

EMPOWERING WOMEN AND GIRLS

REPRODUCTIVE AND SEXUAL HEALTH IN EL SALVADOR AND HONDURAS

Christian Aid and our partners ORMUSA and OCDIH are beginning an innovative 4-year project with some of the poorest, most marginalised communities in Central America. In the region, women and girls from indigenous communities are some of the poorest and most disempowered people. They face huge barriers to securing sexual and reproductive health. In El Salvador and Honduras our partners will tackle the immediate need for better healthcare, but will also empower women and girls to claim their rights. Through far-reaching education programmes, our partners will seek to address the issues of under-age pregnancy and sexually-transmitted infections (STIs). Gender-based violence against indigenous communities is disproportionately high: our partners will seek to reduce this rate, helping to achieve security for some of the most vulnerable women.

The European Union has pledged to match every pound you raise for this project with 3 more – so the £5,000 your church raises will become an amazing £20,000. The generosity of your community has the potential to transform the lives of women and girls in Central America for generations to come.

Thank you for joining us.

Background

People from indigenous communities are hugely disadvantaged across El Salvador and Honduras. They tend to be much poorer than the rest of the population: people living in rural areas are **2 to 5 times worse off than those living in urban areas**. The sexual and reproductive health of women and girls in these communities is equally disadvantaged, too. Although these are middle income countries, many more women from indigenous communities die in childbirth compared to women who do not belong to this group, a rate shared by some of the least developed countries in the world.



In San Luis Talpa, El Salvador, a woman of child bearing age is given a vaccine by one of our partners.

In both countries, there is a lack of appropriate health services available to indigenous women. Many state health workers don't share their cultural identity. In state-run health centres their languages are rarely used, the food available is not acceptable to their diets, and traditional birth attendants are often prevented from being present. Because of this, indigenous women are much less likely to use health services, making the risk in childbirth so much higher.

Indigenous communities are not empowered to put pressure on the government for improved services, which is caused in part by a lack of knowledge of their rights to sexual and reproductive health. Family planning is culturally sensitive – and contraception is not always widely available – so there are significantly higher underage pregnancy rates than in non-IP communities: in El Salvador, **29% of all births are to mothers aged 10-19**. The fact that sexually transmitted infections and HIV are stigmatised, too, means that testing services are rarely used. There is an urgent need for education, both with materials in IP languages and with teachers and traditional birth attendants that are trained to raise awareness in communities.

What will this project achieve?

It is absolutely crucial that these communities are empowered to claim their rights to sexual and reproductive health. Our partners will train organisations in each country to increase community participation in the planning of health services, whilst healthcare provision will also be monitored to ensure that the project is reaching the most marginalised people.

Women of child-bearing age in these indigenous communities need effective access to sexual and reproductive healthcare. Our partners will train traditional birth attendants to provide healthcare in communities, including family planning – whilst they will ensure that contraceptive supplies are readily available. As well as using these traditional health providers, Community Health Workers will also be trained to provide support for women, both in terms of maternal health and in sexual violence. The systems for referring pregnant women in these communities who are at high risk are inadequate and will be improved. Our partners will also be carrying out innovative work in health facilities, making sure that women from indigenous communities are welcomed, not excluded.

Education is absolutely essential if indigenous communities in El Salvador and Honduras are to secure their rights to sexual and reproductive health. Our partners will be educating communities in family planning, HIV, pregnancy and sexual and gender based violence in a number of innovative ways, such as broadcasting radio spots in indigenous languages.



In Copan, Honduras, a community health volunteer educates a woman with her young child.



In Olocuilita, El Salvador, a pregnant woman receives antenatal healthcare.

By recognizing the barriers that are preventing women from accessing services as well as researching how attitudes and behaviour towards sexual and reproductive health are changing, our partners will be pushing for change at a national level. Findings from the projects will be recorded to be used for this advocacy work later.

What's more, the project's reach across several countries means that it will be easier to replicate internationally, and we are hoping that this work can be scaled up throughout the region in the future.

This project offers huge potential to transform the lives of hundreds of thousands of people from indigenous communities. **Join us on the journey.**

This project will:

- Train **150 traditional birth attendants** across both countries who will provide urgently needed health support, as well as family planning advice and contraception.
- **Reduce the maternal mortality rate** by improving the referral systems for women with high risk pregnancies, bringing more mothers to hospital.
- Train **160 Community Health Workers** to visit women at home and provide education in sexual and reproductive health, including HIV and gender-based violence.
- Broadcast video and radio in indigenous languages and Spanish to inform communities about HIV, STIs, underage pregnancy, family planning and gender-based violence. Across El Salvador and Honduras **164,000** people will be reached.

- Educate **633 primary and secondary school teachers, 12,000 pupils and 7600 heads of families** on sexual and reproductive health.
- Establish mothers groups and link up traditional birth attendants to state health workers. By **building up civil society organisations**, our partners will ensure that health services are tailored to what communities actually need.

200,113 women of child-bearing age will be directly affected by this project – and a further **566,955** indirectly in the target areas.

What have our partners already achieved?

This project in El Salvador and Honduras will accompany and extend work that our partner has already done in Nicaragua. Our partner, Asociación Movimiento de Mujeres Nidia White, has already worked in some of the most marginalised areas of the country, reaching 23 communities with an indigenous population of 74,000 people. Out of this **7200 women benefitted** from the 54 health centres providing reproductive and sexual healthcare.

Maternal mortality in the target areas of this project was the highest in the country, but thanks to the work of our partners, this mortality rate was reduced by 30%.

Our partner built 16 health facilities that respect local women's cultures. This included training health staff that could speak the indigenous language, offering traditional safe herbal drinks, painting the rooms in colours permitted in traditional indigenous practice and offering vertical delivery. This resulted in a huge increase in the amount of hospitalised births – the amount of women who had specialist maternal healthcare in 2012 was three and a half times more than before the project began.



If there is any way we can help your group, please contact your local Christian Aid office, email cpartnership@christian-aid.org or visit christianaid.org.uk/partnerships

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