AWARENESS Project
Burkina Faso Country Report
2002–2007

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The *Institute for Reproductive Health*, affiliated with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods for family planning.

The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

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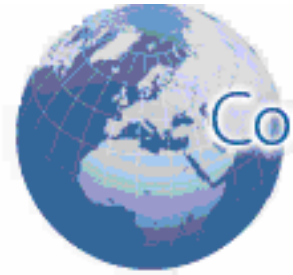
Acronyms

AGC	Association Génération Convaincue
ASMADE	Association Songui Manégré/Aide au Développement Endogène
CBD	Community-based Distributor
CDPF	Commission Diocésaine de la Pastorale Familiale
IEC	Information, Education, and Communication
IRH	Institute for Reproductive Health
LAM	Lactational Amenorrhea Method
MIS	Management Information System
MOH	Ministry of Health
OCADES	Organisation Catholique pour le Développement et la Solidarité
SDM	Standard Days Method®
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development



Country Program Summary

Burkina Faso

In 2002, the MOH invited IRH to conduct a pilot study of the acceptability and feasibility of introducing the SDM through public and private-sector services. IRH collaborated with JHPIEGO to conduct the study in three sites. Results showed high acceptability with clients and providers. The SDM appeared to be an acceptable family planning method because, similar to traditional methods familiar to approximately half of Burkinabé women and men, the method does not have any effect on women's health and has no side effects. During the pilot study, 78% of SDM acceptors reported that they chose the method for this reason, with 16% of SDM acceptors citing moral/religious considerations. The study also showed the feasibility of providing the SDM though the public-sector family planning program. The MOH therefore decided to expand SDM availability throughout the country and include it in national reproductive health norms. Scale-up efforts began in June 2005 when the MOH included the SDM on the list of methods to promote and CycleBeads on its essential family planning commodities procurement list. To expand coverage, IRH and JHPIEGO developed alliances across a broad network of faith-based and secular organizations.

Strong endorsement from top Catholic clerics, the MOH, and community leaders (both Muslim and Christian) has been key to making SDM an integral part of the family planning program in Burkina Faso. Through the successes of Catholic networks with SDM and LAM, other dioceses and organizations have begun to incorporate them in their programming.

A number of challenges remain. Incorporation of the SDM into national reporting systems was problematic, as the system is weak, with tools not scheduled for update until 2010. IRH and JHPIEGO worked with the MOH on an interim system of reporting SDM users. And, although CycleBeads are included on the MOH's essential family planning methods procurement list, they are not on the UNFPA commodity list, limiting their availability. Efforts by the MOH and the JSI DELIVER Project to include CycleBeads in the national Contraceptive Procurement Table may solve this issue. In the meantime, the Burkinabé MOH has decided to allocate the profits from all other contraceptive methods to procuring CycleBeads.

In June 2006, the MOH, in partnership with IRH and JHPIEGO, launched an initiative to reposition the Lactational Amenorrhea Method (LAM) as a means for helping postpartum women transition to family planning use. The MOH requested assistance from IRH and JHPIEGO to add LAM to the method mix.

IRH and JHPIEGO have trained 17 master trainers on the SDM and 13 on LAM. These trainers have trained over 120 SDM providers and more than 150 LAM providers. The SDM is available in 57 sites and LAM in nine. Eight other partners have started providing the SDM and/or LAM and together these organizations have registered more than 5,000 SDM users and more than 300 LAM users (under-reporting is significant). IRH and JHPIEGO are seeking options for continued support for LAM and SDM in Burkina Faso.

I. Introduction

Source: CIA World Factbook 2008

Burkina Faso is a landlocked Sahelian country in the heart of West Africa with a population of about 14 million, characterized by its youth (49% under 15 years of age; 3.6% over 65 years of age). The country is experiencing rapid population growth (2.7% per year), and health indicators are poor. The infant mortality rate is 97 per 1,000 live births, life expectancy at birth is only 46 years, and the estimated unmet need for family planning is 28.8%. Although knowledge of modern family planning methods is high and these methods are available in most of the country, many Burkinabé women prefer to use natural/traditional methods. Among the approximately 14% of women of reproductive age in Burkina Faso who report using some method of family planning, 4.2% report using a traditional method.[1]

