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Strategic Partnerships to Advance Family Planning Lessons from Senegal

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The Senegalese minister of health, Dr. Awa Marie Coll-Seck, used a familiar term with us to express her commitment to expanding access to family planning—“yes we can.” That is a bold proposition in such a conservative country, in a region with some of the world’s highest maternal mortality and unmet need for family planning. Her leadership reflects an important moment in Senegal, and prospects for advancing women’s health and family planning in the subregion may depend on its success.

This country leadership has led to strategic partnerships between Senegal and the U.S. Agency for International Development (USAID), the Bill & Melinda Gates Foundation, the United Nations Population Fund (UNFPA), and the William and Flora Hewlett Foundation, among others. The goal is to “reposition” family planning in Senegal and in the francophone West African subregion. Senegal is a main focus of these efforts, since it is seen as the regional hub and is one of the most stable democracies in Africa. Given the current attention to family planning in Senegal, we wanted to see for ourselves what opportunities and challenges are presented by these partnerships, especially related to U.S. policy, and what it will take to build the domestic political support and accountability to ensure further progress.²

As Senegal has launched a national family planning strategy³ and doubled its budget for contraceptives, the donors’ support has encouraged innovative approaches. Early results have been promising—Senegal’s contraceptive prevalence rate among married women increased from 12 to 16 percent (2012 to 2013), after years of stagnation,⁴ and new data will be available soon that are expected to show a similar increase for 2013–2014. Especially noteworthy are partnerships between the public and private sectors: the Informed Push Model has dramatically reduced the perennial problem of stock-outs of contraceptive commodities; social franchises and mobile outreach are expanding women’s access to a wider range of contraceptive methods; and PATH and Pfizer, in cooperation with the Ministry of Health, are introducing a new, simplified

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² Civil society organizations in Senegal are engaging in a range of activities to strengthen advocacy, information, access, and accountability about family planning. These groups include Réseau Siggil Jigéen, Enda Santé, Association Sénégalaise pour le Bien-Être Familial (ASBEF), and Action et Développement Senegal (ACDEV), among others.

³ Senegal took important steps leading up to the 2012 London Summit on Family Planning by collaboratively developing one of the early costed implementation plans in order to ensure a common vision among government and implementing partners. The costed family planning action plan in Senegal is called the *Plan d’action nationale de planification familiale 2012–2015*. See Republic of Senegal Ministry of Health and Social Welfare, *National Family Planning Action Plan 2012–2015* (Dakar: Ministry of Health, n.d.), http://www.familyplanning2020.org/images/content/documents/Senegal_National_FP_Action_Plan_ENGLISH.pdf.

⁴ According to the Demographic Health Survey, 10.3 percent of married women used a modern method of family planning in 2005, and 12.1 percent of married women used a modern method of family planning in 2010.

injectable contraceptive called Sayana Press that could transform access at the community level. Within the public sector, USAID is promoting the integration of family planning and immunizations, while supporting more frequent data collection for decisionmaking. This unique combination of initiatives has put Senegal squarely in the international family planning spotlight, and fuels hope that it could serve as a catalyst for improved access to family planning in the subregion.

Despite these achievements, complicated challenges lie ahead for Senegal and its partners, including the United States. Chief among these will be ensuring that the investments in family planning can build toward sustainable, cost-effective, and quality programs at national scale, and that is a long way off. Ultimately, greater government financing and private-sector support will be essential to future viability of these programs, which will require the active support of the Ministry of Finance and President Macky Sall himself. If the current level of donor support and private-sector interest drops off, so will the increased demand for family planning associated with greater access to services. In that case, Senegal's ambitious goal of raising the contraceptive prevalence rate from 12 to 27 percent by the end of 2015 would be unattainable, and the progress toward reducing the unmet need for family planning could be reversed. USAID, the Bill & Melinda Gates Foundation, and other donors should recognize the value of their family planning assistance and manage it carefully, aligning with the goals of the national plan.

The challenges in Senegal are complicated by social, cultural, and economic realities. Resistance to family planning from religious leaders is a particularly difficult and sensitive issue,⁵ especially relating to modern methods of contraception, yet their support will be critical to engaging men and to overall success. In addition, the government has recently introduced task-shifting to enable nurses to provide long-acting reversible contraceptives and to train community health workers to deliver injectables, but the program is still in an early phase. Meanwhile, a growing youth population—some 63 percent of Senegalese are under age 24, with significant demographic and economic implications⁶—brings additional challenges, especially points of view on family planning and reproductive health that often diverge from those of some influential religious and political leaders.

