PERFORMANCE MONITORING FOR ACTION

PMA BURKINA FASO (HAUTS-BASSINS)

Results from Phase 1 baseline survey

December 2019 - February 2020

FAMILY PLANNING

OVERALL KEY FINDINGS

The mCPR among women in union in Hauts-Bassins is **40%**. It is higher in urban areas than in rural areas.

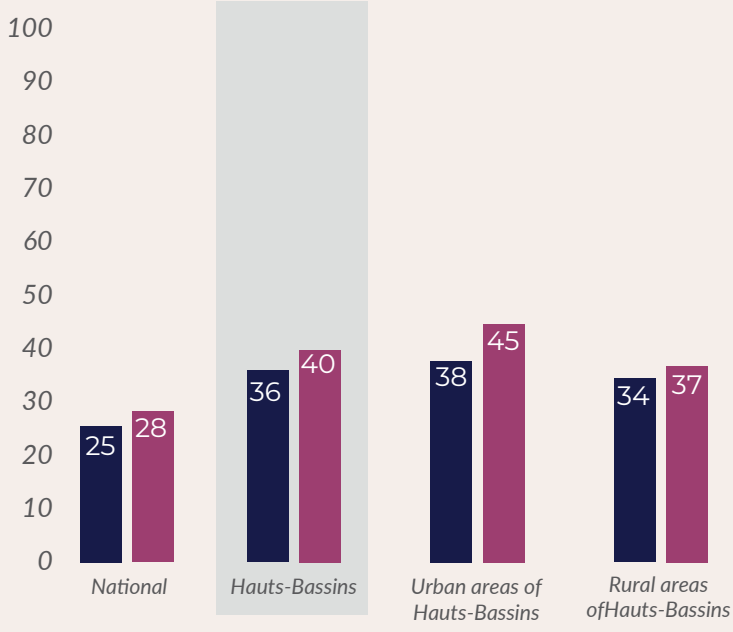
While use of long-acting contraceptive methods is lower in urban than in rural areas, use of short-acting methods is higher in urban compared to rural areas.

With the exception of IUDs, which are more available in urban than in rural public facilities, all other modern contraceptive methods have comparable availability between the two settings.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

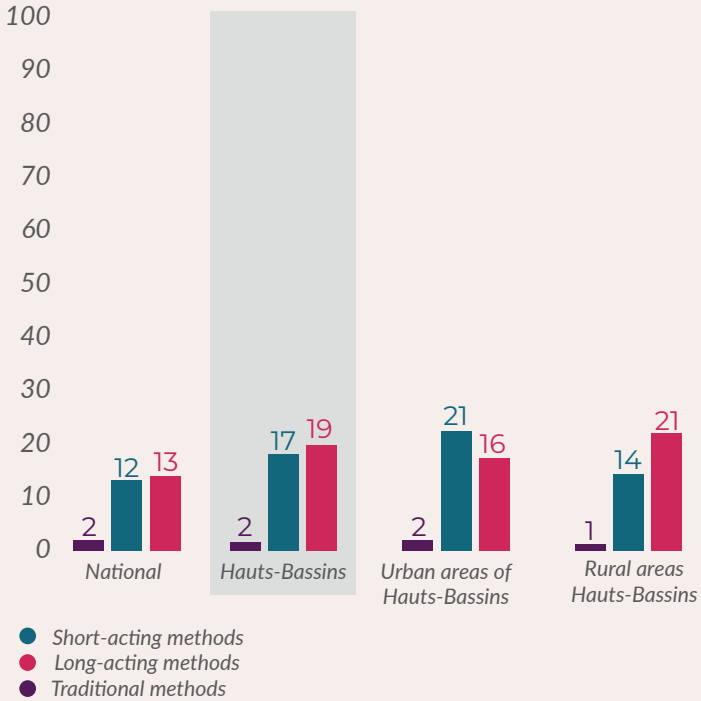
MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (Hauts-Bassins n=1,627)



These results are representative of the Hauts-Bassins region and the urban and rural areas of the region. The urban areas of Hauts-Bassins include the cities of Bobo-Dioulasso, Houndé and Orodara.

PMA | BURKINA FASO
PERFORMANCE MONITORING FOR ACTION

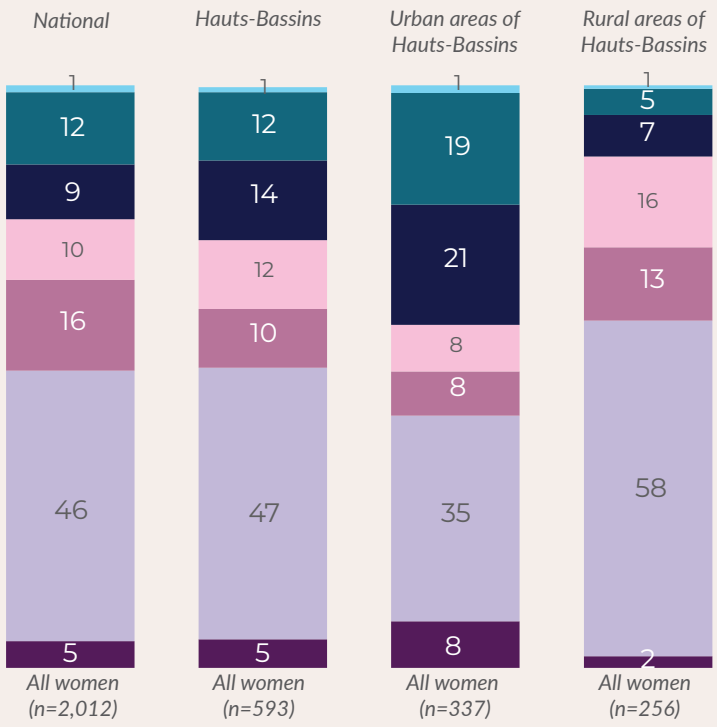
UNIVERSITÉ Joseph Ki-ZERBO ISSP INSTITUT SUPERIEUR DES SCIENCES DE LA POPULATION BURKINA FASO

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH | Bill & Melinda Gates Institute for Population and Reproductive Health

jhpiego Saving lives. Improving health. Transforming futures.

MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49, by method



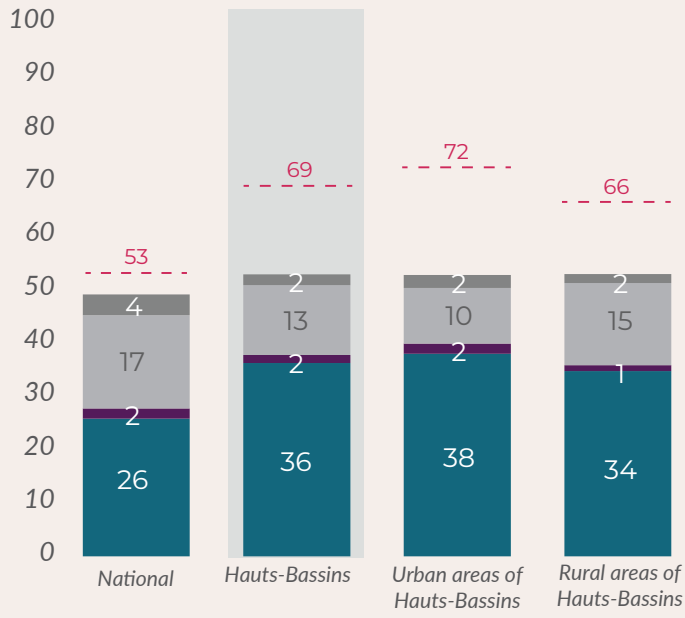
Contraceptive methods :

- *Other*
- *Male condom*
- *Pill*
- *Injectable (SC)*
- *Injectable (IM)*
- *Implant*
- *IUD*

'Other' category includes female condom, diaphragm, foam, female sterilization, male sterilization, standard days method, and LAM.

METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (Hauts-Bassins n=1,627)

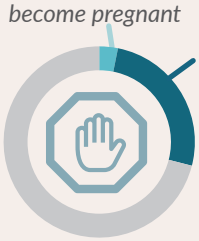


- *Modern method*
- *Traditional method*
- *Unmet need for spacing*
- *Unmet need for limiting*
- *Demand satisfied by modern method*

Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

12-MONTH DISCONTINUATION RATE

Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=401 episodes)



3% *discontinued to become pregnant*

26% *discontinued for other reasons*

Reasons for discontinuation:

5% *experienced method failure*

8% *were concerned over side effects or health*

3% *had other fertility related reasons*

1% *other method-related reasons*

4% *wanted a more effective method*

5% *other/don't know*

Discontinued but switched methods:

8% *switched methods*

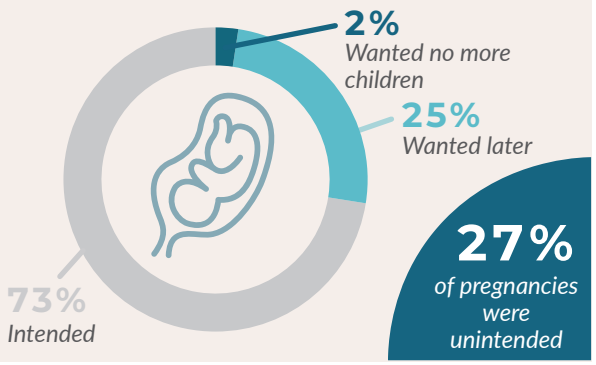
PMA | BURKINA FASO
PERFORMANCE MONITORING FOR ACTION

KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- *Contraceptive demand satisfied by a modern method among women living in Hauts-Bassins is well above the national average for both urban and rural areas in the region.*
- *In* **29%** *of cases, contraceptive method use was discontinued within 12 months of starting. Of these cases,* **18%** *stopped out of concern over side effects or method-related reasons.*
- *Nearly* **three out of ten** *women report that their recent birth or current pregnancy is unintended;* **25%** *of whom would have preferred it to happen later.*

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

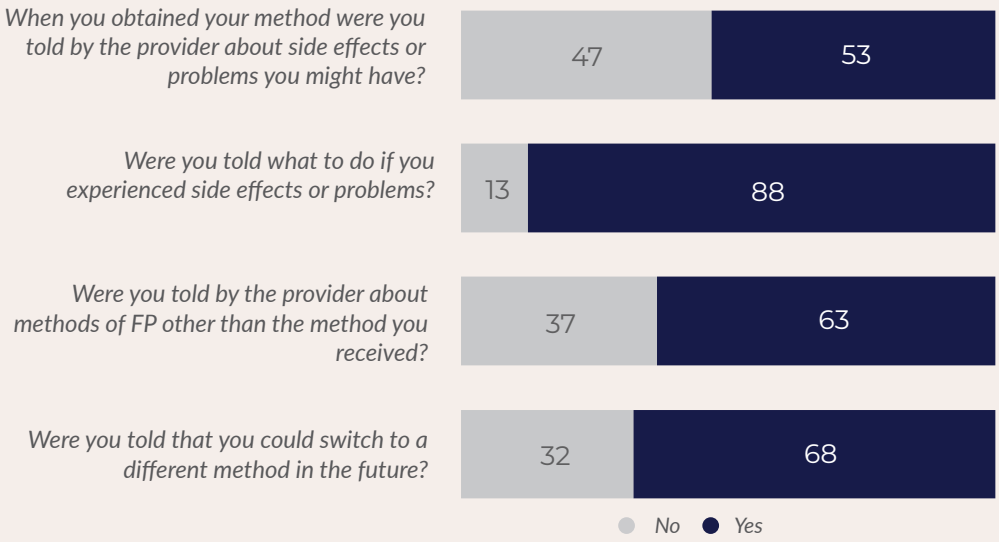
Percent of women by intention of their most recent birth or current pregnancy (n=934)



