the tools to plan their families and futures.

The New Times: **UNFPA calls for more efforts to meet family planning targets**
19 October 2015
*By Donah Mbabazi*

While Rwanda has made significant progress in family planning, evidence from the 2015 Demographic and Health Survey key findings reveal that indicators of family planning are not moving as fast as expected to reach the Health Sector Strategic Plan III targets. Experts say despite the high awareness regarding some family planning methods among all married women, there remains common misconceptions, including fear of side effects and that these have to be addressed.

Jozef Maerien, the United Nations Population Fund (UNFPA) Rwanda representative while speaking during a press conference last week ahead of the international conference on family planning slated for next month said more efforts are needed to achieve family planning.

Organised under the theme “Global commitments, local actions”, the forth-coming conference will be held from November 9 to 12, with special focus on improving global access to life-saving family planning resources.

Currently in Rwanda, 48 per cent of married women are using modern contraceptive methods compared to 45.1 in 2010, according to the statistics available.

While the unmet need decreased slightly from 21 per cent in 2010 to 19 per cent in 2015, it remains relatively high.

Maerien said in Rwanda, government has taken a comprehensive approach to increase family planning uptake, much as barriers such as access to family planning still impede its success.

“Despite the high awareness regarding some family planning methods among all currently married women, there are noted common misconceptions about the use of family planning which constitute barriers, including misconception and fear of side effects such as pain, infertility, or birth defects that have to be addressed,” Maerien added.

“Increase in access to long-term and permanent family planning methods, increase in knowledge and acceptability of family planning methods in the community by dispelling myths and misconceptions about family planning are some of the future plans to increase access to family planning,” Maerien said.
He said family planning has transformed and saved the lives of millions of women and children, helping to expand choices for women of reproductive age and reduce unwanted pregnancies hence supporting governments and families to reduce and break the cycle of poverty.

John Butera, the communications manager of Society for Family Health Rwanda said family planning services are accessible only that people have the wrong mindset towards the use of family planning hence creating a barrier.

“Resources are distributed to every corner of the country, failure in proper use of family services is not as a result of limited access to the services but rather by people’s mindset,” Butera said.

Butera added that Behavioural change communications campaigns are done across the country to inform people that these are not harmful methods but rather intended for a good cause.

“People are sensitised on how the population has an impact on economic growth hence show them the benefits of using family planning.”

Le Soleil: Family planning and post-Abortion Care: Less than a patient on two received a contraceptive method between 2012 and 2013
8 February 2016
By Maimouna Gueye

Planning is an effective way to fight against unsafe abortions. This is why it is integrated in Senegal since 1997 in the Care program after abortion. However, the contraceptive prevalence rate remains low in women who had an abortion, according to an assessment made between July 2012 and June 2013.

Unsafe abortions are in Senegal the third cause of maternal deaths. In 2013, they were assessed, according to data supplied by the Regional Centre, research and advocacy in reproductive health (CEFOREP) to 5.8%. This figure is certainly far from reflecting the reality in the sense that abortion remains illegal in Senegal and many other countries. So it is often clandestinely, far from hospitals. Thus the fight against the scourge of unsafe abortions, unwanted pregnancies and maternal mortality generally speaking, Oms identified family planning as "an effective way".

"Thus, in its recommendations, each client should leave a facility after treatment for abortion without contraception pocket" cites CEFREP that ... presentation at the International Conference on Family Planning (Bali, Indonesia: 25-28 January 2016), Senegal's experience in the integration of family planning services in the Care program after abortions (Saa).

For Thierno Dieng who presented the study whose coauthors and I. Mohamed Diadhiou Mall, abortion has many risks, the most eloquent is the rapid return to fertility. "Once a woman aborted or miscarried, it is exposed to a return to rapid fertility, for 10 or 11 days later, she can get pregnant," said Dieng, stressing n ‘there would have been no problem if the pregnancy could happen correctly. "But more often this pregnancy risk the more tired and may even lead to another abortion," he adds. He said the reason was mainly motivated the introduction of family planning in the Saa 'to help these women to rest their body and then be free to pick a new pregnancy in time."
563 health facilities enrolled
In Senegal, Saa started since 1997. The test phase having been successful, the practice has been expanded and decentralized in all regions. "Now in all health centers, all hospitals can receive Saa" informs Thierno Dieng. To measure the effectiveness of the integration of family planning services in the Saa, CEFOREP used the data from the assessment of the availability, use and quality of obstetric and neonatal care to emergency (Sonu). The latter took place between July 2012 and June 2013. "This was a retrospective survey, conducted nationwide, which targeted facilities offering maternal and neonatal care," reads the summary the presentation of CEFOREP that mentions that "among the 1,581 establishments identified by the health Card 2010, all hospitals and health centers were enlisted." These clinics "have been completed by a random sample of 31% of health posts and 20% of private structures identified in the country." Ultimately, the number of structures "provided data (infrastructure, equipment, human resources, operations and quality obstetric services) for this survey, particularly on Saa services" was 563.

The lower rate of acceptors statement in Dakar
According to the results from this evaluation, "35,905 cases of abortion have received Saa services in 563 structures considered, almost 21% of pregnancies recorded" between July 2012 and June 2013. CEFOREP to clarify that it was "not complicated simple cases." If one refers to the same source, the average national family planning after abortion rate was 47.6%. Less patient in two to have benefited from a method. And the best percentages were reported in Tambacounda (88.8%) and Kédougou (86%). The Dakar region had the lowest rate with only 31.6% of acceptors of a method, unlike that of Thies where were raised 60.3% of acceptors.

In the opinion of Thierno Dieng, the low contraceptive prevalence among women who received treatment after abortion in Senegal is justified by the constraints identified in the provision of family planning services during abortion complications treatments. "The best way to provide contraception to a woman is when she receives treatment, that he be the counselling and immediately after, before she left the structure, the handover of this she desired," says Thierno Dieng. Especially because the woman in question had not come into the structure to receive contraception. "So if asked, as is the case in most of our health facilities now in Senegal, to wait, to go at the IB deposits (Bamako Initiative) to receive the purchased method and return to that will make him an injection or a spot him Diu, there are risks that this woman does not come back," laments Mr. Dieng.

Le Soleil: More actions to reach 120 million of new contraceptive users by 2020
1 February 2016
By Maimouna Gueye

Although progress is being made in the provision of services and contraceptives, additional actions are needed to increase the number of women who want access to family planning. This call has sanctioned the Fourth International Conference on Family Planning.

The urgency to act to ensure that women who wish to access freely to services and contraceptive methods is more relevant than ever. This, despite the progress made since the launch in 2009 of the International Conference on Family Planning (CIPF). A platform for exchange between scientists, researchers, policy makers and various stakeholders working for the welfare of women and children
around the world through family planning. The officials reiterated at the close of the fourth ICFP (Bali, Indonesia: 25-28 January 2016), the need to increase efforts to achieve, by 2020, the goal of providing contraception additional 120 million women in the international partnership called Family planning 2020 (FP 2020). An initiative launched in 2012 at the London Summit on Family Planning where world leaders pledged to make contraception a priority in their development policies.

To achieve the objectives set as part of this partnership, innovative strategies must be deployed to better satisfy the demand expressed by some women who are still struggling to access to family planning services and methods. Similarly, it is necessary to overcome the obstacles to women's access to contraception in many countries. "Every two years, we meet at the CIPF to learn from each other and define strategies to accelerate progress. Our goals are ambitious, but according to the latest report from FP2020 situation, if we do not move to the next level, we could not keep commitments to millions of women who need contraception," warns Jose Rimon II, Chairman of the CIPF International Steering Committee and director of the Bill and Melinda Gates Institute for population and reproductive health. It also recalls that "investing in family planning plays a leading role in the health, growth and progress worldwide in development." Better, he argues that the tools to achieve the assigned objectives are already available. Based on the "creative strategies" and "innovations" tested and implemented in the field by the partners, Mr. Rimon II urges, following the meeting, all parties "to make good use of all these lessons on their return quickly to try new solutions and to translate the commitments made at the global level in local action." A call that fits with the theme of the fourth CIPF "Global Commitments, local actions."

In the same vein, Janette Loreto-Garin, Minister of Health of the Philippines, regrets that "governments that are publicly committed in their speeches and promises to eradicate poverty do not resort to family planning to fight against this scourge. " According to her, "family planning is not only a right [...] It is a guarantee of a better quality of life that every person and every family should be able to benefit." For this reason, she says, "Do not leave Bali without having taken the necessary steps because at the end [...] future generations will remember our commitment and our actions for improving the lives of women, children and families (...) ".

AWARDS WINNERS OF THE 2016 EDITION OF THE PRIZE EXCELL

The fourth closing ceremony ICFP was also marked by the presentation of awards to winners of the 2016 Leadership Excellence in Family Planning (Excell). These awards distinguish outstanding contributions in the field of access and use of voluntary family planning information and services. They are awarded at several levels (countries, organizations or institutions, teams or individuals). This year the distinguished countries are Kenya and Ethiopia. In the organization category is "Yayasan Cipta Cara Padu" Indonesia has been awarded. As for the awards for individuals and teams, it was awarded to Janette Loreto-Garin, Minister of Health of the Philippines and Edcel C. Lagman, representing the first district of the province of Albay, Philippines.
Africa Francophone West saves the contraceptive prevalence rate the lowest in the world. This is to change the situation that the Partnership Ouagadougou, which was set up in 2011 to reposition family planning in these countries wanted to recruit a million new users of modern contraceptive methods. This objective was reached, that of touching 2.2 million additional women was declined.

Recruit a million new female users of modern methods of family planning. This is the goal set itself to reach, in 2015, the Partnership Ouagadougou. A platform was set up in 2011 to improve the low contraceptive prevalence rates in the 9 countries of Africa Francophone West. It was during the "Regional Conference on population, development and family planning: urgent need for action", held in Burkina Faso. At a time of record in the month of December, the initial target was exceeded. "Our objective was to put one million women in modern contraceptive methods, what we considered ambitious, but found that exceeded the 1.184 million by recruiting new users of modern methods of family planning," says Fatimata Sy, director of the Coordinating Unit of partnership Ouagadougou (Ucpo). She was addressing a group of journalists from these countries and taking part in the Fourth International Conference on Family Planning (Bali, Indonesia, 25-28 January 2016).

Today, the goal of this movement in favor of contraception is to reach 2.2 million new women using modern methods of family planning in 9 countries of the Ouagadougou Partnership. It is in the context of the "acceleration phase" that takes place between 2016 and 2020. This requires, she says, "a lot of work" and "to trigger changes to achieve that goal," she warns, stressing the need to "mobilize more financial and technical resources for this acceleration phase".

Unmet needs
As an example, Ms. Sy explains that in 9 countries, interventions have been tried and "we know the carrier packet," she says. Now "we know exactly what the high impact interventions that allow us to quickly move forward and have these results. The problem is the scaling of these promising experiences and require resources. " Which should not only come from donors, "but our governments that speak to us more and more for sustainability, durability, right to contraception. I believe it is up to our governments to ensure that this right is real in populations," said Fatimata Sy.

The Director of Ucpo also states rely on the private sector to mobilize more resources. "It's when all the resources will be mobilized by the countries and the private sector that we should turn to the technical and financial partners to request that we can fill the gaps," she argues.

Commenting on the results achieved in the space of four years in the Francophone countries of West Africa, the director of the Ucpo indicates that "even beyond what has been done cumulatively in each of the 9 countries for the past 10 years." What was decisive is especially the fact that "there has to be more and more political commitment," she notes, recalling that the objective was also to reposition family planning in the environment socioeconomic 9 countries.

In this context, each of the nine francophone countries of the Partnership Ougadougou "erected family planning in a functional unit or functional division", that is to say entities' stakeholders of the organization chart of the Ministry of Health," she says, adding that "there was also a greater mobilization of resources, both at government level and in the donors that have increased their investments by 30% for family planning." She also welcomed in this regional movement emerging champions for family planning in all areas. She also noted the crucial role played by civil society become more committed and better organized.
Now to the outlook, it is question of revisiting the challenges remain the same at the beginning of the implementation of the Ouagadougou Partnership. "The big challenge is to find out how to stimulate demand to fill the unmet need for family planning" that still remain important in the countries of the Ouagadougou Partnership. "The other challenge is how to engage young people to promote sexual and reproductive health of young people remains a non-satisfaction point," lamented the director of Ucpo.

M. Gueye

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Le Soleil: Pharmaceuticals: Senegal on the path of transforming its supply chain
28 January 2016
By Maimouna Gueye

Based on a successful experience of distribution of contraceptives to the peripheral level to eliminate breaks, Senegal is experimenting the integration of essential medicines and commodities. The aim is to reach out to more people.

In Senegal, until 2012, although contraceptives were available at central level, they remained inaccessible to many women. Evidenced by the contraceptive prevalence rate estimated currently at 12% and the high number of women who express a desire to space the births of their children and who have no access to the methods or products of family planning. Unmet needs were assessed and 30%. It was then necessary to find a strategy that contraceptives are available and accessible everywhere in our country. It is in this context that IntraHealth International initiated the project called "Informed push model" (lpm) to avoid stock-outs of contraceptives long criticized even by some women who had already adopted contraception. Tested in two health districts, this project, funded by the Bill Gates Foundation and Merck for mothers, allowed, during this phase, to increase consumption of contraceptives to 38%.

This is in view of these encouraging results that the Ministry of Health decided to extend this model by taking the commitment to cover the whole country. Thus, between 2013 and 2015, all 14 regions of Senegal were covered through 76 health districts and 1,375 service delivery points. Now the goal is to integrate this project in the drug distribution system.

Revolution in the distribution of medicines
What a lot of interest from many countries and partners and motivates the choice of Senegal to share its experience in this area as part of the Fourth International Conference on Family Planning (Bali Indonesia: 25-28 January 2016). It was yesterday, at the session "National Expansion Informed push model to increase access to contraceptives in Senegal."

"This conference is an opportunity for Senegal to share the experiences that we are implementing and which, if successful, will truly be a revolution, a great transformation of our supply chain of medicinal products, because" from a vertical model of distribution of contraceptives, we extended things and we are moving towards an integration of essential medicines and commodities," said Dr. Annette Seck Ndiaye, Director of the National Supply Pharmacy (Pna). For this reason, Professor Awa Marie Coll-Seck, Minister of Health and Social Welfare of Senegal, expressed his joy to see that "family planning serve as a gateway for the drug supply system Senegal are improved.”
Today, this desire for extension that drugs are more accessible to consumers is translated through the concept "Jegesina" (I approached in Wolof language). In the opinion of the Director of Pna, this slogan is adopted to give effect to the transformation of the supply chain and "help remove stockouts so that people can have" drugs in the right quantities and at the moment where they need it. " Annette Seck Ndiaye also stresses that "Pna, despite its efforts to decentralize its activities, was still too far from the people, the points where the drugs are distributed. We were at the regional level. With "Jegesina" we are setting up a joint distribution model has several advantages."

**Ambition to go to the most peripheral level**
She cites first the fact to approach a little more delivery points. "We also settled the question of funding and resources, since we set up in the districts of drugs deposits and they do not need to raise financial resources to acquire these drugs. We called the Consignment and only after the fact that drugs are paid and that the margins are donated to the health district level, "explains the director of Pna. Moreover, it announces the concept "Jegesina."

(I approached) should lead to another formula: "Yeksina" (I arrived). "Jegesina" is half the battle, because we are in the health district. Our ambition now is to go to the periphery, that is to say the health post, "notes Ms. Ndiaye, stating that the implementation of this project, implemented at the beginning through an agency enforcement and private operators, showed that "Pna was quite able to do." However, "it is not to create competition, but to do what each does best and even to do." This means, she says, that "Pna could be part of the distribution and to make the other party by private operators." Still, we are all agreed today that the drug supply chain must be transformed in the sense that it must be possible to ensure that all medicines go to the health post and why not to the health center, "says Annette Seck Ndiaye.

**From our special correspondent in Indonesia**

**Maimouna Gueye**

**PROGRESSIVE INTEGRATION 33 PRODUCTS ALREADY IN THE CIRCUIT**
For this integration policy knows a successful, Pna adopted a different approach to ensure the sustainability of this project. This is the "learning by doing". "We decided during the implementation, to go with the project and, of ourselves, do the same, but this time not just with contraceptives, but with other products and we will integrate them progressively", does it advance, revealing that, for the moment, 33 products are affected by this integration will be gradual.

On hearing that the full range of products offered is incorporated, the national technical committee set up will make an assessment at next February. "We will choose among the three scenarios we are working better and we intend to do the transfer in July 2016", announces Dr. Annette Seck Ndiaye.

**M. Gueye**

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Le Soleil: **Contraception, an opportunity to meet the SDGs**
27 January 2016
*By Maimouna Gueye*
A new development program articulated around 17 targets adopted in September 2015 by the United Nations to eradicate poverty in the world and promote the well-being of all. The relationship between the Sustainable Development Goals (SDGs) and family planning was discussed yesterday during a plenary session which brought together the Ministers of Health of Senegal, India and Ethiopia and the Minister of Finance Indonesia.

"Family planning should be a solid entrance door to reach the Sustainable Development Goals". Such is the view of Professor Awa Marie Coll-Seck, Minister of Health and Social Action in Senegal. She co-hosted yesterday a plenary session on the theme "Family Planning and Sustainable Development Goals". An opportunity for her to expose the performance achieved in Senegal in recent years with an increase of 8 points in the contraceptive prevalence rate in the space of 2 to 3 years. These results were made possible thanks to an exemplary political and parliamentary leadership, involvement of civil society, especially religious and various other actors who work every day for the well-being of women.

However, efforts must be continued to maintain gains. In this context, it is important to address a number of challenges which young people’s access to information, products and contraceptive services. According to the Minister of Health, young people need special attention. This is why it calls for their greater involvement in family planning policies and programs. Thus, specific strategies must be developed against them. For Prof. Awa Marie Coll-Seck is convinced that, for example, a girl who became pregnant unintentionally loses a future. For this reason, it considers that planning has now become a key strategy in Senegal. Especially that it can give a chance to reach the demographic dividend as an opportunity.

Other challenges in Senegal are, in the opinion of the Minister of Health, relating to financial resources. It thus promotes sustainable funding for unwinding the programs adequately. The fight against socio-cultural barriers to women not accessing services and contraceptives is also another big challenge in Senegal where the unmet need for family planning are still high. They are estimated at about 30%.

Commitment to SDGs

At this level, the community approach that is being held is beneficial, in that it can offer pills and injections into the most remote areas of the countryside.

In Ethiopia, this approach has yielded positive results, as noted by Dr. Kesetebirhan Admassu, Minister of Health. According to him, thanks to the workers of the Community Outreach Program which mainly occurred in rural areas by providing integrated services, the contraceptive prevalence rate was significantly improved in his country. It is indeed from 8% in 2000 to 42% in 2014. This success grows Dr. Admassu to say that "the state is committed to the sustainable development goals". Ethiopia intends to rely on four pillars already identified and on which interventions will be oriented. This is equality and equity in access to information and services, creation of families and villages templates to create a solidarity movement. Digitalization which should facilitate analysis and data management is also a major strategy, the minister also citing increased human and financial resources. He is convinced that despite the innovations and successes achieved, "we must continue" and "maintain the commitment to quality family planning services."

On the financing of health, in general, Indonesia is ahead for taking the initiative to dedicate, from this year, 5% of its budget to the health sector, announces Prof. Bambang Permadi Finance Minister of Indonesia. It emphasizes that family planning is a part for many years of their development strategy.
"The idea of having two children per woman became the basis for the formulation of our economy," said Prof. Bambang who reported that family planning has really helped them develop their economy, alongside educational policies.

Le Soleil: Family Planning: $120 million from the Gates Foundation
26 January 2016
By Maimouna Gueye

The financial resources for the promotion of family planning has been a reduction in recent years. However, the Bill and Melinda Gates Foundation will continue its investment in this area. Thus it promises additional $ 120 million to ensure that women and girls have more access to information and contraceptive services that young people are more aware, to accelerate progress.

Significant progress is noted in the improvement of contraceptive prevalence rates since the launch in 2009 of the International Conference on Family Planning (CIPF). This is particularly the case in the Francophone countries of West Africa are characterized by very high maternal and infant deaths and low contraceptive prevalence. However, despite these advances, challenges remain for women who wish to have access to services without constraint, methods and contraceptives. "We're late again, as many women and girls do not have access to family planning. It is time to act, to analyze the data to see what works and what does not, "said Christopher Elias of the Bill and Melinda Gates Foundation. The Executive Director of United Nations Population Fund (UNFPA) Dr. Babatunde Osotimehin, to fatten the same trumpet. "A lot of progress is being made, but they remain insufficient. We need more commitment, more effort."

These remarks were made yesterday at the opening of the fourth CIPF held in Bali, Indonesia (25-28 January 2016). Thus, in the continuing effort to accelerate progress, the Gates Foundation will provide over the next three years, 120 million more for the efforts that are being made in the area of family planning are maintained. This investment is justified, according Melinda Gates Foundation, the Foundation's co-president, who spoke through a video message that "it is the decisions we take today that determine our future actions."

It also states that more money will be invested in advocacy, human resources to ensure that women and girls have more access to information and contraceptive services that young people are more affected, in order to accelerate progress. So, despite the immensity of the challenges, it is urgent to address the stresses co-chair of the Gates Foundation, which calls for further action, especially since, she says, "There is no time to lose we will continue."

The Executive Director of UNFPA has not failed to magnify this important support from the Gates Foundation for the welfare of women. This, in a context characterized, according to him, the reduction of around 20 million, the financial resources for family planning.

Countries also referred to support programs

"We must mobilize to address this problem. I thank the Gates Foundation for its support. It is also one of the countries that need to protect their populations, "Dr. Babatunde Osotimehin argues the. It also stresses the thousands of young people who want to use contraception, but who struggle to access
services and products. "We have to reach them for they have the information and products with innovative strategies," he offers, being convinced "we cannot prevent an earthquake, but a pregnancy."

(JOKO WIDODO, PRESIDENT OF THE REPUBLIC OF INDONESIA "WE WORK FOR REVITALIZING PROGRAMMES FAMILY PLANNING"

While family planning programs are struggling to take off in many Muslim countries, particularly in Africa, Indonesia, the largest Muslim country world, shows a satisfactory contraceptive prevalence rate. And the president of this archipelago is committed to more and revitalizing programs and promote methods of family planning long term.

The fourth International Conference on Family Planning (CIPF) takes place in Indonesia, the largest Muslim country in the world. Yet with that contraceptive prevalence is around 60%, this archipelago has demonstrated its leadership through innovation in family planning programs.

Thus, the contraceptive prevalence rate has doubled, reaching almost 60% between 1976 and 2002. The national family planning initiatives have been welcomed yesterday at the opening of the fourth CIPF which is attended by over 4,000 Participants from 174 countries. But, since 2002, efforts are slowed. Therefore, said Joko Widodo His Excellency, President of the Republic of Indonesia: "We are working to revitalize family planning programs."

Specifically, he committed his "government to further involve local people in contraceptive programs" and ensure that "family planning becomes a priority in every city of the country." For the president of Indonesia, which promises to increase the long-term methods of contraception, to reach the global commitments, it is necessary "local actions". It also calls for further investment in family planning. Especially because, he believes, "Family Planning is a strategic investment for future generations."

Indonesia has quadrupled its budget for family planning, which rose from 65.9 million dollars in 2006 to 263,700,000 in 2014. This will enable better training of health workers and better provision of free services family planning throughout the country's new universal health coverage system. The President also invited Indonesia to cease all violence against women and girls and calls for "concrete actions" necessary for a healthy and prosperous family.

Puan Maharani for Minister for the Coordination of Human Development and Culture of the Republic of Indonesia, this event reinforces the commitment of different actors around the theme: "Global Commitments, local actions." She said it is necessary to develop a global commitment for sustainable development through local actions based on an approach that supports the rights of all.

THE TRUST FUND FOR DISADVANTAGED POPULATION

Reiterating the availability of the Gates Foundation to support the efforts of communities, Christopher Elias calls for better access for women and girls to services and therefore a better quality of life. "We will give money to programs that support the poor as we have done in Nigeria, India, Senegal to improve services," says Mr. Elias who spoke best results recorded in Senegal support for peri-urban populations in the area of family planning. Moreover, he announced that the Gates Foundation will help replicate innovative programs that have been successful in the countries listed above. Especially because, according to him, some states are willing to draw on successful programs.
Le Soleil: **Progress in family planning: Awa Marie Coll-Seck amplifies political and religious leadership**
25 January 2016
By Maimouna Gueye

The progress and challenges of family planning in Senegal were reviewed yesterday by the Minister of Health and Social Action. An opportunity for her to highlight the political and parliamentary leadership, the religious community and the commitment with the "Badianou Gokhe" (neighborhood godmothers).

The Senegal participates in the Fourth International Conference on Family Planning (CIPF). The delegation is led by the Minister of Health and Social Welfare, Prof. Awa Marie Coll-Seck. During a panel organized by the Population Council yesterday, the day before the opening of the meeting dedicated to the advancement of contraception in the world, she shared Senegal's experience in this field. She especially emphasized the progress and challenges in the field of reproductive health. According to her, if Senegal is now a reference in the promotion of planning in West Africa, it is a political leadership at the highest level. "The president himself got involved and provided the means for us to work," she said, also highlighting the leadership of the Senegalese Parliament adopted in 2005 the Law on reproductive health.

Engaging Muslims as Christian religious leaders also welcomed by the Minister of Health. "We have challenges which fundamentalism because we know that sometimes people do not understand religion are destroying what has been done. So we have to be very careful. The fact that the association of imams, religious in general is a good thing. We very much count on it," noted Dr. Seck. The minister did not fail to magnify the various actions undertaken at Community level by the "Badianou Gokh" (neighborhoods godmothers). "A Senegalese specificity," said she insisted. These are leaders who play a crucial role in women's awareness for the respect of antenatal care, the availability of methods and products for contraception, child immunization schedule, the fight against malaria, among others. "They are selected by the people. They can at any time to talk to families, the woman's husband to try to resolve the health problems of reproduction in homes and child survival also. They are versatile people who volunteer and who can bring more to the community level."

Leave phones at all "Badianou Gokh"
But sometimes they are under pressure from some women who may ask them to pay, for example, prescriptions for having encouraged to go to a health facility. But "the role of" Badianou Gokh "is not buying orders" ruled Prof. Awa Marie Coll-Seck, which calls for "taking action in parallel." In this context, she stressed that "Badianou Gokh" have organized to make arguments that women can now go to the health mutuals. "It's part of the things that will lighten. For if they are constantly in the process of settling orders and other problems, it will be difficult."

The Minister of Health, citing the case of "Badianou Gokh having means, cars, indicated that some of them" spent their time bringing the sick. "Again this is something that we set an example with the pattern we have to try to put more ambulances in communities, health posts, health centers, etc. So logistics will ease. "Still, in order to support women in their activities, Dr. Seck announced that it has a "project to provide all" Badianou Gokhe "phones. This is something they would like. They are more than 10,000, they would not give to some and leave others. (...) We are on it and I think this year we will solve this problem."
The Minister of Health is also in favor of another complaint "Badianou Gokh" who want recognition. "They would like them to be recognized, so that when they arrive in the health facilities, we do not do them to line up, we do not take them for unwanted people. We wanted to make a special badge that would be recognized throughout Senegal. It's not expensive, we spoke to the director of reproductive health for this to be done quickly, "advised Prof. Awa Marie Coll-Seck, emphasizing the role of" Badianou Gokhe "in the health sector. "They are very important and I will do everything to support them. I'll talk with the Minister for Women that facilitates access to microcredit. It would accompaniments, but we do not want to make the employees, if not it would spoil all the ideas that we have on Badianou Gokhe ", clarified the Minister of Health.

4TH INTERNATIONAL CONFERENCE ON FAMILY PLANNING: INDONESIA, WORLD CAPITAL OF BIRTH
Since the launch in 2009 of the Biennial dedicated to the promotion of contraception in the world to save millions of women's lives, this is the first time that the International Conference on Family Planning (CIPF) is held outside Africa. Indonesia, an archipelago in Southeast Asia consisting of 17,000 islands, and takes over the organization of this important meeting after Kampala (Uganda) in 2009, Dakar (Senegal) in 2011 and Addis Ababa (Ethiopia) in 2013. Originally scheduled in November 2015, this meeting was postponed because of a volcanic eruption near Bali which was the shelter. The organization of the fourth CIPF has been reprogrammed, it is always in this city dubbed "Island of the Gods" that meet, from 25 to 28 January 2016, the various actors involved in improving the well-being of women, children, in short, the whole family through family planning.

Intense moments of exchange and are expected during the four days of the conference between recognized leaders in the research sector, that of advocacy, public policy, media, etc. All discussions revolve around the general theme of this year: "Global Commitments, local actions." The latter declined through 9 thematic whose response to the needs of young people and encouraging their participation, quality of care, the demographic dividend, creating demand, the involvement of faith-based organizations to advance planning family, innovations in financing, among others.

Whether Kampala, Dakar, Addis Ababa or Bali, the initial objectives of the CIPF remain the same: increase the use of modern contraceptive methods so that maternal and child deaths are significantly reduced worldwide, especially in Africa pays the heaviest price for these often preventable human tragedies. Only since the 2009 launch of this platform, it is important to emphasize that progress is being made everywhere, including in nine francophone countries in West Africa where the lowest rate is recorded contraceptive prevalence. For the purpose of the Partnership Ouagadougou, initiated in 2011, to bring in 2015 at one million the number of women using modern methods of contraception in the West African francophone area has been exceeded. Moreover, among them Senegal is leading office for having achieved performance managing to increase its contraceptive prevalence rate. Indeed, 12% in 2010, the figure is now 20.1%. But the mobilization continues for every woman, regardless of where it is located, has access to the services, methods and contraceptives, when indicating their wish.

Radio OxyJeunes: The Campaign of Moytou Nef
3 February 2016
By Mbagnick Diouf

[Appeared on radio]
Recap: "The campaign of Moytou Nef" initiated by Senegal has attracted many countries at Bali on the occasion of the International Conference on Family Planning in Indonesia now this model which has earned our country the results. extraordinary in terms of family planning will be taken by countries. Our reporter Mbagnick Diouf met in the corridors of Bali, the presenter of the presentation, Dr. Diouf Aloyse.

Radio OxyJeunes: The role of youth in promoting FP
2 February 2016
By Mbagnick Diouf

[Appeared on radio]

Recap: Youth and adolescents in the Islamic Republic of Mauritania are not worse off in terms of reproductive health. The taboo of sexuality is a barrier to information on issues related to reproductive health. No health structures adapted to young even less public debate on this subject, the young are left to themselves. Our Special Envoy in Bali met a young Mauritanian Ambassador to the Reproductive Health.

Radio OxyJeunes: Update on Ouagadougou after the meeting with Faitmata Sy
1 February 2016
By Mbagnick Diouf

[Appeared on radio]

Recap: The Ouagadougou Partnership Coordination Unit is determined to achieve its goal to 2.2 million additional women in modern methods of contraception in the member countries of the Partnership Ouagadougou 2020. So after Cotonou in December 2015 the coordinator of this movement for family planning reiterated this challenge on the occasion of the 4th International Conference on family planning, which has just ended in Bali (Indonesia).

Radio OxyJeunes: Senegal’s performance in FP
29 January 2016
By Mbagnick Diouf

[Appeared on radio]

Recap: "Senegal's performance in the field of family planning are welcomed by the international community. On the occasion of the 4th Bali Conference on Family Planning, the Senegalese Minister of
Health shared with other participants, the experience of our country." This is the theme of the health news made since Friday in Bali, Indonesia by our special correspondent, Mbagnick Diouf.

Radio OxyJeunes: **Availability of contraceptives**
28 January 2016
*By Mbagnick Diouf*

[Appeared in radio]

*Recap*: Real revolution in the supply chain, the models"djéguéssina" and "yekssina" initiated by the National Pharmacy Supply contribute to the fight against breakages of stocks. In Bali region in Republic of Indonesia which is taking place the 4th International Conference on Family Planning, the Senegalese model designed in the beginning to contraceptives is school. Here the correspondence of our special correspondent in Bali, Mbagnick Diouf.

Radio OxyJeunes: **Emergency contraception**
27 January 2016
*By Mbagnick Diouf*

[Appeared on radio]

*Recap*: The use of contraception is recommended after an abortion. This is to prevent another pregnancy that can occur a few weeks. In Senegal, despite the widespread use of care after abortion, the problem remains. Here the correspondence of our special correspondent in Bali, Mbagnick Diouf.

Radio OxyJeunes: **Opening ceremony**
26 January 2016
*By Mbagnick Diouf*

[Appeared on radio]

*Recap*: The 4th International Conference on Family Planning opened yesterday in Bali, Republic of Indonesia. President Joko Widodo, who took part in the official ceremony, asked the stakeholders to discuss strategies needed to build 2030 a world where every woman who desires it can space the births of his children. He invited the same time all leaders to take concrete steps to enable families to have better opportunities for a normal life.
Radio OxyJeunes: **Announcement of ICFP opening**
25 January 2016
*By Mbagnick Diouf*

[Appeared on Radio]

**Recap:** After the first report due to volcanic eruption, the 4th International Conference on Family Planning opens Monday in Bali, Indonesia. The theme this year is "Global Commitments, Local Action." This is an opportunity for all stakeholders to discuss ways to help the millions of women worldwide who want to practice family planning.

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Sen Info Sante: **4th ICFP Bali: With "Moytou Nef" Senegal plots the way forward**
4 February 2016
*By Mbagnick Diouf*

On 6 September 2013, with the launch of the national family planning campaign with the slogan "moytou nef" in Wolof (avoid births too close together), the Minister of Health and Social Welfare, Prof. Awa Marie Coll Seck was right to say "considerable promise in this new action plan." In her speech Mrs. Minister predicted that "well-coordinated, the plan can be worth a lot of satisfaction in Senegal accelerating changes expected". Well satisfactions, we got in. Indeed, this national campaign that mobilized in the same movement policymakers, providers, organizations of civil society, the media, religious and community leaders, has enabled our country to glean jumped 8 points of the period 2012-2014.

Because the recorded performance with this model of Senegalese origin, many other countries present at the 4th International Conference on Family Planning in Bali (Indonesia) have learned a lot from this plan. That may be what motivated the massive presence of participants at the presentation of the Communication "Moytou Nef" by our compatriot, Dr. Aloyse Diouf, head of the National Service of Education and Information For Health (SNEIPS).

In his explanation, Dr. Diouf says that if Senegal has managed such a model, it is because the strategy is both synergistic and inclusive hence the strong involvement of all segments of society. "It was a campaign which in its development process was intended to be an inclusive country with strong leadership of the Ministry of Health and Social Action, and therefore the State of Senegal Technical and Financial Partners". The other feature that makes the charm of this campaign is that it is based on evidence. That is to say on the research.

The head of SNEIPS say that the design of the campaign, a survey was conducted inside the country to get an idea about the behavior of Senegalese. This allowed to have determinants around which this campaign is designed.

Mastering his subject, the presenter emphasized that all the steps to set up the plan are consensual. Due to the membership of the community. Another important aspect highlighted by Dr. Diouf: "We managed to have a unifying slogan of birth spacing is' 'Moytou Nef' 'and this slogan has enabled people in general, men in particular can s' more attention to family planning. " Besides one of the goals of this
The campaign is to enable people to exchange within their relationship with their wives and encourage them to practice family planning.

There is no doubt, the campaign was a success, but it has for improvement. According to the communication service responsible for the Senegalese Ministry of Health "We relied on the use of media by the people and we found that men were more informed through radio, women more through television. Now, we must strengthen the mass media activity using radio and television much more than printed materials that we usually distribute. Also strengthening the proximity approach, chat activities, greater involvement of religious leaders in this business since Senegal has its socio-cultural realities and it is also from these cultural realities to improve the process."

Youth union are also targets, they must be accompanied in the context of that birth spacing policy because Senegal, in its Plan Senegal Emergent also attached particular importance to human capital. And when we want to build on human capital should be that we can allow these Senegalese born can have a fruitful development but these women also power after giving birth to a baby to live healthily.

The Senegalese experience has attracted more than one during the Bali meeting. Today, many of the leaders of countries where contraceptive prevalence is low to be with our authorities to build on this tool that is unanimous and that crosses our borders. The nave Moytou may well be exported.

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Sen Info Sante: 4th International Conference on Family Planning: The determining role of youth
2 February 2016
By Mbagnick Diouf

What would be the 4th International Conference on Family Planning without young people? That may be a question that is on everyone's lips. Without drawing balance sheet, we are able to say that they were the salt which gave the real taste this great appointment of giving and receiving family planning. Indeed, these young leaders are distinguished by claiming obtained and the specific rights and ways to improve their sexual and reproductive health. They also struggled with how to be key partners in global decision-making bodies of family planning.

Very active in the corridors of the conference center in Bali and in the sessions, young people massively attended the 4th International Conference on Family Planning in Indonesia. There were about 350, all leaders in their countries. They decided to raise their voice to demand their rights and to be admitted into the circle of decision makers. Their participation was wonderful in the opinion of all. They argued for Family Planning and they have done well. Among them, some Dieynaba Ndiom young ambassador for Planned Parenthood in his country, the Islamic Republic of Mauritania. She is a member of the Association for sexual and reproductive health, human rights and the fight against AIDS, Tuberculosis and Malaria.

Aged 25 years, this year doctoral student in Sociology Health at the University Gaston Berger of Saint Louis is committed and determined to carry out an awareness campaign to educate his peers about the realities of reproductive health.
"Sexuality in general is part of the taboo issues in the Islamic Republic of Mauritania, especially the youth and adolescents," said our interlocutor. This is far from reality. Because all over the world, we are told, or not young people are sexually active. To ignore this reality is to the ostrich policy. Aware of this reality, Dieynaba joined the college of young ambassadors of reproductive health in 2015 to give the right information. "As young ambassadors, our mission is to educate not only young people but adults on the realities of sexuality. For young people, we try to give them the information that is to explain the various methods to protect themselves in case they cannot abstain. The ideal, as desired by our religion and tradition is abstinence until marriage. But the realities are quite different. At first it was frowned upon by some adults but we made them understand two evils, choose the lesser. We do not encourage sex among unmarried young but they have a right to information."

So Miss Ndiom and colleagues ambassadors lead the way combat awareness through social mobilization and use of social networks.

Mengwi found in the room 1 and 2 of the Bali conference center this afternoon of Wednesday, January 27, 2016 where it ensured the moderation of a communication on "family planning among young people", we realize that fulfills its mission. Indeed, before a large audience, the young student held in suspense any assistance with his outspokenness and his intellectual capacity to convince. This means that it is in his role. A role which is to deliver the maximum of information on sexual and reproductive health of young age so that they take their responsibilities in certain situations.

The young ambassador laments that in his country there is no specific structures dedicated to youth and adolescents when it comes to sexual and reproductive health. "I do not know any. There are certainly listening centers but they do not meet the young executive; this because of our socio-cultural environment. We need youth-friendly centers where will there be for young people to talk about sex to young people. It will not be easy because the game is flawed from the start by eliminating statutory youth in sexual matters. . We do not talk about at school or with parents, let alone in public places. I think it is time to rectify the situation and to see the reality in the face."

Beyond the lack of communication and lack of specific structures for young people and teenagers in Mauritania, our interlocutor tells us that providers are not receptive when it comes to talking about sex with young people. Which constitutes a barrier. Another obstacle: it is prohibited to unmarried young people put themselves under contraception in public structures. Contraception is reserved for married couples. Only NGOs and private organizations support young and unmarried adolescents deplors our ambassador reproductive health. Faced with these challenges, young people who want it do not have many options. Insufficient information, no products, hello damage. Young people are among the key populations of HIV, they are more affected by early pregnancy, with the key of illegal abortions and / or dropout.

This means that the road is long and strewn with obstacles and thorns. It must be armed with courage, a strong commitment and a good dose of lucidity to conduct such a fight that some say already lost. Miss Ndiom who believes that his young colleagues were well defended their cause during the 4th International Conference on Family Planning, however, demand their greater involvement for the extension of their activities and innovations within their country, particularly of young Francophones.
Put additional 2.2 million women in modern methods in member countries of the Ouagadougou Partnership 2020 is the objective of the Ouagadougou Partnership Coordination Unit. So after Cotonou in December 2015, this challenge is reiterated by the Coordinator on the occasion of the 4th International Conference on Family Planning, which has just ended in Bali (Indonesia).

After the success of the first phase stage called "emergency action" of 2011 in 2015, the Partnership Ouagadougou launched the phase called "acceleration" for the period 2016 - 2020. The Coordinator, Ms. Fatimata SY said he noted with satisfaction that the partnership has reached its overall objective view even exceeded. This means that beyond the number of one million women expected, they have just enrolled 1,184,000.

This success is due to several factors according to Ms. Sy, including through greater political commitment of the authorities, by the emergence of increasingly supported champions, with a commitment of civil society but also more funding and investment in FP in this sub region that was long neglected in this area. A source of satisfaction tell the coordinator that recognizes, however, that there are still other hurdles. "We are so please with these results but at the same time, we know that there are still enormous challenges to overcome. Among these challenges: reducing the high number of unmet needs, generate more demand, etc. We will also have to work in the future on social norms such as access of adolescents and youth services on sexual and reproductive health that is also a barrier in some member countries. We will also see how to make family planning is reflected in the global dimension of economic emergence. This is to highlight the demographic dividend which the PF is a key factor."

The Ouagadougou Partnership Coordination Unit is aware of these challenges to achieve his new goal is to put under modern methods additional 2,200,000 women of the period from 2016 to 2020. This phase is called "d'acceleration "Asked why" acceleration phase ". The Coordinator of the Ouagadougou Partnership Unit will say, "it is because we have all the ingredients in each country. Just simply that we can be very strategic to see how to have a much faster way to progress that in 2020 we are also able to have achieved these results."

To begin work for the acceleration phase, the member countries of the Ouagadougou Partnership should draw on the experience of the phase called "emergency action". That is, take all the positive actions that contributed to the achievement of results. Actions that are not only those of financial and technical partners but those of various governments for their political engagement. Indeed, it was during the period 2011 - 2015 the family planning issues experienced greater attention of the authorities with the erection of division and direction. Another government commitment, increased resources and the creation of a budget line on issues of PF. In Senegal, for example, the Ministry of Health is setting a lot of money in the purchase of contraceptives. There is also the commitment of parliamentarians. The latter part, challenge the executive on these issues. This means that after the 4th Annual Meeting of the Partnership Ouagadougou in December 2015, the 4th International Conference on Family Planning in Bali was another opportunity for the Ouagadougou Partnership Unit re-mobilize his troops, redefine its strategies to succeed his bet.
There is no doubt, the experts agree, after abortion, the woman can in most cases make a comeback layers which stands for fertility. A situation where the only solution is the use of contraceptive methods in the absence of abstinence. Mr. Thierno Dieng, an expert in reproductive health has sounded the alarm and advocates to advocate with the authorities and inform the populations concerned about the need to adopt a family planning method at the time of post-abortion care.

"Abortion is a multifaceted issue, it causes many problems and so risky. One risk is that if the woman aborted or miscarried (whatever the cause), it is exposed to a return to fertility and rapid fertility within 10 days or 11 days and therefore may have a baby.". These are the words of the Expert Family Planning Mr. Thierno Dieng, also the coordinator of the Regional Training Centre for Research and Advocacy for Reproductive Health (CEFOREP). A center that is based is the Aristide Le Dantec Hospital of. It was during his presentation Tuesday in Bali (Indonesia), a communication on "Use of family planning, delivery services and post-abortion care in Francophone Africa"

However, he says, he could have no problem if the pregnancy could happen correctly but more often is that this pregnancy risk the more tired and may even lead to another abortion of Hence the reason to practice family planning to help these women. That's all the advice given by experts to allow the woman's body to rest before being pregnant again. Some specialists recommend that women post-abortion to wait at least six months before falling pregnant, which will reduce the risk of maternal anemia, premature rupture of certain organs.

This form of intervention is taken into account by the care component After Abortion (SAA) introduced in Senegal in 1997, thanks to the leadership of the Ministry of Health has been able to expand in all regions. Sure, Mr. Dieng teaches us that now in all health centers in all hospitals can receive PAC. However, the expert found that there are difficulties for offers of Family Planning services during abortion complications treatments. Difficulties in some regulations. And as explanations, it evokes the non-availability of some products in some structures. "We found that the best way to provide contraception to a woman is when she receives the counseling and immediately before it leaves the structure is to produce to the desired method." What seems logical if it is known that most often the woman does not come into the structure to receive a contraceptive method, but just to care. So if in this case is asked to go pay a method such as an implant, IUD or injection, it certainly does not come back to get an IUD or get an injection. This can negatively affect the contraceptive prevalence rate among women who received treatment after abortion.

It is a communication problem and CEFOREP Coordinator account for this case, carry out advocacy with the authorities to find mechanisms to continue to ensure governance in the management of reproductive health products. Good governance while also ensuring effective care and quality care to patients.
While South Africa is up in arms over virginity testing for female students, intense discussions over reproductive rights are underway in Nusa Dua, Indonesia. It’s the annual International Conference on Family Planning, a global think-tank where scientists, researchers, policymakers and advocates assemble to try to create a better future for girls and women. This year, they have the particularly tough task of trying to meet the Sustainable Development Goals adopted at the United Nations General Assembly last year, with the ultimate target of eradicating poverty. Wish them luck. By MARELISE VAN DER MERWE.

“The issue of adolescent sexual and reproductive health and rights is not just one about information; it is fundamentally interlaced with intersectional issues of social justice, finance and poverty alleviation,”
Nomtika Mjwana, youth leader and ZAZI Women Empowerment Ambassador from South Africa, said during her address at the International Conference on Family Planning (ICFP).