U.S. Policy and USAID's Role

The United States has a particularly important role in supporting Senegal's family planning programs and building on the current progress. U.S. health investments encourage other donors to contribute, and ensure that those investments also lead to development gains for Senegalese women and girls, and their communities. The range of USAID-supported activities is significant

⁵ Approximately 94 percent of the Senegalese population is Muslim.

⁶ This is often referred to as the demographic dividend: the economic growth and transition that occur when a demographic shift from falling fertility rates, leading to a large working-age population with fewer dependents, is accompanied by policy actions and investments in the areas of family planning, health, education, gender, equality, and labor markets. In July 2014, the World Bank Group, in collaboration with UNFPA, pledged \$200 million for the Sahel Women's Empowerment and Demographics Project aimed at improving the regional response to maternal and reproductive health and adolescent girls' issues and ultimately at helping Sahel country governments achieve the demographic dividend.

in Senegal, and provides the opportunity to make family planning central to achieving USAID's goal of ending preventable child and maternal deaths.⁷

In 2001, USAID began working with other donors and African governments on an initiative known as “repositioning” family planning, aiming to mobilize political commitment and address unmet need for family planning.⁸ The francophone West African subregion was an area of particular concern; it lagged behind the rest of the continent in family planning, leading to high fertility rates and unplanned pregnancies that contributed to the region's high maternal and child mortality and morbidity. This “repositioning” was also in recognition of the important role that expanded access to voluntary family planning could play in the region's development.⁹

Senegal benefits from the largest U.S. bilateral funding in the subregion, and that funding has doubled since 2008. Overall USAID funding for Senegal concentrates on economic development, agriculture, education, and health.¹⁰ However, growing concerns about instability in the Sahel region have brought U.S. attention to broader factors that impact security and counterterrorism.¹¹ A joint USAID, Department of Defense, and Department of State initiative identified issues such as unemployed youth, high fertility rates, and desertification as particular areas of concern for the region. However, U.S. officials are cautious about linking population and security issues in Senegal; such linkages can fuel suspicion and rumors claiming that the United States' ulterior motive is to reduce the size of the Muslim population, especially when the U.S. military is involved.¹²

A key USAID strategy involves assistance to the Senegalese health system to integrate family planning into immunization services to increase access. The program provides mothers bringing their children for immunizations with access to informational sessions on the benefits of family planning, same-day services, or at least a referral to the health center. According to IntraHealth International, which implements the program, 33,708 women have adopted a contraceptive method through such integrated services since 2012, and this integration model could potentially benefit more than 3.1 million Senegalese women of reproductive age nationwide. The lead government doctor for the district of Thiès told us why integrated services are important: “If we

⁷ Included in the fiscal year 2015 appropriations bill is \$5.4 billion for Ebola Response and Preparedness, \$2.5 billion of which supports programs to fight the disease in West Africa. While this may not directly impact family planning in Senegal, it puts significant resources into the U.S. Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC) to be active in West Africa over the next five years.

⁸ See Measure Evaluation PRH [Population and Reproductive Health], “Repositioning Family Planning,” http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/repositioning-family-planning.

⁹ This “repositioning” also led to the creation of the Ouagadougou Partnership. See Ouagadougou Partnership, *Family Planning: Francophone West Africa on the Move: A Call to Action*, 2011, http://www.prb.org/pdf12/ouagadougou-partnership_en.pdf.

¹⁰ USAID's total health budget for Senegal is \$56.5 million, of which \$24.1 million is dedicated to malaria, through the President's Malaria Initiative (PMI). While some 80 percent of family planning/reproductive health (FP/RH) programs in Senegal are supported by USAID, they represent only a part of USAID's health engagement with Senegal. In 2013, USAID provided \$14.6 million for FP/RH programs and \$7.8 million for maternal and child health. USAID procures approximately 63 percent of Senegal's contraceptives at a cost of approximately \$3.5 million, underscoring the importance of these subsidies for contraceptive financing.

¹¹ The Sahel region includes Senegal, Mauritania, Mali, Burkina Faso, Niger, and Chad.