In 2002, the Ministry of Health (MOH) invited the Georgetown University Institute for Reproductive Health (IRH) to conduct a pilot study to evaluate the acceptability and feasibility of introducing the Standard Days Method® (SDM). IRH collaborated with JHPIEGO to conduct the study in three sites: one in a rural area and the other two in an urban setting in Ouagadougou. The study results showed that Burkinabé couples accepted the SDM and that it could easily be integrated into existing family planning programs. In light of these findings, the MOH decided to expand the availability of the SDM to other health care facilities throughout the country and include it in their national reproductive health norms. Scale-up efforts began in June 2005 when the MOH included the SDM on the list of methods to promote and CycleBeads® on its essential family planning methods procurement list.

As a result of the MOH decision, SDM services have expanded in the capital city of Ouagadougou, the provinces of Bobo Dioulasso, Kaya, Koudougou, and Ouargaye. In the effort to increase program size and coverage, IRH and JHPIEGO developed alliances across a network of organizations including the Association Burkinabé pour le Bien-Être Familiale, Centre Médical Saint Camille, Voisins Mondiaux, Association Burkinabé des Sages-Femmes, Organisation Catholique pour le Développement et la Solidarité (OCADES) - Kaya, La Commission Diocésaine de la Pastorale Familiale (CDPF), Association Génération Convaincue (AGC), and Association Songui Manégré/Aide au Développement Endogène (ASMADE).

JHPIEGO was the main implementing partner for the AWARENESS Project in Burkina Faso. IRH provided 90% of funding and JHPIEGO provided 10%. IRH and JHPIEGO continue to work on mobilizing more resources for SDM and LAM expansion in Burkina Faso.

In June 2006, the MOH requested IRH assistance to add the Lactational Amenorrhea Method (LAM) to the method mix, due to high demand for natural methods in general and the potential these methods have to expand family planning use in Burkina Faso. MOH officials were particularly interested in LAM because of its potential to help postpartum women transition to family planning use. The project first introduced LAM in Ouagadougou, and the experience there guided further activities. IRH, in collaboration with JHPIEGO, trained LAM trainers and

[1] Annuaire Statistique Santé 2006. Ministère de la Santeé Burkina Faso (http://www.insd.bf/)

providers and gave technical support to the MOH to re-initiate, start, or expand LAM services in Ouagadougou.

II. Objectives and Strategy

The main purpose of IRH activities in Burkina Faso was to increase access to and use of safe, effective family planning by integrating the SDM and LAM into public and private-sector reproductive health services and by building the capacity of key stakeholders to offer these methods.

The program strategy included working with JHPIEGO to introduce the SDM and LAM through regular MOH health systems and through partners' community-distribution channels. The original plan was to introduce the SDM only in Ouagadougou, due to funding limitations. As demand quickly increased, the MOH requested that the team scale up the SDM in other provinces where local health authorities invited JHPIEGO to work and where contraceptive prevalence was low and demand for natural methods high. JHPIEGO engaged one person, paid through a grant from IRH, to oversee SDM and LAM services. IRH trained JHPIEGO staff on all aspects of SDM and LAM provision. JHPIEGO, together with IRH personnel, then trained MOH trainers who trained providers, under JHPIEGO supervision. IRH also partnered with other highly credible and effective local organizations to scale up the SDM and LAM, including the ASMADE, AGC, and CDPF. These organizations introduced the methods into youth programs, church volunteer programs, and women's groups.

In June 2006, IRH and the ACCESS-FP Project supported LAM introduction on a pilot basis in nine facilities of the districts of Paul VI and Kosodo in a semi-urban area of Ouagadougou. JHPIEGO/Burkina Faso and the MOH implemented the pilot activities. IRH worked with JHPIEGO to train trainers who subsequently trained providers. The team collected data on LAM services, including number of users, number of clients choosing another method, and those transitioning to another method when LAM expires. At the time of this report, IRH, JHPIEGO, and the MOH were discussing how future LAM and SDM activities might be financed.

