

PROJECT FACT SHEET

(Burkina Faso) Strengthening Primary Health Care to Improve Health and Nutrition

Country Context

Burkina Faso is a landlocked West African country occupying an area of approximately 274,000 km2 that share borders with Mali, Cote d'Ivoire, Ghana, Togo, Benin and Niger. The country lies between the Sahara Desert and the Gulf of Guinea, a situation that exposes Burkina Faso to recurrent droughts. The total population is estimated in 2020 at about 20.9 million inhabitants (52% women and 48% men) of which 80% live in rural areas and 65% are young (under the age of 25).

Burkina Faso's health care system is also characterized by poor geographic accessibility to health care facilities, with an average national range of action of 6.5 kilometers (2017), compared to a national standard of 5 kilometers. In addition, the disparity among regions and among health districts (HDs) in the same region is quite large. For example, in 2017, that average stood at 6.6 km in Boucle du Mouhoun and Hauts-Bassins, 7.7km in the Cascades, 10.2km in East and 10.5 km in the Sahel Regions.

The Country is characterized by poor maternal and child health care indicators and inadequate health infrastructure coverage. The project will improve the geographic accessibility of populations to primary health care, strengthen the supply of primary health care with particular emphasis for mothers and children under 5 years old and also offer screening and treatment activities for precancerous lesions even in areas with difficult access. Strengthening the skills of health workers and community-based health workers will help provide quality care to populations. The mobile clinics procured through the Bank financing will reinforce the government of Burkina Faso efforts to offer free screening for precancerous cervical lesions to reduce cancer-related mortality and morbidity.

Project Rationale

Burkina Faso has elected to devote significant resources to health development initiatives over the period 2016 to 2025 to set the country on a steady path to universal healthcare coverage. To help facilitate the operationalization of its vision, the Ministry of Health decided to "establish a national healthcare system that values prevention and makes a community-based approach to primary healthcare the cornerstone of the country's path to universal healthcare coverage".



Project Objectives

The project will contribute to the achievement of the objectives of the NHDP (2011-2020). Specifically, the project will contribute in reducing maternal, neonatal, and infant/child mortality and morbidity and inequities in access to quality healthcare in the Cascades, Hauts Bassins, South Central, and Eastern health regions of the country by the year 2024. The project will establish 25 health and social promotion centers and 100 community health posts in selected rural communities to improve the geographic accessibility of primary health care services. The project will strengthen the skills of health care workers and will ensure that the population receives high-quality care. It will also support behavior change communication and community mobilization to improve the uptake of reproductive health care services. The project will similarly procure 15 equipped mobile clinics to provide outreach prevention and primary care services to Internal Displaced Persons and communities where clinics are not available. These mobile clinics will also provide screening and treatment of precancerous lesions, in the most isolated areas as part of the efforts to provide services to improve maternal and neonatal health.

Project Components:

The project activities are based on the following components:

- Component 1= Strengthening the provision of health care services at the peripheral level
 - Building and equipping 25 CSPSs
 - 100 PSCs will be built, equipped, and provided with kits
 - 15 mobile units (equipped vehicles).
- Component 2 = Strengthening the quality of services, focused on the person and patient safety - CSPS, CBHWS and CSOs: Training and support to 4834 health care workers (including 534 health care personnel and 4300 community volunteers),
- Improving data quality at the community level
 - Supportive supervision
 - M&E

Component 3: Increase the uptake of primary health care services

 Collaboration/cooperation with specialized NGOs to support the establishment of community-based health insurance organizations and implementation of behavior change communication campaigns in the targeted areas



- support to the management committees of the HSPCs to collect from households the premium contributions to the Community Based Health Insurance Organizations or to the National Universal Health Insurance Fund

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- Component 4 = Support to Project Implementation
 - Support to the operation of the Project Management Unit and the coordination of interventions

Project financial audit

Key project information

IC Approved: in October 2019

Total Project Cost: US\$ 28 million

LLF Financing: \$ 17.3 million, OCR \$ 9.3 million, grant

Co-financing: \$ 1.4 million (GoBF)

Project duration: 5 years from effectiveness

Effectiveness (actual): 3 June 2021

Expected Outcomes

- Primary health care service coverage is increased in the intervention area
- The delivery of quality, client-centered services is increased in the intervention area
- The demand for and use of quality services is increased in the intervention area.

Benefits and impact

By 2024

- Percentage of the population within the 5 km range of action of a functional primary health care facility increased from 59.2% to 70%
- -Rate of deliveries assisted by skilled attendants increased from 83.9 to 85.18%
- ANC 4 completion rate increased from 38% to 60%



- Exclusive breastfeeding rate TBD

Health service utilization rate / Number of contacts per inhabitant per year increased from 1.4 to 2. % of pregnant women seen for prenatal visit 1 in the first trimester of pregnancy increased from 35.7% to 45%

This will be achieved through:

72 integrated supervisions conducted

1 protocol developed for the screening and treatment of cervical and breast cancer 1

15 mobile clinics purchased (CSI)

25 HSPCs built and equipped (CSI)

100 CHPs build and equipped (CSI)

8 workshops organized to share experience on Integrated Disease Management

4300 CHW trained (CSI)

534 health care providers trained (CSI)

Donor Partners

• Abu Dhabi Fund for Development (ADFD)

The Abu Dhabi Fund for Development (ADFD) is an aid agency established by the government of Abu Dhabi in 1971. ADFD aims to help developing countries to achieve sustainable socio-economic growth; through financial assistance in the forms of concessionary loans, managing government grants and equities. ADFD also peruses investments to encourage the private sector in the recipient countries to play an essential part in accelerating the economic development process, and at the same time playing a pivotal role in strengthening and diversifying the future resources of the Fund.

Bill and Melinda Gates Foundation (BMGF)

The Bill & Melinda Gates Foundation (BMGF) is an American private foundation based in Seattle, Washington. The primary goal of the foundation is to enhance healthcare and reduce extreme poverty across the globe and expand educational opportunities and access to information technology in the U.S.

Islamic Solidarity Fund for Development (ISFD)

The Islamic Solidarity Fund for Development (ISFD) is dedicated to reducing poverty in its member countries by promoting pro-poor growth, emphasizing human development, especially improvements in



health care and education, and providing financial support to enhance the productive capacity and sustainable means of income for the poor, including financing employment opportunities, providing market outlets especially for the rural poor and improving basic rural and pre-urban infrastructure.

• King Salman Humanitarian Aid and Relief Centre (KS Relief)

Saudi Arabia established the King Salman Humanitarian Aid and Relief Centre (KS Relief) in 2015. KS Relief works in 46 countries around the world with a focus on humanitarian and relief work in the Middle East and North Africa region.

Qatar Fund for Development (QFFD)

QFFD is a public development institution committed, on behalf of the State of Qatar, to improving the livelihood of communities around the world by providing financial tools to developing countries in the Arab and Muslim world and beyond for responsive and effective humanitarian and development aid.

• UK Aid – The Foreign, Commonwealth, and Development Office (FCDO)

UK Aid Direct is DFID's main centrally managed funding mechanism for small and medium-sized civil society organizations, based in the UK and overseas, which are working to achieve the global goals. Formerly known as the Global Poverty Action Fund (GPAF), the fund was relaunched in 2014 as UK Aid Direct.