“When we talk about family planning, we are challenging the cultural beliefs about young women and the methods used... about education and the right to access information.”

Mjwana’s words hit home hard during the furore over virginity testing in South Africa – the controversial award of scholarships to 16 young girls on condition that they submitted to regular check-ups and produced “certificates” stating that they were still virgins. In a time where Dudu Mazibuko, mayor of the Uthukela district and vocal defender of the scholarship, could tell the media it was a viable way to encourage abstinence and reduce the prevalence of HIV/AIDS, the call for education, empowerment and access to information is all the more resonant. Apart from noting the grossly invasive nature of virginity testing, Human Rights Watch has also pointed out that the examination for virginity was scientifically baseless.

“It is essential to look at strategies that can inform and educate young girls and empower them not to see themselves as objects waiting for men, but as women with pride and the agency to decide what they need to do with their own bodies,” Mjwana added.

Family planning isn’t everyone’s idea of dinnertime conversation, but to those in the know, it represents a key factor in eradicate[ing] poverty and increasing access to education. According to keynote speakers, expanding family planning for youth and adolescents has long-term benefits for society as a whole. Young people who utilise family planning services and information are more likely to complete their education, pursue the career of their choice, raise healthy children and live healthier and more prosperous lives. Additionally, when countries reduce unplanned births, they save money on other development priorities such as immunisation, sanitation and education.

Archbishop Emeritus Desmond Tutu and Ela Bhatt previously wrote in Daily Maverick that when girls stay in primary school longer, they earn wages that are up to 10 – 20% higher as adults. As they get older, the differences in earnings are even greater. For every extra year in secondary school, they can earn up to 25% more in adulthood. “What is more,” wrote Bhatt and Tutu, “women reinvest more into their family than men do – so everyone benefits from the higher earnings.”

Family planning, according to conference notes, will play a critical role in realising the Sustainable Development Goals (SDGs) – the new development agenda for the next 15 years, adopted in September at the United Nations General Assembly – and reducing the global unmet need for family planning services could save an estimated one in four women from deaths related to pregnancy or childbirth. A further 1.1 million infant deaths could be prevented each year as well. The World Health Organisation (WHO) notes that complications during pregnancy and childbirth are the second-greatest cause of death for 15-19 year-old girls globally, and every year, some three million girls aged 15 to 19 undergo unsafe abortions.

Where infants are concerned, babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24. Some 95% of adolescent births occur in low- to middle-income countries. In the same countries, babies born to mothers under 20 face a 50% higher risk of being stillborn or dying in the first few weeks of their lives, versus those born to mothers aged 20-29. Babies born to adolescent mothers also run a higher risk of being underweight, with all the related
complications. “Adolescent pregnancy remains a major contributor to maternal and child mortality, and to the cycle of ill-health and poverty,” the organisation notes.

Yet, nearly a quarter of women of reproductive age in Africa – and an estimated 225 million in developing countries worldwide – have an unmet need for contraception.

So what are the world’s experts doing about it? Executive summary: the news isn’t all bad. According to the most recent global progress report released by Family Planning 2020 (FP2020), a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, some 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world’s poorest countries over the last three years. This means a total of 290.6 million women are using a modern method of contraception in FP2020’s 69 target countries.

However, the hard work is far from done. Despite progress in several countries, there are still millions of women who want to avoid or delay a pregnancy, but cannot access the information of tools to do so. According to the United Nations FP2020 report, the effort to reach more women and girls is behind by 10 million in its 2015 projections, meaning there is no access to the information or tools needed. “The need to close this gap has major implications, not just for 2020, but for the realisation of the Sustainable Development Goals (SDGs) adopted by world leaders in September,” says Sang-Hee Min, spokesperson for the conference.

The WHO notes that contraceptive use overall has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has increased only marginally, from 54% in 1990 to 57.4% in 2014. There’s also a notable gender gap: Use of contraception by men makes up just a small subset of abovementioned prevalence rates. Furthermore, men’s education level has a measurable impact on women’s decision to use contraceptives: the more educated her male partner, the more likely she is to use contraception. For couples who have limited access to education, outcomes are less positive. For many women, access to reproductive healthcare is blocked by a variety of factors, including a limited choice of methods; limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users and providers’ bias and/or gender-based barriers.

Are the FP2020 targets and SDGs within reach, though? Beth Schlachter, Executive Director of FP2020, thinks so. “Our task is ambitious, but achievable. We know more now than we did three years ago and have data and on-the-ground experience to show what works and what doesn’t work,” she says.

Good news for those on the ground is that Alvaro Bermejo, Executive Director for Health at the Children’s Investment Fund Foundation (CIFF), announced a $30 million initiative called Adolescents 360, co-funded with the Bill & Melinda Gates Foundation. The four-year project will address adolescent health needs and boost girls’ access to contraceptives in Ethiopia, Tanzania and Nigeria. It also aims to find a model to increase voluntary, modern contraceptive use and reduce unintended pregnancy among girls between the ages of 15 and 19.

This is a necessary start, considering that one of the major challenges facing family planning – especially in developing countries – is the combination of lack of access to modern contraception and stigmatisation of those attempting to use it.
"Family planning is about women's rights and their capacity to make decisions about their health and well-being, contributing to the objectives of FP2020," said Dr Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA. “It is the most significant investment to promote human capital development, combat poverty and harness a demographic dividend, contributing to equitable and sustainable economic development.”

Senegal’s minister of health and social action, Dr Awa Marie Coll-Seck, called for a minimum package of contraceptives to be made available to women, in order to achieve the third Sustainable Development Goal – universal health coverage. “I’m sure this is what we want for our people and our economic growth and progress,” she said.

Ultimately, though, it seems the solution will begin and end with destigmatising family planning and ensuring free access to information. Conference speakers noted a significant problem was that contraceptive use among young women still lagged significantly behind that of older women, which, given the statistics above, presents an appreciable problem in managing healthcare, education and mortality rates. But, said Juan Ramón Díaz, Youth Coordinator for Children International in the Dominican Republic, this was hardly surprising if one considered sex education as an obstacle or problem. “Youth engagement is not the problem, youth engagement is the solution. We need to stop this symbolic engagement, we need to be deciding campaigns and programs [together]... from the beginning,” he said. “Number two: education is the key. Having access to education over time can make a huge difference. Each school – it doesn’t matter how far it is – in every country should have a sexual education programme. Including youth from the beginning works.”

The Citizen: Local Vasectomy rates on the rise
28 January 2016
By Stella Barozi

Bali — The number of men in Tanzania undergoing vasectomy is rising, according to statistics from Marie Stopes Tanzania (MST).

Although uptake of vasectomy is relatively small, the numbers are going up, says MST's director of Health Services, Dr Joseph Komwihangiro.

He told The Citizen at the International Conference on Family Planning 2016 (ICFP 2016) in Bali, Indonesia, that his organisation provided 86 vasectomies in 2012. The number rose to 153 in 2013 and the following year, it climbed to 163.

The percentage of men who undergo vasectomy in the country is 0.01, according to Dr Komwihangiro.

He says MST has provided the service to more men in Kigoma and Kagera regions.

Dr Komwihangiro believes more men would be making the choice had services been readily available.

The problem, he says, is that sometimes many men are willing to undergo the surgery but lack of qualified doctors to perform it is a major hurdle
He calls for investment in the area so as to give men access when they choose to.

"Some men are determined to undergo the procedure but they face barriers such as lack of skilled personnel," says the doctor.

According to the doctor, some men choose to undergo a vasectomy out of a strong feeling of responsibility to their wives and children.

They do it to protect their wives from the effects of contraceptives that the latter experience. Some do it because they don't want to have any more children while some simply want more control over their wives, to make sure they don't have children outside the wedlock.

Dr Komwihangiro says men of all ages undergo the procedure -- the young and the old; those with more or few children; and those with one wife or in a polygamous set up.

Since it is a matter of choice, Marie Stopes finds it difficult to determine whom to target most.

While some men think undergoing a vasectomy gives them sexual strength, others think it takes it away and hence they shun the service.

Some men who undergo vasectomy keep it a secret for fear of stigma in society, as there are those who perceive it as castration. They fear they would lose authority in the community which might think they have lost their manhood.

Health experts allay the fears and say vasectomy is more advantageous for men. They also say it is 20 times safer than female sterilisation.

They call for incorporation of thoughtful and ethical vasectomy awareness, education and services in all family planning programmes.

Vasectomy, they say has the potential to alleviate the burden from women and healthcare systems.

The Citizen: Govts called on to boost, invest in birth control
27 January 2016
By Stella Barozi

Nusa Dua — Governments have been called upon to scale up investments in family planning to enable more women and girls to access life-saving family planning information and services.

The call was made by global leaders, including Indonesian President Joko Widodo, who opened the 4th International Conference on Family Planning in Nusa Dua on Monday.
The conference, whose theme is 'Global Commitments, Local Actions,' calls for helping people across the world to plan their fertility and their future, which includes improved maternal, newborn and child health, increased educational attainment and greater household wealth.

The four-day conference highlights global and national efforts to ensure that access to contraceptive information and services remain a priority for policy makers, donors and the private sector.

President Widodo said family planning should become a priority "if we want to have a healthy and successful future generation."

He said prioritising family planning would also ensure global peace, security and prosperity and called upon governments to ensure women and girls had access to affordable and free services.

"We encourage local governments to raise family planning awareness in line with the Sustainable Development Goals... we have to create a planet that we dream of. We have to take local action at village level to achieve the SDGs.

Investment in family planning is necessary," said President Widodo, adding that stigma and prejudice against women should be ended.

The president urged countries, stakeholders and development partners to discuss how to create a planet that "we want and ensure access to contraception so that women and girls are empowered to choose whether, when and the number of children they have."

This he said this would enable both mother and children to have healthy and better lives. "I call upon all to take action to have healthy mothers and children to make the world a better place," President Widodo said.

Dr. Chris Elias, the president of Global Development at the Bill & Melinda Gates Foundation called on governments to keep family planning at the top of the health agenda.

"At the Gates Foundation, we want to see a world where every person has the opportunity to lead a healthy, productive life. It's a simple idea, but a grand ambition. One critical factor to achieving this is empowering women and girls to transform their lives," said Dr. Elias.

He said better health, better education and better economic opportunities for women and girls were first steps to build more prosperous communities and countries.

"We also know that unplanned pregnancy puts all this at risk. That's why our FP2020 goal is ambitious because the ripple effects are so enormous."

The Citizen: Clerics-family link stressed
26 January 2016
By Stella Barozi
Bali. More than 40 leading global health and development organisations attending an international conference on family planning in Bali, Indonesia, have endorsed a statement that calls for the expansion of contraceptive choice for young people to include long acting reversible contraceptives.

Speaking with journalists, Pathfinder International Caroline Crosbie senior vice president said a quarter of the world’s population was comprised by adolescents and young people, who were sexually active and wanted to prevent or delay pregnancy because they wanted to finish school, get employment, get married or space children.

“However, these young people don’t have access to a full range of modern contraception methods, including long acting ones,” she said.

She called upon governments to meet young people’s right to have access to contraceptives, including long acting ones. The emphasis on long acting methods comes from the fact that “young people have sporadic sexual activity before marriage so it is useful to have long active methods,” said Venkatraman Chandra-Mouli, WHO senior scientist in the department of Reproductive Health Research.

Chandra-Mouli said adolescents were eligible to use all methods of contraceptives as adults because they were medically safe according to WHO guidelines.

He said there was no medical reason to refuse them contraception except for sterilisation. WHO’s medical eligibility for contraceptive use states that “age alone does not constitute a medical reason for denying any method to adolescents.”

A statement released by the 40 organisations says global efforts to prevent unintended pregnancies and improve pregnancy spacing among adolescents and the youth will reduce maternal and infant morbidity and mortality, decrease rates of unsafe abortion, decrease HIV/STI incidence, improve nutritional status, keep girls in school, improve economic opportunities and contribute toward reaching sustainable development goals.
The Guardian: Tanzania taking part in international family planning summit in Indonesia
27 January 2016

[Appeared in print only]

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The Daily Monitor: Follow family planning pledges with concrete funding actions
12 February 2016
By Brian Mutebi

The 4th International Conference on Family Planning took place in Nusa Dua, Indonesia last month.

Policymakers, researchers, population and family planning experts, youth leaders, the media and advocates from around the world convened to deliberate on family planning.

The conference took place at the backdrop of a report on family planning by the campaign group, Family Planning 2020 (FP2020) released in November 2015.

The report showed that today, more women and girls (290.6 million) than ever who want to avoid or delay pregnancy are voluntarily using modern contraceptives in the world’s poorest countries, an increase of 24.4 million from 2012.

Despite some progress, however, the report noted there are still millions of women who want to avoid or delay a pregnancy, but cannot access the information and tools to do it. Some of these women are in Uganda.

In April 2015, for instance, while on assignment in the northern Uganda district of Gulu, I uncovered disturbing evidence of men cutting their wives with razor blades to remove implants.

Resistance to modern family planning services is still a cause of concern. The FP2020 report showed that the effort to reach more women and girls is behind by 10 million people.

The target is by 2020, an additional 120 million women and girls worldwide should be able to access rights-based family planning.

Organised under the theme “Global Commitments, Local Action”, the 4th International Conference on Family Planning and its outcomes bring hope for women. Delegates at the conference emphasised the importance of family planning in achieving the Sustainable Development Goals (SDGs) and as the key to addressing development challenges around health, education, poverty and environment.

This was the first and major international conference on population and family planning since the adoption of the SDGs that, from 2015 to 2030, are expected to shape the development agenda, also referred to as the 2030 Agenda.
The 2030 Agenda, among others, prioritise ending extreme poverty. Access to modern contraceptives is one of the most realistic household-level ways through which poverty can be eradicated.

It improves the quality of life of women as mothers can appropriately determine when and how many children to have. And improved quality of life leads to reduction in healthcare bills. The savings can be invested in development activities.

And as women give birth to children by choice not chance and hence have manageable families, planned parenthood increases productivity.

In Uganda where one in every four girls between the ages of 15-19, according to the 2011 health demographic survey, is either pregnant or has had a baby (in most cases unintended pregnancies), the World Bank estimates that the country’s productivity would significantly increase if girls delayed pregnancy up to at least age 20, acquired a skill and worked.

It is good news that international commitments to funding family planning programmes were announced at the conference.

**New Vision: Children born in small families live longer**  
28 January 2016  
*By Anne Mugisa*

**BALI, INDONESIA** - Children born into smaller families in the world’s poorest nations will live an expected three years longer than those born into larger families, a new research by the Johns Hopkins Bloomberg School of Public Health has said.

The findings were presented yesterday at the International Conference on Family Planning in Nusa Dua, Bali, Indonesia.

It pointed out that the findings present concrete evidence that family planning has real health benefits on individuals and not only a way of moderating population growth and minimize pressure on resource strapped nations as had been deemed for long.

The findings are based on the results of the most recent national Demographic and Health Surveys from 35 developing countries.

The report is titled “Small families are healthy families: Evidence of long-term effect of small family size on improving survival status across the lifespan”

“For 40 years, the slogan ‘a small family is a happy family’ has been used to promote contraceptive use in developing countries,” says study leader Saifuddin Ahmed, an associate professor with the Bloomberg School’s Department of Population, Family and Reproductive Health and Bill & Melinda Gates Institute for Family and Reproductive Health.

“Our new research shows that being born into a small family has health benefits that last throughout the course of your entire life.”

He pointed out that past studies have shown that contraceptive use reduces pregnancy and child
mortality, averts maternal deaths and improves the general health of women and children, but little attention has been paid to the actual effect on families of having fewer children.

Ahmed and Jose Rimon, director of the Gates Institute, found that in families considered small (four or fewer children), the children have a life expectancy that is three years longer than the children in larger families (five or more children) even controlling for infant mortality.

“This finding is profound because life expectancy is like the motherhood of all indicators because it encompasses health, economic and social well-being,” Rimon says.

In Uganda, the family size is big with fertility rates averaging six children per woman, according to the 2015 World Population data sheet released by the Population Reference Bureau (PRB). The country’s overall life expectancy at birth stands at 59 years with the women’s life expectancy estimated at 60 years and that of the men at 58 years.

Uganda fares worse off than Tanzania, whose life expectancy stands at an average 62 years with the men’s at 60 and the women 63; Kenya’s is also at 62 and Rwanda’s 65.

Small family size, primarily achieved through the use of contraception, reduces the competition of siblings for both the attention and micronutrients provided by the mother, the study shows.

This, it said, also allows the family’s often-limited financial resources to be spread farther and appears to provide a positive healthy developmental environment that reduces mortality in the short- and long-term, it added.

“When births are spread out and mothers can provide more time to each child before the next one is born, it results in better cognitive development and health status while growing up,” Ahmed says.

“Each child competes with the next for the parents’ income, food and housing and having fewer children gives everyone a larger slice of the pie.”

The smallest things could make a difference, he stated. For example, there may be a smaller risk of exposure to life-threatening diarrhea when there are fewer siblings around to catch and spread it.

“For too long, some sectors have thought about family planning strictly in terms of demographic interests at a population level,” Ahmed says.

“What our research shows is that family planning is for providing a healthy life for women and for ensuring a healthy environment for the entire family,” said Ahmed.

New Vision: **Gates Foundation pledges US$120m for Family Planning**
27 January 2016
*By Anne Mugisa*

BALI, INDONESIA - The International Conference on Family Planning has opened in Indonesia with the Bill and Melinda Gates Foundation pledging another US$120m for the family planning activities for the next three years.

The Foundation’s co-chair Melinda Gates announced that it will shift focus to devoting resources to private sector players by boosting their capacity to help increase family planning access in development countries.

She noted that though a lot has been achieved since the London conference in 2012 Family Planning 2020 has fallen back on its commitments to ensure that 120 million girls and women access modern voluntary contraception by 2020.
The FP2020 report released in November indicated that despite progress of an additional 24.4 million women using modern contraception in the three years to 2015, it had failed to reach the targets for that period by 10million women.

Currently, the report points out 290.6million are women using modern contraception.

In Uganda, the report states 334,000 more women had been added on to those already using modern family planning methods but the unmet need still persist at 35.7% of the married women who need the services.

The figures which include the unmarried women are not included but FP2020 indicated these will be included in the next report which means the numbers could be more.

Speaking in a televised address, Melinda Gates, however, said globally the poorest of girls and women are the bulk of those left out. “We will put more money in advocacy. We will devote recourses to choices... Large populations of youth are about to enter the reproductive age group and need services.

The magnitude of the challenge is great... But the reward of success is greater,” Gates said at the opening ceremony in the Indonesian tourists resort city of Bali.

Christopher Elias, President of the Global Development, Bill and Gates Foundation noted that unplanned pregnancies are jeopardizing chances of girls and women to transform their lives and families.

He said in the next three years, the Foundation will prioritize to support for policies that help girls and women access family planning services so that girls stay in school and increase their chances for their development and that of their families.

He said focus will be on the quality of family planning services, through counseling, accessing a full range of contraceptive methods from which they can make informed choices from.

According to him, studies have shown that in Sub-Saharan Africa a third of women rely on the private sector for information and services and half of the women globally do. For that reason, he said, the Foundation wants to focus on that sector to reach more of these women.

“If research says the private sector is where we can reach them, that is where should put our resources...” Elias said.

He added that resources will also be focused on the urban poor because they are some of the most vulnerable and disenfranchised groups. The Gates Foundation will help governments get these proven innovations off the ground.

"Each of us has a role to play. The donors should ask themselves what more can we do to help governments take family planning services the more of the women who need them.

"The government should ask themselves what more they should do to provide the services to more of the girls and women who need them...,” he added.
The Secretary General of the United Nations, Ban Ki moon said governments and other players must realize that family planning is a human right that unlocks opportunities for families and countries’ development and is essential attaining the newly launched SGDs.

He noted that it means fewer unintended pregnancies translating into fewer mothers and children dying, fewer abortions and miscarriages and that girls would remain in school to get better opportunities in life for themselves, children and families.

Ban Kimoon’s speech was presented by his designated representative to the conference, Babatunde Osotimehin, the Executive Director UN Population Fund (UNFPA).

Babatunde said if all the women in the world could work, the global Gross Domestic Product (GDP) would raise by US$13trillion annually. Families would be richer, their feeding and health would better and general development would go up.

“We need to get an additional 120 million girls and women to voluntarily get family planning services by 2020. This way, we will ensure that development happens. Now there are more men and women of reproductive age group than before,” Babatunde said.

He noted that there has been a decrease in funding for family planning globally. He said the funding has fallen by over US$20m below the 2013 levels almost reverting to the 2012 levels.

He appealed to governments and other the players to rededicate resources to family planning activities.

“There is a global financing crisis in family planning. But sustainability cannot be supported by the Gates Foundation alone. Sustainability must come from all the countries. Family planning is a continuous programme. It cannot be supported by donors.

He noted that 43% of maternal deaths globally occur in crisis environments and therefore there is need to target these situations.

Indonesian president Joko Widodo, said his country has dedicated resources to family planning and put in place programmes to train the planned population over time. He said this, has improved the quality of the people in Indonesia and their contribution to the country’s development through developed skills.

Indonesia, currently the fourth most populous country in the world has a fertility rate of 2.4 children per women on average, which means they still have a large group of dependent young people.

The country’s population stands at 240million people and with the reduced fertility rates, the number of people added to the population annually stands at 1.32million.

Widodo said that his government is working hard to revitalize family planning because, according to him, they “see challenges ahead because of the 1.32% population growth. He said his government now wants to promote long term methods of family planning and make them affordable or free.

According to him, doctors are trained to offer the services as well as housewives to supplement the efforts with peer education so as to increase family health programmes at village levels.
He called for increased global investment in family planning and full elimination of stigma and discrimination against women which he said undermines their confidence to seek and access services.

“We need to empower women and girls to choose when or whether to have children and to space births. I ask leaders to take real serious action because this will make the family a good place to live globally,” Widodo said.

Indonesia was chosen to host this conference because of its successes in family planning programmes which managed to reduce the fertility rates to less than three children per woman on average.

A number of entrepreneurs who have dedicated big amounts of resources to family planning, malaria, Tuberculosis and HIV/AIDS were recognized and given Global Humanitarian awards.

They are: Dato Sri Dr. Tahir (Indonesian) through his Tahir Foundation; Sir Christopher Mohn (British) co-founder of the Children’s Investment Fund Foundation in Britain; and Fayeeza Naqvi and her husband Arif Masood Naqvi (Pakistani), of Amani Foundation. Also recognized was Anne Patricia Sutanto (Indonesian) CE) of PT Pan Brothers tbk.

uReport: Better family planning key to achieving economic goals
27 January 2016
By Vincent Ogaya

The ongoing International Conference on Family Planning (ICFP) in Indonesia should rally us towards local actions that will ensure we work towards a sustainable population.

This is especially so in light of the new findings as contained in the recently released Kenya Demographic and Health Survey 2014.

The research indicated Kenya is still halfway the replacement rate for a population, with every woman giving birth to an average of four children in her lifetime as compared to the acceptable two.

There has been a marked improvement since 1963, when Kenya attained independence with a total fertility rate of eight children per woman. The past two decades has seen stagnation of the fertility rate at five with a marginal drop to four in 2014.

Early/child and often forced marriages, low education levels for the girl child and unmet needs for family planning have contributed to unchecked population growth.

Women lack sufficient information and empowerment to make wise reproductive health choices. Furthermore, even where the mentioned factors do not come into play and they are ready to plan their families, they are hindered by lack of family planning information and services coupled with limited support from husbands and communities.

It is time as the ICFP rallies governments, policy makers, health experts and donors towards making more resources available for family planning and projecting it as a development agenda, we reflect on
where we are as a nation and what we can do to achieve that elusive replacement level for our population.

Family planning initiatives must be factored in at all levels of Government with sound policies and international commitments at the national level being followed up with programmes that enable the provision of information and services within the counties.

In order to achieve more, robust and genuine political support must be guaranteed. Some politicians will always want communities to believe that giving birth to more children gives that ethnic group a larger vote basket and as such, more bargaining power for the national cake.

However, this might mean that more children with poor spacing means higher infant, child and maternal deaths. It also means if one cannot afford them a good quality life, they end up lacking in basic commodities and education.

Family planning therefore must be at the core of development processes for improved health especially that of the mother and the child; creation of wealth; bridging the gender gap as well for the protection of our environment.

The Government must not limit information and services on family planning to married couples. Such programmes must also be designed for those who direly need them.

Kenya should set sights on achieving universal reproductive health services for all in line with the Constitution and the sustainable development goals.

The Herald: Family planning: Hits and misses
18 November 2015
By Roselyne Sachiti

A few weeks ago, the International Family Planning Conference 2015, which was scheduled for Indonesia was postponed due to health and travel concerns following a volcanic eruption near Bali. Despite the rescheduling, the critical conversation continues in Africa, which still has to grapple with fact, myth and fears concerning contraception, as a method of family planning.

The Bali conference would have come at a time when Zimbabwe and nine other countries have been featured on the Spotlight on Family Planning Series (SFPS) released by International Planned Parenthood Federation (IPPF) through the Joining Voices campaign. The campaign aims to safeguard and strengthen financial commitments to reproductive health and family planning – and reinforce political leadership on universal access.

SFPS offers a snapshot on progress governments have made in delivering on their FP2020 pledges, made at the London 2012 Family Planning Summit.

At the 2012 summit, Zimbabwe made six pledges. The country pledged to increase the family planning budget from the current 1,7 percent to 3 percent of the health budget. However, because of various
challenges the support for increasing budget allocations to family planning has failed to follow through and remains stagnant at 1.7 percent of the health budget.

Government also promised to increase access to a comprehensive range of family planning methods at private and public health facilities and surpassed their training target for long-acting reversible contraceptives (LARCs) in 2014.

However, the uptake of LARCs is relatively low; the most dominant method remains oral contraceptive. The Ministry of Health and Child Care (MOHCC) also scaled up procurement of LARCs and is distributing them to private services and public facilities such as hospitals and clinics.

The Zimbabwe National Family Planning Council has also been delivering training on LARCs (including tubal ligation and vasectomy) in the private and public sectors, in collaboration with the MOHCC and UNFPA.

Another pledge was to increase the availability of male and female condoms. This was successful as all public health facilities provide male and female condoms at no cost to the client. However, the condom distribution is dependent on donors who assist the Government to procure them. Also, it is important to understand that collecting condoms does not translate to usage and more needs to be done.

The country also pledged to integrate family planning services with prevention of mother-to-child transmission (PMTCT) and maternal and child health (MCH) services. However, integrated FP services within existing PMTCT and MCH services have been heavily dependent on donor funds for training and building capacity in supervision and support.

Notwithstanding financial challenges the country is going through, more resources are needed to ensure that all health facilities offer a comprehensive range of services like pap smears, voluntary counselling and testing.

At the 2012 summit, Zimbabwe also promised to improve and scale up gender-sensitive family planning services for vulnerable groups, especially adolescent girls.

Sadly, the country failed to improve and scale up government youth facilities.

There are many hindrances that include social, economic and cultural.

Zimbabwean society is clearly not ready for the debate on contraception for adolescents if recent events are anything to go by. The Ministry of Health and Child Care’s Strategy for Adolescent Health (2010-15) also does not include improving and scaling up youth facilities. But, despite the hindrances, the country also honoured its promise of eliminating user fees for family planning services by 2013.

User fees for family planning in public facilities were scrapped but some women in religious sects like the Johane Marange Apostolic sect do not access them because of their beliefs.

Also, some organisations that rely on government funding to deliver services do not receive adequate support to cover their overheads and therefore unable to offer family planning for free.

In addition, other problems and gaps have emerged and Government must address these issues urgently.
Thus, the need to engage parliamentarians both male and female, and chiefs to address the economic, cultural and social challenges is important.

Facilitating the active participation of girls and young women, including those who are marginalised and those living with HIV, in all aspects of national programming and decision-making relating to HIV and Aids cannot be overemphasised.

The commitment to women’s health should be strengthened by responding to the health impact of unsafe abortion, a major public health concern, by scaling up post-abortion care and reducing unintended pregnancies through expanded and improved family planning services.

There is also need to implement evidence-based HIV prevention programmes that address the needs of girls and young women, especially those living in prison or detention centres, others involved in transactional sex or child marriages, survivors of gender-based violence and orphans.

Despite the challenges, ZNFPC’s contribution to sexual and reproductive health services has been commendable. For example, the ZNFPC provided 1,858,531 couple years protection in 2014, a 3,823 percent increase from 2013.

ZNFPC services also resulted in 701,108 unintended pregnancies being averted in 2014, a 4,183 percent increase from 2013. They also provided family planning services to 15,415 new users in 2014, a 183 percent increase from 2013. Globally the debate is also still on with various challenges emerging. Nearly 225 million women still have an unmet need for modern contraceptives.

About four in every five unintended pregnancies (81 percent) occur among women who want to avoid pregnancy, but are not using an effective family planning method.

Perhaps most alarming: adolescent girls (aged 15-19) have the highest unmet need for family planning among any age group. Adolescent pregnancy is a major contributor to maternal and neonatal mortality. Meeting the unmet need for family planning could reduce the number of maternal deaths by one-third.

A new progress report by FP2020 is a ray of hope though progress has been slow. The FP2020 report, Commitment to Action 2014-2015, details achievements since the 2012 London Summit. It says more women and girls than ever who want to avoid or delay a pregnancy — 290.6 million — are voluntarily using modern contraceptives in the world’s poorest countries, an increase of 24.4 million from 2012.

While significant strides have been made to reach the ambitious goal of enabling 120 million additional women and girls to access rights-based family planning by 2020, the report shows that FP2020 and its partners must take immediate action to speed up progress.

The additional 24.4 million women using effective contraceptives, in the past year alone, have averted 80 million unintended pregnancies, 26.8 million unsafe abortions and 111,000 maternal deaths.

The lessons learned, thus far, point to three areas where strengthening efforts will help accelerate progress: better understanding and meeting the reproductive health needs of adolescents, increasing the quality of services women receive and placing a greater focus on reaching the urban and rural poor.

Said Dr Chris Elias, president of Global Development at the Bill & Melinda Gates Foundation, and co-chair of FP2020’s Reference Group: “Our progress, while significant, is not matching our ambition. We
need to take a hard look at the data, scale successful programmes and invest smartly. I’m confident that we can keep our promise to millions of women, but only if we act now.”

Beth Schlachter, Executive Director of FP2020, argues: “Our task is ambitious, but achievable. We know more now than we did three years ago and have data and on-the-ground experience to show what works and what doesn’t work. Through this global partnership, we have learned that we can make an enormous difference, but we must work together to empower women and girls to plan their own lives, families and futures.”

Family planning is frequently cited as one of the “best buys” for global development and expanding access to contraception will indeed play a critical role in our global efforts to achieve the Sustainable Development Goals. In fact, family planning is a triple win health intervention: it reduces maternal mortality, prevents child deaths, and contributes to an AIDS-free generation.

Yet, even with all this, Zimbabwe has made some progress towards its pledges, though existing efforts are not enough to deliver on its promises by 2020.

Key Correspondents: Youth voices stand out as family planning conference roars to life
25 January 2016
By Danai Majaha

The International Conference on Family Planning (ICFP) has kicked off on a high note in Indonesia with strong calls from young people to have more control over their sexual and reproductive health.

The ICFP youth pre-conference (24-25 January) is tackling opportunities and challenges specific to youth and family planning.

More than 250 young people from around the world are meeting together to shed more light on challenges they are facing in dealing with sexual and reproductive health and rights issues and solutions to addressing them, before attending the main conference (25-28 January).

Problems faced by youths

Lack of sexuality and life-skills education were identified as cross-cutting problems faced by youths in all countries around the world.

Participants noted that the lack of comprehensive sex education has negatively affected sexual and reproductive health among young people. This includes unsatisfactory results in reducing teenage pregnancies, sexually transmitted infections and maternal mortality among adolescents.

Stigma and stereotyping were also identified as major challenges and Jamila Gacheri from Kenya noted that young people have limited access to youth-friendly health services.

She gave an example where young people are “interrogated” in some hospitals in Kenya when they inquire of reproductive health services. “Many young people do not go to health centers to ask for information on sexual and reproductive health because they will be called immoral,” she said.
Key solutions

Nyasha Sithole, founder of My Age Zimbabwe, said: “Comprehensive sexuality education is a pre-requisite for youth empowerment.”

“If our countries are to realise demographic dividend, there is need to invest and address the problem of lack of knowledge on sexual and reproductive health.”

There were also calls for governments and key stakeholders to review and improve curricula so as to fairly accommodate sexual and reproductive health education.

According to the Journal of Adolescent Health (2015): “Education, particularly secondary education, has repeatedly been found to be associated with a whole range of better sexual and reproductive health outcomes such as contraceptive use, age of marriage, number of births and use of health services.”

And this is an issue which affects more than just young people’s family planning needs. Adolescents lack of access to sexual and reproductive health services, including access to condoms, is one of the major factors which has led to AIDS being the second leading cause of adolescent deaths in the world, and the number one cause in Africa (UNAIDS).

A key solution to addressing this issue is integrating sexual and reproductive health services with HIV services, which can increase the range of services provided to and taken up by communities, saving time and money in resource poor settings. It is also important to ensure there are youth-friendly units included in such services, if governments really want to address the epidemic among adolescents, which is not declining as quickly as among other age groups.

Communicating on health issues

Social media has long been identified as an effective tool to increase young people’s awareness of the issues affecting them. But participants at the conference noted that they have an active role to play in facilitating discussions over their sexuality.

Another key solution is the need to ensure young people have the opportunity to effectively engage in policy and strategy formulation, especially when addressing youth-specific challenges. This was discussed in reference to the Millennium Development Goals where youths claim they were poorly misrepresented in the formulation of the goals and subsequent policies.

However young people have pledged to work together with key stakeholders in achieving the newly adopted Sustainable Development Goals. The message they want policy makers to hear loud and clear is that to achieve the new global goals over the next 15 years, a tailored and targeted approach is needed that must not leave anyone behind, especially young and marginalised people, in preventing unintended pregnancies, reducing maternal mortality, and ending AIDS.
The subject of contraception is a hot topic in faith communities, which made for some exciting discussions at the recent International Conference on Family Planning in Indonesia (24-28 January).

Representatives of faith-based groups and religious leaders came together at a pre-conference event, to share best practice in faith-based family planning and explore ways to advance their role. It was an opportunity to reflect on what they already know, learn from each other and restate their commitments to promoting family planning.

Presenters shared current activities by faith groups in family planning and research on faith-based involvement. Small groups also discussed how to increase the contributions of faith groups, and explored the connection between faith values and family planning.

**Myths and misconceptions**

Contrary to popular belief, many faith-based organisations do support family planning as a process that helps improve people’s quality of life. For the first time, around 80 representatives from different faith groups attending the conference spoke of their commitment to continue informing and educating their communities on family planning. The consensus was that it is consistent with faith values, in order to protect the rights of women, children and families.

According to Hon. Janette Loreto-Garin, secretary of the Department of Health in the Philippines, the major reason why some people don’t support family planning, or label supporters as ‘abortionists’, is largely due to lack of information.

She argued that the only way to succeed and achieve universal access and improved quality of life will be to ensure people have the right information.

**Promoting good health**

On sharing different perspectives and faith beliefs on family planning, Christian Connections for International Health said that many faith organisations support it, and even help make services available, to promote good health among women and children and reduce abortions (which they are against) by preventing unintended pregnancies.

“Biblically speaking, family planning is supported because it helps provide life in its fullest,” said Dr Tonny Tumwesigye, executive director, Uganda Protestant Medical Bureau. “If you have 100 children who are miserable, you have made the world a worse place. If you have the number of children you can successfully educate, and who can enjoy good health and fulfill their potential, you are making the world a better place,” he said.

Muslim leaders also affirmed that the Qu’ran doesn’t object to family planning. Alhaji Sani Umar, district head of Gagi District, Sokoto State, in north western Nigeria, clarified the Islamic stand on family planning at the conference.

He said that his religion will never object to anything that will help men and women live healthy and productive lives. According to him, the only type of contraception that Islam rejects are the permanent methods because they will permanently deny people the ability to procreate if they decide to have children in future.
Time to find God

A very special perspective on faith and family planning was shared by David Olson, communications consultant for the faith pre-conference. He disclosed that while interviewing a former Zambian President, Kenneth Kaunda in 2002, he gave him the simple reason why he passionately advocates for condoms for HIV prevention despite his Christian background. It was because people needed more time to find God.

According to President Kaunda, the whole essence of Christianity is salvation. If using condoms can give Christians more time to find God then it is acceptable and he will advocate for it.

This is an argument faith leaders have to consider. Young people are having unprotected sexual intercourse so when religious organisations unrealistically insist on no sex before marriage, or advocate for the withdrawal method of family planning for those in marriages, they are paying no attention to the fact that people are then putting themselves at risk of being infected by various sexually transmitted infections and might end up dying before they find salvation.

Key Correspondents: Young people must lead community family planning efforts
4 February 2016
By Danai Majaha

Young people should be able to take charge of their sexuality and be included in global discussions on family planning, according to a consensus coming out of last week’s International Conference on Family Planning.

Governments and key stakeholders, including include youth-led organisations, health services providers and faith-based organisations, arrived at this agreement after close consultations with young people’s organisations at the conference, which took place in Indonesia from 25 to 28 January.

At the conference, representatives of youth organisations vowed to continue advocating for access to contraceptives and family planning services. In fact, delegates noted with great concern that young people should not only be allowed the right to family planning services and products, but should be leaders in their communities.

Successful youth projects

This resolution recognises the achievements of global development partners in supporting projects led by young people around the world.

One example is the Link Up project, a consortium of global and national partners formed in 2013 to advance the sexual and reproductive health and rights of young people from key populations in five countries. This means groups of people who are at greater risk of HIV and key people to engage in the HIV response such as sex workers, sexual minorities, and people who use drugs.
Link Up operates in Ethiopia, Uganda, Burundi, Bangladesh and Myanmar. It focuses on young people who are most affected by HIV: men who have sex with men, people who use drugs, sex workers and transgender people.

The programme has produced remarkable results in increasing access to SRHR and HIV services and advocating for young people’s inclusion in the global family planning agenda.

**Family planning for sex workers**

Rokonol Rabbi, a youth advocate and a member of Link Up Bangladesh, explains that there are many types of sex work in Bangladesh but girl children are disadvantaged as they are prime targets of the trade.

“What is worrying is that some of the girls are sold into the trade when they are still young and all they have come to know is sex work,” he says.

Rabbi further highlights that the challenge with most of these girls is trying to help them re-integrate them into mainstream society, ensuring they are no longer considered as “fresh” in the sex work trade.

“Society does not easily accept ex-sex workers. With such a challenge, the girls end up going back to their business [sex work] even after trying to live a normal life which then becomes a cycle because after growing up they end up manipulating other young girls as well,” says Rokonol.

With support from Link Up, Rabbi and other young leaders from his community have been able to generate demand for contraceptives and family planning services by sex workers.

**Female condoms in Burundi**

Seeing a man wearing a female condom ring inspired 29-year-old Nadia Ndayikeza to start up a female condom project. This informed people in her community about contraceptives, as well as giving women more choice of family planning services and products.

Ndayikeza is a member of the Réseau National des Jeunes vivants avec le VIH/SIDA (RNJ+), a network of young people living with HIV in Burundi.

Discussing with delegates visiting the Link Up booth at the conference, Ndayikeza says demand for female condoms in her community is not met and, for that reason, women are often left with few choices.

“We aim to give women the power of choice through advocating for a full range of family planning services,” she says.

RNJ+ offers information, training, HIV counselling and testing, contraceptives, advice, a helpline, and community and school outreach services, with support from Link Up.

**Advocacy in Myanmar**
Myanmar Youth Stars (MYS) is a network for marginalised young people aged 15 to 30, who are most at risk of HIV infection.

Myo Thet Oo, project officer of MYS, says: “The core value of MYS is to create a safe and healthy environment for all young key populations, with no judgement of their HIV status, gender and sexual orientation.”

MYS focuses on advocacy, sexual and reproductive health and rights and sharing best practice. It also helps other youth-based organisations to grow, gain the support of their communities and strengthen their leadership.

Myo further explains that the Link Up programme has helped MYS strengthen the organisation and enhance its advocacy work through training workshops. These have allowed the programme to expand to 17 towns across Myanmar, with two or more representatives in each town.

Read: women and young people need access and choice in family planning.

Key Correspondents: Family planning: women and young people need access and choice
29 January 2016
By Danai Majaha

The International Conference on Family Planning in Indonesia ended yesterday (28 January) with pledges from governments, development partners, young people, faith-based organisations and civil society groups to promote easy access to family planning services and products.

Danai Mahaja caught up with delegates at the conference, who highlighted the need to improve access to family planning for women and young people.

“Family planning is about universal access to contraception and health services, including for key populations [people most at risk of HIV infection]. Most young people in Bangladesh come from conservative families and they don’t talk much about family planning. Now that discussions about family planning are growing faster, they should not be left out. This is our need and this is our time to move forward.”

“Youths constitute a huge population in many countries and they need to be protected through access to contraceptives. Family planning services should also suit young people’s needs.”

“If you look at Europe’s economic progress, one of the biggest contributors is women’s level of participation. Family planning is not about fertility control or about numbers, it is about providing dignity and rights to those people who want to contribute positively to their lives.”

“Family planning is the ability and chance to make the right decisions and get services according to your needs. Women and young people should have access to free and friendly services and be allowed to make choices on their own, because they know what they want.”
“Family planning is about choice. However people are suspicious in countries where religion is important because they think it [family planning] is about controlling fertility. Actually religion is for the dignity of people and supports much about women’s decisions. Youths are the future and should be prepared now, through access to family planning and contraceptive information.”

“It is not only an issue of contraceptives, but family planning is about giving back women their power to make decisions. It is empowerment and development.”

“There is need to have more outreach to youths and go where they are and where they want to be. They [youths] do not necessarily come to family planning service centres because they don’t want to start families. What they need are contraceptives and safe sex. We should go to them and not necessarily wait for them to come to us.”

“There is need to make everybody aware that youths have a right to access to family planning methods. I think this has been the big message here from the conference. This is the first time that this has been clearly stated; the right for youths to have access to contraceptives including choice of condoms and different methods available for them to use.”

“Youth are always neglected and most of the family planning services are not adolescent friendly. Even when they are called adolescent friendly services, they are provided by people who actually think young people don’t need contraceptives. More needs to be done to change the mind-set of the community because everyone deserves access to family planning services and products, regardless of their age.”

“The problem is that most people don’t feel comfortable with talking to youths about sex and we really need to get over that. We need to meet the challenge where it is, which is that young people are inherently interested in sex and are going to be engaging in sex. If we are able to get out of our comfort zone we will be able to give them services they need.”

“The missing link has been that the youths have not been part of the agenda until this conference and it is extremely important that their voices are beginning to be heard. Youths should be involved in the decisions right from the beginning; they should participate more and should be more involved. If we begin investing in youth in their young age, by the time they reach old age, in the future, family planning would not be a problem anymore.”

“Everybody, especially women, has the right to know about contraceptive methods. Women in Bangladesh know little about family planning because the culture is conservative. There is need to change the environment in our country so that women can discuss openly about family planning.”

Key Correspondents: Lessons on midwifery from Indonesia
28 January 2016
By Danai Majaha

Increasing access to trained birth attendants is vital to respond to high maternal and infant mortality rates in developing countries, something Indonesia is working hard to address.
According to the World Health Organization (WHO): “Children in developing countries are ten times more likely to die before the age of five than children in developed countries.”

One of the reasons behind this, especially in rural areas, is related to access to health centers where pregnant women have to walk long distances, in some cases more than 15 kilometers to the nearest hospital.

This is one of the issues under scrutiny at the International Conference on Family Planning currently taking place in Bali, Indonesia (25-28 January) where the focus is on discussing global solutions through local actions.

Speaking at the conference, Benoit Kalasa, director of UNFPA, said: “There is a lot of positive work [family planning and birth delivery systems] taking place in local communities and all these integrate to ensure that we all achieve the 17 sustainable development goals.”

**Bidan Delima in Indonesia**

One success story of local communities in action is the midwifery concept in Indonesia that has, for many decades, actively assisted women in giving birth.

Since 1967, Suri Wayan has been practising as a midwife in Denpasar helping her patients with quality service at an affordable fee.

She has been accredited for more than 10 years by Bidan Delima, a midwife accreditation programme run by the Indonesian Midwives Association. Bidan Delima works with private midwives to maintain a standard of care, and aims to improve the quality of midwifery services in Indonesia.

Midwives accredited by Bidan Delima are authorised to provide obstetric care, family planning services and community health services. When it comes to family planning they also provide integrated HIV services. This includes safe conception counseling to couples planning to conceive (where one partner is living with HIV), antenatal care, and once pregnant conducting testing, including for HIV, to determine whether specific treatment will be needed to protect the baby from the virus and to provide treatment to the mother for her own health if needed.

As a Bidan Delima midwife, Wayan provides family planning and reproductive health services in accordance with WHO standards of safe delivery, which means having a trained birth attendant, at an affordable fee to hundreds of people in her community.

This work has been Wayan’s life for more than four decades and she demonstrates what the president of Population Services International Karl Hofmann was talking about when he said: “Health care is more about quality provided at an affordable price.”

With standard delivery rooms room, proper medication and supported by her team of local midwives Wayan assists around 30 women a day to give birth. Only when there are complications are women referred to bigger hospitals.

Bidan Delima is a success story of how supporting local communities can assist governments especially in developing countries to deal with maternal health and family planning related challenges.
Lessons for Africa

According to the World Health Organization: “Almost all maternal deaths (99 percent) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and almost one third occur in South Asia.”

