

**PROJECT INFORMATION DOCUMENT (PID)
ADDITIONAL FINANCING**

Report No.: PIDA48483

Project Name	Reproductive Health Project - Additional Financing (P153104)
Parent Project Name	BF-Reproductive Health Project (FY12) (P119917)
Region	AFRICA
Country	Burkina Faso
Sector(s)	Health (100%)
Theme(s)	Child health (20%), Health system performance (20%), Population and reproductive health (40%), HIV/AIDS (20%)
Lending Instrument	Investment Project Financing
Project ID	P153104
Parent Project ID	P119917
Borrower(s)	Ministry of Finance and Budget
Implementing Agency	National AIDS Council (SP-CNLS)
Environmental Category	B-Partial Assessment
Date PID Prepared/Updated	20-Jan-2016
Date PID Approved/Disclosed	27-Jan-2016
Estimated Date of Appraisal Completion	29-Jan-2016
Estimated Date of Board Approval	15-Mar-2016
Appraisal Review Decision (from Decision Note)	The review did authorize the team to appraise and negotiate

I. Project Context

Country Context

Despite GDP growth of 5.6 percent per annum, Burkina Faso remains one of the poorest countries in Africa with a per capita income of US\$ 660 (2012) and a poverty incidence of 40.1 percent in 2014 (INSD-Burkina Faso). The 2014 UNDP Human Development Index ranks it 181st among 189 countries with comparable data. Burkina Faso's social welfare indicators lagged behind even modest Sub-Saharan African averages.

The deterioration of the political and security situation since 2011 culminated in widespread protests that led to the ouster of President Blaise Compaore in October 2014, marking a historic turning point for the country. The political crisis reflected the public's discontent and accumulated grievances over Burkina Faso's development outcomes. The critical issues include the high cost of living; regional disparities in basic social services; unequal redistribution of resources; youth unemployment; and perceived lack of accountability, impunity and monopolization of political

power. The political crisis underscored the importance of responding to citizens' demands for good governance.

Sectoral and institutional Context

Despite a threefold increase in health financing over the past years, Burkina Faso remains off track in terms of meeting the MDGs. In 2009, the government's health budget represented 15% of total government budget and US\$11.9 per capita, a level that should bring much better results in health outcomes. The budget financed the following categories of expenditures as follows: infrastructure and equipment (40%), salaries (26%), and operating costs (34%).

Notwithstanding some areas of progress (81% of children aged 12-23 months are completely immunized in 2010 (DHS-MICS IV), compared to 39% in 2003), among 1,000 children at birth, 65 will die before reaching their first birthday. The risk to die between the 0-5 years of age is 129 deaths per 1,000 live births (DHS-MICS IV). These rates are among the highest in Africa. The maternal mortality ratio is 341 deaths per 100,000 live births. Only 56% of children with acute respiratory infection (pneumonia) have access to health centers for treatment and 47% among them received antibiotics. Only 66% of women deliver in health facilities.

The main factors leading to maternal deaths are the late arrival of women at a health facility because of the difficulty of recognizing risky pregnancies at the community level (53%) as well as due the lack of transport (31%), the lack of close observation of pregnant women by health staff, the late attendance of patients by health personnel, and delays in diagnosis. The HIV epidemic is still a generalized one and national prevalence rate is estimated at its lowest level 1.0% with 1.2% for women and 0.8% for men (DHSIV-MICS 2010).

Neonatal and infant deaths are mainly due to malaria (20%), measles, under-five malnutrition, diarrhea (19%), acute respiratory infections (23%), and HIV/AIDS (4%). Fifty-two percent of infant and child deaths occur during the first year of life; the remaining 48% occur between the first and fourth year of age. Poor infant feeding practices, high disease burden, and limited access to nutritious food all contribute to impaired cognitive development, which impedes level of human development – a key driver for increasing the country's productivity. There are large variations in access to services and health outcomes between urban and rural areas, and between the wealthiest 20% and the poorest 20% of the population.

II. Proposed Development Objectives

A. Current Project Development Objectives – Parent

To improve the utilization and quality of reproductive health services in the Recipient's territory, with a particular focus on selected regions of Burkina Faso.

