policy

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REPOSITIONING FAMILY PLANNING IN BURKINA FASO

Status of Family Planning Programs in Burkina Faso

Brief

Photo credit: Curt Carnemark, The World Bank

Overview

Since 2001, the United States Agency for International Development (USAID), the World Health Organization, the William and Flora Hewlett Foundation, and other partners have collaborated with African governments on an initiative to raise the priority of family planning (FP) in their national programs by strengthening political commitment and increasing resources. This concept is known as "repositioning family planning" (RFP). In 2011, the RFP initiative gained momentum when national leaders from eight francophone West African countries approved the Ouagadougou Call to Action, a commitment to take concrete actions to increase FP use.

This brief summarizes the key findings and recommendations from a 2012 assessment of Burkina Faso's RFP initiative.

Burkina Faso's population is growing rapidly, overwhelming efforts to raise the standard of living and provide a secure future for its youth. With a ranking of 181 out of 187 countries, Burkina Faso is near the bottom of the United Nations Human Development Index, which is composed of life expectancy, educational attainment, and economic indicators. The annual per capita income of about US$1,250 makes it one of the poorest countries in the world. Its economy is largely based on agriculture, which supports nearly two in three Burkinabè workers.

In the past 50 years, Burkina Faso's population has tripled in size. It now has an estimated 17.5 million people. The population is growing rapidly due to large families (six children per woman on average) and the proportion of youth in the population (45% of the country's people are under age 15). Nevertheless, the potential to slow population growth exists because many couples are having more children than they would like. About one in four (24%) married women ages 15–49 want to space or limit future births but are not using any method of family planning.

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Major policies and plans supporting FP/RH are in place.

These include the

- Strategic Plan for RH
- Reproductive Health Law
- Consolidated Action Plan for Family Planning

The government has an important role in ensuring better coordination and implementation.

It needs to

- Promote public-private partnerships to extend FP services to underserved groups
- Reach more youth under age 25
- Experiment with delegating FP tasks
- Scale-up best practices
- Cultivate FP champions
- Disseminate the RH Law widely

Enabling Policies

Since the early 1990s, Burkina Faso has adopted various policies and plans at the national and subnational levels to increase access to FP services and information. Its National Population Policy, adopted in 1991 and revised in 2000, provides a broad framework for population and reproductive health (RH) policies. The Strategic Plan for Reproductive Health (1998–2008) integrates RH into the work of major government agencies. The newest plan, the Consolidated Action Plan for Family Planning (2013–2015), highlights eight priority actions to extend and improve FP services and education.

Passage of the Reproductive Health Law in 2005 was an important milestone, overturning a 1920 law banning family planning. The RH Law guarantees the right of individuals and couples to reproductive health, equitable access to RH care, and respect for the physical integrity of women and girls. To date, however, the RH Law has not been fully applied, and many people—even some healthcare providers—are unaware of its provisions.

Burkina Faso has also taken steps to make contraceptives more readily available. The 1996 National Pharmaceutical Policy integrated contraceptive purchasing into the broader health commodities system. In 2010, the Strategic Plan to Secure Access to Reproductive Health Commodities (PSSPSR) for 2009–2015 put further emphasis on ensuring a steady and reliable provision of contraceptives and meeting clients' needs for essential RH services throughout the country.

A number of other laws, policies, strategies, and plans contribute to the national political-legal environment that supports reproductive health: the Strategic Plan for Health among Youth 2004–2008, National Reproductive Health Policy among Youth and Teenagers, Norms and Standards for Health Services for Youth, a Strategic Plan for RH for Youth, a Strategic Plan to Secure RH Products, the Integrated Communication Plan, the Law on HIV, National Gender Policy, and Framework for Expenditures in the Medium Term. Nongovernmental organizations (NGOs) and private providers have also issued strategic plans, guidelines and technical manuals.

In February 2011, Burkina Faso hosted an international conference with the theme "Population, Development, and Family Planning: The Urgency to Act," which was attended by representatives of 12 francophone West African countries. The president of Burkina Faso, Blaise Compaoré, made the keynote speech at the conference and pledged strong support for family planning. Following this conference, the Technical Group for Reproductive Health prepared the Consolidated Action Plan for Family Planning (2013–2015) in consultation with a broad spectrum of stakeholders.

