

#### PERFORMANCE MONITORING FOR ACTION

## **PMA BURKINA FASO** (CENTRE)

Results from Phase 3 cross-sectional survey

December 2021-February 2022

#### **OVERALL KEY FINDINGS**



The modern contraceptive prevalence rate (mCPR) among married women was lower in Ouagadougou than in other urban areas of the country.



The use of long-acting contraceptive methods was lower in Ouagadougou than in all other urban centers in Burkina Faso. In contrast, use of short-acting contraceptive methods is slightly higher in Ouagadougou than in all other urban centers of the country.

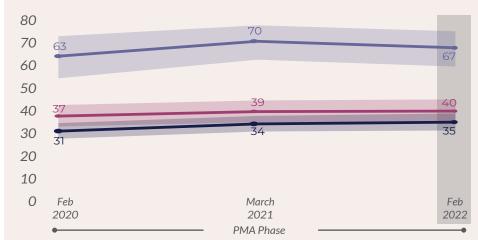


While current or recent stockouts of the implant, pill, and male condoms decreased between Phase 2 and Phase 3 at public health facilities in Ouagadougou, stockouts of injectables remained stable.

### **SECTION 1: CONTRACEPTIVE USE, DYNAMICS,** AND DEMAND

#### MODERN CONTRACEPTIVE PREVALENCE

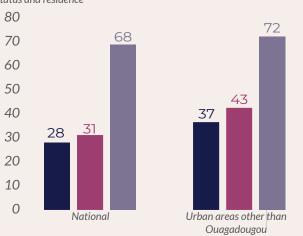
Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status



- Married women (PMA Ouagadougou Phase 3, n=702)
- Unmarried, sexually active women (PMA Ouagadougou Phase 3, n=183)
- All women (PMA Ouagadougou Phase 3, n=1,364)

#### MODERN CONTRACEPTIVE PREVALENCE

Percentage of women aged 15-49 currently using a modern contraceptive method (mCPR) by marital status and residence



- Married women (PMA Ouagadougou Phase 3, n=702)
- Unmarried, sexually active women(PMA Ouagadougou Phase 3, n=183)
- All women (PMA Ouagadougou Phase 3, n=1,364)



BURKINA FASO





67

40

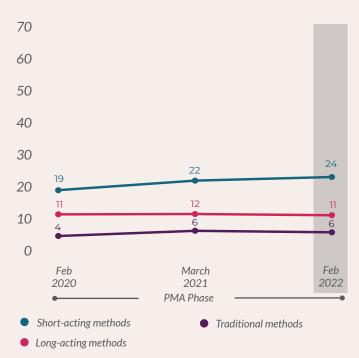
Ouagadougou

35



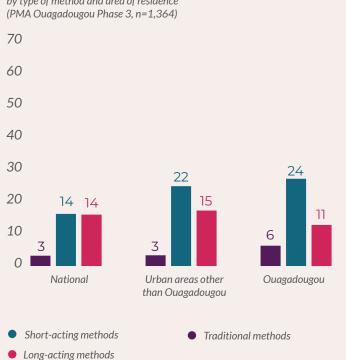
## **CONTRACEPTIVE PREVALENCE BY METHOD TYPE** Percent of all women age 15-49 currently using contraception by

method type (PMA Ouagadougou Phase 3, n=1,364)



## CONTRACEPTIVE PREVALENCE BY **METHOD TYPE**

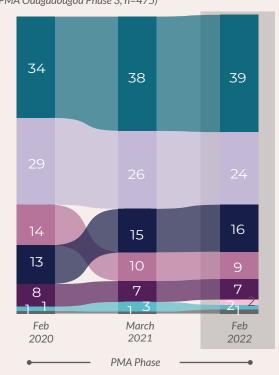
Percentage of all women aged 15-49 currently using a contraceptive method, by type of method and area of residence



