

MINISTRY OF HEALTH

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GENERAL SECRETARIAT

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GENERAL DIRECTORATE OF HEALTH

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DIRECTORATE OF NUTRITION:



BURKINA FASO

Unity - Progress - Justice

**Symposium on the strengthening of vitamin A
supplementation interventions in Saharan Africa, April
4 to 6 in Dakar, Senegal**

VAS funding mechanism in Burkina Faso

Presentation outline

1. VAS Background
2. VAD+ funding mechanisms
3. Benefits of the PADS funding mechanism
4. Challenges
5. Outlook and opportunities.

VAS Background

- Vitamin A deficiency = public health problem in Burkina Faso, as according to WHO, it is known that when mortality in children under 5 years is greater than 70 per 1000, VAC becomes a public health problem.

(Burkina Faso = 129 per 1000, DHS 2010)

VAS Background

- Several strategies are implemented:
 - Promoting consumption of vitamin A-rich local foods including **PDCO** (orange-fleshed sweet potato);
 - Fortification of staple foods with vitamin A (vegetable oils, wheat flour);
 - Vitamin A supplementation for children 6-59 months;

VAS Background

- VAS started in Burkina Faso in the late 80s (1986) with the support of UNICEF and HKI in a fragmented way;
- Routine VAS started by the 1986 to 1998, with relatively low coverage;
- From 1999, VAS was conducted in the form of campaign coupled with polio NIDs;
- **From 2011, the concept of Vitamin A Days+ (VADs+) was implemented.**

VAS Background

- VADs+ Conducted as campaign twice a year.
 - **Vitamin a supplementation**
 - **Deworming**
 - **Screening for acute malnutrition**
 - Vaccination catch-up
 - Advocacy actions on key health / nutrition themes
- **VADs+ heavily funded by the Health Development Support Program (PADS) which contributed to its institutionalization.**
- **But coupled with NIDs from 2011 to 2013.**
- **VADs+ not coupled in 2014 and 2015**

Funding mechanism for VADs+ (1)

Definition of PADS :

- Created in 2005
- Funding unit whose major principle is the fungibility of resources, but with possibility to manage targeted funds
- Bringing together a number of partners (UNICEF, World Bank, AFD, KFW, UNFPA)

- Intended to finance the action plans of all health facilities in the country : Central, regional directorates and health districts.

Funding mechanism for VADs+ (2)

- **Distribution keys**
 - ✓ Total population, number of health facilities, supervisory circuit, poverty index : **75%**
 - ✓ Performance indicators (assisted deliveries, contraceptive prevalence, immunization coverage ...), existence of partner: **25%**
- Funding of activities that are part of the National Health Development Plan including VAS;
- Adoption in 2009 of quick gain interventions (IGR) including supplementation of children 6 to 59 months with vitamin A;
- **Requirement that 80% of funding from PADS go to the IGR.**

