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The Role of Family Planning in Promoting Safe Motherhood

In countries with high fertility rates and poor access to maternal healthcare services, each pregnancy can put a woman’s life at risk. Women in the developing world experience a 1 in 61 lifetime risk of dying from pregnancy- or childbirth-related complications. This is compared to a 1 in 2,800 lifetime risk for their counterparts in developed countries. Lifetime risk of maternal death considers the “probability of becoming pregnant and the probability of dying as a result of pregnancy cumulated across a woman’s reproductive years” (WHO, 2003, p. 1). Factors that increase the likelihood of complications during pregnancy and delivery include (1) too many pregnancies, (2) too short an interval between pregnancies, (3) having a pregnancy too early in life, or (4) having a pregnancy too late in life. These risk factors can negatively affect a woman’s long-term health by depleting her nutritional and overall health status—contributing to anemia, fatigue, increased blood pressure, and decreased immunity to diseases such as malaria and reproductive tract infections. These factors can also increase the risk of birth injury, miscarriage, or stillbirth.

It stands to reason, then, that maternal and neonatal deaths can be prevented by (1) limiting the number of pregnancies each woman experiences during her lifetime and (2) improving access to reproductive and maternal healthcare—particularly antenatal care, skilled attendance at delivery, emergency obstetric care, postpartum care, and postabortion care. Family planning allows for healthy spacing and timing of pregnancies and limits the number of unintended pregnancies, both of which are essential components of comprehensive safe motherhood strategies (see Figure 1). Through integration of family planning and safe motherhood programs, women can limit their overall fertility and reduce the number of times they are at risk for maternal death; space births, thereby allowing their bodies to recover from previous pregnancies; and time their pregnancies.

Improving access to and integrating family planning and safe motherhood programs provides additional societal benefits, including: healthier women who are better able to contribute economically to their families and communities; a reduction in neonatal deaths, deaths among children under 5, and children orphaned by maternal mortality; a reduced burden on public health and social welfare systems; and a reduction in abortions.

This brief explores contributions of family planning to the achievement of safe motherhood goals. It then outlines three policy-based strategies that can help stakeholders develop and sustain an enabling environment for integrated safe motherhood and family planning programs: evidenced-based decisionmaking, support for policy champions, and national and operational policy development. Finally, experiences from five countries are presented that highlight how policy-based strategies are being used to enhance safe motherhood efforts and improve the lives of women and their families.

Figure 1. Six Pillars of Safe Motherhood



HOW DOES UNMET FAMILY PLANNING NEED AFFECT SAFE MOTHERHOOD?

Unmet need for family planning in developing countries is high.

In 2000, more than 105 million married women in developing countries had an unmet need for family planning—a figure that equates to approximately 17 percent of married women in the developing world (Ross and Winfrey, 2002b).

These are women who would like to delay, space, or limit their fertility in the next two years, but are currently not using any modern method of contraception. Several factors limit women’s access to family planning services, including legislative and policy barriers; religious, sociocultural, and economic norms; and logistical complications such as prohibitive distances to service sites, lack of transportation, and limited ability to travel to services. These barriers adversely affect women’s ability to access and use reproductive healthcare and family planning services.

“Desired” fertility rates, as reported by respondents, continue to be lower than actual fertility.

Demographic and Health Surveys (DHS) consistently show that many women and men would choose to space their next pregnancy by at least two to three years, but are not doing so. Research in 27 developing countries also indicates that, among women giving birth within the last year, two-thirds have an unmet need for family planning (Ross and Winfrey, 2002a). These women are, therefore, at risk of a closely spaced (and higher risk) pregnancy and are likely to have more pregnancies than they desire.

Lack of family planning contributes to unintended pregnancies and illegal induced abortions.

There are an estimated 200 million pregnancies worldwide each year, and while many pregnancies progress without complication, an estimated 530,000 women worldwide die from pregnancy- and childbirth-related causes (USAID, 2004). Lack of access to modern contraceptives is considered a major factor behind the estimated 76 million unintended pregnancies in developing countries, placing more women at risk for maternal mortality and morbidity. Approximately 19 million of these pregnancies

“end in unsafe abortion—a leading cause of maternal death” (UNFPA, 2005, paragraph 24).

