REGIONAL PROGRAM "REPRODUCTIVE HEALTH AND HIV PREVENTION IN THE ECOWAS REGION" (PRSR)

West African Health Organization (WAHO) - KfW

Fact sheet

Community-based distribution of contraceptives in Burkina Faso

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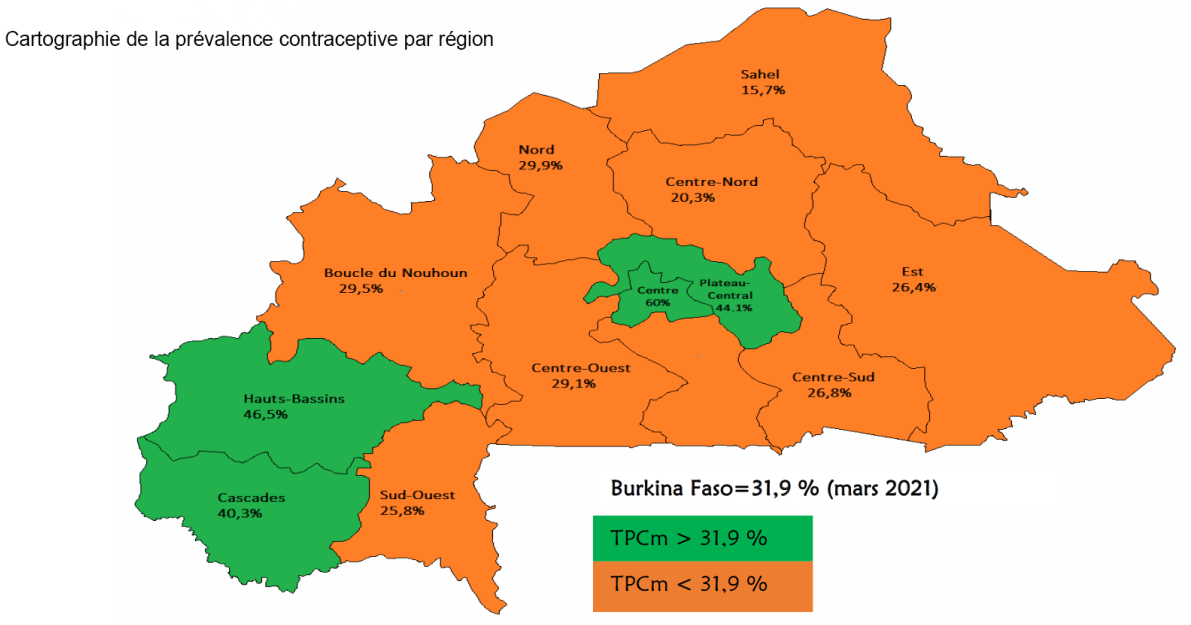
I. BACKGROUND

In Burkina Faso, despite the efforts made by the government, international organizations and associations to promote family planning (FP) among the population, contraceptive prevalence remains low. In 2021, 34% of women aged 15-49 in union were using a contraceptive method, primarily a modern one (32%)[1] . The latest data indicate a steady rise in the modern contraceptive prevalence rate, although at a slower pace compared to previous years.[2]



Source: National Family Planning Plan 2021-2025, Burkina Faso

As part of the Regional Reproductive Health and HIV Prevention Program (PRSR) in the Economic Community of West African States (ECOWAS) region, Kreditanstalt für Wiederaufbau (KfW) and the West African Health Organization (WAHO) have signed a financing agreement for a Regional Financing Mechanism (RFM) aiming at contributing to better reproductive health and wider reproductive health commodity security in the West African region. The RFM comprises three components: the Commodity Purchase Fund (CPF), the Capacity Building Fund (CBF), and cross-cutting activities.

Within this context, in Burkina Faso, the Social Marketing and Health Communication Program (PROMACO), an NGO specialized in social marketing and a sub-recipient of the MFR, has been supporting the Nanoro health district in implementing the strategy of community-based distribution (CBD) of contraceptives since 2020. This involves providing community health workers (CHWs) with contraceptive pills, which they distribute to women in the community.

This fact sheet documents the issues, challenges and results of community-based distribution of contraceptive pills in the Nanoro health district, Burkina Faso, in 2020. It also documents the main lessons learned and provides recommendations with a view to replicating best practices in the ECOWAS region.

