

# **Risk of Social Isolation by Contraceptive Users and New Ways of Scaling Up Family Planning Methods in Burundi**

## **Project stakeholders**

Consortium lead: Institute of Health Economics (IHE) – Leibniz University Hannover (LUH)

Project partners: World Bank

## **Funding agency, duration and funds**

Funding agency: Strategic Impact Evaluation Fund- World Bank (DFG)

Duration: 36 months

## **Project goals**

The study aims to answer the following research questions:

- a) Does a monetary reward for the delivery of birth control injectables increase the effort of health service providers and their performance in terms of number of women receiving contraceptive protection?
- b) Can increased privacy mitigate the impact of the social stigma associated with contraception utilization in Burundi?

## **Background and project description**

The government of Burundi is introducing an innovative injectable family planning method called Sayana Press. The significant advantage of this method over existing injectables is its relatively easy and very safe way of administration. Across the country, injectables are the most common contraceptive method.

The government faces two important challenges. First, the speed of the introduction of the new product critically depends on the performance of community health volunteers in terms of referrals to health professionals of women who express interest in adopting a contraceptive method. However, they face many competing demands on their volunteer time including from actors other than the public sector (e.g., NGOs). It is therefore questionable that they will meet the high expected quantity of referrals. Second, despite free service provision in their homes through health professionals, the demand on the part of the women may be low due to the risk of social isolation associated with contraception utilization. There exists strong social stigmatization of contraceptive users in Burundi. When specialized staff come from outside the communities to deliver contraceptive methods, as noncommunity members they are easily identified by villagers as contraceptive service providers.

To overcome these two challenges, the government has planned two stand-alone interventions. The first intervention aims at increasing the performance of community health volunteers in terms of referrals through monetary incentives. The second intervention consists in authorizing community health volunteers (who are, in general, members of the same community as end-users), after comprehensive training concerning the technological innovation, with the provision of the service in the homes of contraception seeking women. The advantage of administering the contraceptive injection through the community volunteer (and not the specialized staff, who come from outside the village) is the associated privacy because home visits of volunteers take place on a regular basis for a variety of matters. It will be therefore difficult for community members to infer the utilization of family planning methods. While the study exploits the staggered implementation of the incentive scheme in a difference-in-differences framework, it examines the effects of the second intervention in the context of a field experiment conducted in collaboration with the World Bank and the Ministry of Health (ethical review protocol: Solutions IRB # 2021/12/18). The study also aims at recovering the interaction effect between the two interventions.