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Capacity Statement

Maternal and Newborn Child Health, Family Planning and Adolescent Reproductive Health¹

Global Overview

Every year, 536,000 women and girls die as a result of complications during pregnancy, childbirth or the six weeks following delivery². A newborn child whose mother dies has a 3-10 times greater risk of death than one whose mother survives³. Yet, most of these maternal and newborn child deaths could be prevented if women had access to good quality reproductive health services, antenatal care, skilled health workers assisting at birth, and access to emergency obstetric care. Maternal mortality is among the health indicators that show the greatest disparity between the rich and the poor, both between and within countries. Developed regions report 9 maternal deaths per 100,000 live births compared to 450 maternal deaths in developing regions, where 14 countries have maternal mortality ratios of at least 1,000 per 100,000 live births⁴. Half of all maternal deaths occur in sub-Saharan Africa and another third in Southern Asia, accounting for 85% of all maternal deaths worldwide⁵.

Modern contraceptive use has increased in all developing regions, generally accompanied by reductions in fertility. Nevertheless, unmet needs for family planning- the gap between women's desire to delay or avoid having children and their actual access to and use of contraception- in developing regions as a whole is 11%, and can reach as high as 25% in the least developed countries, most of which are in sub-Saharan Africa⁶. In addition, up to 40 percent of all maternal deaths could be avoided if men and women had access to contraception to prevent unwanted pregnancies⁷. Each year, 80 million women have an unintended pregnancy and 60 percent of these are aborted⁸. Of the 19-20 million unsafe abortions each year, nearly all (97 percent) occur in developing countries, resulting in 68,000 maternal deaths⁹.

These high fertility rates often include large numbers of teen pregnancies under circumstances that are detrimental to a mother's health, educational prospects and opportunities for social and economic advancement. Young adolescents are more likely to die or experience complications in pregnancy and

¹ Prepared by Sabrina Kwauk and Stacy Fehlenberg in August 2009, based on Plan-related documentation.

² United Nations Millennium Development Goal Report 2009.

³ Global Health Council 2008 Global Health Opportunities.

⁴ United Nations Millennium Development Goal Report 2009.

⁵ United Nations Millennium Development Goal Report 2009.

⁶ United Nations Millennium Development Goal Report 2009.

⁷ Global Health Council 2008 Global Health Opportunities.

⁸ Global Health Council 2008 Global Health Opportunities.

⁹ Global Health Council 2008 Global Health Opportunities.

childbirth compared to adult women- girls who give birth before the age of 15 are five times more likely to die in childbirth than women in their twenties¹⁰. Moreover, the children of these young mothers have a higher risk of morbidity and mortality- an infant's risk of dying in his or her first year of life is 60% higher when the mother is under the age of 18 than when the mother is older¹¹.

Plan's Response

Plan International currently spends roughly 15% of global income on public health programs (USD \$91 million in 2007-2008). Priority topics include Child Health and Nutrition; Reproductive Health; HIV/AIDS; Malaria, Tuberculosis and Neglected Tropical Diseases; and Adolescent and School Health.

In response to high maternal mortality rates, unmet needs for family planning and high fertility rates among adolescents, Plan has engaged in the following programs to help reduce these risks:

- Behavior change to encourage lower-risk practices in the areas of reproductive health, safe motherhood, and family planning
- Training professional health workers in safe motherhood, family planning, and child survival
- Training community health workers on family planning and child survival
- Training traditional birth attendants in safer methods
- Increasing access to and use of pre-natal checkups
- Social marketing of reproductive health materials
- Screening for reproductive health cancers

Plan International spent a total of \$2,451,150 on these programs in 2008 alone¹²:

The following is a series of key capacities that Plan has developed in its maternal and newborn child health, family planning and adolescent reproductive health programs.

Maternal and Newborn Child Health

Obstetric complications including post-partum hemorrhage, infections, eclampsia and prolonged or obstructed labor, and complications of unsafe abortion account for the majority of maternal deaths. However, many of these health problems are preventable, detectable or treatable through visits with trained health workers before birth. Plan's Maternal and Child Health Programs educate and enable pregnant women to seek antenatal care to receive important services that could be potentially life-saving. Training for health providers is also conducted to strengthen the capacity of healthcare workers to deliver maternal and newborn child health information and services. In 2008, Plan International trained a total over 90,000 health care workers in 49 countries worldwide.

