



Agir pour la Planification Familiale

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Promoting a Favorable Policy Environment for Family Planning in Burkina Faso: The Contribution of AgirPF

INTRODUCTION

In February 2011, Burkina Faso participated in a conference titled Population, Development, and Family Planning (FP) in Francophone West Africa: An Urgency for Action, which was held in Ouagadougou. The conference participants created the Ouagadougou Partnership (OP), which committed countries to repositioning FP to a higher level on their respective national agendas. It is within the context of this dynamic that OP countries put action plans in place aimed at revitalizing their FP efforts.

Agir pour la Planification Familiale (AgirPF), a regional project financed by the U.S. Agency for International Development (USAID)/West Africa for the period 2013–2018 and implemented by EngenderHealth, supports the implementation of these action plans for the five intervention countries of Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo.

Among the strategic directions of AgirPF is the *improvement of the policy environment for FP programs*. To achieve this goal, the project has worked since 2013 in close collaboration with the five country governments, the OP, the West Africa Health Organization (WAHO), and other partners to identify the best strategies, taking into account FP analyses showing: substantial unmet need for FP services, inadequacies in the offer of available services, weak political support for FP programs, and sociocultural obstacles to access to and use of services. Given the decisive role of strong political will and supportive religious and traditional leadership in the implementation of FP plans, Burkina Faso adopted a *two-fold advocacy strategy aimed at*: 1). public administrators and other authorities, and 2). religious and traditional leaders. This brief describes the experiences of Burkina Faso in this effort.

CONTEXT

In Burkina Faso reproductive health (RH) indicators continue to be of great concern: Maternal mortality rates are elevated (371 maternal deaths per 100,000 live births), as are infant and child mortality (61 deaths per 1,000 and 89 per 1,000, respectively), while the contraceptive prevalence rate for modern methods is only 25% among married women, unmet need for FP is 25.3%, and the total fertility rate is 5.4 lifetime births per woman (INSD and ICF International. 2010).

The in-depth diagnoses carried out to prepare the national plan to revitalize FP in 2013–2015 revealed the following:

- There is weak *demand* (40%) for FP services among women of childbearing age, with fewer than half of them using a contraceptive; reasons include the desire for another child, difficulties in accessing services, and reasons of a socio-cultural nature.
- Serious inadequacies also exist in the *offer* of services, as well as a substantial limitation on *access* to services, especially at the community level. However, in Burkina Faso, there are qualified personnel in the field to whom tasks can be shifted for provision of an effective range of FP services.



- The *policy environment* was characterized by the absence of strong political will for revitalizing FP, and the lack of texts and operational policies needed to implement the RH/FP law enacted in 2005, as well as other existing measures intended to support FP and services for youth and adolescents.
- Finally, the *socio-cultural climate* discouraged and constrained the use of FP because of rumors related to contraceptive methods, certain harmful traditional practices such as early marriage, and the weak economic and decision-making power of women.
- However, the country had registered some notable advances in the purchase of contraceptives from the government's own funds, and coalitions of key stakeholders were in favor of FP.

IMPLEMENTATION OF AN ADVOCACY STRATEGY

Burkina Faso has implemented a twofold advocacy strategy by taking the following steps, supported with technical assistance from AgirPF and other partners:

- *Development of a “Strategic Action Plan for Advocacy and Policy.”* This includes an analysis of policy barriers to FP in Burkina Faso, as well as concrete measures to reduce the identified barriers through specific advocacy objectives.
- *Development of advocacy tools for public administrators and decision makers.* These tools consist of a RAPID model for Burkina Faso as a whole for 2014 and urban RAPID¹ models for Ouagadougou, Bobo Dioulasso, and Koudougou. These models, which incorporate pertinent

and compelling data, were designed to help decision makers understand that promoting FP makes it possible to capture the demographic dividend², and thus dispel the notion that a rapidly growing population serves national development goals. The tools were prepared with representatives of many entities³ to ensure their credibility.

- *Development of an advocacy tool for religious leaders, known as “Religious RAPID.”* This tool was designed with the active participation of religious leaders, incorporating forceful religious teachings from their respective sacred texts that are favorable to promoting FP. These tools have helped to advance a sensitive dialogue with religious and traditional communities regarding the benefits of FP for socioeconomic development and the demographic dividend. They made it possible to reach a consensus on the concept of “responsible childbearing,” a more appropriate concept than “birth spacing,” which previously served as the basis for their involvement in RH.
- *Training*, by transferring skills in advocacy to counterparts⁴, including analyses of barriers to FP, effective use of data in policy dialogue, identification of target audiences, and tailoring of messages appropriate for advocacy objectives.
- *Preparation of advocacy plans*, produced in training workshops and finalized with assistance from AgirPF, including six advocacy plans of RCPFAS and 10 advocacy plans of the Union of Religious and Traditional Groups of Burkina Faso (URCB)⁵—three for Catholics, two for Protestants, three for Muslims, and two others for traditional groups.
- *Institutional strengthening of the RCPFAS⁶*, by AgirPF in collaboration with WAHO, to ensure that the network can function effectively in pursuing long-term advocacy

1. RAPID, which stands for Resources for the Awareness of Population Impacts on Development, is one of a suite of models known as SPECTRUM—easy-to-use policy models that provide policymakers with an analytic tool to support the decision making process. The models have been developed over the past four decades in response to needs expressed by donors, international development organizations, and national governments.