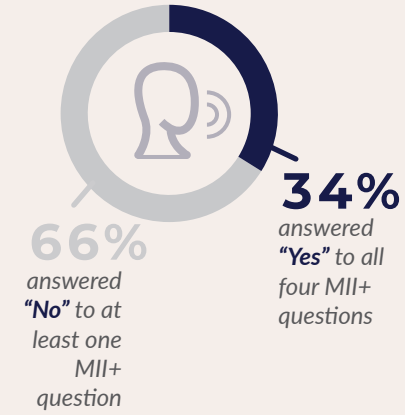
SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=561)

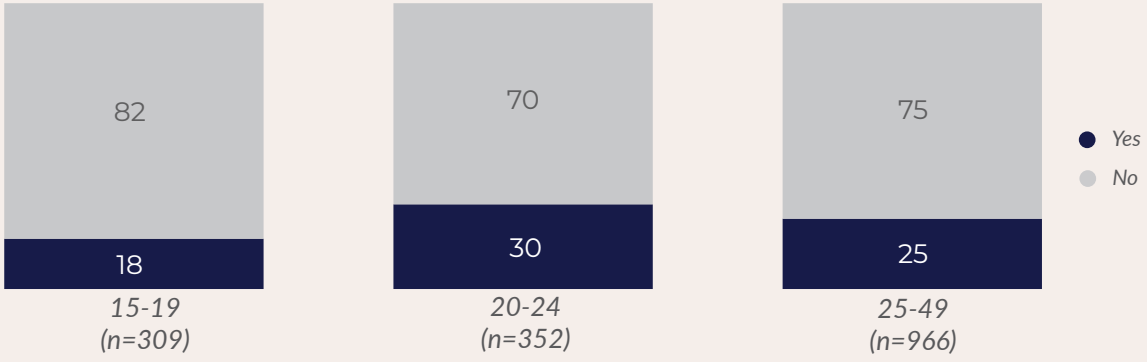


Percent of women who responded "Yes" to all four MII+ questions



DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age



PMA BURKINA FASO
PERFORMANCE MONITORING FOR ACTION

CLIENT EXIT INTERVIEWS

Percent of female clients in the Hauts-Bassins region age 15-49 who said yes to the following questions

During today's visit, did the provider tell you the advantages/disadvantages of the FP method? (n=200)

During today's visit, did you obtain the method of FP you wanted? (n=201)

Were you satisfied with FP services you received today at this facility? (n=201)

Yes *Nos* *Neither (follow-up visit)* *No response*

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

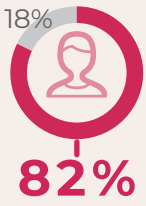
- *Only **53%** of women using a modern contraceptive method were advised about the possible side effects or problems of the chosen method.*
- *The percentage of adolescents who received FP information from health providers or community-based health workers is lower than that of older women.*
- *__96%__ of FP clients are satisfied with the services they received, but only __27%__ reported that the provider informed them of the advantages and disadvantages of the chosen method.*

SECTION 3: PARTNER DYNAMICS

PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=591)

Does your partner know that you are using this method?



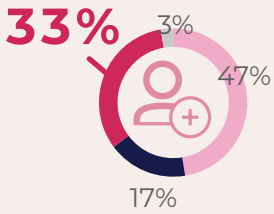
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?

Yes *No*

Modern, female controlled methods includes all modern methods except male sterilization and male condoms

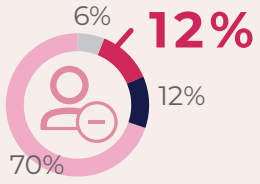
Percent of women who are currently using FP and agree with the following statements (n=616)

Would you say that using FP is mainly your decision?



Percent of women who are not currently using FP and agree with the following statements (n=889)

Would you say that not using FP is mainly your decision?



Joint decision *Mainly respondent* *Mainly partner* *Other*

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

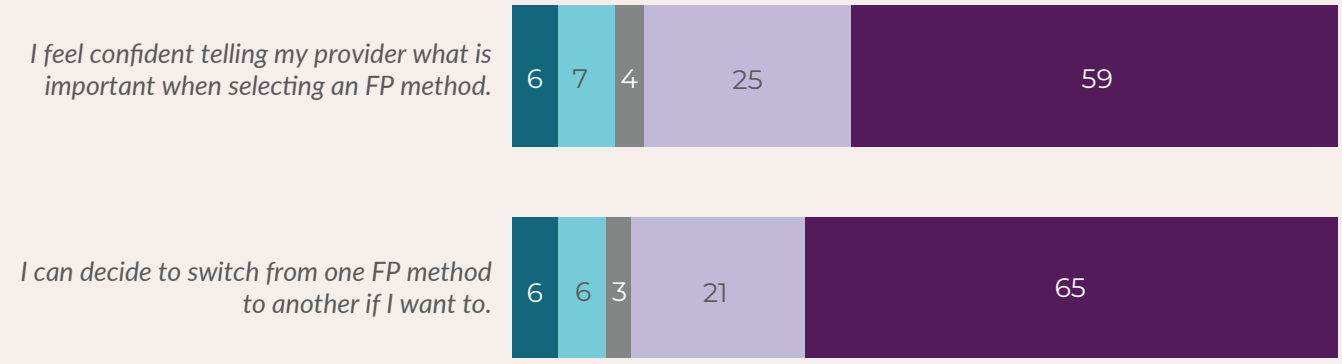
- *Among women using a modern, female controlled method, **18%** report that their partner does not know they are using a contraceptive method.*
- *More than one in ten women who are not currently using a contraceptive method report that this decision was made primarily by their husband/partner.*

