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INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF EUR 92.7 MILLION
(US\$100.4 MILLION EQUIVALENT)

TO

BURKINA FASO

FOR A

HUMAN CAPITAL PROTECTION PROJECT

SEPTEMBER 6, 2024

Governance Global Practice
Western and Central Africa Region

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CURRENCY EQUIVALENTS
(Exchange Rate Effective July 31, 2024)

Currency Unit = EURO (EUR), CFA

CFA 655.957 EUR1

CFA 601 = US\$1

EUR 0.92306 = US\$1

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

AM	Accountability Mechanism
ASCE-LC	High Authority of State Control and the Fight against Corruption (<i>Autorité Supérieure de Contrôle d'Etat, et de Lutte Contre la Corruption</i>)
BCEAO	African Regional Central Bank (<i>Banque Centrale des Etats de l'Afrique de l'Ouest</i>)
CAMEG	Central Purchasing Agency for Generic Medicines (<i>Centrale d'Achats des Médicaments Essentiels</i>)
CCDR	Country Climate and Development Report
CFA	African Financial Community (<i>Communauté Financière Africaine</i>)
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
DA	Designated Account
DGDT	Directorate General of Development Territorial
ECF	Extended Credit Facility
ESCP	Environmental and Social Commitment Plan
EPSRP	Emergency Public Services Response Project
ESS	Environmental and Social Standards
FCV	Fragility, Conflict, and Violence
FM	Financial Management
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GRS	Grievance Redress Service
HCI	Human Capital Index
ICER	Incremental Cost-Effectiveness Ratio
IDP	Internally Displaced Person
IFR	Interim Financial Report
IGF	Inspectorate General of Finance
IMF	International Monetary Fund
IPF	Investment Project Financing
MEAPLN	Ministry of Education, Literacy and Promotion of National Languages (<i>Ministère de l'Éducation, de l'Alphabétisation et de la Promotion des Langues Nationales</i>)
MEF	Ministry of Economy and Finance (<i>Ministère de l'Économie, et des Finances</i>)
NAP	National Adaptation Plan
NDC	Nationally Determined Contribution
PDO	Project Development Objective
PFM	Public Financial Management
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PLR	Performance Learning Review
PRA	Prevention and Resilience Allocation
PUDTR	Emergency Local Development and Resilience Project (<i>Projet d'Urgence de Développement Territorial et de Résilience</i>)
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SSA	Sub-Saharan Africa
STEM	Science, Technology, Engineering, and Mathematics
WBG	World Bank Group

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DATASHEET

BASIC INFORMATION

Project Beneficiary(ies) Burkina Faso	Operation Name Human Capital Protection Project		
Operation ID P506528	Financing Instrument Investment Project Financing (IPF)	Environmental and Social Risk Classification Moderate	Process

Financing & Implementation Modalities

<input type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input checked="" type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternative Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)

Expected Approval Date 19-Sep-2024	Expected Closing Date 31-Dec-2025
Bank/IFC Collaboration No	

Proposed Development Objective(s)

To support the Recipient's efforts to ensure the provision of essential social services.

Components

Component Name	Cost (US\$)
Ensuring the provision of essential health and education services	100,000,000.00
Project management	400,000.00

Organizations

Borrower: Burkina Faso
Implementing Agency: Directorate General for Development Territorial (DGDT)

PROJECT FINANCING DATA (US\$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)? No

Is this project Private Capital Enabling (PCE)? No

SUMMARY

Total Operation Cost	100.40
Total Financing	100.40
of which IBRD/IDA	100.40
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	100.40
of which IDA Recommitted	100.40
IDA Credit	100.40

IDA Resources (US\$, Millions)

	Credit Amount	Grant Amount	SML Amount	Guarantee Amount	Total Amount
National Performance-Based Allocations (PBA)	100.40	0.00	0.00	0.00	100.40
Total	100.40	0.00	0.00	0.00	100.40

Expected Disbursements (US\$, Millions)

WB Fiscal Year	2025	2026
Annual	100.00	0.40
Cumulative	100.00	100.40

PRACTICE AREA(S)

Practice Area (Lead)

Governance

Contributing Practice Areas

Macroeconomics, Trade and Investment; Health, Nutrition & Population; Education

CLIMATE

Climate Change and Disaster Screening

Yes, it has been screened and the results are discussed in the Operation Document

SYSTEMATIC OPERATIONS RISK- RATING TOOL (SORT)

Risk Category

Rating

1. Political and Governance	● High
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● Moderate
7. Environment and Social	● Moderate
8. Stakeholders	● Moderate
9. Other	● High
10. Overall	● Substantial

POLICY COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any waivers of Bank policies?

Yes No

ENVIRONMENTAL AND SOCIAL

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10: Stakeholder Engagement and Information Disclosure	Relevant
ESS 2: Labor and Working Conditions	Relevant
ESS 3: Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4: Community Health and Safety	Not Currently Relevant
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8: Cultural Heritage	Not Currently Relevant
ESS 9: Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

LEGAL

Legal Covenants

Sections and Description

The Recipient shall ensure that the PCU: (i) appoints IGF to conduct an ex-ante audit of Project expenditures; (ii) contracts an independent external auditor to conduct an ex-post audit of Project expenditures; and (iii) updates its computerized accounting system, no later than one (1) month after the Effective Date, or any later date agreed by the Association. «Financement Agreement, Schedule 2, Section I.A.3.B»

Conditions

Type	Citation	Description	Financing Source
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Effectiveness	Section 4.01	The Recipient has established the Project Coordination Unit and has appointed or recruited its key staff, including a Project coordinator, a financial management specialist, a procurement specialist, a monitoring and evaluation specialist, an environmental specialist, a social development specialist, a gender-based violence specialist, and a security specialist, all with qualifications, experience, and terms of reference, acceptable to the Association.	IBRD/IDA
Effectiveness	Section 4.01	The Recipient has prepared and adopted the Project Implementation Manual in accordance with Section I.B of Schedule 2 to this Agreement.	IBRD/IDA



I. STRATEGIC CONTEXT

A. Country Context

1. **Burkina Faso has experienced a security crisis and significant political instability in recent years.** The security situation notably worsened since 2019, leading to widespread loss of livelihoods and, subsequently, two political changes in 2022. In response, transitional authorities adopted the Action Plan for Stabilization and Development for 2023–2025, which aims to achieve the objectives outlined in the national development policy in place since July 2021. The Action Plan prioritizes four areas: (a) restore territorial integrity; (b) respond to the humanitarian crisis; (c) rebuild the State and improve governance; and (d) work toward national reconciliation and social cohesion. In May 2024, the national assizes extended the political transition was extended by five years to focus on restoring security as the primary objective, but with a window for early elections should the security situation substantially improve.

2. **The country's economy, initially marked by robust growth and fiscal reforms, deteriorated due to the security situation in 2019, which impeded investment, particularly in sectors such as mining, curtailing overall economic expansion.** The coronavirus disease 2019 (COVID-19) pandemic exacerbated these issues in 2020, compounded by mine closures due to insecurity and the impacts of Russia's invasion of Ukraine in 2022, which, for the first time since 2000, led to two years of negative per capita growth in 2021 and 2022. Due to these and other challenges, external and fiscal buffers eroded. In 2022, the current account deficit reached an estimated 6.2 percent of Gross Domestic Product (GDP), the overall fiscal deficit widened to 10.6 percent, and average annual inflation peaked at 14.1 percent.¹ The widening fiscal deficit was largely driven by high energy subsidies (4.9 percent of GDP) and security-related expenditures (4.6 percent of GDP).²

3. **The impacts of the security crisis and the COVID-19 pandemic increased the poverty rate.** Poverty rose by 1.8 percentage points from 2018/2019 to 2021/2022, when it reached 43.2 percent, and is estimated to have remained roughly constant.³ The annual number of reported fatalities from security incidents increased from 303 in 2018 to over 8,000 in 2023 and stands at 5,045 in mid-2024.⁴ The humanitarian situation remains severe, with approximately 2.1 million Internally Displaced Persons (IDPs) as of end-2023 and an estimated 2.7 million people facing severe food insecurity during the 2024 lean season.⁵ The presence of IDPs puts additional pressure on host communities, particularly on food supply and the delivery of essential social services, such as education and health care.

4. **Poverty, food insecurity, and fragility are exacerbated by Burkina Faso's high susceptibility to climate change.** Burkina Faso is the 29th most vulnerable country in the world to climate impacts and the 35th least ready to improve resilience.⁶ The country is highly dependent on natural resources and is prone to heat waves,⁷ chronic drought, flash floods, windstorms, and disease outbreaks. Temperatures are projected to rise 1.5 times faster than the expected global average increase of 2°C by 2021–2040 and 3–4°C by 2100. High rainfall variation is already exacerbating drought and flood risks and is projected to intensify. Such factors pose serious threats to agricultural production and food security and a risk of an uptick in vector-borne diseases. A more detailed analysis of climate-related vulnerabilities is included in Annex 2.

5. **The economy recovered in 2023, with growth estimated at 3.2 percent and inflation at 0.7 percent.** The services sector, accounting for 52 percent of GDP, remained the main growth driver, expanding by 5.2 percent, fueled by an

¹ <https://documents1.worldbank.org/curated/en/099506404122331338/pdf/IDU01b01841602659043c50ba210098dd92cfb60.pdf>.

² <https://www.imf.org/en/News/Articles/2024/03/06/pr-2471-burkina-faso-agreement-on-1st-review-of-ecf-and-concludes-art-4-consultation>.

³ <https://www.insd.bf/sites/default/files/2024-01/Principaux%20r%C3%A9sultats%20EHCVM-2021.pdf>.

⁴ Figures from <https://acleddata.com/>, accessed on July 20, 2020, with data for 2024.

⁵ IPC-Cadre Harmonise: https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/ch/FICHE_COMMUNICATION.

⁶ Data retrieved on April 13, 2024, from <https://gain-new.crc.nd.edu/country/burkina-faso>. The Notre Dame Global Adaptation Initiative (ND-GAIN) Country Index summarizes a country's vulnerability to climate change in combination with its readiness to improve resilience.

⁷ International Federation of Red Cross. 2024. [Deadly heat wave in the Sahel and West Africa would have been impossible without human-caused climate change](#).



expansion of the public sector. Primary sector (mainly agriculture) growth of 2.3 percent was below the recent trend, hindered by security challenges restricting access to rural areas. Secondary sector growth was 0.3 percent and kept positive by manufacturing and a catch-up in construction activity, while insecurity led to a drop in mining activity.⁸ On the demand side, private consumption contributed almost two-thirds to GDP growth. Household consumption was mainly driven by the lull in price increases, especially for food, and a decent harvest. Security expenditures and the wage bill drove public consumption growth of 4.5 percent. The annual inflation rate of 0.7 percent in 2023 followed monetary tightening of the Central Bank of West African States (*Banque Centrale des Etats d’Afrique de l’Ouest*, BCEAO) and a successful agricultural season.⁹

6. **The Government reduced the fiscal deficit to 6.4 percent of GDP in 2023 through budget restrictions and strong domestic revenue mobilization despite increased security expenditures.** The consolidation was driven by scaling back subsidies and was aided by lower international oil prices and lower domestically financed capital expenditure. In contrast, security-related expenditures increased to 6.1 percent of GDP compared to 7.0 percent of GDP for health and primary and secondary education. Strong revenue collection helped achieve the overall fiscal deficit target and keep net domestic financing well below the ceiling of Burkina Faso’s International Monetary Fund (IMF) Program. Revenue collection generally stabilized at 17.1 percent of GDP in 2023 from 17.3 percent in 2022, when high import prices supported tax collection.¹⁰ In 2023, revenues benefitted from recovery of tax and customs duties arrears, continued digitalization efforts of tax and customs procedures, and resource mobilization for the Patriotic Support Fund.

B. Sectoral and Institutional Context

7. **The Government adopted strategies in the education and health sectors to ensure the provision of essential social services in the short- and medium-terms, aiming for long-term improvements in human capital indicators.** In the health sector, the National Health Development Plan 2021–2030 aims to: (a) improve the quality of health and nutrition services through the provision of free health care and universal health coverage; (b) develop human resources; and (c) strengthen the response to health emergencies. In the education sector, the Education Sector Plan 2017–2030 aims to increase access to education and improve education quality.

8. **To implement these strategies, the Government increased health and education budget allocations by 11 percent (about US\$146 million) in 2024 compared with the 2023 adjusted budget.** Health expenditure increased by US\$115 million and primary and secondary education expenditure by US\$31 million. Health and basic education spending rose by 0.8 percentage points as a share of total expenditure and is forecast at 7.4 percent of GDP in 2024. In contrast, the share of security-related expenditures in the 2024 budget shrank by 0.9 percentage points. Such expenditures were at 6.1 percent of GDP in 2023 and are projected to remain the same in 2024. The main increases in health and education relate to the acquisition of medical equipment (US\$23 million), the free health care strategy (US\$15 million), rehabilitation and construction of hospitals (US\$13 million), vaccines and medical supplies (US\$10 million), operating costs for health centers (US\$5 million), teacher training (US\$8 million), student scholarships (US\$5 million), and school exams (US\$5 million).¹¹

Health Sector Context

9. **Burkina Faso has made significant strides in improving healthcare for children and women, and it is essential to maintain this progress despite the country’s security situation.** From 2010 to 2020, the Government gradually increased domestic health expenditures from 1.3 percent of GDP to 2.9 percent—the highest rate in West Africa.¹² Improvements

⁸ <https://www.imf.org/en/News/Articles/2024/03/06/pr-2471-burkina-faso-agreement-on-1st-review-of-ecf-and-concludes-art-4-consultation>.

⁹ <https://www.imf.org/en/News/Articles/2024/03/06/pr-2471-burkina-faso-agreement-on-1st-review-of-ecf-and-concludes-art-4-consultation>.

