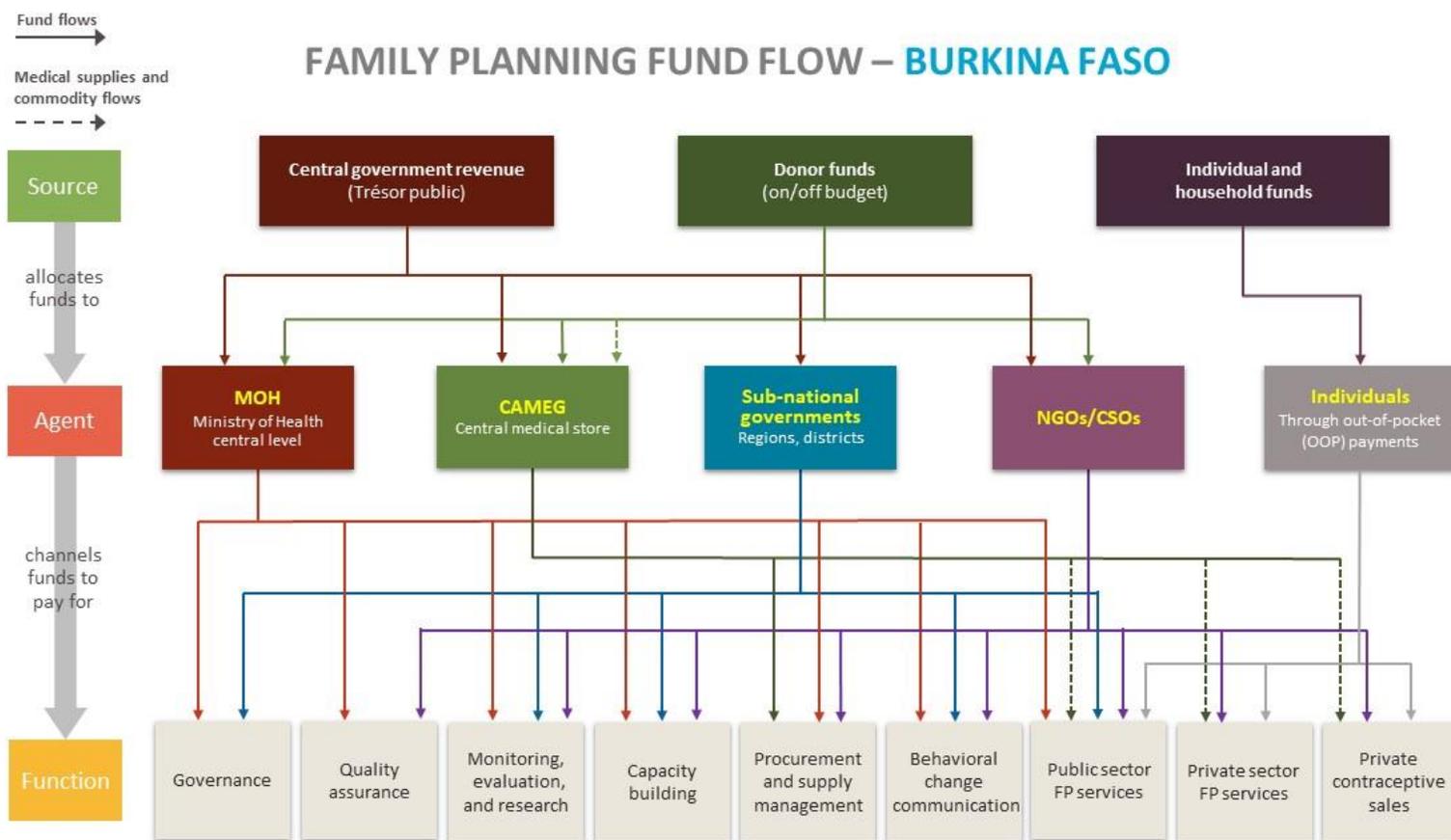


- This fund flow map presents the **sources of funds** available for family planning (FP) in Burkina Faso, the **functions that comprise a FP program**, and the **agents who receive funds from sources to pay for FP functions**.
- The purpose of the fund flow map is to provide a simplified but comprehensive schematic of FP financing arrangements, highlighting the relationships between key actors. The map, and the collaborative process of developing it, supports sustainable FP policy and planning.



