

## PERFORMANCE MONITORING FOR ACTION BURKINA FASO (HAUTS-BASSINS)

Results from Phase 2 cross-sectional survey

**OVERALL KEY FINDINGS** 

In urban areas in Hauts-Bassins, a greater proportion of women used long-acting methods compared to short-acting methods. However, there was no difference between the proportion of women using long-acting and short-acting methods in rural areas.

The modern contraceptive prevalence rate (mCPR) among married women was 38% in Hauts-Bassins. It was higher in urban areas than in rural settings. Current or recent stockouts of pills and male condoms significantly increased between Phase 1 and Phase 2, both at the national level and in urban and rural settings in Hauts-Bassins.

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

## MODERN CONTRACEPTIVE PREVALENCE

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



Married women (Hauts-Bassins n=1,068)

• Unmarried, sexually active women (Hauts-Bassins n=141)

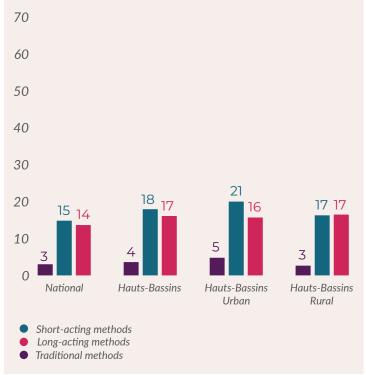
All women (Hauts-Bassins n=1,583)





## CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type and residence (Hauts-Bassins n=1,583)



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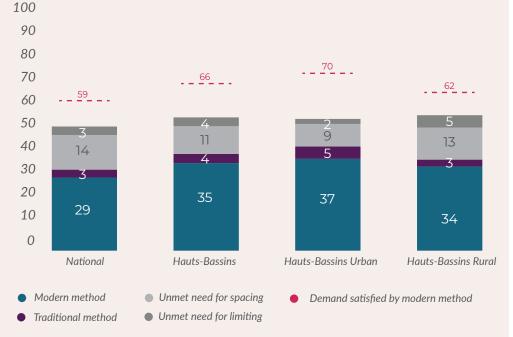
### **MODERN CONTRACEPTIVE METHOD MIX**

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



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

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (Hauts-Bassins, n=1,583)



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

## INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

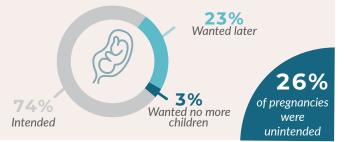
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=826)



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## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=821)



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

• Contraceptive demand satisfied by modern methods among women living in Hauts-Bassins was higher than the national average.

• More than one in four women (26%) reported that their recent birth or current pregnancy was unwanted, 23% of whom would have preferred to have it later.

## SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

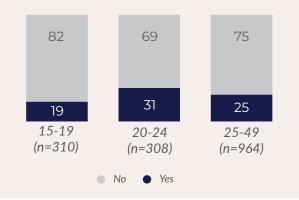
## **METHOD INFORMATION INDEX PLUS (MII+)**

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=516)



## 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

• Nearly half (**47%**) of current modern contraceptive users were not counseled on possible side effects related to their selected method during the visit with their provider.

• In the 12 months prior to the survey, adolescent girls were less likely to have received FP information from their provider than older women.

• Only **31%** of all current contraceptive users answered "Yes" to the four questions of the Method Information Index Plus (MII+).



## **COMMUNITY PERCEPTION OF QUALITY OF CARE**

Percent distribution of community agreement with the following statements, as reported by female FP clients



## PERSONAL PERCEPTION OF QUALITY OF CARE

Percent of female FP clients that agreed with the following statements



#### **KEY FINDINGS FOR SECTION 3: QUALITY OF FP SERVICES**

• **60%** of FP clients believe that most of their community members think women are treated with respect at health facilities.