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Program Implementation

Burkina Faso has made steady progress in repositioning family planning. From 2006 to 2010, its contraceptive prevalence rate (CPR) increased by 1 percent annually. In 2010, the country's CPR was 15 percent of married women, the highest CPR of all West African countries except Ghana.

Still, Burkina Faso's FP program remains weak. Its Family Planning Program Effort score, which rates 30 indicators reflecting policies, services, evaluation, and access to contraceptives in national FP programs, was 45.6 in 2009 out of a possible score of 100.[1] Similarly, its 2009 Contraceptive Security Index was 53.2 on a scale of 100, indicating a relatively low level of contraceptive security.[2]

Within the Ministry of Health (MOH), the Directorate for Maternal and Child Health (DSME) oversees FP programs. It provides overall direction, coordination, and monitoring to public and private entities involved in FP activities. DSME also manages the Annual Review of the Table for Contraceptive Procurement to ensure that demand for contraceptives is met. Other government agencies involved in FP activities are: the General Directorate for Family Health (DGSF); the Directorate for the Health of Adolescents, Youth, and the Elderly; the Department for Community Health; the National Population Council (CONAPO); the Health Development Support Project (PADS, funded by the World Bank); General Directorate for Pharmaceuticals, Medicine, and Laboratories; National Laboratory for Public Health; and the Center for the Purchase of Generic Essential Medicines and Medical Supplies.

The major civil society organizations (CSOs) implementing FP activities through clinical services, outreach, and public education are: the *Association Burkinabè pour le Bien Etre Familial* (ABBEF), EngenderHealth, Marie Stopes International (MSI), and the Program of Social Marketing and Communication for Health (PROMACO). Some private health providers offer FP services and contraceptive supplies. The MOH is collaborating with the private sector in contracting out some health services.

The main mechanisms for coordination are the Technical Group for Reproductive Health, the

Steering Committee for the Reproductive Health Commodity Security Strategic Plan, the group of Technical and Financial Partners, and the Coalition of Private Sector Organizations.

Groups engaged in advocacy for FP services include parliamentarians, the Union of Religious and Traditional Leaders of Burkina Faso (URCB), and the Burkinabè Network of Islamic Organizations for Population and Development (RBOIPD). In addition to President Compaoré, the First Lady, the prime minister, and the Minister of Health have all made public statements supporting family planning.

The government of Burkina Faso has undertaken several initiatives to make FP services and information more widely available. FP services are offered in all health centers throughout the country and at the community level by CSOs and a few private clinics. The government has established a budget line item for the purchase of contraceptive commodities and has allocated funds for this purpose since 2007. NGOs are permitted to import contraceptive commodities duty free. The government allocates funds to contraceptive logistics and capacity building for providers of FP services, and there are plans to add two contraceptive implants to the range of FP methods available. National campaigns for family planning have been conducted, and a national Family Planning Week was launched in 2012.

The MOH has prepared national guidelines for the supervision of RH activities and for the provision and distribution of contraceptives, as well as a draft plan to harmonize the cost of contraceptive methods across providers. Operational action plans for RH commodities exist at the district, regional, and central health department levels.

Youth centers run by the Ministry for Social Action as well as NGOs provide RH services in urban and semi-urban areas. Also, the Ministry of Education is working to integrate RH in the teaching modules for secondary schools.

In 2011, the World Bank initiated a four-year US$28.9 million project to provide a package of RH services through results-based financing in five regions of the country. The project aims to train nurses, skilled birth attendants, and doctors; provide drugs and equipment to improve obstetric and neonatal services; and strengthen demand for FP and RH services.

External funding for FP programs has increased in recent years. The major international partners supporting FP programs in Burkina Faso are the UN Population Fund, USAID, the World Bank, Kreditanstalt für Wiederaufbau (KFW), the International Planned Parenthood Federation, and Management Systems International (MSI). Agence Française de Développement (AFD) has announced that it will fund FP activities in 2013.

