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Background

- 80 million unintended pregnancies a year worldwide
- 201 million women have an unmet need for family planning
- 13% of all maternal deaths result from the complications of unsafe, induced abortion
- Meeting unmet need for FP can help countries achieve the MDGs by:
  - Reducing the size of the target population groups for the MDGs and
  - Lowering the costs of meeting the MDGs
Need for Impact Evaluation

- Too many missed opportunities for collection and analysis of program impacts lead to continued funding of ineffective and inefficient programs (CFGD 2006)
- Characteristics of the post-ICPD era in FP/RH hold a number of challenges for evaluation
  - Integrated programming
  - Emphasis on quality and equity – no standard measurement approaches or indicators
- Evaluations of complex integrated public health interventions are difficult because the causal pathway is typically long and complex
Objectives of This Paper

- Synthesize recent literature on family planning program effectiveness
- Focus on methodologically rigorous evaluation studies
- Identify gaps in family planning evaluation research
- Recommend future research and evaluation directions
Methodology

- Systematic review of published and unpublished literature with a fertility or family planning outcome

- Categorization of studies by level of rigor:
  - Experimental design - *included*
  - Quasi-experimental design - *included*
  - Non-experimental – *not included (unless a way to attribute changes in outcomes to exposure)*

- Organized by type of intervention
  - Demand
  - Supply
Family Planning Outcomes

Short-term outcomes:
- Quality/satisfaction
- Service use
- Knowledge
- Attitudes
- Relevant discussions around family planning & sexuality
- Intentions to use

Intermediate outcomes:
- Contraceptive use
- Unmet need

Long-term outcomes:
- Fertility related measures
  - Unintended pregnancies
  - Abortions
Search Results

- 197 intervention studies
- 58 studies met our inclusion criteria
- 40 were coded as demand side
- 18 were coded as supply side

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General Findings

- The available evidence over the last 15 years is positive for knowledge, attitudes, discussion, intentions and contraceptive use.
- Service use and fertility outcomes were less consistently positive.
- All of the supply-side interventions that measured fertility outcomes were positive and significant; demand-side interventions did less well on this outcome.
Behavior Change Communication/Mass Media Programs

- 9 articles
- Designs have ways of attributing exposure to changes in outcome since comparison groups are not readily available
- Most found short-term impacts; fewer behavioral or impact indicators measured
- Studies that found behavioral impacts tended to combine mass media with other FP intervention components such as social marketing or interpersonal communication.
Interpersonal Communication

- 26 articles – mostly targeting adolescents
- No effort to compare which approach (peer, instructor, or community-based) is more effective
- Most improved knowledge and attitudes (84%); only two-thirds of those measuring FP use found a positive effect and half of those measuring fertility outcomes (2/4) found an effect
Development Approaches

- 5 studies
- Focus on improving economic livelihoods of women and children and may have secondary, long-term consequences on fertility rates.
- 2 out of 3 studies found sig. positive increases in contraceptive use where it was measured
- Sig. positive fertility-related outcomes were not found in all 4 studies that measured it
Access

- 9 articles - 3 on fractional social franchising programs & 6 on community outreach/distribution
- None of the social franchising articles measured fertility-related outcomes; however, all had positive findings related to contraceptive use and/or unmet need
- Community outreach/distribution articles revealed positive findings for all outcomes measured, included 3/3 for fertility related outcomes
Quality

- 8 articles - 1 on increased method options (EC), 1 CPI focused, & 6 on integration of services
- Studies that sought to improve quality were less consistently successful, with only 4 (50%) increasing contraceptive use
- 4 of the 6 integrated service studies focused on postpartum contraceptive use – 50% of those showed significant increases
- The 1 integrated service study looking at abortion (Sherwood-Fabre 2002) found a reduction in abortion rates but no corresponding change in contraceptive use
Cost

- Supply- and demand-side issue
- 1 article on a pilot voucher program
- Voucher receivers had a significantly higher use of SRHC compared with non-receivers
- Knowledge of contraceptives and STIs were significantly higher for voucher receivers
- No change in overall contraceptive use btw groups
  - Effect was modified by place of survey
Limitations of Synthesis

- Difficult to compare characteristics of interventions
- Evaluations often did not measure each component individually of multi-component interventions to say if one approach is more effective than another
- Publication bias – only positive results published?
- Studies only reviewed in English and French
- Unpublished studies that were not sent in from our exhaustive search request are not included
Gaps & Future Research Directions

- Undertake evaluations of broader development approaches and supply-side interventions measuring population-level outcomes (not OR) & their long-term impacts on FP and fertility
- Undertake program evaluations on under-evaluated types of programs
- Determine ability and feasibility of scaling up effective small-scale programs
- Evaluate long-term impacts of programs
- Need to examine impact differentials among varying target audiences, such as the urban poor vs. urban non-poor
THANK YOU

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