



---

July 26, 2012

Dear Friends,

We hope you enjoy this week's edition of the Newsflash!

Sincerely,

The Firelight Team

(Call for Proposals) AusAID's Human Rights Grants Scheme 2012-2013 now open:

Grants of up to \$100,000 available

(Call for Proposals) Foundation De France: Second Session Call for Proposals: AIDS, health and development

(Call for Nominations) Peace X Peace: The Women, Power And Peace 10th Anniversary Awards

(Article) Africa: Contraception Innovations Can 'Save Millions'

(Executive Summary) Charting the Future: Empowering Girls to Prevent

---

(Call for Proposals) AusAID's Human Rights Grants Scheme 2012-2013 now open:

Grants of up to \$100,000 available

The Australian Agency for International Development (AusAID) has announced the commencement of the 2012-2013 funding round of its annual Human Rights Grants Scheme. The scheme provides grants of up to \$100,000 to provide direct financial support to NGOs and projects working for the promotion of human rights.

This is a competitive grant opportunity and funding is provided for the prevention or ending of human rights violations, promoting positive change in government policies, monitoring and reporting on human rights violations, educating human rights victims, workers or defenders, promoting the implementation of international human rights standards and strengthening human rights institutions and mechanisms.

To be eligible for funding in 2012-2013, organisations must be operating in one or more of the following countries:

- Africa: Burkina Faso, Burundi, Cape Verde, Côte d'Ivoire, Democratic Republic of Congo, Egypt, Eritrea, Ethiopia, Malawi, Morocco, Somalia,

South Sudan, Tanzania, Tunisia, Uganda, Zimbabwe

- Middle East: Iraq, Jordan, Lebanon, Palestinian Territories
- Asia Pacific : Afghanistan, Bangladesh, Burma, Cambodia, China, East

Timor, Indonesia, Laos, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, Vietnam, Fiji, Solomon Islands, Vanuatu

• Latin America and Caribbean: Bolivia, Brazil, Colombia, Guatemala, Honduras, Nicaragua, Paraguay, Cuba, Haiti

Grants will be awarded as a single payment valued between AUD20,000 – AUD100,000.

Project activities may take place over maximum of two years. All 1 year projects must be completed by May 2014. All two year projects must be completed by May 2015.

Deadline for Submission of an Expression of Interest (Attachment A) to the relevant Australian diplomatic mission: 17 August 2012. This form must be no longer than 2 pages.

By 1 September 2012, Australian diplomatic missions will review, on a competitive basis, Expressions of Interest and will invite up to 2 organisations per eligible country to submit a Full Application (Attachment B).

Organisations requested to do so should submit a Full Application to the relevant Australian diplomatic mission by 4pm (local time) 1 October 2012.

For more go

to: <http://www.usaid.gov.au/HotTopics/Pages/Display.aspx?QID=739>

---

(Call for Proposals) Foundation De France: Second Session Call for Proposals: AIDS, health and development

Foundation De France's 2012 has issued the Call for Proposals for its Second Session on AIDS, health and development: gender and HIV to support projects that will help the targeted populations in the short or medium term.

Through this call for proposals, the Foundation De France wishes to draw the interest of researchers in academic disciplines such as social sciences (sociology, anthropology, etc.), epidemiology, public health or applied research. Fondation de France will particularly focus on young researchers (PhD or postdoctoral students).

Geographic areas:

Research fields will include the following geographic areas:

- French overseas departments in America (French Caribbean Islands and French Guyana);

- African countries;
- In Asia : Cambodia, India, Laos, Thailand, Vietnam;
- In South America: Brazil and Argentina.

Special attention will be paid to projects focusing on at least one of the following topics:

- the impact of HIV on reproductive health;
- co-morbidities and co-infections (e.g. Papillomavirus infection HPV);
- positive or negative consequences on women of partial efficacy prevention tools (microbicides, circumcision...);
- violence against women and its fallout in terms of HIV;
- hindrances to the involvement of men in the fight against the epidemic, either as an individual (within the family unit), or as a member of a group (within the community), and proposed means of overcoming these hindrances.

