

Advance Family Planning (AFP) 2014 Annual Partners Meeting

Baltimore, May 19-23, 2014

AFP Priorities in BF

1. Authorize patented nurses, auxiliary birth attendants to administer long acting methods (implants and IUD).
2. Authorize community health workers to administer injectable contraceptives and the first prescription of oral contraceptives.
3. Lead urban communes (Ouagadougou, Bobo) and their districts to allocate resources to family planning.

Progress

- ❑ **Objective 1):** Authorize patented nurses, auxiliary birth attendants to administer long acting methods (implants and IUD).

- Training of stakeholders using the SMART CHART
- Creation of a Coalition (23 NGOs)
- Meeting with the Minister of Health in Addis Ababa (recommendations made by the Minister to exchange with scientific societies and other actors to build consensus)
- Meeting between Equilibres&Population and the General Secretary of the Ministry of Health
- Drafting of a letter including the recommendations of the General Secretary for a ministerial order.
- Meeting with the Directorate of Family Health (DSF) to implement the recommendations of the Minister's letter (May 9)
- The DSF asked for a pilot project

Progress

- Objective 2: Authorize community health workers to administer contraceptive injectables and the first prescription of oral contraceptives.
- Drafting of a line of argument to guide advocacy efforts
- Field trip to Togo (team composed of MoH, CSOs / March 3-April 3)
- Results of the field trip shared with the PTF, NGOs and MoH
- Stakeholders favorable and suggesting the adaptation of task sharing at the community level in Burkina Faso (improves access and performance of the plan)
- Agreement in principle by the Ministry to launch the activity with the DSF (experiment the strategy through a pilot project)
- MOU under way with the Rencap NGO to implement task sharing in their zone of intervention

Progress

Objective 3): Lead urban communes (Ouagadougou, Bobo) and their districts to allocate resources to family planning.

- Several meetings organized with actors interested by the issue (ABBEF, FCI) to build a common approach.

Success

- Task sharing is one of the priority issues easily discussed within national technical committees.
- The Minister of Health is favorable to a national debate (health experts, CSOs and PTF) on task sharing at the community level (on the idea of a pilot site, not radically opposed)
- Mobilization of several NGOs/CBOs and PTF on the issue
- Inclusive approach to outline priorities (PTF, DSF, NGOs members of the WG-RH)

Failures

- Bad timing to reach the objectives (slow process, some roadblocks in the Ministry)
- Obstacles in the MoH due to their perception of the approach
- We are afraid that some members of the Ministry might not understand that it is necessary to improve the environment to facilitate interventions.

Difficulties

- Some reluctance persists regarding CBD of injectables and the first prescription of oral contraceptives at the community level.
- Review process of CHW profiles slow to emerge (strategic plan for community health at half-mast)
- Proposition of the DSF to opt for a pilot project (process delayed)

Challenges/ Next Steps

- Make Task Sharing operational through a pilot project with partners (Agir PF) for task sharing with birth attendants in sites to be determined.
- Organize a meeting with the MoH, the PTF and experts on Task Sharing to build consensus.
- Mobilize resources to support the approach at the community level with the RENCAP /DBC NGOs (ABBEF/BURCASO)



Meeting of the Working Group on Reproductive Health (WG-RH) and the Minister of Health/ Addis Ababa