PMA | BURKINA FASO
PERFORMANCE MONITORING FOR ACTION

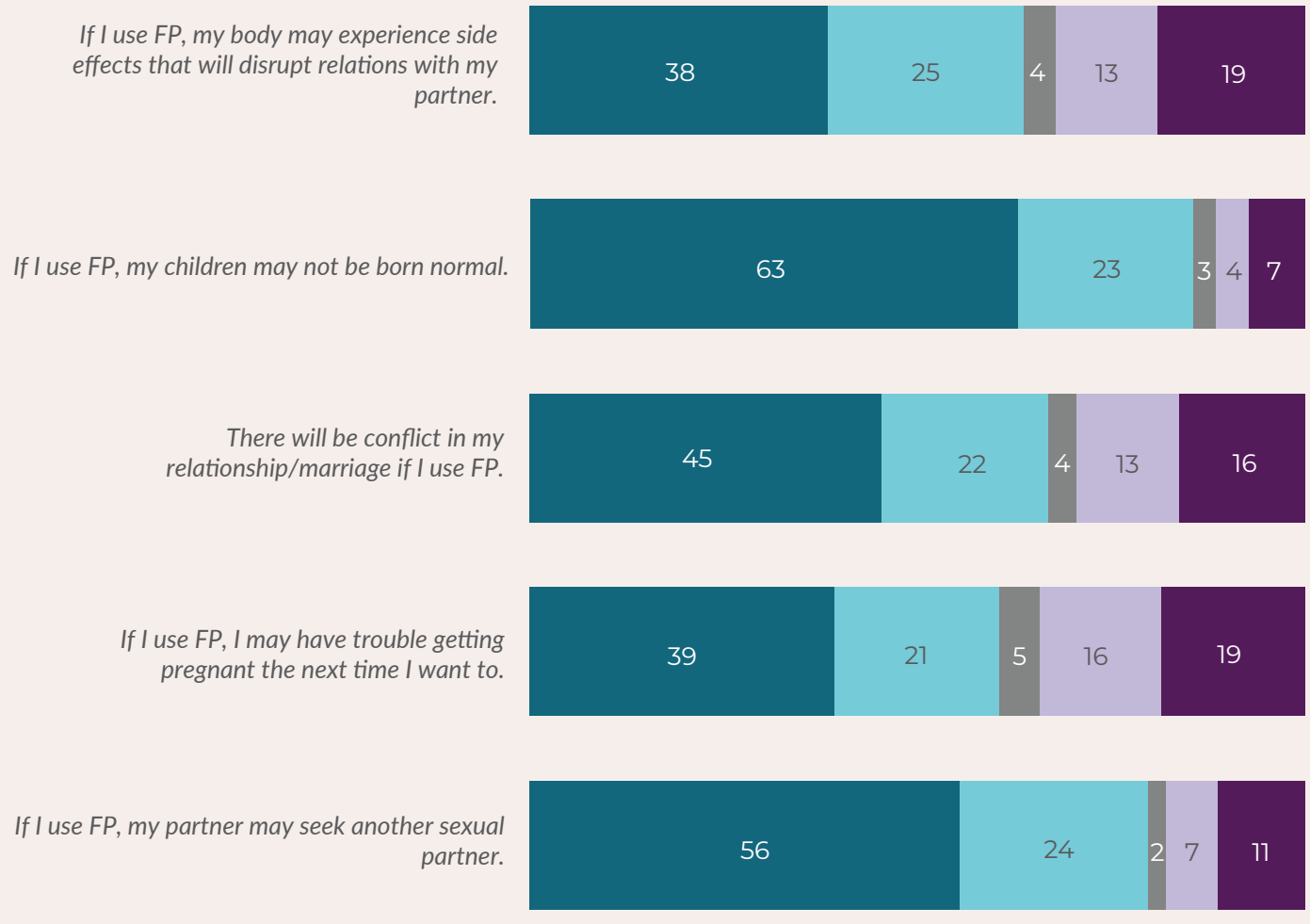
AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement

Exercise of choice (self-efficacy, negotiation) for family planning (n=1,063)



Existence of choice (motivational autonomy) for family planning (n=1,057)



WOMEN AND GIRLS' EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

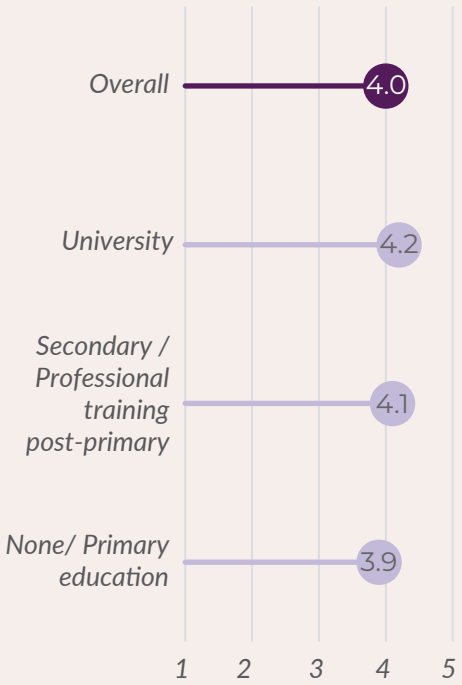
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

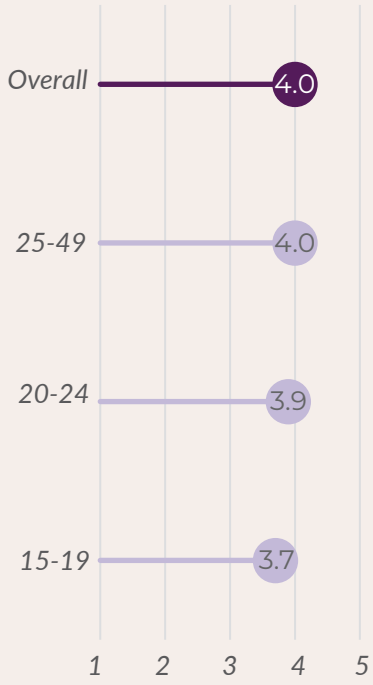
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains .

