



**HEALTH
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PROJECT**

Funding Burkina Faso's Costed Implementation Plan for Family Planning, 2013-2015

OCTOBER 2015

This publication was prepared by Sarah Fohl and Elise Lang of the Health Policy Project.



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INTRODUCTION

Burkina Faso has made recent commitments to improve access to family planning, with a concrete Costed Implementation Plan (CIP) in 2013. Costed Implementation Plans outline specific activities and associated costs necessary to achieve a national family planning goal. The funding for this plan is strong and shows a short-term commitment to family planning in Burkina Faso allowing thousands of women the opportunity to access family planning services.

Gradual improvements are being seen in the environment for family planning in Burkina Faso include a Reproductive Health Law in 2005 granting individuals and couples the right to reproductive health and equitable access to care. More recently, the government offered to host the “Francophone West Africa Conference-Population, Development, and Family Planning: The Urgency to Act” in 2011. The former President of Burkina Faso, Blaise Compaoré, pledged strong support for family planning, and the Costed Implementation Plan for Family Planning (2013-2015) was developed shortly thereafter. After a military takeover in 2014 and new interim president, government support for family planning (FP) is unclear. Government support for family planning significantly declined in 2014 and 2015. In 2015, the Ministry of Health reported receiving only US\$ 10,000 for family planning.

The costed implementation plan (CIP) highlights activities in five thematic areas needed to extend and improve family planning services and education:

- **Contraceptive commodities:** The costs of procuring contraceptive commodities and directly-related supplies (e.g. surgical supplies for sterilization, contraceptive implants)
- **Demand creation:** The costs for activities to increase demand for FP services, including developing and implementing a targets, holistic and evidence-based socio-behavior change communication program
- **Service delivery and access:** The costs for training and equipping health care workers and facilities to ensure that FP service delivery is available, accessible, equitable, and voluntary throughout the country
- **Contraceptive security:** The costs for the processes, equipment and management to quantify, procure and distribute FP contraceptives and related supplies
- **Monitoring and evaluation and coordination:** The costs to ensure that coordination, management, and monitoring and evaluation efforts are in place at the national and district level to manage all FP activities

The objective of the plan, in line with the government’s commitment at the Ouagadougou Conference (2011), is to increase contraceptive prevalence among married women by 10 percentage points from 15% in 2010 to 25% in 2015 in only 3 years of programming¹. The CIP costs are summarized below by thematic area.

¹ Plan National de la relance de la planification familiale. Burkina Faso, 2013. http://partenariatouaga.org/wp-content/uploads/2013/11/Plan-de-relance-PF_2013-2015_final-faso.pdf

Table 1. Burkina Faso's CIP for Family Planning (2013-2015) Annual Expected Costs (USD)

Thematic Area	2013	2014	2015	TOTAL
Contraceptive Commodities	2,500,923	3,005,692	3,348,024	8,854,639
Demand Creation	2,299,097	1,774,681	1,857,223	5,931,002
Service Delivery and Access	2,840,521	2,192,607	2,294,588	7,327,717
Contraceptive Security	435,351	336,049	351,679	1,123,080
M&E and coordination	527,758	407,378	426,326	1,361,461
TOTAL	8,603,651	7,716,407	8,277,840	24,597,898

*Amounts converted from local currency (595.62 Franc CFA to 1 USD)

In June 2015, the USAID-funded Health Policy Project conducted a financial gap analysis of Burkina Faso's CIP to compare the annual funding available from the government and partners for family planning compared to the CIP budget. In this study, funding available can be defined as any future funding that is promised, expected or estimated to be allocated to family planning or in the case of past years, actual funds spent on family planning, excluding overhead costs. The CIP Gap Analysis Tool, developed by Futures Group, was used to estimate additional resources needed to fully implement each thematic area identified in the CIP (contraceptive commodities, demand creation, service delivery and access etc.).

