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## ISSUE NOTE

### Introduction

Sexual and reproductive rights are a fundamental right that must be recognized to everyone regardless of gender, academic standard, political religious and ethnic affiliation, and sexual tendencies.

What have we done as a civil society organization to facilitate and / or make these rights a reality?

What were the difficulties, the results we have achieved and lessons learnt from this experience? Those will be the main lines of our announcement.

### 1. Individual factors related to leadership and context that led to an action?

#### Individual factors that led to an action

The main individual factors that led to an action:

We have personal predispositions to mention services access to teenagers and young people and also the access to safe abortion: when in 11<sup>th</sup> grade, without any specific training apart from some presentations given by teachers (in 9<sup>th</sup> grade) on sex education, I asked for a discussion and was allowed to discuss various subjects with my classmates like: relationships between boys and girls, sex education, etc.

At this time I was already convinced of teenager's rights to sexuality information. Besides, this made at this time my academic guidance by the Headmaster easy. All I did was following his advice without really participating to the choice.

The second individual factor is the sudden and tragic death of a classmate caused by an induced abortion at the same time in my 11<sup>th</sup> grade. From that time until maturity, I used to ask myself: **why?**

#### Factors related to leadership and context that led to an action

Family Planning Association of Burkina Faso (FPAF) is an association founded in 1979 and since then it works on health and fulfillment. Its view is *"The advent of a society in which the population in general, teenagers and young people especially enjoy full use of their rights and Sexual-Reproductive Health Services of quality and are responsible for their sexual life; a society in which FPAF F is leader in the matter of Sexual-Reproductive Health."*

Some values that underpin the mission and view of FPAF are key factors. Some of these values are:

- Innovation and creativity spirit
- Pioneering role where others are reluctant
- Be a Model
- Risk and courage
- Taking into account the needs of young people
- Pursuit of customers satisfaction

This individual and collective will in the level of the executive management and governance helped to integrate in the 2005-2009 strategic plan an intervention in matter of abortion, but it always remained an ambition in a context in which the subject was rarely mentioned. The **innovation and creativity spirit**, Pioneering role where others are reluctant and the spirit of

risk and courage led it do an intervention in the domain of abortion in the innovation fund in 2005 unsuccessfully; It is only in 2007 that a fund was received in 2007 for a **PCCA** project provided by the special fund of IPPF. This intervention has a favorable legal context to the action: access to complete abortion services - post abortion care as a full component of sexual and reproductive health.

Some elements of this political and legal context that led to the action:

- Burkina Faso signed international agreements (Convention on the Elimination of All Forms of Discrimination against Women, ratified in November 1984, international treaties on civil and political rights on one hand and social and cultural rights on the other hand, ratified in September 1998) regional agreements (African Charter on Human and Peoples' Rights, ratified in September 1984, draft agreement on the African Charter on Human and Peoples' Rights relative to Women Rights in Africa or Maputo Draft agreement, ratified in 2006).
- Burkina Faso has laws authorizing abortion (even if restrictive). Voluntary termination of pregnancy is not authorized but termination is allowed when a pregnancy endangers the life of the mother. The fetus carries an incurable stigma in case of rape and incest.
- Abortion account for ~ 15% of maternal deaths; XX mortality rate due to abortion and 46% of deaths by illegal interruption caused particularly by infection, bleeding, poisoning, trauma.
- The availability of IPPF provided a technical and financial support to promote access to safe abortion services in the programs of the association.

## **2. Barriers to the action**

- On an individual level: the lack of motivation of providers to make the right decision on time in the starting of the action.
- Cultural barriers: The social and cultural context with the burdens of cultural and religious orders, Stigma and silence, Conscientious objectors, etc.
- On the legal level: restrictive laws and regulations, long procedures to services.
- On the economic level: poverty of the population sometimes unable to afford the costs of the PAC.
- On the political, structural and health levels: some unskilled health personnel concerning the issue of PAC , lack of the drugs used for medical abortion, even in cases where an abortion is not against the law there is often no guides and standards for services, no national program concerning the specific issue of PAC.