III. Activities and Accomplishments

After the pilot study, the project advocated to first include the SDM in national norms and guidelines, then train trainers and providers, and create demand for services. The team also worked to assure quality of services and help the MOH integrate CycleBeads into their procurement and logistics system. The project also strengthened and expanded existing LAM services and provided training, follow-up support, and other technical assistance to public and private-sector organizations.

Table 1. Partners, Roles, and Accomplishments

Collaborating organizations	Activities undertaken	Partner's Role	IRH and JHPIEGO's role	Accomplishments
Ministry of Health (MOH)	Integration of SDM and LAM in routine	• Trained providers • Monitored program activities	• Provided technical support • Provided IEC and	• SDM part of routine services in many parts of the country • LAM and SDM integrated into

Collaborating organizations	Activities undertaken	Partner's Role	IRH and JHPIEGO's role	Accomplishments
	family planning services	• Supported SDM and LAM implementation • Scaled up SDM and LAM services • Reviewed training material to integrate new methods	training material • Advocated for SDM integration in program • Procured and provided CycleBeads to the MOH	the National Reproductive Health Policy and national norms • SDM and LAM integrated into the national family planning training manual • CycleBeads integrated into the national procurement list • Increased number of SDM and LAM users • SDM and LAM included in national data collection mechanisms
Voisins Mondiaux	Community-based SDM provision in major rural areas	• Trained providers and community-based distributors (CBDs) • Sensitized communities • Collected SDM data • Purchased CycleBeads	• Provided technical support • Provided IEC and training material • Advocated for SDM integration in program	• Reached very-hard-to-reach rural populations through community distribution • Increased overall family planning use through SDM introduction • Partner used own funds and resources for SDM activities
Association Songui Manégré/Aide au Développement Endogène (ASMADE)	Community-based SDM provision	• Sensitized and trained health agents and community workers • Collected SDM data • Conducted IEC activities	• Financed all activities though a sub-agreement • Followed up with clients • Provided technical support • Conducted IEC activities at the national level • Provided training material	• Reached hard-to-reach rural people • Increased the visibility of the SDM by using peer educators • Involved women's group in SDM dissemination • Increased the number of family planning users through SDM introduction
Association Génération Convaincue (AGC)	Community-based SDM provision	• Sensitized youth to family planning • Trained CBDs and peer educators on the SDM • Collected SDM data	• Provided technical support on SDM implementation • Provided IEC and training material • Advocated for SDM integration in program	• SDM integrated in rural vicinities of Ouagadougou • Youth involved in family planning provision • Increased demand for other methods through SDM provision
Commission Diocésaine de la Pastorale Familiale (CDPF)	Community-based SDM provision (through Catholic catechists) within the province of Koudougou	• Introduced the SDM in Koudougou • Sensitized local population • Integrated the SDM into religious teaching of catechists	• Provided technical support • Provided sample IEC materials • Trained trainers • Followed up to ensure quality services • Financed activities	• Reached hard-to-reach Catholic community of Koudougou • Introduced a new community distribution strategy through catechists • SDM curriculum developed in local languages • IEC materials developed in local languages

Collaborating organizations	Activities undertaken	Partner's Role	IRH and JHPIEGO's role	Accomplishments
		• Translated SDM materials into local languages (Mooré and Lylé)	through a sub-agreement • Advocated for SDM integration into catechists' curriculum	• SDM integrated into the regular health discussion program on the national Catholic radio (Radio Notre Dame)
Medicus Mondo	SDM integration into 4 clinics and community provision	• Purchased CycleBeads with own funds • Trained providers with own funds • Provided SDM services	• Followed up to ensure quality services • Provided technical support • Provided sample IEC materials	• SDM offered with funding from Medicus Mondo • SDM data collected
Saint Camille	Integrated SDM and LAM in 2 clinics	• Introduced SDM and LAM in 2 reference clinics supported by the Catholic Church • Trained providers	• Provided technical support to ensure quality services • Provided sample IEC and training material	• SDM introduced at Saint Camille • Significant involvement of priests, sisters, and catechists in family planning activities • Data collected • LAM integrated into pre and postnatal counseling

