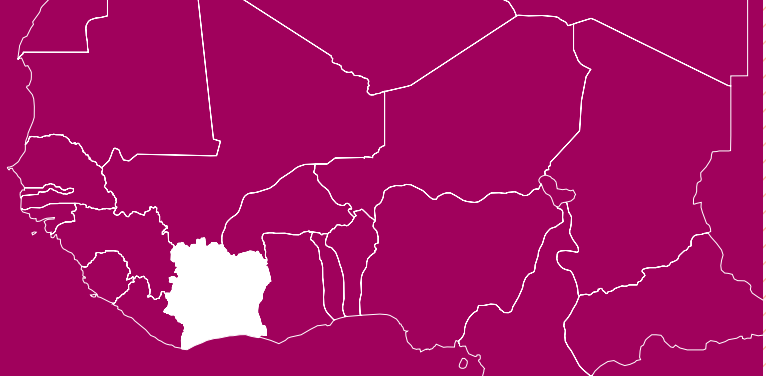
COTE D'IVOIRE

PAC-FP COUNTRY BRIEF



Postabortion care (PAC) provides a comprehensive approach to preventing morbidity and mortality caused by abortion complications (PAC Consortium, 2014). As per the U.S. Agency for International Development (USAID) PAC model, a critical component of PAC is providing access to family planning (FP) counseling and services. Providing these services helps meet the reproductive intentions of women who most clearly demonstrate an unmet need for FP, reduces unintended pregnancies, and prevents repeat abortions, thus reducing maternal deaths (Curtis, Huber, and Moss-Knight, 2010). The information below highlights the country's investment in providing PAC and FP services to women in need.

POLICIES, LEADERSHIP, AND GOVERNANCE

The national policy of Cote d'Ivoire on family planning (FP) and reproductive health (RH) is included in a number of documents. These include the Strategic Poverty Reduction Plan 2012–2015 (2012); the National Health Development Plan 2012–2015 (2012), which prioritizes FP and the reduction of maternal and neonatal mortality; and the Strategic Plan for Family Planning 2013–2016, through which the country aims to increase modern contraceptive use from 10% in 2005 to 30% in 2015. Technical and financial actors, as well as the Coté d'Ivoire government and international partners, have recently committed to implementing policies and practices in support of reproductive and adolescent health.

Legal status of abortion

Coté d'Ivoire's penal code of 1981 allows abortion to save the life of the woman.

POSTABORTION CARE (PAC) TRAINING AND STANDARDS

The Cote d'Ivoire government partners with international projects and organizations, such as the International Planned Parenthood Federation (through the Association Ivoirienne pour le Bien-Etre Familial program) and the International Federation of Gynecology and Obstetrics, to develop and deliver PAC training. While the country does not have a specific training on PAC, PAC is included in the basic training curriculum for maternal and child health. However, these three-day trainings do not ensure the quality of service provision.

Cote d'Ivoire has increased the number of training outposts for health training from three to five throughout the country. Capacity building support for teachers has also increased, but equipment and room layout for practical workshops as well as strong supervisory skills remain challenges.

STRENGTHENING SERVICE DELIVERY

A 2015 study in Cote d'Ivoire found that 92% of facilities offering FP service offer three contraceptive methods and 68% facilities offer at least five modern contraceptive methods (FP2020, 2016). Further, through the country's National Program for School and University Health, contraceptive methods are available cost to students at no (FP2020, 2016).

In order to increase voluntary uptake of FP, Cote d'Ivoire plans to train religious leaders to increase awareness around FP and to collaborate with private media organizations to promote and disseminate FP information (République de la Cote d'Ivoire, Ministère de la Santé et de la Lutte Contre le SIDA, 2014). Cote d'Ivoire is also working on increasing accessibility, coverage, and access to voluntary FP services for youth and adolescents by scaling up long-term methods of community-based contraceptive action and distribution. PAC provided at the community level now actively include contraceptive counseling where the woman can select her contraceptive method of choice prior to leaving the facility (Leke, 2014).