¹⁰ Performance report on the Economic and Governance Sectoral Strategy, Ministry of Economy and Finance, 2023.

¹¹ 2023 and 2024 budgets.

¹² World Bank Group. 2023. “World Development Indicators.” <https://databank.worldbank.org/source/world-development-indicators>.

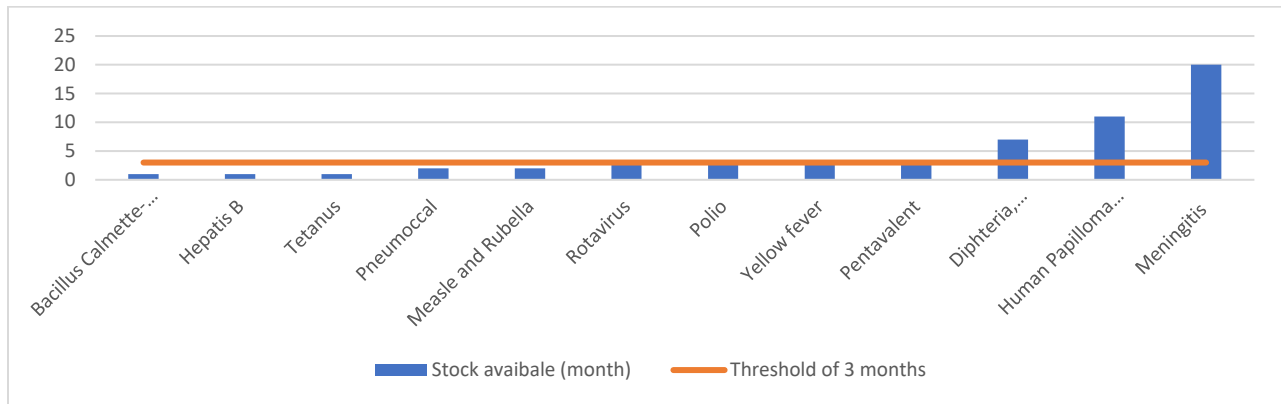


have been seen in many indicators measuring health service provision and outcomes. From 2010 to 2021, the percentage of married women using modern family planning methods increased from 15 percent to 32 percent, and the share of pregnant women receiving four antenatal care visits rose from 33 percent to 72 percent.¹³ Maternal mortality declined from 452 in 2010 to 198 deaths per 100,000 live births in 2021.¹⁴ Significant improvements in neonatal, infant, and under-five child mortality rates were achieved in the same period (28 to 18 deaths per 1,000 live births, 65 to 30 deaths per 1,000 births, and 129 to 48 deaths per 1,000 births, respectively).¹⁵

10. **Despite improvements in several health subsectors, health outcomes are still relatively poor compared with international standards.** Burkina Faso scored 29.8 of 100 on the 2021 Global Health Security Index, which ranked 138 of 195 countries.¹⁶ The country faces a high fertility rate of 4.4 children per woman and a young median age of 17.9 years.¹⁷ The growing population has increased demand for children’s healthcare services, including immunizations and treatment for malaria and other infectious diseases.

11. **Nearly one in five Burkinabé are affected by insecurity-induced disruptions of healthcare provision.** By March 2024, 426 health facilities across the territory have been closed out of 2,566, with another 363 operating at minimal capacity. The Centre-Nord and Sahel regions are particularly affected, with closure rates exceeding 69 and 49 percent, respectively.¹⁸ This crisis has exacerbated immediate healthcare shortages but also placed additional strain on host communities of IDPs, which must support larger populations without adequate resources.

Figure 1. Stock of Routine Vaccines as of June 28, 2024 (month)



Source: Ministry of Health’s report on the stock of key routine vaccines, June 28, 2024.

12. **Burkina Faso may run out of key vaccines for children under five.** At end-June 2024, nine of twelve key childhood vaccines had an average stock of less than three months, against a target of six months (Figure 1).¹⁹ Bacillus Calmette-Guerin and Tetanus vaccines have only one month of coverage, which may undermine progress on immunization. Despite social challenges, such as insecurity, Burkina Faso maintains overall immunization coverage levels well above the regional average—91 percent for diphtheria, typhoid, and pertussis vaccine in 2022 against the regional average of 72 percent.²⁰ This is an important achievement that could be reversed absent urgent acquisition of essential vaccines.

¹³ Demographic Health Survey Report 2021.

¹⁴ Demographic Health Survey Report 2021.

¹⁵ Demographic Health Survey Report 2021.

¹⁶ <https://ghsindex.org/country/burkina-faso/>.

¹⁷ <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=BF>.

¹⁸ UN OCHA. 2024. Burkina Faso – Aperçu de la situation humanitaire. January 2024. <https://reports.unocha.org/fr/country/burkina-faso/>.

¹⁹ Ministry of Health vaccines situation as of June 28, 2024.

²⁰ GAVI Alliance report, <https://www.gavi.org/fr/vaccineswork/travail-equipe-atteindre-personnes-deplacees-interne-burkina-faso#:~:text=Malgr%C3%A9%20de%20nombreux%20d%C3%A9fis%20sociaux,une%20moyenne%20r%C3%A9gionale%20de%2072%20%25>.



13. **The country's free health program is affected by financial constraints.** These constraints and the security situation have limited the reach of the free health care program (*gratuité*) for children under the age of five and pregnant women. Debt of the Central Purchasing Agency for Generic Medicines (*Centrale d'Achats des Medicaments Essentiels*, CAMEG) increased by 30 percent over 2017–2021.²¹ This financial strain has led to medicine stock-outs, unpaid bills in health facilities, and delays in fund disbursements resulting from financial and administrative bottlenecks. The primary challenges to effective health care provision, specifically within the free health care program, are financial and geographical due to long distances to medical facilities.²² Service disruptions have resulted in stagnating or worsening health outcomes in stunting, child malnutrition, and immunization coverage.²³ Delays in providing funds are major problems in implementing free health care. Transfers from the dedicated treasury account to health facilities' accounts have not adhered to the quarterly timeframe; the average transfer time is now about six months. This situation has negative repercussions for the functioning of the health centers but also for CAMEG, which faces non-reimbursement of medicines delivered to the health centers.

Education Sector Context

14. **The country recorded considerable improvements in schooling and literacy rates from 2010 to 2020.** In the decade before the early 2020s and the shocks of the global pandemic and domestic insecurity, Burkina Faso made notable progress in multiple education indicators. In only six years from 2012 to 2018, the country managed to increase the gross enrollment ratio for primary education by ten percentage points to 92 percent.²⁴ This achievement reduced the gap with the Sub-Saharan Africa (SSA) average from 17 percentage points to six. Primary school completion rates reached 63 percent in 2018 from 56 percent in 2012.²⁵ Consequently, by 2018, a child could expect 2.1 additional years of schooling, with the average rising to seven years from 4.9 in 2010.²⁶ As enrollments increased, the percentage of children out of primary school almost halved from 39.7 to 20.7 percent over the same period. Similarly, youth literacy increased from 50.1 percent in 2014 to 65.5 percent in 2021.²⁷

15. **Despite this progress, Burkina Faso faces multiple challenges in ensuring equitable access to quality education across all levels.** In Burkina Faso, 32 percent of primary school-aged children are not enrolled in school.²⁸ These children are excluded from learning in school. Around 65.8 percent of Burkinabé children do not have sufficient competency in language to pursue their studies without difficulty.²⁹ Gender disparities persist in educational outcomes. There are more girls out of school than boys, and girls lag boys in enrollment at the tertiary level. Access to secondary education remains limited, particularly in Technical and Vocational Education and Training (TVET) and Science, Technology, Engineering, and Mathematics (STEM) fields.

16. **The impacts of fragility on education service delivery remain pronounced.** Over the past years, 12 of Burkina Faso's 13 regions were affected by insecurity, which led to displacement and closure of schools. By December 2023, 5,330 schools (20 percent) had been closed, affecting 821,000 students, including 397,000 girls and 24,000 teachers.³⁰ However,

²¹ World Bank Health sector Policy Note, February 2024.

²² World Bank Group. 2023. *Public Expenditure and Revenue Review for Burkina Faso: Fiscal Reforms for Resilience*. World Bank. <https://doi.org/10.1596/38468>.

²³ Institut National de la Statistique et de la Démographie. 2021. *"Enquête Démographique et de Santé 2021."* <https://microdata.worldbank.org/index.php/catalog/6002/get-microdata>.

²⁴ World Bank Group. 2024. "World Development Indicators." <https://data.worldbank.org/indicator/SE.PRM.ENRR?locations=BF>; World Bank Group. 2020. "Human Capital Index 2020 - Burkina Faso."

²⁵ *ibid*

²⁶ *ibid*

²⁷ *ibid*

²⁸ Burkina Faso Learning Poverty Brief, 2019; <https://thedocs.worldbank.org/en/doc/901761571223503375-0090022019/original/SSAAF3W3BFALPBRIEF.pdf>.

²⁹ Report on the quality of the education system 2019.

³⁰ <https://www.unicef.org/burkinafaso/documents/rapport-education-en-situation-durgence-31-mars-2024>.



there has been a recent trend of gradual improvement, with 1,080 schools reopened during the first quarter of the 2023/24 school year. The Government has implemented a well-regarded Education in Emergency strategy through a technical secretariat within the Ministry of Education, Literacy and Promotion of National Languages (*Ministère de l'Éducation, de l'Alphabétisation et de la Promotion des Langues Nationales*, MEALPN). Despite these efforts, education indicators have seen alarming declines. For instance, the gross enrollment rate for primary education dropped from 85.8 percent in 2022 to 74.4 percent in 2023 due to security challenges. This situation represents a significant learning crisis, particularly coupled with school closures and the country's 75 percent learning poverty rate, which means that most 10-year-olds struggle with basic reading comprehension.³¹

17. Other factors explaining poor performance in the education sector include insufficient teacher capacity and inadequate assessment of student knowledge.

- **Teacher capacity.** The training of teachers through pedagogical conferences, pedagogical days, conferences for school management, and pedagogical kits was identified in MEALPN's strategy as a critical reform to improve the quality of teaching. Teacher training is a key and complementary aspect of curriculum reform. Failure to implement the curriculum reform because of financial constraints would be detrimental to the quality of teaching and learning and affect the internal efficiency of the education system. At end May 2024, only 24 percent of the budget for teacher training was released due the financial constraints.
- **Assessment of student knowledge and skills by organizing school exams at all levels.** This assessment of knowledge is subject to severe funding constraints against a backdrop of rising costs from logistical complexities of organizing exams in security-challenged areas. In addition to funding constraints, the knowledge assessment faces structural challenges, including the extended time taken to issue diplomas and a backlog of sessions from 2020 to 2023.

Gender Challenges in Health and Education

18. Gender inequality is a concern in Burkina Faso. Girls and women face severe constraints in accessing services, especially in health and education. According to the 2024 Global Gender Gap Report, Burkina Faso ranked a low 120 of 146 countries in gender equality, a slight deterioration from 115 of 146 countries in 2022.³²

19. Gender inequalities persist in health and education. The country has recognized that gender is one of the central causes of disparity in access to education. Accordingly, authorities adopted the National Strategy for Acceleration of Girls' Education 2011–2021 and the Strategy for Promoting Gender Equality and Women's Empowerment 2023–2025.³³ Yet gaps and challenges remain, especially in health and education (Annex 3). Financial and security constraints have seriously undermined access to health services, such as the free healthcare program for children under five and pregnant women. In 2020, 264 women died per 100,000 live births due to pregnancy-related causes³⁴ and 111 of every 1,000 girls aged 15–19 gave birth, which was higher than the average rate for Burkina Faso's income group. Yet, as previously mentioned, the share of pregnant women receiving four antenatal care visits rose from 33 percent in 2010 to 72 percent in 2021.

Supporting the Delivery of Essential Social Services with Strong Fiduciary Safeguards

20. The Government requested World Bank support to swiftly address the intertwined challenges in the health and education sectors through this proposed project, with a view to containing the risk of a reversal in human development indicators. From 2012 to 2020, Burkina Faso's score on the Human Capital Index (HCI) rose from 0.33 to 0.38 but remained below the average of 0.40 for the SSA.³⁵ This positive trend in Burkina Faso's HCI may have reversed in recent years due

³¹ World Bank Group. 2022. *Human Capital Country Brief Burkina Faso*. October 2022.

<https://thedocs.worldbank.org/en/doc/7c9b64c34a8833378194a026e4e247-0140022022/related/HCI-AM22-BFA.pdf>.

³² [Global Gender Gap 2024](#), World Economic Forum, June 2024.

³³ Burkina Faso: Education Country Brief, UNESCO, January 2024.

³⁴ <https://genderdata.worldbank.org/en/economies/burkina-faso>.

³⁵ https://databankfiles.worldbank.org/public/ddpext_download/hci/HCI_2pager_BFA.pdf.



to the deterioration in security. The proposed operation aims to prevent a reversal by supporting government efforts to ensure the provision of essential social services, including free healthcare, vaccination programs, school exams, and teacher support. This operation draws on successful implementation of another recurring cost financing operation in Burkina Faso, approved in 2018 (P169486).

21. **Supporting the delivery of essential social services is urgent to avoid short- and long-term collapses in human capital outcomes.** Among others, a key short short-term risk is of deadly disease outbreaks in the coming months absent adequate and timely funding for immunization programs (as happened in Senegal in 2009, when children were not vaccinated in 2008).³⁶ Over the long-term, the lack of funding for the free care program is likely to lead to increases in maternal and child mortality and a deterioration in the nutrition status of infants, which would reduce their cognitive abilities and their potential productivity. In addition, disruptions in teacher training or organization of school exams could have severe negative medium-term impacts on retention rates and longer-term consequences on human capital.

22. **Unlike the past operation, this proposed project will not finance salaries, as the Government has built a stronger domestic revenue base.** As the Government has allocated adequate resources for paying salaries, this project will focus on ensuring the availability and use of critical goods and services (e.g., vaccines, medical supplies, utilities, communication, equipment, teaching materials, exam materials, and training courses) to ensure that the efforts of frontline health workers and teachers translate into better health and education outcomes.