A. Research

As indicated earlier, in 2002, the MOH invited IRH to conduct a pilot study to evaluate the acceptability and feasibility of introducing the SDM into the method mix at selected family planning facilities. The results of the study—conducted in three sites in collaboration with JHPIEGO—suggested the SDM is acceptable to Burkinabé couples and that it is feasible to introduce it into existing family planning services. The SDM appeared to be an acceptable family planning method because, similar to traditional methods familiar to approximately half of Burkinabé women and men, the method has no side effects. Among SDM acceptors, 78% reported that they chose the method for this reason. In addition, 16% of SDM acceptors cited moral/religious considerations and husband/partner disapproval of other methods as the reason they chose the SDM. Furthermore, periodic abstinence was familiar to many SDM acceptors: 14% of SDM acceptors reported they had used periodic abstinence in the past, while 8.5% reported using it in the last two months.

IRH also worked to reinforce LAM services in Burkina Faso. In collaboration with the MOH and JHPIEGO, IRH conducted a situation analysis to assess demand. The assessment revealed that LAM instruction was available in a very limited number of health service sites in Burkina Faso before 2002 and there had been no organized support for LAM services. According to key informants, LAM services are very probably not available in any significant way in Burkina Faso, and there are extremely few, if any, LAM users in the country. IRH and JHPIEGO first introduced LAM in two districts of Ouagadougou (Kossodo and Paul VI). The LAM final report contains detailed results of LAM introduction in Burkina Faso.

B. Building awareness of and support for SDM and LAM

Due to funding limitations, there have not been any coordinated national IEC activities to create demand for LAM and SDM in Burkina Faso, although each partner conducted small-scale IEC activities in its coverage areas. IRH donated a number of posters from other African programs, and JHPIEGO printed T-shirts with LAM messages for service providers. ASMADE engaged in sensitization activities in 12 villages in the vicinity of Ouagadougou. The CDPF used its radio station, *Notre Dame* of Koudougou province, to promote the SDM and LAM. CDPF also organized plays and included SDM messages in other church activities in the province. IRH and JHPIEGO conducted advocacy activities and met with numerous officials, including the Minister of Health, the Archbishop of Ouagadougou, and other community leaders to encourage them to endorse and give high priority to family planning.

Knowledge of these new methods spread primarily by providers talking to clients and clients telling their neighbors. Some clinics conducted talks and included these methods in their health fairs. The JHPIEGO country director also identified opportunities, such as partner meetings and radio and TV interviews, to talk about the SDM and LAM. Examples include presentations at the second Congress of the Society of Gynecologists and Obstetricians in Bobo-Dioulasso in November 2005 and at the national meeting of the Maternities Network (West Regions) in January 2007.

C. Developing the capacity of local organizations

JHPIEGO has been the primary USAID cooperating agency supporting the MOH in family planning provision in Burkina Faso. IRH trained JHPIEGO on all aspects of SDM and LAM implementation including training trainers and providers on how to screen and counsel clients, building SDM and LAM into the supervision system, promoting the SDM and LAM and providing information to potential users, ensuring CycleBeads' availability where services are offered, collecting data on SDM and LAM clients and services for reporting and management, creating a supportive environment to facilitate sustainability, and conducting evaluations to inform quality service. With IRH support, JHPIEGO has become the reference organization on these methods, and the government has relied on JHPIEGO for technical support.

IRH provided funds and training to JHPIEGO to coordinate all SDM and LAM activities and support services in the private and public sectors JHPIEGO has become the reference organization for natural methods in Burkina Faso.

In collaboration with JHPIEGO, IRH also trained ASMADE, AGC, and CDPF. These partners have already introduced the SDM into their programs in rural Burkina Faso, with the following positive results.

Association Songui Manégré/Aide au Développement Endogène (ASMADE) is a women's group committed to the cause of social and economic advancement in Burkina Faso. ASMADE implements sexual and reproductive health programs and added the SDM to services in 12 villages in the department of Saaba, Kadiogo province. Its strategy is to provide a supportive social setting that makes it easier for women to use family planning correctly and continuously. In addition to their regular door-to-door distribution and work in seven government clinics,

ASMADE organizes monthly meetings in a community member's home or a community center. Health care providers and members of the community gather at these meetings, creating an opportunity for women to talk about family planning, support one another's family planning use, and receive counseling on the SDM and other methods. IRH worked closely with ASMADE in the implementation process. As a result, ASMADE developed confidence in offering the SDM and registered many users, as portrayed in the table below. The SDM accounts for approximately 20% of new family planning users in ASMADE sites during this six-month period.