The support from the Fondation de France will, in a matter of priority, provide grants to research teams. Part of the grant can be used to finance the salary or as mobility grants for a post-doctoral researcher and/ or for a PhD student.

The support will consist in annual (possibly renewable) or multi-year grants (with a maximum duration of 3 years). The “AIDS research” programme of the Fondation de France manages for 2012 a global budget of approximately 500,000 Euros.

Deadline for Submission: 15 October 2012.

For more go to: <http://www.fondationdefrance.org/Nos-Aides/Vous-etes-un-organisme/Solidarite-avec-les-personnes-vulnerables/A-l-international/Sida-sante-et-developpement>

(Call for Nominations) Peace X Peace: The Women, Power And Peace 10th Anniversary Awards

Each year Peace X Peace presents awards honoring extraordinary women and men on the frontlines of peacebuilding. In 2012, as Peace X Peace celebrates 10 years of connecting across divides and raising women’s voices for peace. Peace X Peace is adding a Peace Art Award and invites its readers and the global community to nominate potential award winners.

Awards

- The Patricia Smith Melton Art of Peace Award (new this year) honors the artist or artists of an original work of art created since September 1, 2011 that informs or inspires others to create peace. It may be a song, painting, short video, story (1200 words or less), or other artistic creation. Nominations may be made by the artists or others. Preference is given to works focused on women’s needs and

actions, celebrating women's gifts, or that propose the most effective, wide-reaching, and enduring way for women to achieve peace. Submissions will be judged by a panel of working artists. The winner will receive \$200. Her or his work will be disseminated to our network of readers in 125 countries. Other specific entries may also be selected for dissemination to the network.

- The Community Peacebuilder Award honors a person or organization that builds cultures of peace at a community level, facilitating activities to promote a peaceful, just, equitable, and healthy community and inspiring others to do the same.

- The Peace Media Award honors a contribution in writing, photography, radio, television, or other news medium that has informed audiences about the role women play in building peace. Winners use the power of media to inform and inspire civil society to build cultures of peace.

- The Connection Point Award honors a person or organization that builds dialogue and understanding between Arab, Muslim, and Western women or within a community to achieve harmony across cultures

- The Generation Peace Award honors someone between the ages of 18 and 30 who produces action-oriented, inspiring work with exceptional initiative, originality, and creativity.

- The Peace Philanthropy Award honors a person or organization that has contributed generous funds over time to address the needs of women and to support women in developing cultures of peace.

Deadline for Submission: August 21, 2012

For more go to: <http://www.peacexpeace.org/2012-women-power-and-peace-awards-nominating-form/>

---

(Article) Africa: Contraception Innovations Can 'Save Millions'

The Summit on Family Planning drew policy makers, donors and health professionals to London on 11 July to discuss how to provide access to contraceptives to more of the world's poorest women who want them. The goal going forward is to enable an additional 120 million women in poor countries to use modern family methods. Organizers say this will save the lives of 200,000 women who will otherwise die from pregnancy or childbirth; prevent 110 million unwanted pregnancies; result in 50 million fewer abortions; and save the lives of three million babies. Dr. Gary L. Darmstadt, a pediatrician with broad experience in research, teaching and development strategies, leads the mother and child health and nutrition teams at the Bill & Melinda Gates Foundation, which co-hosted the summit with the United Kingdom's Department for International Development. He spoke with AllAfrica before the Summit began.

For more go to: <http://allafrica.com/stories/201207130484.html>

---

(Executive Summary) **Charting the Future: Empowering Girls to Prevent Pregnancy**

Adolescent pregnancy is dangerous – and sometimes fatal. In developing countries it is the leading cause of death for adolescent girls, affecting—in general—the poorest girls in the poorest countries. Adolescent pregnancy is dangerous for babies too—those born to teen mothers are 50% more likely to die in their first month of life than those born to women in their 20s.