23. **The proposed project will provide US\$100.4 million to ensure essential social services while safeguarding the funds.** The project will disburse funding to selected services following an ex-ante audit. An ex-post audit will provide additional fiduciary assurance on the use of project funds. This set up is designed to provide strong fiduciary assurance that the disbursement of US\$100.4 million in IDA funds will exclusively finance essential social services.

C. Relevance to Higher Level Objectives

24. **The proposed operation aligns with Burkina Faso's updated Country Partnership Framework (CPF, Report No. 123712) for FY18–FY24, which the 2022 Performance Learning Review (PLR, Report No. 166080) adjusted to address evolving national conditions.** Revisions introduced in the PLR emphasized enhancing resilience, reducing and preventing crises, and advancing long-term prospects in key focus areas. The revised CPF supports medium-term structural priorities to improve governance, private sector development, agricultural productivity, youth employability, and regional connectivity in line with the Government's Action Plan for Stabilization and Development. Focus Area 2 supports investments in human capital, including education, health, and social protection systems. Focus Area 3 aims to strengthen governance and support citizen engagement with a spotlight on preventing crisis expansion. Specifically, the proposed operation will support the achievement of CPF Objective 2.1 to *support inclusive, high-quality education and skills development* and Objective 2.2 to *expand access to reproductive and child health services and improved nutrition*. The operation will contribute to these CPF Objectives by supporting core programs that aim to: (a) improve the free health care system for pregnant women and children under five years; (b) maintain the current performance on the vaccination rate; and (c) support better education for students and teachers.

25. **In line with the CPF's people-centered approach, this operation is expected to support: (a) women and children under five years who will benefit from 17 million medical consultations; (b) 748,000 students; and (c) 91,000 teachers.** Direct beneficiaries include: (a) pregnant women and children who will benefit from free health care consultations and vaccines; (b) teachers who will receive teaching materials and training to enhance the quality of their services; and (c) students who will take their annual exams.

³⁶ Seck, Ibrahima, Adama Faye, Mamadou Makhtar Mbacke Leye, et al. 2012 "Épidémie de rougeole et de sa riposte en 2009, dans la région de Dakar, Sénégal." *Santé Publique* 2012/2 (24): 121–132. DOI : 10.3917/spub.122.0121. <https://www.cairn.info/revue-sante-publique-2012-2-page-121.htm>.



26. **The operation aligns with the Western and Central Africa Region’s priority to strengthen core institutions for service delivery.** By supporting the delivery of selected basic services, the proposed operation will contribute to the Western and Central Africa Regional Priorities’ first goal of ‘Rebuilding trust between citizens and the state to create a new social contract’. The operation will further support the achievement of the goal of ‘Strengthening core functions of the state to improve service delivery and mitigate fragility’ by: (a) ensuring that hospitals and health centers have adequate levels of medical supplies to provide health care to citizens; and (b) supporting the education system to maintain momentum in organizing exams and training teachers.

27. **The operation aligns with the World Bank Group (WBG) Strategy for Fragility, Conflict, and Violence (FCV), 2020–2025, and the Government’s Prevention and Resilience Allocation (PRA) strategy.** The operation supports Pillar 2 of the FCV Strategy, which insists on “remaining engaged in the most challenging and volatile situations.” To remain engaged during conflicts, the FCV strategy calls for building resilience, protecting essential institutions, and delivering critical services, such as health or education. This operation, which has nationwide coverage, will contribute to the following milestone indicators in the PRA: (a) ensuring health services in regions affected by insecurity; and (b) ensuring the educational continuity of students affected by insecurity. By maintaining provision of essential social services, the operation will contribute to a positive state presence.

28. **The project is aligned with the adaptation and mitigation goals of the Paris Agreement.** The project will contribute to and is consistent with achieving Burkina Faso’s low-carbon development goals. Burkina Faso’s Nationally Determined Contribution (NDC) prioritizes various sectors including reforms for health and education. In the education sector, the NDC mentions “information, awareness, education and training actions to understand the problem of climate change.” The National Adaptation Plan (NAP) prioritizes improving access of women to education and climate information. In the health sector, the NDC aims to strengthen the capacities of healthcare personnel, and the NAP focuses on measures aimed at “stepping up public awareness-raising and information campaigns; improving vaccine and treatment rollouts for malaria and meningitis; and providing preventative treatment for vulnerable women and children.

29. **The proposed operation is an emergency response to the Government’s request to provide urgent resources to address Burkina Faso’s multiple crises.** The project has been prepared according to the Investment Project Financing (IPF) Policy, Paragraph 12 of Section III: Projects in Situations of Urgent Need of Assistance or Capacity Constraints and according to IPF Directive, Paragraph 56: Exceptional Arrangements in Situations of Urgent Need of Assistance or Capacity Constraints. The project intends to support the Government's capacity to respond to crises by covering selected operational services to maintain core government functions and essential service delivery in health and education. The project will allow the Government to mitigate the impacts of different shocks, better fulfill its regular function, address the crisis in its multiple dimensions, and restore citizens’ trust. Such an approach will restore confidence in Burkina Faso’s context of low public trust and deliver fast and visible results before undertaking wider institutional reforms, in line with the World Development Report 2011: Conflict, Security, and Development recommendations.

II. PROJECT DESCRIPTION

A. Project Development Objective (PDO)

PDO Statement

30. The PDO is to support the Recipient’s efforts to ensure the provision of essential social services.³⁷

PDO Level Indicators

31. The PDO-level results of the project will be measured using the following key indicators:

³⁷ Essential services include selected basic health care (including free health care, vaccines, and medical supplies) and education services (including exams and competitions and teachers’ pedagogical kits and training).



- **Ensuring the provision of essential healthcare services³⁸**
 - Free health care consultations provided for women and children under five (annual number, disaggregated by women and children)
 - Children’s vaccination coverage on Pentavalent (percentage)
- **Ensuring the provision of essential education services³⁹**
 - Students benefiting from the annual exams (percentage)
 - Teachers certified by the national training institutions (percentage)

B. Project Components

32. **The project has two components:** (a) ensuring the provision of essential health and education services (US\$100 million) and (b) project management (US\$400,000). The project will finance essential services in the health and education sectors for 2024 and 2025.

33. **Criteria used to select essential services** include: (a) emergency needs; (b) impacts on service delivery; and (c) fiduciary, environmental, and social risks.

- **Each selected essential service is associated with emergency needs.** The health sector faces substantial risks of: (a) out-of-stock vaccines and a deterioration in vaccine coverage, especially as vaccine demand increases linked to climate change and a potential rise in vector-borne diseases; (b) disruptions of health services resulting from unpaid bills to health facilities; and (c) insufficient medical supplies. In the education sector, as of end-May 2024, pedagogical kits for teachers and teacher training were underdelivered due to fiscal constraints (see Table 1), which in the long run could impair the quality of teaching.
- **Within the list of all services in health and education, the project-supported essential services will be more relevant to the last mile of service delivery in response to the emergency situation.** Such services include free health care for women and children under five years of age; routine vaccines for children; and other support to the education sector, including to conduct exams and competitions for students and provide pedagogical kits for teachers and teachers’ training.
- **The fiduciary, environmental, and social risks of the selected essential services are moderate.** They do not involve complex procurement and Financial Management (FM) such as textbooks, and physical infrastructures. Funding for routine vaccines is part of an annual contribution to the Gavi Alliance’s basket funds, which will leverage additional resources and procure the vaccines through a well-structured arrangement. In addition, the internal control environment around the selected services is adequate. In contrast, salaries would require auditing the integrity of the payroll file and implementing several controls, which would significantly lengthen project preparation and execution time. Finally, the selected essential services do not include physical infrastructure and thus are not expected to generate significant negative environmental and social impacts.

34. **Component 1: Ensuring the provision of essential health and education services (US\$100 million equivalent).** The operation will finance essential health and education services under the goods and services economic classification (see Table 1). The target expenditures are not covered by any other WB operations. The component is divided into two subcomponents. Government expenditures associated with these services increased by 17 percent from 2023 to 2024 in line with the overall increase of the health and education budgets (+11 percent). Their execution rate was exemplary in 2023, as noted in Table 1. The audit of these expenditures started on July 15, 2024, by the Inspectorate General of Finance

³⁸ This falls under the WBG Corporate Scorecard Indicator ‘People receiving quality health services’.

³⁹ This falls under the WBG Corporate Scorecard Indicator ‘Students supported with better education’.



(IGF) based on the terms of reference agreed with the World Bank. The audit report was finalized on September 3, 2024, and has certified these expenditures incurred from January 2024 to June 2024 for an amount of US\$48 million. The audit also highlighted several recommendations to reinforce the internal control environment. They include the need to (i) timely submit the supporting documents to the financial directorates; (ii) appoint civil servants with adequate FM and procurement skills; and (iii) ensure that suppliers provide deposits when required in line with the country's procurement regulations. The project will monitor the implementation of these recommendations.

Table 1. Summary of Essential Services Selected (US\$, millions)⁴⁰

Sector	Essential Services Selected	Execution Rate in 2023 (%)	Budget Allocation 2024	Execution as of May 2024	Execution Rate in 2024 (%)
Health programs	Implementing the free health care strategy	100	48.3	25.8	53.2
	Operating costs of hospitals and health centers	100	47.3	16.6	35.1
	Acquiring and administrating routine vaccines	100	6.7	0.0	0.0
Education programs	Organizing exams and competitions, including baccalaureate	96	41.6	17.3	41.6
	Providing training and support to teachers	95	21.4	6.1	28.5
	Equipping teachers with pedagogical kits	99	4.2	0.0	0.0
Total		98	169.5	65.8	38.8

35. **Subcomponent 1.1: Ensuring the provision of essential health services (US\$60 million).** The selected services in the health sector relate to the implementation of the free healthcare program, hospitals and health centers services, and routine vaccines. The operating costs will include medical supplies (e.g., gloves, cotton, oxygen bottles, bands, essential drugs); nutrition products; routine vaccines; utilities (e.g., water and electricity); insurance; telecommunications including internet and phone communications; communications; office rent; fuel; transport and mission-related expenses; maintenance cost of vehicles, including cars, motorcycles, and ambulances; small office equipment (e.g., tables, chairs, shelves, office closets, computers, photocopiers, printers); and office supplies and consumables (e.g., paper, pads, and writing material). Eligible activities for climate-related activities are captured in Annex 2 to address climate risks associated with malnutrition and the rise in malaria, meningitis, and dengue.

36. **Project support for the health sector will enhance the delivery of greater healthcare services to the population.** Project financing for free health care will ensure that women's and children's health needs are addressed. The financing of operating costs of hospitals and health centers will ensure that all functioning health centers operate at their full potential and take care of additional patients in their areas. The project includes financing to acquire and administer vaccines, which will strengthen the immune systems of children.

37. **Subcomponent 1.2: Ensuring the provision of essential education services (US\$40 million).** The selected services relate to organizing exams and competitions; training and supervising teachers; and equipping teachers with materials. This includes pedagogical kits; reproduction and copying; transportation of exam-related material and personnel; expenses related to the correction of exam papers; consulting services of examiners and correctors; and related expenses, including transport, accommodation, support for information systems, translation costs, bank charges, and travel, transportation, per diem, and accommodation costs; training courses, seminars, workshops, and other training activities, including inspectors visits, space, and equipment rental; and local travel. Eligible climate-related activities are in Annex 3 and will strengthen teacher awareness of climate change issues and climate-related absenteeism.

⁴⁰ Budget report 2022, 2023, and 2024.



38. **Project support for the education sector will enhance the quality of the education system.** Financing the organization of exams and competitions will assess and certify students' knowledge. Financing, training, and support for teachers and pedagogical kits will improve the quality of teaching.

39. **Component 2: Project management (US\$400,000).** The purpose of this component is to finance the operating costs required for implementing the project, including managing its fiduciary risk. These costs will finance: (a) the ex-ante audit costs of the selected services by the IGF; (b) the ex-post annual independent audits to provide adequate fiduciary assurance on the use of project funds; (c) the costs related to the implementation of the actions identified in the environmental and social assessments; and (d) other implementation-related costs.

Gender

Gender-Related Actions

40. **The operation aligns with the WBG Gender Strategy 2024–2030.** The activities and institutional setup, detailed in Annex 3, are designed to address gender gaps by (a) ensuring that women and children have better access to health services; and (b) providing children, especially girls, who are more vulnerable to dropping out, improved education through better teaching materials and trained teachers.

41. **The operation will undertake actions to avoid widening the gap between men and women in access to basic services and thus promote gender parity through program interventions.** These actions include the following:

- **Enhancing access to health services.** Girls and women will benefit from the free healthcare strategy and the operation of hospitals and health centers. Easier access to assisted childbirth will reduce maternal mortality. Children and their mothers will benefit from vaccination campaigns. Awareness-raising campaigns will bring attention to the importance of vaccinations, especially for pregnant women.
- **Improving girls' access to education.** Women teachers are numerous in Burkina Faso and will benefit from training, support, and materials. This assistance will improve girls' access to education and support their empowerment. In addition, having more women in leadership positions at public establishments will be an important part of project assistance, acknowledging the demonstrated impacts of female role models on academic performance.
- **Enhancing women's leadership.** Women will be encouraged to accept positions of responsibility as school directors, including in semi-urban areas, and to strengthen their capacities to excel in their functions through training sessions, workshops, seminars, and exchanges of experience focused on female leadership. The project will support the revision of the teachers' training modules with the aim to include trainings on Gender-Based Violence (GBV) and female leadership for teachers especially women in charge of establishments. In addition, training on gender-sensitive pedagogy will be deployed at the level of teacher trainers so that after such trainers leave, teachers are prepared to assume relevant responsibilities.
- **Reducing GBV at schools.** As demonstrated in various studies,⁴¹ the role that teachers can play in responding to GBV is crucial. The studies demonstrate that teachers can be change agents but lack the knowledge, protection, and training to play such a role successfully. Teacher training, notably on GBV, should make it possible to develop knowledge of the different mechanisms and thus act on them.