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education

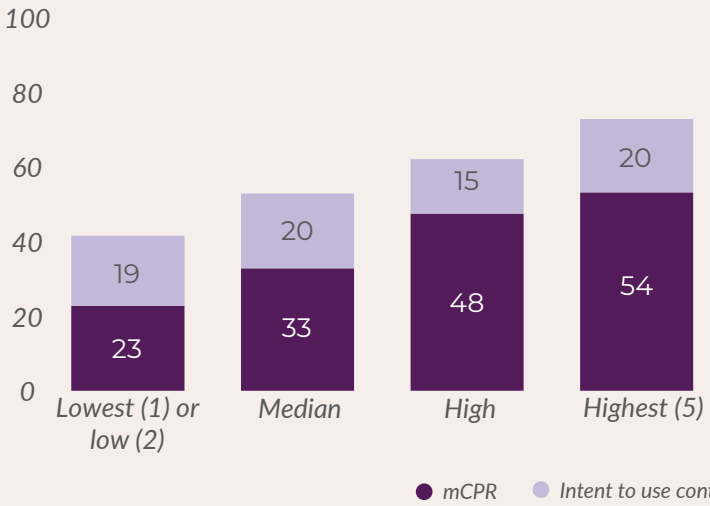


Mean WGE score, by age



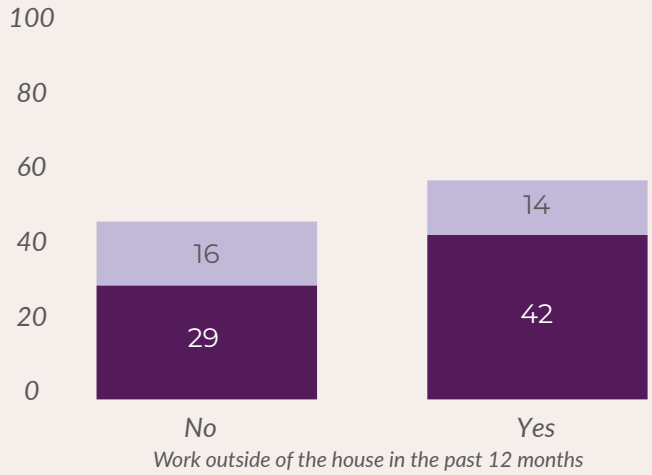
mCPR and intent to use contraception, by categorical WGE score

Percent of married/in union women using a modern method of contraception and percent of married/in union women who intend to use contraception in the next year by categorical WGE score (n=1,149)



mCPR and intent to use contraception, by employment status

Percent of all women using a modern method of contraception and percent of all women who intend to use contraception in the next year by employment status (n=1,627)



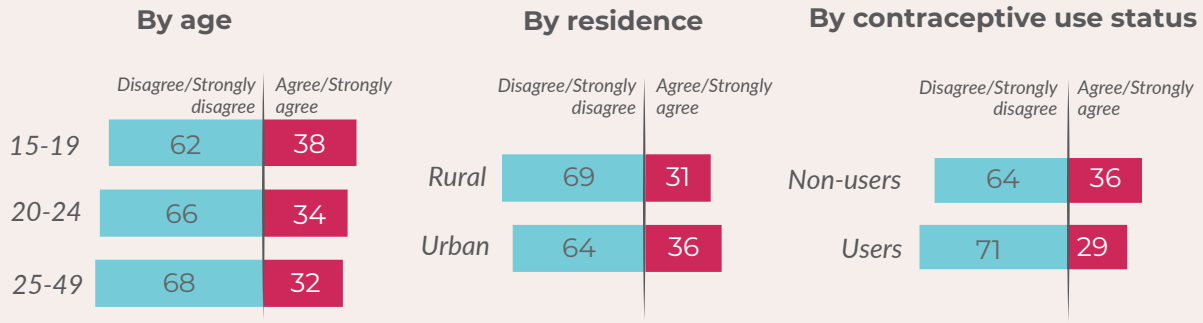
KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- *Among women in union, mCPR increases with a woman's degree of empowerment.*
- *Women who have a paying job use modern contraceptive methods more than those who do not have a paying job.*

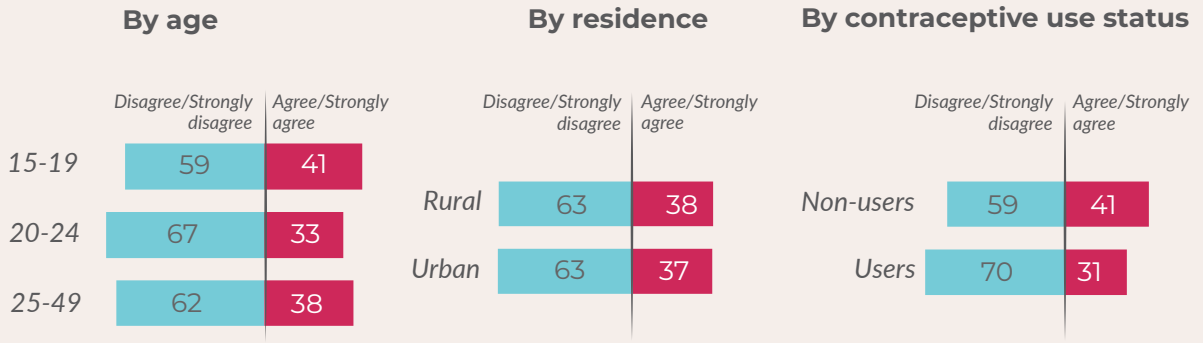
PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age, residence and contraceptive use status

