PERFORMANCE MONITORING FOR ACTION

BURKINA FASO (CENTRE)

Results from Phase 2 cross-sectional survey

December 2020–March 2021

OVERALL KEY FINDINGS

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

While current or recent stockouts of implants, pills, and male condoms significantly increased between Phase 1 and Phase 2 in public service delivery points (SDP) in Ouagadougou, stockouts of injectables decreased. Current or recent stockouts of the IUD remained stable.

While the use of long-acting contraceptive methods was lower in Ouagadougou than across all other urban areas in the country, the use of short-acting contraceptive methods was similar between both 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

<table>
<thead>
<tr>
<th>Method Type</th>
<th>National</th>
<th>Urban areas other than Ouagadougou</th>
<th>Ouagadougou</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>29</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>Unmarried</td>
<td>38</td>
<td>43</td>
<td>39</td>
</tr>
</tbody>
</table>

CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (Ouagadougou n=1,473)

<table>
<thead>
<tr>
<th>Method Type</th>
<th>National</th>
<th>Urban areas other than Ouagadougou</th>
<th>Ouagadougou</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-acting methods</td>
<td>3</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Long-acting methods</td>
<td>4</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Traditional methods</td>
<td>6</td>
<td>23</td>
<td>11</td>
</tr>
</tbody>
</table>
**MODERN CONTRACEPTIVE METHOD MIX**
Percent distribution of modern contraceptive users age 15-49, by method and residence

<table>
<thead>
<tr>
<th>National (n=2,135)</th>
<th>Urban areas other than Ouagadougou (n=866)</th>
<th>Ouagadougou (n=502)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>23</td>
<td>38</td>
</tr>
<tr>
<td>7</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>20</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>44</td>
<td>33</td>
<td>26</td>
</tr>
</tbody>
</table>

Key for method mix charts:
- Other modern methods
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD

*Other modern methods* include female condoms, female sterilization, standard days/cycle beads, and LAM.

**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 (Ouagadougou n=1,473)

<table>
<thead>
<tr>
<th>National</th>
<th>Urban areas other than Ouagadougou</th>
<th>Ouagadougou</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>72</td>
<td>70</td>
</tr>
<tr>
<td>14</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>29</td>
<td>38</td>
<td>35</td>
</tr>
</tbody>
</table>

**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=805)

- **18%** Intended to use
- **82%** Do not intend to use

Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.
INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY
Percent of women by intention of their most recent birth or current pregnancy (n=547)

- 18% Wanted later
- 3% Wanted no more children
- 79% Intended

21% of pregnancies were unintended

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

- Contraceptive demand satisfied by modern methods among women in Ouagadougou was similar to women living in other urban areas in the country.
- More than one in five women (21%) reported that their recent birth or current pregnancy was unwanted, 18% 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=429)

- When you obtained your method were you told by the provider about side effects or problems you might have?
  - Yes: 53%
  - No: 47%

- Were you told what to do if you experienced side effects or problems?
  - Yes: 89%
  - No: 11%

- Were you told by the provider about methods of FP other than the method you received?
  - Yes: 54%
  - No: 46%

- Were you told that you could switch to a different method in the future?
  - Yes: 58%
  - No: 42%

71% answered “No” to at least one MII+ question
29% answered “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

- 15-19 (n=317): 93% Yes
- 20-24 (n=316): 82% Yes
- 25-49 (n=840): 83% Yes

KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Over half (53%) 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 more than two times less likely to receive FP information as compared to older women.
- Only 29% 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

Women are treated respectfully at the facility (n=377)

Women will be able to receive FP method of their choice at this facility (n=377)

Women have access to affordable FP at this facility (n=377)

PERSONAL PERCEPTION OF QUALITY OF CARE
Percent of female FP clients that agreed with the following statements

Felt encouraged by the provider to ask questions and express concerns (n=377)

Felt they received all the information they wanted to know about their options for contraceptive methods (n=377)

Felt they understood how their body might react to the method (n=377)

Felt pressured by the provider to use the method the provider preferred (n=377)

KEY FINDINGS FOR SECTION 3: QUALITY OF FP SERVICES

- 67% of FP clients believe that most of their community members think women are treated with respect at health facilities.
- More than one in four FP clients (26%) felt that they were not encouraged by their provider to ask questions or voice their concerns during their visit.
- Twenty-seven percent of FP clients felt that they did not understand how their bodies might react to the method after their visit.
SECTION 4: 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=305)

Does your partner know you are using this method?