Access to family planning saves lives.

The Alan Guttmacher Institute and UNFPA recently analyzed the benefits of providing family planning services to current users as well as those with unmet need (Singh et al., 2004). Family planning prevents 187 million unintended pregnancies among current users, which translates into the prevention of 215,000 pregnancy-related deaths and 2.7 million infant deaths. Satisfying unmet need for family planning in developing countries would prevent an additional 52 million unintended pregnancies annually. In turn, this would prevent 142,000 pregnancy-related deaths (more than one quarter of all maternal deaths each year), avert 1.4 million infant deaths, and save more than 500,000 children from losing their mothers (see Table 1).

Integration of safe motherhood and family planning programs improves efficiency and access.

The integration of safe motherhood and family planning programs can reduce duplication of efforts and increase efficiency of services, which

Table 1. The Benefits of Family Planning for Current Users and Those with Unmet Need

Providing family planning to current users prevents ...	Satisfying unmet family planning need would prevent ...
<ul style="list-style-type: none"> ▪ 187 million unintended pregnancies ▪ 60 million unplanned births ▪ 105 million induced abortions ▪ 22 million spontaneous abortions ▪ 2.7 million infant deaths ▪ 215,000 pregnancy-related deaths—79,000 from unsafe abortions and 136,000 not related to induced abortion ▪ 685,000 children from losing their mothers as a result of pregnancy-related deaths ▪ The loss of 60 million disability-adjusted life years (DALYs)—16 million among women and 44 million among infants and children 	<ul style="list-style-type: none"> ▪ 52 million unintended pregnancies ▪ 23 million unplanned births ▪ 22 million induced abortions ▪ 7 million spontaneous abortions ▪ 1.4 million infant deaths ▪ 142,000 pregnancy-related deaths—53,000 from unsafe abortions and 89,000 not related to induced abortion ▪ 505,000 children from losing their mothers as a result of pregnancy-related deaths ▪ The loss of 27 million disability-adjusted life years (DALYs)—9 million among women and 18 million among infants and children

Meeting the Needs of Women Living with HIV

Because of the potential for mother-to-child transmission of HIV (MTCT), pregnancies in women living with HIV can be a sensitive issue for communities, families, and, importantly, the women themselves. The decision to have or not have children is a personal and emotional choice, particularly for women in developing countries since a woman's identity, status (within the family and community), and future economic security are often influenced by having children. An HIV-positive woman, therefore, should be supported in her right to determine whether to have children. In either case, HIV-positive women have particular needs that should be addressed through programs that integrate family planning, HIV, and maternal health.

An HIV-positive woman who knows her status may choose not to have future pregnancies and, therefore, will need access to effective family planning services. Often, women do not learn their status until they are already pregnant and have been tested as part of a prevention of MTCT program. In such cases, it is particularly important to establish links among maternal health, HIV, and postpartum family planning services so that women living with HIV who wish to prevent or delay future pregnancies can have access to family planning information and methods.

Integrated services are also important for HIV-positive women who intend to have future pregnancies. Women living with HIV often suffer from increased maternal mortality and morbidity because of a compromised immune system, poor nutritional status, chronic anemia, opportunistic infections, and co-infection with malaria. Access to integrated maternal health, HIV, and family planning services gives HIV-positive women the opportunity to plan a pregnancy that is safer for both the mother and baby. Integration across services also facilitates the ability of a woman to access antiretroviral drugs to prevent vertical transmission and to consult with doctors about any potential side effects for the fetus from medications she may already be taking.

At a societal level, improved integration of safe motherhood, HIV, and family planning initiatives can help prevent the spread of HIV infection through MTCT and reduce the number of future AIDS orphans.

is especially critical where healthcare personnel and financial resources are limited. Integration also improves the uptake of services. For example, women in the postpartum period need family planning to ensure healthy spacing and timing of pregnancies and should receive their preferred contraceptive method during routine postpartum care. In Lima, Peru, postpartum women who were offered family planning services prior to discharge were “substantially more likely to be using contraception six months postpartum compared with women who did not receive any family planning after childbirth” (Keller, 1995, paragraph 8).