Despite these efforts, many barriers to FP access remain, including the cost of FP services, unnecessary medical requirements, negative attitudes among some health providers, and some sociocultural beliefs. Cost is a barrier for adolescents, youth, and poor women, especially in peri-urban and rural areas. Although the government has mandated free intrauterine device (IUD) and contraceptive implant services, many public health centers charge fees for these services. Access to health services in Burkina Faso is limited by the acute shortage of health professionals, with one doctor per 22,000 people, one nurse per 5,000 people, and one midwife per 27,000 people. Strategies to address this problem include delegating some tasks to lower-level health workers (known as task shifting), strengthening community-based services, and providing mobile units in suburban and rural areas. CSOs have been active in testing new strategies.

Recommendations

Based on suggestions from key informants, the assessment team made the following recommendations to the government of Burkina Faso and its partners:

- **Strengthen coordination between the government and civil society programs.** The MOH should reinvigorate the existing steering committee to monitor implementation of the Consolidated Action Plan for Family Planning (2013–2015).
- **Promote public-private partnerships.** These partnerships could expand access to FP services to underserved groups.

Photo credit: Adam Jones

- **Design innovative strategies to better target youth and populations with limited access to family planning.** Special efforts are needed to reach young people under age 25, especially those who are out of school and females who are domestic workers and itinerant peddlers.
- **Experiment with delegating FP tasks.** Some tasks associated with the provision of FP services could be delegated to delivery attendants, who are professionals trained at the National School for Public Health and are present in all health facilities. The MOH could also initiate pilot testing of the provision of injectables at the community level by community health agents.
- **Scale-up best practices.** Among the innovations that have proved successful in increasing contraceptive use in the subregion are social franchising—setting up networks of clinics and community agents—and initiatives to engage men in family planning.
- **Reinforce leadership by strengthening organizational capacity and recruiting more FP champions.** With appropriate training and support, civil society leaders participating in advisory groups could become effective FP champions and serve as "watchdogs" to monitor policy and program implementation and track funding commitments and expenditures.
- **Disseminate the RH Law widely.** To improve public knowledge and attitudes about sexual and reproductive rights and health, the MOH should support broad dissemination of the 2005 Reproductive Health Law in local languages to the general public.

The assessment team's recommendations for civil society organizations are to:

- **Encourage public-private partnerships.** Forming a joint public-private entity could help to ensure the rapid expansion of innovative strategies.
- **Cultivate leaders to serve as FP champions and program monitors.** CSOs are important allies in efforts to expand FP services to underserved groups.

Burkina Faso's initiative to strengthen its FP program is gaining momentum. The next phase should focus on implementing the Action Plan nationwide.

Assessment Report

During 2011–2012, Futures Group (with funding from the William and Flora Hewlett Foundation) conducted assessments in six francophone West African countries to document the status of repositioning FP initiatives. The USAID-funded Health Policy Project conducted two additional assessments. These assessments can be used as a baseline to measure future progress. The assessments used the Framework for Monitoring and Evaluating Efforts to Reposition Family Planning, developed by the MEASURE Evaluation project.[3]

Futures Group conducted the assessment in Burkina Faso from May 30 to June 10, 2012. The process included collection of available data on FP programs and funding as well as interviews with 24 key informants, including government officials, civil society organizations, donors, and local leaders.

For the full report including the sources for cited data, see

Maiga, Modibo and Asissatou Lo. 2012. *Repositioning Family Planning in Burkina Faso: A Baseline.* Washington, DC: Futures Group. Available at: www.futuresgroup.com.

Resources

[1] Ross, John, and Ellen Smith. 2010. *The Family Planning Effort Index: 1999, 2004, and 2009.* Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.

[2] The Contraceptive Security Index is based on ratings of 17 indicators related to the supply chain, finance, the health and social environment, access to FP, and use of FP. USAID | DELIVER Project, Task Order 1. 2009. *Contraceptive Security Index 2009: A tool for priority setting and planning.* Arlington, VA: USAID | DELIVER Project, Task Order 1.

[3] Judice, N., and E. Snyder. 2012. *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning.* Chapel Hill, NC: MEASURE Evaluation PRH. Accessed on June 30, 2013, from http://www.cpc.unc.edu/measure/publications/SR-12-63.

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