

The outreach teams strategy, an effective way to increase access to family planning in rural areas: the case of tubal ligation in ambulatory at Marie Stopes International / Burkina Faso

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Demographic and health requirements in Burkina Faso impose the reinforcement of family planning. From a demographic viewpoint, Burkina Faso has an annual growth rate of 3.1 and a fertility rate of 6 children per woman (DHS 2010). On the health front, the country has very high rates of maternal and neonatal mortality. However, this rapid population growth and 30% of maternal deaths could be prevented by strengthening the family planning (Plan accelerating reduction of maternal and neonatal mortality in Burkina Faso, Ministry of Health, 2006). Burkina Faso is facing several challenges that influence the wider determinants of family planning: demand creation, the availability of contraceptives supply, access to family planning services, as well as monitoring and evaluation activities.

Several measures to strengthen the family planning at national level have already been taken, one of which is improving the coverage of urban and suburban populations through mobile units and advanced strategies. One of the key strategies of MSI / BF is the deployment of mobile teams who fit closely within the framework of national measures. The main objective of these mobile teams is to provide the full range of contraceptive methods, from long term (Implant, IUD) to final (tubal ligation and vasectomy), to clients in rural and suburban health facilities where these methods are not available.

The particularity of this strategy offered by MSI / BF, is the availability of the tubal ligation performed in ambulatory facilities under local anesthesia. This is a simple and easy implementation technique, which is unique to the organization. It is performed by mini-laparotomy under local anesthesia with an average duration of 15 minutes. It is performed outside the operating room by trained physicians and the cost is about \$ 0.6. Using this technique, MSI / BF performed in 5 years (July 2009-June 2014) 3274 tubal ligations throughout Burkina Faso. Furthermore, only 13 vasectomies were performed in three years (July 2011-June 2014).

The following images are the evidence of tubal ligation needs conducted in the field.



Ten of these women benefited from tubal ligation on July 22nd 2014, in a less accessible locality of south central Burkina about 150 kilometers from the capital. The average age of these women was 40 years with a range of 37 to 50 years. The average number of children was 7 with a range of 5 to 10 children.



Dr. Bruno Ki (in the right) during a tubal ligation procedure in a primary health facility about 150 kilometers from the capital Ouagadougou.



Dr. Bruno Ki (blue, middle and standing) with satisfied clients benefiting from the tubal ligation.

The need is obvious looking at the number of women who want to prevent pregnancy. These women are all grand multiparous. It is therefore essential and vital to support and strengthen these kinds of strategies to enable the women of Burkina Faso access to this method, leading to a significant reduction in maternal and infant mortality and reduction in the country's population growth.

References

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