Source

- Government funding for FP comes primarily from general revenue. There is no significant role for local government revenue or health insurance premiums.
- Major donors for FP include USAID, UNFPA, and DFID. Funds from donors to government entities come in the form of on-budget support or in-kind contributions.
- Efforts to pool donor funds and/or to incorporate them into government budget planning have had limited success.

Agent

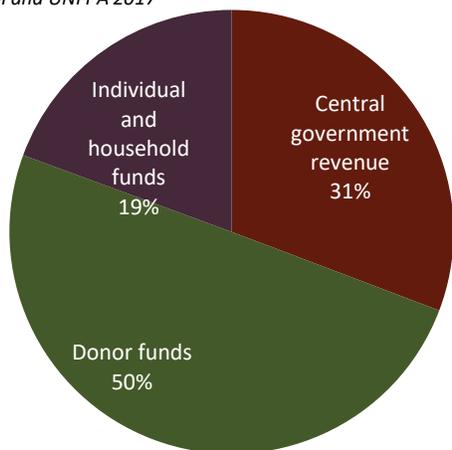
- NGOs play a major role in FP, supporting multiple FP functions across sectors.
- CAMEG procures some FP commodities, but many commodities are purchased by donors and channeled through CAMEG for distribution to districts and NGOs.
- Local government plays a limited role in the health sector, with most governance and quality assurance functions managed directly by MOH through District Health Offices and NGOs.

Function

- Public sector services dominate FP delivery in Burkina Faso. NGOs provide active support through public facilities and providers
- OOP payment for public sector FP services was the norm until mid-2020, when FP was added to the Gratuité benefits package.
- FP delivery differentiates private sector sales (where clinical consultation is not typically required) from public or private sector services.

Proportion of Funds for FP by Source

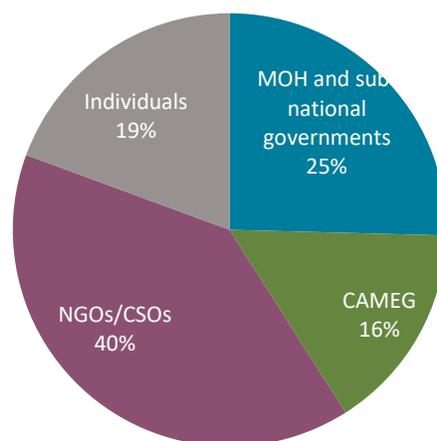
Source: NIDI and UNFPA 2017



Funds derived from households and individuals represent an unusually small proportion of FP spending (19%) compared to other Sub-Saharan African countries. This amount should reduce following the introduction of free FP. While the share of the funds from central government is high (31%), most funds for FP in Burkina Faso are still sourced from donors (50%).