¹² A greater U.S. military presence is now in Senegal since, starting in October 2014, Senegal became the intermediate staging base for the U.S. military response to the Ebola crisis in West Africa.

integrate, we get better results. Women are attracted by vaccination services, and then they benefit from that to discuss family planning. Our clients are interested.”¹³

USAID is also supporting other family planning initiatives relating to services, quality, communication, and advocacy. A performance improvement approach, known as Tutorat-Plus, focuses on supportive supervision and individual coaching of health providers to improve the quality of services and delivery of integrated services. A community health component supports family planning services at the community level. To increase access to reproductive health services for young women and men who face particularly deep barriers to access due to social taboos, USAID is providing support to a youth center run by Marie Stopes International (MSI) at the University of Dakar. Other components of USAID’s portfolio in Senegal include social marketing of contraceptives, advocacy with religious leaders, and support for civil society. As part of USAID Forward, USAID is changing how it delivers assistance, from only working through U.S.-based implementing partners to beginning to provide direct assistance to the Senegalese government at central and regional levels.

Public–Private Partnerships and New Approaches to Family Planning

L’Initiative Sénégalaise de Santé Urbaine (ISSU)

With funding from the Bill & Melinda Gates Foundation, the Senegal Urban Health Initiative, known by its French acronym ISSU and implemented by IntraHealth, aims to increase the modern contraceptive prevalence rate among the poorest women in disadvantaged urban areas. ISSU was developed based on research and survey data that identified barriers to family planning access, concentrating on poor women in urban areas,¹⁴ and used this data to set up a package of interventions to create demand for family planning, strengthen the supply of contraceptives, and develop a supportive policy environment. The result has been to increase the contraceptive prevalence rate among the target population from 18 to 31 percent.

A combination of strategies seem to account for ISSU’s impact: ISSU expanded private-sector options, through social franchises;¹⁵ transformed the distribution of contraceptive commodities through the Informed Push Model (see below); and hired additional midwives to address the lack of skilled providers. To create demand for family planning among men and women, ISSU developed community outreach and mass media campaigns. The final component involved engaging civil society and religious leaders to help create a supportive environment for family planning.¹⁶

¹³ Interview with Dr. Mamadou Moustapha Diop, Thiès Health Center, November 12, 2014.

¹⁴ Approximately 45 percent of Senegal’s population currently lives in urban areas, with 26 percent of households living in poverty. By 2030, Senegal’s urban population is projected to grow to 53 percent.

¹⁵ MSI’s BlueStar social franchise network, which includes 50 clinics and will expand next year, enables private health care providers who were previously only able to offer short-term family planning methods to provide higher-quality, long-acting reversible methods at affordable prices. The legal restrictions for private-sector provision of health care are complicated in Senegal, and this social franchise network is an effort to expand services until the regulatory environment changes.

¹⁶ Through ISSU, IntraHealth International evaluated 19 approaches and identified a minimum package of 6 interventions that have the biggest impact.

Informed Push Model

Nothing has generated more interest, and questions about sustainability, than the Informed Push Model (IPM). As ISSU began implementation, its progress was hampered by a weak supply chain system, resulting in stock-outs of contraceptive commodities and therefore limited contraceptive method choices. The public-sector supply chain was a “pull-based” distribution system, relying on the health sites to order supplies and pay up front, and neither family planning commodities nor data was being effectively managed.

In response, IPM was developed by ISSU in partnership with McKinsey & Company with funding from the Bill & Melinda Gates Foundation, and later joined by Merck for Mothers.¹⁷ IPM is a targeted solution to solve the problems related to cash flow, transportation, and quantification. Through IPM, a private logistician provides an initial stock of contraceptives at no cost to the health facility, and then restocks the commodities on a monthly basis (the commodities come from the government). The logistician collects data on product consumption and reports that data to the district medical chief within 72 hours. The logisticians are paid according to fixed-fee contracts, based on their performance.

The IPM is now the distribution system for contraceptives in 958 service delivery points covering 55 districts in 9 regions of Senegal. IPM’s implementation yielded powerful results: a reduction of contraceptive stock-outs from 80 percent to under 10 percent; a significant increase in the overall consumption of contraceptive products; and improved data reporting leading to better decisionmaking related to program management.