Children’s chances of survival have improved dramatically in the last two decades – 12,000 fewer children died every day in 2010 than in 1990\*. However, to make further progress towards the *fourth Millennium Development Goal—reducing the under-five mortality rate by two thirds—* we must reduce adolescent pregnancy, which all too often results in the deaths of two children – one a newborn infant, the other an adolescent girl. *Girls’ need for family planning is a n urgent priority that needs international political action at the highest level.*

**Although adolescent fertility rates are falling on a global level, approximately 18 million girls under the age of 20 give birth each year. Two million of these girls are under the age of 15.**

**While numerically speaking most teenage births take place in south Asia, the countries with the highest adolescent fertility rates are clustered in sub-Saharan Africa.**

#### **FAMILY PLANNING AND ADOLESCENT GIRLS: THREE KEY FACTS**

Analysis of the available data reveals three under-appreciated facts that have important implications for policy-makers seeking to increase the uptake of family planning services:

**1.) 90% of adolescent pregnancies in the developing world are to girls who are already married.**

While child marriage, like adolescent pregnancy, is declining on a global basis, one-in-three women aged 20–24 were married before the age of 18. Globally, 1.5 million girls – more than 10% of all young women – were married before the age

of 15. Once girls are married, their husbands and in-laws typically encourage early pregnancy.

## **2.) Married teenage girls are less likely to use contraception than either unmarried teens or older married women.**

Married adolescents in all countries are less likely to use contraception than unmarried teens. In the Democratic Republic of the Congo, for example, unmarried teenage girls are twice as likely as their married peers to use a modern method; in Sierra Leone, they are 17 times more likely. As husbands are most often the primary, if not sole, family decision-maker, and as fatherhood is a key sign of virility in many cultures, girls have little space to negotiate contraceptive use – even if they

desire to do so. Moreover, a review of Demographic and Health Surveys shows that not only are married teenage girls less likely to use contraception, they are also less likely to report that they have an unmet need for it.

## **3.) Up to 75% of the 18 million annual adolescent pregnancies are unintended and planned.**

Data from the World Health Organization highlights that throughout much of sub-Saharan Africa and south Asia motherhood is often simply seen as ‘what girls are for’ – their social value is firmly rooted in their capacity for reproduction.

Motherhood is viewed as the final step towards becoming an adult and is the foundation of a girl’s identity and position within the family. As young girls grow up, many internalize these values and beliefs; by adolescence few see a reason to postpone motherhood.

## **CONTRACEPTIVE SUPPLY AND DEMAND AMONG ADOLESCENT GIRLS**

Providing reliable access to quality contraceptive products is a significant challenge for many developing countries. As such, adolescent girls, like older women, face many concrete barriers to accessing family planning services. Clinics, for example, are not easily accessible for rural residents; furthermore, many have a difficult time maintaining quality staff and keeping contraceptives in stock.\*\* The cost of contraceptives is also a significant barrier for young women – who must also deal with unique age-related needs for privacy and, in some cases, laws that prohibit access for the unmarried.

This report recognises the necessity of providing commodities and services. However

r, drawing on the three key facts above, it concludes that efforts to 'solve' the problem of adolescent pregnancy must simultaneously address the social norms, gender roles and traditions that limit girls' options for their future.

**In developing countries, teenage pregnancy is rarely the accidental result of sexual experimentation. For many girls in sub-Saharan Africa and south Asia in particular, child-bearing is something that they have little personal control over. Often forced into marriage and encouraged to become pregnant as quickly as possible, too many girls are never given the chance to imagine a future that is not centred around early motherhood.**

## **EIGHT BARRIERS TO ADOLESCENTS' CONTRACEPTIVE UPTAKE**

The report discusses eight key barriers, both demand- and supply-side, that limit adolescents' contraceptive uptake. It recognises that individuals, families and communities each play key roles in generating that demand – and that supply is shaped by economics, policies and politics, as well as service access and quality. These barriers are as follows:

