

RFPD: Your Resource for Projects in Maternal & Child Health





00—Preface

As Chair of the RFPD Board it is my distinct honor to share this latest brochure with the Rotarian community and partners. Since our founding in 1994, the service and dedication of Rotarians from around the world have allowed RFPD to make strides in the field of maternal and child health and family planning. These efforts resulted in an increased awareness at Rotary for the high levels of preventable deaths of mothers and children and a new Rotary Area of Focus “Maternal and child health” (MCH) was born. Projects in this crucial area have since proliferated—maternal and newborn mortality was reduced in many countries, access to professional family planning services increased.

The following pages will not only provide an overview of RFPD but should serve as a blueprint for service in MCH. To this end, diverse ways will be highlighted in which clubs and districts can make a difference in the lives of mothers and children—by creating opportunities, offering services and supporting health systems to reach those in greatest need. Furthermore, concrete project examples are provided that can be supported directly or adapted to local conditions and replicated in new contexts. At each step of the way, RFPD is available to support clubs and districts with the planning, financing and implementation of projects—to serve as a resource for Rotarian service in the Area of Focus MCH.

Although much progress has been made, many issues persist in the field of MCH in developing countries—far too many women and newborns continue to die as the result of preventable complications during pregnancy and childbirth; the family planning service needs of far too many women remain unmet, and countless opportunities to support reproductive rights and gender equality are missed. With their global networks of motivated experts and professionals, RFPD/Rotary are in an opportune position to address these tragic shortcomings. Together we can empower women and families, reduce the burden of unwanted pregnancy and preventable deaths.

Service above self is the key to all our efforts as Rotarians, no matter where we work. As you review the pages below, please take the time to consider how you could best make a difference in this important field. Even modest engagement and contribution can make a world of difference!

We look forward to serving with you!

Many thanks,
Dr. Ahmes Gabriel, Chair

RC Heliopolis, District 2451
Heliopolis Cairo, Egypt

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01 — Introduction



RFPD Mission and Strategy

The Rotarian Action Group for Population & Development (RFPD) is an international non-profit organization with 25 years of experience in maternal and child health, including family planning. Within the context of Rotary International, RFPD assists Rotary clubs and districts in the planning, implementation and co-funding of projects in MCH and organizes discussions on the implications of these activities for families, communities and countries. The central aim of this endeavor is to foster improvements in human well-being and dignity, women's empowerment and a sustainable balance between population and environment. These objectives are in line with the UN Sustainable Development Goals (SDGs)—reducing maternal and child mortality and ensuring universal access to sexual and reproductive health care services.

To achieve these goals, RFPD follows a strategy of piloting, evaluation, replication and scaling up. Small-scale

pilot projects are planned and implemented in cooperation with an international and a host club, for example in one project hospital or community. Successful initiatives are further refined through lessons-learned and replicated in additional areas. In some cases, projects are then gradually scaled-up to expand the range of impact by serving an increasingly larger population (see e.g. RFPD Project History 1994—2019 below). Such large-scale projects contribute to improvements in national health systems and can be organized through a coalition of multiple clubs and districts, forming a regional team. RFPD provides clubs and districts with assistance and council for their MCH projects at every step, including in the application for global grants and other sources of funding.

The Role of Action Groups in Rotary

Rotarian Action Groups (formally “fellowships”) serve as a resource to Rotary clubs and districts, assisting in the planning and implementation of international service projects in their area of expertise (see Rotary Code of Policies, 42.030.2.). While operating in accordance with Rotary policy, they are organized autonomously by Rotarians, Rotaractors and affiliates with experience in a specific field. Rotarian Action Groups provide clubs and districts with field-tested project concepts for replication, with consultation on project finance, with



assistance on technical issues, and with access to a network of professionals and potential partners. Topics of emphasis range from health and sanitation, to education, sustainable development and peace advocacy. The Rotarian Action Group for Population & Development (RFPD) is dedicated to Rotary Area of Focus Maternal and Child Health (MCH), including family planning.