CIP Gap Analysis Methodology

- FP Stakeholder meeting and training on tool
- Review CIP budget and enter costs by thematic area into tool
- Collect funding data from government, FP implementing partners and donors through individual consultations
- Enter funding data in tool and analyze results, comparing costs in CIP to available funding from government and partners

The government and development and implementing partners² provided information on their planned FP

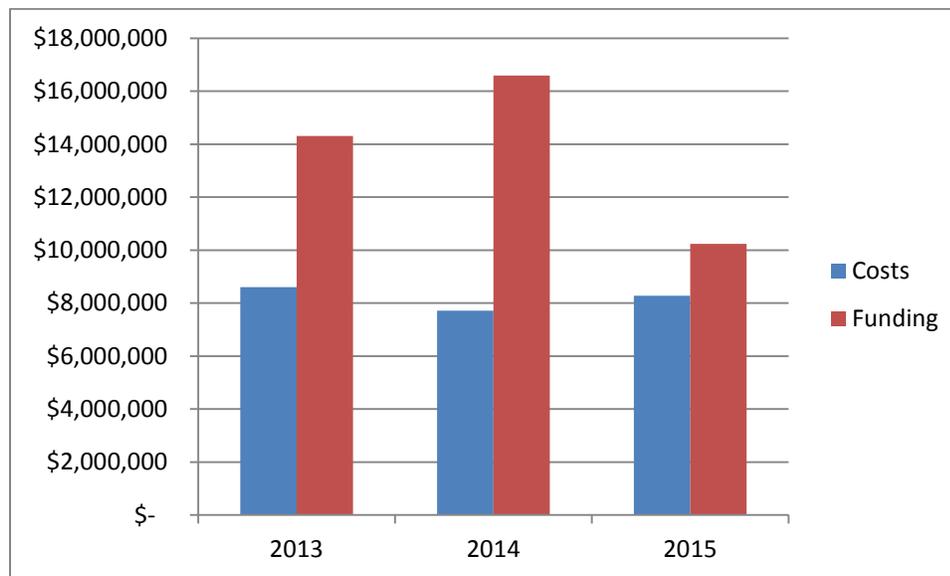
² DGSF (La Direction Générale de la Santé de la Famille), DSME (Direction de la Santé de la Mère et de l'Enfant), GIZ - PROSAD (Programme Santé Sexuelle Droits Humains), PADS (Programme d'Appui au Développement Sanitaire), PROMACO (Programme de Marketing Sociale et de la Communication pour la Santé), BURCASO (Conseil Burkinabè des Organisation de Développement Communautaire/Burkina Council of Community Development Organizations), OMS (Organisation Mondiale de la Santé/WHO), UNFPA, MSI (Marie Stopes International), USAID/Deliver, OOAS (Organisation Ouest Africaine de la Santé) (funded in part by KfW), ABBEF (L'Association Burkinabè pour le Bien-Être Familial) (IPPF), FCI (Family Care International), Équilibre et Population, JHPIEGO, USAID/AgirPF

activities between 2015 and 2020. All funded thematic areas were then assigned the appropriate funds (without any associated overhead costs added), and compared to the costs of the CIP thematic areas. The results of this analysis can assist the government to identify thematic areas with high financial coverage and those that need additional resource mobilization. More information on the CIP Gap Analysis Tool is available at www.healthpolicyproject.com.

COSTED IMPLEMENTATION PLAN GAP ANALYSIS RESULTS

This analysis of actual and projected expenditures allocated by known and active partners implementing family planning programs in the country, indicated the government and partners have allocated US\$ 41 million to family planning from 2013 to 2015. There appear to be few financial gaps and an overall excess of funds equal to 67% of the total CIP budget or US\$ 16.5 million. According to PMA2020, the contraceptive prevalence rate among all women remains at 15% (2014)³. The methodology of this study did not examine the exact activities that were implemented; therefore it is possible the activities listed in the CIP do not align with the activities that were funded and therefore did not have the same expected impact. Figure 1 below shows the difference between CIP costs and funding allocated by the government and partners each year of the plan.