Proportion of Funds for FP by Agent

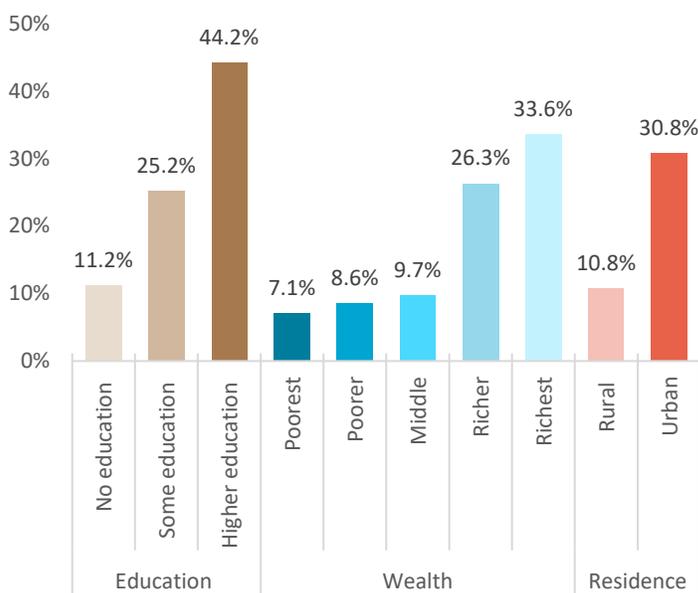
Source: UNFPA 2020, NIDI 2017, Reproductive Health Supplies Coalition 2019



NGOs and CSOs receive funds from donors to support both public and NGO services, and NGOs control the largest share of FP funding in Burkina Faso. CAMEG purchases FP commodities with government and some donor funds, but also warehouses and distributes commodities purchased by donors. The MOH channels funds to pay for FP services in the public sector based on historical data. Individuals purchase services mainly from public sector providers.

Modern Contraceptive Prevalence Rate (mCPR) (Married Women) Across Key Domains

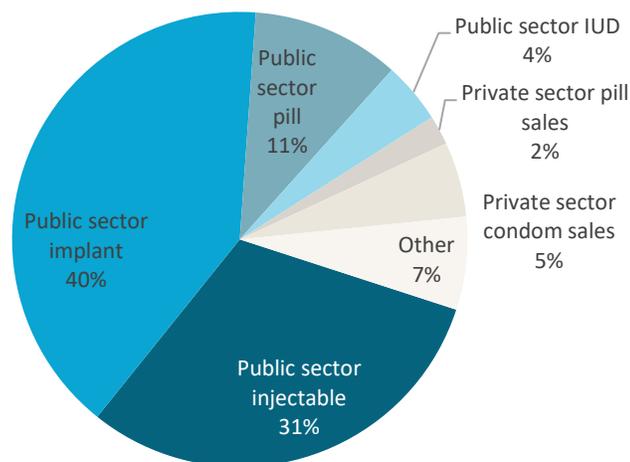
Source: Burkina Faso DHS 2010



Burkina Faso's mCPR of 26.9% is not low by regional standards, but there are large disparities by socio-economic status. Low mCPR persists through to the third wealth quintile; additional investments are needed to ensure equitable access to FP methods.

FP Method Use by Source (All Women)

Source: Analysis of data from Track20 and Burkina Faso DHS 2010



Hormonal methods delivered through the public sector dominate FP in Burkina Faso (81.6%). Long-acting reversible contraceptives (LARC) are unusually popular by regional standards (48.9% compared to 17.8% in Sub-Saharan Africa). The private sector plays an insignificant role in provision of FP services in Burkina Faso.

Future Considerations for Purchasing FP: the Gratuité (User Fee Removal)

- In July 2020, the MOH moved to improve equity and access to FP by extending 'Gratuité' – a user fee exemption scheme for women and children under 5 years of age – to make [FP services free of charge](#) in all public sector facilities.
- Sourced from central government revenue, funds are channeled through the MOH and CAMEG to pay for public sector FP functions.
- In the first quarter of roll-out, free services are simply replacing services paid out-of-pocket. A lack of demand creation and community sensitization may blunt the impact of the scheme. Providers' limited understanding of the scheme's reporting procedures may also reduce their willingness to offer free FP.
- The cost of free FP services is increasing every month and reached 91 million CFA francs (roughly USD \$167 thousand) in September 2020. To date, additional funds for FP have not been allocated. Uncertain and inadequate funding poses a challenge to the continued evolution of free FP.
- The MOH should take steps to ensure adequate budget allocation from the central government to reimburse providers for free FP services, and to support associated behavior change communications.