Moreover, the provision of family planning counseling and services throughout the healthcare system helps to address maternal and neonatal health by extending access to family planning beyond safe motherhood programs. Comprehensive postabortion care services that include information and counseling on family planning methods, common and potential side-effects, costs, optimal use, and follow-up visits, for example, can help prevent future unintended pregnancies—thereby reducing future abortion-related complications.

FOSTERING AN ENABLING ENVIRONMENT FOR HIGH-QUALITY FAMILY PLANNING AND SAFE MOTHERHOOD SERVICES

An “enabling policy environment” is essential for the financing and provision of accessible, high-quality health programs and services, including safe motherhood and family planning services. Some of the characteristics of such an environment include adequate staffing and training; equitable and efficient resource allocation; appropriate policies to support service delivery; and strong political commitment for ensuring access and quality of care. Three strategies for promoting an enabling environment for safe motherhood and family planning are discussed below.

Evidence-based decisionmaking. Educating policymakers, NGOs, healthcare providers, and the public on the role of family planning in ensuring safe motherhood and reducing maternal and neonatal deaths allows for an open policy dialogue that can garner support from all sides. Accurate, up-to-date

information can have a profound affect on policymaking, political commitment for health programs, and public opinion and attitudes. As mentioned above, satisfying unmet family planning need alone could prevent more than one-fourth of all pregnancy-related deaths and the deaths of 1.4 million infants each year. Data such as these are needed for raising awareness and for improving strategic planning for safe motherhood

A woman from the village of Baqi in the Indian Himalayas (Tehri Garhwal, Uttar Pradesh) kisses her infant, 2000. © ToddShapera, Courtesy of Photoshare.



and family planning initiatives. Sound data provide the basis for accurately identifying priority issues, best practices, training needs, and optimal allocation of resources, among others. Moreover, computer-based models—such as the Safe Motherhood Model, FamPlan, and RAPID developed by the POLICY Project—help decisionmakers evaluate different economic scenarios to determine which package of interventions will achieve the greatest effect given the resources allocated.

Strengthened Policy Champions from the Public, Civil Society, and Private Sectors. Building the capacity of “policy champions” from across sectors, who can continually advocate for improved family planning and safe motherhood programs, is essential for meeting the health needs of women and their families. Having received advocacy, policy dialogue, and leadership training, civil society groups, such as midwife associations and women’s groups, now participate in policy decisions that affect their lives, health, and communities. In addition, providing technical assistance to the public sector has helped government and political leaders become more aware of safe motherhood and family planning concerns, gain a better understanding of their complex relationship and issues (e.g., how resource allocation patterns affect outcomes), and speak out on and lend their support to priority activities. Civil society policy champions have strengthened capacity to use data and evidence to advocate for increased political commitment from government leaders, while policy champions within government have encouraged support among their public sector peers for improved resource allocation and policy implementation.

National and Operational Policy Development. The ultimate goal of evidenced-based decisionmaking, multisectoral participation, and advocacy and dialogue across sectors



A mother and child in Nepal, 1999.
© Caroline Jacoby, Courtesy of Photoshare.

is to improve the policies, plans, and budgets that operationalize maternal healthcare and family planning service delivery. Policies, at various levels, govern each aspect of service delivery. Guidelines on the transportation, storage, distribution, and pricing of family planning commodities, for example, affect the extent to which consumers have access to consistent, reliable supplies. Regulations that limit the type of health worker who can perform different services (e.g., in some countries, auxiliary nurse-midwives cannot perform intrauterine device insertions) influence access to services and the human resources needed. Some of the underlying factors that limit access to family planning and safe motherhood programs, therefore, can be addressed at the policy level. Policy analysis, development, and reform, for example, can incorporate relevant training into healthcare worker curricula to increase the number of skilled providers, or can finance contraceptive security plans to ensure reliable access to family planning commodities.

Uses of these policy-based approaches for promoting family planning and safe motherhood are discussed in the examples below. For each approach, POLICY has sought to promote broad stakeholder involvement and multisectoral engagement.

PROMISING PRACTICES FROM THE FIELD

The POLICY Project’s Safe Motherhood Working Group (SMWG) has been active in promoting family planning as a means to help ensure safe motherhood. In doing so, POLICY assisted in-country partners with using evidence, advocacy, multisectoral engagement, and policy responses to better achieve maternal health goals.

