

**PLACING
WOMEN AT THE
HEART OF
DEVELOPMENT**

For further information on the work that DFID is doing on gender in Africa, please email genderinafrica@dfid.gov.uk



NEWSLETTER

ON GENDER EQUALITY IN AFRICA

Secretary of State Andrew Mitchell delivered his first overseas speech at Carnegie Endowment, Washington DC on Friday 25 June. As world leaders gathered for the G8 Summit, he argued that, over the next five years, we have the means and the opportunity to put an end to some of the most serious problems facing the world today. But he said that **"the only way we will do so is by putting women front and centre of all our efforts."**

Choice for women: get involved

DFID is currently developing a business plan to improve reproductive, maternal and newborn health. We are working with partner governments and other donors in country to determine what to support and how best to deliver. In doing so we are seeking advice from global experts.

We particularly want to hear more about your views, opinions and experiences. This will help us to understand how these issues might vary in different countries, and how DFID could work better with partners.

The Consultation will last for 12 weeks and will close on 20 October 2010.

For further information on how to take part, please visit www.dfid.gov.uk/choiceforwomen. Alternatively, please email choiceforwomen@dfid.gov.uk

Girls in school in Mozambique

Through its education sector support programme, DFID has helped to ensure that more than 70% of girls enroll in primary education (a rise of more than 15% since 2005). In addition, priority has been given to the recruitment and deployment of female teachers among the 12,000 currently in teacher training institutes nation-wide.



Choice for women: wanted pregnancies, safe births

Tackling women's unemployment in SA

Unemployment in South Africa, especially amongst women and young people, is very high. To help the government address this, DFID supported the Community Works Programme (CWP). The programme was piloted at four sites in some of South Africa's poorest districts and has generated steady work for more than 55,000 people. 70% of these jobs have been created for women.

Gladys Ngoma works two days a week at the Tshaba Dimaketse community crèche; the only one earning in her family, and "the money I earn in the crèche means I can feed my family...now I can buy my own four children some of the things they need and get them into school."

The CWP has now been included in the government's

Expanded Public Works Programme; so it's now been extended to a further 41 sites, and continues to provide job opportunities to the most in need.

Malaria and pregnancy in Kenya

The burden of malaria on Africa is huge; one in six child deaths and around \$12 billion per year. This year, DFID Kenya has set itself the challenge of ensuring that 45% of pregnant women use insecticide-treated bednets. This means that the Kenya Health Programme will be distributing 6,480,000 bednets to pregnant women and children nation-wide. The programme also aims to treat 522,400 pregnant women for malaria. It is hoped that this will avert more than 36,000 malaria deaths.

"When a jumbo jet crashes anywhere in the world it makes the headlines. If it were to crash week in week out in the same place there's not a person alive who wouldn't be talking about it. The international community would set up an enquiry and no money would be spared in making sure it never happened again. Yet, in Nigeria, the equivalent number of women die each and every week from pregnancy-related causes - and the world stands mute."

Secretary of State Andrew Mitchell, Washington DC, 25 June

Supporting women's reproductive choices

Unsafe abortion is a leading contributor to global maternal mortality, especially in sub-Saharan Africa, where every year at least 36,000 women and girls die from unsafe abortion.

DFID supports Ipas, an international non-profit organization that works to increase women's ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries. Since the programme started in January 2008, 1.5 million women have benefited from safe abortion-related care in the region, resulting in an estimated 10,000 women's lives potentially being saved.

Cash transfers working for women

- In Zimbabwe around 70% of social cash transfers disbursed under DFID's Protracted Relief Programme reached women, enabling them to pay school fees, buy food and access medical treatment. They have also been able to join savings and lending groups. Through these groups, women have been able to participate in income generating activities that they would not otherwise have been able to fund.
- In Kenya, the number of women-headed households receiving cash transfers as part of DFID's social protection programme has reached more than 60,000, an increase of 40% in six months.
- In Zambia DFID's new cash transfer programme will be expanded to more than 65,000 households. In current pilots, 7157 beneficiary households were headed by women

For more information about DFID's work to promote gender equality in Africa, email us at:

genderinAfrica@dfid.gov.uk

Or visit: www.dfid.gov.uk



SPOTLIGHT: Maternal Health

Sub-Saharan Africa has the worst maternal health indicators in the world. 1 in 22 African women die during pregnancy or childbirth, compared with 1 woman in 110 in Asia, and 1 woman in 5,900 in more developed regions.

DFID is committed to new and innovative approaches to tackling the problem of maternal health in Africa. In Nigeria, DFID's maternal and child health programme is working in four northern Nigerian states. The program has adopted a comprehensive strategy addressing three key areas – seeking care at the household level, securing transportation for emergencies, and receiving services at the hospital.

Communities have gone through a process of "questioning" the gender division of labour that restricts husbands' involvement in maternal issues including funding and giving permission to seek care, as well as the inability of young pregnant women to play active roles in maternal decisions related to care seeking.

Action plans were developed by women's groups and six months into the programme, there is now improved community responsibility and awareness of maternal danger signs; more standing permissions by husbands for wives to attend hospital; a savings scheme to offset hospital costs; and an emergency transport scheme to get women with maternal emergencies to hospitals (saving 706 women's lives so far).



A female volunteer supporting a women's group to develop an action plan

Elsewhere in Africa, DFID's programmes are having a huge impact on maternal health. Thanks to DFID's ongoing activities, the number of births attended by skilled health workers has risen significantly in the Democratic Republic of Congo, and in Malawi (where DFID support to the health sector has seen maternal mortality rates fall from 1120 to 807 per 100,000 live births).

In Ghana, Uganda and Zambia DFID is funding the provision of emergency obstetric equipment in order to boost ante-natal care coverage, vital for reducing maternal mortality. And in Zambia and Mozambique, health workers and midwives are rapidly being trained up so that more women can receive the treatment they so badly need.