- By age
  - 15-24: 17 Yes, 83 No
  - 25-49: 10 Yes, 90 No

- By education
  - None/Primary: 14 Yes, 86 No
  - Secondary/Tertiary: 10 Yes, 90 No

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

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

- By age
  - 15-24: 19 Yes, 81 No
  - 25-49: 16 Yes, 84 No

- By education
  - None/Primary: 18 Yes, 82 No
  - Secondary/Tertiary: 15 Yes, 85 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 statement, by age and education (n=591)

Would you say that using FP is mainly your decision?

- By age
  - 15-19: 36 Mainly respondent, 11 Mainly husband/partner, 53 Joint decision, 11 Other
  - 20-24: 32 Mainly respondent, 9 Mainly husband/partner, 69 Joint decision, 12 Other
  - 25-49: 36 Mainly respondent, 12 Mainly husband/partner, 59 Joint decision, 9 Other

- By education
  - None/Primary: 42 Mainly respondent, 13 Mainly husband/partner, 44 Joint decision
  - Secondary: 36 Mainly respondent, 9 Mainly husband/partner, 54 Joint decision
  - Tertiary: 21 Mainly respondent, 10 Mainly husband/partner, 69 Joint decision

Mainly respondent
Mainly husband/partner
Joint decision
Other
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=804)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage of Women Who Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>92 (20)</td>
</tr>
<tr>
<td>20-24</td>
<td>75 (13)</td>
</tr>
<tr>
<td>25-49</td>
<td>68 (12)</td>
</tr>
</tbody>
</table>

By education:

- None/Primary: 74 (17) 7 (2)
- Secondary: 80 (15) 2 (2)
- Tertiary: 72 (2) 24 (2)

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=772)

- Yes: 98 (3)
- No: 96 (4)

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=772)

- Yes: 99 (1)
- No: 98 (2)

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=772)

- Yes: 98 (2)
- No: 96 (4)

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=772)

- Yes: 98 (2)
- No: 96 (4)

KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method, 12% 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.

- Seventeen 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 53% of current users reported that the decision to use contraception was made jointly with their partner/husband.
SECTION 5: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (Ouagadougou n=32)

<table>
<thead>
<tr>
<th>Method</th>
<th>National</th>
<th>Urban areas other than Ouagadougou</th>
<th>Ouagadougou</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD</td>
<td>90</td>
<td>97</td>
<td>94</td>
</tr>
<tr>
<td>Currently in stock and no stockout in last 3 months</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Currently in stock but stockout in last 3 months</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Currently out of stock</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Not offered</td>
<td>●</td>
<td>●</td>
<td>●</td>
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</table>

Private facilities (Ouagadougou n=14)

<table>
<thead>
<tr>
<th>Method</th>
<th>National</th>
<th>Urban areas other than Ouagadougou</th>
<th>Ouagadougou</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD</td>
<td>67</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>Currently in stock and no stockout in last 3 months</td>
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<td>●</td>
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<tr>
<td>Currently in stock but stockout in last 3 months</td>
<td>●</td>
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<tr>
<td>Currently out of stock</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Not offered</td>
<td>●</td>
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TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (Ouagadougou n=32)

<table>
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<th>Method</th>
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<tr>
<td>Implant</td>
<td>90</td>
<td>97</td>
<td>80</td>
</tr>
<tr>
<td>Currently in stock and no stockout in last 3 months</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Currently in stock but stockout in last 3 months</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Currently out of stock</td>
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<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Not offered</td>
<td>●</td>
<td>●</td>
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Private facilities (Ouagadougou n=14)

<table>
<thead>
<tr>
<th>Method</th>
<th>National</th>
<th>Urban areas other than Ouagadougou</th>
<th>Ouagadougou</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>58</td>
<td>53</td>
<td>53</td>
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<tr>
<td>Currently in stock and no stockout in last 3 months</td>
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<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Currently in stock but stockout in last 3 months</td>
<td>●</td>
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</tr>
<tr>
<td>Currently out of stock</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Not offered</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (Ouagadougou n=32) vs Private facilities (Ouagadougou n=14)

- National
- Urban areas other than Ouagadougou

PMA Phase 1
- 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

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (Ouagadougou n=32) vs Private facilities (Ouagadougou n=14)