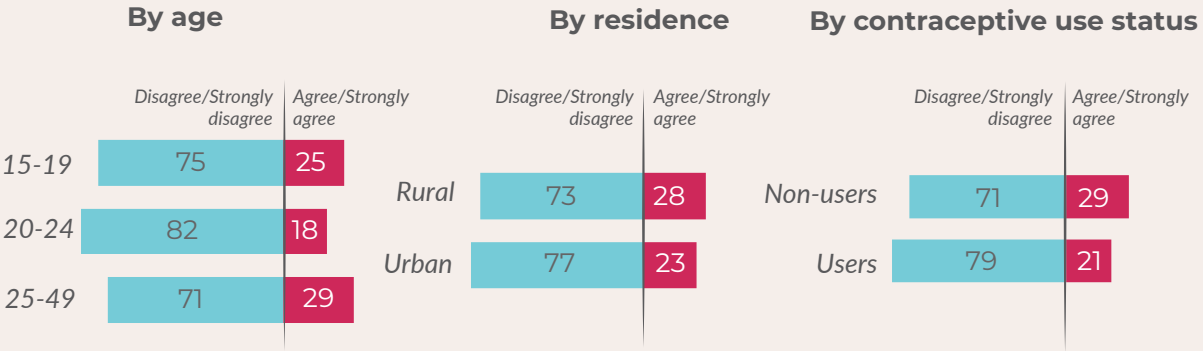
Adolescents who use FP are promiscuous. (n=1,600)



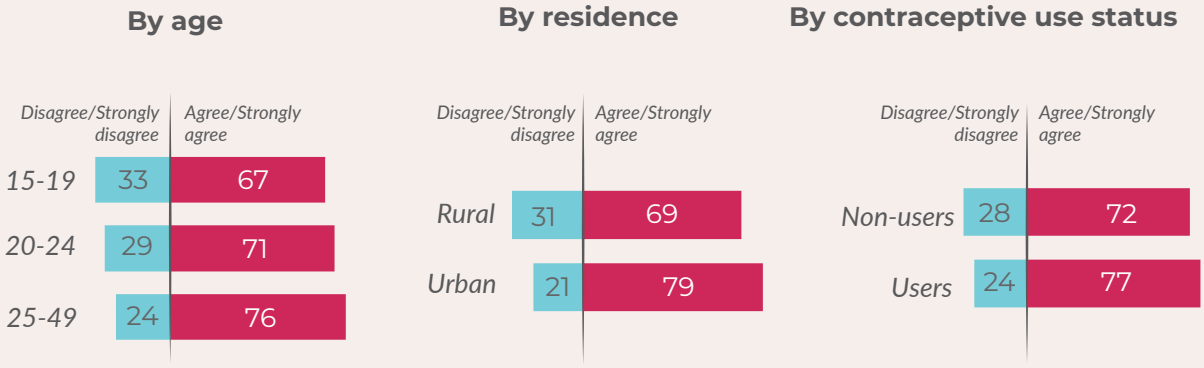
FP is only for married women. (n=1,609)



FP is only for women who don't want any more children. (n=1,595)



People who use FP have a better quality of life. (n=1,600)



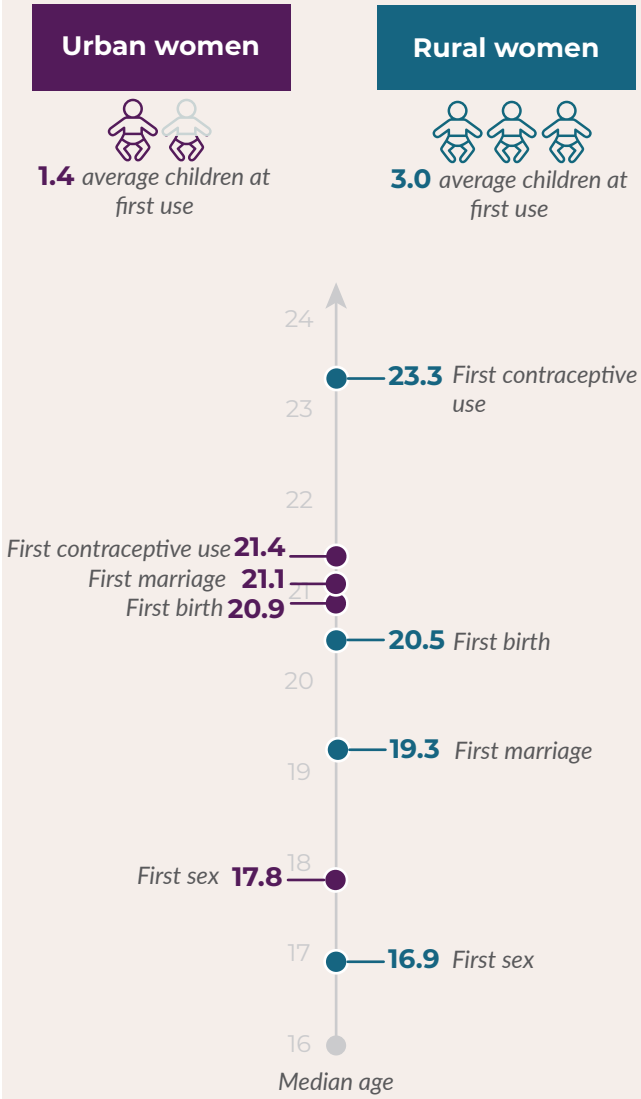
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- *More than **67%** of women agree that people who use FP have a better quality of life. There are no differences between women who use FP and those who do not.*
- *More than **31%** of women think that FP is only for married women.*
- *Nearly two out of five adolescent women agree that adolescents who use FP are promiscuous.*
- *More than two out of five adolescent women agree that FP is only for married women.*