[1] Burkina Faso Demographic and Health Survey 2021

[2] https://fp2030.org/fr/burkina-fas

II. CONTEXT AND CHALLENGES

Task-shifting is a strategy recommended by the World Health Organization (WHO) to address the shortage and uneven distribution of healthcare personnel. It involves a more rational distribution of tasks and responsibilities between various categories of health workers, including community health workers (CHWs). The WHO considers task-shifting as a promising strategy to improve access and cost-effectiveness within health systems[3] .

Burkina Faso has mobilised community health workers (CHWs) to address the shortage of healthcare human resources and improve access to basic healthcare services in communities. CHWs serve as local assistants in the Burkina Faso's healthcare system. They are involved in prevention, curative services, and the promotion of key family practices, including birth registration and community-based distribution of contraceptives. Between 2020 and 2021, there were 17,648 CHWs in Burkina Faso, of which 34.5% were women. They act as intermediaries between the healthcare system, its partners, and the communities they come from. They are selected by the community, trained, and linked to a Health and Social Promotion Center (CSPS).[4]

One of the challenges faced by community-based healthcare approaches is the supply and use of family planning services. To address this, Burkina Faso has developed a national strategy for community health for the period 2019-2023 to strengthen its universal healthcare coverage policy. Despite an increase in knowledge about family planning methods and services among the Burkinabe population in recent years[5], the demand for family planning services remains relatively low, with 19.4% of currently married women having an unmet need for FP[6].

In Burkina Faso, community-based distribution (CBD) of contraceptives began in 1995 in three (3) regions (South-West, Boucle du Mouhoun and East) to help reduce unmet need for FP needs. Its aim was to improve the demand and use of FP services in Burkina Faso, and to make quality RH/FP services accessible throughout the country, especially in remote areas. CBD also reduces economic barriers by ensuring that contraceptives are financially accessible. Finally, this approach has a cognitive influence through the communication of accurate, reliable and easy-to-understand information so that customers can make informed choices about the methods they wish to use.

There are currently two main approaches to CBD in Burkina Faso:

- The classical approach: Community-based distribution is entirely organized and managed by health structures. Health services delegate CBD activities to CHWs under the supervision of healthcare teams. Health providers conduct training, supervision, and monitoring of CHWs.
- The contractual approach: This approach uses organizations that are well-integrated into the community to provide services. The contractualization of community-based organizations (CBOs) is implemented at the peripheral level in the country's 13 health regions and allows for significant involvement of different stakeholders: the government, civil society, communities, and technical and financial partners. This model allows District

[3] Community health worker programmes in the WHO African Region: evidence and options - guidance note. Geneva: World Health Organization, 2017.license: CC BY-NC-SA 3.0 IGO.

[4] Roadmap for community health BF, Update 2021

[5] Burkina Faso National Family Planning Acceleration Plan 2017-2020

[6] National Institute of Statistics and Demography, Demographic and Health Module Survey (EMDS), 2015

Executive Teams (ECD) to focus on more technical tasks by delegating community-based services to other service providers[7].

Engagement of community health workers in Burkina Faso

Training

Basic training lasts 19 days. The training includes theory and practice in the form of immersion in health centers : (I)Prevention and health promotion/communication techniques, (II)Community IMCI/Malaria management for over-fives, (III) Health information management. Upgrading takes place every two years, depending on the availability of financial resources and needs, but is not systematic.

Motivation

CHWs are community volunteers. They receive an incentive of 20,000FCFA /month. Payment of the incentive is conditional on a certificate of service completed, prepared and sent to the Department of Health Promotion and Education (DPES) through the chain of command. CHWs also receive a one-off per diem of 3,000 FCFA/day (minimum), paid during the organization of campaigns and other activities.

Supervision

CHWs are supervised every two months by the Health and Social Promotion Center team. However, field visits may be organized by other higher levels to assess the implementation of activities. Joint supervision is carried out by the CSPS and the community-based organizations (CBOs) on a quarterly basis.

Data collection

Data collection and reporting tools have been developed and CHWs have been trained in their use. Every month, the CHWs submit reports which are compiled by the health center into a monthly community activity report (RMA-C). These RMA-Cs are sent to the health district for entry into the District Health Information System, version 2 (DHIS2) (Endos-BF). Decentralized data entry by the health centers is already operational in the Boucle du Mouhoun region.

Links with the healthcare system

- CHWs are recognized as part of the official health system (policies defining their roles, tasks and relationship with the health system are in place).
- The national health budget contains appropriate provisions for CHWs, but delays in releasing resources for incentive payments are frequent.
- The CHWs and the community know where the referral facility is, but have no means of transporting patients there.
- The patient is referred with a form and is followed up informally by the CHW, as counter-referral is not systematic.
- Children under 5 and pregnant women are not charged user fees for the provision of services.