### TRENDS IN MODERN CONTRACEPTIVE

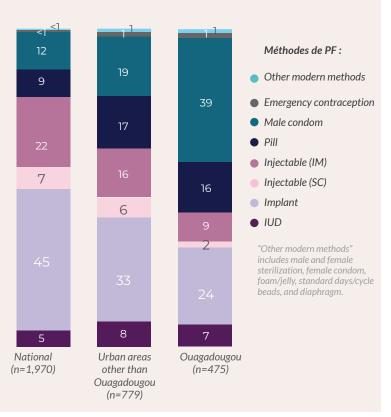
#### MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Ouagadougou Phase 3, n=475)



#### MODERN CONTRACEPTIVE METHOD MIX

Percentage of modern contraceptive users aged 15-49, by method and residence

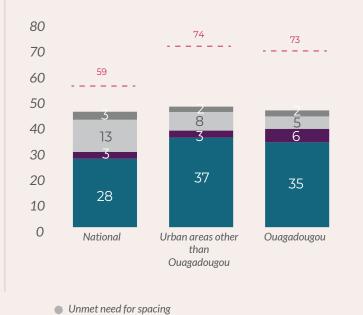


#### METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percentage of all women aged 15-49 using a contraceptive method by type of method, percentage with unmet need, and percentage with contraceptive demand met by a modern method (PMA Ouagadougou Phase 3, n=1,364)



Percentage of all women aged 15-49 using a contraceptive method by type of method, percentage with unmet need, and percentage with contraceptive demand met by a modern method (PMA Ouagadougou Phase 3, n=1,364)



Demand satisfied by a modern method is total number of modern method users over the sum of contraceptive users and those with unmet need

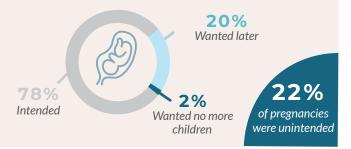
Traditional method

# INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Modern method

Unmet need for limiting

Percent of women by intention of their most recent birth or current pregnancy (n=560)



# INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Demand satisfied by modern method

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=819)



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

- While use of short-acting contraceptive methods increased from **19%** to **24%** between 2020 and 2022 in Ouagadougou, use of long-acting methods remained stable at **11%** during this period.
- The contraceptive demand met by modern methods among women living in Ouagadougou was similar to women living in other urban areas of the country.
- More than one in five women **(22%)** reported that their recent birth or current pregnancy was unintended with **20%** reporting that they would have preferred to have it later.

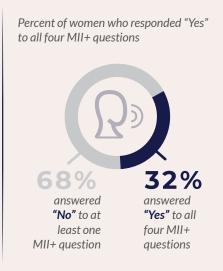


#### **SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH**

#### **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=518)

When you obtained your method were you told by the provider about side effects or 54 46 problems you might have? Were you told what to do if you experienced 86 14 side effects or problems? Were you told by the provider about 54 46 methods of FP other than the method you received? Were you told that you could switch to a 40 60 different method in the future? NoYes



Only women who said they were told about possible side effects were asked whether they were told about what to do in the event of side effects.

# 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



## KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

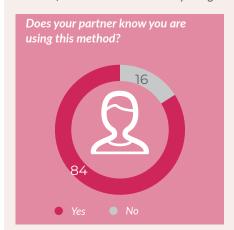
- More than half (**54%**) of current modern contraceptive users were not counseled on possible side effects or problems with their chosen method at the time of their visit.
- In the 12 months prior to the survey, the proportion of women who received information about family planning from healthcare providers was at least twice as high among older women as compared to adolescents.
- Only **32%** of all current contraceptive users recepived comprehensive counseling from healthcare providers



#### **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 statement, by age and education (n=287)





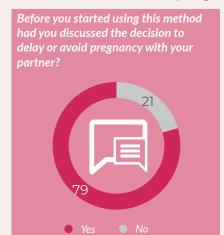


#### By education



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

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=287)



By age



#### By education



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 statement, by age and education (n=419)



By age

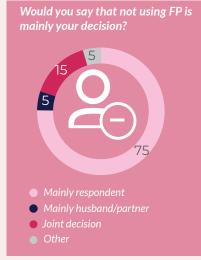
15-19	30	10		58	2
20-24	26	15		57	2
25-49	42		9	50	<