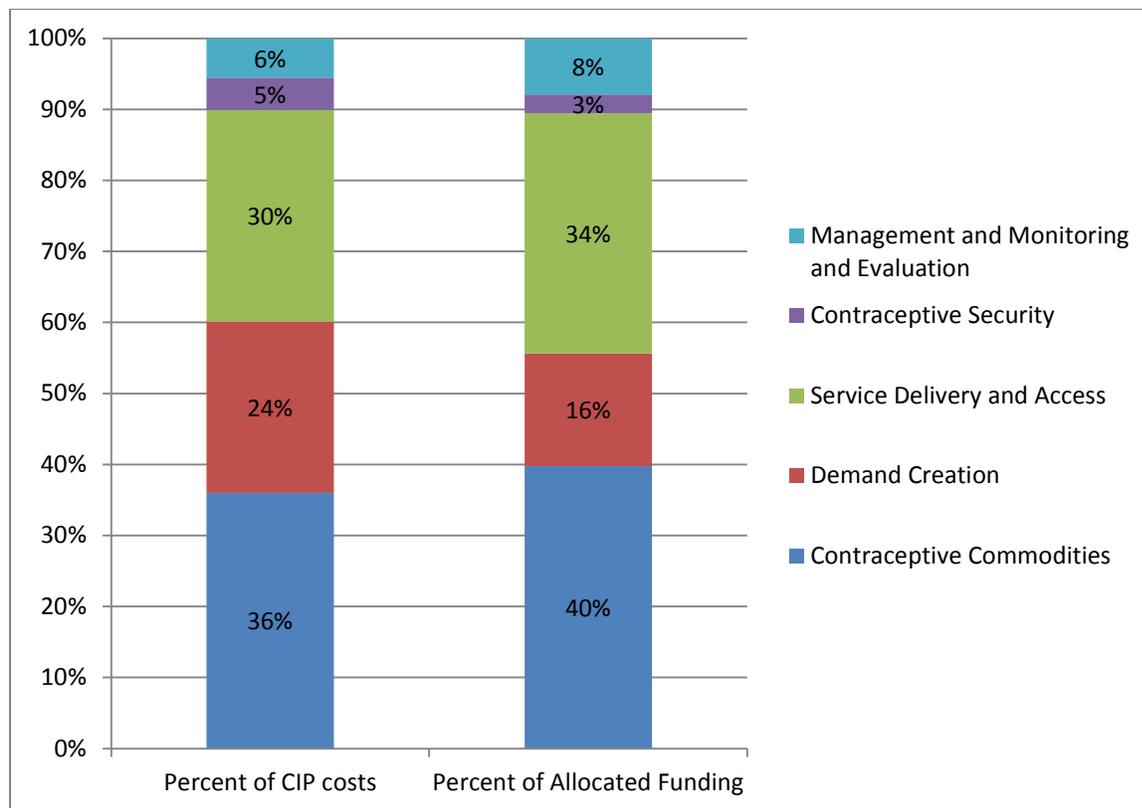
Figure 1: Total annual CIP costs and proposed funding allocated by the government and donors to support family planning programming 2013-2015



³ PMA2020. <http://www.pma2020.org/sites/default/files/BFR1-EN-FPBrief-2015-03-06.pdf>

An overall comparison of the funding and the CIP costs by thematic area shows that most areas were funded according to the plan, except for demand creation. The CIP focused 24 percent of the budget on demand creation, where as demand creation only accounts for 16 percent of the overall funding (Figure 2). There is a higher percentage of funding for contraceptive commodities, service delivery and access, and monitoring and evaluation and coordination than expected based on the CIP budget.

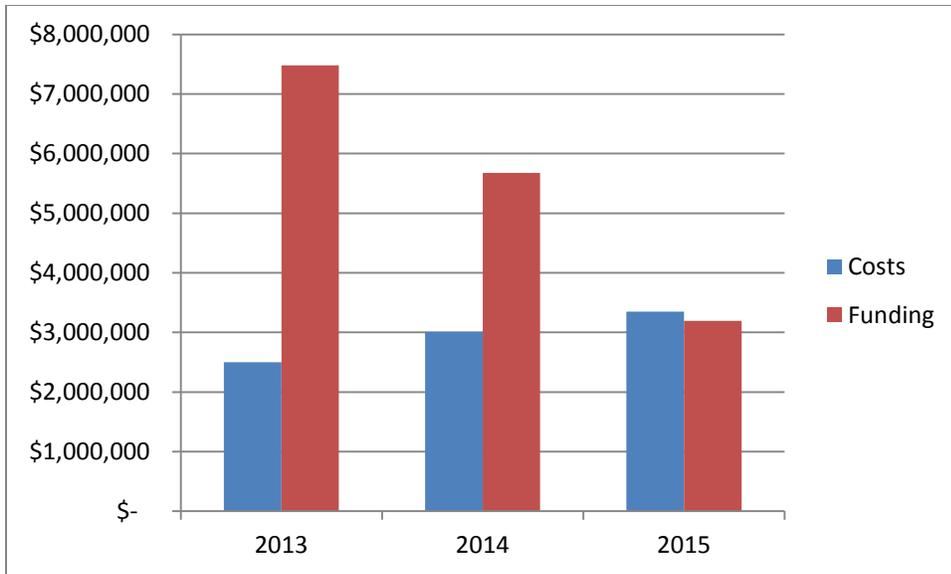
Figure 2: Percentage of CIP costs and allocated funds by thematic area, 2013-2015