Community involvement

The community has chosen CHW by accepting its care. It fully embraces the services offered by the CHWs. The community health clubs currently being set up are visible symbols of community commitment to improving people's health. Mutual health insurance schemes also need to be operationalized.

Source: Burkina Faso Community Health Roadmap, Update 2021

[7] Mbow FB, Ningue EAB, Diop N, Mané B, Ngouana R. 2015. "Task delegation at community level in family planning in Ouagadougou Partnership countries: Experiences and lessons learned for effective implementation - Synthesis report". Dakar: Population Council

III. METHODOLOGY

The capitalization of experience was coordinated by the PRSR Regional Consultant team (Swiss TPH) in partnership with the Program Management Unit at OOAS from November 07 to 12, 2022 in Burkina Faso.

The team used a mixed-methods approach, namely: primary data collection through semi-structured individual interviews and focus groups with key stakeholders including PROMACO, the Directorate of health promotion and education (DPES), the District Health Team (DHT) of Nanoro, two (2) head nurses, four (4) community health workers (CHWs) and six (6) beneficiaries from Health and social promotion centers (CSPS) of Siglé and Somassi in the Nanoro health district. These data were completed and triangulated by a review of secondary data, including policy documents, strategic plans, activity reports, etc.

The aim was to document the main results achieved by CBD of contraceptives supported by PRSR funding and technical support. This was done by identifying and documenting the strengths and weaknesses of CBD activities as perceived by key stakeholders, and identifying opportunities and constraints for future program development or replication.

IV. KEY RESULTS

IV.1 Intervention strategy

In 2020, the Nanoro health district, where CBD was implemented, had a population of 178,602 and covered 31 healthcare facilities and 42,043 women of childbearing age, according to the 2021 statistical directory. Located in the Center-West region of Burkina Faso, the Nanoro health district is 90 km from the capital, Ouagadougou.

The CBD strategy used by PROMACO was based on the national mechanism of CHWs. The intervention aimed at strengthening their capacities in the community distribution of contraceptive products and support the District Health Team (DHT) of Nanoro in activity monitoring and reporting.

There was alignment between the strategies developed at the national level and their implementation at the community level, particularly in Siglé and Somassi. However, due to local specificities, CSPS adapted their approaches to reach their targets. Collaboration between CHWs and head nurses allowed for the adaptation of family planning services for young women who were not in unions, the wives of emigrants who preferred confidentiality and were referred to CSPS, and youths who were more easily reached in “kiosks”[8] or schools.

Monthly review meetings between DHT, head nurses, and CHWs were organized to share challenges and successes. These meetings aimed to ensure the effective implementation of planned activities (Home Visits, educational talks, CHW supervision by head nurses and DHT members). They involved reviewing the status of the previous month's activities and planning for the coming month, collecting data sheets after verifying their content quality, identifying strengths

[8] Shops where young people of the same age meet for tea or coffee

and challenges, and providing recommendations or suggestions for improvement. In addition to initial training, these monthly review meetings provided a platform for sharing experiences, successes, and challenges between DHT/ head nurses/ CHWs and collaborative learning among CHW peers to resolve issues, overcome logistical or organizational challenges, answer questions, or share knowledge. This practice contributed to harmonizing, evaluating, and realigning the strategy.

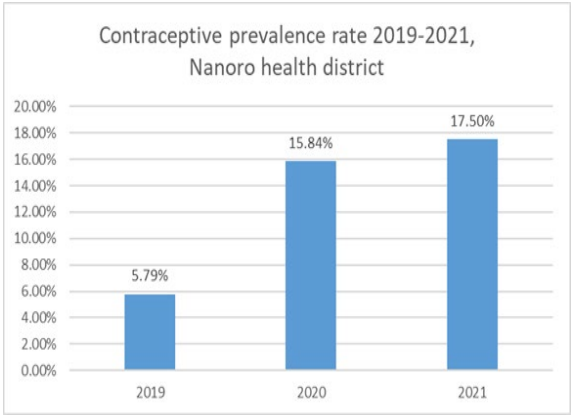
IV.2 Intervention results

- *Increase in contraceptive prevalence since 2020 in Nanoro District*

Regarding contraceptive prevalence, the Nanoro district lags behind other health districts. Negative perceptions of contraception, primarily due to strong religious influence and rumors, persist.