2. The demographic dividend refers to the accelerated economic growth that is expected to result from a decline in a country's birthrates and death rates and the subsequent change in the population's age structure. With fewer births each year, the size of a country's young dependent population will decline relative to the size of the working-age population. With fewer dependents to support, the society then has a window of opportunity for rapid economic growth if the right social and economic policies are developed and appropriate investments are made (PRB, 2012).

3. Entities include key ministries (Health, Economy and Finance, Promotion of Women and of Gender, Civil Service, Labor and Social Security, Communication, National Education, Literacy), the National Office of Population, the National Institute of Statistics and Demography, the Higher Institute of Population Sciences, and civil society organizations.

4. Counterparts include representatives of the Ministry of Health and other ministries, Réseau de Champions en Plaidoyer pour le Financement Adéquat de la Santé (RCPFAS), the Parliamentarian Network on Population and Development, religious leaders, women's organizations, and Regional Health Directors.

5. This nonprofit organization was founded in 2007 with the mission of creating synergistic actions among stakeholders in the field of HIV and AIDS and expanded its mission in 2011 to take RH into account.

6. The RCPFAS networks were created through the support of WAHO, with the aim of implementing the 2001 Declaration of Abuja, which called on countries to allocate at least 15% of their national budgets to the health sector.

to remove policy barriers to FP. The strengthened advocacy capacity of the network has opened a new approach to supporting policy dialogue in favor of FP.⁷

- *Institutional strengthening of the URCEB* through support for the development of advocacy tools, reinforcement of advocacy capacities, and the development, adoption, and establishment of a policy for promotion of responsible childbearing within religious communities. The URCEB subsequently received a small grant from AgirPF to implement its advocacy plans.

To support the implementation of activities envisioned in the advocacy plans prepared by different groups, the country RAPID, urban RAPID, and religious Rapid tools and their accompanying brochures have been widely used, specifically:

- In the National Assembly (NA) and the Economic and Social Council in October 2016, aimed at informing parliamentarians of the importance of FP for national development, and the actions they should take
- With various target audiences, with the aim of implementing the RH/FP law, reducing barriers to FP, and providing services adapted to the needs of youth and adolescent, among other objectives
- At several levels within religious and traditional communities, to promote responsible childbearing in Burkina Faso

RESULTS

The principal results of carrying out the advocacy strategy in Burkina Faso can be summarized as follows:

- Adoption of two implementing texts for the RH law
- Adoption of a Strategic Plan of Youth Health 2015–2020
- Adoption of a proposition for operationalizing free FP in Burkina Faso

- Passage by Parliament of the 2017 budget with an allocation for the purchase of contraceptive products higher than the request presented by the Ministry of Health, and significantly higher than the previous year: 500 million CFA, compared with 175 million CFA in 2016
- An initiative taken by the President of the National Assembly (PNA) to organize a high-level regional meeting in Ouagadougou of the PNAs of the Economic Community of West African States (ECOWAS), Mauritania, and Chad, which succeeded in committing them to adequate health financing and capture of the demographic dividend, and actions taken by the PNA to ensure the success of the meeting⁸
- Written commitments signed by a dozen high-level religious dignitaries in favor of responsible childbearing
- Adoption and implementation of a national strategy for engaging religious and traditional organizations in promoting responsible childbearing

OBSERVATIONS AND CONCLUSION

A coherent advocacy effort in support of FP calling on decision makers to capture the demographic dividend is currently underway, with the assistance of tools and plans developed by stakeholders from many sectors and levels. Results from this advocacy are now measurable, and other results are expected. The successes that have been recorded can be explained by a number of key factors, notably:

- *The advocacy strategy* is focused on the two key determinants of the policy environment of FP, which are political support and the socio-cultural climate, so that government officials are less fearful of seeing their efforts in favor of FP contradicted by religious and traditional leaders.
- *The element of “ownership,”* which is critical to the credibility of advocacy messages, is evident in the wide range of key stakeholders integrally involved in the production of advocacy tools and plans.

7. This included a regional training for RCPFAS networks in March 2014 organized by AgirPF and WAHO, aimed at resource mobilization for health financing; inclusion of a dozen members of RCPFAS-Burkina Faso in a training for stakeholders in September 2014 to prioritize barriers to FP in Burkina Faso, develop advocacy plans, and effectively use the RAPID Burkina tools; and a workshop in January 2016 aimed at strengthening the skills of RCPFAS-Burkina on concepts of leadership, management, and governance, updating their advocacy plans, and reaching agreement on the terms for their implementation.

8. The PNA of Burkina Faso assured that nearly 50% of the financing for the meeting came from the NA's own funds and mobilized the remaining needed resources from partner organizations. He also sent NA representatives to other The PNA of Burkina Faso assured that nearly 50% of the financing for the meeting came from the NA's own funds and mobilized the remaining needed resources from partner organizations. He also sent NA representatives to other countries to encourage their high-level participation and used the occasion of the meeting of PNAs of francophone countries in Luxembourg to advocate in favor of the active participation of their peers. Finally, he accepted the formal role of following up the recommendations of the Ouagadougou meeting.

- *The availability of pertinent and compelling data used in the RAPID tools* has persuaded decision makers and religious leaders that investments in FP in the long run will serve the foundations of socioeconomic development in their countries.
- *Institutional strengthening and skills transfer* have assured a lasting advocacy presence for FP within the country.
- *The methodological approach of AgirPF and the regional partnership with WAHO* have increased the legitimacy and credibility of efforts at the country level.

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