Additionally, the IPM revealed that there is an increased demand for long-acting reversible methods when the full method mix is available. According to Dr. Bocar Mamadou Daff, the director of reproductive health and child survival for the Ministry of Health, “We let women have all the possible choices, and we went further—with more discreet methods, and an accent on long-term methods.” He continued: “Bit by bit, we confront the difficulties and we try to overcome them.”¹⁸

IPM’s success may ultimately hinge on whether it can effectively transition to government control, and whether other commodities beyond contraceptives can be included in the system. Senegal’s National Pharmacy for Procurement (PNA) is the government entity that would likely implement the IPM when outside funding ends in 2016. Many of those involved in family planning expressed concerns that PNA may not be capable of handling the IPM system, and that continued outside support will be necessary in the near term.¹⁹ Another question involves

¹⁷ At the London Summit on Family Planning (2012), Merck for Mothers and the Bill & Melinda Gates Foundation announced that they will work together to expand access to family planning and each pledged up to \$25 million over eight years.

¹⁸ Interview with Dr. Bocar Mamadou Daff, director of the Division of Reproductive Health and Child Survival, Ministry of Health and Social Action, Dakar, November 11, 2014.

¹⁹ Reasons for concern include that it may be more expensive for the PNA to implement the IPM due to transportation costs and higher salaries; and that it may be challenging for a government entity to quickly set up flexible contracts with private contractors. In a current pilot study, PNA is distributing contraceptives and other essential medicines without private logisticians in the region of St. Louis. The results of the pilot are not yet public. PNA is also receiving support from the UN Commission for Life-Saving Commodities.

whether IPM should change from being a vertical program for contraceptives to include other essential medicines, possibly including products for infants, malaria, tuberculosis, and HIV/AIDS.

Mobile Outreach

Mobile outreach teams, often funded through ISSU but some through USAID and UNFPA, and working in collaboration with the district health officials and community outreach workers, travel to urban slums and rural areas to provide subsidized or free family planning and reproductive health services. The purpose is to fill the gaps in the public system, largely through providing long-acting reversible methods and attracting new family planning users who might not otherwise have access to services. Many of these teams are organized through MSI.²⁰ Despite concerns that cultural taboos against family planning would prevent women from seeking outreach services, these programs have demonstrated the importance of and demand for extending services beyond the health centers.

Social/Cultural Challenges

Engagement of the Religious Leaders

One of the most important issues in advancing Senegal’s family planning programs involves the engagement of the Muslim religious leaders, notably the heads of the Sufi brotherhoods. These leaders represent a central channel of communication in Senegal, and progress will be difficult without their support.

Most efforts to engage the religious leaders focus on the importance of birth spacing (*not* limiting births) for the health of the mother, the child, and the family. The message is not on the potential ancillary benefits of better economic outcomes. One organization, the Réseau Islam et Population, in collaboration with ISSU, has trained some 1,000 imams in the past four years about the advantages of family planning and identifying the references to birth spacing from the Koran. Important efforts are being undertaken by Muslim leaders to engage the leaders of the Brotherhoods about the importance of family planning, while others are organizing learning tours to other Islamic countries with higher contraceptive use, such as Morocco, to bring back lessons learned.

While progress in shifting the attitudes of the most conservative religious leaders is a long-term process, there are other, sometimes younger, imams who are speaking publicly and privately in favor of increasing access to family planning information and services. From radio spots to televised debates to Friday prayers, these religious leaders are becoming more supportive of the benefits of family planning programs.

Reaching Young People

Addressing the needs of the rising youth population—including basic reproductive health information in a context where young people may have multiple sexual partners, experience

²⁰ Through MSI’s outreach teams, in 2013, nearly 16,000 women have gained access to short- and long-acting reversible contraceptives and other reproductive health services, including cervical cancer screening and treatment of sexually transmitted infections.

sexual violence, engage in unprotected sex, and fall prey to “sugar daddies”—presents significant challenges. The Ministry of Health recognizes the problem of unmet need among youth, but also acknowledges the difficulty it faces in this area. In response, the Ministry is developing a new strategy on adolescent reproductive health, but most observers believe that the government is still “timid” in its willingness to address these issues. Dr. Papa Chimère Diaw, director for family planning at the Ministry of Health, noted the challenges the government faces in developing messages for sexually active youth: “The youth program focuses on abstinence, but what if youth are sexually active? This is larger than just health—it needs to be multisectoral and multidisciplinary.”

