



# REPOSITIONING FAMILY PLANNING IN SENEGAL

Status of Family Planning Programs in Senegal

*Brief*

Photo credit: Curt Carnemark, The World Bank

## 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 Senegal’s RFP initiative.

Over the past two decades, Senegal has made impressive gains in maternal and child health. Despite

economic progress, about half of its people lived below the national poverty line in 2005.

Senegal’s population of 13.1 million people is growing rapidly and is projected to reach 18.6 million people in 2025 and 32.3 million in 2050. The main factor driving population growth is the large family size, with an average of five children per woman. Also, many young people will soon be entering their childbearing years. Two in five (44%) Senegalese are under 15 years of age.

Use of modern contraceptives has increased gradually over time. Today about 12 percent of married women are using modern contraceptive methods, and an additional 1 percent rely on traditional methods. Nevertheless, many women express an unmet need for family planning. Nearly one in three (29%) married women would like to space or limit births but are not using contraception.

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

These include the

- Reproductive Health Law
- Policies, Norms and Standards
- National Action Plan for FP

## To strengthen the FP program, the government needs to

- Increase government funding for FP programs
- Strengthen coordination of FP activities
- Cultivate FP champions at all levels
- Scale up successful approaches

## Enabling Policies

Senegal's national health, economic, and social development policies and plans give priority to improving access to FP services and information. The FP program is integrated into the National Population Policy adopted in 2002, which also has an action plan for implementation. Another important policy is the 2005 Reproductive Health (RH) Law, which guarantees the right of individuals and couples to RH, equitable access to RH care, and respect for the physical integrity of women and girls.

Other key FP/RH policy documents are the: National RH Strategic Plan (2012–2015), Policies, Norms and Standards (PNP 2010–2012), Strategic Plan for the Security of RH Products (2011), Revised Strategic Plan for RH Communications, National Strategic Plan for FP Promotion (2012–2016), Policies, Norms and Standards for RH (2011), National Strategic Plan for the Security of RH Products (2011–2015), Youth and Adolescent RH Strategy (2005), and Policies, Norms and Standards for Youth RH Services (2011). The National Action Plan for FP (2011–2015) integrates community operational plans and district and regional plans. A new

consolidated National Action Plan for FP issued in 2012 added plans for operations and evaluation. Additional operational directives include the Circular Letter on Contraceptive Prices (2010) and Policies, Norms and Standards 2010–2012, which provides guidelines for implementing updated FP/RH policies. Contraceptives have been added to essential medicines list.

FP is included in the National Pharmaceutical Policy, Annual Health Expenditures Plan, maternal and child health road map, the HIV/AIDS strategic framework, and the National Gender Equity and Equality Strategy and Law (2010). FP services are also integrated into community operational plans and district and regional plans.

In late 2011, the International Conference on Family Planning was held in Dakar, raising the profile of RFP activities. Then-president Abdoulaye Wade stated that it was time to consider FP as an option for limiting family size, in addition to spacing births. He also made a special commitment to raise the FP commodity budget.

## Program Implementation

Two assessments conducted in 2009 rated Senegal's FP program as weak. In 2009, its Family Planning Program Effort score, which rates 30 indicators reflecting policies, services, evaluation, and access to contraceptives in national FP programs, was 47.5 out of a possible score of 100.<sup>1</sup> Similarly, its 2009 Contraceptive Security Index was 54.9 on a scale of 100, indicating a relatively low level of contraceptive security.<sup>2</sup>

The Directorate of Reproductive Health and Child Survival (DSR), located under the General Direction of Health (DNS) in the Ministry of Health (MOH), is the government-led entity that oversees and manages Senegal's FP program. It is responsible for policy development, coordination, and monitoring of all FP activities. Local observers express concern that the DSR gives inadequate attention to FP because of its large portfolio encompassing maternal and neonatal health and youth and adolescent RH. The MOH is in the process of creating a separate Directorate of Reproductive Health and Child Survival (DRHCS). This upgrading should lead to increased resources for the FP program as well as improved capacity in advocacy, coordination, communication, and program monitoring.



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The Regional Health Directorates are responsible for FP program implementation in the 14 regions of Senegal. The FP program is integrated into the minimum package of health services and is implemented nationwide in most of the MOH health facilities. NGOs, associations, private health providers, and faith-based organizations also offer FP services. Gaps in service coverage exist in rural and remote areas due to staffing and equipment shortages.

To make contraceptives more accessible and affordable, the government purchased contraceptive products from the national budget during 2010–2012, eliminated import duties for contraceptives, added FP products to the formal drug distribution system, harmonized FP product prices across the service delivery system, introduced measures to reduce contraceptive stockouts, and strengthened social marketing activities. Nongovernmental organizations (NGOs) benefit from subsidized contraceptive products and can purchase contraceptives through the government system.

Other initiatives include providing long-term FP methods at service delivery points and through mobile services, introducing injectables in

community outreach services, extending FP services to communities in 56 districts, initiating franchising with the private sector, promoting peer education for youth, and removing the requirement for husbands to authorize their wives to receive FP services. Despite these efforts, many barriers to family planning remain, including the relatively high cost of basic health services for the poorest people, health providers' attitudes toward FP, religious opposition, socio-cultural resistance, and unnecessary medical requirements.