RFPD Funding and Membership

RFPD is financially independent from Rotary International and the Rotary Foundation, with funding provided through membership dues, donations and grants from co-financiers for administrative services.

Those interested in supporting our work are kindly requested to sign up as an RFPD member on our website (<http://rifpd.org/joinus/>).

RFPD membership is open to Rotarians, Rotaractors and non-Rotarians such as family members, program participants and alumni interested in fostering service projects in the field of Maternal and Child Health. Non-members can also help by contributing to our projects tackling these urgent issues.

For information on how to donate, please visit: http://rifpd.org/1/12/Donate_to_RFPD/

02—RFPD Approach to Maternal and Child Health (MCH)



lower and under-five mortality to 25 per 1000 live births or lower.

Rotary International/RFPD are committed to these goals. Through projects, RFPD contributes directly to improvements in the coverage and quality of care for mothers and children, the expansion of services to underserved areas, the provision of essential medical equipment and supplies, and the training of health care providers at both facility and community levels.

MCH services encompass maternal, prenatal, delivery and postnatal care, family planning education and other sexual and reproductive health care services. This includes the promotion of breastfeeding, child spacing and other activities that prevent, reduce and treat the effects of malnutrition among children and their mothers. It also includes support for capacity building through the sponsoring of vocational training teams to enable improvements of service provision in developing countries. In certain populations and contexts, MCH may also include the repair of fistula and the prevention of female genital mutilation/cutting (FGM/C).

Following discussions with the global community, the United Nations adopted the Sustainable Development Goals (SDGs) at the UN Summit in September 2015. As one of the first of 17 goals, SDG 3 calls for countries to ensure healthy lives and promote the wellbeing of all people. Specifically, Goal 3.1 calls for the reduction of the global maternal mortality ratio to less than 70 per 100 000 live births by 2030 and Goal 3.2 calls for the end of preventable deaths of newborns and children under 5. Targets were set for all countries to reduce neonatal mortality to 12 per 1000 live births or

RFPD efforts in MCH are consistent with international best practices in health care and human rights. All medical supplies, family planning commodities and equipment used receive the approval of the responsible national regulatory systems. Project activities are conducted in cooperation with national authorities and supported by local Rotary clubs. Sponsors consult regularly with communities to ensure that the proposed services are consistent with local needs.

Monitoring and evaluation are critical for the success of this approach. In support of accountability, RFPD works with national health information systems (NHIS) to document the coverage, equity and quality of services provided. The Maternal and

Perinatal Death Surveillance Response (MPDSR) and Obstetric Quality Assurance (OQA) methodologies are implemented to accompany the expansion of services and support the development of reliable supply chains.

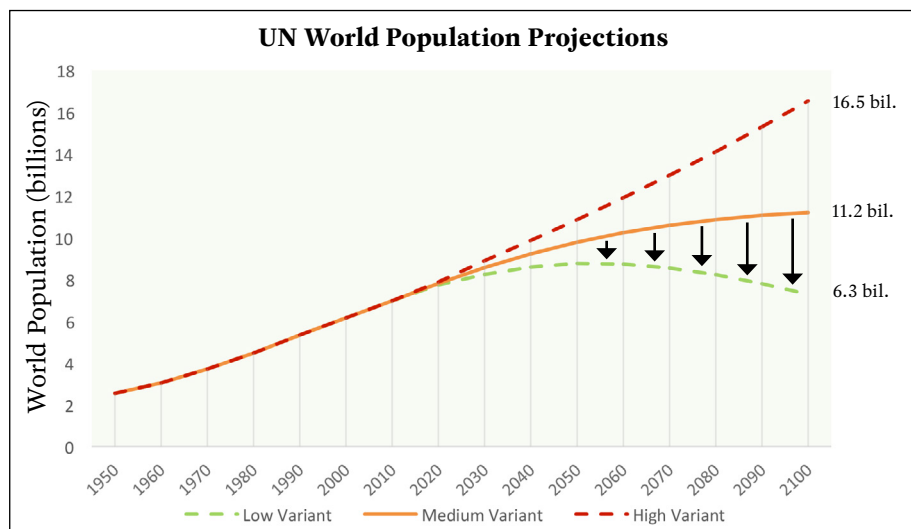
Finally, RFPD pursues the sustainability of MCH investments by aligning quality services with national priorities, international and domestic resource flows, and advocacy efforts. This approach allows RFPD to ensure that national health budgets include adequate funding for comprehensive MCH services, including family planning. The engagement of local Rotary clubs and districts, as well as the international cooperation between clubs, is critical in the pursuit of sustainability and for the accountability of all stakeholders in the field of MCH.