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

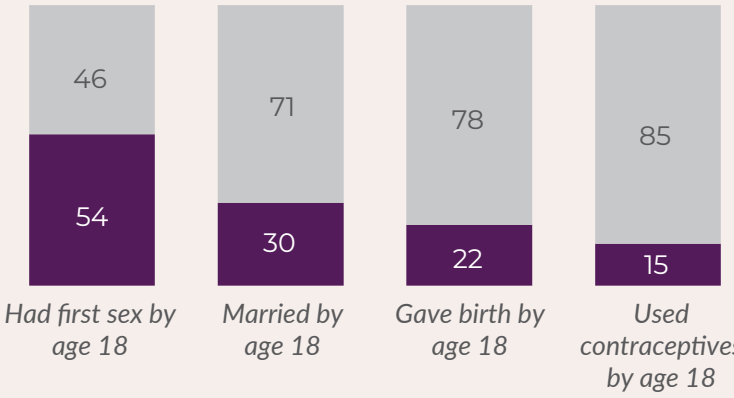
Median age at reproductive events, by urban vs. rural residence



Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=494)



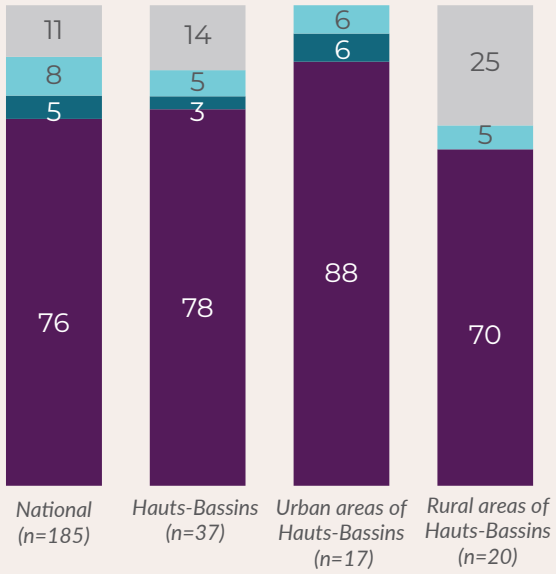
KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- *Compared to urban women, rural women had sex for the first time earlier, got married earlier, and had their first child earlier, but used contraception later.*
- *The average number of children at first contraceptive use is twice as high among rural women as compared to urban women.*
- *While more than half of young women aged 18-24 had sex for the first time before the age of 18, only **15%** of these women had used a contraceptive method by that age.*

PMA BURKINA FASO
PERFORMANCE MONITORING FOR ACTION

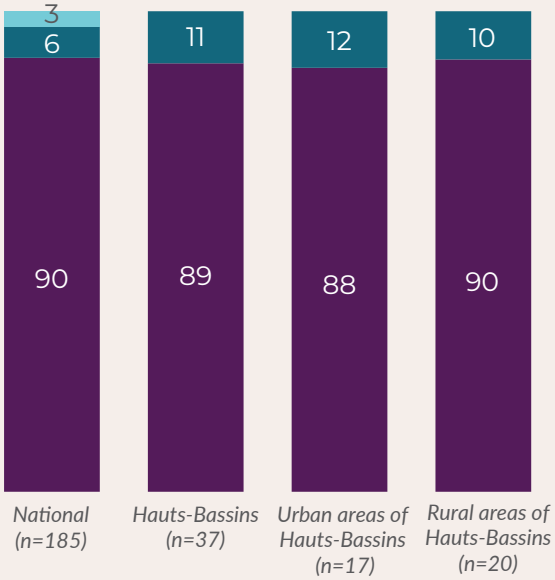
METHOD AVAILABILITY: IUD

Public facilities



METHOD AVAILABILITY: IMPLANT

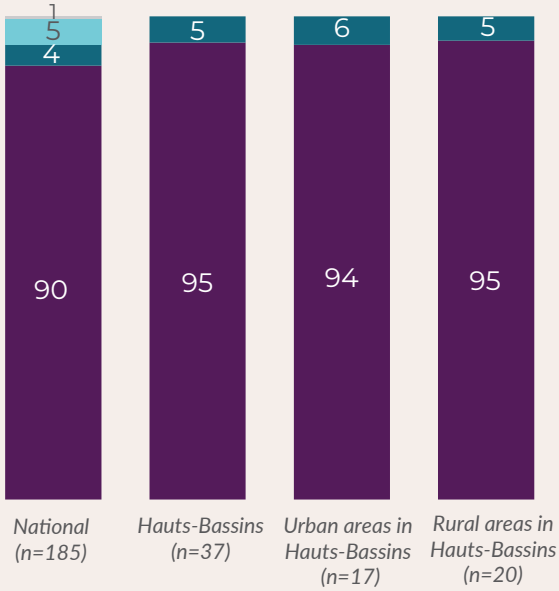
Public facilities



Currently in stock and no stockout in last 3 months | Currently in stock but stockout in last 3 months | Currently out of stock | Not offered