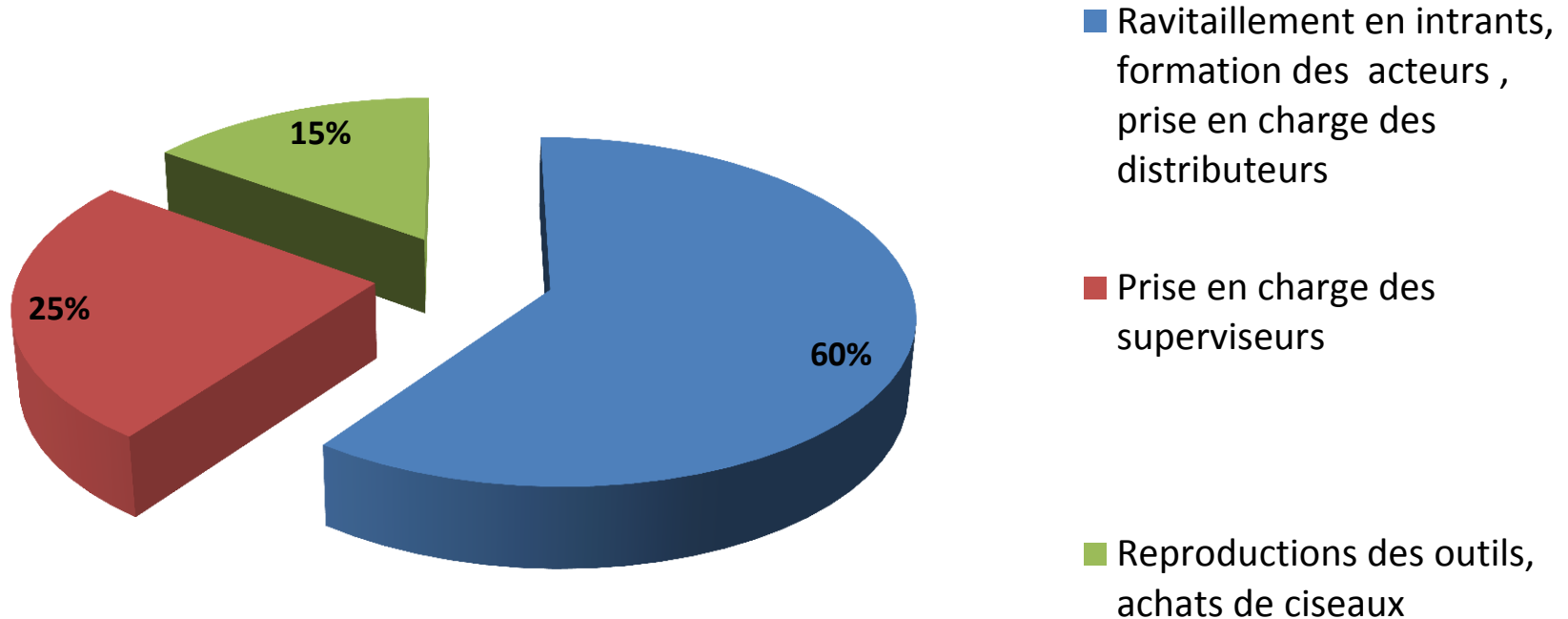
Funding mechanism for VADs+ (3)

- After validation of funding agreements, transfer resources in the accounts of structures per semester;
- 2012 to 2014: Burkina Faso has specific funding from the World Bank for nutrition hence the substantial support to health districts for nutrition activities;
- During this period, there was significant funding of VADs+ at all levels (central, RDH, HD);

Funding mechanism for VADs+ (4)

- Operational costs of VADs+ campaigns in 2014:
CFA F **802,670,770**, over 95% supported by the PADS through a funding from the World Bank.

- Main items:



Benefits of the PADS funding mechanism

- Equity in funding (all RDH, HD receive funding for the implementation of VADs+);
- Funding facility, less burden;
- Management autonomy for PADS and disbursement to recipient structures;
- Rigorous monitoring of funds allocated to structures;
- Obligation to use funds for activities for which they are intended once agreements are finalized.

Challenges

- Some donors stepped out of the PADS;
- End of main funding for nutrition since 2014;
- Low allocation of resources for the implementation of VADs+;
- No funding of VADs+ by the government.

Outlook

- Reflection at national level for the transition to routine VAS (integrated into FS activities)
 - Organization of national workshop with all key partners of VAS;
 - Organization of brainstorming workshop on the routine VAS monitoring and supply system;
 - Situational analysis of VAS to identify new platforms.
- **Risk: drop of coverage rates**

Opportunities for VAS sustainability

- Adoption of the free health care policy in Burkina Faso, as of **April 2, 2016** with gradual implementation in three regions;
- Recruitment of 16,000 Community health workers (2 per village): a total of 8,000 villages covered
- MPs advocacy to the government for the establishment of a budget line for nutrition;
- Strong commitment of partners for nutrition and especially VAS.



*THANKS FOR YOUR
ATTENTION*