- 1.) Individual attitudinal barriers: research suggests that most adolescent girls – having internalised powerful sociocultural values (see 3 below) – desire to become pregnant.**
- 2.) Emotional and interpersonal barriers to the uptake of family planning services stem from the attitudes and desires of husbands/partners and other family members regarding girls' fertility.**
- 3.) Broader sociocultural and religious norms and practices have an impact on adolescent girls' use of contraception in so far as the social value they ascribe to girls versus boys and the gender roles that are deemed appropriate for each.**
- 4.) Teens also face cognitive barriers in that they lack awareness and understanding of conception and contraception.**
- 5.) Geographic barriers are particularly significant for rural teenagers and those who are isolated at home on account of socio-cultural norms.**
- 6.) The cost of contraception poses an economic barrier for many adolescent girls.**
- 7.) Administrative barriers limit unmarried teens' access to contraception.**
- 8.) Where teenage girls are stigmatised for their sexuality, barriers relating to quality of care, especially the attitudes of providers, are significant.**

How culture, traditions and education shape girls' access to family planning

These eight barriers are highly interdependent – reflecting the fact that supply and demand are intrinsically linked and are both crucial if we are to reduce adolescent pregnancy. This report, however, emphasises that the primary drivers of teen pregnancy are cultural practices and traditions, which perpetuate gender inequalities and hinder girls' empowerment.

Where girls have no right to refuse sex – or to use contraception – supply alone is unlikely to have a significant impact on fertility. Valued primarily for their reproductive capacities, and particularly in areas where son preference is strong, even girls themselves often see little reason to postpone pregnancy.

Cultural barriers are closely linked to cognitive barriers. Girls and boys too often face puberty with little understanding of how conception and contraception “work”. In Central America, for instance, survey evidence suggests that almost one in three adolescents did not know that pregnancy could occur the first time a girl had sex. In a study in India, one in four girls did not know that pregnancy could occur mid-menstrual cycle and there was a general lack of awareness amongst girls that a missed period could signal pregnancy.

While most adolescents are aware of modern methods of family planning, they are often misinformed about how they work. Consequently, even when adolescents use contraception they are prone to using it incorrectly and inconsistently – which results in higher failure rates. A study in four sub-Saharan countries found that less than one-third of teenagers had a level of knowledge that was detailed enough to prevent pregnancy.

Fear of the long-term consequences of contraception is pervasive and is often shared by the adults in a girl's life. Many girls are concerned, for example, that hormonal contraceptives will permanently impact their fertility – believing that they are capable of causing sterility, serious illness or death. In order for girls to choose to use contraception, accurate information, framed in culturally sensitive ways to ensure that it is genuinely heard and understood, is required.

Keeping girls in school – and teaching them basic biology – is clearly an important step in preventing adolescent pregnancy. However, girls' education is shaped by the same cultural practices and traditions that shape their fertility preferences – and continues to be undervalued in many developing countries. Where a girl's main role is to give children to her husband's family, her education is not prioritised. She is thus unlikely to be allowed to stay in school to acquire either the knowledge she needs to control her fertility or the skills and economic independence she needs



to make her voice heard.

Education gives girls options; in addition to promoting a sense of personal responsibility

and imparting a basic body of knowledge, it lets girls imagine and plan their own futures –

a key factor shaping their beliefs about the timing of motherhood. Girls who stay in school are less likely to marry early, have early sex, or become pregnant as adolescents. A review of 26

Demographic

and Health Surveys found that compared to girls with no education, girls who stayed in school for ten years were likely to marry six years later.

## **NOT FORGETTING UNMARRIED GIRLS**

While much of the focus here is on married girls, it is important not to forget their unmarried peers. There is a sexual transition unfolding around the world, wherein sexuality is increasingly decoupled from marriage –

as the age of puberty falls, due to better nutrition and living standards, and the age of marriage rises. Consequently, there is a growing need to ‘mind the gap’, ensuring that unmarried adolescents have access to sexual and reproductive health services that may traditionally have only been available to married women.

Adults, from parents to medical practitioners, are frequently uncomfortable with adolescent sexuality and clearly prefer that teenage girls remain abstinent until marriage. However, the evidence is increasingly clear that as the transition unfolds adolescents are less likely to heed the ‘abstinence only’ message—and that a back-up plan, involving contraception, is vital.

