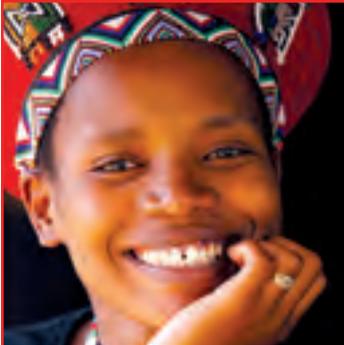


## Impact Key Findings and Policy Implications



**1. Key finding:** To comprehensively evaluate safe motherhood programmes, significant investments of time, finances, and skills are needed. However, these investments are justifiable, given how important evaluation is in deciding how to allocate resources.

**Policy implication:** Robust evaluation of safe motherhood programmes should play an integral role in the national and international drive towards results-oriented and evidence-based resource allocation and is thus essential, not optional.



**2. Key finding:** Making delivery care free at health facilities is a pro-poor strategy that particularly benefits the most disadvantaged 20 percent of women.

**Policy implication:** Remove user fees in health facilities to improve the poorest women's access to essential and emergency obstetric care.



**3. Key finding:** Women from villages with three or more health workers with midwifery skills had half the risk of maternal death compared with women from villages without such teams.

**Policy implication:** To significantly reduce maternal deaths in rural areas, ensure that teams of health workers with essential and emergency obstetric skills practise in facilities close to women's homes.



**4. Key finding:** The performance of health facilities had a significant effect on women's willingness to seek care, with a substantial increase in the proportion of deliveries in facilities that functioned well.

**Policy implication:** To increase women's use of essential and emergency obstetric care, improve how health facilities function.

**5. Key finding:** Due to their low social and economic status, the poorest 20 percent of women did not use skilled delivery care often.

**Policy implication:** Help the poor and powerless get skilled delivery care to prevent deaths due to pregnancy-related causes.

**6. Key finding:** The gap in access to lifesaving obstetric interventions between rich and poor women was much greater than the gap for essential maternal care, in both urban and rural areas.

**Policy implication:** Maternal care services should be monitored to ensure they can be used by rich and poor women alike.



**7. Key finding:** Measuring maternal death was feasible and cost-efficient using intensive, dedicated data capture processes and tools developed by Immpact.

**Policy implication:** Maternal death can be measured with special effort, and such measurement is crucial to tracking progress toward Millennium Development Goal Five, which calls for improving maternal health.



**8. Key finding:** To comprehensively evaluate safe motherhood programmes, multiple indicators of process, outputs, and outcomes that were relevant and adapted to the specific health system and country context were needed.

**Policy implication:** Use context-specific indicators to monitor and evaluate safe motherhood.



**9. Key finding:** Key obstacles to scaling up and sustaining skilled care at delivery were inadequate flow of funds and provider incentives to deliver timely services, particularly to poor women.

**Policy implication:** Tools to investigate economic aspects of health systems are vital to comprehensively evaluate programmes and make informed decisions for safe motherhood.



**10. Key finding:** In-country research groups, with their in-depth local knowledge, helped guide the evaluation, while also maintaining their independence and strengthening their skills capacity. They now represent major national and regional resources.

**Policy implication:** In-country research groups should be strengthened to conduct objective and robust evaluations of health programmes effectively and to increase local ownership of the process.