⁴¹ Spear, Anne. 2019. "Teachers as Change Agents? Assessing Teachers' Perception of and Responses to Sexual Gender-Based Violence in Schools in Burkina Faso." *FIRE: Forum for International Research in Education* 5 (2); Saini, Ruchi, and Anne Spear. 2024. *Teachers' Understanding of Gender-Based Violence in Two Public Schools in Burkina Faso*.



Gender-Related Actions Indicators

42. **The Results Framework will include, among others, the following gender-related indicators:** (a) women benefiting from free health care services (number) and (b) women having management positions in primary public schools (percentage). Targets for both indicators will be set at higher levels than the baseline in line with reducing gender gaps.

Citizen Engagement

43. **The project will build on existing grievance redress and complaints handling mechanisms to improve citizen engagement.** To this end, the project will also rely on the mechanism of the Emergency Local Development and Resilience Project (*Projet d'Urgence de Développement Territorial et de Résilience*, PUDTR – P175382) to ensure timely processing of any complaint logged on the project. The Results Framework will include, among others, a citizen engagement indicator related to grievances addressed within the project's approved timeline (percentage).

Climate

44. **The project is aligned with the Paris Agreement's adaptation and mitigation goals.** The project design considers climate and disaster risks and includes measures to enhance adaptation and resilience in the health and education sectors. Climate hazards are not expected to have material impacts on supported activities and the operation's development objective. All of the project activities are universally aligned, and the project is not at a material risk of having a negative impact on the country's low-GHG emissions development pathways. Annex 2 provides details on the country's vulnerability to climate change, including in education and health, with direct links to project activities.

45. **The project will build on achievements in institutional capacities for climate action in line with the policy recommendations of the Country Climate and Development Report (CCDR).** Component 1 will support the newly established permanent technical committee to implement its assigned missions, such as the adoption of climate budgeting by ministries, prioritization of climate change adaptation, development of implementation tools, and monitoring via annual climate budgeting reports annexed to the budget law. This committee's achievement includes publishing a first report annexed to the 2024 budget specifying the main climate-sensitive budget lines and associated resource allocations in selected ministries, including health and education.

46. **The project will mitigate the impacts of climate change through vaccination campaigns and the roll out of climate change modules for teachers.** In vaccination campaigns, the project will include activities that enhance awareness of targeted populations of the habits and measures to adopt in case of different climatic shocks and events. The budget supports campaigns to bring attention to the links between climate change and the rise of vector-borne illnesses, and vaccination rollouts among vulnerable communities, including women and girls, particularly those most affected by climate change. The project will support the introduction of teacher training modules on climate change.

C. Project Beneficiaries

47. **Project beneficiaries.** About 17 million free health care consultations will be provided directly for women and children under five years. More specifically, around 1 million children under five years will be immunized during the routine vaccination. In addition, 91,000 teachers and 748,000 students are expected to comprise beneficiary groups. Children, women, and men will benefit from implementing the free healthcare strategy and the operation of hospitals and health centers. Children and their mothers will benefit from vaccination campaigns. Teachers will benefit from receiving training, support, and materials. The project will benefit students through the organization of exams and competitions.

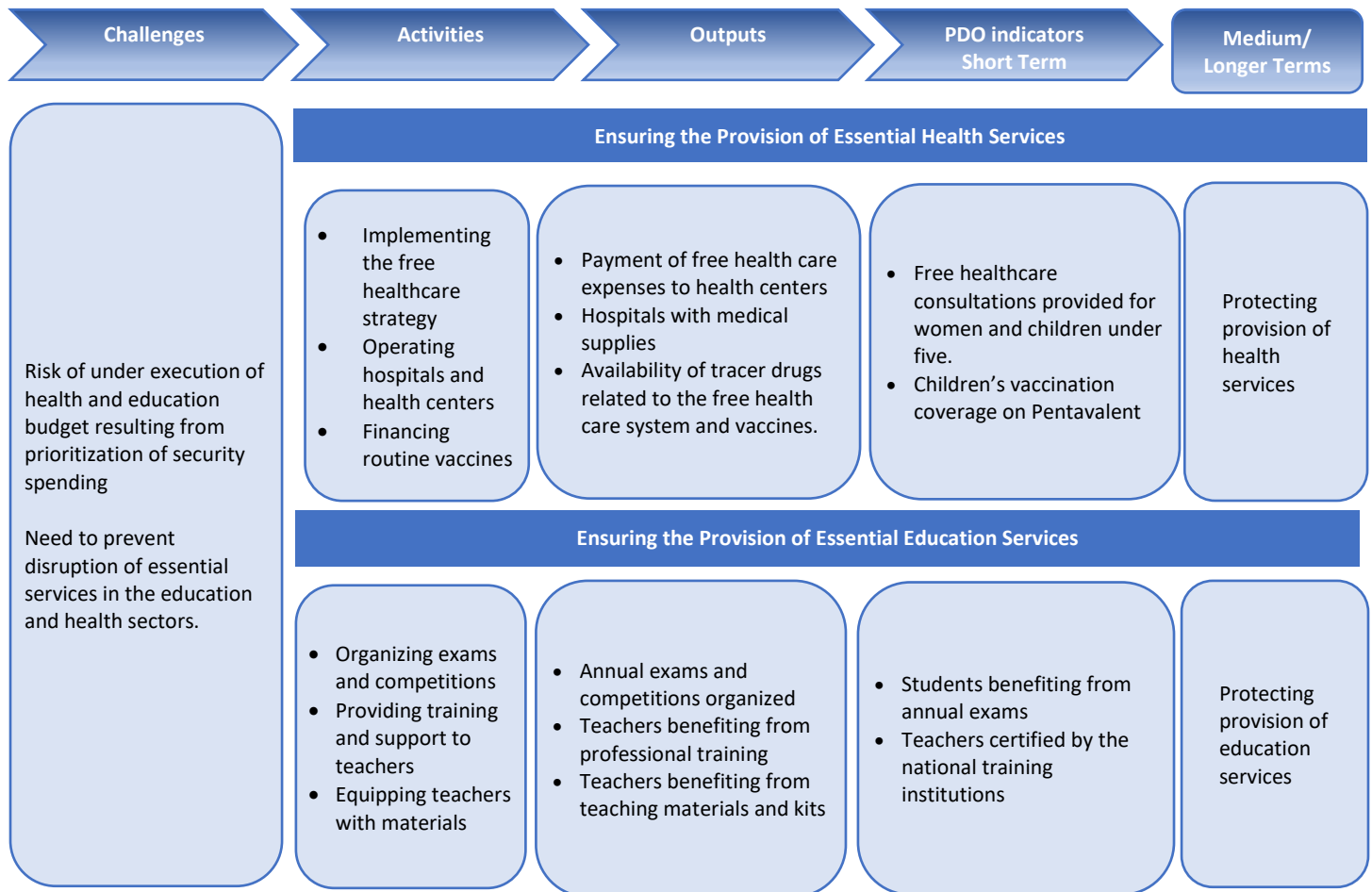
D. Results Chain

48. **The detailed elements of the Theory of Change are depicted in Figure 2.** The rationale behind the Theory of Change relies on a causal chain between the building blocks of the operation aimed at achieving the PDO. In the health sector, key outcomes will be measured by the sustained provision of critical healthcare services, which includes financing



free health centers, ensuring that hospitals are supplied with critical equipment and supplies necessary to continue their operations uninterrupted, and ensuring that vaccines and other critical medicines remain available for vulnerable groups, including women and children. In the education sector, the project will support key outcomes by continuing teacher certification to ensure effective pedagogical standards in service provision. The project will support the administration of pupil examinations to monitor learning outcomes, including through annual exams, issuance of diplomas that remain backlogged (notably for 2020–2023), relevant teacher training, and the accessibility of teaching materials and kits.

Figure 2. Theory of Change



Note: Critical assumption #1: stabilization of the security situation.
Critical assumption #2: Presence of teachers and health workers at their duty stations.

49. **To achieve both sectoral objectives, financing will be provided to support key activities.** Additional assistance will be provided by the ongoing education, health, and governance projects in the World Bank portfolio (see Figure 3) to ensure technical quality and adequate oversight of funds. The project will initially target the health and education sectors but will remain adaptive to be effectively scaled to other sectors, including social protection (if and when needed). These efforts remain especially relevant given the risk of disruptions in health and education services, the uneven presence of the state, and resulting disproportional negative effects on vulnerable populations, particularly in crisis-affected areas. Though the targets of indicators will remain modest to avoid the perils of overambitious approaches in the FCV context, the targets have been calibrated to ensure that services do not deteriorate, especially for underserved and at-risk populations. Critical assumptions include maintaining an acceptable level of security and ensuring the presence of health workers and teachers at their duty stations. Though the former is not under the project’s control, the second is being

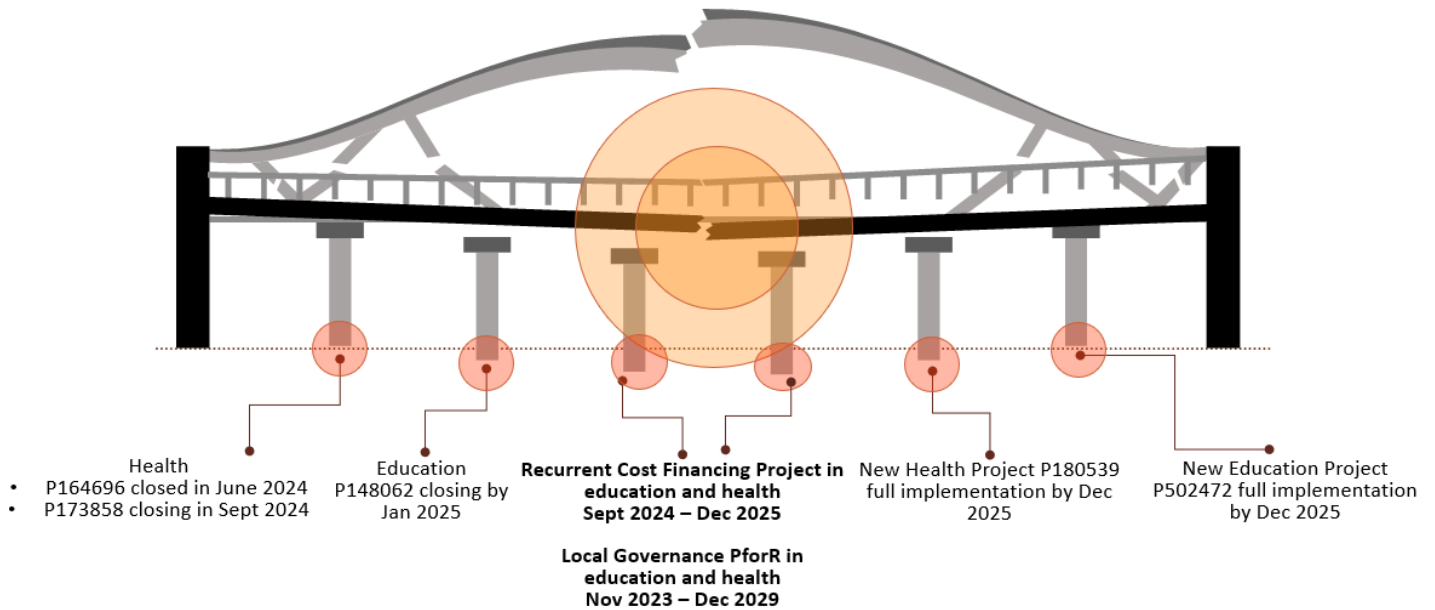


addressed under the Burkina Faso Local Governance PforR (P177875). This PforR incentivizes (a) the supervision of health workers and teachers at their duty stations by their managers; and (b) the redeployment of internally displaced civil servants where needs are identified. In addition, the presence of teachers and health workers at duty stations will depend on the Government’s capacity to collect sufficient revenues to pay their salaries.

E. Rationale for World Bank Involvement and Role of Partners

50. **The proposed project is unique in its aim to bridge the gaps between the closure of the World Bank’s health and education projects and the start of new projects under preparation in these sectors (Figure 3).** Under the Health Services Reinforcement Project (P164696, US\$80 million, closed on June 28, 2024), efforts were made to enhance the quality and utilization of health services, focusing on maternal, child, and adolescent health, nutrition, and disease surveillance. In addition, the COVID-19 Preparedness and Response Project (P173858), which supports the health sector, will close in September 2024. Similarly, the Education Access and Quality Improvement Project (P148062, US\$50 million, closing January 31, 2025) aims to expand access to pre-school and secondary education in the selected regions while enhancing teaching quality through the construction of and equipment for about 33 lower secondary schools, the development and deployment of an interactive audio instruction program, and the establishment of school based committees management. New projects in the health and education sectors are being prepared and might start implementation by December 2025 when the proposed operation closes. The health project under preparation (P180539, US\$172 million) includes financing for free health care and support to the health centers. Likewise, the education project (P502472, US\$100 million) aims to distribute textbooks and student workbooks and train teachers on the new curriculum.

Figure 3. Bridge Financing



51. **The in-depth analysis of a potential double-counting of results from the proposed project and the abovementioned projects concluded that such risk is low.** The Health Services Reinforcement Project (P180539) financed free health care only in 2023. There is thus no risk of double-counting results with the new proposed project. The COVID-19 Preparedness and Response Project (P173858) procured vaccines, with one indicator related to vaccination coverage. There may be a risk of double-counting results, as the proposed project will finance vaccines and include one related indicator. However, since the COVID-19 Preparedness and Response Project closes by September 2024, and the proposed



project will be effective in the last quarter of 2024, there is no risk of double-counting results. Likewise, there is no risk with the education project since the activities are not the same.

