



REPOSITIONING FAMILY PLANNING IN GUINEA

Status of Family Planning Programs in Guinea

Brief

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Overview

Since 2001, the United States Agency for International Development (USAID), the World Health Organization (WHO), 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 Guinea’s RFP initiative.

Guinea is one of the world’s least developed countries, ranking 178 out of 187 countries in the 2011 Human

Development Index, based on life expectancy, educational attainment, and average income. More than half of Guinea’s people live in poverty. Seven in 10 people are rural residents and work in agriculture.

Guinea has been making steady progress in reducing maternal and child mortality, although overall mortality rates remain high. Contraceptive use is low: about 6 percent of married women use modern contraceptive methods, and an additional 3 percent use traditional methods. One in five (21%) married women ages 15–49 would like to space or limit births but are not using contraception. Factors contributing to poor health and low contraceptive use include customs and tradition (e.g., polygamy and female genital cutting), women’s low education level and poverty, and the lack of men’s involvement in reproductive health (RH) decisions.

Key policies, guidelines, and action plans supporting FP/RH are in place.

These include the

- Promote public-private partnerships to extend FP services to underserved groups
- Reproductive Health law
- Policies, Norms and Protocols for RH
- Operational Action Plan for FP

To strengthen the FP program, the government needs to

- Update and consolidate plans
- Allocate government funds for RH products
- Strengthen multisectoral coordination of FP activities
- Cultivate FP champions at all levels
- Integrate the health information and logistics systems

Enabling Policies

FP services were introduced in government health centers in 1984, but a decade passed before a national FP policy was formulated and service delivery guidelines were drafted to support the process of integrating FP into public health facilities. In 1996, Guinea adopted a National Population Policy.

In 2000, Guinea passed the Reproductive Health Law, which stated that couples and individuals have the right to decide on the number of their children and access RH services. While the RH Law replaced the outdated Health Code, it did not have any implementing directives. Many FP stakeholders favor revising the law to take into account new aspects of RH.

The National RH Policy issued in 2000 was revised in 2011 and renamed the Family Health and Nutrition

Policy. The new policy has a ten-year timeframe, identifies family planning as one of its main priorities, and incorporates many new and best practices. However, it has yet to be validated.

Guinea's Policies, Norms and Protocols (PNP) for RH (2008–2015) provides directives for implementing the RH/FP policies in place. It also includes provisions for long-term methods such as the intrauterine device (IUD) and Jadelle implant, community-based distribution (CBD), male involvement, RH services for men, youth and adolescents, and the concept of PEIGS (plan for ideal spacing and healthy pregnancy). Local observers recommend that the PNP be disseminated to service providers at all levels, since many district-level service providers are unaware of these guidelines.

FP stakeholders have prepared several FP action plans, beginning with the Strategic Plan for Repositioning Family Planning (2008–2015). During the 2011 Ouagadougou and Mbour, Senegal FP conferences other action plans were drafted, followed by the Operational Action Plan for Family Planning (2012–2013). This plan gives priority to pilot testing of CBD of injectables, intensifying campaigns to change men's attitudes toward FP, and implementing an advocacy plan for FP. Observers recommend that these plans be combined and harmonized. The Directorate of Family Health and Nutrition (DNSFN) then needs to implement the full plan for RFP. The 2012–2016 Action Plan to Accelerate Reduction of Maternal, Neonatal, and Child Mortality also includes RFP, funded with Muskoka funds from France.

Guinea has had a Contraceptive Security Plan since 2004. The updated RH Products Security Strategy (2011–2012) removed barriers identified in a 2007 analysis. The National Pharmaceutical Policy includes contraceptives and other RH products on the List of Essential Medicines.

Program Implementation

Two assessments conducted in 2009 rated Guinea's FP program as weak. Its Family Planning Program Effort score, which rates 30 indicators reflecting policies, services, evaluation, and access to contraceptives in national FP programs, was 46.2 in 2009 out of a possible score of 100. Similarly, its 2009 Contraceptive



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Security Index was 48.3 on a scale of 100,¹ indicating a relatively low level of contraceptive security.²

Within the Ministry of Health and Public Hygiene (MSHP), the DNSFN is the governmental entity responsible for managing the country's FP program. It was elevated from an RH Division to a Directorate in 2011 as a direct result of the refocused attention on RFP in Guinea. The DNSFN has three divisions: maternal and child health/family planning (SMI/PF), adolescents and youth health, and men's and women's health. DNSFN's mandate is to design and implement all elements of policies and programs related to family health, including coordination, resource management, training and research, strengthening management systems, program evaluation, and liaison with nongovernmental organizations (NGOs) and other partners.

In principle, all health centers offer at least three contraceptive methods—condoms, pills, and injectables; however, frequent stockouts affect the availability of these methods. Community health workers (CHWs) are able to provide pills—both the first prescription and refills. These community services are available in only about half of the country. Current

policy does not permit CHWs to provide injectables, but Save the Children is conducting a pilot study that could lead to policy change.

Regional and district health agencies have operational plans derived from the national guidelines and policies. Each rural community has a Rural Development Committee to coordinate the local development plan and a management committee to supervise the health center.

The government of Guinea is showing signs of commitment to reproductive health. In 2011, the National Assembly doubled the national health budget, established a budget line item for RH products and allocated funds for safe motherhood programs. It is too soon to determine whether funds will actually be disbursed. Still, these are promising signs.