03—Population Growth, Family Planning and Climate Change

Each year an estimated 85mill. unwanted pregnancies result in 32mill. unplanned births¹ and an associated extra strain on the natural biosphere and climate. Fulfilling the unmet need for family planning services could significantly reduce the global carbon footprint by moderating the rate of population growth and related emissions. In line with estimates from earth scientist Brian O’Neill, a switch from the medium—to the low-variant fertility path (see graph below) would imply a 16–29% reduction in global CO2 emissions by 2050, 36–41% by 2100.²

The connection between population growth, family planning and climate change has begun to garner increasing attention. A meticulous 2017 collaborative study with over 5000 references cites family planning as the 7th most substantive measure (out of 100) to reduce global warming (see Paul Hawken Eds.—*Drawdown: The Most Comprehensive Plan Ever Proposed to Reverse Global Warming*). Investing in family planning services has also been cited as one of the most cost-efficient means of mitigating carbon emissions.³



Source: UN 2017 data; Graphic: RFPD

04—RFPD Sections Around the World

RFPD International is supplemented by a range of country sections across the world (see rifpd.org for a comprehensive list). These sections serve as networks for the organization of Rotarian service and are a resource to clubs and districts in the area of focus Maternal and Child Health in their region. With over 7,200 members, RFPD Germany is both the oldest and largest country section; since their founding in 1995, they have initiated projects of over US\$10 million in value. The United States, Austria, Switzerland and Nigeria also all have strong local RFPD sections that are involved both in their own MCH projects and in collective support for projects such as the Nationwide Family Planning Campaign in Nigeria.

Two new sections emerged recently: RFPD Norway and RFPD Asia. RFPD Norway was founded at the end of 2018 by a group of Rotarians from District 2250 that had been long passionate about service in maternal and child health. They have since supported a successful project to enhance the quality of midwifery in Malawi and Zambia. RFPD Asia was officially inaugurated in March 2019 as a collaboration between motivated Rotarians in Korea, Taiwan and the Philippines. They immediately supported the implementation of a project to reduce maternal and perinatal mortality and morbidity through quality assurance measures in 15 hospitals in Southwest Nigeria.



05—Nafis Sadik Award for Courage

The Nafis Sadik Award for Courage was established by RFPD in 1999 to recognize individuals who have demonstrated extraordinary courage and engagement in the field of maternal and child health and reproductive rights. The award is named after Dr.

Nafis Sadik, past Executive Director of the United Nations Population Fund (UNFPA) and leading spokesperson for women’s empowerment through education and family planning access promotion.

LIST OF NAFIS SADIK AWARD RECIPIENTS

1999 Family of Indira Rena	2007 Frank Devlyn
2000 Guadalupe de la Vega	2008 Raja Saboo
2001 Dr. Indira Reddy	2009 Dong Kurn Lee
2002 Monsignor Obiora Ike	2010 Jeffrey D. Sachs
2003 Dr. Oladapo S. Shittu	2011 Dawn Sinclair Shapiro
2004 Kit Kitatani	2012 Mohamed Yunus
2005 Werner Fornos	2014 Honorary Award to Nafis Sadik
2006 Bill Ryerson	2017 John Townsend