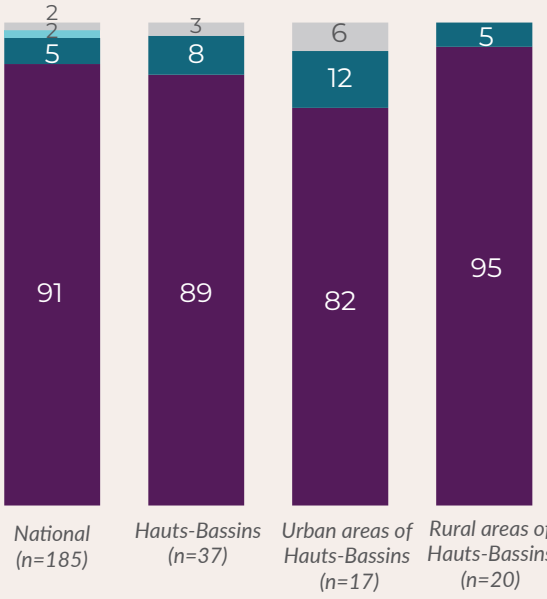
METHOD AVAILABILITY: INJECTABLES

Public facilities



METHOD AVAILABILITY: PILLS

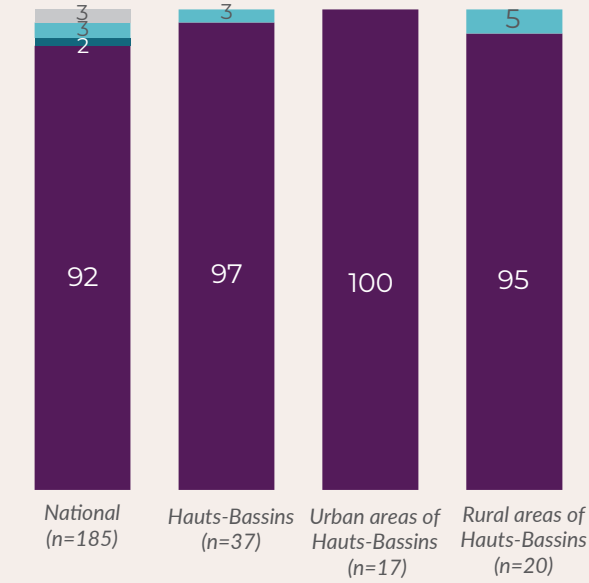
Public facilities



Currently in stock and no stockout in last 3 months | Currently in stock but stockout in last 3 months | Currently out of stock | Not offered

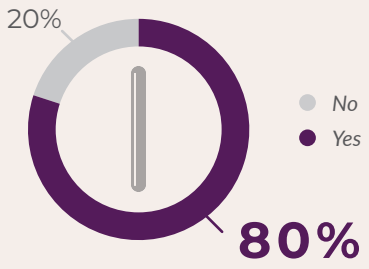
METHOD AVAILABILITY: MALE CONDOMS

Public facilities

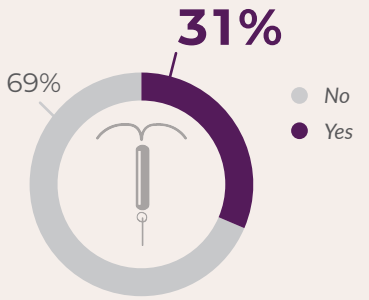


FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=40)



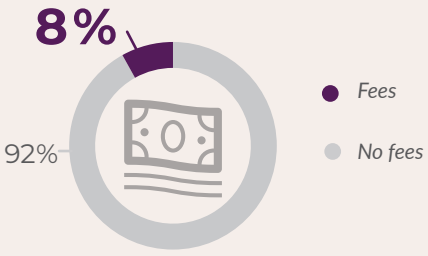
Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=35)



FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=37)



79% *of women obtained their current modern method from a public health facility (n=591)*

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- *While the proportion of public service delivery points with no stock outs of pills in the last 3 months is lower in urban than in rural areas, it is similar between the two settings for injectables and implants.*
- *While* **80%** *of facilities offer implants and have a trained provider and the instruments/materials needed for insertion or removal, this proportion is only 31% for IUDs.*

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Geographical area	Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
National	PMA Phase 1	Dec 2019-Feb 2020	6,590	27.35	1.42	24.64	30.24	25.47	1.38	22.84	28.29	21.10	1.33	18.59	23.85
Hauts-Bassins	PMA Phase 1	Dec 2019-Feb 2020	1,627	37.30	1.88	33.59	41.16	35.82	1.87	32.13	39.68	14.94	1.35	12.43	17.87
Urban areas of Hauts-Bassins	PMA Phase 1	Dec 2019-Feb 2020	906	39,47	1.90	35.59	43.48	37.54	1.90	33.68	41.56	12.70	1.15	10.51	15.28
Rural areas of Hauts-Bassins	PMA Phase 1	Dec 2019-Feb 2020	721	35.38	2.94	29.51	41.73	34.30	2.96	28.42	40.71	16.92	2.16	12.88	21.90

WOMEN IN UNION

Geographical area	Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
National	PMA Phase 1	Dec 2019-Feb 2020	4,391	30.11	1.68	26.91	33.51	28.13	1.60	25.08	31.39	25.97	1.63	22.89	29.30
Hauts-Bassins	PMA Phase 1	Dec 2019-Feb 2020	1,101	41.24	2.57	36.17	46.50	39.60	2.53	34.62	44.80	18.87	1.58	15.88	22.26
Urban areas of Hauts-Bassins	PMA Phase 1	Dec 2019-Feb 2020	508	47.08	2.31	42.33	51.89	44.53	2.28	39.86	49.29	18.37	1.22	15.98	21.04
Rural areas of Hauts-Bassins	PMA Phase 1	Dec 2019-Feb 2020	593	37.75	3.43	30.91	45.12	36.66	3.44	29.82	44.09	19.16	2.39	14.66	24.64

In the Hauts-Bassins region, PMA Burkina Faso collects information on knowledge, practice, and coverage of family planning services in 42 enumeration areas selected using a multi-stage stratified cluster design stratified by urban or rural residence. The urban areas of Hauts-Bassins include the cities of Bobo-Dioulasso, Houndé and Orodara. These results are representative of the Hauts-Bassins region and the urban and rural areas of the region. As the client exit interviews were not stratified by place of residence, they are representative of the region. Data were collected between December 2019 and February 2020 from 1,449 households (99.5% response rate), 1,627 women age 15-49 (95.9% response rate), 47 service delivery points (95.9% completion rate), and 252 client exit interviews. For sampling information and full datasets, visit www.pmadata.org/countries/burkinafaso.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Burkina Faso is led by l'Institut Supérieur des Sciences de la Population at l'Université Joseph Ki-Zerbo, Ouagadougou, Burkina Faso. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.