One of the reasons for this in Africa is that most people offering midwifery services are not registered with authorities responsible for health and in most cases they do not meet WHO standards for safe delivery.

Others are largely traditional and unprofessional and the result has been increased maternal deaths and high infant mortality rate in some communities.

To address the challenges of high maternal and infant mortality, African governments must support local communities to set up midwifery services that will reduce risks faced by women especially those in rural areas.

Governments and development organisations should work together to assist communities in the development of primary health centers and training workshops, and ensure more traditional birth attendants are trained to meet WHO standards of midwifery.

Key Correspondents: Family planning is more than rights to sex
26 January 2016
By Danai Mahaja

Family planning is not only about the rights of women and girls to make their own choices about having children and looking after their reproductive health, it’s also key to global development.

This was the underlying message during the official opening of the fourth International Conference on Family Planning (ICFP) taking place in Indonesia (25-28 November), where President Joko “Jokowi” Widodo called on all world leaders to actively work towards ensuring necessary policies and investing in resources aimed at promoting safe pregnancy and birth.

“In order to sustain economic growth, investments in family planning are absolutely necessary,” he said. “I want to invite all global leaders to take real action to bring about healthy mothers, healthy children and healthy and prosperous families – because only by doing this, can we make planet earth a better place to live.”

Family planning, HIV linkages and the future

When it comes to sexual and reproductive health and rights, it is not just family planning which is vital to ensure healthy and productive communities. HIV remains a huge public health priority, with AIDS being the leading cause of adolescent deaths in Africa, and the second leading cause worldwide.
Last year, UNAIDS developed an ambitious strategy to end the AIDS epidemic as a public health threat by 2030. To reach this target in 15 years, governments and development partners will need to use strategic tools, one of which is empowering women and youths to have control over their sexual and reproductive health and rights.

This includes reducing risks associated with young women and girls, such as forced and early marriages, as well as integrating sexual and reproductive health services with HIV services.

This can make services more accessible particularly in marginalised communities, and allows a more person-centred approach to health service delivery, looking at the diversity of needs. It can help increase women’s chances of having healthy pregnancies and births and especially for those living with HIV, to prevent passing the virus onto their babies.

**Choice for women and girls**

President Widodo said that global discussions, such as those happening at the conference, should build a future where women and girls have negotiating power over family planning.

“I wish that at this ICPF, we can discuss the main foundations necessary to build the planet that we want [by 2030],” said Widodo, “A [future] that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have a better opportunities for better lives.”

More than 220 million women worldwide do not have access to modern contraceptive methods. Addressing this need would result in fewer unintended pregnancies, fewer women and girls dying in pregnancy and childbirth and fewer infant deaths.

The conference was first launched in 2009 and is held every two years to help address these issues. It now also provides an important opportunity to help shape and influence the role and contributions of family planning in attaining the new sustainable development goals (SDGs).

Also, important in this is the FP2020 Commitment to Action, which is a global campaign that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have and aims to reach a further 120 million women by 2020. This will be a key milestone in reaching the sustainable development goals three and five to ensure universal access to sexual and reproductive health services and rights.

Dr Babatunde Osotimehin, the under-secretary-general of the United Nations and executive director of UNFPA, said family planning should translate to women’s positive contributions to the global commitments.

“Family planning is about women’s right and their capacity to take decisions about their health and well-being contributing to the objectives of FP2020,” said Osotimehin. “It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the SDGs.”
Conference organizers announced on Friday that the fourth International Conference on Family Planning (ICFP) will be rescheduled for 25–28 January 2016 in Nusa Dua, Indonesia. Previously, conference organizers had postponed the November 2015 conference dates due to a volcanic eruption on the nearby island of Lombok. This is contain in a press statement shared with Health Reporters.

The following is a statement by Jose “Oying” Rimon II, Director of the Gates Institute and Chair of the ICFP International Steering Committee and Surya Chandra Surapaty, Chairman of the National Population and Family Planning Board of Indonesia (BKKBN) and Chair of the ICFP National Steering Committee:

“Postponing the November conference activities was an extremely difficult decision, but we believe it was the right thing to do to protect the health and safety of our valued delegates and to maximize the value of the ICFP for the family planning community.

We would like to thank all of our partners for their support over the last week, and in particular we would like to thank the Government of Indonesia for their guidance and hospitality. We are pleased to confirm that the fourth ICFP will be held in Nusa Dua in late January 2016, and we are excited to reconvene the family planning community so soon.”

More information on the conference postponement and plans for new dates can be found here.
The 2015 winners of the Global Humanitarian Award for Women’s and Children’s Health are:

1. Dato’ Sri Prof. Dr. Tahir, Founder and Chairman of the Tahir Foundation
2. Sir Christopher Hohn, Co-founder of the Children’s Investment Fund Foundation (CIFF)
3. Fayeeza Naqvi, Chairman & Co-founder, and Mr. Arif Masood Naqvi, Co-founder of the Aman Foundation.

The awards according to the report will be conferred on the honorees during the opening ceremony of the ICFP. The awards is expected to be conferred by His Excellency Joko Widodo, President of the Republic of Indonesia and Melinda French Gates, Co-chair of the Bill & Melinda Gates Foundation. ICFP holds biannually since 2009, it serves as a strategic inflection point for the family planning community worldwide. It also provides an opportunity for scientists, researchers, policymakers and advocates to disseminate knowledge, celebrate successes and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

The 2015 ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN). The conference is made possible through the ICFP Core Group – the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, UNFPA, USAID, FP2020, the International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI) and the UN Foundation as well as the International Steering Committee and National Steering Committee of the ICFP.

Dawn: Family Planning conference urges increased access to services
26 January 2016
By Zofeen T. Ebrahim

When women and girls are able to decide whether and when space births, not only do they survive, but thrive. And when women thrive, families thrive, communities do better and countries prosper.

Therefore, the Indonesian President Joko Widodo urged governments to “take real action” as “investment on family planning [FP] was absolutely necessary” and to eliminate “stigma, prejudice and discrimination” from women’s lives.

He was addressing the nearly 2,000 delegates participating at the opening of the fourth International Conference on Family Planning, being held in Bali, between Jan 25-28. Held every other year since 2009, the ICFP has, in the words of the organisers, “brought together the family planning community to share best practices, celebrate successes, and chart a course forward”.

The president’s sentiments echoed the theme of the conference — Global Commitments, Local Action. With global financial crises in FP with a dip by $20 million in 2014, Dr Babatunde Osotimehin, executive director of the United Nations Population Fund, said dwindling resources from donors meant countries needed to come forward.

Holding the FP conference in Indonesia makes sense. From 1976 to 2002, it doubled the use of modern contraceptive; thereby halving the fertility rate (the number of children a woman has).
“Many lessons can be learnt from Indonesia, which is also a Muslim country and has achieved a lot in mother, newborns and child health,” said Begum Zakia Shahnawaz, Minister for Population Welfare Department, in Punjab.

Dr Tauseef Ahmed, country representative of Path-finder International, a non-profit family planning and reproductive health organisation said that in the past Pakistan had sent many teams to learn from Indo-nesia. “But not a single team guided or steered to adopt the success story of Indo-nesia.” Bangladesh did and made progress, so did Iran and Egypt, even Jordon did.

In Pakistan six million married women say they don’t want more children or want to space births, but are unable to do so. The percentage of couples using both traditional and modern contraception methods is very low at just 35 per cent.

According to Dr Sartaj Naeem, principal at the Regional Training Institute for Population Welfare Dep-ar-tment in Khyber Pakhtun-khwa, said the Indonesian formula could bring dividends. “Engage with religious leaders and youth and increase the number of and build the capacity of community midwives and we, too, can make a difference,” she told Dawn.

Pakistan plans to achieve universal access to reproductive health by 2020, and to raise the use of contraception to 55 per cent by then. “The presence of the Punjab minister for population welfare and officials from departments of population and hea-ith from the different provinces speaks volumes of the political will,” said Dr Fauzia Assad, senior programme manager, with Jhpiego, an international consulting firm working on RH.

But Pathfinder’s Ahmed remained skeptical of the international commitments made by the federal government that are not owned by the provinces. “Provinces are not being provided funds by the centre consistent with the commitments.” Doing quick calculations, he pointed out: “Even though Punjab commits CPR of 52 pc, Sindh 42 pc, KP 35 pc and Balochistan 29 pc by 2020; these do not add to 55 pc. And if all goes well Pakistan as a whole practically commits much less than that it committed in 2012. It is around 48 pc if we put these together.”

However, there are small successes made by organisations trying to fill the void left by governments that need to be celebrated. One such success — Aman Foundation’s work on maternal and child health through its Sukh initiative — was among the three recipients of the Global Humanitarian Award for Women’s and Children’s Health at the opening.

Partnering with local government, Sukh was initiated two years ago in Karachi and has been able to reach scores of married women and brought them into the fold of contraceptive use.

“The award pays tribute to the passion and spirit of our community health workers in improving the lives of thousands of women. In Aman’s seven years on the ground, we have touched millions of lives and we are developing models that are scalable, sustainable and systemic,” Fayeeza Naqvi, chairperson and co-founder of the foundation, told Dawn on receiving the award.

“Today I speak to you as a mother and as a woman. Family planning not only means awareness and availability of contraceptives; it means giving women economic opportunities. And giving women
control over their bodies and their destiny is the right thing to do,” she said in her acknowledgement speech.

Dr Christopher Elias, president of the Global Development Programme at the Bill and Melinda Gates Foundation, that is co-hosting the conference announced committing an additional $120 million over the next three years in three areas it has identified — advocacy by making compelling and consistent case for budgets, policies and programmes ensuring more women and girls can access contraceptives; improving the quality of services women and girls receive with emphasis on long-acting reversible and injectable contraceptives and fund programmes for the most marginalised.

The Express Tribune: **Pakistan woman wins global humanitarian award**  
27 January 2016  
**By Urooj Jawed**

A Pakistani woman has been awarded the first-ever Global Humanitarian Award for Women’s and Children’s Health for her contributions to Pakistan’s health and education sector.

Chairman of the Aman Foundation, Fayeeza Naqvi, along with her husband Arif Naqvi was honoured as one of the four winners of the first-ever Global Humanitarian Award for Women’s and Children’s Health at the 2016 International Conference on Family Planning (ICFP) in Nusa Dua, Indonesia.

Upon winning the award, Naqvi said, “Aman is dedicated to promoting the centrality of family, and dignity of life for all. The ‘Sukh’ program was created with this mission in mind, and seeks to foster gender equality, by giving women the power of choice. “

“We believe that healthy, educated and empowered women build strong families and productive communities. Aman aims to develop programs that convene international partners to bring best practise and expertise in collaboration with local government to ensure a sustainable impact,” she said.

“I am honoured to accept this award on behalf of the Aman Foundation and look forward to working closely with my fellow awardees in furthering the cause of family planning and maternal health,” she added.

The ICFP, a four-day event which kicked off on January 25 2016, was co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health, at the Johns Hopkins Bloomberg School of Public Health, and the National Population and Family Planning Board of Indonesia (BkkbN).

The award paid tribute to Aman Foundation’s work in the area of women and children’s health exemplified by programs developed by Aman Health and its dedicated family planning programme, Sukh, which was launched as a concrete outcome for the London Summit on Family Planning, the press release read.

Sukh was established as a joint collaboration between the Gates, Packard and Aman Foundations. The programme covers a population of one million in some of the most under-served and challenging areas of Karachi.
Jose “Oying” Rimon II, Chair of the ICFP International Steering Committee and Director of the Bill & Melinda Gates Institute for Population and Reproductive Health, on the occasion said, “We are honoured to count Fayeeza and Arif Naqvi among the recipients of the 2016 Global Humanitarian Awards for Women’s and Children’s Health.”

Their tremendous contributions to family planning and maternal, neonatal, and children’s health epitomise the theme of the 2016 International Conference on Family Planning: Global Commitments, Local Actions.

The award recognises individuals who, with great vision and leadership, invest private wealth for the advancement of reproductive, maternal, neonatal and child health, especially family planning, at regional, as well as global level.

The Express Tribune: **So who should talk to the 20-somethings about contraception?**

27 January 2016

*By Farahnaz Zahidi*

They can curse in each other’s presence, break traffic signals in unison and smoke together, and they may at times act macho and show off their romantic escapades. But young men, like their elders, do not readily open up about reproductive issues. Parents or teachers do not discuss subjects of a sensitive nature with them. While it is the same with adolescent and young women, they are comparatively more open to confiding in each other and getting guidance.

But it seems the world may be in for a change in attitude. Young men, all over the world, are stepping up to take part in reproductive discourse.

One such young man is Hamza Moghari. He is still reeling from the long journey from Deir El-Balah in Gaza, Palestine, to Bali, Indonesia. And the reason why he is there is that he has the guts to talk to his peers about difficult subjects like contraceptive choices and reproductive health. Hamza has seen more violence and difficulty than he deserved to in his tender age of 22 years. Coming to the International Family Planning Conference (ICFP) 2016 is a dream come true for him.

“This is the first time I sat on an airplane. I nearly never came,” he says, sharing the long journey of how he first reached Jordan from his home in Gaza.

He explained that he was sent away and told to go back due to lack of a no objection document, but he stayed near the border and went back the next morning, and was finally let into Jordan from where he flew to Bali.

A tad bit shy by nature, he confesses that the most difficult subject to talk about with boys his age is sexuality. Yet it seems that the world is realising that due to cultural norms, adolescents and young people often do not discuss these issues with their elders or family members. With their own age group, if they feel safe enough, they can talk about the typically hushed topics too. Y-PEER, a youth network of young people from more than 700 non-profit organisations and government agencies in more than 50
countries initiated by the United Nations Fund for Population Activities (UNFPA), uses an integrated approach to work with young people on subjects like gender, contraception and reproductive health. This year the thrust of all the discussions at ICFP was how to involve youth in the process. Half of the world’s population today, which is over 3.5 billion people, is under 30, mostly living in developing countries. They need guidance on these matters and silence may not be feasible anymore.

“If you’re not at the table you’re on the menu. How do we bring the youth to the table to talk about family planning?”

This question was put forth by Katja Iversen, CEO of Women Deliver, at the ICFP.

Pakistan is currently the world’s seventh most populous nation, according to the registered number of Pakistani, 199,085,847 in July 2015, as per the CIA Factbook. Contraception is thus an important subject that should be included in the nation’s narrative at all levels. In Pakistan too, this working via youth strategy has found a foothold.

One such initiative is Chanan Development Association (CDA). What started as a small theatre group is now an organisation that is youth-led and works for the youth.

Muhammad Shahzad, the executive director, has in tow young leaders wherever he goes. At the ICFP, too, he is watching out for and introducing proudly bright young people from Pakistan. One of them is 24-year-old Qaisar Roonjha, who says working with and for people his age is something he just has to do. His organisation, WANG (Welfare Association for Young Generation), is youth-led, and its primary focus is to struggle for a fairer society. Important buzz words like Youth Development, Women Empowerment, Mother and Child Health, Young Girls Education, Gender justice, Peace Promotion, Youth Development and livelihood security are all highlighted on the WANG website. From Lasbela in the perilous province of Balochistan, Qaisar has come a long way.

“I have met at least 40,000 young people all over Pakistan in the last five years,” he says with pride.

He shares that the toughest subject to tackle while talking to young people in Pakistan is gender equality.

“They still seem ready to discuss contraception. At least the married ones do. But seeing women as equal partners is difficult,” adds Shahzad.

Qaisar, whose video was selected for a competition held by organisers of the ICFP, attended the high profile conference in Bali as a moderator.

Ayesha Memon, an MBA student and youth leader from Hyderabad, also won the same recognition for her video, and addressed groups of interested activists and experts at the ICFP.

“Young people need to come out of their boxes; we should not assume things can’t change.”

Sharaf Boborakhimov is no novice at engaging with his peers on some of the trickiest subjects, which especially boys never openly talk about. Originally hailing from Tajikistan, he currently lives in Sofia, Bulgaria. This graduate in International Economy joined Y-Peer in 2011.
“What we do is provide safe spaces to youth where they can talk about sensitive subjects to people their own age. The peer-to-peer methodology works in tackling these subjects. We choose each word very carefully. We have to memorise manuals to know what to say and what not to and how to approach a subject.”

He has a close eye on the Syrian crisis, has Syrian friends, and has worked in Jordan closely with Syrian refugees who have made the Zaatari Camp their permanent home.

“We specially trained couples so that they could go back in the camps and train others. The refugees are just like any other couple. All they want is peace. They are depressed and frustrated no doubt. But in them I see a vision and a hope for a better tomorrow. They need guidance about contraception too.”

Theatre-based peer education, in Sharaf’s view is most effective for youth, whether they are refugees or not, the same strategy Chanan begun with.

“Since 2009, we have recruited some 50,000 young people for Y-Peer who work with us to educate their peers in important matters like sexual and reproductive health rights and also contraception,” Shahzad shares, adding that Pakistan was the first country in Asia Pacific that introduced UNFPA’s Y-Peer program in the region in 2009.

They are working with youth across 135 districts spread all over Pakistan including its toughest regions. In Pakistan, 65 per cent of the population is under 29, and 40 per cent fall into the even narrower age bracket of 10 to 24 years, says Shahzad.

“A big focus of our work is to engage with policymakers,” he says, sharing that Chanan was part of the National Task Force of 2009 for youth policy development, and is hosting the National Secretariat for Y-Peer in Pakistan.

For Hamza, the journey started by working for a local Palestinian organisation called Palestinian Family Planning and Protection Association (PFPPA). He is studying to get a degree in nursing.

“There are two million people in Gaza. The blockade is continuing since two years. Aid and medical help is almost impossible. Unemployment in my people is 70 per cent; among the youth it is 55 per cent. The healthcare system is fragmented. Very few people are able to reach the government-run healthcare centres.”

“In shelters that he has worked in, two to three thousand people were staying in one school. That meant each classroom was housing at least 50 people. Men, women and children, all strangers for each other, crammed into one room. With no food and water at least for the initial days till help started trickling in. Do you think family planning is a priority for them on a hungry stomach?”

In difficult situations and at such a young age, to be taken seriously and sensitise people about contraception is an uphill task. But these young people have realised that their generation’s reproductive choices will shape future demographic trends. They are thus helping their peers make informed decisions.
INDONESIAN President Joko Widodo announced on Monday his government will set aside 5 per cent of its 2016 health budget to exclusively support its national family planning programme. He made the announcement when welcoming thousands of International Conference on Family Planning delegates in Nusa Dua (Bali).

The move, Mr. Widodo, said was in recognition of the critical role reproductive health played in sustaining an economy, adding it was a "strategic investment" towards the realisation of the Sustainable Development Goals (SDGs).

Indonesia is not a new kid on the block though. Its successful family planning campaign is perhaps the envy of her contemporaries seeing that the dynamic 30-year policy encouraging two children per family halved its fertility rate to 2.37 births per woman by 2012, gaining middle-income country status.

While overseas "success stories" must always be taken with a grain of salt, Indonesia is actually proof of how investment in family planning can determine for the better a country's economic output. Now she hopes to reduce fertility rates further to the replacement rate of 2.1 by 2025.

Indonesia's family planning policy included the establishment of maternal health and family planning (both components of sexual and reproductive health and rights) clinics across the country, ensuring accessibility to its population of some 255 million. The decentralisation of activities related to the policy however has slowed down the momentum for Indonesia's National Population Family Planning Board.

Indonesia's intentions to revitalise its family planning campaign is as Mr. Widodo rightly reminded delegates the realisation that whatever challenges related to population and development issues those in leadership are facing now, will worsen in the future.

Mr. Widodo told delegates: "To sustain economic growth in every country and every region, investment in family planning is (an) absolute." Health including family planning is considered one of the crucial pillars of economic politics in Indonesia.

"Family planning has really helped our economic improvement (in the past 10 years) Indonesia has transformed from a low-income country to a middle-income country and the success of family planning has been key," Indonesia's Finance Minister Bambang Soe-mantri Brodjonegoro told delegates.

On Tuesday, the conference discussed, among other topics, the urgency of global and local investments in human capital and health to meet family planning needs. Planning one's family based on one's resources does not only auger well with personal growth or as per family but also a nation's economic prowess and progress.

Family planning is about ensuring that every pregnancy is wanted (thus a couple or an individual is prepared), that every childbirth is safe (preventing women from having too many children too close to one another which causes fatal complications such as hemorrhaging) and that every young person will realise their full potential (from more disposable income). Family planning is very much core to inclusive
national growth, for a population base of well-educated professionals and for an effective way of addressing poverty.

The fantastic economic growth by the Asian tigers (South Korea, Taiwan, Hong Kong and Singapore) for example was on the back of a favourable demographic transition (when a nation's age structure changes to more working-age wage-earners and less dependents) — enabled fundamentally by family planning.

Access to voluntary family planning is a human right and therefore very much central to gender equality and women's empowerment. It cannot be considered any longer or strictly as a private matter if family planning is recognised a determinant of a country's economic progress.

Family planning is the most effective human development intervention there is today, a fact we all need to acknowledge more than the propensity to pin it down to sex. Family planning also needs to be seen as a responsibility of both rights holders and duty bearers. Fiji is progressive in this matter as "reproductive health care" is a specific element in the Constitution, under Section 38(1) Right to Health.

Providing family planning services, including counselling and contraceptives, is one of the most cost-effective public health interventions, contributing to dramatic reductions in maternal mortality and morbidity. The United Nations Population Fund, UNFPA, works at every level to support access to safe and voluntary family planning.

Though government support for family planning has grown stronger in many countries, much remains to be done. UNFPA is promoting a development agenda that encourages countries to make family planning services, including a full range of quality contraceptive methods, readily available to women, men and adolescents. This strategy prevents unwanted pregnancies and unsafe abortions, and reduces maternal deaths and disabilities.

UNFPA is also strengthening health systems and supply chain management in order to ensure uninterrupted supplies of contraceptives, improving the technical capacity of healthcare providers, including counsellors, and advocating for equitable access to quality reproductive health commodities and services.

"Family planning is a human right and a tool that unlocks untold opportunities for women and girls," Dr Laurent Zessler, of the UNFPA Pacific subregional office, said.

"Family planning is central to development and offers a pathway out of poverty, hence the great need for governments and other stakeholders to turn global commitments on family planning into local action."

Family planning is also now seen as crucial for the achievement of the SDGs, in particular SDG3 and SDG5, which promote universal access to sexual reproductive health services and rights, and the integration of reproductive health into national policies.

Family planning demands visionary leadership and a genuine desire to invest in effective albeit long-term and sustainable economic drivers, rather than activities which promise immediate monetary rewards but are rooted in unsustainable development practices.

* Ariela Zibiah is the communication analyst at the UNFPA Pacific subregional office. The views expressed are not of this newspaper.
EmTV: Conference Gathers Many To Assess State of Family Planning  
28 January 2016  
By Marie Kauna

The International conference on family planning is an annual event that is staged every year. It includes researchers, and the world’s experts in family planning, to discuss, assess and develop effective family planning methods for future use. Their plans are based on the outcomes of existing methods and strategies.

This year’s conference is the fourth conference and is staged in Nusa Dua, in Indonesia.

The conference started on Monday, January 25 and will end today, January 28.

This year's conference has attracted the largest number of attendees. These include family planning experts, researchers, policy implementers, advocates, youth leaders, media and the local and international representatives to assess the state of family planning around the world.

Representatives will be given opportunity to participate in:
- Marketing of ideas, concepts and discussion topics that will spark conversation and collaboration from other participants
- Round table discussions
- Auxiliary events and
- Family planning voices

The opportunity will provide better understanding on developing strategies and best practices for family planning for future use.

Awards will be given to individuals with best provided vision and leadership and who have invested into private wealth to advance reproductive, maternal, and neonatal and child care in family planning in their respective countries and on a global level as a whole.

Advance Family Planning: At ICFP 2016, DRC Leadership Commits to Further Family Planning at Highest Level  
27 January 2016  
By Arsene Binanga and Harshi Hettige

"The Democratic Republic of the Congo (DRC) will never miss a conference on family planning. It is a priority for us," the DRC Minister of Health Dr. Félix Kabange declared. At the 4th International Conference on Family Planning (ICFP) auxiliary event, The Democratic Republic of the Congo’s (DRC's) emergence and family planning leadership through 2030, a high-level delegation from the DRC expanded upon the country’s strong and growing commitment to family planning.
In an introductory video, Prime Minister Matata Ponyo stated, “[Family Planning] constitutes a priority for my country, the Democratic Republic of Congo. Through [family planning], we understand the central role of people as a main actor of development. This is why we are deploying combined efforts in the economy, justice, security, education, and health sectors.”

The Ministers of Health, Education, and Plan shared impassioned evidence-based presentations discussing the progress that the DRC has made since their Family Planning 2020 commitment at the 3rd ICFP in 2013 and their plans for the future.

Just a few weeks prior to the delegation’s arrival in Indonesia, the DRC’s National Assembly voted unanimously in favor of a budget request for the purchase of contraceptives to be included in the Ministry of Health’s annual budget for the first time. The national commitment was approved during the September – December 2015 parliamentary session, resulting in an allocation of USD 3.5 million. President Joseph Kabila has promulgated the budget and, by the end of January 2016, he will enact the budget law for 2016.

Advance Family Planning (AFP) local partner Tulane International led an advocacy session in early August 2015, which played an important role in achieving this advocacy win. Civil society joined, as well as the Ministries of Public Health, Budget, and Finance, who provided critical insight into how the budget is created. The group worked together to develop steps to reach the ambitious allocation.

Following the advocacy session, the Ministry of Health, together with its technical and financial partners, worked closely with the Directorate of Research and Planning and the Directorate of Budget Preparation and Tracking at the Ministry of Finance to create the budget request.

The Directorate of Budget Preparation and Tracking at the Ministry of Finance took the following actions:

- Created the expense for “Purchase of Contraceptives” in the revised budget nomenclature (2015 Edition);
- Integrated this expense into the budget preparation database, thereby putting it into effect as early as 2016;
- Included two budget lines amounting to USD 3.5 million into the 2016 budget for the operation and purchase of contraceptives using its own funding, dispensed by the National Reproductive Health Program (PNSR).

In mid-November, technical and financial partners in family planning worked with the Economic and Financial Commission of the National Assembly to consolidate the advocacy messages in favor of a national budget allocation. Tulane International worked daily with the Ministries to overcome the hurdles of time constraints and bureaucratic processes.

The new budget allocation will help to fulfill the DRC’s goals outlined in the 2014-2020 National Strategic Plan for Family Planning to increase modern contraceptive prevalence across the country from 6.5% (in 2013) to at least 19% by 2020 and ensure access to modern contraceptive methods to at least 2.1 million women by 2020.
The connection between sexual and reproductive health (SRH) and maternal health, as well as their effects on women’s lives, cannot be overstated. Research shows up to a third of maternal injuries and deaths are preventable when women have access to contraception. By meeting the unmet need for family planning, an estimated 1.1 million infant deaths could be prevented. Alongside these critical health benefits, enabling women to delay childbirth and avoid unwanted pregnancies empowers them to decide what their own futures hold. From January 25-28, 2016, delegates from international governments, UN agencies, and NGOs including EngenderHealth gathered in Nusa Dua, Indonesia for the International Conference on Family Planning to discuss bridging these gaps and addressing unmet need for family planning.

Around the world, 867 million women between the ages of 14-49 report the need for family planning. However, 222 million of these women are unable to utilize any modern method. “Unmet need” is a term that highlights this gap between women’s intentions for family planning and their behaviors. It signifies lack of access to care, unevenly distributed resources, and often the low status of women compared to men. Among women with unmet need, 90% live in lower-middle income countries (LMICs). When unmet need is high, there is usually a barrier preventing women from using services. Barriers are often one (or more) of four issues:

1. **Access to care.** How long is the walk to the health facility? Would a taxi cost too much? Are you able to take a day off work to travel?
2. **Availability of methods.** Once you arrived at the clinic, was there a stock out?... You wanted the IUD, but only pills and injections were available. Will you settle for something you don’t feel completely comfortable with, or go home to risk becoming pregnant?... Your husband would like a vasectomy, is it available where you live?
3. **Acceptability.** How does your community/society/religion feel about family planning? Do you feel you will be shamed for utilizing a contraceptive method?
4. **Quality of care.** Do you have trust in the health system? Do you believe you will receive accurate information and be treated respectfully at the clinic?

Not by chance, these four issues, often referred to by the acronym AAAQ, are also the requirements put forth by the UN Committee on Economic, Social and Cultural Rights to encompass ‘the right to health.’

While many countries, especially LMICs, must strengthen their health system before immediately meeting these standards, every country should have policies and work plans showing how they will eventually be achieved. Fistula Care Plus works with governments and partners in six countries (Bangladesh, DRC, Nigeria, Niger, Togo, and Uganda) to address systemic barriers keeping women from realizing their rights. The project works to promote access to family planning, facility based delivery, and emergency obstetric care- all key aspects of ensuring quality services to prevent maternal injury.

Throughout our community and facility level work, Fistula Care Plus ensures activities are grounded in the principles of sexual and reproductive health and rights (SRHR). FC+ believes that all people have the right to choose if, when, and how many children they have. Furthermore, they have the right to adequate and correct information about all family planning methods, and the right to decide which method is right for them without any form of coercion. When they do decide that it is the right time to
have a child, every woman deserves the right to life saving health care that can prevent maternal morbidities such as fistula, and even save her or her newborn’s life.

EngenderHealth: **ICFP2016 Poster Presentations**
26 January 2016

EngenderHealth’s participation in the 2016 International Conference on Family Planning in Nusa Dua, Indonesia, has been a tremendous success! Our experts made more than a dozen poster presentations during the meeting. Check out these beautiful and informative posters:

- **The Delivery & Long-Acting Reversible Contraceptive (Delarc) Hour Initiative: Building and Sustaining Momentum to Boost Institutional Deliveries and Increase Uptake of Long-Acting Reversible Contraception in Ethiopia (PDF, 3 MB)**
  Ambaw Belete

- **Are Courtyard Meetings Effective in Disseminating Family Planning Information? Experiences from Bangladesh (PDF, 5.2 MB)**
  Fatema Shabnam

- **Community Health Events: A One-Stop Shop for Reproductive Health Services in the Philippines (PDF, 2.6 MB)**
  Marilyn Convocar
  Coauthors: Susana Madarieta, Merlyn Rodriguez

- **Putting Choice and Rights at the Center: Results from a Family Planning Client Survey in the Democratic Republic of the Congo, Tanzania, and Uganda (PDF, 692 KB)**
  Leah Jarvis

- **Reaching More Clients with Comprehensive Postabortion Care and Family Planning in Tanzania (PDF, 1.3 MB)**
  Feddy Mwanga

- **Increasing Family Planning Uptake in Peri-Urban Areas of Niamey, Niger, Using the Special Family Planning Days Approach (PDF, 848 KB)**
  Andre Koalaga

- **Champion at Work for the Millennium Challenge Account—Tanzania: Expanding Workplace HIV Interventions to Mobile Workers (PDF, 2.2 MB)**
  Holly Connor

- **Increasing Access to Long-Acting Reversible Contraceptives and Permanent FP Methods through Mobile Outreach Services: A Public-to-Public Mentoring Model in Ethiopia (PDF, 834 KB)**
  Belay Awie
When I think about how far the global family planning (FP) community has come since the first International Conference on Family Planning (ICFP) in 2009, I am amazed by the progress to date. Like many of my colleagues in the field, we have seen significant momentum since FP2020 and increased resources toward improving women’s access to FP.

Equally critical to achieving the FP2020 goal of reaching 120 million new FP users, however, is how efforts are undertaken. That is why EngenderHealth, along with its partners, has taken deliberate steps toward ensuring that FP services are designed, implemented, and monitored in a way that protects women’s rights and puts their needs, desires, and preferences at the center.

To achieve a vision of client-centered care, FP programs must offer contraceptive choice, which still remains elusive in many settings. This is especially the case in poor contexts with limited and/or no
access to long-acting reversible contraceptives (LARCs) and/or permanent methods. Fortunately, as a result of FP2020, donors and pharmaceutical companies launched the Implant Access Program (IAP), which guarantees a 50% reduction in the prices of Jadelle®, Implanon®, and Implanon NXT® through 2018.

The reduction in cost for contraceptive implants—a previously less-accessible yet highly effective FP option—was a major step toward making this method more available and affordable in low-resource settings. It helped paved the way to initiate a new project—Expand Family Planning, or ExpandFP—which aims to increase access to and use of FP, with a focus on hormonal implants and in a context of voluntarism and informed choice. Led by EngenderHealth with support from the Bill & Melinda Gates Foundation, the project is building the capacity of public-sector FP systems to offer hormonal implants in Tanzania, Uganda, and the Democratic Republic of the Congo (DRC)—countries with high unmet need for FP.

Since 2013, ExpandFP, in partnership with ministries of health, has made measurable contributions toward supporting FP2020 goals, benefiting from the IAP price reductions, and expanding FP options. For example, the project has seen an extraordinary shift in method mix in project-supported services, most notably for implants.

In addition to providing technical assistance, EngenderHealth undertook a study to assess client perceptions of quality and choice in FP service delivery as part of ExpandFP. Study highlights show:

The level of overall satisfaction with FP services was extremely high.

A large majority of women who wanted contraception came to the clinic with a method in mind.

Women in all three countries were very informed about all methods; in fact, a majority of clients overall stated they received “too much information” on FP, while fewer than 10% in each country stated they received too little.

Overall, clients were highly satisfied with the services they received, regardless of the type of service modality used or FP method chosen. They received the methods that they wanted, with all of the information that they needed to choose and use contraception to meet their reproductive intentions.

Lastly, mobile outreach services are important to women, since they can receive all methods close to home, even in remote areas or at clinics where these methods are not routinely available.

The experiences in Tanzania, Uganda, and the DRC demonstrate that global commitments coupled with local actions can achieve positive results. There is much to build on in terms of progress—and there must be continued investment by governments and donors to achieve sustainability, for the health and well-being of women and families today and for generations to come.

If you are attending ICFP, visit us on Tuesday, January 26, 10 am–1:20 pm, for the poster presentation “Putting choice and rights at the center: Results from a family planning client survey in the Democratic Republic of the Congo, Tanzania, and Uganda.” If you cannot join us at ICFP, visit https://www.engenderhealth.org/our-work/major-projects/EXPAND-FP_Brief_3-countries.pdf for more information about interim results from the ExpandFP project.
“At your age, you can’t access that!”
28 January 2016
By Ana Fried

“Now I see that [contraception] is permitted for adolescents who may come alone or accompanied by their parents, that they are free to choose the method that is convenient for them. I am there to explain the advantages and inconveniences of these methods... it’s up to the client to choose the one that suits them.” —Michel Datoma, Medical Assistant, Social Medical Center Atchambade

Michel is a provider at a health center in the Grand Nord region of Togo. In the past, he provided authoritative, disapproving, and biased services to youth if and when they went to see him.

“If a 16-year-old boy came into my office and said he had [a sexually transmitted infection], I wouldn’t just let him be, I would scold him. ‘You! At your age you can’t have that! You must go to school, you must study, your parents are sending you to school to study,” he said. “And a girl too, a young girl who came wanting contraception, I would say ‘No, at your age you can’t access that!”

Michel’s attitude is not an isolated case, but reflects the service delivery environment youth in Togo encounter when seeking family planning services despite the fact that the population of most West African countries is rapidly growing and is characterized by a youth bulge (youth aged 10–24 represent 32% of the total population). A baseline survey carried out in Togo by Agir pour la Planification Familiale (AgirPF), a project managed by EngenderHealth and partners and supported by the United States Agency for International Development (USAID), revealed significant gaps in the effort to provide youth-friendly services.

Presented at this week’s International Conference on Family Planning (read full results here), in Togo the baseline measured provider training, access, and confidentiality as three key aspects of youth-friendly sexual and reproductive health services in 48 health centers. The results were striking, including that just 33% of health providers had been trained in the provision of youth-friendly services, 81% of providers reported that they ask about a client’s marital status before providing services, and 84% of providers imposed barriers to services based on marital status and nearly half (48%) did so for age.

According to providers interviewed, the greatest barrier is that providers believe that boys and girls should not be sexually active and that women have had at least one child before accessing contraception. Not a single health center complied with all 10 characteristics of youth-friendly services (derived from: High-Impact Practices).

During the baseline assessment, youth (13-24) reported similar barriers to accessing sexual and reproductive health services. Some examples of barriers youth face include refusal by health center staff to provide services without a parent or spouse, or due to age restrictions; judgmental attitudes and practices among providers regarding sexual practices and gender norms; and inadequate infrastructure to ensure privacy and confidentiality.
As of December 2015, 57 health care providers had been trained in the provision of youth-friendly services in Lomé, Sokodé, and Kara. In 2016, 28 more health care providers, in addition to 48 health care managers, will receive this training, resulting in a total of 133 trained staff nationwide.

AgirPF trained six facilitators from the Association Togolaise pour le Bien Etre Familiale (the local affiliate of the International Planned Parenthood Federation) and from the Family Health Division of the Ministry of Health to lead this intensive five-day workshop. The curriculum is based on introspection, critical thinking, and reflection on such issues as gender norms, cultural taboos, and perceptions of sexual and reproductive health, as well as sexual and reproductive rights.

After being trained in youth-friendly service provision by the AgirPF project staff, Michel and others understood how to differentiate between personal beliefs and the responsibility to provide equitable and high-quality sexual and reproductive health services for youth and adolescents. At the workshop, Michel listened to youth’s experiences and needs, practiced role plays covering difficult questions regarding sexuality, sexual practices, and gender, and learned how to respond so that a client can make safe and healthy choices. Conversations with both providers and youth indicated the profound effects that shifts in perception have in service provision for youth and adolescents.

“With this training, providers will be able to get into the skin of young people. If a young person goes to a health center, he will not feel ashamed, because after this training... youth will have more clarity about their sexuality and about their problems concerning sex,” said Nikada, a youth group member and 23-year-old marketing student. “Now I know [providers] will improve the way they see things because the world is evolving and we are evolving with the world too.”

Training providers in youth-friendly services not only improves the experience of young people when they access health services, but it also encourages them to do so in the first place. You can learn more about the Agir-PF project, including access to the full baseline report, at www.engenderhealth.org/agirpf.

FHI 360: Where’s Youth in Family Planning…let’s walk the talk.
28 January 2016
By Numfor A. Munteh

This week I am at the International Conference on Family Planning in Indonesia where participants from around the world including policy makers, technical experts, researchers, advocates and youth adolescent groups have gathered. I am excited to be one of the over 300 strong youth delegates here to make sure that 1.8 billion youth voices around the world are heard on an issue that greatly affects us. This conference is an ideal platform for worldwide engagement on issues of family planning (FP) and as a youth representative I see this as my golden opportunity to make sure leaders walk the talk.

At the opening plenary, we joined Honourable Awa Marie Coll Seck, Minister of Health and Social Action of Senegal to celebrate the tremendous progress her country has made on family planning. Senegal is actually the family planning role model in West Africa, in 2012, Senegal committed to doubling its budget for contraceptives, setting a target of 27% contraceptive usage by 2015. The latest statistics show’s an increase of 4%, from 12% usage to 16%. This progress is thanks in part to the “2012 Reviewed National Action Plan for FP” that integrates young people as a vital driver. Being a member of the
Partnership for Maternal, Newborn & Child Health (PMNCH) Youth constituency, I was very happy about the Senegal story, and imagine how this progress can be emulated by all nations to facilitate global drops in adolescent unintended pregnancies and maternal deaths.

While preparing my talking points for some of the side events I will attend, I came across some really distressing statistics. Most of us can probably rattle off these numbers without a second thought, but I want to remind myself again. Every year, 1.3 million adolescents die of preventable causes, 120 million girls under 20 years are victims of sexual violence and 15 million girls are married before the age of 18. Around the world, 2.1 million adolescents live with HIV and 64% of new HIV infections occur in girls 15-19. Put into perspective, what a depressing place to grow up. It is no wonder that the two leading causes of death within this age group are suicide and complications during pregnancy and childbirth. What these numbers are telling us is that if this future generation of leaders are to survive and thrive then access to modern family planning methods is essential.

However, young people have limited representation in shaping policies and interventions to address these barriers.

In October last year something quite monumental happened. A little wind of change ushered in PMNCH’s 8th constituency—Adolescents and Youth. This new constituency has been established to enable meaningful participation of young people in the health and wellbeing agenda including the Global Strategy for Women’s Children’s and Adolescent’s Health and the Sustainable Development Goals and to ensure their views are represented in global, regional and national policies and interventions. The new Adolescent and Youth constituency is made up of youth-led organisations and networks that have been leading on or implementing SRMNCAH work at national, regional or global levels for at least two years.

At this meeting in Lusaka, PMNCH’s Board took the decision to incorporate adolescents and youth across all its seven existing constituencies. What this platform creates is an opportunity for direct interaction and engagement with governments, donors, health professionals, businesses, civil society organisations and multilateral agencies to inform the dialogue on SRMNCAH across the continuum of care, and hold stakeholders accountable through these structures. This week at the conference, I will represent The Partnership’s Adolescent and Youth constituency at the MSD Africa Auxiliary event on Innovative Strategies to Address High Unmet Contraceptive Need among Youth and Adolescents in Sub-Saharan Africa. My participation in this panel is an example of the advantages a platform such as PMNCH gives in encouraging collaboration between the Adolescent and Youth and Private Sector constituencies to examine solutions to address a specific family planning challenge.

Since the launch of the Global Strategy at the United Nations General Assembly in September, we have heard a lot of rhetoric around the importance of the Survive, Thrive and Transform agenda in fulfilling the global goals in 2030. Family planning has a specific role to play in achieving these goals if young people are to fulfil their potential to the highest attainable levels of health and well-being.
When Ephraim Kisangala describes what he sees as a physician in Uganda, his voice is heavy with the weight of his work. He tells the story of his patient Jovia,* a 14 year-old Ugandan girl who became pregnant after being raped by a family member. Jovia’s pelvis was too narrow and underdeveloped to deliver her baby, so Ephraim was forced to perform an emergency caesarean section. Jovia still hopes to pursue an education, though as a young, single mother it will not be easy.

Jovia’s story is not unique. The education of thousands of girls in Uganda has been derailed because they have experienced sexual violence, unintended pregnancy, or have suffered from an unsafe abortion. If more young people had access to contraception, safe abortions, and post-abortion care, there would be more girls in school and university.

In developing countries, nearly one in every five girls becomes pregnant before her 18th birthday, putting her health severely at risk. In fact, complications due to pregnancy and birth is one of the leading causes of death for girls 15-19 globally.

Young people—those under 30—constitute more than half of the world’s population; in some countries, young people make up as much as 80 percent. Their needs, their opportunities, and their choices not only define the world as we know, but how we want it. To take full control of their lives, young people need to protect their health and decide for themselves if and when to have children. This certainly cannot be done if they do not know about contraception and the different methods available, or are deprived access to quality family planning counseling and services. While some progress has been made in these areas, the pace has been far too slow, mainly due to lack of political will and insufficient funding. It is clear that there is an urgent need to accelerate the pace and secure political champions who are willing to speak out and act on reproductive health and rights.

Research shows that when you include young people in decision making and invest in their health, rights, and wellbeing, everybody wins. And the gains go beyond health. Nobody knows this better than the young people who are impacted by restrictive policies but who play a critical role in keeping their countries accountable for their promises.

Youth must be a factor in all advocacy planning—from funding youth-led advocacy programs to reserving seats for youth at the table. As we begin to tackle the Sustainable Development Goals, PAI and Women Deliver will do our part to make sure that young people are meaningfully included in developing, implementing, and evaluating the policies and programs that impact their lives.

This work is already underway. In fact, this week, hundreds of young advocates from around the world will participate at the International Conference on Family Planning in Indonesia. They’ll come together again this May at the Women Deliver 2016 Conference in Copenhagen to create a strategy for meaningful youth engagement, for youth, by youth.

We all have a role to play and we need to listen, learn, and elevate the voices of young people. They are not only our leaders of tomorrow, they are leaders of today, deserving of direct participation in public policy. As they say: nothing about us, without us.
September 29, 2015
By Dr. Leslie Mancusco

Every year, more than 180 million babies are born around the world. The birth of a child is a joyous occasion to be cherished and celebrated, but it is also a chance for new mothers to prioritize their health and plan for the future. As such, it represents a unique opportunity to reach the thousands of women who want to prevent an unintended pregnancy within the first 2 years after giving birth, but don’t have the time or ability to access family planning counseling or services. Proven to be one of the most effective tools available to reduce the deaths of women and children and improve health, postpartum family planning (PPFP) is also one of the most underutilized. The numbers speak for themselves:

- 225 million women in developing countries lack access to family planning information and services.
- Unmet need for family planning is highest for women in the postpartum period, during which 92% of new mothers want to space or limit future pregnancies but only 35% are using a method of family planning.
- Addressing the unmet need for family planning can avert more than 30% of maternal deaths.

The good news is that support and demand for family planning, especially in the postpartum period, are once again becoming a global movement. Starting with the groundbreaking London Summit on Family Planning in 2012 and Statement for Collective Action for Postpartum Family Planning, and continuing with the recent Accelerating Access to PPFP Global Meeting in Chiang Mai, Thailand and upcoming International Family Planning Conference.

From more than 40 years of experience working at the intersection of maternal and newborn health and family planning, Jhpiego understands the importance of integrating services for both. A no-missed-opportunities approach recognizes that every service contact—prenatal visits, childbirth, postnatal care, child immunization—presents an opportunity to counsel women on their family planning options. As technical leaders, we also know that comprehensive PPFP programming requires many types of frontline health workers being involved at each step along the prenatal-to-postpartum continuum of care. In low-resource settings, midwives and nurses are often the only point of care for women during pregnancy and childbirth. That’s why ensuring that they are properly trained, supported and empowered to provide PPFP counseling and services is so critically important.