However, since the implementation of the CBD strategy, there has been a significant improvement in the indicators, particularly a **sharp increase in contraceptive prevalence, with a rate that more than tripled between 2019 and 2021** (2019: 5.79%; 2020: 15.84%; 2021: 17.50%).

It can be hypothesized that this rapid progress is partly due to the contribution of CHWs in reducing unmet family planning needs, as well as the introduction of injectable contraceptives. Even though injectable contraceptives are not funded products under the PRSR, their availability through CHWs trained and supervised by PROMACO has increased contraceptive prevalence in the Nanoro district. This aligns with existing scientific data confirming that the injectable contraceptive (DMPA-SC) has the potential to expand access to contraception, increase its use, and provide women and adolescent girls with more choice from a wide range of methods[9].



Source: Nanoro health district report

- Creation of more dynamic demand by CHWs

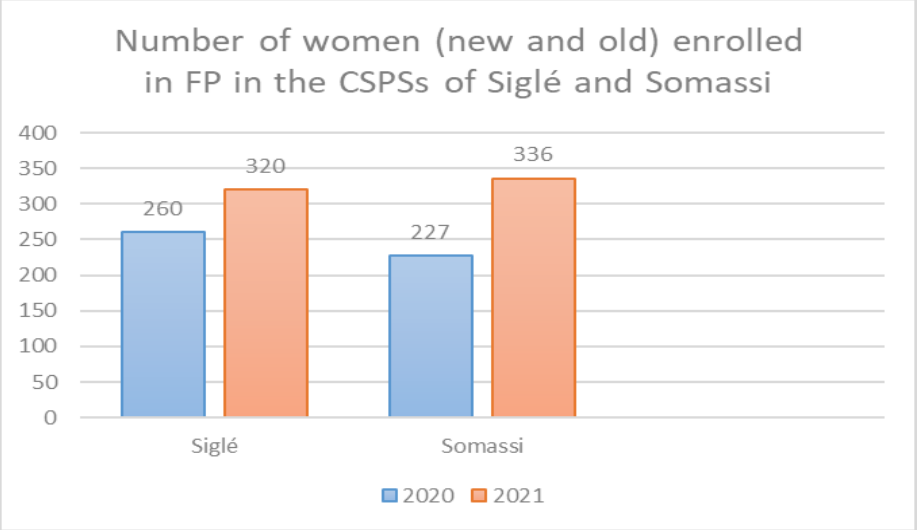
CHWs have increased demand through community awareness-raising activities, home visits, and specific channels of information and service provision for young people in schools and kiosks. Due to their proximity to beneficiaries, the awareness-raising process is more continuous and facilitates behavioral change among beneficiaries or influencers (husbands, extended family, religious or traditional leaders, etc.).

- Mitigation of socio-cultural barriers, especially for stigmatized populations

[9] PATH. Dossier de plaidoyer du DMPA sous-cutané. Washington, DC : PATH ; disponible sur https://www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneousdmpa/dossier-de-plaidoyer-du-dmpa-sous-cutane/.

In a context where family planning outside of marriage is stigmatized, certain population groups (young girls, emigrant women, and unmarried women) have a preference for injectable forms of contraceptives, which are seen as more discreet. Data shows that the most commonly used products are injectables (DMPA-SC), followed by implants. Making these injectables available through CBD and CHWs has expanded access to family planning for these target groups. Field actors noted progress in mitigating socio-cultural barriers through awareness-raising actions of the CHWs. This is facilitated by the availability of accessible animation tools, including the CHW kit. However, updating and producing a CHW animation image box that includes the family planning component remains a challenge.

"Often, we prefer to receive contraceptive products at the CHW house to avoid traveling kilometers to the CSPS. This gives us greater autonomy to carry out income-generating activities, better care for our children's needs, etc." Siglé beneficiary



Source: Nanoro health district report

IV.3 Obstacles and constraints

On organizational ground

A major constraint involves the **use of prescription notepads** by CHWs. Due to the free distribution of family planning (FP) products and for transparency reasons, CHWs are required to record the distributed products on prescription notepads for traceability before receiving a new supply. Stakeholders in the field report a shortage of these prescription notepads, which hampers the continuity of contraceptive product services. Additionally, the use of prescription notepads can raise issues related to confidentiality. Many beneficiaries, particularly young girls, unmarried women, or those whose husbands are away, prefer not to have their names recorded in the register to cover their identity.