Contraceptive Commodities

Contraceptives are fully funded in 2013 and 2014, but experienced a slight gap of 5% of the CIP costs in 2015 (Figure 3). Overall there is an 85 percent surplus over the three year period.

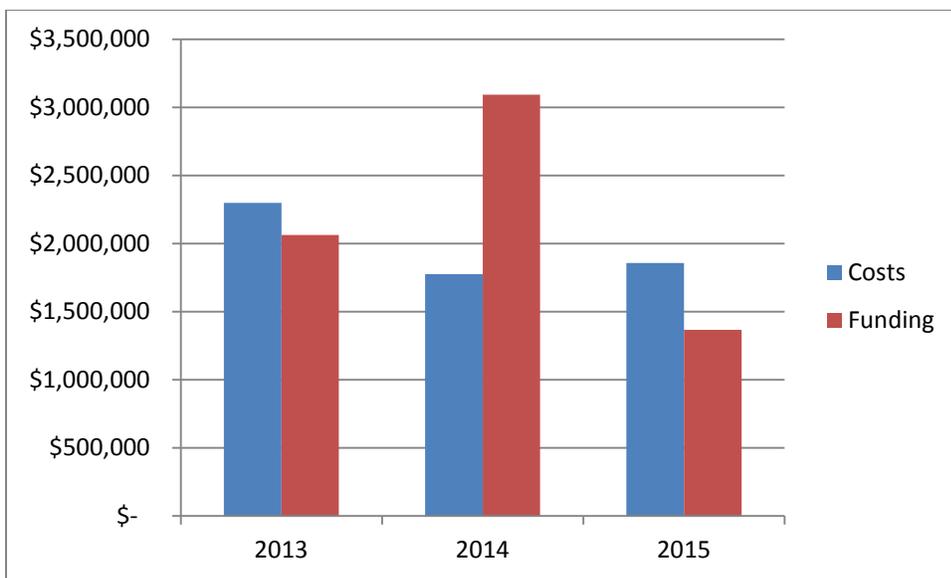
Figure 3: CIP costs and funds allocated by the government and partners to support contraceptive commodities 2013-2015



Demand Creation

Conversely, the most significant financial gaps can be seen in funds for contraceptive security and demand creation. Despite a 10% overall excess in funds for demand creation activities over the three-year plan, there was a 10% and 26% deficit in funding in 2013 and 2015, respectively, and a 74% excess of funds in 2014 (Figure 4). This seems to indicate discordance between the activities and costs planned in the CIP each year and the activities implemented. Without stable support for demand creation, it will be challenging for Burkina Faso to increase awareness of FP services and increase the number of women using modern contraceptive methods.

