



# FINANCING HEALTHIER LIVES



Empowering Women Through Integration  
of Microfinance and Health Education



**MICROCREDIT SUMMIT CAMPAIGN**

A Project of RESULTS Educational Fund



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# Financing Healthier Lives:

## Empowering Women Through Integration of Microfinance and Health Education



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# Executive Summary

This year marks the halfway point since the United Nations Millennium Development Goals (MDGs) were set in 2000 with a 2015 target date. This juncture is the perfect time to take a close look at how much progress has been made towards meeting the goals and how organizations like the United Nations Population Fund (UNFPA) and the Microcredit Summit Campaign (MCS) can make a significant contribution to accomplishing these audacious goals. It is also appropriate to assess which strategies have been most effective in achieving the apparent gains over the last seven years. In July 2008, the Group of Eight (G-8) countries met and took stock of where the world stands with regards to the MDGs. In what was a vote of confidence in the results achieved so far, the countries renewed their endorsement of the goals. They particularly noted that the least progress has been made in improving maternal health (MDG 5), with close to 500,000 women still dying each year due to pregnancy-related causes. All G-8 countries particularly underscored a commitment to improving in this area.

Over the past seven years, the MDGs have shaped development priorities for governments, donors and practitioner agencies worldwide. There is no question that if the MDGs are achieved, it would represent enormous progress towards the UNFPA vision that every woman, man and child enjoy a life of health and equal opportunity. It would also reflect the enormous contribution of MCS and its members to the economic and social empowerment of women, especially those living in extreme poverty.

The *Millennium Development Goals Report* published in 2007 cautions, however, that although significant gains have been made, much remains to be done. If current

trends continue, there is a chance that the goals will not be fulfilled. There is an urgent need for all institutions involved to break with “business as usual” and devise strategies to scale up efforts to meet the targets.

This document is an update of an earlier edition published in 2006 and primarily focuses attention on the strategy of integrating microfinance services with health education.<sup>1</sup> Highlighted within are MCS and UNFPA’s joint global efforts to empower women using this strategy, employing methodology developed by and receiving training in its use by a key partner, Freedom from Hunger. Included is analysis from innovative work in Africa, Asia and Latin America. Of special note are the results from a pilot project in India that shows how local capacity can effectively be built to accelerate the large-scale global adoption of integration.

The document also serves as a call to action for development agencies, governments, microfinance institutions (MFIs), and donors to invest in this strategy that holds the promise of making many of the MDG targets truly achievable.

The final section offers eight concrete recommendations for action to realize the potential of the “combined services” approach of integrating microfinance services with health education. All eight actions rely on the development agencies, governments, MFIs and donors to promote integrated health education and microfinance while championing microfinance as one of the pillars for meeting the MDGs.

<sup>1</sup> See *From Microfinance to Macro-Change: Integrating Health Education with Microfinance to Empower Women and Reduce Poverty*. United Nations Population Fund, New York, NY, 2006.

## The Millennium Development Goals

1. **Eradicate extreme hunger and poverty.** Halving the proportion of people living on less than \$1 a day and the proportion of those who suffer from hunger.
2. **Achieve universal primary education.** Ensuring that all children are able to complete primary education.
3. **Promote gender equality and empower women.** Eliminating gender disparity in primary and secondary schooling, and in all levels of education no later than 2015.
4. **Reduce child mortality.** Reducing by two-thirds the under-five mortality rate between 1990 and 2015.
5. **Improve maternal health.** Reducing the maternal mortality rate by three-quarters between 1990 and 2015.
6. **Combat HIV/AIDS, malaria and other diseases.** Halting and beginning to reverse the spread of HIV/AIDS, malaria and other diseases by 2015.
7. **Ensure environmental stability.** Cutting by one-half the proportion of people without sustainable access to safe drinking water and basic sanitation; integrating the principles of sustainable development into country policies and programs; and reversing the loss of environmental resources.
8. **Develop a global partnership for development.** Reforming aid and trade and financial systems with special treatment for the least developed countries and small island developing states.

Source: *The Millennium Development Goals Report*, United Nations, New York, NY, 2007.

# Mission and Vision

*“...We’ve learned about feeding practices for infants and children. We’ve also learned about the importance of good hygiene to prevent sickness such as diarrhea. I value this education very much. Many women in our village lost their children when they became sick. I know how to protect my son and I share that knowledge with others in my community—even with the older women.”*

*—Rosemary Flores, a 20-year-old mother of a two-year-old son and Credit with Education member of CRECER in Bolivia*

UNFPA is committed to ensuring that “every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS, and every girl and woman is treated with dignity and respect.” UNFPA’s work is driven by the 1994 International Conference on Population and Development (ICPD) Programme of Action as well as the MDGs. The ICPD Programme of Action serves as a blueprint for the population programs of all U.N. agencies and member states through the year 2015. It should be noted that the ICPD mandate is often considered a turning point in the world’s approach to population issues. For the first time, 179 countries formally acknowledged that population, poverty, patterns of production and consumption, and the environment are so closely intertwined that none can be considered in isolation. They also agreed on a road map for progress with the following goals:

