# BREAKING DOWN BARRIERS TO CONTRACEPTIVE CHOICE: INCREASING ACCESS TO THE IMPLANT AND IUD IN BURKINA FASO AND TOGO

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## SIGNIFICANCE/BACKGROUND

Only 15% of married women in Burkina Faso and 13% in Togo use a modern method of family planning (FP), while millions more—24% in Burkina Faso and 31% in Togo—have an unmet need for FP. Furthermore, only 3% of married women in Burkina Faso and 1% in Togo are able to access and use the implant or intrauterine device (IUD). Geographic, financial, informational, and health systems barriers impede many clients from choosing these two highly effective long-acting and reversible contraceptives (LARCs). Improving access to a wide range of FP methods is imperative to fulfilling reproductive rights.

## PROGRAM INTERVENTION/ACTIVITY TESTED

The RESPOND Project built public-sector FP capacity in Burkina Faso and Togo based on the holistic Supply–Enabling Environment–Demand (SEED™) Programming Model. The SEED model is based on the concept that FP programs will be more successful and sustainable if they comprehensively address the many factors that affect people's health. To do so, they can develop interventions that improve the quality and availability of services (supply), strengthen health systems and create a climate that encourages people to seek health care (enabling environment), and improve people's knowledge of sexual and reproductive health and inspire them to seek needed services (demand).

The project worked with the Ministry of Health (MOH) in each country to train 104 providers from 82 health facilities in counseling and clinical FP. During 75 "special service days," providers traveled to lower-level health facilities to offer a wider range of methods than usual at no cost to clients. The Burkina Faso MOH reduced and standardized user fees for implants and IUDs. Across the two countries, 29 MOH officers received training in Reality √, a tool for FP planning and advocacy. Thirty-two satisfied clients joined providers to champion FP on 90 radio shows and in more than 600 public talks. Radio spots aired 3,290 times, targeting men with FP messages.

Malikatou, age 20, chose the implant at a special service day in Togo.

Victoire, age 37, chose the implant at a special service day in Togo.


Madame Ouaba supervises FP services as a Reproductive Health Officer in Burkina Faso.

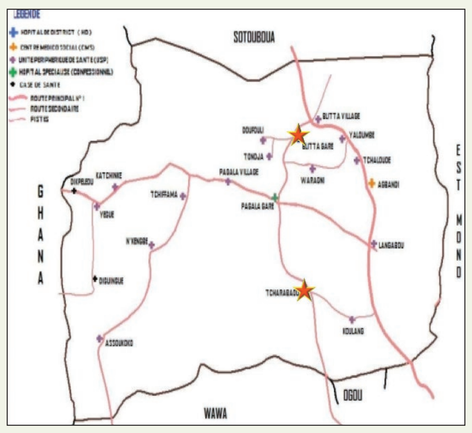
## METHODOLOGY

The project focused on three health districts in Burkina Faso and two in Togo with a combined population of over 1.5 million. In the five intervention districts and in two comparison districts, evaluators examined supervision results for 141 providers and FP service statistics over a two-year period. Furthermore, 803 clients, 173 providers, 32 MOH managers, and 15 client champions participated in structured interviews. Audits of 219 health facilities were conducted at baseline (June–July 2011) and endline (November–December 2012) to measure changes in infection prevention practices and the availability of trained providers, products, supplies, and equipment for FP services.

## RESULTS/KEY FINDINGS

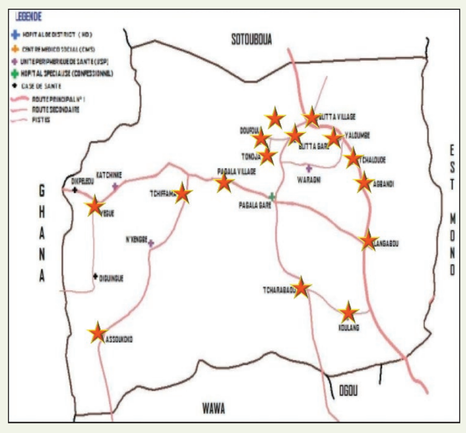
Access to a wide range of methods increased dramatically in the five districts. At baseline, 13 public-sector health care facilities could offer the implant and only five could offer the IUD. At endline, 57 facilities offered both. At endline, intervention districts provided 2.6 times more implants per month (1,409 insertions) than they did in the same month of the prior year (538 insertions). The comparison districts saw a smaller rise: Their monthly implant insertions doubled, from 66 to 134. While the comparison districts saw no increase in IUD use, IUD insertions in the intervention districts increased from eight to 67 per month—an eight-fold increase.

