

Characteristics of a Good Briefer

For advocacy efforts focused on decision makers who are busy, often not aware of or interested in the topic, and have little relevant technical background, the following points should be kept in mind when developing *leave-behind* briefers.

- **Briefers should be short.** One page (double-sided) is best, with key information on the front page.
- **Briefers must be focused.** There should be only one or two take-home messages.
- Briefers should be **evidence-based, but non-technical in presentation.**
- **Graphics** that supports or emphasizes the main message (e.g. a chart, quote, or photo) are essential.
- **Technical jargon** should be very limited or avoided completely.
- The information presented must be **relevant to the decision maker** (i.e., the briefer must address things he/she influences or is interested in).
- The briefer should be **country-** and, if possible, **state-** or **district-specific.**
- **Short, crisp sentences** should be used.
- **“White Space”** should be utilized, making the page appealing to the eye and attention-catching.
- Details such as **line spacing, font, and bullets are important.**
- Briefers must be **electronic-friendly.** Make sure that formatting doesn't get lost in transmission.
- Make your briefers **easy to modify and customize.**
- Be sure your briefer **photocopies cleanly.**
- Briefers must have **clear, actionable “asks.”**
- Provide **references for evidence**—but not so many that it begins to look like an academic report.
- Make the organizational source of the briefer clear through **attribution or inclusion of logo(s).**
- Include a **“for further information”** section along with the name of a person to contact.
- **Proofreading is essential!**

In addition to the briefer, supporting materials may include:

- a factsheet
- supporting research, field reports, or advocacy materials
- examples of successful application of the recommended “asks”

Saving Women's Lives With Family Planning



Fewer Women Die When Pregnancies Are Planned

Family planning saves women's lives in two ways. First, family planning helps women avoid unwanted pregnancies. Each year, 687,000 maternal deaths are averted with family planning versus the 853,000 maternal deaths that occur. As shown in the graph, the more couples practice family planning, the fewer women die from pregnancy-related causes. ** Women who are not pregnant do not die from pregnancy-related causes.

Second, family planning helps couples plan the size of their family and avoid high-risk pregnancies. Women who become pregnant when very young or very old are at a higher risk of a pregnancy-related death. Women who become pregnant soon after their last birth or who have many children also have an increased danger of maternal death. Fewer deaths will occur among pregnant women, if more couples practice family planning.

Too Young, Too Old, Too Close, Too Many

- When a woman becomes pregnant **before age 18** she is more likely than an older woman to develop hypertension, anemia and prolonged or obstructed labor and to die as a result of pregnancy. **
- For pregnancies among women in their 40s, the risk of death can be as much as seven times higher than among women in their 20s. **
- When pregnancy occurs **less than six months from the last birth**, a woman is more than twice as likely to die in childbirth than a woman who becomes pregnant between 18 to 23 months later. **
- **Five or more pregnancies** significantly increase the risk of dying of pregnancy-related causes. ***

Saving The Lives Of Uganda's Women

Uganda has one of the highest levels of maternal deaths per live births in Africa. For every 100,000 babies born, 500 women die. Contraceptive use is low—only 10% of married women practice family planning. Satisfying just half of the unmet need for family planning among women in Uganda would result in an estimated 51,000 fewer unintended pregnancies and 1,600 fewer maternal deaths per year. ** Maternal mortality in Uganda could be reduced by 40% if all unmet need for family planning were met. **

What Can Be Done

- Make family planning services and supplies available in the Ugandan health system.
- Ensure that Ugandan women and couples are able to plan their families and avoid unwanted and high-risk pregnancies.

Sources

** Personal communication with Amy Tsui, Professor, Johns Hopkins School of Public Health and Director, Bill and Melinda Gates Institute for Population and Reproductive Health. Calculations based on Liu, et al. 2008, *STRAW: A Global Reproductive Survey Analyzing Contraception, Population Studies*, 2008 July; 82(2): 191-210.

*** World Health Organization. *World Maternal Mortality 1990 to 2004*. Estimated. Retrieved by UNFPA, UNWFP and the World Bank. Geneva, WHO, 2007.

UNICEF. *UNICEF Data Explorer*. <http://www.unicef.org/dataexplorer/>. Accessed 16 Aug. 2008.

** World Population Prospects: The 2008 Revision Population Database. <http://esa.un.org/wpp/>. Accessed 16 Aug. 2008.

** World Health Organization. *Report of a WHO Technical Consultation on Birth Spacing*, 13-18 June 2008. Geneva, Switzerland: Geneva, Department of Maternal and Reproductive Health and Research, World Health Organization, 2008.

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** Tsui, et al. *Unmet need for family planning and mortality associated with pregnancy*. *Interval: cross-sectional study*. *Demography* journal, Nov 2008, 31(1): 105-128.

** Tsui, et al. *Unmet need for family planning and mortality associated with pregnancy*. *Interval: cross-sectional study*. *Demography* journal, Nov 2008, 31(1): 105-128.

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Other Resources

Include other resources that may be of interest or for further reading here.

For more information contact:
[Name, organization, address, phone, email]