Table 2: Cumulative Number of New SDM Users Compared to New Users of Other Methods Offered in ASMADE zones (October 2006 through March 2007)

Health Centers*	**Contraceptive Methods**						
	Pill	**Injectable**	**Norplant**	**IUD**	**Condom**	**SDM**	**Total**
CM Saaba	249	433	69	02	11	65	**829**
CSPS Tanghin	6	23	0	0	0	23	**52**
CSPS Tanlarghin	192	266	0	0	0	52	**510**
CSPS Tansombintenga	18	30	0	0	0	25	**73**
CSPS Nioko 1	142	230	0	0	0	52	**424**
Clinique Laafi Nooma	148	145	0	0		15	**308**
ASMADE's partnering organizations	0	0	0	0	0	41	**41**
Laafi La VIIM à Tanghin Dassouri	0	0	0	0	0	200	**200**
Association filles mères	0	0	0	0	0	75	**75**
Total	**755**	**1,127**	**69**	**2**	**11**	**548**	**2,512**

*** CM: health center without maternity; CSPS: health center with maternity**

Association Génération Convaincue (AGC) is a youth association affiliated with the Catholic Church that works in rural zones of Kaya. Its objective is to increase the use of health services in general among youth and family planning in particular. AGC generally selects village-based youth volunteers for mobilizing the community for family planning and maternal and child health services. Youth volunteers visit households in their villages at regular intervals and encourage couples to adopt a family planning method of their choice. The project employed 30 community-based volunteers and covered four villages and four health centers. AGC registered more than 500 SDM users. JHPIEGO, with support from IRH, worked closely with AGC to ensure SDM quality services.

The Commission Diocésaine de la Pastorale Familiale (CDPF) is a program of the Diocese of Koudougou that manages health and family programs of the Catholic Church. A priest manages CDPF, which uses catechist volunteers to promote health services. IRH had a sub-agreement with CDPF to introduce the SDM into four districts covered by the diocese. IRH, in collaboration with JHPIEGO, trained CDPF trainers, who in turn trained catechist volunteers to deliver the SDM and LAM in low-resource settings of Koudougou. Volunteers are "model" Catholic couples called "pastors" who are trained in ministering to hard-to-reach communities. Counseling is a central part of catechists' preparation and training, and they have been offering the SDM in their routine "client-centered" interactions. IRH identified a core group of CDPF leaders in all parishes who served as trainers, supervisors, and providers of technical support for other volunteers in the community. Some 170 catechist couples from 23 parishes received training on the SDM, and they registered more than 2,000 SDM users.

The IRH and CDPF collaboration resulted in greater acceptance of family planning. The program oriented leaders from different parishes on family planning in general and the SDM in particular. Numerous church fora hosted discussions about the SDM. Trained village-based volunteers helped organize many of the workshops and meetings. These efforts have helped dispel myths related to family planning, break down communication barriers, and build strong public opinion in favor of family planning among the communities served by CDPF.

D. Generating commitment of resources to SDM by governments, NGOs, or donor agencies

Strong endorsement from top Catholic clerics, the MOH, and community leaders has made the SDM an integral part of the family planning program in Burkina Faso. For example, in Koudougou province, SDM use has become widespread due to the commitment of Catholic leaders. OCADES/KAYA, an affiliate of the Catholic Relief Services, allocated resources for SDM training. JHPIEGO trained OCADES to offer the SDM, and the group introduced the methods into their 22 community-distribution channels with their own resources. Through the CDPF network of volunteer catechists and due to their success with the SDM, other Catholic dioceses in Burkina Faso have begun to introduce the SDM and LAM. Examples include the Saint Camille Hospital which provides the SDM and LAM with its own resources. World Neighbors also has introduced the SDM into their community-distribution network in rural areas with its own funding. IRH and JHPIEGO have provided them all with an initial donation of a small number of CycleBeads and limited technical support.

