



Agir pour la Planification Familiale

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Promoting a Favorable Policy Environment for Family Planning in Cote d'Ivoire: The Contribution of AgirPF

INTRODUCTION

In February 2011, several governments of the West Africa region participated in a conference titled Population, Development, and Family Planning (FP) in Francophone West Africa: an Urgency for Action, which was held in Ouagadougou, Burkina Faso. The conference participants created the Ouagadougou Partnership (OP), which committed countries to repositioning FP to a higher level on their respective national agendas. It is within the context of this dynamic that OP countries put action plans in place aimed at revitalizing their FP efforts. Agir pour la Planification Familiale (AgirPF), a regional project financed by USAID/West Africa for the period 2013–2018 and implemented by EngenderHealth, supports the implementation of these action plans in five of the OP countries: Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo.

Among the strategic directions of AgirPF is the *improvement of the policy environment for FP programs*. To achieve this goal, the project has worked since 2013 in close collaboration with the five country governments, the OP, the West Africa Health Organization (WAHO), and other partners to identify the best approaches, taking into account FP analyses that show substantial unmet need for FP services, inadequacies in the offer of available services, weak political support for FP programs, and sociocultural obstacles to access to and use of services. Given the decisive role of strong political will and supportive religious and traditional leaders in the implementation of FP plans, Côte d'Ivoire adopted a *two-fold advocacy strategy* aimed at 1). public administrators and other authorities and 2). religious and traditional leaders. This brief describes the experience of Côte d'Ivoire in this effort.

CONTEXT

The in-depth diagnosis carried out to prepare the National Costed Action Plan for Family Planning 2015–2020 revealed the following situation in Côte d'Ivoire for the 2012–2013 period:

- Reproductive health (RH) indicators were worrisome, with high levels of maternal mortality (614 maternal deaths per 100,000 live births), of which 15% were due to complications related to abortion, as well as high infant and child mortality rates (67 deaths per 1,000 and 93 per 1,000 respectively), a modern contraceptive prevalence rate of 14%, an unmet need for FP of 27%, and a total fertility rate estimated at 4.9 lifetime births per woman (INS & ICF International, 2012).
- *Total demand for FP* was at 45%. Despite the explicit desire of women to space or limit their births, seven out of 10 were not using a contraceptive method for various reasons, including erroneous information about FP and problems of physical access to services.
- A largely inadequate *offer of services* was seriously handicapping quality of and access to services, with only 65% of health structures offering basic FP services and service providers having weak skills. However, a number of factors could help to expand FP, particularly use of the military health service structures and the availability of community health agents for other services, such as nutrition.



- A policy environment characterized by the absence of a law on RH and very weak commitment among influential decision makers. Owing to the absence of a legal and regulatory framework and despite the existence of a number of plans and strategies aimed at strengthening RH/FP programs, FP had not yet been scaled up, and financing was insufficient.
- With respect to socio-cultural factors, the use of FP was still poorly perceived by certain people, and pronatalist attitudes persisted. This situation was exacerbated by women's weak decision-making power.

IMPLEMENTATION OF THE ADVOCACY STRATEGY

Côte d'Ivoire implemented the two-fold advocacy strategy by taking the steps described below, supported with technical assistance from AgirPF and other partners:

- *Development of a Strategic Action Plan for Advocacy and Policy.* This included an analysis of policy barriers to FP, as well as concrete measures to reduce the identified barriers through specific advocacy objectives.
- *Development of advocacy tools for public administrators and decision makers.* These tools consisted of a RAPID¹ model for Côte d'Ivoire as a whole and an urban RAPID model for Abidjan. These tools, which incorporated pertinent and compelling data, were designed to help decision makers understand that promoting FP makes it possible to capture the demographic dividend² and thus dispel the notion that a rapidly growing population serves national development goals. The tools were developed using a participatory approach with representatives of many entities³ to ensure their credibility and a strong sense of ownership.
- *Development of three advocacy tools by religious leaders, called Religious RAPID.* One tool each was developed for Catholics, Protestants, and Muslims. The tools were designed with the active participation of religious leaders to produce advocacy tools compatible with their respective religious beliefs. The concept of “responsible childbearing” was encouraged by AgirPF instead of the less appropriate “birth spacing”; this amply enriched the development process of the advocacy tools, because the concept was found to be in perfect alignment with religious ethics and morals. These tools have significantly helped to advance a dialogue with religious and traditional communities regarding the benefits of FP for socioeconomic development and capturing the demographic dividend in Côte d'Ivoire.
- *Training,* through the transfer of advocacy skills to counterparts,⁴ including analyses of barriers to FP, effective use of data in policy dialogue, identification of target audiences, and tailoring of messages appropriate for advocacy objectives.
- *Preparation of advocacy plans,* produced in training workshops and finalized with assistance from AgirPF and subsequently submitted to different funding sources.
- *Institutional strengthening⁵ of RCPFAS of Côte d'Ivoire (RCPFAS-CI).*⁶ This network is an important new actor in FP advocacy in Côte d'Ivoire. The combined expertise and experience of the network members has opened the way toward different advocacy approaches. The members are well placed to offer authorities a new perspective on the essential role that FP can play in the country's development.
- *Institutional strengthening of The Alliance for Religious Groups Against HIV/AIDS and other Pandemic Diseases (ARSIP),* which was created in 2006. Since 2015, AgirPF has provided support to ARSIP with the objective of