CAMBODIA | Government and Civil Society Policy Champions Promote Family Planning and Safe Motherhood

POLICY’s safe motherhood activities in Cambodia focused on advocacy efforts targeting policymakers as well as support for NGO networks through technical assistance and small grants. The development and presentation of materials on safe motherhood issues helped to educate policymakers on important maternal health and family planning issues. Linking family planning and safe motherhood interventions with Cambodia’s broader development goals helped gain the support of key policymakers in different sectors, including health, finance, education, and procurement, among others. Working with multiple sectors helped convey the fact that safe motherhood has far-reaching implications that affect many aspects of a country’s economy, productivity, health, and future socioeconomic development.

In Cambodia, safe motherhood efforts were made more sustainable through capacity-building activities for local NGOs. These NGOs were empowered, in turn, to continually raise safe motherhood and family planning issues to maintain pressure on government leaders and demand results. Technical assistance for NGOs helped strengthen their capacity as advocates who can actively take part in the broader policy process and represent the values and goals of their organizations and constituencies.

Advocacy. POLICY/Cambodia researched and developed an advocacy presentation, “Promoting Family Planning and Safe Motherhood as Priority Health Issues in Cambodia,” to be used as a national advocacy tool to reduce maternal mortality and expand access to family planning. In October 2003, POLICY and the University Research Corporation delivered the presentation to representatives of the WHO, USAID, and other cooperating agencies. The purpose of the presentation was fourfold: 1) to outline the current status of reproductive health within Cambodia; 2) to demonstrate the health impacts of family planning and safe motherhood services; 3) to review the achievements to date in providing these services; and 4) to discuss the challenges ahead in expanding related services.



A girl holds a younger child in the Visayas region of central Philippines, 2000. © Liz Gilbert/David and Lucile Packard Foundation, Courtesy of Photoshare.

The accompanying booklet, “Family Planning and Safe Motherhood: Saving Lives and Meeting Development Goals in Cambodia” was produced jointly by POLICY/Cambodia and the Ministry of Health’s National Reproductive Health Program

(Ministry of Health and POLICY Project, 2005). This advocacy tool provides greater details on these topics. This booklet was officially approved and signed by the Secretary of State of the Ministry of Health, indicating strong political commitment at the national level in support of safe motherhood/family planning initiatives.

In December 2004, the booklet was presented to the Cambodian Maternal and Child Health Subcommittee, which decided to use the booklet to advocate for mobilizing national and international donor resources for family planning and safe motherhood programs. The booklet is now widely disseminated throughout Cambodia among both national and international organizations and service-delivery providers.

Capacity Building. To further support the integration of family planning and safe motherhood programs, strengthening the local NGOs’ capacity to advocate for reproductive health issues was necessary. In response, POLICY provided technical assistance and issued a subcontract to Cambodia’s MEDiCAM NGO Network for the establishment of the Reproductive Health Promotion Working Group within the network. The Working Group includes 14 NGOs representing 21 Cambodian provinces. The Working Group launch event highlighted the need for integration of family planning and safe motherhood issues. One early activity of the Working Group was a national reproductive health advocacy training and strategy development workshop. In Cambodia, the structure and institutional composition of the Inter-Agency Working Groups provided an arena for sharing best practices and raising communal awareness of issues. The sharing of information is an important step for ensuring large-scale buy-in from stakeholders and achieving results beyond the reach of one project or organization acting alone.

GUATEMALA | Sound Evidence Base Counters Family Planning Opponents

Safe motherhood activities in Guatemala have included qualitative and quantitative data collection and analysis that provided the foundation for effective advocacy efforts. In Guatemala, national family planning programs have come under pressure from religious and political leaders who oppose modern methods of contraception. POLICY’s collection of reliable data supported evidence-based decisionmaking and acted as a strong defense against ideological opposition. The data highlighted the human, social, and economic costs borne by the country due to maternal mortality as well as demonstrated that increased access to comprehensive family planning services is one of the few efficient methods available to combat these costs.