## **POLICY SOLUTION: THE FIVE DIMENSIONS OF EMPOWERMENT**

Our review of the evidence on adolescent fertility suggests that what is needed is a twopronged approach. Enabling teenagers to make informed choices about pregnancy requires reliable, affordable access to contraceptives. However, it also requires that girls perceive a need for contraception –

and feel that they are ‘allowed’ to use it. Accordingly, tackling gender inequalities and empowering girls to chart their own futures and choose motherhood only if and when they are ready is of critical importance. To increase adolescents’ uptake of contraception and reduce their fertility, policy-makers must dedicate strategic attention to five key dimensions of empowerment:

**1.)Sociocultural: To empower girls to make their own reproductive decisions there is a need for fundamental sociocultural shifts; including tackling the gender stereotypes that drive child marriage, dowry and domestic violence.**

**2.)Educational: Girls need to be educated to become independent, economically**

**y productive members of society. For girls and women to be seen as actors beyond their reproductive capacities education through secondary school and access to economic opportunities are critical.**

**3.) Interpersonal: Girls need to have a voice in their interpersonal relationships, with space to be heard in both their natal and marital families. Involving boys and men in this transformation is key, so that they can be vested in ensuring that their wives/partners and daughters will live in a world that is different from that of their mothers and grandmothers.**

**4.) Legal: Girls' rights need to be underpinned by full legal protection – de jure and defacto. Awareness raising initiatives are equally important for girls to understand their legal rights as are spaces where they can practice speaking up in support of them.**

**5.) Practical: All adolescents, not just girls, need to be empowered with practical reproductive health knowledge – beginning with age-appropriate, schoolbased sex education in late primary school and including full access to family planning information and affordable contraception in the community.**

## **QUICK WIN STRATEGIES**

Cultural shifts take time – time that the millions of girls at risk for pregnancy this year do not have. To complement the longer-term empowerment approach outlined above, this report calls for the deployment of two complementary 'quick-win' strategies where action can be taken now.

**First, given the broader developmental value of delaying girls' first births – and keeping them in school – the economic and social value of investing in girls' empowerment needs to be emphasized.** Communication

activities aimed at changing the attitudes and behaviours of communities are key. Investing in girls will not just improve their own well-being but will also simultaneously contribute to achieving the MDGs, tackling the inter-generational transmission of poverty and boosting national GDP. National as well as international policy and budget priorities in turn need to reflect this reality.

**Second, bound by long-standing customs and traditional gender norms, many communities do not recognize that the lives of mothers and babies are jeopardised by early pregnancy. Educational approaches that target not just girls, but also wider communities, and that emphasize the present and future dividends of 'waiting', can be powerful awareness-raising tools.**

**In sum, helping girls see themselves as more than potential mothers – and helping communities to do the same is key to reducing adolescent pregnancy.** Addressing educational and cultural barriers that limit girls’ options is a vital longer-term strategy. Coupling this approach with targeted quick-wins and better access to contraceptive information and technologies will enable girls to choose motherhood only if and when they are ready.

For more go

to: <http://allafrica.com/download/resource/main/main/idatcs/00040604:40e5279e1b6e994a5d851eed50389ffd.pdf>

---

As part of the Firelight Foundation’s Capacity Building Program, Firelight provides “Newsflashes” to share relevant resources and information with our active grantee-partners via weekly emails and via post on a monthly basis. We hope that by facilitating access to information for grassroots, community-focused organizations, programming for children and families, as well as organizational development, is enhanced. Past editions of the Firelight Newsflash can be found on our website: <http://www.firelightfoundation.org/newsflash.php>.

We welcome your comments, feedback and ideas for upcoming Newsflashes at [newsletter@firelightfoundation.org](mailto:newsletter@firelightfoundation.org).

**For more information contact:**

Firelight Foundation  
740 Front Street, Suite 380  
Santa Cruz, CA 95060 USA  
[www.firelightfoundation.org](http://www.firelightfoundation.org)  
+1 831-429- 8750