1. RAPID, which stands for Resources for the Awareness of Population Impacts on Development, is one of a suite of models known as SPECTRUM—easy-to-use policy models that provide policymakers with an analytic tool to support the decision making process. The models have been developed over the past four decades in response to needs expressed by donors, international development organizations, and national governments.
2. The demographic dividend refers to the accelerated economic growth that is expected to result from a decline in a country's birthrates and death rates and the subsequent change in the population's age structure. With fewer births each year, the size of a country's young dependent population will decline relative to the size of the working-age population. With fewer dependents to support, the society then has a window of opportunity for rapid economic growth if the right social and economic policies are developed and appropriate investments are made (PRB, 2012).
3. The tools were developed and validated during 2015 facilitated by two workshops in January and March aimed at developing the tools and training stakeholders in their effective use. The participants came from key ministries (Health, Economy and Finance, Promotion of Women and of Gender, Civil Service, Labor and Social Security, Communication, National Education, Literacy), the office in charge of population, the National Institute of Statistics, the National School of Statistics and Applied Economy, the National Assembly, the Ivoirien Association of Family Well-Being (AIBEF), the religious alliance ARSIP, and civil society organizations.
4. Counterparts include representatives of the Ministry of Health and other ministries, Réseau de Champions en Plaidoyer pour le Financement Adéquat de la Santé (RCPFAS), the Parliamentarian Network on Population and Development, religious leaders, women's organizations, and Regional Health Directors.
5. This included a regional training in March 2014 aimed at resource mobilization for health financing, including FP; a workshop in November 2015 to update and make preparations for implementing the advocacy plans; and financial assistance for their implementation.
6. The RCPFAS networks were created through the support of WAHO, with the aim of implementing the 2001 Declaration of Abuja, which called on countries to allocate at least 15% of their national budgets to the health sector.

visible participation in FP issues on the part of religious leaders of Côte d'Ivoire. Assistance was provided to develop Religious RAPID, and a July 2017 workshop was organized for designing and reaching consensus on the adoption of a national policy on responsible childbearing in a religious context in Côte d'Ivoire.

To support the implementation of activities envisioned in the advocacy plans prepared by different groups, the country RAPID, urban RAPID, and religious Rapid tools and their accompanying brochures have been widely used, as described below.

- With administrators and authorities at the national level and in the municipality of Abidjan to effectively demonstrate the need for increasing budget allocations to FP from national and municipal funds
- In the National Assembly (NA), at the Ministry of Health and Public Hygiene, and with other target audiences, calling for adoption of an RH law and an increase in resources allocated to FP
- At different levels within the religious community, to facilitate the institution of a policy for promoting responsible childbearing

RESULTS

The principal results of carrying out the advocacy strategy in Côte d'Ivoire can be summarized as follows:

- Provision of 400 million CFA for the purchase of contraceptive products in the 2016 annual budget
- Provision of 500 million CFA for the purchase of contraceptive products in the 2018 annual budget
- A government RH law developed and validated for imminent submission to the NA for legislative review and passage
- Concurrence and commitment to the responsible childbearing policy by five umbrella organizations representing the major religions in Côte d'Ivoire
- Promotion of the concept of responsible childbearing within religious communities
- Active participation of 21 places of worship (Muslim and Christian) in promoting responsible childbearing
- Adoption and implementation of a policy to engage religious denominations in promotion of responsible childbearing⁷

7. The policy was approved and endorsed by ARSIP, the National Monitoring Body for Equity and Gender (ONEG), and five religious umbrella organizations—the High Council of Imams of Côte d'Ivoire (COSIM), the Council of Sunni Imams of Côte d'Ivoire (CODIS), the National Council of Protestant and Evangelical Churches of Côte d'Ivoire (CNEPECI), the Catholic Church, and the United Methodist Church of Côte d'Ivoire (EMUCI).2012).

- A public declaration of commitment to responsible childbearing by Women Leaders of Religious Associations of Côte d'Ivoire

On the occasion of the official presentation of the responsible childbearing policy document to the Ministry of Health, in the presence of the highest religious authorities, the Women Leaders of the Religious Associations of Côte d'Ivoire made the following declaration:

Responsible childbearing clearly improves the quality of life of women and infants and enables full development of the community. Well-planned births contribute to the health of the mother, child, and father, thus contributing to the physical, psychological, spiritual, moral, and economic well-being of the community.

That is why we women, essential link in the family unit:

1. Encourage everyone, adults and youth, to practice responsible childbearing within our communities for the improved quality of life of our children.
 2. Encourage young people to delay the age of childbearing until marriage.
 3. Encourage the community to adopt acceptable methods for responsible childbearing.
- Together, let us mobilize for a Côte d'Ivoire where births are quality births for quality youth, because every person has the right to a quality life.
 - We do not want more street children.

To give birth is good, to look after the well-being of the woman and the child is even better!

Executed in Abidjan, 28 September 2017

OBSERVATIONS AND CONCLUSION

A coherent and coordinated advocacy effort in support of FP calling on decision makers to capture the demographic dividend is currently underway, with the assistance of tools and plans developed by stakeholders from many sectors and levels. Results from this advocacy are now measurable, and other results are expected. The successes that have been recorded can be explained by a number of key factors, notably:

- *The advocacy strategy* is focused on the two key determinants of the policy environment of FP, which are political support and the socio-cultural climate, so that government officials are less fearful of seeing their efforts in favor of FP contradicted by religious and traditional leaders.
- *The element of “ownership,”* which is critical to the credibility of advocacy messages, is evident in the wide range of key stakeholders integrally involved in the production of advocacy tools and plans.
- *The availability of pertinent and compelling data used in the RAPID tools* has persuaded decision makers and religious leaders that investments in FP in the long run will serve the foundations of socioeconomic development in their countries.
- *Institutional strengthening and skills transfer* have assured a lasting advocacy presence for FP within the country.
- *The methodological approach of AgirPF and the regional partnership with WAHO* have increased the legitimacy and credibility of efforts at the country level.

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