Plan also partners with governments and local agencies to organize national efforts in reducing the incidence of maternal and newborn morbidity and mortality due to preventable diseases. These efforts include both implementation and policy and financing. One case in point is malaria infection, which can have adverse effects on both mother and fetus, including maternal anemia, fetal loss, premature delivery, intrauterine growth retardation, and delivery of low-birth infants (<5.5 pounds) during pregnancy¹³. In Cameroon, Plan distributed long-lasting insecticide treated bed nets (ITN) to under-5

¹⁰ United Nations Millennium Development Goal Report 2009.

¹¹ United Nations Millennium Development Goal Report 2009.

¹² Plan Program Output Chart by Country 2008.

¹³ Centers for Disease Control and Prevention. Available online at <http://www.cdc.gov/malaria/pregnancy.htm>

caretakers and pregnant women in the Bamenda and Biteng program units. Monitoring data from sentinel sites in the Bamenda program unit suggest a near four-fold increase in the use of ITN among children under five and an eight-fold increase in use among pregnant women. Furthermore, Plan Cameroon provided technical and financial support to the government for the national immunization campaign against maternal and neonatal tetanus.

MNCH Case Study: Closing the Loop: Pregnant Women's Groups [Nepal]

Plan International implemented a five-year Child Survival project funded by USAID in partnership with the Ministry of Health and local agencies in the Bara District of Nepal from 2001-2006. The project's goal was to assist the Ministry of Health in improving the health status of children under-five and women of reproductive age. Project interventions included control of diarrhea, pneumonia case management, maternal and newborn care, and child spacing.

Method: The project noticed that pregnant women and mothers of under-five children weren't participating as expected and key project messages weren't being delivered. The team came up with a strategy to rejuvenate the MoH's standard Mother's Groups with the creation of Pregnant Women's Groups (PWGs) to capture this population. Each PWG was comprised of 7-15 pregnant women living in the same village who meet once a month to discuss issues related to mother and child health. Postnatal mothers, mothers of under-five children, and mother in laws were also encouraged to participate. The Female Community Health Volunteers, who are part of the MoH public health system of every village in Nepal, facilitated these meetings. Outreach workers from the local health facility were encouraged to participate and support the sessions technically and managerially. Meetings took the form of a social mapping session: pregnant women drew a community map and identified major landmarks, such as their homes, the health clinics, etc. The women then tracked their ANC activities in each meeting with a mark on the map. This self-monitoring and peer review/pressure of ANC behaviors proved extremely successful in getting women to adhere to important pre and post-natal care practices, such as getting check-ups and taking their iron pills. The female health volunteers use these meetings to distribute iron tablets, vitamin A capsules to postnatal women, and family planning commodities, and delivered an educational talk at the end of the session.

Results: 450 groups have been formed in the Terai Region of Nepal alone. Health facility staff report increased uptake of services such as antenatal check-ups, postnatal vitamin A supplementation and immunization among children aged 12-23 months. In some areas, uptake is reported to have increased from <5% to 70%. The MoH has adopted the PWG as a standard component of Safe Motherhood programs in every District, and this intervention is being disseminated globally to share these results with any agency that works with mothers in resource-poor settings.

By targeting pregnant women and engaging them in self-monitoring, this population has dramatically increased healthy behaviors and decreased maternal and infant mortality in one of the most high-risk areas of the world.

MNCH Example 1: Innovation among Traditional Birth Attendants (TBAs) [Malawi]

Maternal death and neonatal health issues have been sidelined in Malawi for years due to internal conflict in the 1980's and early 90's. Plan Malawi trained TBA's in quick referral and clean delivery methods, but also conducted a Maternal Death Audit training among clinicians. The audit led to the community identifying the delay of transport (one of the "Three Delays" in maternal mortality); the community responded by setting up bicycle ambulances for women with complicated deliveries. A similar TBA training program in Plan Malawi involves a mobile phone company (Celtel Malawi Ltd). Plan partnered with Celtel to establish a call centre and 12 call points at TBA centers across the program area of Kasungu to address another of the Three Delays: the delay in seeking help. This service facilitates quick referral of obstetric cases from TBAs to Kaluluma Rural Hospital, hence reducing the number of maternal and neonatal deaths.