06—RFPD History 1996—2019

RFPD was established in 1996 through a joint initiative by Buck Lindsay (District 6910, USA), Robert Zinser (District 1860, Germany) and Adedolapo Lufadeju (District 9125, Nigeria) who met at the 1995 RI Presidential Conference on Population and Development in Dakar, Senegal. All 500 conference attendants voted to pass a resolution that Rotary should take up the field of MCH including family planning—Lindsay, Zinser and Lufadeju followed RI Board recommendation to found a fellowship for Population & Development. The founders then worked quickly to build the organization in their regions through RFPD country sections. The first RFPD initiative—“Child Spacing and Family Health”—was a pilot project planned at the 1994 RI Assembly by then incoming district governors Lufadeju and Zinser and implemented in two communities in Kaduna state, Nigeria. Both of these communities, one predominantly Muslim and one predominantly Christian, showed positive results—*independent analysis demonstrated an average increase in the contraceptive prevalence rate from 3% to 27% in project hospitals.*

limitation in isolating factors related to the high maternal and perinatal mortality rates observed. RFPD addressed this challenge by introducing systematic measures of Obstetric Quality Assurance (OQA)/Maternal and Perinatal Death Surveillance and Response (MPDSR). A digital platform—NOQA Network—was subsequently developed to assist in the aggregation and analysis of salient medical data. This system allowed medical and administrative staff to reduce maternal and child mortality in project hospitals through targeted response measures: fetal mortality declined by 15% between 2008–2010; maternal mortality declined by 37% since 2010. Nigerian state and federal authorities were impressed by these results and asked RFPD to further scale-up efforts. The NOQA Network is now being expanded to include family planning indicators and is being introduced to hospitals throughout the country.



Building on this success and on lessons learned, this initial project was scaled up as a 3H (Health, Hunger and Humanity) project in five Nigerian states. During this time, the lack of local data was identified as a major

07—Nationwide Family Planning Campaign in Nigeria

KEY DATA

Large-scale project

Sponsored by Districts and Clubs from Germany, Austria, Switzerland and Nigeria

Host

District 9125 (Nigeria)

International partner

District 1860 (Germany)

Objectives

- Promotion of family planning services
- Capacity building in the health sector

Project area

All 36 Nigerian states and the Federal Capital Territory (FCT)

Time frame

2018—2022

Budget

Up to \$3 Million—co-financed by the German Federal Ministry of Economic Cooperation and Development (BMZ)

Partners

Federal Ministry of Health, Abuja
SOGON—Society of Gynaecology & Obstetrics of Nigeria, Abuja
UNFPA—United Nations Population Fund, Abuja
Population Council, Washington
Population Media Center, Vermont

Sustainable Development Goal (SDG) contribution

3.1, 3.2, 3.7, 4.4, 5.6

Leveraging over 25 years of project experience and funded by clubs and districts from Germany, Austria, Switzerland and Nigeria, the Nationwide Family Planning Campaign in Nigeria is the most ambitious RFPD-supported project to date. The goal is a broad improvement in the access to professional family planning services in all 36 states and the Federal Capital Territory (FCT), including a sustainable strengthening of the Nigerian health system.

Since 2018, doctors, nurses and midwives receive training in modern methods of family planning, quality assurance and stock management; community dialogues are being organized to raise awareness about family planning; and a large-scale media campaign is being introduced nationally. The project is supported by a web-based databank, integrating approaches to Obstetric Quality Assurance (OQA) and Maternal and



Perinatal Death Surveillance and Response (MPDSR). This digital system facilitates the remote collection and analysis of data on several scales—hospital, community, state and federal—facilitating the development of evidence-based responses.

In addition to supporting the human right of access to family planning services—and empowering women and families through microcredit among other efforts—this project will help mitigate the effects of rapid population growth and will have a positive effect on the economy. As demonstrated globally, the decline in unplanned births resulting from family planning promotion fosters macroeconomic growth through the initiation of the Demographic Dividend. A

significant contribution will be made to the national goal of a 36% contraceptive prevalence rate and to Rotary’s Area of Focus “Maternal and child health”.