The challenges for unmarried young people include the attitude of health providers, who often disapprove of them—especially young unmarried women—being sexually active, and therefore young people are unlikely to turn to these providers for information or services. As one midwife at a health center outside Dakar put it: “Here, they see adults, and there’s stigma. So they go to the private pharmacies.”²¹ Young people also get family planning information through mobile outreach teams, and where available, through youth centers, such as the MSI clinic at the University of Dakar. Emmanuel, a university student who works with MSI, told us the importance of giving young people access to information and services: “We look at the risks [they face], and see how important it is to bring them good information before they make a decision . . . that could impact their future.”

Regional Impact: The Ouagadougou Partnership

On the regional level, one of the most important developments has been the establishment of the Ouagadougou Partnership in February 2011. The partnership includes nine country governments, civil society coalitions, and a group of donors and technical partners, including USAID, the French government, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, and UNFPA, among others.²² The purpose is to accelerate the implementation of high-impact family planning interventions and ensure the coordination of efforts. The Partnership’s overarching goal is to reach 1 million additional women with modern contraceptive methods by 2015, which will require most of the countries to double their contraceptive prevalence rate in three years.

The key success of the Ouagadougou Partnership has been supporting countries to put in place costed implementation plans²³ and to create momentum around family planning in the process, including engaging civil society and the private sector, and attracting additional donors.²⁴ Senegal’s family planning program is seen as a laboratory for the other countries, with models that might be exported. The biggest challenges revolve around country-level momentum on

²¹ Interview with midwives at Thiès Health Center, November 12, 2014. To avoid facing stigma by providers and other clients, some women prefer to access contraceptive commodities at private pharmacies.

²² The participating countries are Benin, Burkina Faso, Guinea, Ivory Coast, Mali, Mauritania, Niger, Senegal, and Togo. The Coordination Unit is funded by the Bill & Melinda Gates Foundation and William and Flora Hewlett Foundation and acts as an interface among country governments, donors, and stakeholders.

²³ Costed implementation plans include cost estimates for multiyear action plans and are a planning and management tool.

²⁴ Among others, the Bill & Melinda Gates Foundation and the government of France are providing new assistance to Niger; Bloomberg Philanthropies is funding a new project in Senegal and Burkina Faso; and representatives of the Clinton Health Access Initiative visited the region recently.

family planning and mobilizing resources to help support the costed plans, but the partnership holds great potential to expand knowledge sharing across countries.

Going Forward

Senegal represents a valuable example of how strategic partnerships to advance family planning can have positive impact, even in a region long ignored by donors and with poor family planning indicators. The potential impact could translate into lives saved, abortions averted, and educational and economic opportunities improved for women and girls, and for their communities. As a key player in an increasingly volatile region, Senegal's ability to achieve results in family planning provides important lessons for its neighbors and contributes to broader health and development goals.

The stakes are high, for Senegal and for the subregion, and progress will be necessary to keep ongoing donor and private-sector engagement. To tackle the many challenges ahead, continued country-level momentum, innovation, and resources will be needed at all levels in Senegal and among its donors. This also means addressing the factors that undermine progress: from private-sector regulations and short timeframes for donor funding; and from gender norms and attitudes toward youth sexuality to religious opposition. Senegal is simultaneously jumping ahead while also lagging behind, and whether it will prove to be the engine for the subregion that the donors have wagered remains an open question.

For the United States, Senegal shows that investments in family planning reduce maternal mortality and morbidity, provide critical support to country leadership, and leverage other donor and private-sector contributions. For these reasons, family planning should be a key component of diplomatic and development strategies for Senegal and francophone West Africa. If USAID's vision of ending preventable maternal and child deaths is to succeed, the integration of family planning will be essential. A USAID official in Senegal put it this way: "Senegal has achieved a lot . . . but the situation is complex, and lots of factors affect the uptake in family planning. This makes it interesting—with political will and funding resources, how far can we get? What can we achieve? There is still great need and many, many challenges."

Senegal's progress in family planning is still nascent and fragile, and unforeseen shocks like the Ebola crisis risk diverting attention and resources. But this is not the time to turn away. As Minister Coll-Seck advised: "We have shown it can be done and already see results. We can do it, despite all the challenges." And then she added: "We can change the destiny of the population."

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