MNCH Example 2: Young Child Nutrition [Sri Lanka]

Malnutrition in children under five years old (and under 24 months in particular) has recently been proven to be the underlying cause of not only stunting and wasting, but of life-long health deficits such as poor immune and cognitive function. From 2005-09, Plan Sri Lanka, in close collaboration with the local Department of Health Services of Sri Lanka, trained 225 Public Health Midwives (PHM) in a single District on complementary feeding techniques, including nutritious weaning foods, supplementary foods and their preparation. These trainings have expanded to the community level and are being considered as standard protocol by the Sri Lankan Department of Health Services.

Family Planning

Plan actively promotes the appropriate use of modern contraceptives, birth spacing and safe sex practices not only among married couples, but also targets the neglected and high-risk populations of youth and single adults. Adolescents and youth (under 24) in most countries are both the majority of the nation's population and high-risk groups in terms of sexual and reproductive health (SRH), yet are often marginalized from SRH services. For example, in addition to embedding family planning into traditional maternal and child health programs, Plan strives to fill this gap to reduce health risks among this vulnerable population.

Case Study - Sustainable Community-Based Reproductive and Sexual Health Program (Guinea)

Plan Guinea has been implementing a three and a half year project in the Forest Region of Guinea to improve knowledge and use of contraceptives among youth, women and men. This three-year project (2005-9) focused on 51 rural communities in the unstable regions along the Sierra Leone and Liberia borders with more than 502,057 total beneficiaries. The contraceptive prevalence rate in Guinea is among the lowest in the world, and prior to implementation, the project area's rate was only 6%. Low contraceptive use combined with social norms favoring large families has resulted in a total fertility rate in the Forest Region of 6.1%; 43% of female adolescents in the Forest Region are mothers and 8% are pregnant.¹ High fertility rates, especially among adolescent girls, contribute to a high level of maternal mortality, as one out of seven women die due to pregnancy. Despite government efforts to increase contraceptive use, lack of information on family planning and birth spacing, cultural barriers and lack of access have hindered efforts to increase contraceptive use.

Method-The project approach aimed to strengthen the existing health care system by:

1. **Increasing awareness and acceptance of family planning and birth spacing** by transferring family planning and birth spacing knowledge and positive attitudes to youth and others in the community through use of informative materials and activities such as theater, sports, discussions, video, and song.
2. **Increasing Access** by increasing service delivery points through Plan-trained community health workers and community based distributors; constructing two family planning clinics; strengthening partnerships between community-based organizations and the local government health facilities, and establishing sustainable cost-recovery systems through revolving funds for contraceptives.

Results-Project activities have resulted in a significant increase in the contraceptive prevalence rate from 6% to 76% and the Couples Years of Protection (CYP) has improved from 2,893 in 2005 to 25,870 in 2008. In addition to the increased demand for family planning services, project activities have led to notable improvements in the availability and access afforded by the MOH health facilities. Two years into implementation, all (100%) of the frontline health facilities in the

Adolescent Reproductive Health

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Plan goes beyond conventional SRH programming and involves teachers and students of primary and secondary schools, out of school youths, health workers, and community leaders in youth-friendly services to address adolescent reproductive health in innovative ways.

*Case Study - Participatory Design of Educational Materials on Sexual and Reproductive Health
For Illiterate Adolescents – (Bangladesh)*

Plan has been implementing an Adolescent Reproductive Health project in rural districts of the country and in slums of Dhaka, Bangladesh for 6 years. One of the major limitations for its successful implementation was the unavailability of learning materials for non-literate adolescents.

Method: In 2006, Plan Bangladesh facilitated a participatory story writing workshop with adolescents participating in the program. Based on the resulting 12 best stories, each one was translated into a set of photograph-based story cards which were intelligible and interesting to the non-literate adolescents. Each story was represented through 12-15 cards involving real-life adolescent characters and photographed in their own environment. A few diagrams were also added after field testing. During each educational session, the facilitator distributed story card sets among the adolescents on a particular topic. He/she asked each group to develop and present a story by serializing the cards. Adolescents told different creative and imaginative stories, bringing new stories which reflect the current issues and events happening around them.