E. Incorporating the SDM and LAM into reporting systems

Data collection on all health indicators is problematic at the national level in Burkina Faso. However, all methods included in the MOH reproductive health policies and norms are also part of the national management information system (MIS), so the SDM and LAM are included on the national data compilation document. Nevertheless, IRH had difficulties getting data from providers, as individual client cards did not include the SDM and LAM. These documents are only revised once every five years, if funding is available, with the next revision scheduled for 2010. In the meantime, the MOH and JHPIEGO agreed that the SDM should be recorded on the space reserved for “other” under the code “collier” (necklace) and reported to the central MIS office. For LAM, JHPIEGO produced separate client cards, as suggested by the MOH. These temporary cards will be used until the method is scaled up in additional sites and the reporting documents are revised. Although these strategies are not ideal, they appear to be the best that can be achieved at this time. All assume, however, that this situation results in incomplete data about the actual number of SDM and LAM users.

F. Incorporating the SDM into the logistics system

The Burkinabé MOH has included CycleBeads in its essential family planning methods procurement list. However, the MOH purchases exclusively through the United Nations Population Fund (UNFPA). Because CycleBeads are not on the UNFPA commodity list, they cannot be acquired through normal purchasing processes, making efforts to increase their

availability problematic. Efforts by IRH and JHPIEGO at the time of this report to include CycleBeads in the MOH contraceptive procurement table may solve this issue, but immediate action is required to avoid stockout. In the meantime, the Burkinabé MOH decided to allocate the profits from all other contraceptive methods to CycleBeads. Although this is a temporary and relatively small measure, it shows the Burkinabé MOH's commitment to the SDM.

G. Summary of the SDM introduction and expansion experience

The SDM and LAM have become integral parts of the family planning services offered by the Burkina Faso MOH. Government and NGO clinics offer these methods as do community-based channels. To date, the SDM is available in organized programs in the provinces of Ouagadougou, Bobo Dioulasso, Kaya, Koudougou, and Ouargaye. Together with JHPIEGO, IRH has trained 17 master trainers on the SDM and 13 on LAM. These trainers have trained 120 SDM providers and 151 LAM providers. The SDM is available in 57 sites and LAM in nine sites. Eight other partners are involved or have started providing the SDM and/or LAM and together these organizations have registered more than 5,000 SDM users and more than 300 LAM users since scale-up activities started in Burkina Faso. Not only health professionals offer SDM and LAM services, but also trained "lower-level" cadres such as matrons, community distributors, peer educators, and catechist volunteers. The program put a strong emphasis on advocating for male involvement in reproductive health in general and family planning in particular. Training materials are now available in local languages, and partners developed limited numbers of IEC activities. Clients, providers, and policymakers continue to support the SDM and LAM, as they see these methods as tools to reposition the struggling family planning program.

A trainer instructs another trainer on SDM counseling.

IV. Challenges

The demand for SDM and LAM services has been high, and the MOH has expressed interest in expanding the program nationwide. However, due to limited funding, IRH and JHPIEGO have only been able to support expansion on a very limited basis. IRH and JHPIEGO have been exploring other funding opportunities, but due to the absence of a USAID mission in Burkina, funding sources are limited.

V. Lessons Learned

- Burkina Faso's openness to using trained "lower-level" cadres to provide the SDM and LAM services had an important effect on access, without compromising quality.
- Involving men proved to be an important factor in SDM and LAM program success.

- The participation of a strong and experienced implementing partner was key to the success of SDM and LAM integration.
- Building partners' capacity to sustain the SDM and LAM program proved to be essential. IRH helped the MOH incorporate sustainability into the program design by selecting sites that can cover some of the recurrent program costs, such as staff salaries and facility maintenance.
- Data are key to obtain the endorsement of government and health professionals. The pilot study results contributed to the success of SDM integration in Burkina Faso.

VI. Future Plans

Additional efforts should be made to seek additional funding for SDM and LAM services in Burkina Faso. Ongoing mentoring and additional capacity building are needed at all levels. The MOH also needs additional assistance to overcome procurement and logistics challenges. The faith-based organizations that have shown great enthusiasm for and success with SDM need technical assistance and other support. Funding for these activities is critical to ensure sustained availability of the SDM in Burkina Faso.