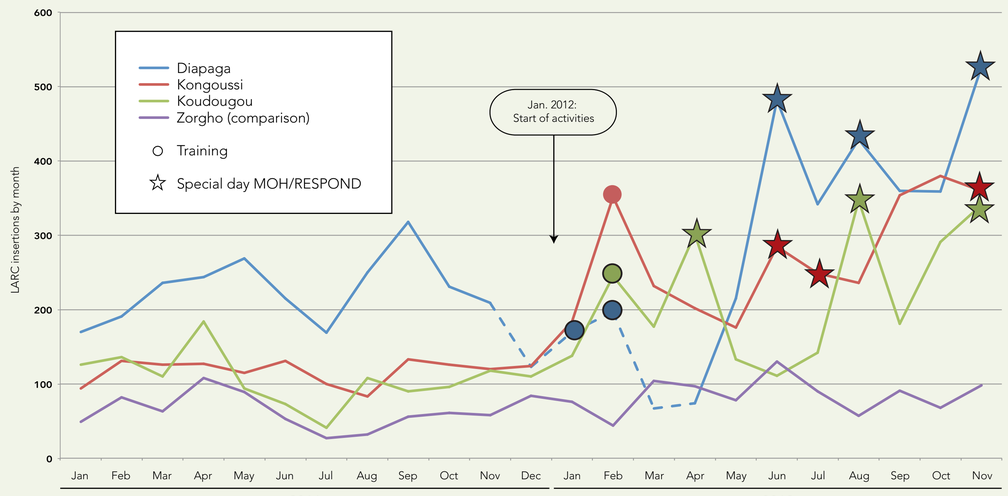
Before—June 2011




Example of increased access to implants, Blitta District, Togo

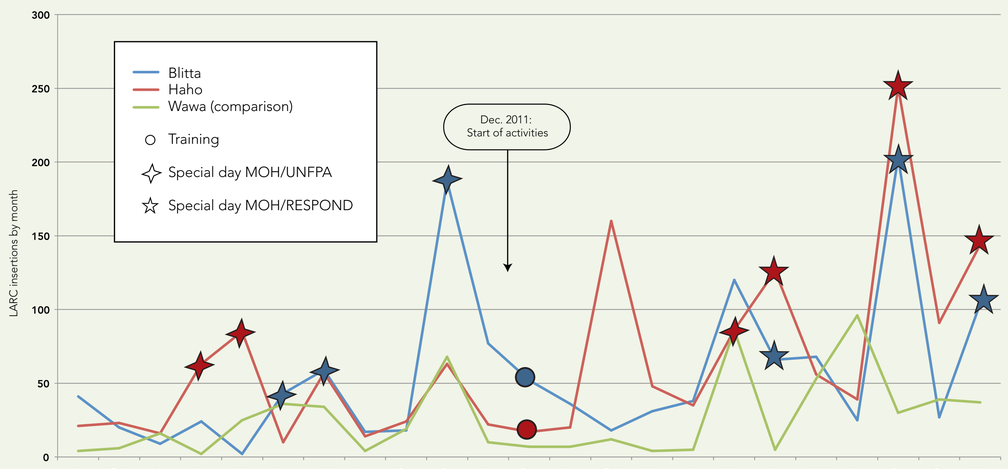
After—Dec 2012




**LARC use in Burkina Faso districts, January 2011–November 2012**

** Diapaga district had major stockouts of implants from December 2011 to April 2012*




**LARC use in Togo districts, January 2011–November 2012**

## PROGRAM IMPLICATIONS/LESSONS

- With holistic planning and the right inputs, the MOHs expanded contraceptive choice. Both MOHs are scaling up best practices based on holistic programming models.
- It is critical to refresh providers' counseling and infection prevention skills, as the project did, before training them to offer additional methods.
- Demand for LARCs is high when geographic, financial, and informational barriers are reduced.

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