Results: Attendance of adolescents to the educational sessions increased significantly after the story cards began to be used. Most importantly, the quality and depth of the group discussion enhanced dramatically. Story cards provided new opportunities to non-literate adolescents to express their concerns and to discuss them openly. Story cards have made them authors of their own stories and have melted the ice around the sensitive issues, creating interest and motivation to participate in the project.

In Uganda, youths were involved in the design of child-oriented information, education and communication (IEC) materials, and spread their messages about sexual and reproductive health through more creative means, such as drama performances, poetry readings, sports and games. Children were also enlisted to disseminate information on HIV/AIDS to their peers through venues such as weekly school assemblies, World AIDS day and the National Day of the African Child. Plan also supported six Outreach Posts/ Youth Corners in Kampala with equipment and drugs to deliver quality, comprehensive SRH services to youth in safe, confidential settings.

Case study- Targeting Out-of-School Youth [Uganda]

In Uganda, half of women are sexually active by the age of 17 and the unmet need for family planning among girls aged 15-19 is 35%, many of whom are not in school; yet most traditional family planning programs are designed to serve married couples. In response to this situation, Plan Uganda implemented an Adolescent Sexual and Reproductive Health (ASRH) program in the urban slums outside Kampala and in three rural Districts (Tororo, Luwero and Kamuli) in 2003.

Method - Working with local agencies, municipalities and community groups, the ASRH project was reaching 250,000 youth in three years of operations, of which 36% don't attend school. The key to the strategy was to convert young FP clients into active participants in delivering Family Planning information and services by: (a) providing peer and group education; (b) by referring peers to project-supported health facilities and outreach clinics; and (c) by establishing community youth corners to provide counseling and to distribute condoms and pills. In addition, in peri-urban Kampala, the project also addressed the risk factor of being out of school and unemployed by establishing job referrals for out-of-school youth, such as commercial bike messengers, brick makers, and garage attendants.

Results: Through 300 youth volunteers in 50 localities, the ASRH project in Uganda increased the use of contraceptives among young people from 6% to 16%--almost double the national average for this age group.

Conclusion: Empowering young people to provide Family Planning counseling and services to their peers has proven effective in Uganda. Based on this success, Plan Uganda and its partners plan to expand this experience to additional young adults throughout the country.

In Pakistan, where over 40% of the population is under 15 years of age, Plan increased awareness among adolescents on reproductive health issues through the establishment of Adolescent Friendly Centers (AFCs). AFCs provide a venue for adolescent girls and boys to come together to discuss, understand and learn about their reproductive and sexual health in a safe space, and to eliminate common misconceptions and myths. Due to the success of AFCs, they are in the process of being up-scaled throughout the Chakwal District and in the slum areas of Islamabad. Plan Pakistan also produced a documentary film, "The Rhythm of Life," which focused on the importance of a national

policy on adolescent sexual reproductive health, and was widely used to carry the message to policy makers and national political leaders.

Case Study- Promoting Healthier Life Choices with Adolescents [Cambodia]

16% of women in the Siem Reap province of Cambodia have sexual relationships before 18 years of age. Condoms were used in 3% of women and 50% of men during their first sexual encounter. The unmet need for family planning among girls aged 15-19 years is 25%.

Method - Given this situation, Plan Cambodia, designed and implemented a project to improve the adolescent sexual and reproductive health (ASRH) in two districts of this province. Targeting youth (15-24 years old), the project's interventions were: (a) enabling a supportive environment through women's and youth groups, community-focused edutainment and endorsement by formal and informal opinion leaders; (b) establishing referral for out-of-school youth to community youth centers and health services and (c) organizing and conducting peer counseling.

Results: In August 2007, after one year of implementation, significant changes were found on the adolescents' knowledge and practices: (1) hundreds of adolescents were referred to VCT, STI/RTI or other SRH services; (2) the training of 100 peer educators and over 1,500 parents more than doubled the knowledge of its participants; (3) parents learned about ASRH issues from their children; (4) orphan children who lost one or more parent to AIDS suffered less discrimination from their peers and neighbors; and (5) participating adolescents were more aware of how to manage pre-marital sex. These successes have led the Cambodian Ministry of Health and the project's implementing partners to expand the ASRH project to neighboring districts.

Empowering youth with information and an enabling environment, peer education and inter-generational dialogue have proven to be key success factors in the often complex issue of adolescent SRH.