Advocacy. One of the main objectives of advocacy in Guatemala was to foster the creation of a policy environment in which effective interventions and strategies to reduce maternal and neonatal mortality and morbidity could be identified and implemented. The policy document, “Family Planning and Maternal Health Care: Benefits for Maternal-Child Health,” was produced as part of a 2001 dissemination strategy supported by POLICY, the National Program for Reproductive Health (NPRH), USAID, and other contributing agencies. The document received support from the Ministry of Health and garnered positive media and public attention. To broaden its reach, the document was also distributed to health service providers. By educating policymakers, healthcare providers, and potential advocates in the general public, POLICY was able to ensure that family planning as part of safe motherhood activities would remain on the agenda.

As a follow-up to the policy document, POLICY/Guatemala designed numerous fact sheets and disseminated reports to key politicians, including the Minister of Health, to encourage increased financial support for reproductive health services.

Documents presented included “National Reproductive Health Achievements and Results 2001” and “2002 National Reproductive Health Report.” Both documents stressed the effectiveness of family planning as an intervention to reduce maternal mortality. By putting the information on safe motherhood outcomes in a format and context that lent itself to the minister’s needs and concerns, the messages were more clearly conveyed and received.

Another initiative involved assisting the Guatemalan NGO INSTANCIA Salud/Mujeres to advocate for the Government of Guatemala to ratify the “Santiago de Chile Declaration.” The declaration reaffirmed commitment to the goals laid out in the 1994 International Conference on Population and Development (ICPD), as well as support of family planning as an important maternal mortality reduction strategy. International commitment has been established through mechanisms such as the ICPD, but unless countries implement and institutionalize these standards, nothing will change at the country level. Ongoing policy-based efforts can maintain pressure on governments to not only adopt, but implement, these international decrees.

In addition, several POLICY activities focused on general reproductive health advocacy and awareness raising among government officials in 2004. Activities were designed to provide evidence-based information to newly elected officials to aid their understanding of the magnitude of the issues. This information helped officials build a foundation on which to maintain and institutionalize reproductive health, family planning, and safe motherhood on the national agenda, as well as support the inclusion of these issues in the “2004–2007 National Health Plan.” INSTANCIA Salud/Mujeres, with POLICY technical assistance, promoted the reinstatement of the family planning program within the Guatemalan Institute for Social

Security (IGSS). In June 2005, the Board of Directors of the IGSS agreed to reinstate family planning/reproductive health as a service the institution provides to affiliates and beneficiaries.

As a result of extensive policy advocacy initiatives, the government also issued two widely publicized press releases in May 2004 expressing its support for women’s issues and highlighting the need for improved safe motherhood services and reproductive healthcare.

NIGERIA | Policies Highlight the Role of Family Planning in Improved Maternal Health

Safe motherhood activities in Nigeria focused on assisting the articulation and dissemination of several policy documents on national population and reproductive health issues. These high-level documents specifically promote family planning as a means to reduce maternal mortality and raise the profile of Nigeria’s safe motherhood efforts and commitment. POLICY/Nigeria built many of their strategies and messages around evidence and data collected through modeling, such as the RAPID model. In particular, computer modeling was used to illustrate the socioeconomic impacts of high fertility and rapid population growth, as well as encourage policy dialogue about the need for effective family planning and reproductive health programs.

Policy Development. Creating specific policies and strategies helps to institutionalize the safe motherhood focus and increase the possibility of its inclusion in future activities. POLICY/Nigeria assisted in drafting and disseminating four different national policies and plans to improve the country’s healthcare system. In 2001, the Ministry of Health convened a workshop—with the technical support from POLICY, the Centre for Development and Population Activities (CEDPA), and other organizations—that resulted in the creation of the “National Strategy on Health Communications.”

Other key documents drafted with technical assistance include the “National Reproductive Health Policy” (2002), the “National Reproductive Health Strategic Framework and Plan 2002–2006,” and the “Reproductive Health Commodity Security Strategic Plan” (2003). All of these documents incorporate elements of safe motherhood and family planning, and create frameworks with formalized planning for future related efforts. The “National Reproductive Health Strategic Framework and Plan 2002–2006” recognizes family planning services and counseling as an effective safe motherhood intervention and contains multiple references to high levels of unmet need and consequent abortion contributing to high maternal mortality.