In Pakistan, for example, women have an average of 3.8 children, and 37% of births occur within intervals of less than 24 months. Recognizing the impact PPFP can have on the health of a woman, Jhpiego, in collaboration with Pakistan provincial departments of health and with support from the David and Lucile Packard Foundation, is working to increase access to family planning counseling and services for women across Punjab Province. To date, 42,814 pregnant women and 24,552 postpartum women have been counselled on their family planning options and 13,209 accepted a method. In addition, the project has built the capacity of 52 Master Trainers, 550 Lady Health Visitors—a position similar to a skilled birth attendant—and 103 community health workers to provide PPFP counselling and services.

The lessons learned under the Pakistan program are currently being applied in other programs in the country, including a large Maternal and Child Integrated Program (MCHIP) associate award funded by the United States Agency for International Development that seeks to expand the range of methods offered to postpartum women and test the acceptability of male providers offering implants. This
program offers an opportunity to learn about the challenges of delivering these services at a much larger scale.

We are seeing similar success with PPFP in India, which has made tremendous investments in improving nursing education and scaling up access to PPFP services through a number of partnerships with the Government at national and state levels and with support generous donors such as the Bill and Melinda Gates Foundation. These successes are not unique to Asia, as demonstrated in Burkina Faso, where a dynamic team of family planning trainers leveraged the support of the Ministry of Health and a modest commitment from Jhpiego at the 2012 London Summit to provide women in Burkina Faso with access to PPFP and exceeded all expectations.

Utilizing the skills of frontline health workers and building on the pillars of successful family planning programming, government support, collaboration, capacity building, technical continuity and integration, we can become the catalyst for bold action on behalf of millions of women. Now is the time to act, to strengthen the health workforce in this critical health care need, invest heavily in PPFP programs, ensure appropriate supplies of contraceptive methods and say a resounding yes to women who want to plan their family by choice, not by chance. Please join us and share your commitment to making sure a broad range of contraceptive options are available to women after giving birth no matter where she lives.

8 February 2016
By Dr Anita Raj and Dr Venkatraman Chandra-Mouli

The 4th International Conference on Family Planning (ICFP 2016) held in Bali, Indonesia, offered a global forum to build our understanding of how to improve family planning policy and practice.

The contraceptive needs of young people were a focal point of this conference. Participants discussed how to reach more diverse young populations and provide them with high quality and youth-friendly information and services. Child marriage in particular was identified as a major barrier to women and girls’ reproductive autonomy.

While much of the work on child marriage focuses on prevention, the conference emphasised something that does not get enough attention: the need to support family planning for the 15 million girls who marry each year. Here is what we learned.

Child marriage and use of family planning

Research findings from over ten countries – Ethiopia, Nepal, Mexico, Bangladesh, India, Jordan, the Philippines, Benin, Nigeria, Niger, Zimbabwe, and Uganda – pointed to a common pattern: child marriage is associated with a lower likelihood of using contraceptives.

The reasons behind this pattern are similar from one country to another. Child marriage usually occurs in areas where traditional norms favour boys’ education and employment over girls’ own opportunities, and where young wives are expected to prove their fertility early in marriage.
As a result, they regularly face pressure from their husbands, in-laws and others in the community not to use contraceptives.

**Violence against women and girls limits access to family planning**

Studies also showed that marital relationships resulting from child marriage are more vulnerable to poorer communication and at an increased risk of male violence, both of which are associated with higher levels of unmet need for family planning throughout a woman’s life.

Research on child brides in Jordan revealed that violence from in-laws or natal family in conjunction with spousal violence increases the risk of unmet need for family planning by four times. Research about child brides in South Asia found that poverty intensifies the effect of spousal violence on unintended pregnancy.

A study from Mexico found that among rural adolescent girls with little education, early union and unintended pregnancy lead to greater risks for sexual exploitation and trafficking later on.

Taken together, these findings reiterate the close links between child marriage, gender-based violence and other inequities such as poverty and lesser education for girls. They showcase that these intersections compromise adolescent wives’ safety and autonomy over their reproductive lives.

**Uneven progress**

While there were some consistencies across countries and regions, there were also important differences that demonstrate how and where family planning works for adolescent wives.

The use of modern contraceptives among married adolescents varies greatly by country and region: over half of married adolescents in Peru and Columbia use modern contraceptives, as opposed to less than 5% of them in Benin and Guinea.

We are seeing rapid improvements in married adolescents’ use of family planning in some countries more than others. In the past decade, for instance, Ethiopia has experienced more than a seven-fold increase in the use of modern contraceptives, whereas Nigeria has seen a decline in the same timeframe.

**Family planning that works for child brides**

Family planning successes in Ethiopia have been attributed to government commitments, including the increase of Health Extension Workers trained to provide family planning counselling and short-acting contraceptives to married women regardless of age.

A comparative study of programmes in Oromia, Ethiopia, and Jharkhand, India, highlight the benefits of the Ethiopian approach. Not only were married girls in Oromia able to stay in school longer than their Indian counterparts, they also credited their access to family planning for their ability to do so.

What was the difference? Oromia’s school-based programme connected married girls with Health Extension Workers who provided injectable contraceptives. In Jharkhand, married girls had to rely on condoms obtained from the market instead.
These findings suggest one thing: in order to support married girls effectively, we need policies that call for coordinated family planning and education programmes.

Moving forward

The conference offered clear evidence that child marriage affects adolescent wives’ reproductive autonomy, and that family planning programmes and policies to support married girls are inadequately prioritised by most countries. Evidently, more needs to be done.

Greater prioritisation can have a dramatic impact, as seen in Ethiopia. We also need to provide coordinated health and social services at all levels to ensure married girls’ access to family planning, particularly those facing marital difficulties or violence.

Community efforts to improve girls’ social standing, safety and opportunities as well as marital support for couples affected by child marriage will help, particularly if there is a strong focus on gender equity and girls’ empowerment.

There is no doubt that accelerating action to reduce child marriage will help to achieve the Family Planning 2020 goals and target 3.7 of the Sustainable Development Goals, which seek to increase contraceptive use, and ensure universal access to family planning services for all women worldwide respectively. Fewer child brides will mean fewer adolescent girls initiated into sexual relationships where they have little control over their reproductive choices and are pressured to become mothers at a young age.

However, we will not achieve these goals without also meeting the family planning needs of the millions of adolescent girls around the world who married as child brides.

Global Health Now: A Leap for Faith
26 January 2016
By Maryalice Yakutchik

85 faith leaders from around the world are gathered here for the 2016 International Conference for Family Planning. The goal is that the invitees to the faith pre-conference will become more active participants in family planning in their 26 home countries and also globally, says Mona Bormet, CCIH program director and co-chair of the 2016 ICFP faith subcommittee.

The success of that goal, she adds, depends on everyone here gaining a deeper understanding of the values of the various faith communities and what family planning looks like within those values.

Faith leaders have a prominent role in this 4th ICFP—even more so than in the three previous conferences—because of increasing awareness of the vital part they play in the family planning mission.

“Faith-based organizations are often the de facto health care providers in many developing countries, providing an estimated 40% of health services in sub-Saharan Africa alone. In many nations, religious leaders are the most visible and accessible form of authority, trusted far more than governments or

Misconceptions and myths abound about everything from the IUD and morning-after pill to oral contraceptives. “Any person or community can be an obstacle if they don’t understand something,” Bormet says, adding that when family planning methods are defined for faith-based leaders and they learn the evidence, they often become major champions for family planning in their respective communities. “They understand it helps reduce maternal and child mortality, that it’s about birth spacing and not population control.”

Family planning is a major priority for Islamic scholar Naimatullah Akbari, MD, MBA, MPH, whose native Afghanistan ranks highest in the world for maternal mortality. Since 2003, he has defied death threats in upholding women’s rights to access quality reproductive health information, education and services, and in working to reduce violence against women and children and improve women’s empowerment. “It is only the blessing of Allah that I am alive,” he says, having survived a Taliban bombing of the hospital he directed in Kandahar that killed all but seven of 112 people there.

As director general of the Afghanistan Social Development and Health Organization, his vision is to establish a resource center in Kabul where religious leaders, health professionals and youth can come together as agents for change.

Among the things that needs changing fast: Although more than 92 percent of married couples in Afghanistan reported awareness of family planning in 2010, only 20 percent use modern methods, Akbari said.

The root of that discrepancy is a lack of education, and misinterpretation of Islam by a largely illiterate society, he insists, adding, “The religious leader is part of the problem, and part of the solution.”

Global Health Now: Having Faith in Family Planning
26 January 2016
By Maryalice Yakutchik

That’s the basic agenda for the preachers, mullahs, monks, priests and rabbis gathered from around the globe at the 2016 International Conference for Family Planning. The faith leaders’ collective mission is to deliver a consensus statement supporting family planning in time for the closing ceremony on Thursday.

Among those who made the pilgrimage here to Bali—the island of gods and goddesses, as well as 1,000 temples—is Henry Mosley, a Johns Hopkins Bloomberg School of Public Health professor emeritus.

Mosley, whose parents were medical missionaries, barely had time to repack his melatonin after having recently attended professional meetings in China. That trip involved a spontaneous visit to his birthplace—on his birthday, no less: “The first time I’ve been there in 82 years,” Mosley exclaims, referring to the Ren Ci Hospital, established in 1892 by the Southern Presbyterian Mission, in Qingjiangpu, China.
“I saw the church my dad was affiliated with in Yancheng, where he moved to set up a small hospital and worked for four years—and where I grew up—until 1937; it’s still there, now with 3,000 members, as well as the remnants of the original hospital building where my dad worked,” he says.

“The reason I got into public health was, my dad came back [from China] having decided public health was where it was at.”

Mosley, who explicitly believes that faith leaders and faith-based institutions have a moral duty to promote family planning, says his beliefs and public health work have never been at odds: “Not at all. Not in any way.”

Still, he acknowledges that he, like most everyone, embodies contradictions in terms of his religious views and professional values.

“No. 1, I’m supportive of all methods of contraception, and No. 2, I see the need for safe abortion,” he says, explaining that about 15% of all maternal mortality is due to illegal induced abortions, and that could be prevented without any change in maternity care services—if women were able to prevent their pregnancy or have a safe abortion.

“As a public health professional, I work for family planning because I would like to see abortions be minimized,” he says.

Mosley, a Christian, self-identifies as pro-life. But he considers the life of the mother, he says, as well as that of the child: “I demonstrate my pro-life views by being strongly supportive of family planning, and having spent a good part of my career on it.”

In Bangladesh in the 1970s, he assisted in the foundation of a national family planning program that resulted in lowering not only birth rates, but also abortion rates. To prevent abortions, he advocates giving women a choice to control their fertility rather than making it illegal for them to terminate pregnancy.

Throughout his life, Mosley has bridged the worlds of religion and science, having simultaneously—and gracefully—answered both callings: “I think it’s practicing your faith by working in public health,” he says.

In the 1970s, he was founding director of the International Center for Diarrheal Disease Research in Bangladesh, and just this past summer he was recognized as 2015 Christian International Health Champion by pre-conference sponsor Christian Connections for International Health (CCIH). Mosley’s decades-spanning career qualified him as a formidable facilitator of the ICFP Faith pre-conference events held earlier this week.

“It’s great to hear faith groups are working at every level, from the poorest of the poor to the highest levels of government,” Mosley says of the conference attendees.
Global Health Now: 2016 International Conference on Family Planning: Discussing Dividends, Unveiling an Injectable, and Hearing Voices
22 January 2016
By Maryalice Yakutchik

An easy-to-use injectable contraceptive that lasts for months, the role of family planning in the new Sustainable Development Goals, and new strategies to extend a range of family planning methods to the world’s 1.8 billion adolescents highlight the agenda planned for next week at the 2016 International Conference for Family Planning (ICFP) in Nusa Dua, Indonesia.

More than 2,700 researchers, policymakers, practitioners, youth and thought leaders from about 100 countries are expected to make this the world’s largest scientific conference on family planning. The 2016 ICFP will be charting a course forward as it shines a spotlight on the revitalized family planning program in host country Indonesia. With its theme of “Global Commitments, Local Actions,” this 4th International Conference for Family Planning, held Jan 25-28, will focus attention on family planning as a key element of the new global sustainable development goals. (The conference, originally scheduled to take place in November 2015, was postponed for two months because of volcanic activity on a neighboring island.)

“The quality of the scientific abstracts and panels at this conference is particularly high and rich,” says 2016 ICFP International Steering Committee chair Jose “Oyi” Rimon II, director of the Bill & Melinda Gates Institute at the Johns Hopkins Bloomberg School of Public Health, the lead organizer of the conference. Rimon shared his insights with Global Health NOW for the compilation of this exclusive preview of global trends and don’t-miss events and announcements.

- The Sayana Press is a 3-month contraceptive that, by combining drug and needle in one device, offers the promise of self-injection outside clinic settings. PATH, The Bill & Melinda Gates Foundation, The Children's Investment Fund Foundation, USAID, and ministers of health from two African countries will share global and country-level experiences with the small, prefilled device at an auxiliary event on Wednesday, January 27.
- Use of long-acting reversible contraceptives (LARCs) is on the rise globally—especially in low-income countries, where the implants have become more widely available at a lower cost since the 2012 London Summit on Family Planning, according to Roy Jacobstein of IntraHealth International. The popularity of LARCs seems bound to grow as they become more accessible to youth and adolescents, who account for 25 percent of the world’s population. A new global consensus statement—“Committing to Full and Informed Choice of Contraceptives for Adolescents and Youth”—will be announced at a press conference on Tuesday, January 26, and a session on Thursday, January 28, will examine LARC use among young people.

Demographic dividend (DD) is taking the policy world by storm. The DD describes the opportunities created for economic growth when high fertility is reduced, the ratio of dependents to the working-age population changes for the better and the right educational, health, and labor-market policies are put in place. At the time of the 2013 ICFP in Addis Ababa, Ethiopia, the DD was growing in popularity, but its resonance in economic policy circles has so increased since then that it was chosen as a spotlighted track in the 2016 conference. Demographic dividend-focused events include:

- A pre-conference workshop devoted to the DD on Monday, January 25, will feature discussion of the metrics and methodologies used to quantify the economic impact of the demographic transition and gender equality and women’s participation in the formal labor market.
• Ministers from Indonesia, Uganda, DRC, Mali, Kenya and the UK will participate in an Inter-ministerial Dialogue on the Demographic Dividend on Tuesday, January 26.
• A panel of family planning experts will discuss Realizing the Demographic Dividend in Sub-Saharan Africa on Wednesday, January 27.

An impressive slate of global leaders and heads of state in addition to scientists and faith leaders will be in attendance and participating on panels and in plenaries throughout the 4 days.

• Indonesian President Joko Widodo has been invited to join Dr. Babatunde Osotimehin, United Nations Under-Secretary-General and UNFPA Executive Director, and Dr. Christoper Elias, President of the Global Development Program at the Bill & Melinda Gates Foundation, at the opening ceremony on Monday, January 25. The inaugural Global Humanitarian Awards for Women’s and Children’s Health will be presented to these individuals who have given private wealth to support reproductive, maternal, child and neonatal health and family planning: Dato’ Sri Prof. Dr. Tahir, Founder and Chairman of the Tahir Foundation; Sir Christopher Hohn, Co-founder of Children’s Investment Fund Foundation (CIFF); and Fayeeza Naqvi, Chairman & Co-founder of the Aman Foundation, and Arif Naqvi, Co-founder of the Aman Foundation. “Due to the giving and commitments made by the honorees of the Global Humanitarian Award, significant progress is already being made toward enabling access to life-saving family planning resources and advancing maternal and child health and well-being in communities around the world,” said Rimon. “This award recognizes the tremendous contributions made by these individuals to the goal of saving lives worldwide—thousands, if not millions, at a time.”
• A much-anticipated plenary on Tuesday, January 26 will focus on Family Planning and the New Sustainable Development Goals. Ministers of Health and Finance from around the world (notably Hon. Prof. Bambang Permadini Brodjonegoro, Minister of Finance of Indonesia) will discuss the important links between family planning and the new global development agenda, recently adopted by the United Nations General Assembly. The Tuesday lunch plenary is a working session for the David and Lucile Packard’s Quality Innovation Challenge, which aims to inspire innovative global projects to improve quality in sexual and reproductive health.
• A youth-focused plenary on Wednesday, January 27, will challenge old assumptions and forge a new agenda. Wednesday’s lunch plenary focuses on Pooling Strengths: Helping Effectively Together With Strong Partners.
• Thursday, January 28’s plenary centers on Accelerating Progress: 2016–2020. The closing ceremony in the afternoon looks toward the future of family planning and includes the awarding of the EXCELL Awards, which honor an outstanding country, organization and individual in family planning.

And, finally, in addition to all the official family planning-related chatter at ICFP—the raw data being revealed and best practices being discussed—attendees will be hearing voices in lots of different languages sharing personal stories that are heartwarming and sometimes heartbreaking. Unveiled just in time to capture them:

• The Family Planning Voices (FP Voices) storytelling booth, created specially for the ICFP, is where conference attendees can share the personal side of their work in family planning. Photos and videos of participants can be taken and instantly shared via social media with the #FPVoices tag. A selection of photos will be posted and archived on www.fpvoices.org. FPVoices is a year-long,
The 2016 ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia.—by Maryalice Yakutchik

Global Health Now: Youth and the SDGs: A Q&A
20 January 2016

Q&A with Dr. Babatunde Osotimehin, UNFPA, and Jose “Oying” Rimon II, Bill & Melinda Gates Institute

The Sustainable Development Goals represent “a significant moment in the history of development,” says Dr. Babatunde Osotimehin, United Nations Under-Secretary-General and Executive Director of UNFPA, the United Nations Population Fund.

Young people, long a key concern for Osotimehin, are a much more significant part of the SDGs than in their precursor, the Millennium Development Goals. Yet, there were missed opportunities to address youth needs, such as comprehensive sexuality education, Osotimehin tells Jose “Oying” Rimon II, director of the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. In the recent conversation, Osotimehin shares his views on the SDGs, their impact on women and young people and his expectations for the International Conference on Family Planning (ICFP), January 25–28, 2016, in Nusa Dua, Indonesia.

This interview is part of a series of Q&As leading up to ICFP.

Rimon: After the long process of consultation to write the new Sustainable Development Goals, are you happy with the outcome?

Osotimehin: The world has come together to agree on a comprehensive way forward that builds on lessons learned from previous efforts to eradicate poverty, ensure individual rights and well-being, and promote gender equality and women’s empowerment. All this while promoting inclusive economic growth and protecting the planet.

Critically, the 2030 Agenda reaffirms the International Conference on Population and Development’s call for human beings and their rights to be at the center of sustainable development, with a particular focus on women, young people and vulnerable groups.

The Sustainable Development Goals alone would be a truly transformative, integrated platform for our work, but the political declaration that prefaced them goes even further. It is a powerful human rights statement that recognizes the centrality of empowering and enabling women and young people, including for realizing the demographic dividend. It also includes strong focus on data systems, the use of population data and projections and links to humanitarian and emergency situations.
I was particularly pleased to see reference to the demographic dividend—the first time that the concept has appeared in such a major United Nations outcome document. This is something for which we at UNFPA advocated quite strongly. Investing in the power and potential of young people could not be more relevant as we enter the new development era, and we are already working with a number of countries to help them to make the right investments to harness the demographic dividend.

The goals are ambitious, and they will require enormous efforts across countries, continents, and sectors—but they are achievable. And UNFPA has a critical role to play in helping countries achieve them.

R: You are known for championing young people. How do you think youth issues were addressed in the new SDG framework?

O: For those who champion the power of young people to shape the world, I would say that the Sustainable Development Goals present a mixed picture. The 2030 Agenda recognizes the importance of addressing people's needs throughout their lives, and there are also more references to young people than there were 15 years ago. Importantly, numerous targets within the gender goal specifically address the empowerment of girls and our responsibility to protect their rights. Countries also committed to nurturing youth, both to enable them to realize their individual rights and to help their countries reap a demographic dividend.

But when it comes to protecting and nurturing young people, I am a perfectionist, and—like most things in this world—the goals are not perfect! It is good that young people are extensively mentioned across the declaration and the goals, and in such a way that they can be reflected in the indicators that are still being developed. However, these references could have been stronger if they had been more coherently grouped and presented. One major missed opportunity is that comprehensive sexuality education is not explicitly incorporated into the goals.

R: You will be an active and prominent participant in the 2016 International Family Planning Conference. What would you like to see in terms of the conference’s role in achieving the new SDGs? In terms of the demographic dividend as a policy framework to accelerate development?

O: As you know, a demographic dividend is a boost in economic growth that occurs when there is a larger number of working-age people than dependents. We know that it is not an automatic process for countries to arrive at a situation where mortality levels are low and fertility levels are falling, or for countries to reap the dividend once they have achieved these essential preconditions. Both critically depend on the education, employment and empowerment of young people. Realizing the demographic dividend requires multiple intersecting investments, which will build the capabilities of people and ensure their right to achieve their potential.

Evidence to date show that returns on investments in family planning and in adolescents are enormous. In order to open the window of opportunity for the dividend, leaders must focus on policies that improve women’s and adolescent girls’ well-being and, in turn, promote demographic and economic transformations.

Voluntary family planning is a cost-effective and sustainable investment everywhere, even where resources are limited. When women and couples are empowered to plan when and how often to have children, women are better able to complete their education, their autonomy within their households
increases and their earning power improves. This strengthens their economic security and well-being and that of their families, and this contributes to poverty reduction and development.

I hope the conference, because of its scale and the variety of participants representing governments, civil society, community leaders, and young people, will serve as a platform to convey this message and discuss concretely what the next steps are.

R: How about in terms of the issues of young people and adolescents?

O: Young people must be empowered to claim their rights and to pursue their dreams and aspirations for their countries and for humanity. In many places, child marriage, early and unintended pregnancies, poor access to health care, including sexual and reproductive health services, and gender discrimination still undermine the development of millions of girls and women. Young people must also benefit from favorable economic conditions and employment opportunities to contribute to economic development.

Many family planning and reproductive health programs fail to reach vulnerable populations. The review of progress since the [1994 International Conference on Population and Development in] Cairo shows that, while some progress has been made, many of the programs and projects to improve access to sexual and reproductive health services for adolescents are often small in scale or ineffective. We know that opportunities exist, particularly with new technologies, to expand services targeting adolescents, but we need to move quickly to close the gap in information and services among adolescents if we are to meet our commitments over the next 15 years.

I hope the conference conveys a strong message that it is vital to tackle sexual and reproductive health issues affecting adolescents and youth. Young people must be at the heart of development. Investing in them and adopting and implementing policies that promote and protect their rights must be a priority. There simply is no inclusive development without development for adolescents and youth.

The Millennium Development Goals mainly focused on young children and on adults, but they were relatively silent on young people aged 10 to 24. They ignored the human rights and development needs of these 1.8 billion young people, a population group that could rise to 2.3 billion by 2040. The 2030 agenda does convey a better focus on their rights and needs, and I feel this should be celebrated, at the conference and beyond. Afterwards, we need to roll up our sleeves and deliver.

ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN).

Global Health Now: West Africa’s Family Planning Momentum: A Q&A with IntraHealth’s Pape Gaye
13 January 2016
By Alison Bodenheimer

Family planning in West Africa has lagged far behind the rest of the world, held back by economic, geographic, and policy barriers—but IntraHealth’s President and CEO Pape Gaye sees momentum building for change, particularly on the economic front.
As part of an exclusive GHN series, Gaye, who is from Senegal, spoke recently with Alison Bodenheimer, a program officer of the Advance Family Planning initiative of the Bill & Melinda Gates Institute for Population and Reproductive Health.

Gaye pointed to previously untapped forces, including the growth of civil society and private sector investment and the demographic dividend—the boost in economic growth that can result from declining fertility rates—that could help advance family planning in the region.

This interview is part of a series of Q&As leading up to the International Conference on Family Planning (ICFP), January 25–28, 2016, in Nusa Dua, Indonesia.

AB: West Africa, especially Francophone countries, has lagged behind East and South Africa in terms of just about every development indicator, including those relating to reproductive health. Why is this the case?

PG: If you want to talk about general economic growth and economic progress, sub-Saharan Africa is enjoying some progress. It’s the only continent in the world that has enjoyed positive economic growth in the last 5 to 10 years; most countries are growing at a rate close to or a little above 5%. That does include countries in West Africa.

However, if you focus on health and human development in general, it is true that that part of the continent is lagging far behind. Besides a couple of countries that have been showing progress in the MDGs, the indicators are still lagging, and family planning is certainly lagging far, far behind the rest of the world. When it comes to family planning and reproductive health, we are still dealing with traditional barriers that we’ve been talking about for 30 years: the economic barriers, the geographic barriers, and the policy barriers. Economic barriers [are significant] because the region is poor. People will think about surviving and eating and drinking safe water before they think about anything else.

Proper attention has not been given to the role of family planning and reproductive health in general and the importance of focusing on women as the engine of growth and the engine of development. That’s been the primary reason we have not been able to move the needle in that region when it comes to family planning.

Because a lot of these countries now are almost there in terms of reaching medium-level income, I think we have momentum. The economic development argument [for family planning] is going to be easily understood now.

I also think that civil society is mobilizing in a way we have not seen. We’ve got some good examples of what civil society can do, i.e. the HIV/AIDS movement. As long as we keep the space open for civil society—and we shouldn’t take that for granted, because there are still a lot of forces against the rise of civil society. But if we harness the potential that exists in civil society and we harness the improved climate for private sector investment, we can make progress faster than we’ve been able to make so far.

AB: In your recent article in the Huffington Post (“Let’s Not Be Squeamish About Family Planning’s Fiscal Benefits,” September 24) you mention that our field is often hesitant to promote the economic gains that can result from good access to family planning. Why is that the case, and what can we do to change it?
PG: Our field has arguments for the health benefits of family planning. People know how to talk about it. It resonates with everybody. The reality is we don’t know how to message to the non-health stakeholders. If you’re talking to the Ministry of Health or health NGOs, they can understand that [health] argument. We have tried to use that argument to convince the finance people and economic people; it just doesn’t work. We’ve never had the language to speak to them.

With the demographic dividend, we have the language to speak to these very important stakeholders. They want to hear about return on investment. The idea that every dollar that you invest into it will actually help you grow and help you make savings for educating more children or feeding more people—that’s going to sell. Ten to fifteen years ago, it might have been a little bit premature. Now I think people will hear it.

AB: What do you anticipate will be the top factors affecting global health work in the next decade—either positively or negatively?

PG: Positively, the formidable uptake of global health as a field is actually quite interesting. In the last decade, the number of global health institutes that have been created in American universities and European universities [has jumped]. And what is fascinating too is that [global health is] attracting people from all fields. It’s not just health; it’s people from the IT world, people from management schools.

The fact that some countries are beginning to experience economic development, particularly in sub-Saharan Africa—that’s going to be a big positive factor. If countries do it right, we should be seeing a lot more domestic investment in global health. At least, there are expectations from the donors that countries are going to start putting up their own money. The fact that people are beginning to see a combination of economic growth and urbanization happening—those 2 factors alone will be catalysts for more uptake of family planning and global health in general.

Finally, the number of new players coming into the scene. This used to be a fairly reserved field; you had basically government and the NGO sector. If you count in the new social entrepreneurs that have come into the scene in the last few years, it’s just incredible. We have a plethora of mostly millennials entering this field, with a very positive and forward-looking attitude that is so different from us, the old folks. It’s kind of, “We can do it, and we can do it in 2 years rather than 20 years.”

Academic institutions want to play, but they want to engage more robustly than they did before. There’s a lot more appetite for internships and fellowships nationally. I know it’s a little confusing, because there’s a push for doing things at the country level, but you also have a whole new upcoming generation of global health leaders. You look at all of these new corps—Barbara Bush’s Global Health Corps, Vanessa Kerry’s [Seed Global Health], CGI [Clinton Global Initiative]. Between the new social entrepreneurs, the academics wanting to be involved more robustly, and private sector ready to engage in ways they have never engaged before—not just through corporate social responsibility, but they want to make their footprint on development. They want to do that by doing their core business, whether it’s FedEx wanting to bring logistics or Coca-Cola wanting to help bring water.

These are great opportunities that are going to bode well and help advance global health in ways we’ve never seen before. But there are going to be some challenges. With the multiplication of actors, you also have a little bit of chaos. In the field of technology we are seeing way too many tools being developed,
and people are focusing on the next big thing—you know, after you develop this tool, you want to move on to the next tool. A lot of these tools are great for data collection, but we are not doing much with the data. Because we are in a learning curve with the private sector, I think we will probably make a few major mistakes and hopefully quickly learn from them. You need to fail a few times before you find a good thing.

More about ICFP: The International Conference on Family Planning is a strategic inflection point for the family planning community worldwide. It brings together thousands of researchers, advocates, policymakers, and representatives of national and international organizations to disseminate knowledge, celebrate successes and identify next steps toward increasing access to voluntary, high-quality family planning. ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN).

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Institute for Reproductive Health: Essential Elements for Success: Gender Transformative Ways to Involve Men in FP Programs  
27 January 2016  
By Elizabeth Salazar

Family planning programs are often directed toward women. They usually give little attention to the way that traditional gender norms—societal and cultural expectations of what it means to be a man or a woman—impact modern method use. But gender norms affect couples’ ability to discuss and make informed decisions about family planning and can influence access to information and services. Also, gender-related power dynamics often mean that men have greater say in whether and when sex occurs and if a family planning method is used.

As a result of our better understanding of the influence of gender on family planning, there is a growing recognition that programs aimed at both men and women are more effective than those aimed solely at women and that positive male engagement interventions can improve partner communication and bring about more gender-equitable attitudes.

Getting the lay of the land

IRH launched an initiative to learn about the essential elements needed for implementing gender transformative male engagement in family planning programs. This initiative began with a program review of recent interventions that have deliberately involved men in sexual and reproductive health. The analysis revealed that despite the rich and varied experiences of involving men in sexual and reproductive health, evidence is lacking on what qualifies as promising practices for engaging men.

Let's talk about it
To renew interest and discuss the evidence around male involvement, IRH convened a technical consultation of researchers and practitioners. Participants shared their experiences and discussed results of the approaches used in their programs. A major theme of the discussion was gender-transformative programming. The World Health Organization defines gender-transformative programming as: “Programs which aim to transform gender roles and promote more gender-equitable relationships between men and women. They seek to critically reflect about, question or change institutional practices and broader social norms that create and reinforce gender inequality and vulnerability for men and women.”

A deep dive

IRH then dove deep into gender-transformative programming by conducting a cross-case analysis of four family planning initiatives across eight countries. This analysis discussed implementation experiences and results and identified essential intervention elements to be considered when defining emerging best practices for engaging men in family planning. A consistent theme was that successful programs addressed underlying gender norms and existing power imbalances between men and women.

Where are we now

Increasingly, the sexual and reproductive health community is recognizing that programs must address underlying social (including gender) norms in order to achieve widespread, lasting change.

For programs desiring a gender transformative approach to family planning, keep these essential elements in mind:

- Provide a ‘comfort zone’ for men to discuss family planning and sexual and reproductive health
- Foster a sense of shared responsibility for family planning
- Promote couple communication
- Create opportunities to redefine inequitable gender norms related to family planning
- Offer family planning services in the community
- Provide models of positive male behavior and positive consequences of engagement
- Create male-targeted, positive messaging
- Focus on both men and women

Learn more

If you want more information about designing gender-transformative programs and examples of male engagement interventions:

- Literature Review: From Family Planning to Fatherhood: Analysis of Recent Male Involvement Initiatives and Scale-up Potential
- Brief: Male Engagement in Family Planning: Reducing Unmet Need for Family Planning by Addressing Gender Norms
- Peer-Reviewed: Engaging Men in Family Planning Service Delivery: Experiences Introducing the Standard Days Method® (SDM) in Four Countries

Visit IRH’s exhibit (#71) at ICFP to check out other resources related to our work in gender and involving men in family planning interventions.
“If my husband sleeps with me, the next day, I feel ill-at-ease. That’s why I prepare tea, which allows me to clean out my stomach...to avoid an unintended pregnancy.”

Idaya spoke about her marital relationship, which was tense because she did not want to become pregnant. Discussing child spacing with her husband was stressful. So instead, she used a traditional method to prevent pregnancy in secret.

Idaya shared her stories in a series of interviews that began before and continued through the Tékponon Jikuagou Project (http://irh.org/projects/tekponon_jikuagou/). Tékponon Jikuagou’s five-component intervention package is designed to spark conversations about family planning (FP) use, encourage individuals to act on their reproductive intentions, and reduce unmet need for FP among women and men alike. As the project progressed, Idaya described new conversations about FP, with a discussion facilitator, and with her friends.

Two years later, after Tékponon Jikuagou ended, Idaya described major life changes. She had switched from using a traditional method to a modern one—birth control pills—and the gender dynamics of her marital relationship had shifted. She had become more assertive with her husband. When he questioned her use of pills, she replied: “I told him that it’s not because I’m sleeping around...if I had wanted to do that, I would have been doing it for a while....That [using FP] was advice given to us all, and not just to me alone. It’s in this moment that he accepted.”

As part of research efforts to understand how social networks impact FP behavior, Tékponon Jikuagou followed 50 participants, each with stories as rich as Idaya’s, over two years. Idaya’s changes are as much about her community as they are about her. In her second interview, she described starting a conversation with her husband after attending Tékponon Jikuagou discussion groups. Later, her ability to convince her husband to support FP use was successful when she evoked her community, asserting that her desire to use FP was not just “about me alone” but about bigger changes in their network.

The metrics that the global health world uses to measure FP often center on individual use. Yet, qualitative and quantitative results from Tékponon Jikuagou show that FP use is intensely social. Participants like Idaya speak about FP with peers before speaking about it with their partners, and before taking action to use it themselves. The Tékponon Jikuagou household survey shows that women who break communication taboos like talking with someone in their network about FP are more than five times as likely to talk with their partner about obtaining a method as those who do not. Men who believe their network approves of FP are 3.5 times more likely to visit the health center to obtain FP. Results also show that a supportive environment is significantly associated with modern FP use, and that Tékponon Jikuagou was successful at fostering those environments, and reducing unmet need.

Dynamic and supportive social networks, like Idaya’s, exist not only in Benin, but throughout West Africa. These networks are powerful resources which can be used to encourage FP discussion, and
reduce unmet need. Tékponon Jikuagou began scale-up in early 2015; we aim to continue building evidence on social network approaches to addressing unmet need for FP.

Institute for Reproductive Health, Georgetown University: Supporting the next generation to take control of their fertility
25 January 2016
By Jennifer Gayles

We are all familiar with the age-old adage “knowledge is power,” but it rings especially true for very young adolescents (VYAs) as they enter puberty, a period of intense physical, emotional and social change. For youth in this age group of 10-14 years, providing accurate, clear and timely information about how their bodies are changing and growing is critical to empowering them to make healthy choices that will ensure their sexual and reproductive health.

Here at IRH, we’ve learned a lot about how to support VYAs through our various youth initiatives, including the GREAT Project, GrowUp Smart, and other research on adolescent health. Now, as one of these – GrowUp Smart – draws to a close in Rwanda, we reflect on five ways that youth programming can support the next generation to understand their fertility and be empowered to make healthy sexual and reproductive choices.

1. Create a safe and engaging environment.
It’s important to set clear expectations for respectful behavior so that youth feel comfortable sharing, discussing, and asking questions. But it’s equally important to give youth permission to have fun! The GrowUp Smart curriculum used a mix of topically relevant and well-loved icebreakers, traditional teaching sessions, small group work, and high-energy interactive activities to introduce topics and increase understanding while also meeting youths’ needs for kinesthetic learning.

2. Include boys in the conversation.
There is increasing recognition that boys’ behavior affects health outcomes for girls and that gender synchronized programming can be more effective in promoting SRH. Most GrowUp Smart learning sessions were co-ed, so girls and boys are exposed the same factual materials about female and male bodies and fertility. This joint learning provides an important opportunity for girls and boys to begin understanding changes experienced by both sexes, enabling them to support each other through puberty.

3. Engage parents from the start.
Parents of VYAs often lack knowledge about puberty, fertility and family planning too! Even those with accurate information may feel ill-prepared or embarrassed to share with their children. Our baseline found that over 63% of parents felt they did not know enough to talk with their child about adolescent health. GrowUp Smart included a separate module for parents to provide them with core knowledge on puberty, fertility and contraception, as well as other key topics like gender, sexuality and communication.

4. Build from existing local advocates and resources.
Successful youth programs work with individuals and organizations who are already embedded in communities to create support structures that can serve as resources for participants well beyond the end of the project. We partnered with three local youth-serving organizations who had ongoing relationships with the communities in which GrowUp Smart was implemented, and we worked closely with their Master Trainers during development of materials and training of facilitators to ensure that the GrowUp Smart curriculum can be replicated.

5. Bring the same messages to the wider community.
It is crucial to cultivate community-wide awareness and conversation about adolescent health issues so that youth feel supported to seek information and services. GrowUp Smart held periodic community sensitizations that brought together local stakeholders – including traditional and religious leaders, government representatives, parents and participating youth – to share health messages, celebrate youth learning, and inspire community action.

Following its successful pilot in Rwanda, GrowUp Smart is now poised for implementation in nearby Democratic Republic of Congo. The curriculum will be adapted for use with in-school and out-of-school VYAs in urban and peri-urban areas surrounding Kinshasa under the new Passages Project and in partnership with the Global Early Adolescent Study.

Join us in Indonesia at ICPF on Wednesday, January 27 for our poster session: “GrowUp Smart: Talking about changing bodies to empower girls, boys and parents for sexual and reproductive health over the life course” (10:00 AM – 1:20 PM | Jimbaran and Uluwatu Lobbies)

International Planned Parenthood Federation (IPPF): Our most ambitious pledge ever - an extra 60 million women able to access family planning by 2020
29 January 2016
By Tewodros Melesse

The International Planned Parenthood Federation (IPPF) just pledged to help 60 Million women access essential services as part of the Family Planning 2020 target. This is a number but the change is individual and unique.

For Felistus who lives in a remote part of Zambia, getting contraception involves a four hour walk across two mountains.

Her husband, Peter said: “Family planning helps us to enjoy our marriage without fear of unwanted pregnancies. Children grow healthier and we cannot have more than we can afford.”

But there’s a cost for Peter and his wife. When Felistus sets off on the trip - every three months – she has to leave her five children unattended. A lot of women would be put off.

High fertility remains a problem in Zambia but could be tackled if contraception was easier for women and girls to get hold of. Many women like Felistus want contraception but many can’t get it.
Across the world in 2015, approximately 225 million women who wanted it did not have access to family planning resulting in 74 million unplanned pregnancies, ill health and almost 300,000 maternal deaths. Maternal mortality is still one of the biggest killers of girls aged between 15 and 19.

We want every woman to be able to decide whether they have children and if so, how many they want and the spacing between them. That’s why we have announced.

We are making this announcement as IPPF’s global contribution to the Family Planning 2020 goal at the International Family Planning Conference in Indonesia. As part of Family Planning 2020 the global family planning community agreed that it would ensure 120 million additional women had access to contraception by 2020.

For IPPF, this is not a game of numbers. For us it’s very simple – it is about putting women like Felistus at the front and centre of what we do.

We have already demonstrated how serious we are about tackling women’s lack of access to family planning services. We have increased the number of clients we reach by 40 per cent since 2012. We know that if you do it right you can get generations of women using family planning services – we have seen this in Ethiopia and India.

Helping women get access to family planning, means a tailored approach in each country. Our staff and volunteers working in 170 countries, have the networks to meet those needs.

We are able to take our services to the people who need them most in the most inaccessible areas around so every woman can get contraception, regardless of their age and without facing judgement or criticism.

As the recent FP2020 showed there’s still a way to go to meet the global goal on unmet need and that’s why we are ramping up our efforts.

We have been challenged and we have reacted by making the most ambitious but realistic pledge possible by reviewing our service statistics to really change the global outcome. We want to see others join this effort and are calling for better financing at international and national levels.

Please help us make sure that women like Felistus can just pop into their local village on the way to the market to get contraception rather than having to embark on a four hour walk. It would be life changing.

International Planned Parenthood Federation (IPPF): [South-South Exchange on Family Planning at the ICFP](#)
27 January 2016

Organized by the Gates Institute, the session at the International Family Planning Conference on ‘South-South Exchange on Family Planning’ focussed on shared learning between countries on family planning needs and how to move beyond dialogue to action.
The questions facing the panel were: how can knowledge and experience sharing among South partners increase access to meet the need for family planning? How can the family planning sector work to strengthen the effectiveness and accountability of multilateral development banks? And how can the extension of the G20 and middle income countries’ development agenda best support the implementation of the Sustainable Development Goals?

Moderating, Tewodros Melesse mentioned the importance of the Ouagadougou Partnership in drawing increased capacity to an underserved region of Africa and highlighted the tremendous SRH vulnerabilities of Francophone Western Africa.

He drew attention to the success of IPPF’s African Regional Office approach to South-to-South learning through Member Association Learning Centre Models, as well as IPPF’s leadership in reviewing the Maputo Plan of Action, which will lead to a recommitment of the African Union to the Maputo Plan of Action in June 2016 at the AU Summit.

Tewodros also highlighted IPPF’s collaborations with China and UNFPA, and the work of IPPF’s humanitarian programme - SPRINT - enables South to South cooperation to work across different countries – wherever there’s a crisis – is a vehicle of some sort for supporting learning between countries for example on preparedness and coping with crises.

On the panel were Hongtao Hu, Commissioner, National Health and Family Planning Commission; Arie Hoekman, UNFPA Country Representative; Sahlu Haile, Senior Fellow, Packard Foundation; Baochang Gu, Professor, Renmin University.

IntraHealth International: What’s the Recipe for Family Planning Progress in Senegal?
27 January 2016
By Babacar Gueye

At the International Conference on Family Planning in Nusa Dua this week, Senegal has been in the spotlight. The Senegalese delegation, headed up by our Minister of Health Dr. Awa Coll Seck, has participated in countless presentations and panel discussions.

Why? Something remarkable has happened in Senegal. For years, like most countries in French-speaking West Africa, Senegal had barely budged in its use of modern contraceptives, despite long-term donor investments. From 1992 to 2011, Senegal’s contraceptive prevalence rate (CPR) was fairly stable, creeping up with a gain of only half a percent annually. In 2012, the modern CPR was 12%.

Starting in 2012, however, something began to change. Actually, many things changed. By 2014, the national CPR was 20%. What happened?

I think that three main ingredients have led to the dramatic increase in family planning use over the past few years.
1. Strong political will on the part of the government, which developed the first five-year national family planning plan, doubled the investment of domestic resources in family planning, and created a new directorate of family planning and reproductive health.

2. Strong partnership through better coordination and collaboration on the part of non-governmental organizations (NGOs) and other stakeholders, all of whom synergistically aligned their work with the Ministry of Health’s national plan.

3. The introduction of several innovative approaches, including the informed push model, which drastically reduced stockouts of contraceptive commodities; task shifting; and a focus on urban areas and community-level services.

Encouraged by the dramatic progress since 2012, the Government of Senegal has now set a new goal: 45% CPR by 2020. Is it possible? I, for one, believe that it is, but only if strong partnerships between the government and its NGOs partners continue to thrive. I believe that the onus is on us, the NGOs. We need to continue to align our efforts with those of the government and make sure that we’re not duplicating efforts or wasting resources. We must:

- Ensure that our programs and activities are aligned with the priorities of the government and are high-impact and cost-efficient.

- Offer technical assistance to build capacity throughout the health system.

- Advocate in partnership with both the government and local civil society for greater domestic investments in health.

- Work intentionally to strengthen national systems rather than create parallel project-based systems.

- Conscientiously work to support sustainable development and not just short-term project results.

- Advocate globally for more long-term investments in health systems and the health workforce, and not just short-term investments in vertical initiatives.

So, yes, Senegal can lead the way in West Africa to reach its family planning and development goals. But only if all of the partners follow the recipe.

Read more about an interesting collaboration IntraHealth International has in Senegal in Devex: Could your global programs use a nudge?

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I work with a group of passionate youth advocates for family planning in francophone West Africa. I love that I don’t need to guess or ask prying questions to figure out what they need. They tell me exactly what they want and need to be successful. I hear again and again:

*We want to be taken as serious stakeholders, not afterthoughts. We want to be included in the decision-making process. We have strategic goals, and we need to be empowered to achieve them.*

We all need to listen.

The Young Ambassadors for Family Planning program is a part of the *Strengthening Civil Society for Family Planning Project*. As a whole, the project is engaging and helping civil society members advocate for family planning and reproductive health improvements in francophone West Africa. To improve the use of modern contraceptives in this region, youth must be a large part of that effort. Through the program, coalitions of civil society organizations are recruiting dynamic and engaged young people between the ages of 18-29 and empowering them to be effective advocates.

In 2011, I trained about 150 stakeholders in Benin, Mali, and Senegal in how to use social media to promote and advocate for family planning. I was particularly struck by the dedication of the young participants. During that initial training, they were eager to learn new and effective ways to communicate and engage their communities using social media and other tech tools. They created Facebook and Twitter pages where they continue to drive conversations on reproductive health and family planning and check in with and learn from each other.

And they’re doing more than advocating online. Take Benin—where 45% of the population is under the age of 15 and 33% is between the ages of 10-24—as one example. There, the young ambassadors are leading annual campaigns that target adolescents with messages about family planning, including “Valentine’s Day without Pregnancies” or “Healthy School Breaks without Pregnancies.” They’ve also worked with UNFPA in Benin to organize and participate in events for International Youth Day, World Contraception Day, and International Day of the Girl Child, and they’re even finding their own funding.