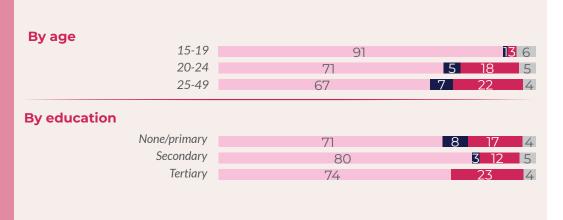
By education

None/primary	43	7	50	
Secondary	33	14	52	2
Tertiary	40	2	57	



 $Percent\ of\ women\ who\ are\ not\ currently\ using\ FP\ and\ agree\ with\ the\ following\ statement,\ by\ age\ and\ education\ (n=824)$ 





#### PREGNANCY COERCION

Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=783)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=783)



Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=783)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=783)



#### **KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

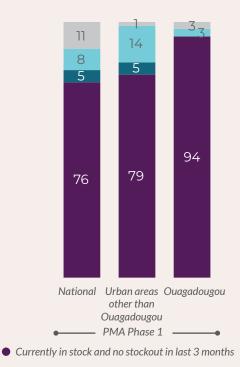
- Among women using a female-controlled modern contraceptive method, **16%** reported that their husband/partner did not know about their contraceptive use, with a higher proportion among adolescents, youth, and women with a low education level.
- Twenty-one percent of women using a female-controlled contraceptive method reported that they did not discuss with their partner/husband their decision to delay or avoid a pregnancy before starting to use their current method.
- Only 52% of current users reported that the decision to use contraception was made jointly with their partner/husband.

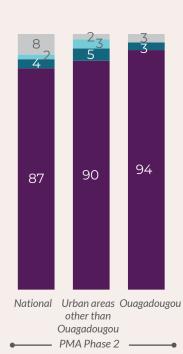


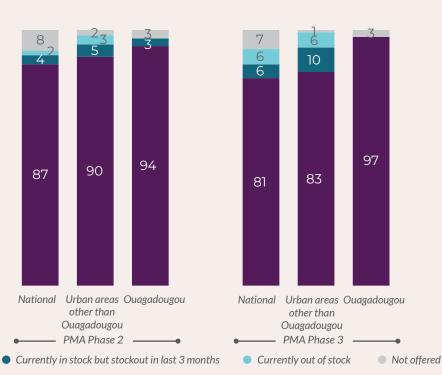
#### **SECTION 4: SERVICE DELIVERY POINTS**

#### TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (Ouagadougou n=34)

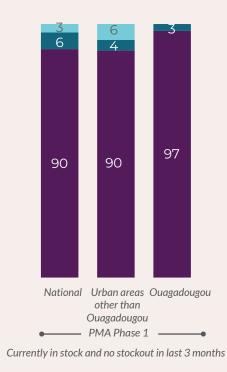






### TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (Ouagadougou n=34)







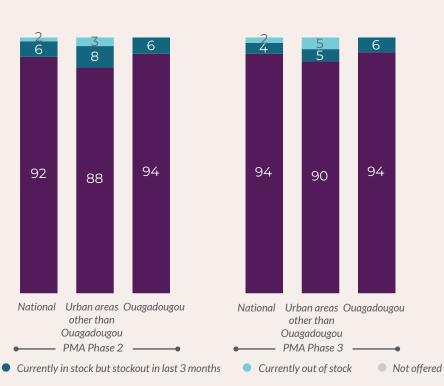


#### TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (Ouagadougou n=34)

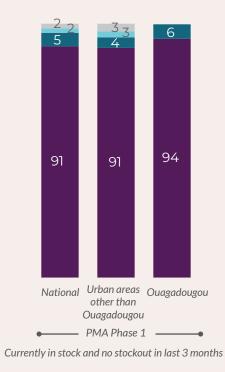


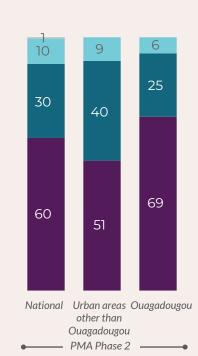




TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (Ouagadougou n=34)