Burkina Faso has set a **fixed monthly motivation for CHWs**. The payment of this motivation is managed by the Directorate of Health Promotion and Education (DPES), which is connected to the General Directorate of Health and Public Hygiene and serves as the national coordinating

body for community health. Field actors report frequent delays in the payment of CHW motivation, which hinders the implementation of CBD.

> *"The health center approach has shown its limitations. It is therefore important to further develop the community-centered approach" Dr. François DRABO, Director DPES*

Another constraint is the limitations of the **initial training of CHWs**, which only covers basic family planning. The lack of in-depth knowledge prevents CHWs from addressing rumors and myths about family planning in the community. However, head nurses have developed local motivation and appreciation strategies for CHWs in the communities, such as involving them in activities and awareness campaigns organized by the district, Health and social promotion centers (CSPS), and offering services like blood pressure measurement with fixed remuneration in villages, vaccination campaigns, etc. These actions enhance the credibility and leadership of CHWs in their communities.

On socio-cultural ground

In general, CHWs inspire respect and **trust among beneficiaries because** they have been chosen by the community.

> *"Because of the wide range of services offered by CHW (counseling, temperature-taking, blood pressure-taking, etc.), buying from them avoids stigmatization, as beneficiaries can go for contraception as well as any other service".*
> *Somassi beneficiary*

However, field actors report persistent **social and religious barriers** that limit the acceptance of contraceptive products. Strategies are developed to overcome these barriers, such as offering family planning services at the homes of CHWs. This avoids the influence of family members (mothers-in-law or husbands), which could be obstacles to accessing the service. The variety of services provided by CHWs (counseling, temperature measurement, blood pressure measurement, etc.) helps reduce the stigma associated with family planning services. Finally, the proximity of CHWs to their target audience also allows for close awareness campaigns that often lead to behavioral changes among spouses or family members of beneficiaries.

V. LESSONS LEARNED

V.1 Impact of the intervention

The Nanoro health district saw its contraceptive prevalence rate triple between 2019 and 2021. Family planning support activities in this district include CBD and the distribution of injectable contraceptives. While it is not possible to attribute this increase to a specific strategy, it is likely that the rising contraceptive prevalence rate is due to the combined action of CBD, which overcomes certain access and acceptability barriers for contraception, and injectable contraceptives, which are preferred by users.

V.2 CHWs' coordination and management

The experience of CBD in the Nanoro health district has highlighted the value of monthly review meetings in improving the quality of CBD service provision. These meetings facilitate the sharing of experiences and the finding of solutions to problems. However, certain limiting factors hinder CBD's operation, such as the delayed payment of CHW allowances, limited family planning training, and issues related to the management and use of prescription notepads (replenishment and confidentiality).

V.3 Optimizing community acceptability of CHWs

CHWs who are chosen through community participation gain the trust of those communities, leading to better acceptance of the services they provide. Communities choose CHWs willingly to receive care from them, and they fully endorse the services offered by CHWs.

V.4 Diversifying the supply of contraceptive products to for better service access

The provision of injectable contraceptives enables the bypassing of sociocultural barriers, especially for stigmatized populations (wives of migrants, young girls, and unmarried women) due to the discretion of the administration method and the duration of action. Data shows that in the Nanoro health district, injectable contraceptives (DMPA-SC) are the most used, even though they are not part of the package of products financed by the Regional Financing Mechanism (MFR).

VI. RECOMMENDATIONS FOR REPLICATION

VI.1 CHW coordination and management

a. Establish permanent exchange and collaborative learning frameworks to facilitate the ongoing monitoring and training of CHWs.

b. Strengthen management capacity (Stock and Finance) of community stakeholders.

c. Implement a regular remuneration mechanism for CHWs.

d. Organize regular operational research to produce better decisions and provide tools to rationalize, simulate and optimize the architecture and operation of CHWs, taking into account local specificities.

VI.2 Community involvement

a. Continue to involve communities in the choice of CHWs to improve the acceptability of the deployed interventions.

b. Ensure accountability of stakeholders to the community through regular meetings to evaluate CHW interventions in the communities.

VI.3 Data collection and use

Implement an innovative data collection system using digital forms for the processing and use of data collected by CHWs.

VI.4 Diversifying the supply of contraceptive products to improve access to services

Direct community-level input funding based on population's needs and preferences especially regarding injectable contraceptives (DMPA-SC).

CONTACT

Women coming to restock contraceptives at the Somassi CSPS

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