Rights-based Family Planning and Maternal Health

Essential for Sustainable Development
The Contribution of German Development Cooperation (GDC)

Background

A critical element of sustainable development
Rights-based family planning\(^1\) and maternal health are integral parts of Sexual and Reproductive Health and Rights (SHRH). They are essential and critical elements of sustainable development efforts, with particular impact on the empowerment of women and girls. Benefit of contraceptive use can be improved health of both women and men. Contraception prevents unintended pregnancies, and thus reduces the number of unsafe abortions and potential deaths and illnesses related to complications of pregnancy and childbirth. Further, when used consistently and correctly, barrier methods of contraception such as condoms protect against sexually transmitted infections including HIV. The rates of new HIV infections would be slowed down by meeting the need for treatment and care. Rights based family planning (FP) is recognized as an important cost-efficient strategy that contributes to reducing poverty and slowing population growth. Finally, countries satisfying the unmet need for FP services can achieve the UN Millennium Development Goals (MDGs) by improving health outcomes and by reducing costs for meeting the goals.

The global challenge
Remarkable progress has already been achieved since maternal deaths have decreased by 47 per cent between 1990 and 2010 to 287,000 in 2010; however, to reach the MDG 5 goal of decreasing the maternal mortality rate (MMR) globally by 75 per cent and ensuring universal access to sexual and reproductive health care services by 2015 remains an enormous challenge for societies and health systems. Inadequate health care services during pregnancy and childbirth, inadequate contraceptive use and the unmet need for contraception are key reasons for this. Also, there is evidence that increasing contraceptive use is linked with decreasing MMR.

High unmet need for contraception
According to recent information from the Guttmacher Institute, the number of women in developing countries who want to avoid pregnancy but are not using modern contraception declined only slightly between 2008 and 2012, from 226 to 222 million. However, in the 69 poorest countries, where 73% of all women with unmet need\(^2\) for modern contraceptives reside, the number actually increased, from 153 to 162 million women. Disturbingly, the increase in the number of modern contraceptive users between 2008 and 2012, roughly 10 million per year, was much lower than the annual increase between 2003 and 2008, which was approximately 20 million per year.

The demand for FP methods is most likely to increase in the near future because (1) the number of women of reproductive age (15–49 years) will increase by 10 per cent between 2007 and 2015 and by another 8 per cent between 2015 and 2025; and (2) contraceptive needs are expected to rise beyond this population increase, since ever greater numbers of women and their partners wish to have smaller families. Increasing educational levels of adolescents will in addition increase the demand for a variety of contraceptive methods in order to delay child births and space children.

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\(^1\) The rights-based approach of voluntary family planning is a consensus that emerged from the International Conference on Population Development (ICPD) held in Cairo 1994.

\(^2\) A woman is defined as needing contraception if she is married, in union, or unmarried and sexually active, or if she is able to become pregnant but does not want to have a child in the next two years or at all (spacing or limiting births).
Guiding principles of German Development Cooperation

**Human-rights-based and gender sensitive approach:**
inclusive, youth-friendly and non-discriminatory sexual and reproductive health (SRH) services for all population groups, specifically those that are economically and socially disadvantaged and have no voice.

**Health System Strengthening, multi-level approach and impact orientation**
Functioning client friendly health services that provide high quality care are essential specifically for mother and child health and play a crucial role in addressing also men’s need for health care in general and for sexual and reproductive health in particular.

**Multi-sectoral approach**
In order to promote Sexual and Reproductive Health and Rights GDC does not focus solely on the health sector but does implement measures in various relevant sectors, such as social protection, education and economic development.

**Sustainable financing mechanisms**
GDC assists in developing community solidarity funds and national social health insurance schemes that shift individual risks towards a collective system, reduce out-of-pocket spending and focus government funding.

**Community involvement**
Community-Based Distribution (CBD) of contraceptives and dissemination of information is a widely-used, non-clinical health delivery outreach approach that is constantly being enhanced, and that evidences positive results.

**Effective communication**
Comprehensive Sexuality Education and evidence-based communication programmes including use of modern and traditional media are supported to meet the actual needs of target groups and are essential for overcoming individual barriers and socio-cultural biases impeding rights-based FP.

**Linking SHR and HIV**
Particularly in Southern African countries linking SRH and HIV services is highly relevant both for prevention and treatment. Linking Family Planning with e.g. Antiretroviral (ART) Services in People living with HIV (PLHIV) and vice versa improves not only access to prevention and treatment but enhances also the realization of the right to health. Applying linking at every opportunity in the provision of health services increases...
impact and cost efficiency

Germany’s Contribution

Since the International Conference on Population and Development (ICPD) in Cairo in 1994, the realization of sexual and reproductive health and rights and opportunities for rights-based family planning and the need for progress in realizing women’s right to health have been made the focus of political dialogue with partner Governments up to the highest level. The BMZ is supporting similar bilateral and multilateral initiatives and ensures close coordination with other donors, global SRHR-related networks, and Civil Society Organizations, including particularly the work of UNFPA and the International Planned Parenthood Federation (IPPF), as well as the Reproductive Health Supplies Coalition.

At the 2010 summit in Canada, the Group of Eight (G8) pledged a total of USD 5 billion in additional development assistance for the Muskoka Initiative on Maternal, Newborn and Child Health over a period of five years. As part of this commitment the German Government is making a further EUR 400 million in official development assistance (ODA) available by 2015. In so doing, it is supporting the Global Strategy for Women’s and Children’s Health launched in September 2010 under the aegis of the UN Secretary-General, for which more than 75 governments, civil society, and private sector stakeholders pledged their own additional financial and political support.