PAC·FP THE POSTABORTION CARE FAMILY PLANNING PROJECT
Expanding contraceptive methods and informed choice to PAC clients

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BARRIERS TO PAC

Women in Cote d'Ivoire face multiple barriers to accessing PAC and FP services. There are limited human resources in the country, which reduces access to PAC including postabortion FP. The country has 0.14 physicians per 1,000, and 0.48 nurses and midwives per 1,000 (World Bank, 2010). Furthermore, a cultural and religious environment in which pregnancies among unmarried women are condemned persists (Dia et al, 2016). Additionally, as with many other countries in the region, women in Cote d'Ivoire face challenges related to accessing health services (due to distance and/or cost concerns) and receiving quality care (as a result of providers' stigmas and poor facility resources).

FINANCING MECHANISMS

Funding for FP remains insufficient, despite the existence of supportive policy documents (Republique de la Cote d'Ivoire, Ministere de la Sante et de la Lutte Contre le SIDA, 2014). Despite the challenging funding environment, the government subsidizes contraceptive products. The Ministry of Health and Public Hygiene of Cote d'Ivoire has allocated 400 million CFA (approximately $691,842) exclusively for the purchase of contraceptive commodities (FP2020, 2016). Contraceptives are distributed free of charge during special days focused on the promotion of FP. Contraceptives are also provided free of charge to students, adolescents and youths attending school and university health services. Contraceptive products are subsidized by the government and distributed for free during special days focused on promoting FP. Contraceptives are also available free-of-charge to students, including adolescents and youth accessing school and university health services. However, frequent medical stockouts reduce FP accessibility.

COTÉ D'IVOIRE		Year	Source
Demographic/background indicators			
Country population	18,106,000	2013	United Nations (UN)
Total fertility rate	5.1	2017	UN Data World Population Prospects
Age at first birth	19.6	2011–12	Demographic and Health Survey, 2011/12
Maternal mortality per 100,000 live births	341		
Newborn mortality per 1,000 live births	38		
Infant mortality per 1,000 live births	68		
Under-five child mortality per 1,000 live births	108		
Facility-based delivery	57%		
At least one antenatal visit during previous pregnancy	91%		
At least one postnatal visit during previous pregnancy	70%		
Number of unintended pregnancies	486,000	2018	FP2020 Core Indicator 2018 Summary Sheet
Number of unintended pregnancies averted due to use of modern contraceptive methods	440,000	2018	FP2020 Core Indicator 2018 Summary Sheet
Number of unsafe abortions averted due to use of modern contraceptive methods	157,000	2018	FP2020 Core Indicator 2018 Summary Sheet
Number of maternal deaths averted due to use of modern contraceptive methods	1900	2018	FP2020 Core Indicator 2018 Summary Sheet
Modern method contraceptive prevalence rate, all women of reproductive age (WRA)	26.0 %	2017	PMA2020, R1
Modern method contraceptive prevalence rate, all WRA	21.8		
Knowledge of FP, all WRA	93%	2010	Demographic and Health Survey, 2011/12
Contraceptive use by type (married WRA)		2017	PMA2020, R1
Long-acting and permanent methods			
Sterilization (female)	0.8%		
Sterilization (male)	0.0%		
Intrauterine device	2.1%		
Implant	13.3%		
Short-acting methods		2017–2018	
Injection (intramuscular and subcutaneous)	29.4%		
Pill	33.3%		
Condom (male)	14.8%		
Emergency contraception	4.1%		
Other modern methods (e.g., female condom, cycle beads, and lactational amenorrhea method)	2.2%		
Unmet need for FP[1] *all WRA*	25.1%	2017-18	PMA2020, R1
Unmet need for spacing	20.6%		
Unmet need for limiting	4.5%		
Percentage of all women who received FP information during their last visit to a health service provider	20.4	2018	PMA2020, R1

[1] Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report either not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

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