Women and their infants in Nigeria. © Liz Gilbert/David and Lucile Packard Foundation, Courtesy of Photoshare.



A New Alliance Comes Together in Bangladesh

In Bangladesh, several NGOs have focused on improving safe motherhood and family planning programs, but these activities are often carried out in an isolated, ad hoc manner. Early in 2005, POLICY conducted a study on barriers to accessing family planning services that highlighted the importance of linkages among safe motherhood, family planning, and adolescent reproductive issues. To strengthen advocacy and policy development to address these issues, POLICY convened a two-day stakeholder workshop in February 2005 in Dhaka to determine interest in forming a White Ribbon Alliance for Safe Motherhood (WRA) in Bangladesh. Interest among the stakeholders was high.

The following month, with funding from USAID/Bangladesh, POLICY facilitated the launch and first meeting of the WRA in Dhaka. Seventy-five participants from the government, NGOs, international NGOs, the media, and medical and academic institutions voted to move the alliance forward. The Health Secretary and the Director General of Health Services and Family Planning also committed to taking the alliance further. The WRA's mission is to raise awareness on safe motherhood, build national and local alliances to save women's and newborns' lives, and act as a catalyst for expanding safe motherhood programs. The group has identified strategies for increasing access to integrated family planning and safe motherhood services, and members received advocacy training to support implementation. The alliance then prepared a one-year strategy and strategic framework and hired a national coordinator. With improved collaboration among various groups and strengthened commitment from the government, the WRA is poised to ensure that integrated safe motherhood and family planning issues remain high on Bangladesh's national policy agenda.



Physician at Matlab Hospital assisting a woman in labor, 2002. © Jean Sack/ICDDR, Courtesy of Photoshare.

POLICY also assisted in the revision of the “1998 National Population Policy” and in the drafting of the “2004 National Population Policy.” In the updated population policy, there is an explicit call for “[e]asily accessible, affordable, acceptable, and effective methods of family planning” promotion and provision to reduce the incidence of unplanned pregnancies as a means to promote safe motherhood.

UGANDA | A First Lady Lends Her Support for Family Planning and Safe Motherhood

In Uganda, activities focused on promoting public dialogue through advocacy workshops and presentations to highlight family planning as an effective and necessary intervention to reduce maternal mortality and improve child survival. These activities were successful in informing high-level policymakers, including First Lady Janet Museveni, on the importance of family planning and birth spacing.

Advocacy. As part of a series of events in 2002, POLICY assisted the Population Secretariat of Uganda in organizing a seminar on ensuring reproductive health as a means for reducing maternal deaths. The seminar promoted public dialogue on population and reproductive health issues

among stakeholders, such as Ministry of Health officials, parliamentarians, academics, NGOs, and donor representatives.

Identification of a Policy Champion. To raise the visibility of safe motherhood even higher on the national agenda, POLICY organized a public seminar in 2003 at which the First Lady was the guest of honor. Involving the First Lady was a successful way to convey the importance of safe motherhood messages as well as demonstrate government commitment to the issue and to women's health in general. The seminar also featured the results of the Maternal and Neonatal Program Effort Index (MNPI), an evidence-based index that evaluates and rates national maternal and neonatal health services. A major success of the seminar was the commitment on the part of the First Lady to advocate for the use of family planning to reduce maternal mortality.

Subsequently, the First Lady spoke at a two-day workshop in November 2003 facilitated by POLICY. The theme of the workshop was “Improving the Lives of Women and Children in Uganda” and the aim was to build the capacity of village health workers to mobilize communities to improve the health of women and children. At the

workshop, the First Lady spoke out strongly in favor of women planning their families and encouraged men to support their wives in the use of family planning methods.

Policy Development. POLICY was also asked to help prepare a family planning advocacy strategy and implementation plan for Uganda. In response, POLICY facilitated a workshop in January 2005 that was attended by representatives from government, international, and local organizations involved in family planning and reproductive health activities. The workshop identified six issues to be highlighted in the plan: (1) leadership; (2) information-education-communication/behavior change communication programs that address male involvement, the benefits of family planning, and information on family planning methods and services; (3) family planning commodities and supplies; (4) integration of family planning services into existing health services; (5) skilled service providers; and (6) life skills training and population education in school curricula.