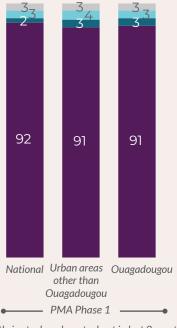


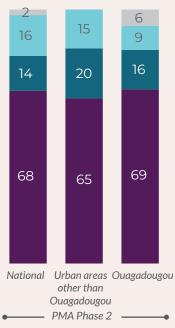


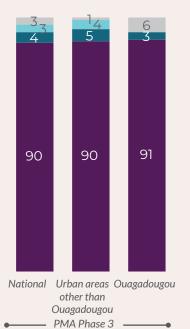


#### TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

#### Public facilities (Ouagadougou n=34)







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

#### MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=14 episodes)





21% Products were not ordered Private facilities (n=12 episodes)



**42**%

The products were not ordered in sufficient auantity

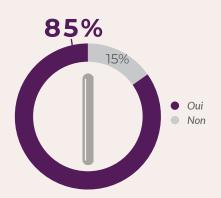


**33%**Products were ordered but not delivered

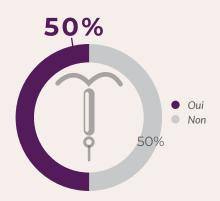
Possible responses were "Products were not ordered," "Products were ordered but not delivered," "Products were not ordered in sufficient quantity," "Products were ordered but delivered in insufficient quantity," "Unexpected increase in consumption," "Out of stock due to COVID-19 disruption," and "Other."

#### **FACILITY READINESS**

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=46)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=42)





55% of women obtained their current modern method from a public health facility (n=518)

#### **KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS**

- In both Ouagadougou public health facilities and public health facilities in other urban areas of the country, current or recent stock-outs of the implant, pill, and male condom decreased between Phase 2 and Phase 3.
- The most frequently reported reason for contraceptive stockouts in Ouagadougou's public health facilities was that the products were ordered but not delivered.
- While **85%** of health facilities provide the implant and have at least one trained provider and the instruments/supplies needed for insertion/withdrawal, only **50%** offer the IUD.



#### TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN		СР	R		mС	PR	Unmet need for family planning				
=	emale ample	CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI	
PMA Phase 1 Dec 2019 Ouagadougou -Feb 2020	1,557	35.16	1.72	31.76 38.7	30.86	1.67	27.59 34.33	9.53	0.90	7.85	11.51
PMA Phase 2 Dec 2020 Ouagadougou -Mar 2021	1,473	40.02	1.82	36.41 43.7	34.00	1.69	30.68 37.49	8.34	0.85	6.77	10.23
PMA Phase 3 Dec 2021 Ouagadougou -Feb 2022	1,364	40.23	1.95	36.36 44.2	3 34.76	1.83	31.16 38.54	7.49	0.84	5.97	9.37

WOMEN IN UNIC	TPC					TPCm			Besoins non satisfaits de PF				
Data Round/ Data source Phase collectio	Female n sample	CPR%	SE	95	% CI	mCPR%	SE	959	% CI	Unmet need (%)	SE	95%	6 CI
PMA Phase 1 Dec 201 Ouagadougou -Feb 202	818	43.06	2.48	38.13	48.13	37.39	2.31	32.85	42.17	14.71	1.33	12.22	17.60
PMA Phase 2 Dec 2020 Ouagadougou -Mar 202	112	46.25	2.61	41.03	51.55	39.36	2.35	34.73	44.19	14.09	1.36	11.56	17.06
PMA Phase 3 Dec 202 Ouagadougou -Feb 202	/ 02	45.25	2.65	39.98	50.64	39.56	2.46	34.71	44.63	11.81	1.39	9.28	14.91

PMA Burina Faso (Centre) collects information on knowledge, practice, and coverage of family planning services in 44 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are nationally and regionally representative. Data were collected between December 2021 and February 2022 from 1,374 households (94.6% response rate), 1,489 females age 15-49 (91.4% response rate), and 58 facilities (92.1% completion rate). PFor sampling information and full data sets, visit: www.pmadata.org/countries/burkina-faso.

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 the l'Institut Supérieur des Sciences de la Population de 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.