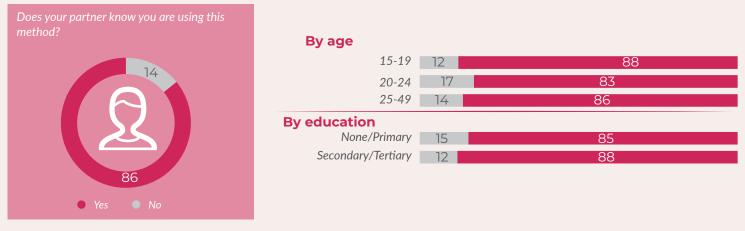
• Nearly one in three FP clients (**32%**) felt that they were not encouraged by their provider to ask questions or voice their concerns during their visit.

• 28% of FP clients felt that they did not understand how their bodies might react to the method after their visit.



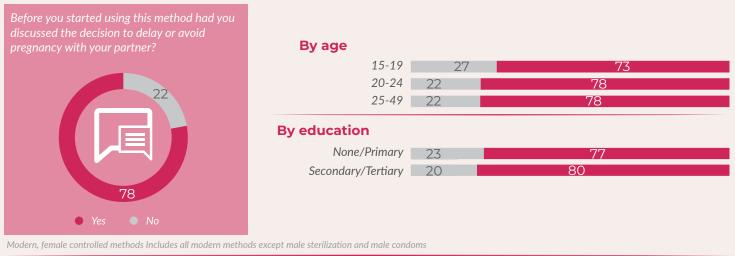
## **PARTNER INVOLVEMENT IN FP DECISIONS**

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=491)

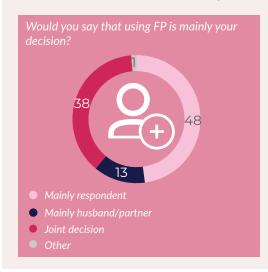


Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=490)



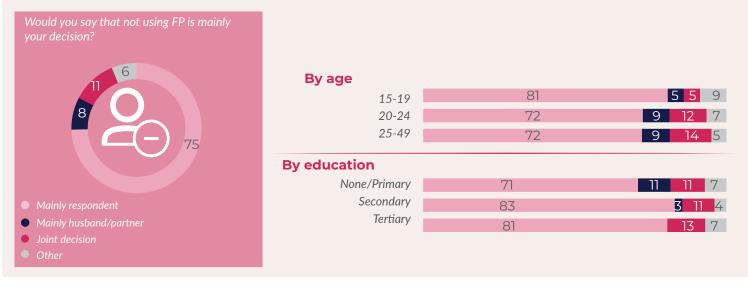
Percent of women who are currently using FP and agree with the following statement, by age and education (n=626)



By age				
15-19	50	7	40	3
20-24	47	13	44	3
25-49	50	14	35	
By education				
None/Primary	52	16	31	2
Secondary	43	8	49	1
Tertiary	30 4	(	56	



Percent of women who are not currently using FP and agree with the following statement, by age and education (n=834)



## **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=1,066)



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=1,066)



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=1,066)



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=1,066)



#### **KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS**

• Among women using a female-controlled modern contraceptive method, **14%** reported that their husband/partner did not know about their contraceptive use.

• **Twenty-two 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 **38%** of current users reported that the decision to use a contraceptive method was made jointly with their husband/partner.



## TRENDS IN METHOD AVAILABILITY: IUD

**Public facilities (Hauts-Bassins n=42)** 

## TRENDS IN METHOD AVAILABILITY:

### IMPLANT

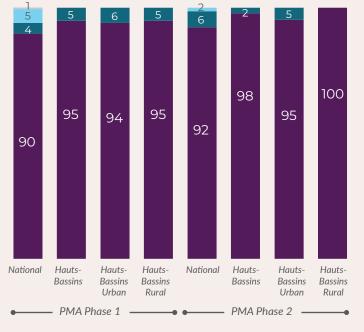
Public facilities (Hauts-Bassins n=42)



Currently in stock and no stockout in last 3 months

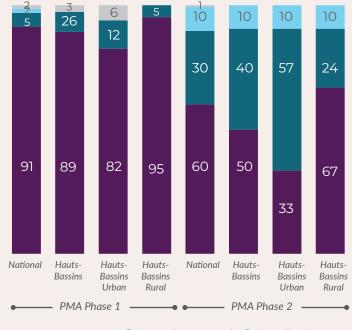
## TRENDS IN METHOD AVAILABILITY: INJECTABLES

## TRENDS IN METHOD AVAILABILITY: PILLLS



Public facilities (Hauts-Bassins n=42)