Following the workshop in January, the Ministry of Health approved a five-year implementation plan for the strategy, which contains a one-year costed workplan for improved planning and financing at national and district levels.

CONCLUSION

Safe motherhood efforts in Bangladesh, Cambodia, Guatemala, Nigeria, and Uganda have helped to raise broad awareness of the interrelationship between maternal health and family planning. They have also contributed to the emergence of enabling policy environments in which family planning can be promoted as a tool and entry point for improving maternal and infant health. Due to the long-term nature of policy, advocacy, and capacity-building efforts, assessing the effect of these activities is a challenge and the effect on maternal and infant mortality may not be observable for years. To measure the success of these efforts, however, organizations can consider using the increases in national budgets and political will among ministries of health and other organizations that plan, implement, and finance family planning and maternal health services. It is also possible to observe the evolving social and political environments and note whether there is an increased acknowledgment of the value of investing in family planning and safe motherhood services.

As the above country activities illustrate, great strides have been made in placing family planning and safe motherhood onto national agendas and building consensus on goals, approaches, and integrated implementation strategies and guidelines. Evidenced-based decisionmaking has provided a foundation for helping in-country stakeholders improve strategic planning and efficient resource allocation by identifying priority issues and best practices. Strengthening the advocacy, analysis, and leadership skills of policy champions from government and civil society has helped foster commitment and forge partnerships in the reduction of maternal and infant mortality. Policy dialogue and reform have reduced barriers to access to integrated services and helped countries better coordinate and use existing human and

financial resources. Policy, planning, and advocacy activities to promote safe motherhood and family planning are more sustainable and replicable when they are increasing based on sound data, multisectoral involvement, and broad ownership. Together, these factors improve the policy environment and promote future safe motherhood activities.

Looking forward, continued attention must be paid to policies that support comprehensive family planning services as an approach for achieving safe motherhood goals. In particular, countries must devise service provision guidelines and mobilize resources to assist maternal health providers in integrating family planning into routine women's health programs, antenatal and postpartum services, and HIV/STI clinics. At the national level, efforts to sustain and strengthen political will and mobilize resources to put integrated safe motherhood and family planning policies into practice will continue to be a major challenge. However, POLICY's work with national governments and NGOs, including efforts in countries presented above, demonstrates that interventions aimed at improving maternal health are possible, even in countries where resources are constrained.

REFERENCES

- Keller, S. 1995. "Good Reproductive Health Involves Many Services." *Network* 16 (1). Available at http://www.fhi.org/en/RH/Pubs/Network/v16_1/nt1619.htm [accessed March 31, 2006].
- Ministry of Health (Cambodia) and POLICY Project. 2005. "Family Planning and Safe Motherhood: Saving Lives and Meeting Development Goals in Cambodia." Phnom Penh, Cambodia: Ministry of Health.
- Ross, J. A., and J. E. Begala. 2004. "The MNPI Study: Measures of Strength for Maternal Health Programs in 55 Developing Countries." *POLICY Working Paper Series* No. 15. Washington, DC: POLICY Project/Futures Group.

Ross J., and W. Winfrey. 2002a. "Contraceptive Use, Intention to Use and Unmet Need during the Extended Postpartum Period." *International Family Planning Perspectives* 27 (1): 20–27.

Ross, J., and W. Winfrey. 2002b. "Unmet Need for Contraception in the Developing World and the Former Soviet Union: An Updated Estimate." *International Family Planning Perspectives* 28 (3): 138–143.

Singh, S., J. E. Darroch, M. Vlassoff, and J. Nadeau. 2004. *Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care*. Washington, DC, and New York: The Alan Guttmacher Institute and the United Nations Population Fund.

United Nations Population Fund (UNFPA). 2005. "State of World Population 2005: The Promise of Equality—Gender Equity, Reproductive Health and the MDGs: Press Summary." New York, NY: UNFPA. Available at <http://www.unfpa.org/swp/2005/presskit/summary.htm> [accessed March 31, 2006].

United States Agency for International Development (USAID). 2004. "Child Survival and Health Programs Fund Progress Report." Washington, DC: USAID.

World Health Organization (WHO). 2003. *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, and UNFPA*. Geneva, Switzerland: WHO.

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