They created a national network of support, and contacted the Embassy of the Netherlands with an action plan and made a case for partnership. Through this initiative, they secured funding for their reproductive health and family planning advocacy activities. The embassy also funded a trip for two youth ambassadors to attend the UN General Assembly annual meeting in New York City in 2015, where they presented in front of world leaders and other decision makers.

And that’s just one country.

Currently the young ambassadors program is active in Benin, Senegal, Mali, Burkina Faso, and Niger. However, young leaders from other francophone West African countries are itching to participate and are already taking on youth ambassador roles.

Last month at the 4th Ouagadougou Partnership Annual Meeting in Cotonou, Benin—a meeting of representatives from nine francophone West African countries that have formed a partnership to increase the use of modern contraceptives in their countries—these young advocates made it very clear that they also expect their governments to make good on their promises.

The young ambassadors from Benin were anything but an afterthought. They kicked off the meeting with a comedy sketch that frankly put their minister of health on the spot for promises not yet fulfilled. They were not disrespectful, but they also made it clear they would not relent until their government
fulfills its promise to make modern contraceptives free to young people. The young ambassadors ended the sketch by delivering a letter to the minister reminding him of the unfulfilled commitment and requesting a meeting to further discuss the issue. It was a moment of enormous pride and achievement for them and a very emotional one for me personally as a champion of these extraordinary young people.

As we start a new year, I can only hope that the Young Ambassadors for Family Planning movement will strengthen and extend to all Ouagadougou Partnership countries. These young leaders have proven to be key actors in repositioning family planning in francophone West Africa. They are passionate, capable, and organized, and they know family planning is central, not only to planning their future families—which many of them are not yet ready to think about—but their futures as a whole.

With more institutional support and just a little bit of mentoring, these young people could be the difference between a region that harnesses the value of its youth to reap the benefits of the demographic dividend its leaders want so badly, and a region that fails to meet the needs of its young people and, in doing so, misses out on an opportunity for social and economic prosperity.

*The Strengthening Civil Society for Family Planning (or CS4FP) Project is funded by the William and Flora Hewlett Foundation and led by IntraHealth International. EtriLabs is a partner on the project. Photo of author with young ambassadors from Benin courtesy of Senam Beheton.*

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**IntraHealth International: Move Over, Unmet Need—There’s a New Family Planning Indicator in Town**

26 January 2016  
*By Margarite Nathe*

How do we measure success in family planning? And is there a better way?

Most countries have typically measured two key statistics: unmet need (the percentage of women, either married or in a union, who don’t want to become pregnant, but are not using contraception) and the modern contraceptive prevalence rate (mCPR).

But could those two measurements be combined to create a more powerful, more complete indicator of family planning progress in countries around the world? Experts from the US Agency for International Development, the US Census Bureau, and the Bill & Melinda Gates Institute for Population and Reproductive Health, and IntraHealth International think the answer is yes.

During a panel discussion today at the International Conference on Family Planning in Nusa Dua, Indonesia, they outlined the merits of a new indicator: percent of family planning demand satisfied by modern contraception. It’s the result of a formula using unmet need and mCPR—both of which many countries are already measuring—and could better capture a country’s family planning program performance.

USAID and UNFPA have called for the new indicator to be incorporated into Sustainable Development Goal 3. They also propose a benchmark: By 2030, they say, we should work to satisfy 75% of demand for contraception with modern methods.
For some countries, particularly those in sub-Saharan Africa, meeting that benchmark will require substantial enhancements to their family planning programs, said Daniel Goodkind of the US Census Bureau.

**There’s More to Success than Meeting Unmet Need**

Unmet need by itself is a useful indicator, but it can be misleading, said Roy Jacobstein, senior medical advisor at IntraHealth. He pointed to two countries, one with unmet need of 22% (Nigeria) and the other with 27% (Rwanda). On the surface, Nigeria would seem to be in better shape—until you also factor in its 10% mCPR and Rwanda’s 45% mCPR.

The resulting measures of demand satisfied show that Nigeria is actually meeting less than a third of total demand for modern family planning, while Rwanda is meeting two-thirds of its population’s demand.

“Unmet need has been a fantastic concept for advocacy,” Jacobstein says. It’s easy to get behind, despite being a remarkably complex, nuanced indicator. And it was used to measure progress toward Millennium Development Goal 5. But along with mCPR, it has some ambiguity issues. Unmet need isn’t a measure of women who would use family planning today if it were offered to them, as its name might suggest.

In terms of measuring mCPR, it’s surprisingly difficult to know which contraceptive methods qualify as modern. It also doesn’t take into account sexually active unmarried women, the number of which is growing as the average age of marriage rises.

Demand satisfied doesn’t cover everything, the panelists said—it doesn’t speak to issues such as method effectiveness, creating demand, ensuring choice, and reproductive intentions. (“If we get to 75% but we don’t address reproductive intentions,” Jacobstein said, “we’re a long way from getting the job done.”)

Still, percent of demand satisfied could be incredibly useful in tracking family planning program performance as countries work toward their Sustainable Development Goal targets. It could provide, as Ellen Starbird of USAID said, “a measure of what women are doing, rather than what women should be doing.”

**The Future of Demand Satisfied**

So what’s next? This is a question moderator Pape Gaye, president and CEO of IntraHealth, asked of the panelists.

One answer: using the new indicator to pursue greater equity in family planning.

“In the past, we’ve always addressed the poorest women last and met demands of easier-to-reach women first,” said Scott Radloff of the Gates Institute. “But could we take the last mile first? One of the next steps in this analysis is to find out what are some countries that have made progress in meeting demand for all types of women—equitably.”
“There’s More to Success than Meeting Unmet Need” at the International Conference on Family Planning 2016 was moderated by Pape Gaye (IntraHealth) and included presentations by Roy Jacobstein (IntraHealth), Scott Radloff (Bill & Melinda Gates Institute for Population and Reproductive Health), Ellen Starbird (USAID), and Daniel Goodkind (US Census Bureau).

IntraHealth International: Young Family Planning Advocates Use Design Thinking to Understand Users’ Needs
26 January 2016
By Margarite Nathe

Imagine the perfect wallet. It’s got everything you need—a place for your credit cards, a hidden pocket to stash cash, subtle feline-themed details... Or, you know, whatever makes it beautiful (and beautifully functional) to you.

Now think about how hard it is to find that wallet in a store.

That’s probably because an engineer didn’t sit down to ask you detailed questions about what you want and need in a wallet, or why those things are important to you, or create a series prototypes for you to test out.

That’s the essence of design thinking, and it’s what some youth delegates at the International Conference on Family Planning did today. Many of them spend their days designing family planning programs rather than wallets, but the exercise gave them a chance to empathize with users whose needs may seem simple, but are actually rooted in deep personal preferences, lifestyles, and emotions.

Working in pairs, participants found that their own conceptions of wallet greatness weren’t the same as their partners’ (or the users’, in this case). And it’s often the same in the world of family planning—whether you’re designing a program, a service, or a contraceptive, there’s only one way to know what the user really wants and needs.

Don’t make assumptions. Ask. Then prototype, and ask again. And keep going until all the details—down to the little cat-shaped zipper pull—are just right.

Amanda Puckett BenDor and Margarite Nathe facilitated “User-Centered Design: Innovating to address youth needs for family planning services and information” at the Youth Preconference of the International Conference on Family Planning on January 25, 2016.

IntraHealth International: Mobile Tech for Family Planning and More
25 January 2016
By Margarite Nathe
“In a few years, everyone’s going to be using smartphones.”

Informatics technical advisor Amanda Puckett BenDor of IntraHealth International is holding up a smartphone. There are 2.6 billion smartphone subscriptions worldwide today, but tech companies believe that number will grow to 6.1 billion by 2020.

Mobile technology is constantly changing, BenDor said Sunday during the lead up to the International Conference on Family Planning—and so is the way we use it to improve health care.

Today, health workers in even the most remote settings have access to basic mobile phones. But soon smartphones will be the norm, and mHealth programs will have to keep up.

mHealth (short for mobile health, or using mobile devices in the practice of medicine or public health) can make for stronger family planning programs through distance learning for health workers, data collection, and more.

In fact, mHealth can strengthen entire health systems.

Take mHero, for example, a mobile platform developed by IntraHealth and UNICEF. It connects ministry of health officials in West Africa to health workers throughout their countries—a powerful tool as the region recovers from Ebola and works to reinstate health services that may have fallen by the wayside during the epidemic, including family planning.

BenDor presented “mHealth Spotlight! Making use of mobile technologies to improve family planning services” at the Knowledge for Health Project’s event “Knowledge, Action, Results: How to translate global family planning tools to the local level” on January 24, 2016.

IntraHealth International is a partner in the Knowledge for Health Project, which is funded by the US Agency for International Development.

IntraHealth International: It’s Not Complicated: Contraceptives Save Lives and Improve Health
25 September 2015
By Sara Stratton

“Family planning saves lives, and women want it.”

My Nigerian colleagues summed up the success of a group of family planning projects to this simple reason. They’re right. It’s not complicated. When given the option, women choose contraceptives. Our job as reproductive health advocates and family planning program managers is to make sure all women have the option.

Use of family planning—or contraception—reduces maternal mortality by nearly a third. And we know when a mother dies her children are 10 times more likely to die within two years of her death. Ensuring that women and couples have access their choice of contraceptives can lead to better health for communities around the world.
In low- and middle-income countries, over 225 million women have an unmet need for contraceptives. These women want to avoid pregnancy but are not using a modern method of family planning. Most of these women are in sub-Saharan Africa and Southeast Asia. This often leads to unintended pregnancies, somewhere in the magnitude of 74 million per year. Some women attempt to end these pregnancies, and over half of these abortions are unsafe. For those who go on to give birth in these regions, their lifetime risk of maternal death is much higher than in the US (where it is 1 in 1,800), the Netherlands (1 in 10,700), or the UK (1 in 6,900). If you are a woman in Nigeria, the risk is 1 in 31, in Mauritania, 1 in 66, and in Niger 1 in 20.

And for each maternal death there are 20 more serious morbidities, such as obstetric fistula, chronic anemia, or infertility. Preventing these poor outcomes by providing access to high-quality family planning services and contraceptives can not only improve the lives of these women, but also reduce spending on other health challenges.

Across the Francophone West Africa region, IntraHealth International has been helping ministries of health and local communities increase access to high-quality family planning services and use of these services. This region traditionally has had low modern contraceptive prevalence rates, high fertility rates, and high maternal and neonatal mortality. In Mali, for example, the contraceptive prevalence rate is 10%, the average woman has 6.1 children, the maternal mortality rate is 368/100,000 live births, and the neonatal mortality rate is 34/1,000 live births.

But the situation is starting to change. Contraceptives are becoming more accessible and acceptable across the region, and governments understand that investing in family planning is good for social and economic development.

It Takes a Village to Change Attitudes and Access

Such change requires a variety of voices, influencers, and interventions.

In Senegal, for example, where opposition has traditionally been strong, religious leaders are making a difference by speaking out in favor of family planning. They are making sure communities know that healthy spacing of pregnancies is supported in the Koran and that spacing is good for families. And health workers with new tools, training, and supervision are proactively asking women about their interest in family planning after they deliver babies and when they bring their children for well-child visits and immunizations. These interventions, along with improvements in supplies of contraceptives to facilities, have increased women’s and couples’ use of contraceptives. In two years, the modern contraceptive prevalence rate increased four percentage points — an unusually strong increase — from 16% in 2012-13 to 20.3% in 2014, and it is 29% in urban areas.

In Mali, women recovering from fistula—a devastating childbirth injury caused by prolonged, obstructed labor that leads to chronic incontinence and other health issues—are counseled on family planning options before they leave the hospital. These women now understand how contraceptives can keep them healthy and give themselves time to physically recover, regain independence, and establish a livelihood.

Youth ambassadors in Benin, Mali, and Senegal have become vocal family planning advocates. They are encouraging their peers, community leaders, and governments to ensure young people have access to contraceptives. They see contraceptives as an avenue to improving their lives. If youth can avoid early child bearing, they have time for education, establishing their professional lives, and marriage.
Across the region, governments are slowly increasing their investments in family planning. Making a range of contraceptive options available and making sure clients receive high-quality family planning counseling is working, and governments see an opportunity. Clients are more likely to continue to use family planning when they can select and rely on the method best suited to their personal needs. When couples have such options, health costs can go down.

For every dollar invested in contraceptives, governments save $1.47 in pregnancy-related care, freeing up funds for education, infrastructure, and other priorities.

This World Contraception Day, we salute all those health workers and advocates who are making contraceptives and counseling available for women and couples. You are helping save lives around the world, and paving the way for a healthy future for us all.

IntraHealth International: Future Planning: Young People Making Choices
11 August 2015
By Laura Hoemeke

As I wrote nearly two years ago on VITAL, “family planning” seems to be a misnomer for most young people when it comes to sexual and reproductive health services.

I’d just talked with a passionate, creative troupe of young Ethiopians during an IntraHealth Beat Making Lab partnership in Addis Ababa, and got to see them and other young people from around the world a few months later during the last International Conference on Family Planning in 2013. They made it clear that they weren’t, in fact, planning families. Instead, they were thinking about finishing school, finances, and, in some cases, taking care of their parents or younger siblings.

Jillian Gedeon was one of them.

"The term ‘future planning’ defines itself,” she says. “It is literally when you try to plan your future. This differs by person but can include educational goals, travel goals, personal goals, and family goals. I think this resonates with young people—including me—more than the term ‘family planning’ because we’re simply not at a stage where we’re even thinking about a family! Heck, I don’t even know how to cook yet. So to even think about having a family is beyond where I am in my career.”

Gedeon’s rap video entry secured a sponsorship to the 2013 conference—as well as a starring role in the Beat Making conference video, Future Planning: Beats & Youth in Ethiopia. She made strong, lasting connections with her fellow youth participants.

“When you come across such a powerful force of motivation you can't help but want to use it towards a good cause,” she says. “In combining our passion towards family planning and our amazing chemistry with one another, we knew we could accomplish so much more as a unified team; our connection at the conference sparked an energy that helped fuel the creation and growth of the International Youth Alliance for Family Planning.”

Gedeon is one of the leaders of this alliance, called IYAFP, which aims to be a voice for young people during policy-making processes on family planning issues at local, national, and international level. IYAFP’s mission is all about enabling youth to participate in and lead initiatives in the realm of
family planning and sexual and reproductive health and championing voluntary family planning services as a human right.

**Future Planning Makes Sense**

Gedeon says the term “future planning” makes sense.

“We are not actively planning families, rather we are planning our futures,” she says. “But at the end of the day, we are all trying to make life choices that work best for us.”

Since coining the term in 2013, I’ve been thrilled to see the idea catching on.

David Olson mentioned it in a post on Global TV last year. He pointed out that in order to keep up momentum around youth engagement, especially in sexual and reproductive health, “we have to make sure our language is attuned to their needs.”

Even the Lancet began taking a closer look at the nomenclature, suggesting we just call it contraceptives for young people.

Sometimes a conference is just a conference. A great opportunity to learn a bit and network a lot.

For many of us, though, ICFP 2013 was much more. The conference, which focused on youth engagement, inspired some of us who might have been feeling a bit jaded, and discouraged, by the lack of global momentum in improving contraceptive access for millions of women. Although we were encouraged by the global commitments organized in 2012 through FP2020, we just didn’t see how the overarching plan to reach 120 million women who lacked access to modern contraceptive services could succeed. But the conference re-inspired us, and helped galvanize new commitments and re-energize a global movement.

And for young participants like Jillian, this conference was life changing.

“Being accepted as a youth delegate for the ICFP 2013 was one of the best things to have ever happened to me,” she says. “Meeting like-minded people from all over the world motivated me to continue my studies and research in the area of sexual and reproductive health while making me realize that no dream is too big.”

As we honor International Youth Day at IntraHealth International, we are gearing up for the 2015 International Conference on Family Planning, will which be held in less than three months in Nusa Dua, Indonesia. We look forward to seeing Gedeon there, where she’ll be the lead youth facilitator for pre-conference youth sessions.

ICFP 2015 is an opportunity for youth participants, as well as those with many years of experience and expertise, to come together and do some future planning—together.

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**Ipas: Youth must help lead the movement for sexual and reproductive health and rights**

9 November 2015

*By Ana Aguilera*
A volcanic eruption has prevented young leaders from convening this week at the now-postponed International Conference on Family Planning. But it won’t stop us from talking about the importance of youth voices on this topic!

Young people both need and have a right to access comprehensive and integrated sexual and reproductive health-care services. This includes contraceptive services; pregnancy care; the prevention, diagnosis and treatment of sexually transmitted infections; and safe and accessible abortion.

Safe abortion is often the least accessible and most politicized of these services, and young women face greater barriers to obtaining a safe abortion. It’s no surprise, then, that they’re at higher risk than adult women for resorting to unsafe, clandestine abortions. Young women account for 46 percent of the estimated unsafe abortion-related deaths, and adolescent girls make up 70 percent of all hospitalizations from unsafe abortion complications, according to the World Health Organization.

Putting safe abortion on the global agenda for sexual and reproductive health and rights is a lifesaver for young women. The legal barriers to and criminalization of safe abortion will only make things worse by continuing to stigmatize and isolate young people from health systems, putting us in more danger.

BUT, recognizing that young people have a right to access sexual and reproductive health services is NOT enough. There are 1.8 billion young people in the world between the ages of 10 and 24: the largest in history! Young people cannot be seen as the future—we must be seen as the present and the now! The international sexual and reproductive health and rights (SRHR) community, including all those who planned to attend ICFP, needs to integrate youth voices into all spheres of the reproductive health services and rights conversation—both at the local and global levels.

Meaningful youth participation is a fundamental right of young people protected under several international treaties and human rights documents, including the International Conference on Population and Development, the Convention on the Rights of a Child and the International Covenant on Economic, Social and Cultural Rights.

Meaningful youth participation is NOT about tokenism, when young people are involved in processes without actually being able to influence those processes or their outcomes. Meaningful youth participation IS about young people being able to make a real contribution and being given opportunities to provide input and have their ideas listened to and considered. Meaningful youth participation IS about building real partnerships between young people and adults based on mutual respect and trust.

What does meaningful youth participation in sexual and reproductive health and rights look like to you?

John Snow, Inc.: Finding Inspiration at the ICFP
28 January 2016

By Omar Balsara and Nurfadijah Abdillah

People usually come to the beautiful island of Bali for a relaxing vacation to enjoy its magnificent beaches. This week around 3000 people have come from different corners of the world for a different purpose. We’ve come to Bali for the International Conference on Family Planning 2016 (ICFP) from Jakarta, where JSI is a partner on the “Right Time, Right Method, My Choice” project. In partnership with the Johns Hopkins University Center for Communication Programs (JHU/CCP) we are working with the
National Population and Family Planning Board of Indonesia (BKKBN) in 11 districts to strengthen its supply chain with an aim to increase contraceptive availability at service delivery points. The “My Choice” model uses a holistic approach by focusing on both supply strengthening and demand generation initiatives with a goal of increasing mCPR by 5%.

Being here in Bali learning from the experts in our field has been truly inspirational. Not only have we had useful, informal conversations with various stakeholders and partners on the project, but more important, we are learning from others how they have approached similar issues. We have both read case studies of key projects and approaches—and are now attending sessions that highlight those projects and meeting people we’ve only read about. It is a tremendous opportunity for learning.

Our project is still in its early phases. Using an implementation research approach, the results of our recently concluded baseline assessment will guide the design of supply chain strengthening interventions. The timing of ICFP couldn’t have been better for us as we enter the implementation phase. Gaining insights from sessions on successful innovative solutions as well lessons learned from various projects around the globe will be useful in designing our approach going forward.

The secondary focus on Indonesia here has also given us insights into the broader Indonesian health system, which impacts how family planning services are delivered, especially as the country transitions to providing universal health coverage. We now have a better understanding of how the larger government approaches health services, and how that fits together with the work of BKKBN.

Finally, it has been a pleasure meeting the rest of the 27 strong JSI contingent here at ICFP. Being fairly new members of JSI family, it was great for us to meet JSI veterans and learn all about their experiences.

For us, ICFP has been a great opportunity. Our project approach will be richer with what we’ve learned here and our relationships stronger This is a week that we will not forget.

This post wouldn’t be complete without acknowledging the resilience and commitment of the organizers and participants (some made the trip twice!) to make ICFP 2016 happen in spite of the challenges posed by the November volcanic eruptions. Thank you ICFP – it is a privilege to be part of this great FP community!

John Snow, Inc.: Highlighting issues that women face “Inside the Tent” at ICFP
28 January 2016
By Leela Khanal

After the earthquakes in Nepal in April and May 2015, many affected people had to move to tents. JSI, through the Chlorhexidine Navi Care Program (CNCP), provided services in eight districts and became a member of the Post-Earthquake Reproductive Health sub-cluster. This sub-cluster was established to address RH issues faced by women after the disaster.

Here at the International Conference on Family Planning (ICFP), the Interagency Working Group on Reproductive Health in Crisis (IAWG) has set up a large tent to highlight the issues faced by women in crisis.
In the tent, youth participating at the conference enact role plays of reproductive health issues women face in crisis situations. I had the chance to watch some of these role plays, and was immediately reminded of a group of adolescent girls I met in a community in Nepal shortly after the earthquake.

The girls refused to come out of the relief tent after their houses were damaged by the earthquake. They would not come out to speak with people, join community meetings, or help out after the quake as so many of their friends did. I noticed them sitting in the corner and asked why they weren’t coming out. Initially they were shy and reluctant to say anything, but after I chatted with them, they admitted they had their monthly period but had no pads or other supplies and could not go outside.

I felt so bad for them. I went to a small market and bought a supply of pads and panties so they could join their friends. After that, I raised funds to buy a large quantity of feminine products and began distributing them in all the communities I visited.

Of course, JSI’s work with supporting earthquake relief efforts went beyond the retrieval of pads. Our team helped package medicines and supplies, assisted with logistics management, and developed motivation kits for female community health volunteers (FCHV), who distributed our child survival supplies, in including chlorhexidine for the prevention of newborn sepsis, to women in their communities. All told, JSI and the FCHVs distributed more than 600,000 CHX tubes as a part of the RH kits to areas affected by the earthquake.

The tent here at ICFP highlights so many of the issues women face in crisis situations, from lack of family planning supplies to barriers to youth access of supplies, sexual violence, and many others. The simple, basic needs of young women were so apparent when I spoke with those girls in Nepal, and the tent here in the conference hall brought that home for me.

When a big crisis hits, most of the attention is placed on the huge issues: damaged houses, electricity, water, food, etc. However, amid the chaos, basic day-to-day issues faced by women do not go away. They confront safety issues, they need family planning, and they need menstruation supplies. Women’s social dignity is critical and should not become a last priority in a crisis. This needs to change and I am so glad that IAWG is highlighting these issues for people here at ICFP.

Interagency Working Group on Reproductive Health in Crisis (IAWG) is a coalition working to expand and strengthen access to quality sexual and reproductive health services for people affected by conflict and natural disaster. JSI has been a member since the group was founded in 1995 and JSI staff serve on the Steering Committee.

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21 January 2016
By Alexis Heaton and Leslie Patykewich

Next week, thousands of family planning champions will convene in Nusa Dua, Indonesia for the International Conference on Family Planning (ICFP) to share experiences and strategies for improving worldwide access to quality family planning services. The newly launched Global Financing Facility (GFF)
for Every Woman Every Child has the potential to accelerate these efforts and help countries reach the estimated 225 million women with an unmet need for family planning services.

The GFF is a bold initiative to help catalyze a healthy mix of donor funds, loans, and domestic financing to accelerate country efforts to end preventable maternal, child, and infant deaths by 2030. Meeting the unmet need for family planning is critical to these efforts. By closing the US $33.3 billion annual financing gap for reproductive, maternal, newborn, child, and adolescent health (RMNCAH), high burden countries could prevent up to four million maternal deaths, 101 million child deaths, and 21 million stillbirths between 2015 and 2030.[1] These numbers are staggering and exciting.

But in order to achieve these results, not only do high-quality services need to be accessible, but so do life-saving supplies, wherever people seek care. Functioning, well-performing supply chains will therefore be the backbone of GFF success.

JSI has been working with governments and donor partners to strengthen supply chains and promote commodity security in countries for more than 30 years. We have witnessed how the changing global funding landscape and health sector reform efforts can affect availability of essential health commodities, particularly for reproductive health and family planning products. Too often, health supplies and the supply chain systems that deliver them are afterthoughts in these efforts.

As GFF front-runner countries finalize their investment cases and the GFF Investors Group continues to develop the GFF architecture, we encourage early consideration of the critical role that essential commodities and the supporting supply chains play in ensuring we meet our commitments to women in need of reproductive health services. This could be supported through a few key provisions:

- At the global level – ensure immediate engagement and regular participation of supply chain experts in the GFF oversight group of donors and partners developing and reviewing plans, policies, proposed assessments, and indicators.
- At the country level – set minimum standards to ensure investment cases include adequate financing for key RMNCAH and nutrition commodities and supply systems; and support ongoing monitoring in the front-runner countries to ensure availability of family planning commodities does not decline.

Given its potential to rapidly shift the funding landscape, GFF will no doubt be a big part of the discussions at ICFP. Meeting the global commitment to women and the SDGs will require more than a commitment to increased country financing. It will also require a commitment to support and strengthen the systems needed to make sure products are continuously available wherever and whenever a woman goes to get them. We hope that family planning commodities and supply chains will be part of these discussions and a critical part of the GFF investment cases.
At the International Conference on Family Planning 2016, GHN’s Maryalice Yakutchik conducts a Q&A with Sheikh Mangala Luaba, Grand Mufti, Democratic Republic of Congo, and Chairman, Union of Muslim Councils for East, Central and Southern Africa.

NUSA DUA, INDONESIA—Regally statuesque in his long black robe and gold hat, Sheikh Mangala Luaba favors a more humble moniker over his many loftier titles: “I am not grand,” the Grand Mufti insists. “God is grand. I am small. I am a servant of God.”

He is not the least bit reluctant to make a grand claim for family planning, however, linking it to nothing less than “the welfare of mankind.” As a faith leader, he has been active in the family planning movement since 2008.

This most senior and influential Muslim religious and legal authority in Africa says he is attending ICFP 2016 in Indonesia to tap into the knowledge of other faith leaders from different backgrounds. He is also eager to put to the test his recent media training—part of the 2-day Faith pre-conference—by graciously cutting his lunch short to offer himself up to an impromptu interview.

What is your role, as Grand Mufti?
Sheikh Mangala Luaba: Muftis interpret the law of the Quran, the Hadith. My most noble mission is to explain this truth of the Quran, without sentiment.

What does the Quran have to say about family planning?
SML: When family planning came (to DRC) as a campaign, it stimulated us to do more research in the Quran. We found that family planning corresponds with the Quran. It is a good thing. The Islamic faith does not reject family planning. It supports family planning.

Would you please define family planning?
SML: Family planning means giving good health to the mother. It means giving good growth, development and health to the child. It means giving time for the father to provide financially to the family.

Can you talk a bit about family planning as it relates to contraception?
SML: The Islamic concept holds two way of doing things. One can use the natural method of abstinence, or a scientific/modern method involving medication. Reversible methods are allowed. Permanent methods are forbidden. A man can’t decide all this for himself, he has to go to the doctor. Different methods are promoted, depending on the situation.

What are some of the challenges in DRC with family planning?
SML: One of the biggest challenges is getting the government to support this, based on the political system. If there’s a war or if there’s a conflict, it complicates my work with family planning. Now, I have the support of my government; I am doing advocacy all the time.

At what level of government are you advocating for family planning?
SML: I speak directly to the president (of DRC), who is involved personally with family planning. And the president speaks to the ministers. The president is aware that I’m at this conference. When I return, he wants me to share what I’ve learned with different communities, including the religious authorities.

What do you plan to report back to the faith leaders in your country?
SML: I will talk about the organizers of the conference, the participants and the issues; and relate the contents of what I am learning.

This conference is an event that gives people hope. The family forms the society. And this provides the planning of the family.

This conference is supported by big institutions that have a planetary vision; one that is bigger than just a single country or region.

Can you share a highlight of the conference?
SML: Yesterday we learned media techniques. I am getting better at knowing how to present family planning issues to the religious leaders. The message is very important.

I was impressed by all the advertising (about family planning and the conference) I saw at the (Bali) airport. It’s a grand success that the president of Indonesia was here at the opening ceremony. My president knows his counterpart was at this conference. When we have a conference in Congo, our president will feel a need to come.

I hope you will invite me, too.
SML: You have to be there. If you’re not there, how will we get the message out? You are one of the partners. The world is united in the work on family planning. Thanks to everything the Johns Hopkins University Bloomberg School of Public Health is doing to put on this conference.

Shukran! (Thank you!)

Johns Hopkins Bloomberg School of Public Health: ICFP 2016 Opens with Pledges and Partnerships
26 January 2016
By Stephanie Desmon

The Bill & Melinda Gates Foundation on Monday reiterated its pledge of an additional $120 million over the next three years to accelerate improved access to modern contraceptive methods for 120 million more women and girls throughout the developing world who lack access to quality family planning programs.

The pledge came via the taped remarks from Melinda Gates, co-chair of the Gates Foundation, shared at the opening ceremony of the 2016 International Conference for Family Planning (ICFP) in Nusa Dua, Indonesia. The money will go toward improving family planning advocacy, improving family planning services particularly in the private sector and expanding proven family planning interventions in some of the poorest places in the world. The infusion is designed to provide a boost to FP2020, a global partnership dedicated to bringing modern contraception to 120 million more women and girls across 69 countries by the year 2020. While roughly 24.4 million more women and girls have obtained access, a UN representative said that is 10 million behind schedule.
“We’re falling behind,” Christopher Elias, president of the Global Development Program at the Gates Foundation, told the crowd assembled in Nusa Dua. “We need to act smarter. We need to act together. And, above all, we need to act now.”

In more news from the conference, the Gates Foundation is co-funding with the Children’s Investment Fund Foundation (CIFF) a $30 million grant for a new initiative called Adolescents 360, which aims to increase girls’ use of modern, voluntary contraceptives in Nigeria, Ethiopia and Tanzania. The grant was announced by Álvaro Bermejo, executive director for health at CIFF, as he accepted the Global Humanitarian Award for Women’s and Children's Health on behalf of Sir Christopher Hohn, co-founder of CIFF.

More than 2,700 researchers, policymakers, practitioners, youth and thought leaders from more than 70 countries are making this the world’s largest scientific conference on family planning. With its theme of “Global Commitments, Local Actions,” this 4th International Conference for Family Planning, held through Thursday, is focusing attention on family planning as a key element of the new Sustainable Development Goals.

Improving access to long acting reversible contraceptives, the role of family planning in the new global development goals and new strategies to extend a range of family planning methods to the world’s 1.8 billion adolescents highlight the conference agenda. Those at the opening ceremony invoked the importance of empowering women and girls to make family planning decisions, enabling them to decide when and whether to have children. Having fewer children and spacing the birth of children are known to improve the economic prospects of women and their families as well as communities and nations.

“Welcome to the island of the gods,” intoned the master of ceremonies as she opened the event. His Excellency Joko “Jokowi” Widodo, the president of Indonesia, officially kicked off the conference later by ringing a traditional gong.

Among the other speakers: Babatunde Osotimehin, executive director of the United Nations Population Fund (UNFPA) and Under-Secretary of the United Nations; Surya Chandra Surapaty, head of the National Population and Family Planning Board of Indonesia (BkkBN); Robert Blake, U.S. Ambassador to Indonesia; Michael J. Klag, dean of the Johns Hopkins Bloomberg School of Public Health; and Jose “Oying” Rimon II, director of the Bill & Melinda Gates Institute for Population and Reproductive Health at the Bloomberg School. BkkBN and the Gates Institute are co-sponsors of the conference.

President Jokowi said that only by encouraging local government to make family planning a priority will goals be attained. “Investment in family planning is necessary,” he said, adding, “only by doing this can we make Planet Earth a better place to live.”
The VIPs have RSVP’d, again. Four event-crammed days are meticulously re-constituted. The fact that a volcano forced last-minute postponement of this event just two months ago seems not to have fazed thousands of attendees who, by the way, are all about planning.

Ironically enough, not many of those heading from all corners of the globe to Indonesia for the International Conference on Family Planning 2016 considers spontaneity a dirty word.

A case in point: MSPH student Catherine “Kate” Baye, MD. In fact, her circuitous path into the family planning realm was steeped in eleventh-hour serendipity.

Flashback a few years: Kate had just earned a medical degree in her native Cameroon and was surfing the Web, researching places that offered master’s programs in public health; among them, Johns Hopkins.

“I just knew I wanted to do public health, because in practicing medicine, I realized my heart was in prevention and mass impact.”

Her interest in youth issues led her that day to stumble on an application for a video contest sponsored by the 2013 ICFP in Addis Ababa, Ethiopia. Youth—defined by the ICFP as ages 18 to 25—were invited to make short videos related to the conference theme: Full Access, Full Choice.

Kate, then 24, was not put off by the submission deadline being just two days away. Nor by the fact that she didn’t own a camera.

After calling a friend who did, she took to the streets to talk to locals about Cameroon’s high teen pregnancy rate. Among the concerns she heard: family planning services were not young people friendly.

“We shot what footage we could at the local hospital and in my neighborhood,” Kate recalls.

The next evening, she rushed the 4-minute video to her local internet café in Yaoundé, staving off panic during an excruciating 4-hour upload as the midnight deadline ticked closer.

Fast forward: Kate won the contest (watch her winning video here), earning an invite to attend the conference and speak on behalf of the youth during an opening ceremony that featured not only health ministers but also researchers like Amy Tsui, PhD, then director of the Bill & Melinda Gates Institute for Population and Reproductive Health at the Bloomberg School, the lead organizer of the 2016 ICFP.

“I couldn’t imagine that I would get to talk with her,” Kate enthused. “Everybody was super great. But she was also so personal.”

Not long after, Kate found herself at the Bloomberg School as a student in the MSPH program and interning at the Gates Institute, with Professor Tsui as her advisor.

Now, Kate’s again headed to the ICFP, the largest international conference dedicated to family planning. This time, she is public relations chair on the executive board of the International Youth Alliance on Family Planning, an organization she and others founded during the previous conference. With Gates funding and members from 53 countries, the fledging initiative is working to galvanize young people.
around family planning and implement a range of family planning projects in communities around the world.

At the conference in Nusa Dua, Kate is moderating the panel discussion in the Youth Plenary on January 27. She is also co-chairing an interactive youth pre-conference January 24-25 where she anticipates lots of networking opportunities with several hundred youth and young researchers like herself. Their focus will be on opportunities and challenges specific to youth and family planning, including the sexual and reproductive health and rights of young people in all of their diversity.

And, of course, she awaits the premiere of the video voted best among those submitted by youth in advance of the 2016 ICFP.

“Young people can do a lot with what resources they have,” she insists, speaking from experience. “They don’t need to have everything to do what needs to be done.”—Maryalice Yakutchik

K4Health Blog: Let’s Not Lose the Trees for the Forest: A Conversation about the SDGs and Family Planning
23 October 2015
By Amanda Puckett BenDor and Roy Jacobstein

Last month, the United Nations launched the 15-year Sustainable Development Goals (SDGs). Building off of the Millennium Development Goals (MDGs), the SDGs aim to make the planet a better place by outlining an agenda of 17 wide-ranging, aspirational goals. Health, climate change, and peace are bedfellows among these global goals.

We think it is important to step back to look at the whole picture of the SDGs, but to not lose sight of the trees for the forest.

For instance, the most important health interventions—the trees, so to speak, of infectious diseases, reproductive health and family planning, HIV, child survival, non-communicable diseases, and aging—are crowded into the forest of one health-related goal: Ensure healthy lives and promote well-being for all at all ages. (Not to mention the even larger forest of the SDGs writ large.)

Family planning is one “tree” that contributes to the advancement of all the SDGs—just as it did to all eight of the MDGs. Greater access to voluntary family planning is leading to greater modern contraceptive use in low-income countries, even approaching levels enjoyed by higher-income countries. We are seeing this in East African countries such as Kenya, Ethiopia, Rwanda, and Malawi, and in the countries of Southern Africa. Even some West African countries are beginning to take off: In Senegal, use of modern methods increased 4% each of the past two years—one of the sharpest increases achieved anywhere.

With a lot of commitment and hard work by governments, donors, and civil society, these increases will continue to reap not only health benefits, but demographic dividends to the benefit of education, housing, poverty reduction, and less pressure on the environment, to name some wider benefits from reducing unwanted fertility.
Now that the SDGs have been launched, it is time to focus our collective attention on the specific indicators that will allow us to track our progress toward their respective goals.

For us, the indicators are the concrete pathways to progress as we make our way through the forest. If they’re not clear, we’ll lose our way. And we need the accountability they instill, because we know that what gets measured gets done.

Or perhaps even more accurately: What doesn’t get measured doesn’t get done.

**The Missing Family Planning Indicator**

The two MDG indicators for family planning—modern contraceptive prevalence rate (MCPR) and unmet need—were, and remain, excellent. Measuring them enabled countries to mark their progress in meeting the family planning needs of the women and men they served.

The concept of unmet need has also been particularly useful in galvanizing support from donors and program leaders, as was reflected in the notable achievements of the 2012 London Summit and FP2020.

However, those two indicators don’t tell the whole story. A third indicator—the percent of family planning demand satisfied by modern contraception—enables countries to get a fuller sense of their very real achievements. Shouldn’t we consider, as Ellen Starbird of USAID and her colleagues have proposed, including this indicator to track program progress in family planning under the SDGs?

To take a country example, let’s look at Tanzania. From 1996 to 2010, Tanzania achieved an increase in MCPR of 14 percentage points (from 13% to 27%), yet unmet need only fell from 29% to 25%. So it seemed to program leaders that progress was pretty slow, despite increased prioritization and resource allocation for family planning. When they considered the added indicator of percent of demand satisfied, however, they were reassured: In 1996, only a third of the populace’s demand for family planning was satisfied, and by 2010, over half of family planning demand (from a larger populace) was being satisfied.

**Looking Back to Look Ahead**

We’re optimists at IntraHealth. Many of our colleagues agree that family planning will remain a priority for the SDGs and will be a major factor in achieving more than Goal 3—just as the global community made great inroads in prioritizing—and providing—family planning during the MDG reign and moved the needle toward greater MCPR in almost all countries.

At the International Conference on Family Planning in Indonesia in November, we will continue this discussion. Along with colleagues from the US Agency for International Development, Johns Hopkins University, and the U.S. Census Bureau, we will be presenting a panel, “There’s More to Success than Meeting Unmet Need,” to highlight the thinking, evidence, and trends related to this call for an additional family planning indicator for the SDGs. IntraHealth will also be presenting on innovative mHealth activities in Kenya and contraceptive security work in Senegal, and you’ll also find us leading discussions at the K4Health Knowledge Exchange Event ahead of the conference on November 8th.

We invite you to join us!
In low resource countries, 1 in 3 women currently have an unintended and completely avoidable pregnancy within 2 years of a birth. As Melinda Gates said at the start of the first ever Global Maternal and Newborn Health Conference (GMNHC) last fall, “The single most effective intervention to improve maternal and newborn health is birth spacing and family planning.”

With that statement, she relieved my fears that post-pregnancy family planning (PPFP) would be left out of the conversation. And now, as we prepare to reconnect as a global community at the International Conference on Family Planning in Nusa Dua, Indonesia, we must carry forward this momentum.

Our focus should remain on how best to empower women and girls, and the central role of controlling fertility as the driver of economic development. This was the call to action that emerged vibrantly last June in Chiang-Mai, Thailand, at the Accelerating Access to Postpartum Family Planning meeting, hosted by Family Planning 2020 in technical partnership with Jhpiego: Let us not miss any opportunity to meet women’s and girls’ overwhelming desire for family planning at a time when their need is often underestimated — following the birth of a child.

At GMNHC, I heard this same level of passion again. I was glad to see key speakers seizing this opportunity to reach 1,000 maternal and newborn health experts with messages on integrating postpartum or postabortion counseling into the care given during pregnancy, birth and the postnatal period.

Plenary speakers stressed the lack of progress in reaching adolescent girls to prevent early pregnancies and forced marriages. We examined the correlation between contraceptive use and maternal and child mortality, as well as gross national income. Throughout the conference, the need for integrated care for both mothers and newborns was stressed as critical to achieving our aims.

One presentation – on the Healthy Fertility Study in Bangladesh – highlighted groundbreaking findings on addressing unmet need for contraception in the postpartum period in Bangladesh. In PPFP intervention areas, increased use of contraception among postpartum women meant that the probability of short birth intervals fell significantly and overall incidence of prematurity was reduced by 28%. Moreover, the study was built on an existing platform of community health workers delivering maternal and newborn care interventions. When they integrated PPFP into their work, results showed no negative affect on coverage of contacts with beneficiaries or previously demonstrated newborn health outcomes.

There was also interest in growing efforts to improve the quality and content of antenatal care, including through models of group antenatal care. These new models recruit women at the first antenatal care visit and organize them by gestational age. During future visits, women receive the usual tests and interventions, and also have the ability to join discussions around key issues of pregnancy, birth and the postpartum, including birth planning, danger signs, and – yes! – PPFP. The response has been overwhelmingly positive from women and providers, as the content of information passed is magnified exponentially. In one ongoing study in Ghana, intention to practice PPFP was doubled.
Clearly, my hopes for this conference – to build on the messages and enthusiasm generated at the Chiang Mai meeting – were being met. In Thailand, participants from 16 countries left with plans to ensure that every woman be offered a means to prevent an unintended pregnancy in the two years after a birth. This would be achieved, in part, through discussions on PPFP as early as possible during pregnancy and as often as possible along the continuum of care, with the hoped for outcome of PPFP adoption as soon as possible after every birth.

Knowing the Mexico City event offered a unique opportunity to reconnect with individuals from these 16 countries – and inform colleagues from additional regions – USAID’s flagship Maternal and Child Survival Program (MCSP) and FP-2020 organized an auxiliary event. Country-level PPFP policymakers shared their insights into challenges and positive drivers in actualizing PPFP strategies at the national and sub-national levels: we heard from Ministry officials from Bangladesh, Madagascar and Zambia, as well as from colleagues working in the field. (Specific country action plans can be found here.)

At MCSP, we work to ensure that PPFP – starting as early as possible in the postpartum period, even on the day of birth – is available to every woman after pregnancy, whether she is postpartum or postabortion. We know that ensuring linkages from antenatal care to care at the time of delivery enables birth providers to be aware of assessment results carried out during pregnancy. They should also know if a woman has made a decision to adopt a contraceptive method at the time of birth, and be prepared to offer that method. We must also reach older and higher parity women with information on their much higher risks for negative maternal and newborn outcomes.

Over the next year, more than 130 million births will take place in low and middle income countries. We can and should commit to accelerate scale up of PPFP using existing platforms more effectively and applying new WHO medical eligibility criteria.

From Chiang Mai in June, to Mexico City in October, to Nusa Dua this month, the promise of meeting women and girls’ overwhelming desire for family planning at a vulnerable time in their lives remains ours to keep.

What a week in Bali! I joined more than 50 Pathfinders and thousands of family planning advocates for the International Conference on Family Planning in Indonesia.

It was a week of dynamic conversations, insightful panels, and incredible passion around sexual and reproductive health and rights. I was lucky to sit beside leaders like Dr. Awa Marie Coll Seck from Senegal and Dr. Venkatraman Chandra-Mouli from the WHO as we pushed for progress and shared common challenges to advancing family planning.

My biggest takeaway: We have so many reasons to be optimistic!
This community is incredibly dedicated to ensuring that every woman has a voice in her own reproductive health and future. From Bangladesh to Burkina Faso, millions of women gain access to family planning every year because of our collective efforts. And the United Nation’s newly launched Sustainable Development Goals hold huge potential for reaching the 225 million women who want but still lack access to family planning.

As we reflect on this year’s conference, Pathfinders are ready to commit to carrying forward the family planning agenda in two big ways:

1. **Young people, young people, young people!**

From the Youth Pre-Conference to our celebration event supporting contraceptive choice for youth and adolescents, young people were definitely front and center at this year’s conference.

With about 1.8 billion young people between the ages of 10 and 24, this is the largest population of youth ever to come of age on our planet. Whether it’s a young married woman in Burkina Faso or a teenager accessing youth-friendly services in Ethiopia, we are committed to making sure our world’s present and future leaders have access to quality sexual and reproductive information and services and the right to make their own choices about their bodies and their futures.

We will continue to push for the right of young people to a full range of contraceptives, including long-acting (and perhaps more importantly for youth, low maintenance)—reversible methods. We hope you will join us by supporting our Global Consensus Statement!

2. **The SDGs are unattainable without sexual and reproductive health and rights.**

USAID’s Ariel Pablos-Mendez said it best at the opening press conference: “We will not reach our goal of ending extreme poverty without ensuring access to voluntary family planning.”

Promoting and protecting sexual and reproductive health and rights is a critical piece to the sustainable development puzzle. Access to full contraceptive choice helps women better plan their futures, enabling them to raise healthier families, pursue an education, and contribute to the economy.

The fulfillment of the SDGs by 2030 depends on each and every one of us and our combined ability to stretch our imaginations, forge new partnerships, and bring new ideas to life.

We know it to be true: sexual and reproductive health and rights are the secret ingredients. We must all continue advocating, pushing for indicators that ensure the full realization of goals related to sexual and reproductive health.