52. **The project will complement infrastructure and equipment investments in the health and education sectors of the PUDTR (P175382, US\$473 million, closing December 31, 2025).** The PUDTR finances infrastructure (e.g., construction and rehabilitation of classrooms and health centers) and equipment of health centers and schools (e.g., ambulances, medical equipment, table benches, and electronic devices) to improve access to health centers and schools in 18 target cities. The activities identified in the proposed new project (e.g., routine vaccines, free health care, school exams, and teacher training) cover the whole country. Both projects have one identical indicator related to the number of populations benefiting from health and nutrition services. Activities provided by the two projects are essential and complementary to ensure that a comprehensive package of health and education services is delivered to citizens. In addition, the proposed project will complement the Burkina Faso Local Government for Basic Services and Resilience Program (P177875, US\$150 million, closing December 29, 2029), which seeks to improve, among other things, the provision of school canteens. The project does not include support to the agriculture sector, as ongoing World Bank projects (Burkina Faso Livestock Resilience and Competitiveness Project, P178598, US\$150 million, closing December 31, 2029, and Burkina Faso PUDTR P175382, US\$473 million, closing December 31, 2025) address critical related needs, such as food security through initiatives to replenish national security stocks and distribute food to vulnerable populations.

53. **The proposed operation complements interventions of other development partners and other donor operations in the health and education sectors.** In the health sector, donors' contributions covering 2023–2025 are about 32 percent of financing needs. The main donors are (a) the Global Funds (22 percent), World Bank (14 percent), United States Aid (13 percent), United Nations International Children Funds (11 percent), and GAVI (9 percent).⁴² Consultations with development partners involved in health and education were held as part of the project preparation. The outcomes from these consultations were incorporated into the project design. They include the need for flexibility and greater complementary with other donors' interventions. Working groups are established at the sectoral level in health and education to foster coordination between development partners. The Organization of the Petroleum Exporting Countries Fund for International Development, which was involved in the preparation of this operation, is also considering options to provide financial support.

F. Lessons Learned and Reflected in the Project Design

54. **Lessons from the World Bank's experience in supporting public sector management and emergency response operations in Burkina Faso and beyond are incorporated into the project design.** The most significant of these lessons are as follows:

- **Simplicity, targeted interventions, and flexibility in processes are important to ensure effective rollout of project activities and timely achievement of objectives, especially in countries facing fragility.** This lesson is drawn from the first Burkina Faso Emergency Financing Project (P169486), the Central African Republic Emergency Public Services Response Project (EPSRP), and the Guinea Bissau Emergency Public Service Project (P109722). The design of this operation reflects these insights by maintaining a relatively simple and focused approach. Consequently, the operation prioritizes two critical areas: health and education. The operation's preparation has been agile and tailored to the needs of the country's fragile context.
- **Taking informed risks in crisis and fragility contexts, rather than disengaging, is beneficial.** This key lesson, learned from countries such as the Central African Republic and Somalia, has been considered in the project design and choice of instrument. Hence, the operation is focused on financing the delivery of essential social services in an

⁴² Mapping of resources and spending, Ministry of Health 2023.



increasingly fragile environment while maintaining strong fiduciary safeguards required to help mitigate risks from the FCV, political, and governance context.

- **Clearly defined essential services eligibility criteria can significantly reduce fiduciary risks.** Emergency financing operations generally reimburse retroactive expenses (i.e., expenses already incurred under national procedures) that must be identified and audited as part of project implementation. This lesson from the Burkina Faso Emergency Financing Project (P169486) has informed the preparation of the project. As such, the essential services were selected jointly with the stakeholders based on clear criteria to mitigate various risks (fiduciary, social and environmental, and reputational). In addition, the expenditures associated with the services selected have been audited as part of the project preparation.
- **Reliance on a well-established implementation arrangement is essential to ensure smooth project implementation.** This lesson from the Burkina Faso Emergency Financing Project (P169486) and the Central African Republic ESRP (P149884) has informed the project design. Consequently, PUDTR (175382), which is endowed with a well-performing fiduciary and environmental and social platform, has been identified jointly with the Ministry of Economy and Finance (*Ministère de l'Économie, et des Finances*, MEF) to host the Project Implementation Unit (PIU). The reliance on a well-performing PIU tasked with implementing another project, which will continue after the closing of this project, can help mitigate sustainability risks.

III. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

55. **MEF will be responsible for overall project implementation in liaison with the ministries in charge of education and health and other stakeholders.** A PIU will be created by the MEF. The PIU will be managed by PUDTR (P175382) and hosted in MEF and will implement activities and coordinate with the ministries in charge of education and health and other stakeholders involved in the project. The PIU will rely on PUDTR's adequate track record. The latter is endowed with a fiduciary platform including a manual of procedures, an information management system in FM, and an external audit arrangement. Its current staffing includes a program coordinator, a procurement specialist, a monitoring and evaluation specialist, an FM specialist, accountants, internal auditors, environmental and social specialists, a GBV specialist, and a security specialist. This team is well conversant in donors' procedures, including the World Bank's rules and procedures. The PIU will prepare and adopt a Project Implementation Manual (PIM) based on the existing operational manual enforced at PUDTR to incorporate the project's specificities. The PIU will be responsible for implementing a clear communications strategy to ensure beneficiary participation and have appropriate guidelines reflected in the updated manual.

56. **The PIU's Steering Committee, chaired by the secretary general of the program budget manager of MEF, to which the project is mapped, will oversee the implementation of the project.** The review committee will be responsible for (a) providing strategic guidance and addressing policy-related issues; (b) approving the annual work plans and budgets; and (c) reviewing and approving the publication of annual progress reports and audited financial statements of the project ('Project Review Committee'). The review committee shall meet every semester.

57. **Despite the challenging context, the Government has developed acceptable implementation modalities to ensure continuity of services in health and education (Annex 1).** The project will build on these implementation modalities to ensure that selected essential services are delivered to citizens where security permits. As part of the operationalization of the Technical Secretariat for Education in Emergency Situations, the Government and its partners have worked to relocate and reopen school infrastructures and reenroll students. In the health sector, the Government adopted the Emergency Plan for the continuity of care in areas with precarious security in 2019. This plan, supported by the World Bank and other partners, includes (a) operationalization of advanced medical posts; (b) deployment of medical equipment in health facilities housing IDPs and in reopened health facilities, with a view to strengthening the capacity to



provide care to beneficiaries in these areas; and (c) support for redeployment of health workers to areas with security challenges subject to acceptable security conditions.

B. Results Monitoring and Evaluation Arrangements

58. **Progress toward achieving the PDO will be measured and monitored through the Results Framework under the leadership of the PIU.** The Results Framework provides details on reference data, targets, frequency of data collection, and source and methodology. As a coordinating entity, the PIU will collect, assess reliability, and review the project indicators data. Quarterly reports will document project implementation progress and attainment of result indicators. The targets for these results indicators are influenced by the country's volatile situation, which has led to the closure of some schools and health centers, affecting the level of ambition. Under such circumstances, maintaining the existing baselines is an achievement. Importantly, the Results Framework was designed to avoid redundancy with indicators used in other World Bank-funded projects in education and health while also considering existing indicators.

C. Sustainability

59. **The sustainability of project outcomes hinges mainly on continued Government commitment, the evolution of the security situation, and efforts to collect domestic revenue and secure funds from technical and financial partners.** The operation's sustainability is contingent upon maintaining appropriate fiscal discipline, which the IMF monitors as part of its four-year Extended Credit Facility (ECF) program in close collaboration with the World Bank. The second tranche under the ECF released in March 2024, following the successful completion of the first program review, supports macro-fiscal stability. Subsequent tranche will be disbursed during the last quarter of the year. The program's macro-fiscal framework includes a fiscal consolidation target to meet the West African Economic and Monetary Union (WAEMU) convergence criteria of a three percent fiscal deficit by 2027. The convergence path includes by 2026, increasing tax revenues to 19 percent of GDP and reducing expenditures to 27.1 percent of GDP, with salaries at 8.7 percent of GDP, capital investments at 10.6 percent of GDP, goods and services at 1.8 percent of GDP, transfers at 3.7 percent of GDP, and interest at 2.3 percent of GDP.⁴³ As Burkina Faso remains on track with the IMF Program, the Government is seeking further concessional funding. Burkina Faso will likely continue to need development partners' support in the medium term, given the high level of uncertainty linked to the security situation, the impacts of other exogenous shocks, and high financing costs in the regional bond market. In addition, donors' contributions to support the health sector (32 percent of the needs for the period 2023–2025⁴⁴) are key to ensuring the sustainability of the project's outcomes. In the education sector, the sustainability of the project outcomes lies with the Government, which finances 89 percent of the needs.

60. **The Government is implementing several reforms in the free health care system to ensure its financial sustainability.** They include: (a) introduction of strategic purchasing, which will be transformative for the healthcare system, paving the way for a more sustainable and equitable healthcare system for all; (b) scale-up of the individual electronic free health care system that it is expected to generate savings, which is being quantified; and (c) deployment of the new civil status for health workers to improve their well-being.

IV. PROJECT APPRAISAL SUMMARY

A. Technical, Economic, and Financial Analysis

61. **Project implementation will lead to the continued provision of selected basic health and education services in an environment of insecurity and tight fiscal space.** The project supports the Government's efforts in overcoming service disruptions and fostering a positive state presence, particularly in fragile areas. The two project components comprise: (a) the provision of essential health and education services; and (b) financing of project implementation. This is expected

⁴³ <https://www.imf.org/en/News/Articles/2024/03/06/pr-2471-burkina-faso-agreement-on-1st-review-of-ecf-and-concludes-art-4-consultation>.

⁴⁴ Mapping of resources and spending, Ministry of Health 2023.



to increase the provision of healthcare, specifically for women and children, through the implementation of the free health strategy, the operation of hospitals and health centers, and support of vaccination campaigns. In the education sector, the project will benefit students and teachers by supporting the organization of exams and the provision of teacher training and materials. The absence of this support could result in enhanced vulnerability to shocks and significant adverse economic, human capital, and poverty developments—both at the country level and for the poorest and most vulnerable populations.

62. **Investing in Burkina Faso’s human capital promises substantial economic returns expected to surpass the projected operational costs.** The focus on enhancing essential health services and education services comes at a critical time, as disruptions of health services since the onset of COVID-19 have led to increased illness and mortality. By bolstering essential health services, the project could significantly improve the health outcomes for women and children, with many of the proposed interventions being highly cost-effective and lifesaving. A cost-effectiveness analysis⁴⁵ reveals that the proposed investment is cost-effective and presents an adequate value proposition. The investment demonstrates a clear benefit with an incremental cost-effectiveness ratio (ICER) ranging from US\$8,605 to US\$8,768 per death averted. Annually, it is estimated that 5,539 deaths could be prevented, and, with a total project budget of US\$100 million, the ICERs remain consistently favorable. When these ICERs are evaluated against the local cost-effectiveness threshold,⁴⁶ which values a statistical life year between US\$2,109 and US\$10,556, the estimated ICERs fall well below this range. This indicates that the proposed project is cost-effective and represents a valuable investment in the country’s future, with benefits far outweighing costs. It is an investment that promises to save lives, enhance well-being, and foster economic resilience in Burkina Faso.

63. **The estimates from the financial analysis (budget impact analysis) strongly suggest that the project is not only economically sound but also financially viable.** The investment represents a modest fraction—2.3 percent of purchasing power parity or 6.19 percent in current US dollars—of Burkina Faso’s national health sector budget.

B. Fiduciary

(i) Financial Management

64. **The FM arrangements for the proposed project have been designed considering:** (a) Burkina Faso’s recent political situation; (b) the country’s overall Public Financial Management (PFM) performance; (c) the World Bank’s minimum requirements under the World Bank Policy and Directive on IPF, which describes the World Bank’s policies and procedures for FM; and (d) the PIU.

65. **The PIU’s FM assessment conducted in June 2024 confirmed the existence of adequate FM arrangements.** The PIU to be created will rely on PUDTR’s adequate track record, which is familiar with World Bank procedures. The FM staff is in place (one FM specialist and four accountants). The internal audit unit is in place and considered performant. The

⁴⁵ The Lives Saving Tool (LiST) is used to assess the outcomes of the intervention. The forecast period is 2023–2027. Yet the closing date of the project is 2025. The LiST is a mathematical model that forecasts mortality changes because of Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition (RMNCAH-N) interventions.

⁴⁶ The World Health Organization’s Choosing Interventions (WHO-CHOICE) outmoded demand-based threshold (one-to-three times per capita GDP) is not used for the decision rule because this decision rule has been criticized in the literature (Bertram et al. 2016, Woods et al. 2016, Edoa et al. 2020). The alternative local CET used is based on the Robinson et al. (2017) paper.

Bertram, M. Y., Lauer, J. A., DE Joncheere, K. et al. 2016. “Cost-effectiveness Thresholds: Pros and Cons.” *Bulletin of the World Health Organization* 94: 925–30.

Edoka, I. P., and N. K. Stacey. 2020. “Estimating a Cost-effectiveness Threshold for Health Care Decision-Making in South Africa.” *Health Policy and Planning* 35 (5): 546–555.

Robinson, L. A., J. K. Hammit, A. Y. Chang, and S. Resch. 2017. “Understanding and Improving the One- and Three-Times GDP per Capita Cost-effectiveness Thresholds.” *Health Policy and Planning* 32: 141–5.

Woods, B., P. Revill, M. Sculpher, K. Claxton. 2016. “Country-Level Cost-effectiveness Thresholds: Initial Estimates and the Need for Further Research.” *Value in Health* 19 (8): 929–935.