B. Proposed Project Development Objectives – Additional Financing (AF)

To improve the utilization and quality of maternal and child health, reproductive health and HIV/AIDS services in the Recipient's territory, with a particular focus on the poor and vulnerable

III. Project Description

Component Name

Component 1: Improving the delivery and quality of a Reproductive Health Service Package through Results-Based Financing

Comments (optional)

This component will continue implementation of PBF in the six selected regions where the rollout

began in early 2014. In the 6 selected regions, the MOH will support the provision of health services to be delivered and paid through the PBF system in selected health care facilities and continue to cover the provision of packages of basic health services (PBHS). To ensure the successful implementation of the PBF and ensure independent contracting and verification mechanisms are applied, CVAs have been contracted and put in place in each of the six regions. This component will also continue the implementation of mechanisms to improve financial access to MNCH services at the community and health facility level among poor and vulnerable households.

Component Name

Component 2. Supporting critical inputs for reproductive health and HIV/AIDS services

Comments (optional)

This component will support reproductive health interventions related to the fight against HIV/AIDS and reproductive health services. It will be implemented at national level and will have three subcomponents: (i) training of nurses, skilled birth attendants and doctors; (ii) provision of drugs and equipment to improve obstetric and neo-natal services; and (iii) Demand Creation for HIV prevention activities and RH services for key populations, in particular sex workers (SWs).

IV. Financing (in USD Million)

Total Project Cost:	35.00	Total Bank Financing:	35.00
Financing Gap:	0.00		
For Loans/Credits/Others			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			35.00
Total			35.00

V. Implementation

The implementation arrangements for Component 1 of the Additional Financing will remain the same as the original project. For the implementation of the PBF, the three CVAs recruited by the Recipient under the original project will continue to conduct contracting and verification activities, while the Programme d'Appui au Developpement Sanitaire (PADS) will make PBF payment subsidies upon validation of results. The National PBF Technical Service will continue to coordinate technical inputs and policy dialogue related to PBF.

For Component 2, the implementation arrangements will remain the same for sub-components 2.1 and 2.2 while the Permanent Secretary of the National Committee for the Fight against AIDS (SP/CNLS) will implement component 2.3. The Ministry of Health will continue to implement the project through the PADS (the project implementing unit established under the Bank-financed Health Sector Support and AIDS Project (P093987). All M&E, procurement and financial management activities will be implemented by the PADS. The PADS is staffed by a multidisciplinary team which includes a Coordinator, a Financial Management Specialist, an Accountant, a Procurement Specialist, a Monitoring and Evaluation Specialist and an NGO Specialist who follows up contracts with NGOs and their performance, and administrative assistants. They have the skills and experience for fiduciary management which they have developed through the implementation of the Health Sector Support and AIDS Project. PADS has also been managing other large programs supported by the Global Alliance for Vaccination and Immunization (GAVI), the Global Fund against AIDS-Malaria and TB, the Dutch Cooperation, AFD (French cooperation), KfW (German cooperation), UN agencies such as UNICEF and UNFPA, and others. The project

will continue to be overseen by the Steering Committee created for the Reproductive Health Project which is chaired by the General Secretary of the Ministry of Health, and includes Directors of all major departments, other donors and technical assistance partners.

VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01	x	
Natural Habitats OP/BP 4.04		x
Forests OP/BP 4.36		x
Pest Management OP 4.09		x
Physical Cultural Resources OP/BP 4.11		x
Indigenous Peoples OP/BP 4.10		x
Involuntary Resettlement OP/BP 4.12		x
Safety of Dams OP/BP 4.37		x
Projects on International Waterways OP/BP 7.50		x
Projects in Disputed Areas OP/BP 7.60		x

Comments (optional)

VII. Contact point

World Bank

Contact: Haidara Ousmane Diadie
 Title: Senior Health Specialist
 Tel: 5354+6319 /
 Email: housmanediadie@worldbank.org

Contact: Paul Jacob Robyn
 Title: Health Specialist
 Tel: 473-1412
 Email: probyn@worldbank.org

Borrower/Client/Recipient

Name: Ministry of Finance and Budget
 Contact: Coordinator
 Title: Coordinator
 Tel: 22650301264
 Email:

Implementing Agencies

Name: National AIDS Council (SP-CNLS)
 Contact: Coordinator
 Title: Coordinator
 Tel: (226) 5032-4188
 Email: spcnls@fasonet.bf

VIII. For more information contact:

The InfoShop
The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 458-4500
Fax: (202) 522-1500
Web: <http://www.worldbank.org/infoshop>