We are so proud to be a part of this global community dedicated to ending the unmet need for family planning and empowering the next generation of leaders. And as Pathfinder’s CEO, I am especially proud of my colleagues who presented posters, spoke on panels, and chaired sessions during the conference.

The ICFP inspired and energized all of us. Let’s keep the momentum going together!
“Young people represent agents, beneficiaries and victims of major societal changes and are generally confronted by a paradox: to seek to be integrated into an existing order or to serve as a force to transform that order. Young people in all parts of the world, living in countries at different stages of development and in different socio-economic settings, aspire to full participation in the life of society.”

—World Programme of Action for Youth

“Youth” and “youth rights” have become buzzwords of contemporary human rights advocacy. Almost every international forum makes a point of emphasizing young people and the need to include them in the language of policy and decision-making—an idea introduced by the United Nations in 1965. The concept of engaging youth in advocacy and policy development initiatives at the community, local, and national levels is commonly articulated, but too often political will fails to capture or leverage young stakeholders.

This is largely because the needs of ‘youth’ are often seen as transient or temporary, so tailored responses are rare, and the distinct issue of young people are frequently compressed into larger frameworks which are not capable of resolving the matrix of rights violations they bear on their journey from adolescence to adulthood.

When one considers the many issues youth and adolescents face, sometimes exclusively as well simultaneously—such as the access to education, employment opportunities, quality healthcare, and the freedom to live a life free of any kind of discrimination—the likelihood that these will manifest into a multiplicity of human rights problems, if left unaddressed, is almost inevitable. So it becomes imperative that young people be granted agency and treated as distinct and active partners in global developmental efforts.

On January 24th and 25th, I will be joining many other young people from around the world participating in a youth preconference preceding the International Conference on Family Planning (ICFP) in Bali, Indonesia. We will gather to talk about the challenges we face concerning access to contraceptive services and how to further our goal to be effective advocates for sexual and reproductive rights and health services for ourselves, our peers and in our home countries, as well as across the world.

Joining the global call to expand contraceptive choice for adolescents and youth to include long-acting reversible contraception (LARCs) is one step we can all take. It is imperative for me, as a young woman, to be an active supporter of the Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception, which will be celebrated at the conference in Bali. This new consensus statement responds to the growing demand from young people, married or unmarried, for more choices, more control, and more affordable options.

There has been mass approval and acceptance of LARC methods, especially as an effective choice for young women. From a youth perspective, LARCs have a few significant advantages:
• **Choice**: LARCs are reversible (unlike sterilization), so young women who may consider conceiving at a later date may do so. In the meantime, they provide women the ability to plan their lives and families and make decisions regarding education, employment, welfare, and health.

• **Ease of Use**: LARCs are fairly stress free – they do not require the same regular regime that is so often necessary with other method. This supports sexual freedom and agency, ensuring unplanned pregnancies are greatly reduced.

• **Birth Spacing**: LARCs allow couples to set and manage their own reproductive goals and make their own decisions about how many children to have and when.

• **Affordability**: The long-term costs of condoms and oral contraceptives are extremely high compared to LARCs.

It is critical to recognize we still have a long way to go it comes to access to contraceptives, LARCs included. Sexual hierarchy is a stifling social structure that diminishes the freedom to choose, most particularly for young women. The yoke of this is placed squarely and heavily on young women of marginalized communities. Young women and girls in many parts of the world are dangerously isolated in terms of their health and access to medical services. They rarely have any agency and are limited to seeking permissibility from their partners, spouses, guardians and community gate keepers. In spite of this, even if they are able, by some positive stroke, to seek health care services by themselves, a number of myths, fears and inaccurate bits of information are sometimes embedded deep into their minds—creating apprehension around seeking the contraceptive method that is best for them.

The Global Consensus Statement For Expanding Contraceptive Choice For Adolescents And Youth To Include Long-Acting Reversible Contraception will hopefully act as a tool of both engagement and advocacy to improve the situation, especially for young people. Check out the website to add your voice—and use this statement when you approach health providers, community representatives, local leaders, guardians, and other gate keepers to talk about the importance of full access to contraceptive choice, including LARCs.

This year’s ICFP, Youth Pre-Conference, and Consensus Statement are all notable steps toward a world where young people are actively involved in global decision-making. We are here to come together to keep that momentum going—this is objective, this is the vision!
A new report from Population Council and FP2020, Contraceptive Discontinuation: Reasons, Challenges, and Solutions investigates the factors contributing to discontinuation and steps that can be taken to support women throughout their reproductive life cycles. The report, co-authored by Ian Askew and Sarah Castle, issues five key recommendations to improve family planning service environments and five recommendations to address myths about contraception and its side effects. Check out the whole report at www.bitly.com/discontinuation and share the report’s graphic.

Population Council: Making Rights a Reality
16 January 2016
By Karen Hardee
WASHINGTON, DC (January 16, 2016) – The 2012 London Family Planning Summit set the stage for increased attention by governments and other global health institutions to family planning however some of the numeric goals raised concern among advocates worried that the rights of women and men could be neglected, or abused, in the quest to reach 120 million new family planning (FP) users by 2020. Three years into FP2020 programming, how is rights-based FP faring? While taking a rights-based approach is contested in some countries that consider rights a “Western” notion not suited for them, overall there are promising signs that rights are not being ignored as countries and organizations move forward with programming to achieve the FP2020 goal. But to take rights from the realm of declarations and conventions to practical application, the field needs guidance on rights and family planning, integration into national policies and programs, indicators and measurement tools, and evidence of how to implement rights-based FP programming and its effect on reproductive health outcomes.

We are making some encouraging progress on each of these. The global organizing mechanism to adhere to the goals of the 2012 Summit is called FP2020. An important part of FP 2020 is a focus on ensuring that programming would not only focus on numbers and in that regard FP2020 has articulated for countries rights and empowerment principles that need to be addressed in FP programming. WHO put its weight behind developing guidance and recommendations on ensuring human rights in the provision of contraceptive information and services.

Translating these 13 rights and empowerment principles into actual programming is a challenge that calls for practical tools. One such tool is a conceptual framework, developed with input from a range of stakeholders in nearly 40 countries. The framework shows what voluntary family planning programs that respect, protect and fulfill human rights should look like at the policy, service delivery, community, and individual levels.

Rights language is beginning to be featured in FP costed implementation plans (CIP) that are being developed to guide implementation of programming to reach FP2020 goals, including Uganda’s FP CIP (2015-2020), which explicitly pledges to protect and fulfill human rights in the provision of FP services. When I asked stakeholders in Uganda why the FP CIP had such strong rights language, I was told that rights issues came up repeatedly in broad stakeholder consultations, supported by the Advance Family Planning project, among others that were part of the process. This highlights the important role of rights champions in the CIP development process.
But a rights framework and rights language in FP CIPs are not enough: countries need to take further steps to operationalize their rights rhetoric. The USAID-funded Evidence Project, which I direct, together with IPPF’s Sustainable Networks Project (SIFPO2/IPPF), are taking part in a process spearheaded by the Ministry of Health and Reproductive Health Uganda (RHU) to develop an action plan for a rights-based approach in support of the FP CIP. Using the guidance and tools described above, Uganda is moving from words to rights-based services for women, men and young people. Stakeholders engaged in the process identified key priorities related to rights and a coordination task team that includes representatives of the MOH, UNFPA, Human Rights Commission, and Uganda Family Planning Consortium with RHU serving as the Secretariat are finalizing the action plan, concentrating on mainstreaming the plan into existing MOH structures and procedures and the CIP’s performance monitoring plan.

To augment the scant evidence on rights-based family planning, as part of our work in Uganda, the Evidence Project, with SIFPO II/IPPF and RHU, is testing a rights-based (RB) FP Index to measure adherence to Rights-based family planning at the service delivery level (in later iterations, the index will be extended to the policy, community and individual levels). The study is measuring individual facilities' readiness to implement rights-based family planning, including identifying areas where there are potential rights vulnerabilities that can be addressed through small-scale rights-based service delivery modifications, which will later be evaluated. Such rights-based modifications could include, for example, increasing the range of methods available to clients, strengthening logistics systems to ensure availability of the methods, and training staff on the rights of clients, all of which could improve full, free and informed decision-making. A sister study is being conducted by the Palladium Group in two states in Nigeria. The Rights-based Family Planning Index has been informed by collaborative work by FP2020, WHO, Guttmacher Institute and others to define indicators to measure adherence to rights in family planning.

While these developments to promote rights-based family planning over the first three years of FP2020 are encouraging, there is continued need for international organizations and countries to coordinate on defining, operationalizing, studying, documenting and monitoring rights-based family planning. The importance of ensuring rights-based family planning was reinforced by the tragedy of deaths in a sterilization camp in Chhattisgarh, India in 2014, which showed extreme neglect of rights. There are also many more subtle ways clients of family planning programs are denied choice of contraceptive methods, autonomy in decision-making, access to quality services, equity and respectful treatment. Taking a human rights lens to family planning can also help programs identify groups that are not being served by family planning programming.

At the 2016 International Conference on Family Planning, I, together with other colleagues, will be taking stock of what we have accomplished and pushing the field on ways to move forward to ensure that human rights are respected, protected, and fulfilled in family planning programming.

Karen Hardee is the Senior Associate and Project Director for the Evidence Project, Population Council.
The 2016 International Conference on Family Planning (ICFP) – which generated more than 2,600 tweets in one day – begins next week.

PSI and its network members are excited to join thousands of family planning experts from all over the world in Nusa Dua, Indonesia to discuss meeting the unmet need for voluntary family planning.

So, with only 3 days until the conference begins, we wanted give you a taste of the action building up to day one by sharing our favorite #ICFP tweets.

Going to the conference? Catch up with PSI and its network members while you’re there and don’t forget to keep the family planning momentum strong. Tweet some of your favorite moments using the hashtag #ICFP.

The American Bazaar: App to help rural Indian women use modern contraceptives
29 January 2016
By Dileep Thekkethil

An Indian American researcher at the John Hopkins University has developed a new app to assist women in rural India to better understand the use of contraceptive choices available so that they can be upgraded to the new methods of family planning.

According to Sanjanthi Velu, who lead the Asia team at the John Hopkins Centre for Communication Programs (CCP), the women who were shown the sensitization videos through the new app which has been named “Gyan Jyothi” were 4.5 times more inclined in using contraceptive methods than the ones who haven’t seen.

“This shows that mobile technology provides an innovative and dynamic platform for social and behaviour change communication,” Velu said.

“It can encourage conversations between women and frontline health workers that are interactive, culturally relevant, and personalised which lead to increased, sustained use of modern contraceptive methods,” he explained.

The motivational videos were shown to the villagers via the app that was installed in the smartphones of 14 ASHA workers who worked in one of the districts in Bihar. Another set of 14 ASHA workers were supplied with more low-tech SD cards.

It is estimated that the set of ASHA workers, who are community health workers appointed by the government, goes to roughly 1,400 rural women.

ASHA’s with the smartphone and the Gyan Jyothi” app installed in it were able to teach the village women about the importance of family planning and customize their family planning by answering to the specific questions raised by each woman.
The ASHA’s who were supplied with the SD card containing the videos failed to customize their interaction with the rural women but on the other hand, the ones who were supplied with the app were able to share the films via Bluetooth to their personal smartphone so that they could show it to their husband or mother-in-laws at a later time.

The researcher that commenced in May 2015 randomly chose 406 Asha’s and were provided with the app and the SD card to provide the details to the villages for a period of five months.

After the research period, they found that 22 percent of the women who were sensitized using the smartphone app used modern contraceptives such as IUDs, oral contraceptive pills and injectable contraception while on the other hand only 13 percent of the women who saw the video through the SD card were using modern contraception.

Women who were visited by an ASHA during the study period were 1.9 times more likely to be using modern contraceptive methods.

What was more encouraging was that women who watched the video, be it on the SD card or through the app, they were 4.5 times more likely to use the modern contraceptive methods.

“Our research shows that there is value in developing targeted mobile platforms that can be customised depending on the needs of each provider and her clients,” Velu noted.

The app, which has a compilation of videos, both entertaining and educational, talks in detail about family planning and modern contraceptive methods along with question answer videos with doctors and other videos that answer common misconceptions and myths.

According to Velu, the app is easily upgradable and can adapt to different languages and provide different family health information according to the necessities of each family.

The findings were presented at the “International Family Planning Conference” in Nusa Dua, Indonesia on Thursday.

2 February 2016
By Rachel Silverman

Last week, more than 3,000 policymakers, practitioners, researchers, donors, and advocates descended upon Nusa Dua, Indonesia, for the 4th International Conference on Family Planning (ICFP). From the opening gong to the closing plenary, Nusa Dua hummed with experience, learning, and new ideas, originating in 100-plus countries and converging in a single conference center.

I was pleased to attend the conference on behalf of CGD, and with good reason: we've recently convened a new Working Group on Alignment in Family Planning, looking to better optimize the
allocation and distribution of resources toward the FP2020 goals. We’re also undertaking some new research on the links between access to family planning (FP) and women’s economic empowerment. So I was there to listen, learn, and absorb this important moment for the family planning community. Below are some of my initial reactions to what I heard—and I’d love to hear from others in the comments.

There are many good reasons to support family planning, each implying a different set of priorities with limited resources.

Throughout the conference, speakers and delegates extolled FP’s many virtues. (Check out the #FPvoices hashtag for a hefty sample.) Among them: family planning saves the lives of mothers and children. It empowers women with the right to make their own reproductive choices and control their own bodies. Through those choices, it empowers women to enter the workforce and pursue economic opportunities. At the macro level, FP can help countries reduce their youth dependency ratios and realize the demographic dividend, kick-starting economic growth. And some countries look to FP to help manage other demographic pressures, like rapidly growing populations amid scarcity of land, water, or other resources.

These are all great reasons to support family planning, but they do imply very different priorities for funders and policymakers with limited fiscal and human resources. For example, if you prioritize women’s reproductive and sexual rights, FP funds might best flow to comprehensive sexuality education, prevention of child marriage, sensitive service delivery, and perhaps even safe abortion, with a particular focus on the extreme poor, married and unmarried adolescents, and other marginalized groups—whether or not these groups have particularly high fertility rates. If you prioritize maternal and child health, your resources might first flow to areas with the highest maternal mortality, including far-flung, sparsely populated rural areas with limited access to health services. In contrast, if you’re concerned about population dynamics, you might be better served to focus narrowly on those regions or populations with particularly high fertility rates and resource pressures, investing in behavior change communication to shift social norms and preferences about ideal family size. There’s no right answer, but there are real tradeoffs—and it’s important to understand that different priorities imply different optimal allocations of scarce resources.

The family planning advocacy community is a "big tent" with some shared goals, but also clear tensions.

Just as there are many different reasons to support family planning, there are many different constituencies within the FP advocacy community. The “big tent” identity of FP advocacy was clearly on display at the conference, where traditional religious leaders from West Africa mingled with youth activists, a World Vision delegation, demographers, medical professionals, economic researchers, and safe abortion advocates. It’s wonderful to see these communities put their differences aside in pursuit of a clear shared goal: better access to family planning to advance maternal and child health. But it’s also clear that major differences of opinion linger below the surface on important related issues like youth sexuality, gender roles, the desirability of lower fertility rates, and the legality and availability of safe abortion.

We still need to generate and disseminate better evidence.

The conference served to showcase a cornucopia of new family planning research. But presenters stressed that there are still big holes in the evidence base—and to accelerate the pace of progress, we
need to learn more. Some priorities should be to determine: What are the best strategies to reach adolescent girls? (A subject of a 2013 CGD paper and a recent report from Greene and Merrick.) Can we better track the distribution of FP resources, from their source to their final beneficiaries? (A work in progress by researchers from Avenir Health, the Kaiser Family Foundation, and the Netherlands Interdisciplinary Demographic Institute.) And how does family planning change women’s life trajectories? Can we show, empirically, the intuitive links between family planning access and women’s economic participation and life expectations? (A CGD priority for the coming year.) Overlaying all these questions: how can we better disseminate the data and evidence that does exist, but which, too often, remains outside the public domain?

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Coconuts Bali: Women’s Empowerment and Child Protection Minister ok with Engeline film, on one condition
26 January 2016

Plans to adapt the disturbing story of murdered eight-year-old Bali girl Engeline to film have been met with controversy, but one of Indonesia’s ministers could actually be okay with it.

Minister of Women’s Empowerment and Child Protection, Yohana Susana Yembesi says she’s not against a film about Engeline being made, provided the filmmakers wait for the court decisions to be set.

“We’re right in the midst of two murder trials to determine the innocence or guilt of Engeline’s adoptive mother, Margriet, and the family’s former gardner, Agus.

“I support the film documenting about Engeline, but not until after the final decision,” she explained on the sidelines at the International Conference on Family Planning in Nusa Dua on Monday, as quoted by Tribun Bali.

Yembesi says she hopes the film can inspire women and children in Indonesia to be more vigilant and that Engeline’s story is a model example of child abuse and exploitation that can take place throughout Indonesia.

She further added child protection laws in Indonesia have not been implemented optimally and she hopes Engeline’s story can encourage stronger implementation.

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CTI Exchange: No Pipeline, No Promise: The Role of Contraceptive R&D at the International Conference on Family Planning
26 January 2016
By Kate Rademacher and Lucy Wilson

This week, nearly 3,000 health professionals and researchers gathered in Nusa Dua, Indonesia, for the 4th International Conference on Family Planning (ICFP), the world’s largest conference focused on family planning. At this and similar events, we often hear about the barriers that prevent women and men
around the world from having reliable access to safe, affordable contraceptive services. “No product, no program!” “No provider, no program!” These are common refrains in the family planning community, and they speak to the importance of having both sufficient contraceptive commodities and adequately trained health care providers to ensure high-quality services for individuals who need them.

This week at ICFP, Dr. Laneta Dorflinger, director of Contraceptive Technology Innovation at FHI 360, offered an additional perspective. “No pipeline, no promise!” she asserted during the Family Planning+Social Good event to highlight the importance of continued investment in contraceptive research and development.

The Family Planning+Social Good event, co-hosted by FHI 360 and the UN Foundation, brought together a diverse group of leaders to explore innovative approaches to reach the 225 million women in developing countries who want to avoid pregnancy but do not use contraception. “Over 70 percent of unmet need can be attributed to method-related factors,” said Dr. Dorflinger during her presentation, citing a recent Guttmacher report about the reasons women don’t use contraception. She emphasized that in order to fulfill the promises being made to women and girls, we must continue to have a robust pipeline of products in development that better meets their needs and preferences.

Updates about contraceptive research, development and introduction activities have been provided throughout the conference this week in several venues:

- PATH presented information about ongoing efforts to introduce and scale up three products: Sayana® Press, the SILCS diaphragm and the Woman’s Condom.
- The Population Council presented results from its acceptability study of a new progesterone contraceptive vaginal ring and moderated a panel on ethical aspects of introducing new contraceptives in low-resource settings.
- FHI 360 provided information about ongoing work to develop a longer-acting contraceptive injectable and a biodegradable implant, as well as an update on efforts to support the introduction of Medicine360’s new, more affordable levonorgestrel-releasing intrauterine system in Kenya.
- A panel on multi-purpose technologies explored the potential of this new class of products to offer various combinations of contraception, HIV prevention and other STI prevention.
- In the exhibit hall, manufacturers who are investing in contraceptive research and development — including several based in Indonesia — provided information about products being developed and introduced.
- Two new knowledge-sharing resources, the Contraceptive Technology Innovation Exchange and Calliope, the Contraceptive Pipeline Database, were featured during the Marketplace of Ideas.

During the Opening Ceremony at ICFP, the Bill & Melinda Gates Foundation reiterated its pledge of an additional US$120 million to help achieve the ambitious FP2020 goals within the next four years. In a press release about this commitment, Melinda Gates, co-chair of the foundation, said, “We made a promise. A promise to 120 million women and girls that by 2020 they would have access to family planning services and contraceptives if they wanted it.” By ensuring that we continue to have a robust pipeline of products in development and by working to scale up new methods being introduced, we can contribute to the realization of this promise as well as a promise to meet the needs of individuals and families in the decades to come.

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Baroness Verma sets out the UK’s commitment to giving girls and women access to voluntary family planning.

I would like to thank our hosts for inviting me, my fellow honourable Ministers and all conference participants for listening to my words today.

The UK has put girls and women at the front and centre of our international development work.

We believe it’s a matter of basic human rights.

**Giving girls and women a choice**

Girls’ and women’s right to have control over their own bodies...to have a voice in their community and country...to live a life free of violence and the fear of violence...to choose who to marry and when...their right to be in education ... to determine whether and when to have children and how many to have and their right to work, earn money and build the future they want.

But gender equality is also also critical to wider development goals...no country can truly develop if it leaves half its population behind.

We know that when girls stay in school for just one extra year of primary school they can boost their eventual wages by up to twenty per cent.

And when women get extra earnings, we know they then reinvest that back into their families and back into their communities.

McKinsey estimate that if women in every country played an identical role in markets to men...as much as twenty eight trillion dollars would be added to the global economy by 2025.

The same research finds that if every nation only matched the progress of its fastest-improving neighbour, it would add twelve trillion dollars to the global economy.

Investing in girls and women is the right thing to do...it’s also one of the very best investments we can make.

Sexual and reproductive health and rights are absolutely fundamental to this. When women have multiple, unintended pregnancies and births - when they face a high risk of dying in childbirth and when they are unable to decide for themselves whether, when and how many children to have, they are also unable to participate fully in education and employment.

We know rights-based family planning enables a girl to avoid a life trajectory of early, frequent and risky pregnancies, and instead complete her education and take up better economic opportunities.

These are the essential elements of the demographic transition, the shift from high fertility and mortality to far fewer births and deaths, the shift that ensures investments in gender equality, in education and in training and jobs can be converted into the demographic dividend of higher economic growth and prosperity for all. We’ve seen these policies and process in action in countries across East Asia particularly. We’re ready to support countries in Africa who choose this path.
Getting back on track

A lot of progress has been made. But we are not yet on-track to reach the FP2020 goal we all committed to in 2012 at the London Summit. We are failing to reach adolescent girls and young women who want to use family planning. We are failing to reach the poorest. We are failing to meet the reproductive health needs of women and girls in conflict.

We are failing to change social norms about family planning so that women’s and girls’ rights and their ability to control their own fertility become an ordinary part of life for communities everywhere. These are the changes that will be truly transformational.

We have come together here in Bali because we are all committed to change. There is much more we all need to do to deliver on the commitments in 2012. If we act now, we can still reach this goal and be on course for universal access by 2030.

That means truly prioritising family planning. It means budgeting for it, finding the funds for the contraceptives and tackling head-on the discrimination that prevents young people, especially unmarried women and girls, from getting the services they need. It means changing attitudes and social norms so that it is the uncut girl who finishes her education before marriage is valued. It means demonstrating our support publicly, encouraging others to do the same and making sure that access to safe and affordable contraception becomes a normal part of life for everyone.

The UK’s role

The UK will play our part. Our Government is fully committed to the goal of family planning for all who want it. We will deliver on the ambitious commitment of our Prime Minister. By 2020 this will result in 24 million additional women and girls using modern voluntary contraception. The numbers are important – this is an ambitious agenda. But we also need to ensure that no-one is left behind – and here we explicitly mean adolescents and women and girls living through humanitarian crises.

That’s why DFID is challenging itself to find innovative ways to meet the family planning needs of young people, including adolescents. And why, in humanitarian crises, DFID’s calls for proposals will now require the sexual and reproductive health and rights of women and girls to be considered. The UK commitment to the renewed Every Woman Every Child Strategy, launched at the UN in September, puts these issues at the heart of our vision for the sector to 2030. We remain committed to supporting progress across the continuum of care, prioritising maternal and newborn health, and addressing HIV, particularly for key populations.

The UK is very clear – access to voluntary modern contraception is a crucial part of wider sexual and reproductive health and rights – as agreed by the world in Cairo in 1994 and its subsequent reviews. I am therefore proud that the UK government is also a strong voice on the more difficult issues. Access to safe abortion, for example, reduces recourse to unsafe abortion and saves maternal lives. We need the courage to do what the evidence tells us women and girls still need.

Increasing access to affordable, quality female and male condoms to young people is also critical in order to provide dual protection against unwanted pregnancy as well as HIV and other sexually transmitted infections.

I am proud that the UK has led the way in supporting the Africa-led movement to end FGM. Ending FGM and ending child marriage are fundamental to girls and women being able to control what happens to their own bodies—and their own lives. The Girl Summit in 2014 in London was a watershed moment which broke the silence on these sensitive and taboo issues. No girl should live with the fear of being
cut, the fear of being married too young, the fear of carrying a child too young, the fear of giving birth when her body is not ready, the fear of the potential risks of this – of haemorrhage, of being left with a leaky bladder thanks to obstetric fistula, the real risk of dying.

We need to act now

We have a big job ahead of us, but if we step up our collective efforts we can succeed. There are 225 million women and girls who want to use modern contraception and can’t get it. This is a staggering number – yet we know what needs to be done. We need clarity of purpose, everyone needs to focus and get on with it. This is fundamental. We must not fail these millions and millions of women and girls. We cannot fail them. A block on the sexual and reproductive health and rights of women and girls is a block on economic development across the board.

But we do need to act now. We have a narrow window to get back on track with FP2020 goals. We also have a tremendous opportunity with the new SDGs, whose implementation will be secured or lost in the next few years. The family planning community needs to be at the heart of those discussions. These means a fresh commitment from all of us. And it means talking to other sectors to put the comprehensive sexual and reproductive health and rights for every girl, adolescent, women everywhere, at the centre of absolutely everything to do. Thank you.

Girls’ Globe: Sexual and reproductive health in emergencies
1 February 2016
By Ashley Lackovich-Van Gorp

One of the most talked about issues at the International Conference on Family Planning was sexual and reproductive health in emergency situations, such as in conflict and displacement. Using the guidelines of the Minimum Initial Service Package (MSP), organizations and agencies working in emergencies offer comprehensive reproductive health services, including family planning, prevention and treatment of sexually transmitted infections, safe motherhood and prevention and response to gender based violence. They aim to provide girls and women with the resources for sexual and reproductive health in the most unstable, unpredictable and unsafe circumstances imaginable.

Representatives from the United Nations High Commissioner for Refugees (UNHCR) explained that sometimes girls and women receiving these services are in healthy relationships, but often they are not. Most seek reproductive health services because they have been victims of sexual violence. Sarah Knaster of the Inter-Agency Working Group on Reproductive Health in Crisis explained that existing gender inequalities are exacerbated in conflict and displacement. As systems of law and justice break down, rates of intimate partner violence, rape and incest increase. Families with adolescent daughters often marry them off because they believe that marriage will protect them from rape. Unaccompanied girls are targets for exploitation, and rape and abduction are used as tools of war. Even when girls and women remain physically safe, they are isolated during menstruation if they do not have access to pads.

Sarah explained that “family planning and related services are a life-saving, critical intervention in humanitarian settings.” These are not programs that can be eliminated with budget cuts, nor are these programs that can be postponed until the situation stabilizes. Sexual and reproductive health services must begin with displacement and continue until girls and women have alternative sources of quality services.
One of the reasons we see so much violence in emergencies is that it is an exacerbated norm. Violence against girls and women largely goes unpunished globally and crisis situations allow this norm to flourish. In order to stop sexual and gender based violence in emergencies, we need to stop it in times of peace and stability. At the same time, we need to support organizations working with girls and women to reduce the risks and work with survivors. Sexual and gender based violence is never acceptable, and it is also not inevitable. To end violence against girls and women, we have to make it intolerable in all places and under all circumstances.

26 January 2016
By Ashley Lackovich-Van Gorp

“When people see the headscarf,” Zahra Aziz explains, “they are thinking, ‘what’s a conservative Muslim girl doing with sex and family planning? I’m out there to break that mold.’”

This week at the International Conference on Family Planning in Nusa Dua, Indonesia, Zahra is breaking the mold by standing inside of a large white booth with a high-tech digital camera. As a consultant working for FPVoices, she’s greeting person after person, excitedly explaining that they can pose next to one of the four large wall prompts. The prompts, shaped like conversation bubbles, ask questions leading to why people are involved in family planning. Zahra snaps a picture of the posing participants and then prints two copies. Below their picture, the participants handwrite their personal response. One copy goes on the wall of the booth and the participants keep the other.

Zahra is one of about half of a dozen young people helping others tell their stories. “My parents have no idea what I do,” she explained. “We always talk about the clients. Now it’s time for the activists to tell their stories.”

In the thirty minutes I spent with members of the team, dozens of people came forward to pose and share their story. “It’s an interactive space for people to come and really get excited about family planning voices,” says Jeremy Tsai, the young designer of this booth. “There is a huge appeal for young people,” Jeremy explains, “because there is a social media component.” Several iPads line the outside of the booth so participants can instantly post their pictures to Facebook or Twitter. “They love it,” he says as two young Indonesians hover over one of the iPads.

“It’s not all young people,” O’Mara Taylor clarifies. “Here I learned that older people love Facebook as much as younger people. This is a way for all ages to come together.” O’Mara is a Luce Scholar working with the Indonesian Planned Parenthood, PKBI. Every year, 15-18 US Americans under the age of 30 travel to Asia as Luce Scholars. But O’Mara’s work at the Conference isn’t part of her fellowship. “When I found out the ICFP was here, I went through my network to find a way to volunteer. And here I am taking pictures.”

This booth is part of the larger initiative called FPVoices. FPVoices is a year-long project inspired by the hugely popular photography project, Humans of New York. Zahara, who previously worked as Director of Communications for FPVoices, explains that it’s a story bank. “Storytelling can be so powerful in affecting change. We can’t reduce the activists to numbers.”
Planning reminds me that while we are powerful in numbers, behind every number is an individual with a deep, personal commitment to change.

While I was posting my picture next to hundreds of others, a young man from Pakistan looked over my shoulder. “We’ll end child marriage,” he responded to my photo story. “We’re a new generation.”

Thanks to Zahra, Jeremy, O’Mara and their colleagues for giving this new generation a space to raise its voice. With such passionate and dedicated people working on these issues, there’s no doubt we can reach a world where access to family planning becomes a reality for everyone.

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Girls’ Globe: ICFP 2016: Family planning as a human right
25 January 2016
By Ashley Lackovich-Van Gorp

On the shuttle bus from the airport I sat between a young woman from India and a young woman from Zimbabwe. Having traveled from three different corners of world, we all arrived ready to share our family planning knowledge and experiences while learning from others at the Fourth International Conference on Family Planning (ICFP). The United Nations recognizes family planning as a human right and this week activists, advocates, humanitarians, health practitioners, private sector representatives and scholars from across the globe are together in Nusa Dua, Indonesia to discuss how this human right can go from being a lofty goal to a global norm.

At the heart of family planning is a woman’s right to choose whether or not, and with whom, she will have children, as well as her right to control the timing, spacing and number of children she chooses to have. At this conference, we are reflecting on the challenges and opportunities in providing girls and women with access to this human right. As part of looking at and assessing the overall picture, we are also reflecting on the role of boys and men in family planning. We are grappling with current events that create new obstacles, such as how to promote reproductive health among refugees and among communities affected by Ebola. We are also revisiting existing issues in light of new evidence, such as family planning among people living with HIV/AIDS.

One of the most exciting and important aspects of this conference is the focus on youth voices. Currently 1.8 billion young people are entering their reproductive years – that is more than ever before. When young people, especially girls, have control over the decisions regarding their reproductive health, they are able to complete their education, choose their livelihood, live healthier lives and develop more fully as individuals. Research also shows that girls’ and women’s access to family planning services has a ripple effect that results in healthier families and communities – so it’s not just the women and girls who benefit, it literally affects everyone. When young people are empowered to make positive choices, they create a better future for themselves, their communities and our world.

At the opening session today, UNFPA Executive Director Babatunde Osotimehin highlighted one of the most marginalized groups of young people: married girls. Child brides tend to have no control over their reproductive rights because their husbands dictate their choices. This week I’ll be presenting on delaying child marriage as a way to give girls access to all of their human rights, including family planning.
Family planning is a simple human right made complex by the archaic belief that girls and women should not have control over their own bodies. This conference recognizes that, while the goal of universal access is lofty, we can’t aim for anything less – and we are making progress. This act of gathering together in itself creates momentum that will carry us on this global journey and inspire our local actions.

Girls’ Globe: ICFP2015: When the Going Gets Tough
9 November 2015
By Yeabsira Bogale

There are some moments in life that sound and feel so similar that for a second, it’s like you are back in time reliving that exact same experience. You work incredibly hard to see your vision take off and circumstances that are beyond your control seemingly sway you off course. But I am writing to remind you that, that’s only true if you allow it to happen. You always have a choice to keep going, especially when you know your answer to the question: “why do you do what you do?”

This week, so many people from around the world had their eyes on Nusa Dua, Bali as they made arrangements to take part in the International Conference on Family Planning (ICFP 2015). Young advocates, grassroots workers, communication experts, ministers, policy makers and practitioners were all ready to deliberate on this important topic that greatly impacts everyone’s lives. But as it happens, Mt. Rinjani had a plan of its own! A volcano eruption on the mountain led to a cloud of ash that ultimately caused the postponement of the conference.

We all greatly empathize with the organizers who had already put so much effort into making this event a success. As we express our concerns and stand in solidarity with the people of Indonesia, and wish safe travels to all those inconvenienced en route to the conference; we need to keep the conversation on family planning going.

On my previous Girls’ Globe post on the SDG13 and climate change, I emphasized the close correlation between population, health and environment and the need for effective gender mainstreaming for building resilient communities. I also highlighted that we have established empowering women and girls is our ticket out of poverty. Well, that is entirely impossible without due focus on family planning, a key component of global development that has huge impacts on the performance of all the other key sectors.

More young people are entering their reproductive years than at any point in our history. Without the proper sexual reproductive health information and services, this large number of youth will face a range of problems that will highly affect their socio-economic wellbeing. This is bad news for the entire society!

Although the needs of young people living in urban areas is far from saturated, the huge service variability between rural and urban health centers is a big concern to me. Lack of youth-friendly approaches as well as meaningful involvement of young people in deciding our future undoubtedly compromises the goals our world has set for family planning. There is also a harder-to-reach and marginalized youth population that would greatly benefit from more targeted service expansion. In doing so, we need to apply innovative solutions to properly contextualize our strategy to
address the unique needs of this segment. Passion and innovation are two things us young people aren’t short of, and we will continue to echo, “nothing for us, without us” as we fight for the rightful space for us to apply our solutions.

Keeping girls in school and providing sexual reproductive health information and services is a two-way street. Investing in family planning also means improving the educational attainment of women and girls thereby adding an invaluable segment of the population into the work force. Although our task doesn’t end there and we continue to challenge patriarchal norms and fight for women’s rights, this surely is the foundation for a healthy, productive and resilient society.

Unmet need for contraceptives among women is a major issue we are all trying to tackle. The problem is not only associated with lack of information, it is also highly influenced by core factors related to health infrastructure, service affordability, availability of method of choice coupled with unique needs that substantially vary based on age, geography and culture. This is especially relevant to a country like mine, Ethiopia, which is a symbol of diversity and requires carefully planned strategies that are workable at the different regions and even lower levels.

Harmful traditional practices such as abduction and early marriage and resulting complications further deter our progress in this field. As indispensable as it is to implement a rights-based approach, we are also living in a community where faith-based and community organizations and religious leaders have more power in influencing the public. We need to make sure we give due emphasis to both as we plan and implement our programs.

Married adolescents living in a household where men are the sole decision makers require us to creatively partner with husbands. We have to work with fathers and bring them closer to their children and their children’s mothers. But this by no means is a trade-off between working with men or working with women. We have to remember that mothers also play as key-a-role in shaping masculinity-identities as fathers do. Bottom line, applying the strategy of working with boys and men can sometimes be a slippery concept and it goes far beyond mere inclusion.

I hope we can keep up the momentum. I look forward to see us all on the new dates of ICFP 2015. But to finish with a quote from Melinda Gates, “No volcano can interrupt the conversation on family planning”.

Global Voices: YouTube superpowers: Female activism in digital shorts
1 February 2016

Melisa Trad is a young Argentinian activist participating in the International Conference on Family Planning in Indonesia. The event organizers opened a competition for young people who wanted to count through video what the most important country is in terms of family planning issues. Trad got a camera, chose the materials and spaces in which film and got down to business:

“I focused on creating a script that combines accurate and reliable data with a series of arguments that might question the recipient from the rational one hand, and emotional, on the other. I tried to appeal to building a creative message, from the few technical tools available to it.”
In a brief but powerful video entitled "A History of Violence" (in English, subtitled soon) shares what he calls "sleep with Argentina where everyone has the freedom and tools to choose our own destiny." The journalist and activist puts handwritten signs, use basic animations and clear ideas for shaping the agenda of family planning as a right, "I consider that family planning should always be a priority in terms of our public policies and I hope the government current does not generate more setbacks on an issue that has already suffered too many delays for religious and ideological barriers."

Melisa initiative could be the start of a chain of microactivist digital videos that are entangled with those of thousands of other video activists. Our computers become an infinite screen in which more and more women and LGBTIQ people appropriate language made with short, quick messages, and above all impressive.

Leticia Lopes, student Post-Com (post-graduate program in Communication at Universidade Federal da Bahia, Brazil) and researcher video platforms group Gig @ at the university, the potential for sites like YouTube or Vimeo is in fact be platforms that have main audiovisual publication form:

“First video that embodies the universe of who speaks and that's important for activism, for many who support them or gather in militancy and do identify with them. Thinking so, the audiovisual is much richer in symbolic possibilities than other forms of publication. Another important reason is that the video is accessible in several ways. To produce does not require much - it can be a cell phone camera and today there are several free softwares which facilitate editing; anyone can easily understand - from illiterate to academic; it is easy to spread - at least in Brazil, where we have a strong culture of orality, it is easier to convince a person to see a video that reading a text.”

Loggerhead smart display box

What they have in common many of the videos produced by women and LGBTIQ people? A clear intention to play with language and challenge any prejudices about the "boring" and "unfriendly" they are feminists. In addition, these videos added that traditional media looks ever provide, says Lopes:

“When traditional media deal about matters relating to the various militancy, activists occupy the space of respondents play an advisory role, they are not the ones who talk about themselves. The Internet allows them to be protagonists of their productions and that changes everything, because it is important that they have a voice.”

Initiatives known video-activists with few tools, a lot of information and high dose of humor are appropriating audiovisual digital women to defend their rights.

The videos produced from the micro-space feminist La Tuerka are manifest character of many of the current feminist slogans. In some, the conductive rictus too serious and punk-rock music explains what being a feminist. In others, the conductor invents little characters as "La maja maga", who with a magic pass becomes a 'machuna "feminist agenda in a feminist political agenda (video). An additional and necessary shows of humor and irony is the video below where it is stated: "The feminazis do not exist or exist only in the imagination of patriarchy"

The internet is a place where it is possible to maintain a constant programming, and enables a more complex approach on issues addressed in the mainstream media or repeatedly surface. The web brings,
for example, from some border between Mexico and Colombia, the video journalists Catalina Ruiz-
Navarro (catalinapordios) and Stephanie Vela Barba (samnbk) with a "Latin American pop feminism"
with its canal and (s) tereotipas through which explain the phenomenon known as "mansplaining"
(Spanglish "manxplicar"). "Manxplicar" describes a situation well known to the women when men insist
on our views and explain our opinions (speaking for us, of course).

O question of the TV and the politicians with essential news, #Notiestereotipas and urgent news: Law is
approved Garrafón!

Since pikara Magazine, the now famous multiartista Alicia Murillo captivates us with its corrosive humor.
The best of his great video production: How NOT to campaign against machismo.

Another essential video recounts the daily encounter with paranormal beings, Machitrolls famous (see
here).

For those who understand Portuguese particularly recommend the Canal das Bee, a group of girls and
LGBTIQ guys who speak fluently topics sailing from female masturbation, to the challenges of a lesbian
couple to decide to live together, to a series short interviews with trans people struggling to be inserted
in Brazilian society.

Also interesting phenomenon attend the claim of Afro-Brazilian women and their specific channels curly
hair care. Recacheando is one of those channels enhancing the processes of self-esteem by many black
women go after ironing her hair and wanting regained its true identity and prominent rebel hairs. The
video Rayza Nicácio "As never seen me before," it is built from the privacy of your home, from the lobby,
with an account of his transition from ironing hair curlers rain.

Finally, also from Brazil, JOUT JOUT imposes some videos that border 2 million views. In a fun and
charismatic, he is dedicated to different topics, some milder, and others within the theme of feminism
like this dedicated to abusive relationships:

Lopes explains:

“I think a measure of success for the media-activism is in the ownership of the audiovisual as an
important complement to its production, which present, more succinctly, the deepest points of
discussion. That because I think it is important for militancy spaces denser discussions such as blogs, sites
of independent journalism or groups of debates, so the video could be used as a way of brushing topics
discussed in these environments to arouse interest or summon new individuals to the discussion.”

From here we accompany and applaud initiatives. We continue choosing this powerful, creative and
feminist programming. And we leave open the question of the use of alternative audiovisual platforms
(besides YouTube, which belongs to Google tools and platforms). Meanwhile we refresh our screens the
very YouTuberas, further nurturing our digital activism.

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Health Communication Capacity Collaborative: As Demand Grows for LARCs, the Need for Communication Fellows
20 January 2016
By Susan Leibtag

In the next few days, hundreds of family planning (FP) professionals will be making their way to Bali, Indonesia to attend the International Conference on Family Planning. Many will be presenting, discussing and debating the issue of providing young people with a variety of contraceptive options. One of those options, and one which is gaining more and more traction, is long-acting reversible contraception, or LARCs.

With young people (whom the World Bank defines as between ages 10-24) currently comprising a larger proportion of the world’s population than ever before — including in low- and middle-income countries (LMICs) — unplanned or unwanted pregnancy among this group is a worldwide public health issue. For unplanned pregnancies among younger women, unsafe options may become the recourse. Many effective FP methods — especially LARC methods, like implants and intrauterine devices (IUDs) — are scarcely accessed by or considered acceptable options for youth, especially for those who are unmarried.

LARC methods, in fact, have pregnancy rates of less than one percent per year, and high rates of patient satisfaction and continuation.

So LARCs are now becoming a method of choice for young people. As demand grows for LARCs, the need for social and behavior change communication (SBCC) follows. Youth and service providers alike need to be open to discussion about the use of LARCs, address misinformation, tackle the issue of dual protection, and create an open and welcoming environment so that there can be thorough client-provider communication to support youth’s education and voluntary uptake of LARCs.

The Health COMpass offers its latest Trending Topic with some of the latest tools and project materials intended to increase use of LARCs among youth.

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iLead: A Bali Report
31 January 2016

Family planning, demographic change and poverty
More than 3,500 people, including Presidents and Prime Ministers, have gathered in Bali this week for the fourth International Conference on Family Planning. The unmet need for family planning is an urgent human right and development issue. We’ve no more time to lose! In 2013, approximately 289,000 women died from problems related to pregnancy or childbirth. The Bill & Melinda Gates Foundation, however, estimate that approximately 1 in 4 women could be saved if they had global access to contraception. Simply meeting the unmet need for family planning services would also prevent 1.1 million infant deaths. Family planning remains out of reach for many couples in low-income settings — more than 200 million couples in the developing world are unable to control the number and spacing of their births.
Children born in small families live longer
Children born into smaller families in the world’s poorest nations will live an expected three years longer than those born into larger families, a new research by the Johns Hopkins Bloomberg School of Public Health has said. The findings were presented at the International Conference on Family Planning in Nusa Dua, Bali, Indonesia. It pointed out that the findings present concrete evidence that family planning has real health benefits on individuals and not only a way of moderating population growth and minimize pressure on resource strapped nations as had been deemed for long. The findings are based on the results of the most recent national Demographic and Health Surveys from 35 developing countries. The report is titled “Small families are healthy families: Evidence of long-term effect of small family size on improving survival status across the lifespan”.

Youth-led and youth-friendly Family Planning services
Speakers discussed specific ways to improve the sexual and reproductive health of young people, including youth-friendly health services, laws and policies focused on adolescent health, and conditional cash transfer programs. Young leaders at the Bali conference emphasized the need to meaningfully engage youth and adolescents as key partners and decision-makers on family planning. The issue of adolescent sexual and reproductive health and rights is not just one about information; it is fundamentally interlaced with intersectional issues of social justice, finance and poverty alleviation,” said Women Empowerment Ambassador from South Africa. “When we talk about family planning, we are challenging the cultural beliefs about young women and the methods used... about education and the right to access information.

Family planning is critical link in eradicating poverty
Giving people access to family planning is crucial to achieving the sustainable development goals (SDGs) by 2030. Family planning is the critical link to meet each of the 17 goals that were adopted by UN member states in September. Targets in two of the SDGs - goals three and five - call for universal access to sexual and reproductive healthcare and rights. But those campaigning for wider access to family planning and improved reproductive healthcare believe that unless more people are offered modern contraception, other interventions to reduce poverty and inequality may be far less effective. Many poor countries face energy crisis: despite huge efforts in developing countries to provide electricity, capacity is eaten up by growing populations. The consequences could be serious, with a population bulge that would lead to a huge number of uneducated young people without work in the years to come.

Bali conference urges to invest on family planning
As thousands of researchers and stakeholders attending the fourth international conference on family planning in Bali, Indonesia, have intensified discussion on the future of the global family planning campaign, experts have highlighted that the family planning is key to achieving the Sustainable Development Goals. The world forum has provided ample opportunities to the developing countries like Nepal to learn and share the best practices while accelerating their sexual reproductive health and family planning campaigns, according to Jagdish Upadhyay, Head of Reproductive Health Commodity Security and Family Planning at the UNFPA.