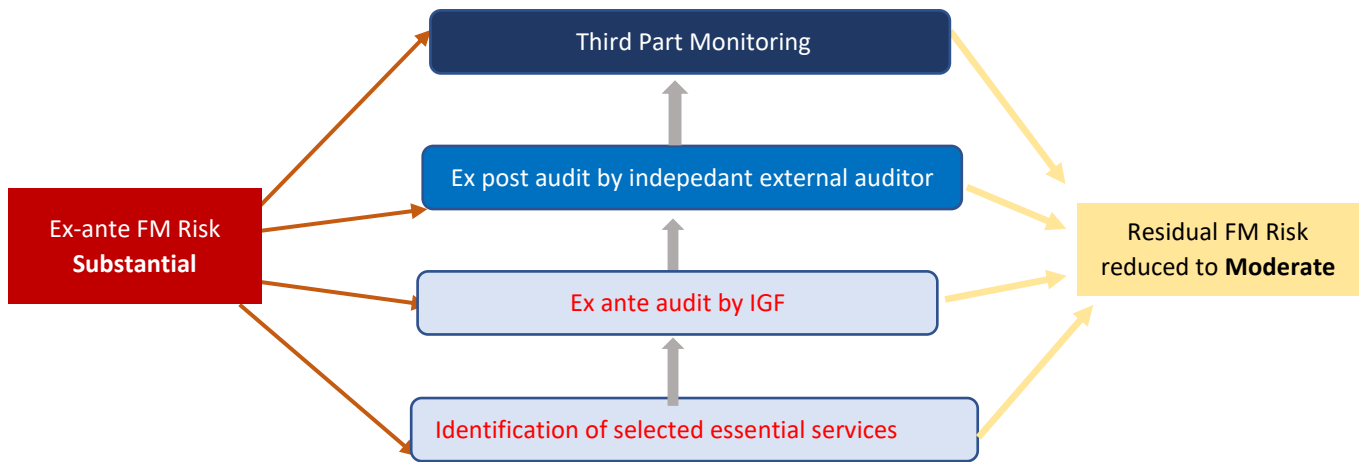


manual of procedures and the accounting software are working well, and all the financial reports are generated automatically. The PIU has not experienced any delays in submitting the interim financial reports (IFRs) and audit reports.

66. **The project risk before mitigation measures is substantial because of the following key risks associated with project activities:** (a) the payment of ineligible expenditures; (b) the manual processing of budget information extracted from the PFM system, which could affect the data quality; (c) the insufficiency in the payment process of some activities, such as free health care, underscored in the Public Expenditure and Revenue Review (PERR),⁴⁷ which may affect project implementation; and (d) the funds flow between the PIU (Designated Account (DA)) and the Public Treasury, which may challenge the transfer lead time.

67. **The FM residual risk is Moderate, as the project will rely on an existing and well-performing PIU and adequate PFM arrangements.** In addition, the following FM mitigation measures included in the project design are being implemented: (a) identification of services with low to moderate fiduciary risk that mitigate the risk of reimbursement of ineligible expenditure; (b) the ex-ante audit of the expenditure associated with the selected services by the IGF before any reimbursement by the World Bank; (c) the ex-post audit of the project by an external auditor recruited on a competitive basis; and (d) the third-party verification arrangement in place following the routine vaccination campaigns. The third-party verification will help ensure that a sample of project beneficiaries has received the vaccines. Figure 4 summarizes the verification process. The ex-ante audit, was finalized on September 3, 2024, has certified selected expenditure for an amount of US\$48 million and underscored recommendations to improve the internal control environment. The IGF will monitor the implementation of recommendations from various audits completed on free health care, vaccinations, hospitals and health center management, and school exams and competitions. Moreover, complementary mitigation measures will be implemented. They include (i) the development and adoption of a PIM; (ii) the update of the current accounting system; (iii) the opening of a DA at BCEAO and two transaction accounts (one in the Public Treasury for Component 1 and the second in the treasury deposit bank or subject, the MEF’s approval, in a commercial bank for the Component 2); (iv) the implementation of a streamlined procedure for the free health care program.

Figure 4. Verifications Process



68. **On the PFM arrangements side, despite the social and political changes of the last two years, the budget preparation, execution, and control, including the capacity of human resources, are in place and meet the required standards.** Reforms to strengthen PFM, transparency, and governance are ongoing and will help improve spending efficiency and contain fiscal risks. According to the IMF Country Report No. 23/343 from October 2023, Burkina Faso has improved governance and PFM, but more efforts are needed to strengthen cash management and fiscal transparency. To

⁴⁷ Public Expenditure and Revenue Review for Burkina Faso, February 2022 (P174834).



this end, the authorities commit to implementing a set of measures, including: (a) publication of annual budget execution reports on the MEF's website; (b) submission of a revised 2023 budget in line with the IMF Program objectives regarding energy subsidies, wage bills, tax revenues measures, and the overall fiscal deficit, and a draft of the 2024 budget detailing the security-related spending that was previously kept off-budget and will be included in a special account; (c) elaboration, with the IMF's support, of a Governance Diagnostic Assessment of the country's macro-critical governance weaknesses and corruption vulnerabilities by December 2025; (d) publication of information on beneficial owners of entities awarded public procurement contracts to address food insecurity, improve clean water supply, or purchase agricultural inputs/food to be sold at subsidized prices; and (e) annual publication of the citizen's budget that includes the economic budget classification.⁴⁸ The above-listed commitments form part of the four-year arrangement under the IMF's ECF, with a clear review schedule. Implementation of these actions will significantly improve the PFM cycle transparency. As of April 2024, all agreed actions are on track.

69. **Public control institutions continue to function.** The IGF, ASCE-LC, and the Supreme Audit Institution, which are the core public control institutions in the country, have an adequate track record. Over the last three years, they have conducted the audits of: (a) COVID-19 funds; (b) the Burkina Faso Emergency Financing Project (P169486) and three PforRs; and (c) the energy and oil state-owned enterprises. The audit reports are publicly available on their respective websites.⁴⁹

70. **Disbursement arrangements.** Project proceeds will finance 100 percent of eligible expenditures of the project. One DA in CFA will be opened at the BCEAO for the PIU. The ceiling of this DA will be variable to make the disbursement on the operation flexible. On August 1, 2024, the regional management approved the increase in retroactive financing up to 50 percent (from the 40 percent allowed for emergency operations). Hence, upon effectiveness, an amount representing EUR 46.35 million (US\$50.2 million equivalent) (50 percent) of the credit's total amount will be provided as retroactive financing to reimburse the eligible expenditures already incurred and verified by the IGF. The audit of these expenditures was completed by September 3, 2024, by the IGF based on the terms of reference agreed with the World Bank. An advance based not exceeding US\$10.4 million will be disbursed to the DA. The disbursement method will be on a reporting basis. The PIU will use two transaction accounts: one in the Public Treasury for Component 1 and another in the treasury depot bank or subject to MEF's approval in a commercial bank to be opened for Component 2. Any transfer from the DA to the account opened at the Public Treasury will require the World Bank's 'no objection,' which will be based on the IGF's audit report.

71. **Retroactive financing.** Three main arguments justify the 50 percent retroactive financing limit. First, the expenditures incurred on the selected essential services from January to April 2024 amount to US\$65.8 million and exceed the standard ceiling of 40 percent. These expenditures increased by 17 percent from 2023 (US\$144.8 million) to 2024 (US\$169.5 million) in line with the overall increase of the health and education budgets (+11 percent). Their execution rate was exemplary in 2023. Second, as of April 2024, funds allocated in the 2024 budget for some activities included in the selected essential services have not yet been disbursed due to liquidity constraints. These activities included vaccines (US\$6.7 million), pedagogical kits for the teachers (US\$4.2 million), and teachers' training (US\$5.3 million). Increasing the retroactive financing ceiling by up to 50 percent will reassure the Government of having the needed resources from the World Bank to finance these vital activities to maintain the delivery of essential services associated with these activities. It will also help the Government anticipate the financing of urgently needed priority items and eligible expenditures paid for during the retroactive financing period from January 1, 2024, to the signing of the Financing Agreement. This is a critical measure, particularly considering the severe constraints imposed by the ongoing crisis. Third, the robust fiduciary

⁴⁸ https://www.finances.gov.bf/fileadmin/user_upload/storage/Budget_Citoyen_2023_OK_VF.pdf.

⁴⁹ IGF's website: https://www.finances.gov.bf/forum/detail-actualites?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=1176&cHash=d62d371d384679e69c23d2e0e51c15e3 / Supreme Audit Institution's website: <https://www.cour-comptes.gov.bf/rappports-publics/> ASCE-LC's website: <https://www.asce-lc.bf/?s=COVID>.



arrangements around the operation will ensure that the expenditures subject to retroactive financing are carefully examined for eligibility for IDA financing under this project.

72. **Disbursement supporting documentation.** Disbursements will be made using a report-based disbursement method, with a flexible DA ceiling to facilitate the disbursement to the operation. All supporting documentation evidencing eligible expenditures should be retained and available for audit purposes.

73. **Interim Financial Reporting arrangements.** The PIU will submit IFRs to the World Bank within 45 days after the end of each semester. The IFRs will provide enough pertinent information for a reader to establish whether (a) expenditures associated with the selected services are being executed as planned; (b) funds disbursed to projects are being used for the purpose intended; and (c) project implementation is on track.

74. **Audit arrangements.** The PIU will rely on PUDTR’s external auditors, recruited through a competitive process cleared by the World Bank fiduciary team, to conduct the audit. The audit will comply with the International Standards on Auditing based on agreed terms of reference, which will include verification of the delivery of the vaccines in the country. Additional verification to ensure that beneficiaries receive the vaccines will be conducted. The audit reports will be disclosed per the World Bank's access to information policy. They will be submitted to the World Bank no later than six months following the end of the fiscal year.

(ii) Procurement

75. **Procurement risk is Moderate, as the operation does not include complex and significant procurement.** Procurement under this project will be carried out by the World Bank’s ‘Procurement Regulations for IPF Borrowers’ (Procurement Regulations) dated July 2016 and revised in September 2023 under the ‘New Procurement Framework (NPF)’ and the ‘Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by International Bank for Reconstruction and Development Loans and International Development Association Credits and Grants’, dated July 1, 2016.

76. **Component 1: Maintaining the provision of essential services in the health and education sectors.** The component will finance the essential services in health and education, including those detailed in Table 1. Except for the purchase of some current equipment and furniture, no procurement activities are expected under this component. The PIM will provide simplified and transparent procedures for these small contracts.

77. **Component 2: Project Management.** The operating costs financed under this component are incremental expenses incurred by the PIU, as approved by the World Bank. They will be procured using the procedures specified in the project manual of administrative, financial, accounting, and procurement procedures, accepted and approved by the World Bank.

C. Legal Operational Policies

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Area OP 7.60	No



D. Environmental and Social

78. **Risks and impacts.** No physical investment is expected in the proposed project. It will be implemented by the PIU which will rely on PUDTR, whose staffing includes an environment specialist, a social specialist, a GBV specialist, a security specialist, and assistants. Its overall environmental and social performance was satisfactory during the last support mission. Based on the environmental and social assessment findings on the World Bank's side, the following Environmental and Social Standards (ESS) are relevant at this stage of the project preparation: ESS1, ESS2, ESS3, and ESS10.

79. **The environmental and social risks are rated 'Moderate' at this stage.** The environmental risk is moderate because the planned activities are not expected to generate irreversible risks or significant negative environmental impacts directly. The project will not finance civil engineering works that usually can induce risks and negative environmental impacts. However, the implementation of the activities of the health sector could involve environmental and community health-related risks caused by inadequate storage, transportation, and disposal of infected medical waste. On the social side, considering that the proposed project's expected activities are limited to the provision of essential services in health and education sectors to address the crises and deliver basic services, the main potential social risks are related to the exclusion of some beneficiaries from project benefits due to the inadequacies of information and selection systems; the security and violence context of the country; labor issues; vulnerabilities among some beneficiaries; and collateral risks to education, social protection, and health workers delivering services in insecure areas.

80. **Sexual exploitation and abuse/sexual harassment (SEA/SH) risk rating.** SEA/SH risk screening has rated the risk as Moderate at this stage because the project activities include supporting health centers and vulnerable young people and training teachers mainly in difficult security areas, considering both the country's general GBV risk and the project context.

81. **The potential environmental and social risks and impacts will be managed during the project's implementation following the negotiated and disclosed Environmental and Social Commitment Plan (ESCP)⁵⁰.** The PIU also prepared the Stakeholder Engagement Plan (SEP)⁵¹ and Labor Management Plan (LMP).⁵² The Infection Control and Medical Waste Management Plan (ICMWMP)⁵³ of the Burkina Faso COVID-19 Preparedness and Response Project (P173858) is updated and used for managing risks associated with acquiring and administering vaccines and consumables. The PIU's SEA/SH plan will be updated to reflect the proposed project design and include, if necessary, additional measures to cover the project expectations fully. The proposed project will be implemented nationwide, so a due diligence security assessment might be conducted.

V. GRIEVANCE REDRESS SERVICES

82. **Grievance redress.** Communities and individuals who believe they are adversely affected by a project supported by the World Bank may submit complaints to existing project-level grievance mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project-affected communities and individuals may submit their complaints to the Bank's independent Accountability Mechanism (AM). The AM houses the Inspection Panel, which determines whether harm occurred or could occur as a result of the Bank's non-compliance with its policies and procedures, and the Dispute Resolution Service, which provides

⁵⁰ https://documents.worldbank.org/en/publication/documents-reports/documentlist?keyword_select=allwords&srt=score&order=desc&qterm=P506528&lang_exact=

⁵¹ https://documents.worldbank.org/en/publication/documents-reports/documentlist?keyword_select=allwords&srt=score&order=desc&qterm=P506528&lang_exact=

⁵² https://documents.worldbank.org/en/publication/documents-reports/documentlist?keyword_select=allwords&srt=score&order=desc&qterm=P506528&lang_exact=

⁵³ https://documents.worldbank.org/en/publication/documents-reports/documentlist?keyword_select=allwords&srt=score&order=desc&qterm=P506528&lang_exact=



communities and borrowers with the opportunity to address complaints through dispute resolution. Complaints may be submitted to the AM at any time after concerns have been brought directly to the attention of Bank Management and after Management has been allowed to respond. For information on submitting complaints to the Bank's Grievance Redress Service (GRS), visit <http://www.worldbank.org/GRS>. For information on how to submit complaints to the Bank's Accountability Mechanism, visit <https://accountability.worldbank.org>.