- National
- Urban areas other than Ouagadougou

PMA Phase 1
- 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
TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (Ouagadougou n=32)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>PMA Phase 1</th>
<th>PMA Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>92</td>
<td>68</td>
</tr>
<tr>
<td>Urban areas other than Ouagadougou</td>
<td>91</td>
<td>65</td>
</tr>
<tr>
<td>Ouagadougou</td>
<td>91</td>
<td>69</td>
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</tbody>
</table>

Private facilities (Ouagadougou n=14)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>PMA Phase 1</th>
<th>PMA Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>50</td>
<td>53</td>
</tr>
<tr>
<td>Urban areas other than Ouagadougou</td>
<td>47</td>
<td>40</td>
</tr>
<tr>
<td>Ouagadougou</td>
<td>53</td>
<td>53</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>PMA Phase 1</th>
<th>PMA Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>54</td>
<td>57</td>
</tr>
<tr>
<td>Urban areas other than Ouagadougou</td>
<td>57</td>
<td>71</td>
</tr>
<tr>
<td>Ouagadougou</td>
<td>71</td>
<td>71</td>
</tr>
</tbody>
</table>

- 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 STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=23 episodes)

- 61% Ordered but did not receive shipment
- 26% Did not place order for shipment

Private facilities (n=7 episodes)

- 57% Did not place order for shipment
- 29% Other

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”.

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Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=43)

- Yes: 86%
- No: 14%

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=38)

- Yes: 55%
- No: 45%

KEY FINDINGS FOR SECTION 5: SERVICE DELIVERY POINTS

- As compared to other contraceptive methods, the pill, male condoms, and implants were more likely to be currently or recently out-of-stock in public SDPs both in Ouagadougou and in other urban areas of the country.

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

- While 86% of health facilities provided the implant, had a trained provider and the instruments/equipment required for its insertion/withdrawal, this percentage was only 55% for the IUD.

48% of women obtained their current modern method from a public health facility (n=499)
### TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

#### ALL WOMEN

<table>
<thead>
<tr>
<th>Data source</th>
<th>Region Data collection</th>
<th>Female sample</th>
<th>CPR</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need for family planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMA Urban areas other than Ouagadougou</td>
<td>Dec 2020-Mar 2021</td>
<td>2,300</td>
<td>41.66</td>
<td>1.27</td>
<td>39.14 44.22</td>
<td>37.59</td>
<td>1.18</td>
<td>35.26 39.98</td>
<td>10.28 0.74</td>
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<tr>
<td>PMA Ouagadougou</td>
<td>Dec 2020-Mar 2021</td>
<td>1,473</td>
<td>40.02</td>
<td>1.82</td>
<td>36.41 43.74</td>
<td>34.00</td>
<td>1.69</td>
<td>30.68 37.49</td>
<td>8.34 0.85</td>
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#### WOMEN IN UNION

<table>
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<th>Data source</th>
<th>Region Data collection</th>
<th>Female sample</th>
<th>CPR</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need for family planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMA National</td>
<td>Dec 2020-Mar 2021</td>
<td>4,265</td>
<td>35.25</td>
<td>1.89</td>
<td>31.63 39.06</td>
<td>31.89</td>
<td>1.75</td>
<td>28.55 35.44</td>
<td>21.29 1.32</td>
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<tr>
<td>PMA Urban areas other than Ouagadougou</td>
<td>Dec 2020-Mar 2021</td>
<td>1,418</td>
<td>47.59</td>
<td>1.56</td>
<td>44.49 50.70</td>
<td>42.89</td>
<td>1.63</td>
<td>39.66 46.18</td>
<td>14.15 0.97</td>
</tr>
<tr>
<td>PMA Ouagadougou</td>
<td>Dec 2020-Mar 2021</td>
<td>772</td>
<td>46.25</td>
<td>2.61</td>
<td>41.03 51.55</td>
<td>39.36</td>
<td>2.35</td>
<td>34.73 44.19</td>
<td>14.09 1.36</td>
</tr>
</tbody>
</table>

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PMA Burkina 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 representative at the regional level. Phase 2 data were collected between December 2020 and March 2021 from 1,290 households (96.0% response rate), 1,473 females age 15-49 (91.0% response rate), 57 facilities (98.3% completion rate), and 377 client exit interviews. For sampling information and full data sets, visit [www.pmadata.org/countries/burkina-faso](http://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.