Africa: Lessons on midwifery from Indonesia
Increasing access to trained birth attendants is vital to respond to high maternal and infant mortality rates in developing countries, something Indonesia is working hard to address. According to the World Health Organization (WHO): "Children in developing countries are ten times more likely to die before the age of five than children in developed countries." One of the reasons behind this, especially in rural
areas, is related to access to health centers where pregnant women have to walk long distances, in some cases more than 15 kilometers to the nearest hospital. This is one of the issues under scrutiny at the International Conference on Family Planning currently taking place in Bali, Indonesia (25-28 January) where the focus is on discussing global solutions through local actions.

Innovations for Poverty Action: Building innovative and evidence-based family planning programs for the next generations
22 January 2016
By Thoai Ngo and Jessie Pinchoff

Next month, a new and improved contraceptive product will be marketed to urban, young adults with some disposable income, using billboards, Facebook, and WhatsApp messages. These millennials are living in Lusaka, Zambia, and right alongside this marketing campaign will be a group of health researchers who know that making a new product available doesn’t mean it’ll actually get used. The product is the Maximum Diva Women’s Condom, a new and improved female condom, with a better design, in a sleek new package and at a slightly higher price point.

IPA researchers are collaborating with PATH, Society for Family Health (the Zambian subsidiary of Population Services International), WomanCare Global through USAID’s Expanding Effective Contraceptive Options (EECO) project in order to test whether new contraceptives and approaches impact use. Despite universal access to family planning being essential to the health and well-being of women and communities, the family planning research community still only has a handful of high impact practices with evidence behind them, such as integrating and supporting trained community health workers into the healthcare system, and providing post-abortion family planning counseling and services. While about 380,000 maternal deaths a year are averted because of access to family planning, an estimated 220 million women who want this ability to delay childbearing still lack it, and Zambia is no exception. Twenty-seven percent of Zambia women and men have an unmet need for family planning. Female condoms in particular have the unique property of both a woman-initiated contraceptive with the dual ability to prevent pregnancy and stop STIs/HIV; in Zambia the prevalence of HIV is 13.3% nationally, double in urban cities.

We have glimpses into behaviors around reproductive choices from previous research, for example, we know that having more choices of kinds of contraception increases the chances of using some form, but we still know frustratingly little. One of the reasons is that while the biological efficacy or safety of new products is often well established in clinical trials, there are very few rigorously evaluated studies on how to improve service delivery or to understand demand for these interventions in different cultural or economic contexts. The introduction of a new contraceptive with a well-defined marketing campaign is a wonderful opportunity to understand how it does or doesn’t change people’s preferences and behavior.

IPA Zambia is taking advantage of this opportunity to gather data and try to understand what aspects of a campaign and product have the highest impact on use. After a baseline study of contraception use, Maximum Diva will be introduced throughout the city, along with its mass media campaign. Forty urban wards in Lusaka will be randomly assigned to receive just the mass media campaign or an additional interpersonal communication (IPC) program. Young adults (18-24 years old) of both genders will be
recruited to participate in the IPC program in selected areas. Led by trained local, young adults from these neighborhoods, the sessions will include information on the importance of contraceptive use, demonstration of how to use the Maximum Diva female condom (on a plastic model), and dramatic skits and role-playing to teach participants how to negotiate with sexual partners about condom use. This will all take place against the backdrop of a city-wide campaign using radio, billboards, news media, social media, and a mobile website (smartchoices.co.zm). In smaller, less rigorous studies, IPC has been shown to change knowledge and behavior because it creates a dialogue and allows people to ask questions they might be too embarrassed to ask. This can increase knowledge, and also increase acceptability in the community since groups of individuals attend together. However, it has never before been studied rigorously and in a general population of young adults for a new contraceptive product.

Researchers will compare participants in the areas that did or didn’t participate across a range of factors, including contraceptive knowledge, preferences, and use to try to better understand how the IPC sessions may or may not have affected their choices, along with general popularity and use of the Maximum Diva Woman’s Condom. Again, we know from studies that human choice is complicated – introduction of a new option, even if not relevant can change people’s attitudes towards their existing choices, and choices about sex and reproduction are more complicated than most.

This study is important not just to understand use of a particular contraceptive, but because it addresses some gaps in knowledge for improving family planning programs:

Innovation in contraceptives themselves: The Gates foundation offered a million dollar prize for a better condom, which will probably never be claimed, even after promising ideas were given $100,000 to further develop. Even if new products successfully make it to market, how they will be received is not well understood. Investments need to be made in the development of new contraceptive methods and in better understanding innovative interventions that can improve behavior around contraception choices and uptake.

Integrate rigorous testing of interventions: Only a few interventions are considered “proven” high impact practices, based on the quality and consistency of evidence. This is because many interventions are not tested using an experimental study design. It is time to invest in designing rigorous impact evaluations with multiple sites (where possible) to understand whether an intervention truly works and how to successfully adapt and scale it in different settings. There has been reluctance to spend time and money collecting data on a program when the product or intervention is biologically proven; however, it would be well worth the investment to identify programs that demonstrate measurable impact.

Invest in evidence-based solutions: Hundreds of local, NGO, and government groups are all designing and implementing programs around family planning, but often the interventions they implement are not based on rigorous evidence. Successful interventions are not often tested more than one time; therefore, it is important to replicate them in different settings, with different populations, to make sure we truly understand how and when they work. It is equally important to implement right-fit monitoring and evaluation system of their projects and programs as they are running, in order to be adaptive and facilitate learning. Replication and monitoring and evaluation are strategic to understand where and when a program works and how to tailor it to maximize its impact and cost-effectiveness.

The FP2020 Global Partnership support governments, civil society, multi-lateral organizations, donors and the research and development community to focus on family planning needs worldwide. As experts gather in Indonesia on January 25th, 2016 at the International Conference for Family Planning to discuss
how to attain the goal of universal access to family planning, the three issues highlighted above should be prioritized as they are key to how the FP2020 Partnership to reach its goals.

Young people in Zambia and across the world are ready to become productive members of society. They deserve to have access to a wide range of quality contraceptive methods as well as proven health programs that are appropriate to their choices and lifestyle.

**Lawyer Herald: Indonesian government revives family planning program; Impacts on economy expected**  
25 January 2016

Family planning program is making a comeback in Jakarta, Indonesia. Ten years ago, the country was known for its two-child policy and has gained international recognition.

The International Conference on Family Planning is set to be opened by President Joko Widodo to address current issues like contraceptives and reproductive health. Jakarta is the world's 4th most populated country, and they are making a move to lower the birthrate to energize its economic growth. The government is planning to provide more funds into education and information dissemination as for the importance of family planning as this issue puts a strain on water, education, housing, and employment needs as reported by The Wall Street Journal.

Former autocrat Suharto's program on population helped Indonesia gain its economic growth which last until 1998. But after ten years since the year 2000, the country's population program stopped and caused its detriment.

According to Hari Fitri Putjuk, a representative from John Hopkins Bloomberg School of Public Health Center, there was no sufficient effort, accurate information, no promotion during those times and now younger people are not aware that there is such a program. Jose Oying Rimon, Director of the Bill & Melinda Gates Institution, fewer children increases the working age and leads to a more sustainable development.

A few years ago, Indonesia tried to bring back the population program but because of lack of funds and commitment from the local government, the progress has been slow. Now President Widodo is committed to reviving the program. He started the campaign in a village in The West Java. Services are provided for free under a universal health program. Clinics and training of health workers have also been improved to increase the program's success rate.

According to The Daily Mail, the national population conducted a survey last 2015, Indonesia's fertility rate has dropped from 2.6 to 2.3 children per woman and the goal is to decrease it further to 2.1 by 2025. Head of the National Population Family Planning Program, Surya Chandra Surapatry said that the family planning program is geared towards ensuring that the population growth doesn't affect the benefits of economic expansion.

The program still has a lot of loop holes that needs improvement. One issue related to this is that it targets only married couples due to the regulatory restrictions in the Muslim-majority country. Experts
say that there are still cultural and religious barriers that need to be addressed so that it will be a sustainable program for the well-being of Indonesia's people and economy.

Making Health Matter: Greater contraceptive choices for youth – key to economic growth
27 January 2016
By Shai Venkatraman

One of the key statements to come out of the 2016 International Conference on Family Planning is the Global Consensus Statement supporting the expansion of contraceptive choices for young people to include long-acting reversible contraceptives or LARCs. Over 40 leading global health and development organisations have endorsed this statement.

1.8 billion – that is the estimated number of adolescents in the world and a significant number of them are sexually active and don’t want to get pregnant until they finish their education, get a job or they want to space their children. However, the limited access to LARCs restricts their ability to exercise full contraceptive choices. Lack of information, myths and misconceptions, lack of availability and poor community support are some of the key barriers.

Speaking at a press conference, C.M Purandare, president of the International Federation of Gynecology and Obstetrics (FIGO) said that the goal of his organisation is to encourage midwives, gynaecologists and obstetricians to work towards removing barriers in their countries to the use of LARCs to meet the reproductive needs of young people.

“We have women who get pregnant and who come for an abortion and are not given information about the basket of contraceptive choices”, said Dr Purandare. “After a few months she is back for the same thing. If we do not provide her with information and contraceptives, we are failing her for the second time”.

In many countries it is hard for adolescents to walk into hospitals and ask for contraceptive advice. “Injectables are a boon to adolescents and efforts have to be made to ensure the knowledge is available as widely as possible”, added Purandare.

At the very core it boils down to a question of agency and autonomy for young women believes Ramya Jawahar, Vice Chair, International Youth Alliance for Family Planning who is from Bangalore, India.

“We are shuffled between the homes we are all born into and those we are married into”, says Jawahar. “Now that LARCs are in the health centres, the challenge will be to get women into these centres and getting the men on board”.

The safety of LARCs for adolescents also came up for discussion at the conference. There are misconceptions and myths relating to the impact of long acting methods on the health of adolescents.

“Adolescents are eligible to use all methods like adults”, said Dr V Chandra-Mouli of WHO-HQ, pointing to a WHO study which said there was no medical evidence to support the perception that implants or any other LARCs impact fertility.
“The most important rationale for investing in young people is demographics”, he added, pointing to countries like Hong Kong and South Korea that have invested in education and health. “Investing in young people is good for them, their families and their countries”.

Making Health Matter: India: Need for gender equity in family planning
24 January 2016
By Shai Venkatraman

Activists and experts from around the globe have gathered at Bali, Indonesia, for the 2016 International Conference on Family Planning. It’s an opportunity to take stock of goals that have been met with, and for countries to evaluate how to boost workforces and tweak their approaches toward achieving the new Sustainable Development Goals.

India has a lot to feel proud about. Phase 1 results from the National Family Health Survey-4 for 2015-16 that covered 13 States and two Union Territories show that total fertility rates or the average number of children per woman have dropped considerably, ranging from 1.2 in Sikkim to 3.4 in Bihar.

All the states in the first phase, barring Bihar, Madhya Pradesh and Meghalaya have either achieved or maintained replacement level of fertility and this is a major achievement in the past decade. All have rates below 51 deaths per 1,000 live births, although there is considerable variation among the states.

However, there is plenty to be done when it comes to how we approach family planning at the policy level. On this count, India lags behind countries like Sri Lanka and Bangladesh despite being the first country, globally, to have a government-backed family planning program.

India still reports the highest unmet need for contraception worldwide at 21%. In Bihar it is 31% among women between 15-19 years and 33% between 20-24 years. Maternal and neo-natal mortality is five times higher among girls who conceive before they hit the age of 20. They are also more likely to experience spontaneous abortions, infections and anemia.

This is largely because on the ground the emphasis on female sterilization remains high. According to UN data, in India, over 37% of women between 15-49 years use sterilization as a method of contraception. Only 3.1% use a pill and 5.2% rely on condoms.

“The rights perspective on family planning is missing at the policy level and it is high time that this changed”, says Dr Pranita Acharya, Gender, Poverty and HIV/AIDS specialist at the International Centre of Research on Women. “It is the right of couples to decide when and how many children to have. This is only briefly touched upon at the policy level and forgotten on the ground”.

Other contraceptive choices require counseling and careful monitoring – an investment that most states find burdensome. Sterilization, on the other hand, is a one-time, “gunshot” intervention. The result is that many women have been sterilized even before they need it.
Bridging the gap between the two genders in family planning matters is key believes Sushma Shende, Program Director, Maternal and Newborn Health, at SNEHA, a Mumbai-based non profit that works in urban slum communities.

“Considering the socio-economic set-up of the areas in which we work, it is difficult for women to take decisions with respect to FP”, says Shende. “Her husband and mother-in-law play an important role in decisions regarding child bearing and family planning. Moreover, the pressures of bearing and rearing the child is considered to be the responsibility of women so increased awareness amongst the men will make them more supportive and help address misconceptions or fear”.

There is also a near complete lack of awareness when it comes to contraceptive choices among married adolescent girls and newly married couples. Filling this gap is critical given that India accounts for 19% of maternal deaths, worldwide. Educating newly married couples about various contraceptive methods could help prevent many more such deaths.

Challenges top health ministry officials said they are addressing by offering a wider choice of contraceptives, improving service delivery and taking these services to the doorstep of those who need it. Speaking at the India Caucus held on the eve of the 2016 International Conference on Family Planning, C.K Mishra, Mission Director, National Rural Health Mission said that the goal ahead was “to ensure no woman should be left behind and no partner should be left behind”.

Admitting that the focus on female sterilisation was troubling, Mishra said there was now greater emphasis on expanding the basket of contraceptive choices to include injectables, Centchroman, a non-steroidal agent and POPs or progesterone only pills. Centchroman, marketed as Saheli, is a potent non-steroidal non-hormonal birth control method, is a once-a-week oral contraceptive that acts on the hormones produced in the body, especially progesterone. POPs thicken the mucus in the cervix, stopping the sperm from reaching the egg.

Attractive packaging for contraceptives, a sharper FP communication campaign and mobilising local health workers is also being looked at to add momentum to India’s family planning program.

Maternal Health Task Force: In Indonesia, Spicy IUD TV Ads Try to Boost Long-Term Contraception
21 January 2016
By David J. Olson

“How does it feel after you get an Andalan IUD?” a woman says in the opening line of a ground-breaking new TV spot in Indonesia promoting intrauterine devices to married women. “Now we can do it anytime. For sure, my husband is more content and obedient now,” she says with a mischievous smile.

A second spot targeting married men poses the same question about how it feels after their wives got an IUD. “Now, every day, I just want to return home quickly,” he says with a broad grin. This deals with a widespread myth held by Indonesian men that IUDs dampen sexual pleasure.

Such ads used to be unheard of in Indonesia, where family planning is normally promoted from a population control and public health perspective. Sex is never mentioned. In a country that values
discretion, these commercials link IUDs with sexual pleasure and other benefits of using a long term, reversible method.

DKT Indonesia, a social marketing organization launched in 1996, has been advertising its line of Andalan family planning products for several years (Andalan means reliable in Indonesian).

But no one has ever made the link between modern contraception and sexual pleasure before. By encouraging IUD users to discuss how it has impacted their sex lives, DKT is rewriting the narrative that IUDs are not only reliable for family planning, but can also make sex better.

“One of the myths about IUDs is that they will disrupt intercourse,” said Aditya Anugrah Putra, general manager of the Reproductive Health & Family Planning Unit of DKT Indonesia. “This is a myth that we are tackling with these new ads. Also, we utilize the male perspective in one of the ads, something that has rarely happened in terms of family planning communications in Indonesia.”

So far, Putra, said, there has been no negative reaction to the ads. They have been aired since August 2015 and will continue another 12-18 months.

Long-term, reversible contraceptive methods are one of the areas to be focused on by the International Conference on Family Planning, which opens Monday at Nusa Dua, Indonesia.

Extreme measures were deemed necessary to promote IUDs, a highly reliable form of contraception that has not taken off in Indonesia. Indeed, the period between 1991 and 2012 reveals a long slide in popularly for the IUD from 13.3% contraceptive prevalence in 1991 to 3.9% in 2012, according to national Demographic and Health Surveys (DHS).

Todd Callahan, who directed the DKT Indonesia program from 2008-2015, believes that the public has started to accept IUDs more in the last few years and that the 2012 DHS obscured that fact when it started surveying unmarried women, who are less likely to use a long-acting reversible contraceptive like IUDs and implants.

He also cites other data sources, like the National Socio-Economic Survey of the Central Statistics Bureau which show that IUD use as a percentage of the contraceptive method mix rebounding to 7.2% in 2011.

Meanwhile, the IUD has become the second most popular contraceptive method in the world (after sterilization). DKT International has been marketing IUDs since 2000 but, in the last few years, has seen a dramatic increase in uptake, with 2.4 million units sold in 2014.

“With a wide variety of sizes, configurations and mechanics of action, the IUD now offers one of the most effective (99% efficacy), cost-effective and reversible family planning options,” wrote Chris Purdy, the president of DKT International. “Indeed, the tiny IUD is worth a long second look by family planning programs that are trying to provide a low-cost, easy-to-use method with up to 12 years of protection from pregnancy.”

In 2014, DKT Indonesia was the world’s largest contraceptive social marketing program in terms of numbers of couple years of protection delivered. In that same year, it provided 19% of Indonesia’s couple years of protection.
It’s too early to know about any long-term effect of the TV spots but Putra says that DKT has noted a steady IUD sales growth since the campaign began. He attributes this both to DKT’s extensive midwife trainings (50,000 midwives trained since 2001) and, more recently, the two IUD spots.

Callahan said that these IUD advertisements have not only benefitted DKT sales but has lifted all boats, including government-run clinics.

“What DKT is trying to do is to build up the market for IUDs, something that has never been done in the past decades either by government or the private sector,” said Putra. “DKT pioneered a consumer approach to promoting IUDs by utilizing non-technical and non-medical language in order to provide an attractive message for the target audiences.

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Palladium: Family Planning in the Sustainable Development Goals: Seeking the Goldilocks Approach
27 January 2016
By Elizabeth Leahy Madsen

While attending the fourth International Conference on Family Planning (ICFP) this week, my colleagues and I joke that we should play “ICFP Bingo.” Several terms are referenced so frequently that you can predict you’ll hear them in nearly every session and plenary. Sitting at the top of the list are the new Sustainable Development Goals (SDGs).

Joking aside, we are hearing so much about the SDGs because they are becoming one of our touchstones, guiding our community’s strategies to expand access to and use of family planning by women and girls around the world. The SDGs were adopted last year to build upon the global development agenda laid out in the Millennium Development Goals (MDGs). Reflecting an expanded, more holistic, and more inclusive view of development than the MDGs, FP advocates have worked hard to incorporate the sexual and reproductive health and rights agenda in two of the 17 goals—those for health and gender equality.

It is likely that one indicator under SDG 3, which addresses health, will be the percentage of all demand for family planning that is met with modern contraception. Demand for family planning is the sum of women who are currently using contraception and those with unmet need. For this indicator, the FP movement has proposed that countries should aim for a benchmark of 75 percent—that is, that three-quarters of all women who wish to avoid pregnancy are using a modern FP method.

The 75 percent benchmark is slightly lower than the current average for developed countries, and the SDGs’ end date of 2030 is nearly 15 years away. But is it reasonable to expect that most developing countries will be able to achieve this level over that time period? According to an ICFP presentation by Vladimira Kantororva of the United Nations Population Division, the 75 percent threshold is likely too ambitious for many countries where FP needs are highest. Her research used probabilistic models based on country, regional, and global historic experiences to project that most countries in Africa have less than a 10 percent chance of reaching the benchmark. Furthermore, 20 countries in Africa have less than a 1 percent chance of meeting the goal.
In recent years leading up to adoption of the SDGs, a flurry of FP commitments has also been made by individual countries, largely inspired by the 2012 London Summit and resulting FP2020 partnership. While welcome, some of these new commitments also raise questions about feasibility. For example, **Nigeria** aimed to more than double contraceptive prevalence in six years; **Ethiopia** committed to increasing family planning use by an incredible 40 percentage points in three years.

Those of us in the FP community are not accustomed to the problem of over-commitment by policymakers. In just a few years, we have shifted from an era when family planning was often marginalized due to political sensitivities or paid mere lip service, toward an invigorating, inspiring atmosphere of commitment that is fully evident here at ICFP. Supplementing the dozens of new country and donor commitments, **new budget lines** are being allocated at the national and subnational levels, and **Costed Implementation Plans** are being developed to establish detailed frameworks for the evolution of FP programs.

This transformation has been incredible and is due to the inspired work of thousands of passionate, dedicated people. But as I soak up the achievements and lessons learned on offer this week in Bali, I’ve sometimes thought of the fairy tale of Goldilocks, who declined several meals offered by a family of hospitable bears until she found one that was not too cold, not too hot, but just right.

Now that we have emerged from a desert of too little attention and ambition for family planning, I hope we can also be careful to avoid overcommitting to goals that will prove nearly impossible to achieve. Attempting to meet unrealistic targets could undermine respect for human rights and full empowerment, which our community agrees must be central principles of FP programs. Similarly, if our goals are not met, we could eventually lose the attention and enthusiasm of powerful decisionmakers, which we have worked so long to capture.

I’m not suggesting that we weaken our goals or fail to hold governments accountable for their promises. Frankly, I think the problem of overly ambitious commitments is preferable to the reverse. But as our community forges on from ICFP in the dawn of the SDGs era, I encourage us to develop and implement goals that are aspirational, but also achievable—as close as possible to “just right.”

**Palladium: Bali...Finally!**
26 January 2016
*By Jay Gribble*

I’m excited to be here in Bali—after volcanos and blizzards, it’s pretty amazing that we have come together once again to refocus efforts on family planning. I’ve been here only a few hours and I can already feel the good vibes. On my way to registration, several events caught my eye, and I think they capture the diversity that characterizes #ICFP.

One sign I noticed announced a training session for learning how to insert implants. If non-clinical people (like me!) can be taught to provide implants in a day, then I’m confident that we can expand access to this important long-acting method through lower cadres of providers and help many more women achieve their reproductive goals. I didn’t get to sign up for the training, but I know what I can do to support improving access to implants: each of us needs to need to advocate hard for evidence-base policy changes related to who can provide this method; we need to push ministries of health to
implement task sharing/task shifting policies that are already on the book; and we need to engage civil society and decision maker alike to hold governments accountable for following through on the commitments they have made to FP2020 and the Ouagadougou Partnership.

I saw another sign for the principal investigators of PMA2020 project—an effort to collect facility-based and individual-level data on a regular basis to help countries track movement on their FP2020 commitments. Coupling the use of new technologies for data collection with field work on a more regular basis—twice per year, countries involved in this project have the opportunity to keep their fingers on the pulse of what’s going on with FP in their countries. And with high-quality data provided on a regular basis, there’s the opportunity not only to monitor better, but also to hold governments accountable for what they have committed to do. We talk about evidence-based best practices, and with regular data, there’s the opportunity to be proactive and make changes where needed in program efforts, so that countries achieve goals they have set for themselves.

A third sign I saw was an all-day training on reproductive health for journalists. We can’t underestimate the importance of an informed media for raising awareness among the public and decisionmakers when things are not working right. Whether the news is related to funding, stock outs, policies that are not implemented—or virtually any other FP/RH issue that needs to be addressed, having the media understand them and cover them helps get attention and action around our issues. As we move into ICFP and the range of issues that will be addressed in the upcoming week, it’s exciting to know that journalists from around the world will be covering new findings, issues related to their countries, and seeing the opportunities from what they hear and see to raise in the news when they get back home. An informed media can hold decisionmakers accountable for following through on FP commitments, which can directly impact the quality of women’s lives.

ICFP appears to have something for everyone. One of the areas I’m most excited about is the advocacy and accountability tract—panels, posters, and even a space for salon sessions of interesting discussion on what’s new and how to do things better. Each of us has something to learn—and to offer, too. Each of us is an FP/RH activist in one way or another. We are here because we care and want to make a difference at wherever we can. Accountability can begin at the community, and can go up to the national parliament—making sure that public officials follow through on what they said they will do. Advocacy is equally broad—from making the case at the community when something needs to be improved, to working with parliamentary committees and ministries of finance to allocate needed funds to support programs. Look for the advocacy and accountability hashtag #ACT4FP and check out some of the sessions, salons, trainings, or posters; they are designed to help each of become more effective in our commitments to FP/RH.

We’re here in Bali—finally! Let’s make the most of the opportunity to learn and share, expand our networks, and head back home with a few new tricks up our sleeves!
Thanks to years of impassioned and data-driven advocacy, injectable contraceptives will soon be available to women in Zambia.

Last week, thousands of experts and advocates gathered at the International Conference on Family Planning in Bali around the theme “Global Commitments, Local Action”—a call to action that was illustrated by the government of Zambia’s recent decision to allow trained community-based health workers to administer injectable contraceptives to women.

The government action, highlighted at the conference by PATH country leader Dr. Nanthalile Mugala, will soon give more women in Zambia access to a safe and effective contraceptive method that until now had not been readily available.

“Years of impassioned, data-driven advocacy led to this critical milestone,” said Dr. Mugala, who spoke on behalf of the Community-Based Distributors (CBD) Task Force at a panel on successful advocacy practices for family planning.

“Many women in rural and remote areas in Zambia are not able to practice family planning because methods are unavailable or out of reach,” said Dr. Mary Nambao, deputy director for Mother Health, Ministry of Health in Zambia. “In line with our Family Planning 2020 commitment, the government of Zambia has taken action to increase access to injectable contraceptives through trained community-based distributors, ensuring that women have an additional choice for preventing unintended pregnancies and safeguarding their health.”

Driving policy action for women

Zambia’s step toward scale-up of this important family planning method provides a powerful example of how evidence-based advocacy can drive policy action.

In 2011-2012, a pilot study implemented by ChildFund Zambia and FHI360, with support from the Zambian government and the US Agency for International Development, showed that community-based distribution of injectable contraceptives was feasible, safe, and effective. The pilot study generated strong evidence for scale-up, but the study alone did not lead to policy action.

Recognizing the need for coordinated advocacy, PATH worked closely with CBD Task Force members, including the Ministry of Community Development Mother and Child Health, FHI360, ChildFund Zambia, Scaling Up Family Planning—and others—to bring the process to the finish line. Together, they marshalled existing data, built political will, and kept the issue high on the agenda of decision-makers and influencers, including key ministry officials and professional associations.

PATH further contributed to the advocacy effort by packaging and sharing additional evidence on the safety and effectiveness of the approach in three districts that were permitted to continue scale-up beyond the pilot study. This evidence was a tipping point in catalyzing action.

Next steps: scaling new reproductive health options
This decision by Zambia marks the beginning of an important policy shift and shows how strategic advocacy can improve access to reproductive health care and contraceptive options. Now the focus of advocates turns to implementation.

“We applaud the government’s effort to respond to an advocacy initiative rooted in partnership and local evidence,” Dr. Mugala said. “This decision shows how political will can make a difference in expanding access to health. Now we are looking forward to ensuring that commitments made lead to improved reproductive health and quality of life for women in the community.”

Pop Herald: **Want more sex? Try using contraception, researchers say** 30 January 2016
*By Kim Silva*

A study by the Johns Hopkins Bloomberg School of Public Health showed that couples who use contraception have as much as three times more sex than couples who do not.

Suzanne Bell, a doctoral candidate at the Johns Hopkins Bloomberg School of Public Health, realized that amid all the discussion of women's health topics like abortion, people seem to gloss over the importance of sex itself. The findings about the number having intercourse in the last four weeks surprised her: It was 90 percent of those using contraception versus 72 percent of those who were not. Bell says her research suggests that need may be more nuanced and that current estimates, which put unmet need at over 220 million in developing countries, actually overestimate contraceptive demand because many of these women with unmet need are not having regular or any sex.

The reason why contraception has increased intercourse frequency is obvious- Couples using birth control would be spending more time under the sheets. When it comes to sex, though, one reason to celebrate is that we're living in the miniscule window of human history when unwanted pregnancies can be prevented with near-absolute certainty with contraceptives. In developed nations, the most common cause of unwanted pregnancy is not failed contraceptives, but because the women didn't believe they could get pregnant in the first place.

"It's interesting to think about level of risk, and cumulative risk", Bell says.

"We have for a long time looked at family planning from the point of view of controlling population growth".

"Sexual activity and intimacy are great for having healthy, happy relationships", Bell says. "Healthy sex lives are good for relationships but we often leave that out of conversations about the benefits of family planning", she says. The data was composed of information on 210,000 women.

"Some countries are predisposed to having more sex", Bell says.

Adds Bishai, the senior author: "For too long development specialists told policymakers that investing in family planning would create prosperity for the next generation". They presented their findings this week at the International Conference on Family Planning.
A community health worker holds up contraceptives during a lecture on family planning at a reproductive health clinic run by a Non-Governmental Organization (NGO) in Tondo city, metro Manila January 12, 2016.

Pulitzer Center: This Week: Echoes of Communism
2 February 2016
By Tom Hundley

DOUBLE EXPOSURE: CUBA AND BULGARIA

“Cuba, a communist time capsule, drew me in immediately,” explains Pulitzer Center photo gallery for National Geographic, Yana takes fraying and faded family photos from pre-1989 Bulgaria and overlays them with images of present-day Cuba, one forlorn communist era juxtaposed on top of another.

“Creating layers in photography is something that has attracted me throughout my career,” says Yana. “They have an ability to intensify both style and meaning, whether through luck and journalistic reflex in a single image or through combining multiple frames.”

THE BIG THAW

For thousands of years, Alaska’s archaeological heritage was safely secured in cold storage, so to speak. Tools, ancient wood structures, even burial grounds have been preserved by the permafrost. But as the planet warms, that heritage is threatened. In a fascinating piece for Smithsonian and Hakai, Pulitzer Center grantee Eli Kintisch reports from Walakpa Bay about efforts to rescue this trove before it all washes away.

Eli profiles archaeologist Anne Jensen, who, for three decades, has tried to find and tell the stories locked in frozen dirt on Alaska’s North Slope, the home of the Iñupiat, as they are known today. “But as much as Jensen wishes she could do just that, her most important work on this thawing, eroding land is simply trying to protect what’s left of Walakpa, and other vanishing sites, from a warming climate,” writes Eli.

“The Arctic coastline is on the front lines of climate change. As the length of time ice stays fastened to it has plummeted, the shoreline here has eroded faster than almost anywhere else in the world,” he says. The remains of Iñupiat civilization are being swept out to sea, and Jensen tells Eli, “It’s like a library’s on fire.”

If you are teacher, and you would like to use Eli’s reporting in your classroom, click on our Lesson Builder for a lesson plan designed by our education staff. Or you can use the Lesson Builder to design your own, drawing from our growing archive of reporting on climate science and many other topics. It’s easy to use—and it’s free.

THE EYES HAVE IT

THE EYES HAVE IT
A remarkable 5 percent of Sri Lanka’s population has signed up to donate their eyes after death. As Pulitzer Center grantee Ross Velton explains in this video and story for the BBC Magazine, this makes the island nation one of the world’s leading suppliers of donated corneas, the transparent front layer of the eye.

“There are enough eyes for Sri Lankan patients, with plenty left over to be sent abroad,” says Ross. Buddhist monks have played a key role in encouraging donations and teaching people to see them as an act of giving, or "dana", that will help them to be reincarnated into a better life. As one university student tells Ross as she fills out a donor form at Sri Lanka’s National Eye Bank, "If I donate my eyes in this life, I'll have better vision in my next life."

GETTING THE STORY OUT

At a gathering of some 4,000 health professionals and academic researchers for the 2016 International Conference on Family Planning in Indonesia last week, four Pulitzer Center grantees—Ameto Akpe, Ana Santos, Laura Bassett and Jennifer Gonzalez—spoke about the importance of thoughtful stories with broad audience appeal and strategic reach. The panel was moderated by grantee Jina Moore.

For our grantees, the conference was also an opportunity to learn from experts and share their findings. Laura produced a timely piece for Huffington Post on how the alarming spread of the Zika virus is likely to result in many unsafe abortions and another on how drone technology might be used to deliver contraceptives to women in rural Africa. Ameto, meanwhile, surveyed the maternal health landscape in Nigeria for Frontiers News.

CULTIVATING A COMMUNITY

Students from the Inspired Teaching Public Charter School, one of our D.C. education partners, have been working on a photography project inspired by double exposure portraits by Pulitzer Center grantee Daniella Zalcman and her photo collaboration The Empathy Gap Project. We’ll exhibit the students' photography here at the Pulitzer Center on Thursday, February 4 at 6:00pm. Several students will also speak about their work. This event is free and open to the public; RSVP here.

Until next week,

Tom Hundley
Senior Editor

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Pulitzer Center: Hope and Doubt on Nigeria’s Reproductive Health Landscape
1 February 2016
By Ameto Akpe

The general mood at the 2016 International Conference on Family Planning (ICFP) bounced between unbridled optimism to the pessimistic realism of "veterans" like Ellen Starbird, USAID’s director of
population and reproductive health, who noted quite plainly that “15 years from now we are still going to be sitting here and saying we have a long way to go.”

Family planning is critical for gender equality and reducing poverty, as contraceptives are noted to prevent unplanned pregnancies, reduce the number of abortions, and maternal mortality. However, globally over 200 million women of reproductive age, many of who are Nigerians, remain without contraceptive commodities, partly because they simply do not want it.

Standing in a brightly lit ballroom at one of the five-star, beachfront hotels, which played host to thousands of family planning experts and advocates this past week in Bali, Indonesia, Dr. Mojisola Odeku, Project Director of Nigerian Urban Reproductive Health Initiative (NURHI) exclaimed, “We have evidence for the first time in Nigeria!”

Developed through a five-year project sponsored by the Bill and Melinda Gates Foundation, this evidence consists of processes and strategies that “improve quality of services and access to family planning” while generating demand through “the use of an integrated communication strategy”. Evidence based advocacy has become a buzzword in the reproductive health community, hyped to be effective in pushing plans that influence policies and translate to real change. Odeku enthused that if replicated in other parts of the country it would go a long way to change the family planning landscape.

Nigeria’s population is estimated at over 170 million, projected to exceed 250 million by year 2030 enabled by a birth rate of 38 per 1,000 births. Family planning advocates say that providing access to modern and affordable contraceptive care is critical to curbing the impending population explosion which could derail efforts to reduce poverty, maternal and child mortality.

While awareness of contraceptives and other family planning products is high in Nigeria, usage remains very low. Myths and misconceptions are some of the biggest reasons for this trend-like the belief that the side effects experienced with contraceptive use are actual diseases or that contraceptives causes infertility or that it affects mental health and sex drive.

During the 2012 London Summit for Family Planning, the Nigerian government pledged to raise Contraceptive Prevalence Rate (CPR) among women of reproductive age from 15 percent to an ambitious 36 percent by 2018. It was however never made clear how exactly this national plan would be translated and achieved in the 36 autonomous sub-national states that make up the country, each with varying levels of CPR.

“(CPR in) Some states are above 36 percent while some are below one percent,” says Project Director for the Palladium group, Sada Danmusa whose research model presented at the conference disaggregates Nigeria’s CPR national goal. Thus showing how far each state must grow its CPR to enable the attainment of the 36 percent national target in the next couple of years.

A lack of essential and reliable data in the country means government officials can hide behind promises that would never be realized while often deploying programs and policies disconnected from the real needs of the people and so inevitably doomed to fail.
Since 2011, for example, as part of the Nigerian government’s reproductive health scheme, contraceptives and other family planning commodities is bought and supplied for free. “But the demand component that would draw traffic” was never properly planned for or invested in, argues Odeku.

While, it is mainly a failing of the state government whose responsibility it is to transport the commodities to health facilities; calculated advocacy plans, local partnerships and targeted communication strategies are said to be proven ways to ensure supply meets demand in this regard while taking into cognizance that “no one size fits all”.

“…Context matters because even though it is the same country, findings from Kaduna and Lagos states highlight the different socio-cultural contexts. So, when policies or programs to promote contraceptive use are being planned or put in place, they should be specific to the context,” says Funmilola OlaOlurun a lecturer at the University of Ibadan whose research findings demonstrates the need for services, programs and policies that will be responsive to varying demographics.

But while the facts and figures suggest Nigeria is way off track on plans and targets, the country maybe doing better than evidence suggests. According to Nosa Oroboton, who spent years working on the USAID sponsored maternal health project in two Northern Nigerian states, there are a lot of “covert contraceptive users” who would never admit usage in official survey settings. This may explain the falling fertility rates noted in some places, which Oroboton attests to. “Fertility has declined drastically in Sokoto state, from 8.7 percent to 7.0 percent. This is similar in Bauchi as well,” he said.
SNEHA: **Time to involve adolescents in FP meaningfully**
27 January 2016
*Shai Venkatraman*

At 1.8 million, they are a significant component of the world’s population. Yet when it comes to family planning, services for adolescents are patchy in many parts of the world. And ignoring this is a serious violation of their human rights.

This is one of the central messages of the 2016 International Conference on Family Planning currently on in Bali, Indonesia.

There is growing recognition the world over that including adolescents in health services is key to any country’s economic progress. Hence, giving them access to contraceptive services, addressing myths and misconceptions and striking down laws and policies that restrict their ability to exercise choices is critical.

“This is a never before moment in adolescent health” said Dr V Chandramouli, scientist at the WHO Department of Reproductive Health and Research. “We need to ask hard questions now”.

Speaking at the opening session of the second day of the ICFP, Dr Chandramouli said the way forward was to make existing health centers in different countries adolescent-friendly rather than set up specific youth centers.

“Separate centers for adolescents are neither necessary nor sustainable”, he said. “Instead make health workers at these centers adolescent friendly. “ This he said should be done through a package of actions which includes good quality training, supportive supervision and collaborative learning.

How these messages are framed is also important. “Adolescents are discovering their bodies and this is a joyful, exciting process for them. They need health workers to help them and not always frame answers in the context of HIV”.

However, this approach calls for a rethink in how many countries approach sexuality education, which is banned in many states across India.

“The Indian government and policymakers are not seeing sex as a health, development and human rights issue”, says Ramya Jawahar, Vice Chair, International Youth Alliance of Family Planning. “They believe that if sexuality education is taught in schools, it will encourage promiscuity.”

This belief that is not backed by any data; on the contrary, various studies have shown that empowering youth with information on family planning brings down unintended pregnancies by as much as 80%. Denying them this information, on the other hand, puts them at health risk.

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Stanford Scope: **Fertility quiz: How well do you know your body?**
29 January 2016
Remember all the rumors that you heard about sexuality and fertility as a teen (or even a 20-something or a 30-something)? It’s hard to sort fact from fiction.

According to the Institute for Reproductive Health (IRH) at the Georgetown University Medical Center, an accurate understanding of sexuality and fertility is surprisingly low around the world. That’s why IRH has created an online quiz to probe fertility awareness, called “Know Your Bod,” which poses the challenge: “You live with your body everyday. Do you really know it? Find out.”

The online quiz asks ten questions including the true-or-false query, “A woman will get pregnant only if she has sex on the same day she ovulates? ” After you select an answer, the quiz provides a simple educational summary that explains the correct answer. At the end, it shows your score and how you compare to the general population.

The quiz was officially introduced this week at the International Conference on Family Planning in Indonesia. It was developed as part of IRH’s Fertility Awareness for Community Transformation Project, which strives to increase fertility awareness and the use of family planning.

Victoria Jennings, PhD, director of IRH, explained in a recent Georgetown press release:

Accurate understanding and awareness about human fertility is surprisingly low around the world, regardless of age, sex or education level. If we could lift the taboos and improve fertility awareness, would people be informed and empowered to make better sexual and reproductive health decisions? At IRH, we believe the answer to this question is ‘yes.’

So why not take the challenge? How well do you know your bod?

Women at the Center: COP21, Gender Equality, & Family Planning
22 January 2016
By Jade Begay

On January 19, Social Good, Family Planning 2020, and International Conference on Family Planning (ICFP) the hosted a twitter chat about access to family planning and global goals. The conversation brought up a variety of important questions, such as: “What are the biggest barriers to #Family Planning access? How can we overcome them?” and “What are some challenges to sharing stories of #Family Planning.

Having recently returned from the Paris climate talks, I found the last question – “How does #ICFP build on momentum generated by the #COP21 agreement?” – particularly thought provoking.

The COP21 agreement, reached in Paris last month, was actually quite disappointing when it comes to gender and family planning. Despite the strong presence of women leaders and family planning advocates at COP21, gender rights were never secured in the Paris agreement but rather existed in brackets, which means they are not actually a part of the final agreement. In the end, the Paris
agreement mentions the need to protect gender rights, human rights, and Indigenous rights, and recognizes gender in climate adaptation, but this language does not appear in key sections such as “finance” or “loss or damage.” Furthermore, there is no promise to take action to uphold these various rights.

This means that industrialized countries and corporations will not be held accountable for the impacts of global warming. The victims of displacement, shorter growing seasons, water scarcity and other climate impacts will not receive just compensation. This affects women and girls the most because they make up the vast majority of food producers, especially in developing countries where climate change will hit the hardest. It also means that there will not be sufficient financial support available for developing countries to invest in climate adaptation, which will slow the transition to renewable energy or other sustainable solutions in these parts of the world. What’s more, as developed countries add new renewable energy and carbon trading projects, women and communities who do not have well-secured human rights might be pushed off their land and displaced by such projects.

So let’s ask this question again: “How do we build on momentum generated by the #COP21 agreement?”

First, we need to look at COP21 as a harsh reality check. Women’s rights and gender rights are still not a priority for these decision makers, and that means we must build stronger alliances and work harder for these rights to be recognized. Second, we must also support and amplify programs and campaigns that empower women and girls to become leaders so they can show up at these types of negotiations and defend our rights as women. Third, we need to address the role of family planning when talking about climate justice and gender equality. If we want more women in leadership roles, women and girls need education, which access to family planning can support. Family Planning also creates economic stability which helps a household when a crisis occurs.

While I was in Paris at COP21, I had the opportunity to work with and learn about organizations who are leading the way in making climate justice more gender inclusive. Here are a few you should consider following and supporting:

- **WEDO**: The Women’s Environment and Development Organization works to have gender inclusive climate policies and to mobilize women for climate justice. They’ve created a campaign called “The women’s global call for climate justice” to engage women across the world. During COP21, WEDO held press conferences and various actions in Paris to advocate that gender rights be recognized.

- **WECAN International**: The Women’s Earth and Climate Action Network engages women, grassroots activists, Indigenous and business leaders, scientists, policy makers, farmers, academics and culture-shapers in collaboration to stop the escalation of climate change. In Paris, Osprey Orielle Lake, Co-Founder of WECAN, led a press conference on Gender Day featuring the voices of women who are on the front lines of Climate Change. A recording of the press conference can be watched here.

- **IEN**: The Indigenous Environmental Network works to support and advance Indigenous campaigns and organizations in North America. Although Indigenous rights were the focus of this group at COP21, the women delegates of IEN spoke out on how the fossil fuel industry, particularly fracking, brings violence to their communities; women and girls suffer the most as rates of rape and prostitution increase exponentially.
(WNN) Bali, INDONESIA, SOUTHEAST ASIA: Desmond Nji Atanga of Cameroon’s Bamenda was all of 14 years old when he first spoke to his friends about HIV, safe sex and condoms. It shocked some, but also delighted many to hear the young school-going boy talk of issues that most adults are shy to address. Slowly, the number of the delighted youths outnumbered the shocked and most people in the community came to accept him as a “unique person”.

“In Cameroon, 86.6 percent of young people don’t have access to sexual and reproductive healthcare services,” says Atanga, now 24 and a post graduate in Economics, citing data compiled by UNICEF.

“Girls, as young as 12, are getting pregnant. So, I talk to young girls, women and men between 10 and 24 years of age. I know they have the needs, but are too shy and hesitant to ask for it. They see me as someone who understands that need and has the courage, recalls Atanga who is in Bali to participate in the 4th International Conference on Family Planning.

Desmond Atanga is one of several young male leaders from Asia and Africa at the Bali conference, telling the stories of ministers, diplomats, policy influencers, researchers, health experts and journalists who are advocating sexual and reproductive health to youths in their respective countries.

In Northwest Cameroon, which is home to many ethnic groups of people, there are a number of sexual and reproductive health challenges such as practice of Female Genital Mutilation (FGM) and Breast Ironing. Though these are ‘horrific’ cultural practices, they just cannot be wished or talked away quickly, says Atanga. Instead, there is an urgent need to intensify the generation of awareness, public education and sensitization of the community members. And this is not the job for one, but many. Atanga, therefore, is building a network of young people who are dedicated community workers, passionate about helping fellow youths learn and exercise their sexual and reproductive rights.

Like Atanga, Egypt’s Ahmed Taha Aboushady is also passionate about sexual and reproductive health services (SRHR), with a special focus on prevention of HIV/AIDS among young women and men. A medical student in Egypt’s Alexandria University, 21 year old Aboushady has been training youths on sexually transmitted diseases, HIV and family planning. He fights gender based violence and is a leader at the Anti-Sexual Harassment Task Force of Egypt.

Being a medical student has helped Aboushady to approach the complex sexual and reproductive health issues with relative ease, but it has also motivated him to study and understand the position of religion on the issues. There are a lot of misconceptions about Islam being against safe sex and family planning, and it is only by studying the religion better that one can remove such misconceptions, he says. “Islam is a religion of peace. So, it can never dictate anything that hinders its followers from living a healthy life? Take female genital mutilation for example: those who argue that FGM or ‘sunnat’ is allowed by Islam are distorting the truth about our religion,” says Aboushady.
“It is extremely important that we have such global male role models who can stand up and speak about women’s rights and needs to other men,” says Katja Iversen – CEO of Women Deliver, one of the world’s largest advocacy groups on the health and rights of women and girls. Engaging men into sexual and reproductive health, especially as a woman’s right to decide for herself is the need of the hour, says Iversen whose organization provides financial and technical support to young leaders like Atanga and Aboushady across the globe.