VI. KEY RISKS

83. **The overall risk rating for the proposed operation is Substantial.** This reflects high political, governance, and security risks; substantial macroeconomic and institutional capacity and sustainability risks; and moderate risks related to technical design, sector strategies, stakeholders, fiduciary, and environmental and social.

84. **Political and governance risks are High.** Persistent insecurity may lead to constraints on civil space and affect the country's stability. The focus on security-related issues could potentially delay key investments in human capital areas. Despite these challenges, budget allocations to the human capital sectors increased by 11 percent from 2023 to 2024, albeit mitigating political risks remains difficult.

85. **Macroeconomic risks are Substantial.** These risks arise from potential external and domestic shocks and fiscal policy setbacks. Burkina Faso has experienced shrinking fiscal space due to increased current expenditures, especially in security. In addition, financing sources have become scarcer or more costly, placing additional constraints on public finances. These developments may curtail the Government's ability to roll out its free health care strategy effectively. Activities partially mitigating such risks include the IMF Program and the World Bank's technical assistance on tax expenditure under the Sustainable Development Finance Policy, which aims to expand fiscal space.

86. **Institutional capacity and sustainability risk is Substantial.** The rating is mainly driven by the sustainability risk. Core institutions to ensure the successful implementation of the project are in place. Those include PUDTR, the directorates in the health and education ministries involved in implementing World Bank-funded projects in these sectors, IGF, ASCE-LC, and the Supreme Audit Institution. The sustainability risk of the project stems from the evolution of the security situation and the Government's commitments and efforts to cover civil servants' salaries with domestic revenues and to secure concessional financing. With the IMF Program on track, the Government has been requesting concessional budget financing from development partners given high financing costs in the regional bond market—around nine percent for three-year T-bonds. At the same time, the Government is implementing policy, institutional, and structural reforms to create fiscal space, enhance private sector-led growth, and better protect its people by delivering better and more services. These reforms include, among others: (a) support for public procurement efficiency, including in the health and education sectors; (b) access to social safety nets, food, and nutrition; and (c) domestic revenue mobilization. As this project is a bridge financing, the sustainability of its outcomes will be achieved through complementarity with other World Bank operations under preparation in the health and education sectors. Lastly, the Government is undertaking reforms in health and education, such as the rollout of the free health care program. New reforms can be supported in sector dialogue informing preparation of new projects with longer lifespans. Finally, the adequate share (32 percent⁵⁴) of donors' contributions to 2023–2025 financing needs in the health sector helps ensure sustainability of project outcomes.

87. **Other: Security risks are high.** Insecurity could directly undermine the attainment of some project results, notably insecurity during school exams, transport of vaccines, procurement of medicines and drugs, and deployment of health care workers and education personnel across the country in greater numbers. The security management plan for the World Bank portfolio developed by MEF will be revised to address these identified risks and incorporate adequate mitigation measures.

⁵⁴ Mapping of Resources and Spending, Ministry of Health 2023.



VII. RESULTS FRAMEWORK AND MONITORING

PDO Indicators by PDO Outcomes

Baseline	Period 1	Closing Period
Ensuring the provision of selected health services		
Free health care consultations provided to women and children under five years (Annual) (Number)		
Dec/2023	Dec/2024	Dec/2025
15,000,000	16,000,000	17,000,000
➤ Free health care consultations provided to women (Annual) (Number)		
Dec/2023	Dec/2024	Dec/2025
7,000,000	7,500,000	8,000,000
➤ Free health care consultations provided to children under five years (Annual) (Number)		
Dec/2023	Dec/2024	Dec/2025
8,000,000	8,500,000	9,000,000
Children's vaccination coverage on Pentavalent (Percentage)		
Dec/2023	Dec/2024	Dec/2025
91	92	94
Ensuring the provision of selected education services		
Teachers certified by the national training institutions (Percentage)		
Jun/2023	Dec/2024	Dec/2025
94	96	98
Students benefiting from the annual exams (Percentage)		
Dec/2023	Dec/2024	Dec/2025
94	95	96

Intermediate Indicators by Components

Baseline	Period 1	Closing Period
Ensuring the provision of essential health and education services		
Health centers implementing the individual electronic free health care system (Percentage)		
Dec/2023	Dec/2024	Dec/2025



0	0	15
Payment of free health care expenses (Percentage)		
Dec/2023	Dec/2024	Dec/2025
75	80	85
Number of children immunized (Number of people) ^{CRI}		
Dec/2023	Dec/2024	Dec/2025
0	923,000	945,000
Health facilities' orders of drugs and medicines supplied by CAMEG (Percentage)		
Dec/2023	Dec/2024	Dec/2025
70	70	75
Students supported with better education, in primary school (Number of people) ^{CRI}		
Dec/2023	Dec/2024	Dec/2025
0	350,000	360,000
➤ Students supported with better education, in primary school - Female (Number of people) ^{CRI}		
Dec/2023	Dec/2024	Dec/2025
0	157,000	165,000
Antigens vaccines for children with a coverage of more than three months (Number)		
	Dec/2024	Dec/2025
	3	9
Schools Exams including baccalaureate organized (Number)		
Dec/2023	Dec/2024	Dec/2025
0	8	16
Health centers without out-of-stock of the 25 tracer drugs (Percentage)		
Dec/2023	Dec/2024	Dec/2025
12	13	15
Teachers benefiting from professional training through the pedagogical conferences (Number)		
Dec/2023	Dec/2024	Dec/2025
0	80,000	80,000
Teachers benefiting from teaching materials and pedagogical kits (Number)		
Dec/2023	Dec/2024	Dec/2025
50,000	60,000	70,000
Women having management positions in primary public schools (Number)		
Dec/2023	Dec/2024	Dec/2025
1,200	1,300	1,500



Project management

Grievance addressed within the project's approved timeline (Percentage)

Dec/2023	Dec/2024	Dec/2025
0	0	75



Monitoring & Evaluation Plan: PDO Indicators by PDO Outcomes

Maintaining the provision of essential health services	
Free health care consultations provided to women and children under five years (Number)	
Description	This indicator will measure the annual number of free health care consultations provided to women and children under five years.
Frequency	Annual
Data source	Ministry of Health database on free health care
Methodology for Data Collection	Collection from health centers across the territory
Responsibility for Data Collection	Technical Secretariat in Charge of the Health Reform
Children's vaccination coverage on Pentavalent (Percentage)	
Description	This indicator will measure the number of children under five years vaccinated against Pentavalent to the number of children under five years.
Frequency	Annual
Data source	Ministry of Health database on free health care
Methodology for Data Collection	Collection from health centers across the territory
Responsibility for Data Collection	Directorate in Charge of the Vaccination Program
Maintaining the provision of essential education services	
Students benefiting from the annual exams (Percentage)	
Description	This indicator will measure the number of students who have taken the exams compared to the number of students who enrolled for the exams.
Frequency	Annual
Data source	Report from the Directorate of Exams
Methodology for Data Collection	Collection from the schools during the exam period
Responsibility for Data Collection	Directorate Exams
Teachers certified from national from the state's training institutions (Percentage)	
Description	This indicator will measure the percentage of teachers certified by the state's training institutions. The certification process includes two steps. The first is an exam organized by the Ministry of Education. The second consists of an on-site inspector visit to the classroom to assess the teacher while delivering the courses to the students.
Frequency	Annual
Data source	Consolidated report of the Ministry of Education
Methodology for Data Collection	Collection from the schools
Responsibility for Data Collection	Directorate of Education Quality

Monitoring & Evaluation Plan: Intermediate Results Indicators by Components

Ensuring the provision of essential health services	
Payment of free health care expenses (Percentage)	
Description	This indicator will measure the payment rate of the free health care expenses.
Frequency	Annual
Data source	Statistical Directory
Methodology for Data Collection	Collection from health centers across the territory
Responsibility for Data Collection	Technical Secretariat in Charge of Health Reform
Health facilities's orders of drugs and medicines supplied by CAMEG (Percentage)	
Description	The indicator will measure CAMEG's performance to meet the orders placed by the health centers.
Frequency	Annual
Data source	CAMEG's dashboard
Methodology for Data Collection	Collection from the CAMEG



Responsibility for Data Collection	CAMEG
Antigens vaccines for children with a coverage of more than three months (Number)	
Description	This indicator will measure the number of antigens vaccines available for children.
Frequency	Annual
Data source	Report from the Directorate in Charge of the Vaccination Program
Methodology for Data Collection	Collection from health centers across the territory
Responsibility for Data Collection	Directorate in Charge of the Vaccination Program
Health centers without out-of-stock of the 25 tracer drugs (Percentage)	
Description	This indicator will assess the percentage of health centers without out-of-stock of the 25 tracer drugs.
Frequency	Annual
Data source	Report from the Directorate in Charge of the Program
Methodology for Data Collection	Collection from health centers across the territory
Responsibility for Data Collection	Directorate in Charge of the Vaccination Program
Number of children immunized (Number of people) ^{CRI}	
Description	This indicator will assess the number of children under five years who got immunized.
Frequency	Annual
Data source	Ministry of Health database on free health care
Methodology for Data Collection	Collection from health centers across the territory
Responsibility for Data Collection	Directorate in Charge of the Vaccination Program
Grievances addressed within the project's approved timeline (percentage)	
Description	This indicator will assess the number of grievances (complaints and feedback) addressed within the service standards detailed in the PIU's GRM. As of December 2023, the project did not receive any grievance, which justifies the baseline value 0.
Frequency	Annual
Data source	PIU's annual report
Methodology for Data Collection	Cases will be collected from various sources, as detailed in the GRM manual.
Responsibility for Data Collection	PIU
Ensuring the provision of essential education services	
School's Exams, including baccalaureate organized (Number)	
Description	This indicator will measure the number of exams organized in the primary and secondary.
Frequency	Annual
Data source	Report from the Directorate of Exams
Methodology for Data Collection	Collection from the schools during the exam period
Responsibility for Data Collection	Directorate in Charge of Exams
Teachers benefiting from professional training through the pedagogical conferences (Number)	
Description	The indicator will measure teachers attending pedagogical conferences.
Frequency	Annual
Data source	Consolidated report of the Ministry of Education
Methodology for Data Collection	Collection from the schools
Responsibility for Data Collection	Directorate of Education Quality
Students supported with better education, in primary school (Number of people) ^{CRI}	
Description	The indicator will measure the number of students supported with better education in primary school through the offer they were given to take the annual exam
Frequency	Annual
Data source	Consolidated report of the Ministry of Education
Methodology for Data Collection	Collection from the schools during the exam period
Responsibility for Data Collection	Directorate in Charge of Exams
Teachers benefiting from teaching materials and pedagogical kits (Number)	



Description	The indicator will measure the percentage of teachers benefiting from the teaching materials and pedagogical kits.
Frequency	Annual
Data source	Consolidated report of the Ministry of Education
Methodology for Data Collection	Collection from the schools
Responsibility for Data Collection	Directorate of Education Quality
Women having management positions in public schools (Number)	
Description	The indicator will measure the percentage of women in management positions in primary public schools.
Frequency	Annual
Data source	Consolidated report of the Ministry of Education
Methodology for Data Collection	Collection from the schools
Responsibility for Data Collection	Directorate of Education Quality



ANNEX 1: Implementation Arrangements and Support Plan

1. As part of the operationalization of the Technical Secretariat for Education in Emergency Situations (ST-ESU), the Government and its partners have worked to relocate and reopen school infrastructures (Table 1.1) and reenroll students. About 262,155 students and 8,673 teachers were positively affected. As a result, the number of students enrolled or reenrolled in 2023 is three times higher than that of 2021. This number increased from 135,981 to 425,904 between 2021 and 2023. This positive development reflects the resilience of the education community and the efforts of the Government and its partners, who have worked hard to ensure education continuity for children affected by the crises. In areas where security improves, closed schools are being reopened. These actions were made possible owing to mitigation measures and support actions, including assistance to internally displaced candidates for the various school exams and competitions. A total of 27,021 individuals received financial support to take part in school exams and competitions. Additionally, 395 people were recruited to support 17,775 students, including 8,780 girls, as part of the reopening of educational structures in areas where the security situation has improved. In addition, since the security crisis, some approaches to teaching and practices have emerged. Teachers have reported co-teaching. The significant flow of teachers in urban centers and fallback areas amplifies the practice in managing large numbers of students.

Table 1.1. Evolution of the Number of Schools Reopened from 2021 to 2023 (out of 25,558 Schools)

Education Level	2021	2022	2023
Preschool	4	5	31
Primary	171	219	911
Post-primary and secondary	30	40	138
Total	205	264	1,080

Source: Monthly report of education in an emergency.

2. In the health sector, the Government adopted the Emergency Plan for the continuity of care in areas with precarious security in 2019. This plan, supported by the World Bank and other partners, includes: (a) operationalization of advanced medical posts; (b) deployment of medical equipment in health facilities housing IDPs and in reopened health facilities, with a view to strengthening capacity to provide care to beneficiaries in these areas; and (c) support to redeploy health workers to areas with security challenges (subject to acceptable security conditions).

3. The project will build on these implementation modalities to ensure that selected essential services are delivered to the citizens where security permits. The project’s implementation modalities will include lessons learned from the implementation of the security management plan on the World Bank’s portfolio. In addition, the task team will provide regular implementation support to the project as appropriate. Formal implementation support missions and field visits will be carried out semiannually. The main focus of the implementation support is summarized in Tables 1.2 and 1.3.