The DNSFN leads three FP-related multisectoral committees: the FP Multisectoral Coordination Committee; the RH Products Security Committee, which oversees and manages the Contraceptive Security Plan; and the committee that oversees the Accelerated Campaign to Reduce Maternal Mortality

in Africa. Civil society organizations participate in these committees and are regularly involved in preparing strategies, action plans, and evaluations. Religious groups have been involved in one-time activities and have the potential to be more active.

Three NGOs implement FP programs. The Association Guinéenne pour le Bien-Etre Familial (AGBEF), established in 1985, is a member of the International Planned Parenthood Federation (IPPF). AGBEF operates a few clinics and receives funding from IPPF and other donors for FP programs and

Key National FP Policies and Plans

- National Population Policy (1996)
- Family Health and Nutrition Policy (2012 draft); National RH Policy (2000)
- RH Law
- Policies, Norms and Protocols for RH (2008–2015)
- RH Products Security Strategy (2011–2012)
- Strategic Plan for RFP (2008–2015)
- Operational Action Plan for FP (2012–2013)

commodities. The other NGOs are the Association des Femmes de Guinée pour la Lutte contre les Infections Sexuellement Transmissibles y Compris le Sida (ASFEGMASSI) and Association des Sages-Femmes de Guinée (ASFEGUI). Another NGO—the Cellule de Recherche en Santé de la Reproduction en Guinée (CERREGUI)—conducts quantitative and qualitative research in RH and collaborates with WHO.

Nearly all private clinics and pharmacies in Guinea sell contraceptives. Although the for-profit private sector is recognized as an important part of the health system, it does not coordinate with the MSHP or provide any reports on FP service usage.

The major international partners supporting RFP initiatives are the UNFPA, USAID and its cooperating agencies, EngenderHealth, Save the Children, Plan International, the WHO, Kreditanstalt für Wiederaufbau (KfW), Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ), and Population Services International. The Agence Française de Développement has committed funds for maternal and child health and FP services beginning in 2012. USAID and UNFPA continue to be the major FP funders. They assist health centers to improve the quality of services and procure all contraceptives for the MSHP.

Recommendations

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

- **Update the 2000 RH Law, develop implementation guidelines, and disseminate them widely at the national, regional, and district levels.** The RH Law should be revised to reflect new developments in the FP/RH field. In addition, the law needs implementing guidelines and should be widely disseminated to ensure that women and men are aware of their reproductive rights.
- **Support the publication and dissemination of the new Family Health and Nutrition Policy and revise the strategic plan for RFP.** These revisions should incorporate the various recommendations from the 2011 international FP conferences and enable Guinea to have one unified, consolidated plan for FP programs. The Operational Action Plan for FP could serve as a transition to a long-term strategy and plan.
- **Relaunch the FP Multisectoral Coordination Committee.** The committees responsible for various aspects of RFP strategies and plans should be merged into one multisectoral committee led by the MSHP. This action will serve to harmonize partner, donor, and government interventions; encourage synergies; and avoid duplication of effort.
- **Identify, recruit, and develop FP champions at all levels and in all sectors.** To build support for FP programs, FP stakeholders need to enlist



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champions who can be effective advocates for FP. FP advocates from all sectors of society are needed, including religious and traditional leaders.

- **Strengthen the health information system.** The health information system needs to add new FP/RH indicators to monitor service delivery and policy-related developments.
- **Integrate the health information system with the logistics system.** To monitor FP use and avoid stockouts, it is important to integrate the two systems.
- **Develop a national agenda for FP operations research.** Conducting operations research on high-priority topics such as involving men in family planning would help policymakers and program managers make informed decisions about FP programs. The lack of recent, high-quality data on FP and related topics hampers efforts to improve the effectiveness and efficiency of FP programs.

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

- **Advocate for more funding for health and RH products.** FP stakeholders should advocate to the government, political leaders, and legislators to increase funding for health to 15 percent of the total national budget, which would fulfill the commitment made by African heads of state in the 2001 Abuja Declaration. Stakeholders should also advocate that the government allocate funds for purchasing RH products, including contraceptives. Civil society organizations (CSOs) can play an important role in monitoring the entire process to ensure that the proper authorities allocate the money, disburse it for the intended purposes, and are held accountable for results.

Guinea has made progress in creating an enabling environment for FP. Nevertheless, much remains to be done to update existing policies and disseminate service delivery guidelines. Guinea also needs current, accurate data to inform decisions, as well as better coordination and management of the FP/RH program. According to respondents, the present environment offers opportunities for actions that would not have been possible just a short time ago.

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 serve as a benchmark to highlight gaps in expanding access to FP and identify areas where challenges remain and more attention and resources are needed. 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 Guinea in April 2012. The process included collection of available data on FP programs and funding as well as interviews with 23 key informants, including government officials, CSOs, and donors.

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

McDavid, Elizabeth. 2012. *Repositioning Family Planning in Guinea: 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 July 11, 2013, from <http://www.cpc.unc.edu/measure/publications/SR-12-63>.

Contact Us

Futures Group
One Thomas Circle NW, Suite 200
Washington, DC 20005
www.futuresgroup.com
policyinfo@futuresgroup.com

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