“It is important to have someone like Jim (Yong) Kim (the President) of the World Bank say why it is important to invest in girls and women. Similarly, in all other levels – country, regions, villages, families, it is important to have men talking to men on what happens when the women get a job, how the whole family gains – not from a threat point, but form a gain point. So when men talk to men regarding women’s needs, it helps have an honest discussion and build a support system for women,” says Iversen.

However, leadership also brings its own set of challenges to the men advocating for women’s rights, especially on contentious SRHR issues that include challenging societal norms. For example, in Cameroon, those who speak against FGM or Breast Ironing, are looked down upon and treated as bad people violating traditions. They are also at risk of being socially ostracized, says Atanga.

Both Atanga and Aboushady strongly demand that their governments introduce the Comprehensive Sexuality Education (CSE) – a formal sex education program designed to teach school students about sex and sexuality including health and hygiene.

“Young people need information and they are also getting that information. But where are they getting it from? Porn sites? Random web pages or Wikipedia? Is that the right kind of information? A school curriculum will help give them the correct information from the correct sources,” says Aboushady. He also stresses that such curricula are designed in a way that they “match the religious and cultural norms”.

For Desmond Atanga, a CSE would be a legal framework or a tool to change the entire country. “Youths could learn of sexual and reproductive issues right in school. It would give them education, sensitization, awareness and help them grow up as men who think and act in a responsible way,” he says.

Both the young leaders share a vision: one day, they would like to see their countries in a state where their fellow youths were able to get a condom whenever they wanted, to practice safe sex without the fear of contracting the HIV virus or catching a sexually transmitted disease. In Cameroon, where 60 percent of women do not have access to SRHR, Atanga waits for the day when young women can enjoy safe sex without the fear of getting pregnant.

“These young men – they are not the leaders of tomorrow, they are already the leaders of today,” says Katja Iversen about the duo and their other colleagues.
According to a press release by Aman Foundation, the award which was conferred for the first time at the 2016 International Conference on Family Planning (ICFP) in Indonesia’s Nusa Dua recognizes individuals who have invested private wealth to advance reproductive, maternal, neo-natal and child health especially family planning at a global level with great vision and leadership.

“We are honored to count Fayeeza and Arif at the 2016 Global Humanitarian Awards for Women’s and Children’s Health. Their tremendous contributions to family planning and maternal, neonatal and children’s health epitomize the theme of the the 2016 InternationalConference on Family Planning: Global Commitments, Local Actions”,

The ICFP takes place 25–28 January 2016; it is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health, at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BkkbN).

Chair of the ICFP International Steering Committee and Director of the Bill & Melinda Gates Institute for Population and Reproductive Health Jose “Oying” Rimon II said that it was a honor to count Fayeeza and Arif at the 2016 Global Humanitarian Awards for Women’s and Children’s Health.

“Their tremendous contributions to family planning and maternal, neonatal and children’s health epitomize the theme of the 2016 International Conference on Family Planning: Global Commitments, Local Actions”, he said.

The release stated that the award pays tribute to the transformative work of the Aman Foundation in the area of women and children’s health, exemplified by innovative programs developed by Aman Health and its dedicated family planning program, Sukh, which was launched as a concrete outcome for the London Summit on Family Planning.

It was also mentioned in the release that Sukh was established as a joint collaboration between the Gates, Packard and Aman Foundations. The program today covers a population of one million in some of the most underserved and challenging areas of Karachi.

Sukh has already impacted more than 77,000 married women of reproductive age (MWRAs), creating more than 4000 modern contraceptive users. It has also led to the establishment of two training centers and 12 teacher-training programs across schools in the local community. The initiative has also partnered with the local government to ensure long-term sustainability within the community.

“Aman is dedicated to promoting the centrality of family, and dignity of life for all. The ‘Sukh’ program was created with this mission in mind, and seeks to foster gender equality, by giving women the power of choice. We believe that healthy, educated and empowered women build strong families and productive communities. Aman aims to develop programs that convene international partners to bring best practise and expertise in collaboration with local government to ensure scalable and sustainable impact. I am honored to accept this award on behalf of the Aman Foundation and look forward to working closely with my fellow awardees in furthering the cause of family planning and maternal health”, Naqvi said.
The David and Lucille Packard Foundation: 2016 Quality Innovation Challenge  
20 January 2016

We’re looking for champions with innovative ideas to improve quality in sexual and reproductive health.

The David and Lucile Packard Foundation will host the second Quality Innovation Challenge at the 2016 International Conference on Family Planning, held January 25-28 in Nusa Dua, Indonesia. The Foundation supports visionary providers, advocates, and researchers working to ensure everyone’s right to quality care. Change of this kind requires creative thinking and risk-taking. We’re looking for champions with innovative ideas to improve quality in sexual and reproductive health and empower women and girls in new ways.

**Participation is limited to those attending the ICFP. There are two ways for conference attendees to participate:**

**Lunch Event**

- Up to 5 grants for $100,000 each
- Attend the Quality Innovation Challenge lunch event on Tuesday, January 26 at 1:20 p.m. in Singaraha Hall 2 in the Conference Center. Submission forms will be available at the lunch event, and ideas submitted during the lunch session will be eligible for consideration.

**Online Submission**

- Up to 4 grants of $25,000 each
- Conference attendees may also submit their ideas online through the link on this page. Applications will be accepted from January 26-29, 2016.

Submission guidelines will be announced on January 26 at the lunch event and online at 1:20 p.m. Central Indonesian Time. The online submission portal will open at that time as well.

The first Quality Innovation Challenge was hosted at the 2013 International Conference on Family Planning in Addis Ababa, Ethiopia. During the conference, more than 200 applications were submitted. In the weeks following the conference, select organizations were invited to submit full proposals to the Foundation, and nine grants totaling $600,000 were awarded to top innovations. Learn more about the 2013 Quality Innovation Challenge awardees – and check back on January 26 for the 2016 submission guidelines and the online submission portal.

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FHI 360 (repost of ICFP press release): Family Planning Conference Closes with Global Call to Accelerate Efforts to Provide Contraceptive Access to 120 Million More Women  
28 January 2016
Family planning leaders discussed the role of key global initiatives and the importance of country ownership to accelerate progress toward the FP2020 goal.

**Nusa Dua, Indonesia (28 January 2016)** — The fourth International Conference on Family Planning (ICFP), organized around the theme “Global Commitments, Local Actions,” closed today with high-level leaders calling for action from country governments, donors, civil society and other partners to expand contraceptive access and options, one of the most cost-effective and beneficial health interventions. Speakers emphasized the importance of family planning to achieve the new Sustainable Development Goals and as the key to addressing an array of development challenges around health, education, poverty and the environment.

During the morning plenary, FP2020, a global partnership dedicated to providing access to contraceptives for an additional 120 million women by 2020, invited representatives from the governments of Democratic Republic of the Congo, Indonesia and the Philippines to discuss challenges and opportunities on the road to fulfilling their FP2020 commitments and pledges. The plenary also featured a spirited dialogue among partners representing civil society and multilateral institutions who shared their unique perspectives on how to drive innovation, and overcome barriers to ensure that women and girls everywhere have access to the contraceptive information and services they need.

“It is a sad thing that governments publicly advocate, deliver speeches, deliver promises to eradicate poverty, [but not all] are committed to eliminating poverty with family planning… Family planning is not just a right... It’s all about a better quality of life that each human being and each family deserves,” said Hon. Janette Loreto-Garin, Secretary of the Department of Health, Philippines.

“We are strengthened by the lessons learned from pushing for reproductive health for all... Let us leave Bali with actions delivered because at the end... our future generations will always remember us [for our] legacy of commitment, obligation and responsibility for a better life for women, our children, and families as a whole,” Loreto-Garin continued.

Since the 2012 London Summit on Family Planning – where the FP2020 goal was first agreed upon by global leaders – 37 countries have made commitments to reach this goal. In the past year, FP2020 has seen a wave of new commitments.

“This past year has seen the largest wave of new commitments to FP2020 since the London Summit, and existing partners are stepping up with new and increased pledges. More exciting commitment announcements are expected imminently – a testament not only to the compelling power of the FP2020 vision, but to the growing value of this platform as a catalyst for change,” said Beth Schlachter, Executive Director of FP2020.

In parallel with the morning plenary, the International Planned Parenthood Federation (IPPF) announced that they are expanding their commitment to bring family planning services to women with an unmet need for modern contraception; IPPF is now aiming to reach 60 million new users of family planning by 2020. IPPF has already reached 15 million new users and increased their total family planning clients by 40% since 2012. This new commitment represents the organization’s most ambitious pledge ever and will allow millions more women to freely choose the size their families.

“We are delighted by what we have achieved and that we can make an even more significant contribution through our increased pledge to reach 60 million new users of family planning,” said Tewodros Melesse, IPPF’s Director General. “The recent FP2020 performance report highlighted that
more action is urgently needed and that millions of women are missing out. Donors need to increase their commitments to family planning and we hope our ambitious pledge today will encourage others to act.”

Later in the day, the winners of the 2016 Excellence in Leadership for Family Planning (EXCELL) Awards were announced by the conference co-hosts, the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and Indonesia’s National Population and Family Planning Board (BKKBN). The EXCELL awards recognize contributions to increase access to and use of voluntary family planning information and services. The award is granted at the country, organization/facility and individual/team levels. The 2016 winners are:

- Country awards: Kenya and Ethiopia
- Organization/facility award: Yayasan Cipta Cara Padu (Indonesia)
- Individual/team award:
  - Hon. Janette Loreto-Garin, Secretary of the Department of Health, Philippines
  - Hon. Edcel C. Lagman, Representative, 1st District of Albay, Philippines

“Every two years we gather at the ICFP to learn from one another and map out strategies to accelerate progress. Our goals are bold but, according to the latest FP2020 progress report, we risk falling short of the promises we’ve made to the millions of women that want contraception if we don’t step up,” said Jose “Oying” Rimon II, Chair of the ICFP International Steering Committee and Director of the Bill & Melinda Gates Institute for Population and Reproductive Health.

“Investing in family planning is key to driving positive health outcomes, economic growth and global development progress – and we already have the tools we need to achieve our goals. I’ve been inspired this week by all of the creative strategies and innovations our partners are testing and implementing in the field. On the closing day of the ICFP, I would like to challenge all of our partners to take the things learned here back home, begin testing new solutions quickly, and transform our global commitments into local action,” said Rimon at the close of the conference.

More than 3,000 people attended and participated in the fourth International Conference on Family Planning, one of the largest ICFP’s in history. This gathering strengthened the global commitment to achieving the FP2020 goals and re dedicated the family planning community’s efforts to ensure all women and girls are able to access affordable, effective and life-saving contraceptives.

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**ABOUT THE ICFP:** Held biennially since 2009, the ICFP serves as a strategic inflection point for the family planning community worldwide. It provides an opportunity for scientists, researchers, policymakers and advocates to disseminate knowledge, celebrate successes and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020.

The 2016 ICFP is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN). The conference is made possible through the ICFP Core Group—the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the David and Lucile
Packard Foundation, UNFPA, USAID, FP2020, the International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI) and the UN Foundation—as well as the International Steering Committee and National Steering Committee of the ICFP.

MEDIA RESOURCES: Online media resources, including the press program and press releases, are available here. The conference plenary program is available online here and the full program here.

LIVE STREAM: All of the main plenaries at the ICFP can be watched live here and can be played back on demand here.

SOCIAL MEDIA: To learn more about the ICFP, please follow us on Facebook, Twitter and via the ICFP Digital Hub.

MEDIA CONTACT: Global Health Strategies (GHS_ICFP@globalhealthstrategies.com)

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FHI 360 (repost of ICFP press release): Young Leaders Call for More Youth-Led and Youth-Friendly Family Planning Services
27 January 2016

Global gathering on family planning spotlights efforts to expand lifesaving information and services for young people

Today, hundreds of young leaders gathered alongside policymakers, advocates and scientists at the fourth International Conference on Family Planning (ICFP) to discuss the critical role of youth and adolescents in the family planning movement. Organized around the theme “Global Commitments, Local Actions,” the ICFP brings together global leaders and family planning advocates from around the world to ensure that everyone, including youth, has the tools to plan their families and futures. A complete archive of conference live coverage can be found here and youth participation at the conference can be followed on social media using #ICFPYouth.

Today’s plenary presentations, including those by young leaders, highlighted emerging evidence of effective strategies for reaching young people with contraceptive information and services. Speakers discussed specific ways to improve the sexual and reproductive health of young people, including youth-friendly health services, laws and policies focused on adolescent health, and conditional cash transfer programs. Young leaders at the conference emphasized the need to meaningfully engage youth and adolescents as key partners and decision-makers on family planning.

“The issue of adolescent sexual and reproductive health and rights is not just one about information; it is fundamentally interlaced with intersectional issues of social justice, finance and poverty alleviation,” said Nomtika Mjwana, young leader and ZAZI Women Empowerment Ambassador from South Africa. “When we talk about family planning, we are challenging the cultural beliefs about young women and the methods used... about education and the right to access information... it is essential to look at strategies that can inform and educate young girls and empower them not to see themselves as objects waiting for men, but as women with pride and the agency to decide what they need to do with their own bodies.”
The world’s population of young people is at a historic high, with 1.8 billion people entering their reproductive years. Adolescent girls are at a dramatically heightened risk for pregnancy- and childbirth-related health complications, which is a leading cause of death among young women ages 15 to 19 in low- and middle-income countries.

“Our youth leaders have told us loud and clear: know our interests and work with us, co-design and co-create with us to drive successful programs; invest in our empowerment education, health and employment; recognize that we are our nations’ precious human resources, and investments in us will produce wealth and well-being for all nations; leverage our collective power for the collective transformation we can bring to the 2030 Agenda,” said Dr. Benoit Kalasa, Director of the Technical Division, UNFPA. “Our journey to 2030 starts and ends with prioritizing adolescents and youth.”

Conference presentations noted that many youth pregnancies and pregnancy-related deaths are preventable through access to family planning information and contraceptives, yet contraceptive use among girls lags behind that of older women. Currently, only 22% of women ages 15 to 24 are using contraception, as compared to 60% of women over the age of 30. In parts of Asia and Africa, over half of youth who want to avoid pregnancy don’t have access to contraception.

“It is the opportunities, the needs and the choices of young people today, who account for half the world’s population, that will define the world not only as we know it, but as we want it,” said Katja Iversen, CEO of Women Deliver at the official ICFP press conference. “Giving them the opportunities and the access so they can make those choices and really reach their full potential is key for all of us.”

Speakers highlighted the importance of tailoring family planning programs to meet the unique needs of young people. Emphasis was placed on the value of programs that enlist youth and adolescents to educate their peers on family planning and create a safe space for conversations about sexual and reproductive health.

“There are two things to take into account [to increase access to youth-friendly services]...Number one: youth engagement is not the problem, youth engagement is the solution. We need to stop this symbolic engagement, we need to be deciding campaigns and programs [together]... from the beginning,” said Juan Ramón Díaz, Youth Coordinator for Children International in the Dominican Republic. “Number two: education is the key. Having access to education over time can make a huge difference... each school – it doesn’t matter how far it is – in every country should have a sexual education program... Including youth from the beginning works.”

Expanding family planning for youth and adolescents has long-term benefits for society as a whole. Young people who utilize family planning services and information are more likely to complete their education, pursue the career of their choice, raise healthy children and live healthier and more prosperous lives. When countries reduce unplanned births, they save money on other development priorities such as immunization, sanitation and education.

HealthNewsNG.com: International Conference on Family kicks off with call for Global Action to Expand Access to Contraception
25 January 2016

International Conference on Family kicks off with call for Global Action to Expand Access to Contraception

His Excellency Joko “Jokowi” Widodo, President of the Republic of Indonesia, and thousands of government, health and development leaders from around the world gathered today in Indonesia for the opening of the fourth International Conference on Family Planning (ICFP). Co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BKKBN), the conference is centered on the theme of “Global Commitments, Local Actions.”

At the opening ceremony, Jokowi; Dr. Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA; Dr. Christopher Elias, President of the Global Development Program at the Bill & Melinda Gates Foundation; and numerous global leaders joined together to discuss the global status of family planning and call for urgent action to increase access to family planning services worldwide.

During the ceremony, Jokowi and Elias also presented the first-ever Global Humanitarian Awards for Women’s and Children’s Health. The awards recognize individuals for their tremendous contributions and commitment to advancing maternal and child health and well-being, especially family planning, in communities around the world. This year’s four honorees are:

- Dato’ Sri Prof. Dr. Tahir, Chairman and Founder of the Tahir Foundation
- Sir Christopher Hohn, Co-founder of the Children’s Investment Fund Foundation (CIFF)
- Mrs. Fayeeza Naqvi, Chairman and Co-founder, and Mr. Arif Masood Naqvi, Co-founder, of the Aman Foundation

As part of the presentation of the Global Humanitarian Awards, Alvaro Bermejo, Executive Director for Health at the Children’s Investment Fund Foundation (CIFF), also announced a new $30 million initiative called Adolescents 360, co-funded with the Bill & Melinda Gates Foundation. The four-year project will include approaches such as user-centered design to understand adolescent health needs and boost girls’ access to contraceptives in Ethiopia, Tanzania and Nigeria. The initiative aims to find a model to increase voluntary, modern contraceptive use and reduce unintended pregnancy among girls between the ages of 15 and 19.

After the Global Humanitarian Awards ceremony, Jokowi gave the ICFP keynote address and called for global action to prioritize family planning and expand access to contraception.

“I wish that at this ICFP, we can discuss the main foundations necessary to build the planet that we want [by 2030],” said His Excellency Joko Widodo, President of the Republic of Indonesia. “A [future] that ensures all women and girls are empowered to choose whether and when they want to have children and space their births, so that mothers and their babies have a better opportunities for better lives.”

In Indonesia, contraceptive discontinuation and cost can create major challenges for family planning progress. To solve these issues, Jokowi emphasized the importance of investing Kampung KB, the “village approach,” increasing access to long acting contraceptives (LARCs), and reducing the cost of family planning by providing free services and peer education programs. Jokowi also insisted that stigma
and discrimination against women seeking family planning services must end, and that family planning education must become a priority in every district – and in every regency – of the country.

“The Government of Indonesia is working hard to revitalize our family planning program [because] we know that the challenges facing Indonesian families in the future will [only] be greater, especially when it comes to population issues... we also encourage local governments to raise awareness and make family planning a priority in every municipality and village across Indonesia,” Jokowi continued.

“I believe that to achieve the [Sustainable Development Goals], we have to take local action... In order to sustain economic growth, investments in family planning are absolutely necessary... I want to invite all global leaders to take real action to bring about healthy mothers, healthy children and healthy and prosperous families – because only by doing this, can we make planet earth a better place to live,” Jokowi said in his closing statement.

According to the most recent global progress report released by Family Planning 2020 (FP2020), a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, in the last three years 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world’s poorest countries. This brings the total of women using a modern method of contraception in FP2020’s 69 target countries to 290.6 million. However, FP2020 has set annual benchmarks to measure family planning progress, and the most recent numbers revealed that modern contraceptive use is behind 2015 projections by 10 million. Despite recent progress, millions of women still cannot access the family planning information and tools they need.

“The family planning data and evidence point to concrete steps we can take as a community to get back on track to meet our FP2020 goal,” said Chris Elias, President of Global Development at the Bill & Melinda Gates Foundation, in his speech at the opening ceremony. “Now we must ask ourselves what more we can do to align our efforts to ensure all women have the information and tools they need to time and space their pregnancies.”

Family planning will play a critical role in realizing the Sustainable Development Goals (SDGs) – the new development agenda for the next 15 years, adopted in September at the United Nations General Assembly – and reducing the global unmet need for family planning services could save an estimated 1 in 4 women from deaths related to pregnancy or childbirth and prevent 1.1 million infant deaths each year. The 2016 ICFP will serve as a platform for global partners to revisit global commitments to family planning and accelerate progress towards the FP2020 goal.

“Family planning is about women’s right and their capacity to take decisions about their health and well-being contributing to the objectives of FP2020,” said Dr. Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA. “It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend thus contributing to equitable and sustainable economic development within the context of the Sustainable Development Goals.”

In the following days of the conference, scientists, researchers, policymakers and advocates attending the ICFP will discuss the latest trends, challenges, innovations, and research in the effort to increase access to family planning around the world. Each day of the conference will address issues central to accelerating progress including:
Tuesday, 26 January

- **Family Planning and the New Sustainable Development Goals (morning plenary):** Ministers of Health and Finance from around the world will discuss the important links between family planning and the new global development agenda.

- **2016 Quality Innovation Challenge (lunch plenary):** The David and Lucile Packard Foundation will launch this challenge to search for creative ideas that empower women and girls without a voice.

Wednesday, 27 January

- **Youth: Challenging Old Assumptions, Forging a New Agenda (morning plenary):** Dynamic speakers, including youth, will address the importance of tailoring family planning programs for young people around the world.

- **Pooling Strengths: Helping Effectively Together with Strong Partners (lunch plenary):** Bayer HealthCare will chair this panel discussion about the power of collaboration and partnership in addressing pressing health care issues.

Thursday, 28 January

- **Accelerating Progress: 2016-2020:** The final plenary of the conference will discuss global partnerships and actors, human rights and acceleration of progress toward 2020.

- **Celebrating and Mobilizing for the Future (closing ceremony):** The winners of the Excellence in Leadership for Family Planning (EXCELL) Awards will be announced.

A complete archive of conference live coverage can be found [here](#).

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Johns Hopkins Bloomberg School of Public Health: [Smartphone App Linked to Increase in Contraceptive Use in India](#)
28 January 2016

A smartphone app containing motivational videos developed to help married rural women in India better understand contraceptive choices led to a dramatic increase in the number of women using modern family planning methods in just a few months, new Johns Hopkins Center for Communication Programs (CCP) research suggests.

The researchers say that women who watched videos were 4.5 times more likely to use modern contraceptive methods than those who did not.

The findings, presented Thursday at the International Family Planning Conference in Nusa Dua, Indonesia, show that digital technology can be an effective tool to provide customized information and also address cultural and social barriers that may prevent women in low- and middle-income countries from adopting family planning behaviors.
“This study shows that mobile technology provides an innovative and dynamic platform for social and behavior change communication,” says Sanjanthi Velu, PhD, Asia team lead at CCP, which is part of the Johns Hopkins Bloomberg School of Public Health. “It can encourage conversations between women and frontline health workers that are interactive, culturally relevant, and personalized – and that lead to increased, sustained use of modern contraceptive methods.”

As part of a larger communications initiative, CCP developed the app, called Gyan Jyoti, or “light of knowledge,” for use in the state of Bihar in India under Project Ujjwal, a UK aid-funded family planning project led by Palladium. The app is designed for use by ASHAs, community health workers in India, who visit the homes of rural women to promote family planning and other healthy behaviors. The app incorporates a variety of videos about family planning and modern contraceptive methods, including entertaining and educational films, testimonials from happy couples who are using contraception, Q & A videos with physicians and other information that aims to dispel myths and misconceptions.

In one district of Bihar, smartphones loaded with the Gyan Jyoti app were given to 14 ASHAs, while in another district another 14 ASHAs were supplied with more low-tech SD cards. Each set of ASHAs regularly visits roughly 1,400 rural women. The ASHAs with the smartphone app were able to customize their family planning counseling, showing videos most appropriate to answer each woman’s particular questions. Those ASHAs who had the SD card could show the videos, but did not have the benefit of customizing their interaction.

The ASHAs using the app were also able to share the films via Bluetooth if the women had the technology, enabling the women to show it to their husbands or mothers-in-law at a later time.

The researchers randomly chose 406 women from each district to study in May 2015, five months after the app and the SD cards were made available to the ASHAs. They found that 22 percent of women who were counseled with the app were using modern contraception such as IUDs, oral contraceptive pills and injectable contraception at the end of the study period, while 13 percent of the women were using modern contraception in the district without the app.

Seventeen percent of the women who had access to the smartphone app watched some of the videos, while 2.4 percent of those who only had access to the SD card watched the videos. Of the 75 women in the intervention district who were using modern contraceptive methods at the end of the study period, three-quarters of them had interacted with the app. Among the types of modern family planning methods that were chosen were female sterilization (41 percent), injectable (18 percent), hormonal birth-control pills (11 percent), condoms (11 percent) and IUD (4 percent).

Women who were visited by an ASHA during the study period were 1.9 times more likely to be using modern contraceptive methods, and more importantly, women who had watched the videos were 4.5 times more likely to be using modern contraceptives, no matter whether they were shown by an ASHA with the app or an SD card. This was most likely because the ASHAs had more interactive and engaging information to share. Visits were up 56 percent in the intervention district compared to 47 percent in the SD card district, the researchers say.

“Our research shows that there is value in developing targeted mobile platforms that can be customized depending on the needs of each provider and her clients,” Velu says.
Velu says the Gyan Jyoti app could be adapted for different languages or other types of health information that families may need. It could also be expanded to ASHAs around the country.

About the International Conference on Family Planning:

Held biannually since 2009, the International Conference on Family Planning is a strategic inflection point for the family planning community worldwide. The conference brings together thousands of researchers, advocates, policymakers, and representatives of national and international organizations to disseminate knowledge, celebrate successes, and identify next steps toward increasing access to voluntary, high-quality family planning. Co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the National Population and Family Planning Board of Indonesia (BkkbN), the 2016 ICFP will take place January 25–28 in Nusa Dua, Indonesia.

Johns Hopkins Bloomberg School of Public Health: Life Expectancy Three Years Longer For Children Born Into Smaller Families in Developing World
27 January 2016
By Stephanie Desmon

Children born into smaller families in the world’s poorest nations will live an expected three years longer than those born into larger families, new Johns Hopkins Bloomberg School of Public Health research suggests.

The findings, being presented at the International Conference on Family Planning in Nusa Dua, Indonesia, show that while family planning programs have sometimes been pitched as ways to moderate population growth and minimize pressure on resource-strapped nations, they have real health impacts on individuals.

“For 40 years, the slogan ‘a small family is a happy family’ has been used to promote contraceptive use in developing countries,” says study leader Saifuddin Ahmed, MBBS, PhD, an associate professor with the Bloomberg School’s Department of Population, Family and Reproductive Health and Bill & Melinda Gates Institute for Family and Reproductive Health. “Our new research shows that being born into a small family has health benefits that last throughout the course of your entire life.”

Past studies have shown that contraceptive use reduces pregnancy and child mortality, averts maternal deaths and improves the general health of women and children, but little attention has been paid to the actual effect on families of having fewer children. Ahmed and Jose “Oying” Rimon, director of the Gates Institute, found that in families considered small (four or fewer children), the children have a life expectancy that is three years longer than the children in larger families (five or more children) even controlling for infant mortality.

“This finding is profound because life expectancy is like the motherhood of all indicators because it encompasses health, economic and social well-being,” Rimon says.

The findings are based on the results of the most recent national Demographic and Health Surveys from 35 developing countries.
Small family size, primarily achieved through the use of contraception, reduces the competition of siblings for both the attention and micronutrients provided by the mother, and also allows the family’s often-limited financial resources to be spread farther. This appears to provide a positive healthy developmental environment that reduces mortality in the short- and long-term.

“When births are spread out and mothers can provide more time to each child before the next one is born, it results in better cognitive development and health status while growing up,” Ahmed says. “Each child competes with the next for the parents’ income, food and housing and having fewer children gives everyone a larger slice of the pie.”

The smallest things could make a difference, he says. For example, there may be a smaller risk of exposure to life-threatening diarrhea when there are fewer siblings around to catch and spread it.

“For too long, some sectors have thought about family planning strictly in terms of demographic interests at a population level,” Ahmed says. “What our research shows is that family planning is for providing a healthy life for women and for ensuring a healthy environment for the entire family.”

Ahmed will present “Small families are healthy families: Evidence of long-term effect of small family size on improving survival status across the lifespan” at 10:30 a.m. local time on Wednesday, Jan. 27, 2016 in Mengwi 3+5 at the Bali Nusa Dua Convention Center.

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Johns Hopkins Bloomberg School of Public Health: Better Access to Contraception Means More Sex for Married Couples
26 January 2016
By Stephanie Desmon

Married couples in low- and middle-income countries around the world that use contraception are having more frequent sexual intercourse than those that do not, new research from the Johns Hopkins Bloomberg School of Public Health suggests.

In findings being presented at the International Conference on Family Planning in Nusa Dua, Indonesia, researchers from the Johns Hopkins Bloomberg School of Public Health say that women of childbearing age in marriages or unions who use contraception are three times more likely to be having regular sexual intercourse than similar women who do not use contraception.
“We want women to have better, healthier, safer sex lives by separating sex from pregnancy and childbearing. Contraception does that,” says study leader Suzanne Bell, MPH, a doctoral student at the Bloomberg School. “Knowing how often women have sex – and what role contraception plays in that – can give us a better understanding of how meeting our family planning goals of improving access and meeting demand might impact people’s lives beyond decreasing lifetime fertility.”

For their study, Bell and her co-author David Bishai, MD, PhD, a professor at the Bloomberg School, analyzed Demographic and Health Survey questionnaires completed since 2005 by more than 210,000 sexually active women of childbearing age in 47 countries. All women were married or in cohabiting relationships. Among other questions, the women were asked whether they had engaged in sexual intercourse during the previous four weeks and whether they were currently using contraception.

Of the women who were currently using contraception, 90 percent reported having sex in the previous four weeks. In contrast, of the women not using contraception, 72 percent reported having sex in the previous four weeks. Those most likely to have had sexual intercourse in the previous four weeks were women between the ages of 20 and 29, women with more education and those who wanted to have children in the next two years.

By country, the West African nation of Benin had the lowest proportion of married or cohabiting women reporting having had sex recently at 61 percent, followed by Lesotho in Southern Africa at 68 percent, whereas Jordan in the Middle East had the highest at 94 percent, preceded by Rwanda in East Africa at 92 percent.

While the frequency of sexual intercourse and use of contraception are linked, Bell cautions against assuming that improved access to contraception would lead to more frequent sexual intercourse. She says women have a variety of reasons for not using contraception – and it is not only because they don’t have access to it. Concerns about side effects and other health issues that could arise from the use of hormone-based contraception – for example the misconception that contraception can cause infertility or cancer – are oft-cited reasons for non-use. Findings suggest that some women who cannot or do not want to use contraception may be substituting less regular sex to reduce their risk of pregnancy. But many women also report they aren’t using contraception because they are having infrequent sex, not the other way around.

Bell says that before modern contraception was widely accessible in Europe and the United States, birth rates were already on the decline, as couples likely engaged in periodic abstinence, withdrawal or other non-modern contraceptive methods to reduce fertility. The extent to which women and couples in the developing world may be using these traditional methods today is often overlooked in current measures of contraceptive demand, Bell says.

Researchers have long considered a concept of “unmet need” for family planning, which posits that sexually active women of childbearing age who do not wish to become pregnant in the next two years, if at all, need contraception. Bell says her research suggests that need may be more nuanced and that current estimates, which put unmet need at over 220 million in developing countries, actually overestimate contraceptive demand because many of these women with unmet need are not having regular or any sex.
“We need to put sex into conversations about family planning in order to understand how that factors into a woman’s decision to use contraception or not,” she says. “Risk of pregnancy is not uniform across users and non-users, as our results suggest.”

Modern contraception presents an opportunity to reduce the risk of pregnancy without having to reduce sexual frequency, Bell adds. “Healthy sex lives are good for relationships but we often leave that out of conversations about the benefits of family planning,” she says.

She says that contraceptive counseling is often inadequate in the developing world and women need better information about their contraceptive options to empower them to make the best decision on how to prevent unintended pregnancies.

If future research is able to establish that more available contraception actually increases the likelihood of engaging in more frequent sex, then increasing its availability “could mean good things for the sex lives of men and women worldwide,” Bell says.

Adds Bishai, the senior author: “For too long development specialists told policymakers that investing in family planning would create prosperity for the next generation. Now it’s time for a message focused on this generation. More family planning means more sex for married couples now.”

Bell will present “The sex dividend: The association between unmet need and coital frequency” at 4:20 p.m. local time on Wednesday, Jan. 27 in Legian 8 at the Bali Nusa Dua Convention Center.

About the International Conference on Family Planning:
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Johns Hopkins Bloomberg School of Public Health: Community-Level Violence Linked to Teens’ Risky Sexual Behavior
26 January 2016
By Stephanie Desmon

Teens’ experiences with violence — either through fear of violence, observing violent events, or being victims of violence themselves — are associated with how likely they are to have sex and use condoms, new research from the Johns Hopkins Bloomberg School of Public Health suggests.

The findings of the Baltimore-based study could eventually lead to new ways to improve sexual health among this population. They will be presented at the International Conference on Family Planning in Nusa Dua, Indonesia.
Violence is a common experience among youth living across the United States, particularly in poor, urban communities. While a growing body of research links violence to poor sexual and reproductive health outcomes, these studies have primarily focused on violence within relationships, such as intimate partner violence or gender-based violence. Less is known about how violence at the community level might affect teens’ sexual choices and, consequently, their sexual health, says Hannah Lantos, PhD, a recent graduate of the Johns Hopkins Bloomberg School of Public Health in the Department of Population, Family, and Reproductive Health and a research scientist at Child Trends, a nonprofit, nonpartisan research center.

“We need to help young people understand what’s happening to them in terms of violent experiences in order to help them feel empowered to make healthy choices about sex, sexual partners and condom use,” says Lantos, who will present the findings from her study. “A first priority in these neighborhoods is to reduce the high levels of violence that adolescents fear and experience. However, if we cannot put a stop to violence in these neighborhoods, helping young people process these experiences and learn coping skills may have a broader impact on their behavior.”

Lantos gathered data from the Well-Being of Adolescents in Vulnerable Environments (WAVE) study, a project run jointly by Hopkins’ Center for Adolescent Health, its Urban Health Institute and the drug maker Astrazeneca. Started in 2011, WAVE collected information from young people in five study sites (Baltimore; Johannesburg, South Africa; Shanghai, China; Delhi, India; and Ibadan, Nigeria) to further the health of teens in low-income communities around the world.

Lantos used data from 426 participants between the ages of 15 and 19 (245 male and 181 female), who took a 30-minute computer survey at Johns Hopkins. These participants, all from East Baltimore neighborhoods, answered a series of questions asking about their experience with violence in their communities. These questions focused on the participants’ fear of violence, observations of violence or whether they’d been victims of violence themselves. In addition, the teens also answered questions about whether they’d had sex in the past year and whether they’d used a condom the last time they’d had sex.

Results showed that the teens’ experience with violence and sex differed between males and females. While 71 percent of the female participants reported fear of violence, only 41 percent of the male participants did. Females were also about 7 percentage points more likely to report observing violence, though males and females were equally likely to have been victims of violence.

Males were about 10 percentage points more likely to report having sexual intercourse in the past year, and condom use was about the same between the two genders. For the female participants, all three experiences of violence increased the odds of having sex in the past year. Fear increased the likelihood that females engaged in sex by 40 percent, females who observed violence were 3.5 times as likely to engage in sexual activity, and being a victim of violence more than tripled it.

For the male participants, victimization wasn’t associated with sexual activity, but fear cut the odds of engaging in sex by more than 50 percent. Observation of violence more than doubled the likelihood of sexual activity for males.

Condom use also differed by gender. For females, experiencing fear was associated with a 70 percent reduction in condom use the last time they engaged in sexual activity, while for males observing violence cut the likelihood that they used a condom the last time they engaged in sexual activity by half.
Though the study was unable to ascertain why violence was linked with sexual behavior or why it might differ by gender, Lantos suggests that showing that this link exists could eventually help researchers develop interventions that could help protect teens against the negative effects of violence while also assisting them in making decisions to improve their sexual health.

Lantos will present “Experiences of Community Level Violence and Sexual Risk Behaviors in Baltimore” at 4:20 p.m. local time on Tuesday, Jan. 26 in Legian 5 at the Bali Nusa Dua Convention Center.

About the International Conference on Family Planning:

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coordinated by [BKKBN] has been the key. Many parts of the world have admitted that part of Indonesia’s [economic] success is because of family planning,” said Hon. Prof. Bambang Permadi Soemantri Brodjonegoro, Minister of Finance of Indonesia.

“In terms of policy and my position as Minister of Finance, we are committed to making health, including family planning, one of the very important pillars of economic politics,” Prof. Bambang continued.

More than 220 million women worldwide want to plan their families and futures but are not using modern contraceptive methods. Addressing their need for contraception would result in fewer unintended pregnancies, fewer women and girls dying in pregnancy and childbirth and fewer infant deaths—all of which are targets embedded in the SDGs.

“Family planning is a very strong point for achieving the SDGs. If we [can make it] be part of that... if our family planning programs are strong, we can really make a difference on the SDGs, particularly on health and gender,” said Hon. Dr. Awa Marie Coll-Seck, Minister of Health and Social Action, Senegal. “We need to ensure that for universal health coverage [SDG 3], we can integrate the minimum package of contraceptives because this can help us be more efficient and ensure that women can contribute to the achievement of the SDGs... I’m sure this is what we want for our people and our economic growth and progress.”

The day’s second plenary emphasized the importance of creative thinking and risk-taking to develop new solutions to family planning challenges. The session included the launch of the David and Lucile Packard Foundation 2016 Quality Innovation Challenge, which invites conference participants to submit inventive ideas for improving quality in sexual and reproductive health and empowering women and girls. In addition to the five grants of $100,000 selected from in-person submissions made during the lunch plenary, up to four grants of $25,000 will be awarded to winners from online submissions, which are being accepted from 26-29 January (see submission guidelines here).

The conference continues through Thursday, with each day focusing on issues central to global commitments and local actions.

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Newswise: Online Quiz: How Well Do You “Know Your Bod?”
21 January 2016

“You live with your body every day, but do you really know it?”

That’s the first question from a new online quiz: “KnowYourBod.org.”

The 10-question true or false digital quiz, produced by the Institute for Reproductive Health (IRH) at Georgetown University Medical Center, probes the user’s understanding of fertility awareness.

The global fertility awareness quiz will be introduced at the fourth International Conference on Family Planning (ICFP) in Nusa Dua, Indonesia, on Wednesday, Jan. 27, during a “Marketplace of Ideas” session from 2:30-2:45 pm (Unveiling the mysteries: Confronting our misconceptions about menstruation, fertility, sex and family planning).
“Accurate understanding and awareness about human fertility is surprisingly low around the world, regardless of age, sex or education level,” says Victoria Jennings, PhD, director of the IRH. “If we could lift the taboos and improve fertility awareness, would people be informed and empowered to make better sexual and reproductive health decisions? At IRH, we believe the answer to this question is ‘yes.’”

The quiz includes basic information about: the menstrual cycle; when and how pregnancy occurs; the likelihood of pregnancy from unprotected intercourse at different times during the cycle and at different life stages; the role of male fertility; how specific family planning methods work, how they affect fertility and how to use them.

After each question is answered (correctly or not), the quiz provides a brief easy-to-understand educational summary.

While fertility is the physiological ability for a girl or woman to become pregnant, fertility awareness is much more, Jennings says.

“Fertility Awareness is actionable information about fertility throughout the life cycle and the ability to use this information to care for one’s own sexual and reproductive health and that of others,” she adds.

The development of the global fertility awareness quiz is a part of the IRH’s FACT Project supported by USAID.

Pulitzer Center on Crisis Reporting: Pulitzer Center at 2016 International Conference on Family Planning
11 January 2016

The Pulitzer Center presents a panel of journalists on Thursday, January 28, at the 2016 International Conference on Family Planning (ICFP) in Bali, Indonesia, to discuss the challenges of reporting on key issues related to family planning and reproductive health.

These topics impact families, communities and societies with far-reaching effects, especially in developing countries, where 99 percent of all maternal deaths occur. The Pulitzer Center supports the idea that informed, compelling journalism can shed new light on issues related to reproductive health, that this kind nuanced journalism can explore possible solutions, bring new ideas into play, influence policy outcomes and—most importantly—save lives.

Over the last decade, Pulitzer Center grantees have reported reproductive health issues from many countries, including the Philippines, Indonesia, Guinea Bissau, India, Mexico, Ethiopia, Nigeria, and the Dominican Republic. These journalists have covered a wide range of issues—teenage pregnancy, child marriage, illegal abortion, religious beliefs and attitudes towards family planning, and poor infrastructure. Their stories highlight the severity of the reproductive health crisis as well as some of the many efforts made to give more women access to better and safer health care.

Pulitzer Center-supported journalism on these topics have appeared across platforms ranging from The Washington Post and The New York Times to The Atlantic and PBS NewsHour. The work also has appeared in professional journals such as The Lancet and in news outlets in key target countries such as Rappler in the Philippines and BusinessDay in Nigeria.
The panelists, who are independent journalists and current or former Pulitzer Center grantees, will focus on various strategies for developing serious stories with broad audience appeal and strategic reach. They will discuss how they approached their topics, the challenges they faced while reporting, the journalistic tools and techniques that worked best and the lessons learned as they go forward with their coverage of reproductive health. They will also discuss the value of forming partnerships with universities and academic experts as a way to deepen the reporting and also find new audiences for the work.

**Jina Moore**, BuzzFeed’s international women's rights correspondent, moderates the panel, coordinated by the Pulitzer Center’s **Emily Baumgaertner**.

Panelists include **Ana Santos, Ameto Akpe, Laura Bassett**, and **Jennifer Gonzalez**.

**Santos**, the Pulitzer Center’s 2014 Persephone Miel Fellow, is an independent print and online journalist whose work has been published in *The Washington Post, The Atlantic, Rappler, Marie Claire*(Philippines), among others. She has reported on HIV/AIDS, gender issues, sexual violence and reproductive health rights in Indonesia, Thailand, Jordan, Israel, Papua New Guinea and her home country, the Philippines. Living in one of the most disaster-prone countries in the world, Ana has also begun writing about disaster preparedness and response and the many ways it is interconnected with reproductive health and population.

**Akpe** is a Nigerian print journalist for *BusinessDay* as well as a 2013 Pulitzer Center Persephone Miel fellow and 2014 Nieman fellow at Harvard university. Ameto has reported on family planning within a broader Pulitzer Center-supported project on the health impact of U.S. foreign aid in northern Nigeria.

**Bassett** is a senior Washington correspondent at *The Huffington Post* focusing on women's issues. She has a Master's degree in English Literature and gender studies from Georgetown University and has previously worked for U.S. Congress, *Island Press* and *The Washington Post*. Her most recent reporting took place in Kenya, where thousands of women are dying of unsafe abortions due to misinterpretation of the Helms Amendment.

**Gonzalez** is a multimedia photojournalist who has reported on teenage pregnancy in the Dominican Republic for Johns Hopkins *Global Health NOW*. Earlier work focused on water rights in Nepal. She has received awards from the Illinois Press Photographers Association and the Illinois Press Association. In addition to documentary photography and visual story telling, Jennifer has worked as a still photographer and film editor.

**Moore** is an award-winning journalist who specializes in post-conflict and human rights reporting. She was involved with a 2011 Pulitzer Center initiative that partnered African and U.S. journalists as they explored challenges in reproductive health and family planning. She examined female reproductive health in several African countries and learned about its effect on women's lives, deaths and socio-economic stability.

*The panel is open only to conference attendees.*

**Panel: Reporting on Reproductive Health: Opportunities and Obstacles**

**Thursday, January 28, 2016**

12:00-1:20 pm

**Legian 1 at the** 2016 International Conference on Family Planning

**Nusa Dua, Bali, Indonesia**
The Pulitzer Center hosts a reception later in the day following the Conference’s closing session. Information and registration details on the reception, also only open to ICFP attendees, is available via pulitzer-reporting-on-reproductive-health.eventbrite.com.

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World Health Organization: New WHO tool helps guide contraception choices following childbirth
26 January 2016

26 January 2016 | NUSA DUA, INDONESIA - Postpartum women are among those with the greatest unmet need for family planning, yet they often do not receive the services they need to support longer birth intervals or reduce unintended pregnancies and their consequences. Analysis of data from 57 countries in 2005-2013 estimates 32 - 62% of postpartum women had an unmet need for family planning ¹.

Postpartum women are those who have given birth in the previous 0-11 months. While it is possible for a woman to become pregnant soon after childbirth (after 4 weeks for women who are not breastfeeding) little user-friendly guidance has existed to help women make safe and informed choices about their contraceptive choices in the postpartum period. To address this need, WHO has developed a new digital tool to help women access safe contraceptive options in the immediate or extended postpartum period, whether or not they are breastfeeding.

New digital tool

The WHO Postpartum Family Planning Compendium, launched at the International Conference on Family Planning in Nusa Dua, Indonesia, is aimed at health providers who are prescribing contraception to postpartum women and program managers and policy makers who facilitate the availability of contraceptive methods. It focuses on the initiation of family planning services within the first 12 months following childbirth to prevent closely-spaced and unintended pregnancies.

Synthesising guidance

The user-friendly digital platform helps health providers quickly and easily access WHO recommendations on what contraceptive options are available for postpartum women. Synthesising evidence from WHO guidelines, the new Compendium allows people to select from a range of options, including health conditions and drug interactions, to quickly reach as little or as much information they need on postpartum family planning.

Postpartum family planning is important to reinforce women’s rights to determine the number and spacing of their children to avoid the risks of pregnancy and unsafe abortion and to prevent deaths of mothers and children. It prevents unintended pregnancies, including those of women who face increased risk related to pregnancy. Reducing unmet need for family planning has the potential to reduce maternal deaths by 30%, and infant death by 60%, amongst women who have given birth at very closely spaced intervals (less than 24 months)². Evidence suggests that women who have more than four children are at increased risk of maternal mortality.

The new Compendium is accessible for all computers, including mobile devices and tablets, and will in time be translated into a number of languages.