Table 1.2. Implementation Support of the Project

Time	Focus	Skills Needed	Resources Estimate (US\$)	Partner Role
September 2024– December 2025	Policy dialogue on the free health care program	Health specialist	20,000	World Health Organization, and Alliance Gavi in the vaccination campaigns
	Monitoring of the schools’ examination process	Education specialist	20,000	
	Policy dialogue with core directorates of the Ministry of Finance and Economy on the execution of identified services	PFM specialist/economist	60,000	
	Review of audit report findings and fiduciary support	FM specialist	20,000	
	Environmental and social support	E&S specialists	20,000	

Table 1.3. Task Team Skills Mix Requirements for Implementation Support

Skills Needed	Number of Staff Weeks	Number of Trips	Comments
Senior PFM specialist	8	0	Field-based
Senior economist	6	0	Field-based
Health specialist	4	2	World Bank headquarters - based
Education specialist	4	0	Field-based
Procurement specialist	1	0	Field-based
Social specialist	2	0	Field-based
Environmental specialist	2	0	Field-based



ANNEX 2. Climate Vulnerability and Resilience Analysis

A. Vulnerability Context

1. **Health.** Burkina Faso is highly vulnerable to climate shocks. Over the past four decades, Burkina Faso has experienced accelerated deforestation, desertification, and soil erosion. In 2022 alone, heavy rains and floods across West Africa destroyed crops and caused mass displacement. Food security is threatened by climate change as 80 percent of the population rely on agriculture for their livelihoods. The effects of climate change on food availability and choice exacerbate malnutrition—particularly among children, pregnant women, and breastfeeding mothers.⁵⁵ The project addresses malnutrition by improving health services and providing vulnerable populations with nutrition products. Climate change contributes to the rise of vector-borne illnesses in Burkina Faso through several mechanisms, including changes in temperature and precipitation patterns and extreme weather events. Higher temperatures can accelerate the life cycle of mosquitoes, increasing their population and the transmission rate of malaria. According to the World Health Organization (WHO), Burkina Faso reported over 11.4 million malaria cases in 2020, with a significant increase in incidence attributed to changing climatic conditions.⁵⁶ Burkina Faso’s hot and dry climate is favorable to meningitis outbreaks from October to May and cholera epidemics, affecting more than 35,000 people.⁵⁷ The incidence of dengue, a vector-borne disease transmitted by mosquitoes, resulted in hundreds of deaths in Burkina Faso in 2023. The project will support vaccination campaigns to raise awareness about the links between climate change and vector-borne illnesses as well as vaccination rollouts in vulnerable communities, including women and girls, particularly those most affected by climate change. Climate-induced disasters such as the flooding events in 2019 and 2020 put health care workers and health facilities at risk. According to the United Nations, “Flooding has wreaked havoc on the country’s infrastructure, causing serious damage to the Central University Hospital, bridges, dams, roads, schools and agriculture, inundating large swathes of farmland and destroying crops.”⁵⁸ Deteriorating conditions have fueled increased violence, which dissuades people from traveling to hospitals because of unsafe road conditions. According to Doctors Without Borders, more than 500 health facilities had closed or were operating at minimal capacity as of 2023.⁵⁹ Under Component 2, the project will support the rollout of the individual electronic free health care system to enhance access to health services. The system will ensure business continuity by preventing loss of data records and ensuring citizens and healthcare workers can complete services online.

2. **Education.** Between 2018 and 2020, before the onset of the COVID-19 pandemic, Burkina Faso faced numerous challenges: flooding, food shortages, a significant increase in IDPs, and an influx of migrants from Mali and Niger. These circumstances resulted in extended school absences that persisted even after the pandemic subsided, raising the risk that out-of-school youth would be recruited into violent organizations.⁶⁰ In fact, as of 2023, 10 million children across the region more specifically in Burkina Faso, Mali, and Niger are in urgent need of humanitarian assistance—nearly twice the figure from 2020—primarily due to escalating crises exacerbated by climate change. In the northern provinces of Burkina Faso, isolated communities are grappling with extreme hunger exacerbated by drought-related water shortages and declines in livestock production and crop yields.⁶¹ These deteriorating conditions are aggravating the crisis, reducing classroom attendance, and affecting the education sector. Additionally, heavy rains caused significant flooding in various

⁵⁵ [UN World Food Program.](#)

⁵⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10499254/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10499254/#:~:text=The%20number%20of%20malaria%20cases,been%20steadily%20increasing%20since%202016.>

⁵⁷ Disaster Assistance at a Glance: Burkina Faso, OFDA/USAID 2010.

⁵⁸ [https://news.un.org/en/story/2009/09/315142.](https://news.un.org/en/story/2009/09/315142)

⁵⁹ <https://www.doctorswithoutborders.ca/burkina-faso-security-situation-puts-essential-healthcare-out-of-reach/>

⁶⁰ [https://www.air.org/project/resilient-education-crisis-affected-children.](https://www.air.org/project/resilient-education-crisis-affected-children)

⁶¹ <https://www.csis.org/events/red-zone-inside-burkina-faso-climate-innovation-and-food-insecurity#:~:text=In%20the%20northern%20provinces%2C%20isolated,vulnerable%20communities%20across%20the%20Sahel.>



parts of the country in September 2020, affecting school infrastructure and displacing communities. This resulted in temporary school closures and disruptions in education. The project aims to address these challenges by rolling out climate change training modules for teachers. Doing so will strengthen the resilience of the education sector by equipping teachers with the necessary knowledge and resources to influence local communities and drive meaningful action on climate change. Teachers with a strong understanding of climate change can disseminate accurate and up-to-date information to their students, ensuring that the next generation is well-informed about the impacts of and solutions to climate change. Teachers equipped with climate change knowledge can encourage students to think critically about climate-related issues, fostering a generation that can analyze and address complex problems. Teachers can become advocates for climate and environmental policies and educational reforms that address climate change. Their informed perspectives can influence school policies and broader educational frameworks—contributing to the development of comprehensive curricula that include climate education in the future.

B. How is this project supporting Burkina Faso’s climate resilience?

3. **In addition, the project will mitigate the impacts of climate change based on the following activities:**
 - (a) **Subcomponent 1.1: Ensuring the provision of essential health services (US\$60 million).** This subcomponent supports awareness-raising campaigns to bring attention to the links between climate change and the rise of vector-borne illnesses, and vaccination rollouts for vulnerable communities, including women and girls and particularly those most affected by climate change. It further supports the deployment of medical supplies related to treating and preventing climate-related diseases and supplying vulnerable populations with nutrition products.
 - (b) **Subcomponent 1.2: Ensuring the provision of essential education services (US\$40 million).** This subcomponent supports the rollout of climate change training modules for teachers. This includes information on the country’s climate vulnerabilities, measures to enhance resilience and adaptation, and information to build teachers’ awareness of climate-related absenteeism (e.g., flooding, food insecurity, health issues, and increased violence).



ANNEX 3. Gender Analyses

Gender Gaps

1. **Gender inequality is a concern in Burkina Faso.** Girls and women face severe constraints in accessing services, especially in health and education. In 2024, Burkina Faso ranked a dismal 120th of 146 countries on the World Economic Forum Global Gender Gap Index, which was a slight deterioration from 109th and 115th in 2023 and 2022, respectively. Burkina Faso ranked 129th of 153 countries in 2020 and 124th of 156 countries in 2021.⁶²

Gender Inequalities Persist in Health and Education

2. The country achieved some progress by recognizing that gender is one of the central causes of disparity in access to education, notably by adopting the National Strategy for Acceleration of Girls' Education (2011–2021) and, currently, the Strategy for Promoting Gender Equality and Women's Empowerment (2023–2025).⁶³ Yet gaps and challenges remain, especially in health and education.

3. According to the latest available data,⁶⁴ 74 percent of children in Burkina Faso at late primary age are not proficient in reading. This is 12 percentage points lower than the SSA average. In addition, there are more girls out of school (21.6 percent) than boys (19.8 percent). Girls do better at primary and secondary school than boys. In 2021, the primary school completion rate was 62 percent for boys and 72 percent for girls. The completion rate for secondary education was 41 percent for girls and 37 percent of boys. However, a gender gap exists in tertiary education, with 12 percent of males enrolled surpassing seven percent of females.⁶⁵ According to the results of examinations and competitions for the Certificate of Primary Studies, the Certificate of Professional Aptitude, the Professional of Studies Diploma, the First Primary Cycle Diploma, and the Baccalaureate in 2023, boys nevertheless succeed better than girls (59.20 percent for boys versus 53.50 percent for girls). In addition, girls are 2.5 times more at risk of being out of school than boys in countries facing conflict.⁶⁶ According to the 2024 Global Gender Gap Index, Burkina Faso ranked 131 of 146 countries in education attainment.

4. Women are numerous as teachers but less so in management positions, mainly due to social reasons such as the fear of taking more responsibility. Of the 66,351 primary school teachers in 2022, 26,928 were women (40.58 percent).⁶⁷ Of the 11,103 school directors, 1,221 were women (10.99 percent) and 9,882 men. In 2023 in post-primary and secondary education, women represented 22 percent of teachers but only 8.1 percent of heads of public establishments.⁶⁸ Women promoted to head of the establishment are more represented in the regions of Plateau Central (21.7 percent), Center (14.7 percent), Center-West (10.9 percent), Center-North (10.8 percent), and the East (10.5 percent).

5. Women and girls in Burkina Faso experience some of the highest rates of recorded GBV in the world. In Burkina Faso, female genital mutilation affects 56 percent of women aged 15 to 49.⁶⁹ The prevalence rate of child marriage (marriage before the age of 18) among girls is 52 percent.⁷⁰ GBV in schools is a global concern. At the national level, provisions exist to prevent and manage GBV in the education sector. MEAPLN has set up a guide for the orientation and coordination of actions to prevent early sexuality and manage pregnancies and marriages involving children in schools. In addition, MEAPLN set up a Customer Service Unit (USC), which is responsible for handling complaints from users and

⁶² [Global Gender Gap 2024](#), World Economic Forum, June 2024.

⁶³ [Burkina Faso: Education Country Brief](#), UNESCO, January 2024.

⁶⁴ Before COVID-19 related school closures: [Burkina Faso, Learning Poverty Brief, EduAnalytics](#), World Bank-UNESCO, April 2024.

⁶⁵ *Ibid* (EduAnalytics).

⁶⁶ <https://www.unicef.org/press-releases/27-million-children-out-school-conflict-zones>.

⁶⁷ Source: Statistical Yearbook 2021–2022.

⁶⁸ Source: *Tableau de bord de l'enseignement post-primaire*.

⁶⁹ [d-4313-1122_Female Genital Mutilation Evidence Profile- Burkina Faso 1.pdf](#) (unicef-irc.org).

⁷⁰ *Rapport sur le mariage des enfants*, UNICEF.



agents in the field of education. Despite these national gender strategies and the efforts made, inequalities and disparities between men and women remain strong in Burkinabe societies.

6. Financial and security constraints have seriously affected access to health services, such as the free healthcare program for children under five and pregnant women. In Burkina Faso, 264 women die per 100,000 live births due to pregnancy-related causes (2020)⁷¹ and 111 of every 1,000 girls aged 15–19 gave birth, which was higher than the average rate in Burkina Faso’s income group. Yet, as previously mentioned, the share of pregnant women receiving four antenatal care visits rose from 33 percent in 2010 to 72 percent in 2021.

Gender-Related Actions

7. **The operation aligns with the WBG Gender Strategy 2024–2030.** The activities and institutional setup are designed to address gender gaps by ensuring that women and children have better access to health services, and providing children, especially girls who are more vulnerable to dropping out, improved education through better teaching materials and trained teachers.

8. **The operation will undertake actions to reduce the gap between men and women in access to basic services and promote gender parity through program interventions.** These actions include the following:

- **Enhancing access to health services.** Girls and women will benefit from the free healthcare strategy and the operation of hospitals and health centers. Easier access to assisted childbirth will reduce maternal mortality. Children and their mothers will benefit from vaccination campaigns. Awareness-raising campaigns will bring attention to the importance of vaccination, especially for pregnant women.
- **Improving girls’ access to education.** Women teachers are numerous in Burkina Faso and will benefit from training, support, and materials. This will improve girls’ access to education and support their empowerment. In addition, having more women in leadership positions at public establishments will be important, acknowledging the demonstrated impact of female role models on academic performance.
- **Enhancing women’s leadership.** Women will be encouraged to accept positions of responsibility as school directors, including in semi-urban areas, and to strengthen their capacities to excel in their functions through training sessions, workshops, seminars, and exchanges of experience focused on female leadership. The project will support trainings on GBV and female leadership targeting teachers and especially women in charge of establishments. In addition, trainings on gender-sensitive pedagogy will be deployed for teacher trainers so that when they leave, teachers are prepared to assume relevant responsibilities.
- **Reducing GBV at schools.** As demonstrated in various studies,⁷² the role that teachers can play in response to GBV is crucial. Studies demonstrate that teachers can be change agents, but lack the knowledge, protection, and training to play such a role successfully. Teacher training actions, notably on GBV, should make it possible to develop knowledge of different mechanisms and act on them.

Gender-Related Actions Indicators

9. The Results Framework will include, among others, the following gender-related indicators: (a) increased free health care consultations for women (number); and (b) increased women training having management positions in primary public schools (percentage).

⁷¹ <https://genderdata.worldbank.org/en/economies/burkina-faso>.

⁷² Spear, Anne. 2019. “Teachers as Change Agents? Assessing Teachers’ Perception of and Responses to Sexual Gender-Based Violence in Schools in Burkina Faso.” *FIRE: Forum for International Research in Education* 5 (2); Saini, Ruchi, and Anne Spear. 2024. *Teachers’ Understanding of Gender-Based Violence in Two Public Schools in Burkina Faso*.