RFPD efforts to support this campaign in Nigeria have been well-received by many traditional and political leaders who see rapid population growth as a threat to both security and prosperity. It has also been celebrated by local women and medical professionals for the positive developments observed in contraceptive access and services. We look forward to continuing progress on our mission to improve access to quality family planning services and reduce the burden of high maternal and child mortality in the country.

08—Postpartum Family Planning in Pakistan

KEY DATA

Project area

Six health facilities in District 3271, Pakistan

Objectives

- Increase access to voluntary family planning services
- Provide training in quality service provision and emergency care

Time frame

2018—2019

Follow-up period

2019—2020

Budget

\$ 46,500

Host club

RC Karachi Cosmopolitan
(District 3271)

International partner

RC Ludwigshafen-Rheinschanze,
Germany (District 1860)

Implementing partner

Association for Mothers and
Newborns

Sustainable Development Goal (SDG) contribution

3.1, 3.2, 3.7, 4.4, 5.6, 17.9

“Postpartum and post-miscarriage family planning in 6 health facilities in Pakistan” is a project aimed at increasing access to voluntary contraception and improving the quality of emergency labour, pregnancy and newborn care. In line with this objective, women are given the opportunity to receive long-acting reversible contraceptives directly following delivery or miscarriage and before being discharged from the hospital. This ensures that contraceptive needs are met and saves women an additional visit to the hospital. To improve the quality of care, doctors, nurses and midwives are trained in family planning counselling, service delivery and emergency obstetric and newborn care.

Emphasis is placed in this project on the provision of long-acting reversible contraceptive methods (LARCS) such as IUCD and hormonal implant insertion. Short-acting and temporary methods are also counselled and provided in response to the need for informed choice. Women interested in reducing unintended pregnancies and health systems focused on reducing unmet need share these priorities. All contraceptives provided are safe, effective and demonstrated to be culturally appropriate for the project area.

Results

- One hundred and eleven (111) healthcare providers trained
- Postpartum and post-miscarriage contraceptive uptake increase from an initial range of 0—3.8%, to between 2—13% over six months.
- A total of 532 women (515 postpartum and 17 post-miscarriage) received a long-acting reversible or permanent method.

A Pilot-Project for Replication by Clubs

Post-partum and post-miscarriage family planning is a project concept that can be easily adapted to fit local contexts and is ideal for further rep-

lication by clubs and districts around the world. The small-scale nature of the project enables clubs to make a significant impact in Maternal and Child Health—whether alone or in cooperation with other clubs—without the need for external financial support.

Family planning was established as a human right in 1968, but over 200 million women remain without access to services.

RFPD is available to provide assistance and consultation on replication. Inquiries can be sent to Günter Lang (guenter.lang@g-l-c.de), RC Ludwigshafen-Rheinschanze and Shahida Zaidi (z.shahida@gmail.com), RC Karachi Cosmopolitan.



09—Vocational Training Teams (VTT) in Maternal and Child Health (MCH)

KEY DATA

Project area

Sikkim & Bhuj, India—
population 3.2 million

Objectives

- Capacity building of health workers
- Community empowerment

Time frame

2013—2017

Budget

\$ 100,000

Host partners

District 3054, District 3240

International partner

District 1120

Further partner

Collaborative Action in Lowering
of Maternity Encountered
Deaths—CALMED

Sustainable Development Goal (SDG) contribution

3.1, 3.2, 4.4, 5.6, 17.9

Vocational training teams (VTTs) are groups of health care professionals that act collectively to lead overseas

training programs. In the field of Maternal and Child Health, the focus of these teams is on capacity building in the reduction of avoidable maternal and new-born deaths. By offering specialized training courses, VTTs aim to increase professional knowledge and skills, raise community awareness and encourage life-saving behavioural changes. The Training of Trainers (ToT) model is used to increase the scale of impact by creating a group of master trainers who train other health professionals. This approach is commonly accepted as a best practice for moving innovations to large scale implementation swiftly. Follow-up mentoring, training materials and simulation devices are provided to ensure sustainability after project completion.