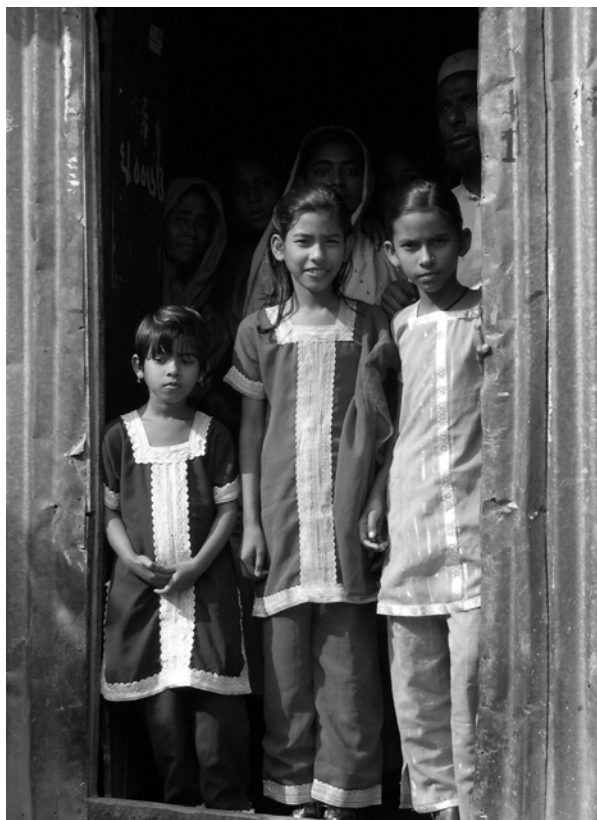
- Universal access to reproductive health services by 2015
- Universal primary education and closing the gender gap in education by 2015
- Reduced maternal mortality by 75 percent by 2015
- Reduced infant mortality
- Increased life expectancy
- Reduced HIV infection rates

At the 2005 World Summit, world leaders reaffirmed the need to keep gender equality, HIV and AIDS and reproductive health at the top of the development agenda. Subsequently, additional targets, including universal access to reproductive health by 2015, and related indicators were added to the MDGs.

Reflective of the ICPD theme, UNFPA recognizes that to effectively improve the health and well-being of women, it is critical to develop a strategy that also provides them with a vehicle for economic self-reliance. To this end, UNFPA has partnered with MCS to increase the capacity

of microfinance institutions (MFIs) to integrate health education into their operations.

MCS, the largest network of MFIs, donor agencies and other stakeholders, is dedicated to transforming the lives of the poor by designing, implementing and managing innovative projects that focus on poverty alleviation through microfinance. Like UNFPA, MCS recognizes that financial services, when integrated with health education, can dramatically enhance movement out of poverty and enhance economic and social empowerment. Over the past several years, the MCS-UNFPA partnership has served as a basis of support for the MCS membership to mainstream such integration. Key to this partnership has been the development of the methodology used, and the training and technical assistance to employ integrated microfinance services, by Freedom from Hunger, a pioneer in the design and dissemination of integrated financial services and lifeskills training and related products and services that equip the rural poor to escape poverty and achieve household food security. Freedom from Hunger’s experience and expertise extend across multiple sectors that address the causes of chronic hunger and poverty, including microfinance, livelihood development, health and nutrition, household food security, and empowerment of women.



# Poverty, Women's Empowerment and Reproductive Health

*For every child who dies, millions more will fall sick or miss school, trapped in a vicious circle that links poor health in childhood to poverty in adulthood. Like the 500,000 women who die each year of pregnancy-related causes, more than 98% of children who die each year live in poor countries. They die because of where they are born.*

—Human Development Report 2005

***The more than 850 million people on this planet who live in extreme poverty (on less than \$1 a day), especially the women, bear a hugely disproportionate burden of the world's sickness, poor health and inequality.***

Poverty, poor health and inequality are so intimately connected that distinguishing between the causes of one and effects of another is virtually impossible. The more than 850 million people on this planet who live in extreme poverty (on less than \$1 a day), especially the women, bear a hugely disproportionate burden of the world's sickness, poor health and inequality. Every minute, a woman dies from complications during pregnancy and childbirth, and 20 more suffer serious complications—the majority of these are poor and living in developing countries. A woman living in poverty is more likely to bear too many children too close together at too young an age; die during childbirth; bear an underweight baby; contract HIV; and witness the death of her young children. The lack of adequate financial resources limits the ability of poor families to handle these traumatic health events that often plunge them into an even worse economic situation from which, generations later, they still have not recovered.

Conversely, poor families with access to even modest increases in financial resources can better manage the health problems that occur. Money generated from a small business, for example, contributes to household income, which can improve the family's food security

and support the children's education. A family with even small amounts of savings can use them to more quickly manage and recover from traumatic events, such as the death or illness of a wage earner.

A number of studies underscore these findings and show that an increase in a woman's income has a positive impact on, among other things, the educational and nutritional status of her children (Rogers and Youssef, 1988; Consultative Group to Assist the Poor – CGAP, 2004).

Increases in household income are not the whole story for reducing poverty and poor health outcomes—neither can be achieved without gender equality and empowerment of women. Research has shown that inequalities in gender and women's lack of empowerment inhibit economic growth and development. A World Bank report on gender equality states,

[i]n no region of the developing world are women equal to men in legal, social, and economic rights. Gender gaps are widespread in access to and control of resources, in economic opportunities, in power and political voice. Women and girls bear the largest and most direct costs of these inequalities—but the costs cut more broadly across society, ultimately harming everyone.<sup>2</sup>

The MDGs recognize the importance of empowerment and gender equality to eliminating poverty by including it as the third of the eight goals: “[p]romote gender equality and empower women.”

<sup>2</sup> World Bank. 2001. *Engendering Development: Through Gender Equality in Rights, Resources, and Voice*. Oxford University Press, p4.

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