Senegal has many dynamic civil society organizations (CSOs) working in FP programs throughout the country. The newly formed Coalition of CSOs for the Promotion of FP/RH has eight member CSOs. The *Association Sénégalaise pour le Bien Etre Familial* (ASBEF), founded in 1970, is a member of the International Planned Parenthood Federation (IPPF). *Agence pour le Développement du Marketing Social* (ADEMAS), founded in 1998, conducts social marketing, training, and advocacy. The Senegalese Women's Network for the Promotion of Family Planning (RFESPF), formed in 2005, conducts FP advocacy at the national and community levels. It

## Key National FP Policies and Plans

- Declaration of the National Population Policy (2002)
- Reproductive Health Law (2005)
- National RH Strategy (2012–2015)
- Policies, Norms and Standards for RH (2011)
- National Strategic Plan for the Security of RH Products (2011–2015)
- National Action Plan for FP (2011–2015)
- National Action Plan for FP (2012)

created an Observatory for Family Planning to monitor implementation of FP programs, but it is inactive.

The Urban RH Initiative is setting up public-private partnerships focusing on high-volume clinics in three suburban districts in Dakar. This initiative is implemented by IntraHealth International and Marie Stopes International with funding from the Bill & Melinda Gates Foundation.

Three networks are particularly active in advocacy and FP promotion: the Network of Parliamentarians for Population and Development, the Network of Islam and Population, and the Network of Journalists for Population and Development. Professional associations representing women doctors, midwives, pharmacists, and gynecologists are also involved in FP advocacy activities.

The major NGOs that conduct FP-related research are the: *Institut de Formation et de Recherche pour le Développement de la Population et la Santé Reproductive* (IPDSR), *Institut de la Santé et du Développement* (ISED), *Centre de Formation et de Recherche en Santé de la Reproduction* (CEFOREP), *Le Centre de Recherches pour le Développement International* (CRDI), and the Population Council.

The main coordinating body that meets regularly is the National Commission for Monitoring the Strategic Plan

for the Security of RH Products. Also, the multisectoral Family Planning and Population Working Group, coordinated by the Directorate of Planning, Population, and Human Development in the Ministry of Economics and Finance, has led the preparation of the National FP Action Plan; it also organizes the annual month-long FP campaign. Other FP technical groups meet as needed.

International donors provide most of the financial resources for Senegal's FP programs. Major donors are USAID, the United Nations Population Fund (UNFPA), the Bill and Melinda Gates Foundation, the William and Flora Hewlett Foundation, *Agence Française de Développement* (AFD), Kreditanstalt für Wiederaufbau (KfW), Belgian Cooperation, Japan International Cooperation Agency (JICA), the World Health Organization, Marie Stopes International, IPPF, and the Luxembourg Cooperation. These donors participate in the Technical and Financial Partners (TFP) Group, which supports the RFP program.

During 2010–2012, donors provided more than US\$40 million for FP activities in Senegal. Several donors, including USAID, have increased their funding, and several new donors have emerged. Donors are supporting new financing mechanisms, including a community-level mutual health plan in the Northern Region, a performance-based financing project in three districts, and a joint venture between ADEMAs and the pharmaceutical company Pfizer to provide injectables in private pharmacies. In addition, a group of public and private partners are planning to introduce a new mode of delivery for the injectable contraceptive Depo-Provera.

## Recommendations

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

- **Increase the national budget allocations to FP programs.** The government needs to fulfill its strong policy commitments to increase its funding for FP programs. The MOH should continue its advocacy efforts and monitoring of the budget to ensure that commitments are fulfilled and that contraceptives are ordered in time to avoid stockouts.



Photo credit: Diana Mrzlikova

- **Strengthen coordination of repositioning family planning.** The DSR should ensure that the multisectoral coordination mechanism is functional. By facilitating the work of partners and stakeholders, the DSR can sustain the enthusiasm generated by the full participation of all stakeholders in the preparation of the National Action Plan for FP issued in 2012.
- **Build the capacity of regional directorates of health and districts.** These agencies need to strengthen their capacity to coordinate FP programs to harmonize approaches, mobilize more resources, and foster community participation.
- **Cultivate and support champions at all levels.** Senegal already has some FP champions, but they are mostly at the national level. Identifying, creating, and strengthening champions at the national, regional, and local levels would help to improve access to FP services and information, especially in communities.
- **Extend FP services for all to meet the unmet need for family planning.** The government and other stakeholders can expand access to FP services by scaling up successful FP approaches, adding

injectables to community-based distribution programs, offering long-term contraception methods at all health facilities or by referral, reinforcing staff capacity and promoting task shifting, engaging males in FP programs, building public-private partnerships, and contracting out services to CSOs and the private sector.

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

- **Strengthen coordination mechanisms among CSOs.** Weaknesses in coordination, representation, and networking affect CSOs' capacity to take advantage of opportunities offered to them. Better coordination would help the CSOs to build complementarity and avoid competition.

Senegal is well-positioned to take advantage of the favorable environment created by the repositioning FP initiative. Strong policies are in place, innovative FP approaches are being pilot tested, and CSOs are very committed. International partners have mobilized substantial resources, although more funding will be needed to make FP services and information available throughout the country.

## 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.<sup>3</sup>

Futures Group conducted the assessment in Senegal during July 2–25, 2012. The process included collection of available data on FP programs and funding as well as interviews with 21 key informants, including government officials, CSOs, and donors.

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

Maiga, Modibo, and Aissatou Lo. 2012. *Repositioning Family Planning in Senegal: A Baseline*. Washington, DC: Futures Group. Available at: [www.futuresgroup.com](http://www.futuresgroup.com).

## Resources

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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 15, 2013, from <http://www.cpc.unc.edu/measure/publications/SR-12-63>.

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