VTT Project in Sikkim and Bhuj, India

Starting in 2013, RFPD and CALMED have assisted in the organization of 6 VTTs (ToT) in Sikkim and Bhuj, India. Visits were organized for an initial needs' assessment and subsequent trainings by a group of 15 senior doctors from the UK and India. Training

sessions focused on Emergency Obstetric and Newborn Care (WHO guidelines), family planning, data processing and community awareness. A total of over 240 local doctors (including 39 master trainers) and 300 health activists received training. In the three years following the first pilot project in Sikkim (2013—2016), the rate of maternal mortality was reduced by half in the project area. A further VTT programme is planned for 2019—2022 in Meghalaya, India (District 3240).

RFPD can assist you with your VTT project by...

- providing assistance in matching host and international districts funds
- assisting VTT visits with senior doctors, or by providing training materials and other resources

- assisting in post-project support for master trainers

What can you do?

If you are passionate about reducing the huge toll of avoidable maternal and child deaths in low resource settings, now is your opportunity! The best ways to help are by organizing or joining a Vocational Training Team to empower medical professionals and communities, or by inviting healthcare professional friends and acquaintances to do the same.

Inquiries regarding training resources and assistance with VTT projects can be directed to RFPD Medical Director, Dr. Himansu Basu (drhbasumd@gmail.com).



10—Saheli Centers— Vocational and Welfare Centers for Women

KEY DATA

Project area

Qala-E-Malakh, Behsood,
Afghanistan

Objective

Economic and Community
Development

Time frame

2017—2019

Budget

\$ 45,000

Host club

RC Jalalabad, Afghanistan
(District 2430)

International partner

RC LaBelle, Florida, USA
(District 6960)

Further partner

AWAKEN—Afghan Women’s And
Kids Education & Necessities

Sustainable Development Goal (SDG) contribution

3.7, 4.4, 5.5, 5.6

RFPD has been supporting Rotary Saheli Center projects since 2003. The purpose of these centers is to foster women’s engagement in the workforce and provide them with the

knowledge and skills needed to raise household income. Programs are designed to increase literacy, to foster health and nutrition, and to improve local economic conditions. Long term goals include the reduction of gender-based inequality and the mitigation of unwanted fertility.

Training and Curriculum

Vocational classes are taught by certified teachers and offered in six-month blocks. Topics range from tailoring, sewing and knitting, to computer education, equipment maintenance and literacy. Further topics are added to meet local needs and requests. Each class includes a supplementary unit on primary health, reproductive health and child spacing. Workshops on family planning orientation and methods are also provided every six months, with husbands and family members encouraged to attend.

AWAKEN Project in Afghanistan

RFPD has been providing support to the AWAKEN Saheli Center for Women in Qala-E-Malakh, Behsood, Afghanistan since 2017. This center focuses on tailoring and computer literacy training and collaborates with



a local medical clinic where students can access family planning supplies. During the first two project years, eight comprehensive vocational courses were offered—four on tailoring and four on computer literacy. Multiple workshops on nutrition, health, child spacing and family planning were organized as well. Together, these classes provided a valuable training opportunity to over 200 local women, 48 of whom report having since started their own business. To help ensure continued engagement, funds were set aside by the board to secure an additional 12-month run-time. Efforts are ongoing to solicit additional funds and project partners; those interested in supporting this project are encouraged to contact Bibi Bahrami (bibibahrami86@gmail.com).

The first Saheli Center opened in 2003, a project by District 3250, India, to provide vocational education throughout the district. Spearheaded by Sandeep Narang – PDG, RI Board ’19—local clubs have continued to open centers and today there are 35 centers in the district; the last five opened in the past three years. Other centers are located throughout India, Afghanistan, Nigeria and Bangladesh.

