

Burkina Faso

PROJECT OVERVIEW

Implemented in three health regions of the country – Dori (Sahel), Fada (East) and Tenkodogo (Central East) – and covering 88 health facilities, the Support for the Fight Against Maternal Mortality project has been a beacon initiative in the field of reproductive health in Burkina Faso.

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Besides its direct support of health structures in the intervention zone and training schools, the project has helped strengthen the impact of UNFPA's action in political and legislative terms (confirming its legitimacy as a first-rank player in the RH field). It focused on reducing maternal mortality with a particular emphasis on emergency obstetric care, obstetric fistula and strengthening post-abortion care.

Strategies adopted included increasing the quality and quantity of essential and emergency obstetric services; strengthening the referral system; developing SRH/IEC/BCC activities; community participation; and reinforcing the institutional capacities of key structures involved in project implementation.

Primary beneficiaries were pregnant women and those of reproductive age, newborns, adolescents and youth.

The project was completely integrated with UNFPA's intervention strategy. It was in fact designed as a sub-programme of the RH component of the fifth Country Programme (2001–2005) between Burkina Faso and UNFPA and directly contributed to the achievement of two of its key outputs. The project supplemented and strengthened this existing support programme. The intervention zone was chosen by UNFPA following the Country Common Assessment for the implementation of the UN Development Assistance Framework.

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Switch to basket funding

With UNFPA's shift towards a programme approach using a common basket funding mechanism from 2006, the project adjusted its mode of implementation and was completely integrated into district level health planning. This helped reinforce the decisive role of UNFPA in implementing key Paris Declaration principles in Burkina Faso, particularly through the reinforcement of project ownership by the Family Health Directorate, the integration of activities in the health district action plans and by the contribution of UNFPA (in the form of targeted budgetary support) to the Health Development Support Programme (PADS).

The project is recognized as having played a major role in putting emergency obstetric care at the centre of the Family Health Directorate's strategy along with its other key partners.

UNFPA was the first agency in the United Nations system in 2007 to join the basket funding approach with UNICEF following in 2008. This has ensured that the project's achievements are sustainable as it contributed to the transfer of skills and responsibilities to the intermediate and peripheral level in line with the ongoing national process of decentralization.

FACTFILE

Title Support to the Prevention of Maternal Mortality in Dori, Fada and Tenkodogo

Aim To reduce maternal and neonatal mortality through improved access to and greater use of high quality maternal and neonatal health services.

Duration 66 months: 2003–2008

Budget US\$2.714 million

KEY ACHIEVEMENTS

- ▶ Switch to basket funding approaches.
- ▶ Treatment of obstetric fistula.
- ▶ Emergency obstetric care and the mobilizing of traditional birth attendants.



SUSTAINABILITY

All strategies developed by the MMR project have been integrated in the sixth Country Programme between the Government of Burkina Faso and UNFPA, in particular the development of EmOC, strategies to tackle obstetric fistula, ASRH, strengthening of basic training schools and family planning promotion.

The project has contributed to positioning EmOC and family planning as rapid gain interventions which will accelerate progress towards attaining the MDGs, in the second part of the National Health Sector Development Plan (PNDS 2001–2010). This has led to its institutionalization through the prioritizing of these interventions in District and Central Level Annual Work Plans. Emergency obstetric care facilities are financed by the PADS (Health Development Support Programme), WHO, UNICEF, UNFPA and government funds. The PADS also finances the purchase of contraceptives and a dedicated budget line is specified within the government's financial framework.

As a follow-up to the work initiated by the project, €3 million have been mobilized locally by Luxembourg Cooperation to tackle obstetric fistula.

Treatment of obstetric fistula

The project played a decisive role in the treatment of obstetric fistulas – one of the major causes of maternal morbidity in project intervention areas. The project supported the development of the first national plan (2004–2008) to eradicate the condition. Through a partnership with the NGO Sentinelles, the extent of this problem was recognized and interventions developed to tackle it. Following awareness raising campaigns, two fistula care centres were set up in Bobo-Dioulasso and Fada, provided with equipment and paramedic and medical staff trained in surgical procedures, treatment and care. A pioneering approach used agents recruited from the community level to identify women suspected of having the condition, refer them to fistula centres, and to assist with follow-up and social rehabilitation.

In its final year, the project developed several other partnerships with local associations which are an encouraging start to larger-scale work. Support for the treatment of women suffering from obstetric fistulas is an unprecedented advance in a field which until recently was still totally disregarded in Burkina.

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Emergency obstetric care and the mobilizing of traditional birth attendants

Promotion of the integration of emergency obstetric care (EmOC) in primary health care efforts was a stand-out achievement.

The project is recognized as having played a major role in putting emergency obstetric care at the centre of the Family Health Directorate's strategy along with its other key partners. It supported the integration of EmOC training in the curricula of primary health care and paramedical institutions. It also helped to update

and complement key legislation and regulations in the field of reproductive health and to formulate national strategies for the reduction of maternal and neonatal mortality as well as the drawing up of a national roadmap for the acceleration and attainment of the MDGs.

Another highlight was the project's contribution to the formulation of a national strategy of mobilizing traditional birth attendants and matrons to increase demand for RH services.

Another highlight was the project's contribution on the basis of earlier experience and pilot initiatives at district level, to the formulation of a national strategy of mobilizing traditional birth attendants and matrons to increase demand for RH services.

LESSONS LEARNED

UNFPA strengthened the Family Health Directorate within the Ministry of Health by entrusting a large share of responsibility to the districts and regions in the intervention zone. This played a key role in upgrading the skills of staff working at intermediate and peripheral levels and strengthened three of the country's key health training schools.

Straddling the fifth and sixth cooperation programmes between UNFPA and Burkina, the project had to adapt to this changing intervention framework, which placed a burden on implementation and management. This led to an interruption in project activities of almost a year while project activities were revised to adapt to changes in annual action plans at the regional level. The transition from project to programme modalities was successfully achieved but with significant transaction costs.



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