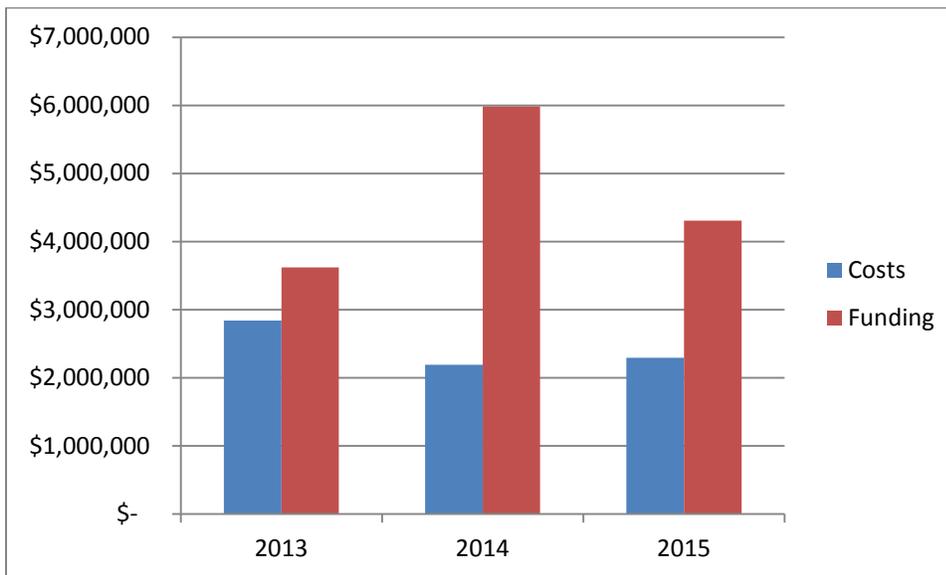
Figure 4: CIP costs and funds allocated by the government and partners to support demand creation 2013-2015



Service Delivery and Access

Similar to contraceptive commodities, funds for programs focused on service delivery are above the expected costs in the CIP (Figure 5). Overall, results show that service delivery received a total of US\$ 13.9 million, US\$ 6.6 million more than planned in the CIP. In 2014, 178% more funds were allocated to service delivery than the expected cost. Service delivery is often the largest thematic area in terms of cost, therefore, it is possible that several activities were not included in the CIP costing but were included in the gap analysis.

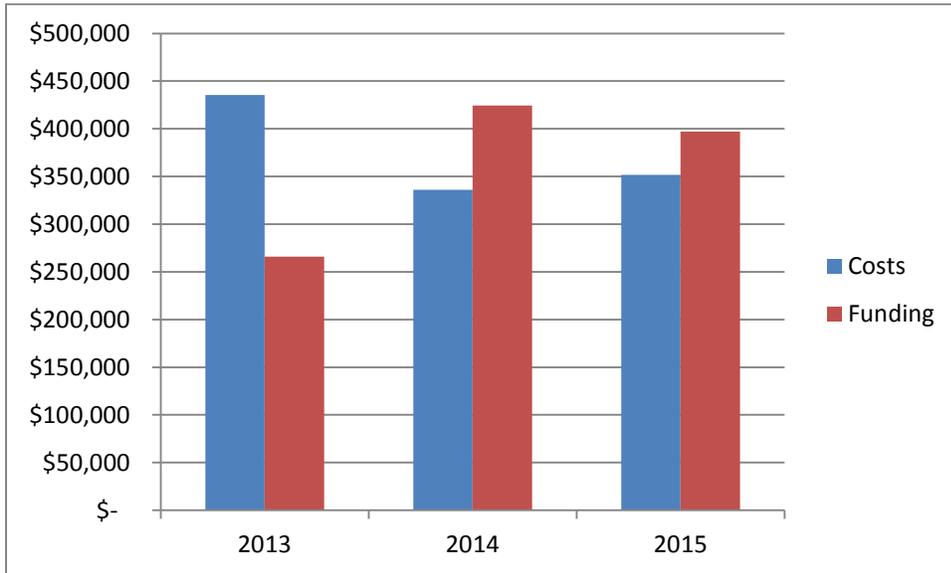
Figure 5: CIP costs and funds allocated by the government and partners to support service delivery, 2013-2015



Contraceptive Security

Although costs for contraceptive security decreased over the course of the CIP, strong donor commitments in 2014 and 2015 resulted in adequate funding for the last two years of the plan (Figure 6). There was a 39% deficit in funding in 2013, and a 26% and 13% excess in 2014 and 2015. Overall, there was a 3% funding gap for contraceptive security over the three year period. Lack of funding for contraceptive security often means access to contraceptives will be limited and there may be stock outs in communities across the country.