Vocational training and access to professional family planning services are key for women’s empowerment, financial independence and gender equality. Furthermore, women employed for income bear less children than their non-employed sisters and contribute to lowering the rate of population growth in their home countries.

11—10,000 Happy Birthdays Project by Rotary in Malawi and Zambia

KEY DATA

Project area

Malawi and Zambia—five districts per country

Objectives

- Train healthcare providers
- Reduce maternal and new-born mortality and morbidity

Time frame

2018—2019

Budget

\$110,000 per project—\$220,000 in total

Host partners

RC Bwaila, Malawi (District 9210)
RC Lusaka Central, Zambia (District 9210).

International partner

District 2250, Norway

Sustainable Development Goal (SDG) contribution

3.1, 3.2, 4.4, 17.9



10,000 Happy Birthdays is a comprehensive project to reduce maternal and new-born mortality and morbidity by increasing the skills and competencies of midwives and strengthening midwifery associations. The concrete goal of this project is to train up to 1500 health care providers in the context of the “Helping Mothers Survive and Helping Babies Survive” training programs.

Often in rural settings, the same provider cares for a woman and her new-born. Therefore, by combining the two programs, health care providers are best able to provide high-quality, life-saving care to both women and newborns at this most critical time.



The project is implemented in Malawi and Zambia and based on identified local community needs. Quality assurance in capacity building is provided through technical support by the International Confederation of Midwives. Project sustainability is ensured through the engagement of local Rotary clubs and national midwifery associations.

Expected project outcomes

- Improvement in the lifesaving skills of up to 1,500 midwives
- Improvement in women’s access to skilled health care providers
- Institutionalization of quality improvement and learning through Low Dose High Frequency (LDHF) approach.

- Development of midwifery schools as centers of excellence for competency-based education
- Contribution to national efforts of reducing maternal and neonatal mortality and morbidity.

Globally around 300,000 women and 2.7 million new-borns die every year from preventable causes related to pregnancy and child birth. Investing in well-trained midwives and the health systems that support them can save millions of lives by 2030.

12—Call to Action

“UNFINISHED BUSINESS—the pursuit of rights and choices FOR ALL” is the title of the UNFPA State of World Population 2019 report, reflecting the need for continued engagement in the field of women’s reproductive rights. Despite the promise made by global community at the International Conference on Population and Development in 1994 to ensure access to voluntary family planning services, the needs of an estimated 200 million women remain unmet. This burden falls predominantly on low-income women who, having had many children, must spend a larger share of their income caring for them. Many traditional civil and religious leaders from a range of faith traditions have called on their citizens and followers to only have as many children as they can feed, clothe and educate. Still far too many people—especially in rural areas and urban slums—must go without access to high quality family planning services.

By increasing access to family planning services, the unacceptable high levels of maternal mortality in many countries could be reduced by up to 30%. This reference in our Rotary International guidelines alone should be enough to spark serious interest in Rotary projects in maternal and child health, including family planning. Furthermore, without a significant increase in the availability of family planning services, called for in international agreements and national

goals, the population of Africa is projected to quadruple by 2100—the result would be an acceleration of environmental stress, accelerated climate change and an increase in food-insecurity crises, conflict and flight in pursuit of better lives.

Now, 50 years after family planning was established as a universal human right by the United Nations, let us further build upon these crucial improvements in maternal and child health and improved access to quality family planning services. Working together we can help empower women, reduce the burden of unwanted pregnancy and preventable death, fully break the taboo on voluntary family planning and make a significant contribution to the reduction of future CO2 emissions. Come join us in action! Become an RFPD member, help finance an ongoing RFPD supported project, or work with your club to replicate a tested RFPD project like the pilot project “Postpartum and Post-miscarriage Family Planning” in Pakistan (see pp. 12–13).

TAKE ACTION with the Rotarian Action Group for Population & Development!

Prof. Robert Zinser



RFPD CEO & Co-founder
Ludwigshafen, Germany

Acknowledgements

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Sources

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*Rotarian Action Group
for Population & Development*



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