Public facilities (Hauts-Bassins n=42)

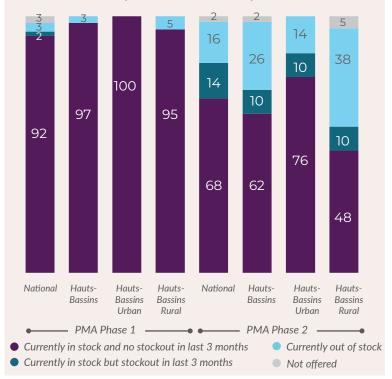


Currently in stock and no stockout in last 3 months

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## TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (Hauts-Bassins n=42)



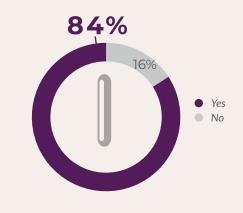
## MAIN REASON FOR STOCKOUT OF ANY METHOD BY TYPE OF FACILITY



of women obtained their current modern method from a public health facility (n=567)

### **FACILITY READINESS**

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=44)

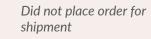


Public facilities (n=29 episodes)

85%

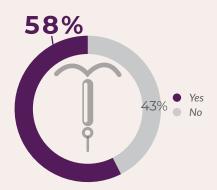
 Ordered but did not receive shipment

<u>×</u> 12%



Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other".

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





#### **KEY FINDINGS FOR SECTION 5: SERVICE DELIVERY POINTS**

• The pill and male condom were more likely to be currently or recently out-of-stock compared to other contraceptive methods, both at the national level and in urban and rural areas of Hauts-Bassins.

• The most frequent reason for contraceptive method stockouts in public SDPs was that the products were ordered but not delivered.

• While 84% of health facilities provided the implant, had a trained provider and the instruments/equipment required for its insertion/withdrawal, this percentage was only 58% for the IUD.

## **TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED**

	ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source	Region	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI		
PMA	National	Dec 2020- Mar 2021	6,388	32.34	1.62	29.22	3.63	29.22	1.49	26.37	32.24	17.21	1.12	1.12	19.53	
PMA	Hauts- Bassins	Dec 2020- Mar 2021	1,583	38.64	2.13	34.45	43.01	34.93	1.88	31.22	38.82	14.55	1.48	11.81	17.8	
PMA	Hauts Bassins: Urban	Dec 2020- Mar 2021	858	41.40	2.01	37.29	4.64	36.54	1.65	33.19	40.02	10.92	1.12	8.82	13.46	
PMA	Hauts Bassins: Rural	Dec 2020- Mar 2021	725	36.31	3.31	29.72	43.46	33.57	3.07	27.48	40.25	17.62	2.36	13.23	23.07	

<b>WOMEN IN UNION</b>			CPR				mCPR				Unmet need for family planning				
Data source	Region	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA	National	Dec 2020- Mar 2021	4,265	3.25	1.89	31.63	39.06	31.89	1.75	28.55	3.44	21.29	1.32	18.81	24.01
PMA	Hauts- Bassins	Dec 2020- Mar 2021	1,068	41.14	2.85	3.53	46.99	37.93	2.72	32.62	43.55	18.37	1.70	1.19	22.05
PMA	Hauts- Bassins Urban	Dec 2020- Mar 2021	490	4.45	2.14	41.06	49.91	40.58	2.14	36.22	4.09	1.54	1.28	13.06	18.40
PMA	Hauts- Bassins Rural	Dec 2020- Mar 2021	578	38.51	4.15	30.31	47.42	36.32	4.03	28.41	4.04	20.10	2.53	1.34	25.88

PMA Burkina Faso (Hauts-Bassins) collects information on knowledge, practice, and coverage of family planning services in 42 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the regional level. Phase 2 data were collected between December 2020 and March 2021 from 1,402 households (98.5% response rate), 1,583 females age 15-49 (93.0% response rate), 50 facilities (96.2% completion rate), and 211 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/burkina-faso.

Percentages presented in this brief have been rounded and may not add up to 100%.

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.