### How were they overcome?

The objective of FPAF was as part of this intervention to increase the access of girls and women to complete abortion services as part of the legislation in force in the country and not a plea for law changing .Thus, the actions taken to overcome barriers to this access were:

- **Values clarification** remaining a safe, universal and efficient way to, "be better understood in order to be better supported in the fight", values clarification group discussions were organized on all levels: service providers, governance, **MAJ** young people and peer educators, partners.
- Service providers training on various aspects: PAC including MVA, medical abortion, contraceptive technology etc.

- Creation of a network of service providers in partnership with 05 private organizations and public health groups as references and undertaking cases.
- Partnership with the Association of Women Lawyers and experts in order to work out a document describing the procedure to safe abortion access in accordance with the law.
- Establishment of a free care system for those who can not afford the costs of services because of their poverty.
- Undertake actions with the central and regional office of IPPF for the acquisition of the drugs used for medical method.
- With the technical support of IPPF, working of a communication plan about the domain: identification of strategies, working out of suitable messages and media, consciousness-raising of targets concerned.

### 3. Did the action make improvements as far as health is concerned? Is it sustainable?

- Yes, the action brought improvements on health level. In a context mined by obstacles, FPAF was able to provide abortion services to patients from July 2008 to June 2010 (in three service providing areas): 97 cases of therapeutic abortion, 405 cases of incomplete abortion treatment and 399 cases of post-abortion contraception.
- Enhanced engagement of the association managers, which now claim to be a the champion defender of the rights of women and girls for complete abortion services in accordance with law; which was not actual at all levels at the starting of the project.
- Firm resolution to extend the services to all the clinics of the association and to commit in a process of advocacy for the decriminalization of abortion in Burkina Faso in its 2011-2015 strategic plans if the financial resources are available.
- Service providers feel confident to offer the services.

### **4. What are the lessons learnt? What are the recommendations for others?**

#### **Lessons learnt**

Access to complete abortion services - post abortion care provided to women and girls improves the quality of life and helps save lives:

FPAF as a structure of the civil society is often in a vanguard of its commitment to improving people's health in general and women and young people's in particular. Like all civil societies, it contributes and does not substitute the State because having no ability to serve the whole country. Abortion is a recurrent problem that deserves a special attention, a will and a political commitment, a community membership for not only expanding PAC services in basic health centers but also make integrated abortion services taking into account preventive pregnancy, the effective offer of abortion services in accordance with law and PAC.

Medical abortion without replacing other methods seems to be more convenient for service providers and better tolerated by recipients but the drafts agreements at national level are still being worked out.

## **Recommendations:**

- Popularization of the law at the population, legal practitioners and health professionals level for a better enforcement.
- Carry out a study on the extent of the problem at national level in order to provide data to use for advocacy.
- Produce and bring into play an advocacy plan for the decriminalization of abortion in Burkina Faso.
- Make a plea to the political authorities for the working out and implementation of a national program on the specific issue of PAC like the Prevention of Mother to Child Transmission (PMTCT), the Family Planning (FP), the fight against HIV / AIDS / STI's in health sector rather than integrating it into the safe motherhood program which compels its application to post-abortion care (PAC);
- Speed up the finalizing of **medical abortion** drafts agreements in the country.

## **Conclusion**

The issue of access to abortion is valued differently depending on countries, groups and social trends, according to personal values that are considered the best. But very often the question is not arisen in the same way when one is directly affected by the problem.

The international and regional legal instruments are binding in all States that ratify them without any distinction. They have usually goals like respect for human rights in general and women's in particular for their promotion.

The States that ratify a convention or treaty are obliged to ensure the respect of these international and regional laws internally in accordance with the international and regional instruments ratified and by providing penalties for their violations.

While some are punished for requesting or provide the service, why be silent when others intentionally obstruct the access by procedural barriers and when they refuse to provide the service when the law allows it?

Is it not worth to save the one who gives life?

**LIFE GIVING IS AN ACT OF LOVE, LET US ACT IN SUCH A WAY THAT IT BECOME PLANNED, DESIRED, ACCEPTED**