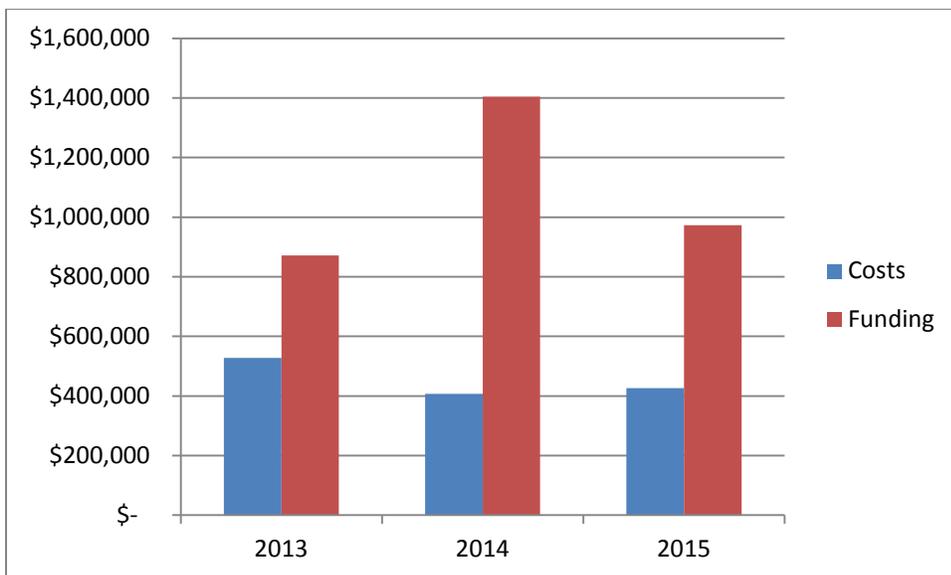
Figure 6: CIP costs and funds allocated by the government and partners to support contraceptive security 2013-2015



Monitoring and Evaluation and Coordination

The results show that family planning received the most financial support from partners in 2014. This is also true for each thematic area, and specifically for activities focused on M&E and program coordination which received more funding each year than detailed in the CIP. The CIP allotted US\$ 1.4 million to this thematic area and partners reported funding US\$ 3.2 million in 3 years (Figure 7).

Figure 7: CIP costs and funds allocated by the government and partners to support M&E and coordination, 2013-2015



During the analysis, partners reported efforts in 2013-2015 to support policies and an enabling environment for family planning. However, because the CIP does not specifically list activities that fall under this thematic area, the allocated funds were not included in this analysis.

Summary

Burkina Faso received adequate funding to support the costs in the CIP for family planning, largely due to continued and increased commitments from donors in almost all priority intervention areas. However, gaps in certain years due to insecure programming, particularly for demand creation and contraceptive security, resulted in slight funding gaps throughout the three-year plan, as shown in Table 2 below.

Table 2. Summary of results in USD

Thematic areas	CIP costs	Allocated Funds	Gap	Percent gap
Contraceptive Commodities	\$ 8,854,639	\$ 16,346,332	\$ (7,491,693)	-85%
Demand Creation	\$ 5,931,002	\$ 6,522,755	\$ (591,754)	-10%
Service Delivery and Access	\$ 7,327,717	\$ 13,917,138	\$ (6,589,422)	-90%
Contraceptive Security	\$ 1,123,080	\$ 1,087,456	\$ 35,624	3%
Management and Monitoring and Evaluation	\$ 1,361,461	\$ 3,248,711	\$ (1,887,249)	-139%
Total	\$ 24,597,898	\$ 41,122,392	\$ (16,524,494)	-67%

SUMMARY AND RECOMMENDATIONS

Despite adequate funds to cover Burkina Faso's three-year CIP for family planning, varying gaps in financing from donors indicate insecure programming. Regardless of the amount of funding, Burkina Faso was unable to reach its CPR goal of 25% in 2015. Therefore, the government and partners alike need to think critically and strategically about how to improve family planning. It is recommended that the General Department of Family Health (DGSF) and Department of Maternal and Child Health (DSME)

in the Ministry of Health:

- Implement a regular analysis of annual commitments to family planning to guide future programming
- Collaborate with partners to develop a new costed implementation plan starting in 2016 and communicate frequently to monitor progress to reach agreed upon objectives and implement critical activities
- As priorities shift, review the family planning workplan and budget each year with its family planning partners to secure medium and long term commitments to family planning



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