To contribute to the implementation of these initiatives, in May 2011, the BMZ, on behalf of the German Government, launched the Initiative on Rights-based Family Planning and Maternal Health. The initiative focuses on the promotion of rights-based family planning and strengthening of health systems in partner countries that have high maternal and child mortality rates and a high unmet need for family planning and in which a German commitment to related efforts is already in place. Within the scope of this initiative, the BMZ will raise its annual bilateral pledges to approximately EUR 90 million between 2011 and 2015 (compared to ODA-commitments of just under EUR 45 million in 2008).

The key goals of the initiative are

- to improve knowledge and acceptance of modern family planning methods,
- to expand access to modern family planning methods and services and
- to increase the number of births attended by health professionals.
Two standard indicators have been integrated in bilateral projects and programmes on family planning and reproductive health: the contraceptive prevalence rate (CPR) of modern methods and the number of births attended by health professionals. The aim is to measure and monitor the impact of the BMZ Initiative on Rights-based Family Planning and Maternal Health.

GDC will continue to encourage and support the involvement of non-state actors and private service providers in meeting countries' development needs. The BMZ ascribes particular importance to education and information focusing on adolescent girls and boys. It promotes courses for midwives and medically trained personnel to improve and increase professional assistance at deliveries. Innovative approaches and related capacity building will extend beyond the health sector into other sectors such as agriculture, food security and water, relevant to formulating a sustainable response to demographic dynamics. GDC has long-standing experience in supporting the development of community-based distribution and services. It professes its commitment to reinforce impact evaluation and the dissemination of promising practices.

German Technical Cooperation (TC) assists in strengthening health systems in sixteen country programmes in Sub-Saharan Africa, South and Southeast Asia, Central Asia and two regional programmes. The promotion of sexual and reproductive health and rights-based family planning is an integral part of policy advice, managerial capacity building, improvement of service quality and community involvement often with special attention to adolescents.

By combining the support of quality services of family planning, safe motherhood and childbirth attended by health professionals with effective financing mechanisms, German Financial Cooperation (FC) sets standards that encourage healthcare systems strengthening. Demand-side financing through voucher systems enables disadvantaged expectant mothers to have a safe childbirth and healthcare for their newborn baby. Family planning is efficiently supported through social marketing approaches. Social franchising encourages the involvement of private healthcare providers, especially in the provision of clinical family planning methods. German Financial Cooperation is among the three top donors when it comes to financing modern family planning supplies including condoms and contributing to contraceptive security in many developing countries with a high unmet need.

With an eye to cost-efficiency and scaling-up by partner governments or other partners, an important aspect of GDC is the replication of approaches already developed and identified as good practices, which are presented in a series of publications made available online by the German Health Practice Collection (www.german-practice-collection.org).
Examples of German Development Cooperation support for rights-based family planning:

Bangladesh

According to the Bangladesh Demographic Health Survey, child and maternal mortality rates (MMR) have been reduced significantly between 1970 and 2010. Between 2001 and 2010, the MMR declined by 40 per cent. The recent Bangladesh Maternal Mortality Survey (2010) indicates a MMR of 194 per 100,000 live births. Since 1997, GDC promoted the provision of modern contraceptives in a sector-wide-approach and significantly contributed to the increase of CPR in the programme regions.

Based on experiences and lessons learned in former years, GDC is currently aiming to further increase the usage of family planning services by the following strategies:

- Existing networks of voluntary “change agents” will be mobilized to raise awareness around the benefits of and access to family planning services, to organize sensitization campaigns and to aid in the scaling-up of local good practices.
- Systemic quality improvement of family planning services by professional and institutional capacity building.
- Improving access to family planning services by tailoring services to the needs of specific population groups and by increasing their cultural acceptability and gender sensitivity.
- Feedback to the Ministry of Health on a regular basis in order to set up specific policies, strategies and standards.

Between 2011 and 2015 BMZ will be funding the component on family planning in Bangladesh with additional EUR 4 million.

Cameroon

According to the Demographic and Health Survey 2006 (DHS), 26 per cent of young (15–24 years old) Cameroonians use family planning methods. Of these 26 per cent, 12.5 per cent opt for modern family planning methods, but only 3.6 of those choose modern hormonal reversible methods such as oral contraceptives, injections, coils or implants. In rural areas, the number is even less.

To contribute to the decline of maternal and infant mortality, GDC aims to facilitate access to and use of modern contraceptive methods. Activities will be integrated in the sector wide approach of the health system and will be closely linked to other ongoing and planned activities from GDC.

To achieve this goal, the following strategies and interventions have been chosen, notably to address the needs of young people and rural populations:

- Social marketing strategies in cooperation with the regional funds and the “tantines” (a network of young single mothers),
- Behaviour Change Communication (BCC) through youth magazines and radio programmes (“100% Jeunes”),
- Capacity development on family planning for medical professionals (integration in curricula of midwives and nursing staff),
- Peer-education by the “tantines”,
- Awareness raising by using local medias and by cooperating with religious and traditional leaders,
- When indicated, infrastructural support for family planning services,
- Implementation of a proxy-system to support the existing statistic system.

Between 2011 and 2015 BMZ will be funding the component on family planning in Cameroon with additional EUR 3 million.