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CASH TRANSFER FOR EMERGENCY HEALTHCARE IN HUMANITARIAN SETTINGS: THE CASE OF BURKINA FASO

Dr Amundala, F, Emergency Response Coordinator
Concern Worldwide, Burkina Faso

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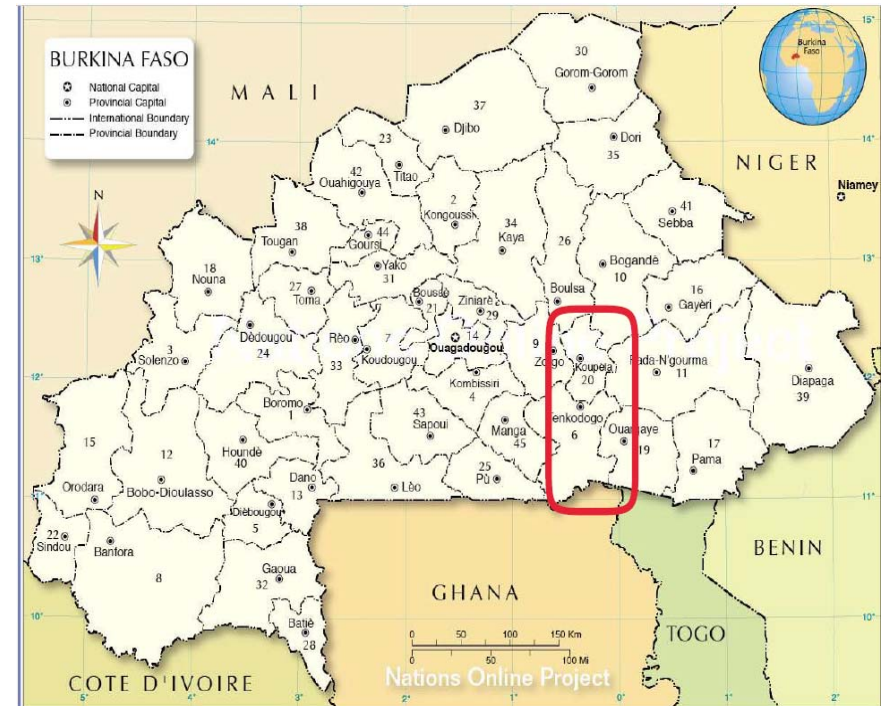


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ISSUES:

- **Humanitarian & insecurity crisis** in Burkina Faso since 2015
- **High influx** of displaced persons (IDPs)
- Significant impact on **access to essential health care and referrals**
- Women, adolescent girls and children face **protection issues**
- Centre-East region of Burkina Faso: **priority area** in OCHA Humanitarian Response Plan 2021





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DESCRIPTION:

- Geographic focus: **Pouytenga Health District** and 4 health areas
- Jan – Aug 2022: **Concern Burkina Faso** implemented an 8-month project under WHO funding
- Main objective: Support **primary health care (PHC)** and **pilot cash transfer**
 - to facilitate **transport of emergency medical & surgical cases** to referral health facilities
 - to increase **access to early management of Gender Based Violence (GBV)** with the support of the local NGO **ASMADE**
 - to help **strengthen health system & community mobilization**



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DESCRIPTION:

Expected results :

- **Integrated emergency and quality PHC** for 28,730 IDPs and their host communities
- Facilitated access to **emergency medical and surgical health care** for 130 people through cash transfer
- **Strengthened coordination** between stakeholders, including Ministry of Health (MoH) at District and Regional level



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DESCRIPTION:

- Support to health workers in the provision of **quality care services** (on-the-job training, supervision and drug procurement)
- Support to Community Health Workers (CHWs) to conduct awareness-raising sessions and **encourage communities to timely refer** GBV survivors to health facilities
- Local **NGO ASMADE** played a key role in community-based activities

By end of August 2022:

- **31,004** persons received PHC in the 4 health centres supported by the project



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DESCRIPTION:

- A total of **140 persons** benefited from the cash transfer:
 - **132 persons** were referred for emergency medical/surgical care, suggesting an increase in referrals (from an estimated 5% to 15% as per national standards)
 - **8 GBV survivors** were referred to receive appropriate treatment
- A total of **16,235** persons were sensitized on good health practices and GBV

Key challenges:

- Referral of GBV survivors remained **low**
- Main reasons : **social norms, values, fear of disclosure and mistrust**



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LESSONS LEARNED:

Cash transfers contributed to :

- Restore the **dignity of affected populations**
- Strengthen **adherence to continuity of care**
- Facilitate **referrals** to health services

Best practices: Close **collaboration & coordination** between communities & health facilities.



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LESSONS LEARNED:

Early management of GBV:

- Improving survivor's access and utilization of services along the GBV referral pathway requires **tailored approaches**, taking into account armed conflict and displacement context, social norms and values
- Involvement of **key influencers** within the household & at community level is essential



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NEXT STEPS:

- Pilot cash transfers over a **longer period**
- Place **increased focus** on risk communication and community engagement (RCCE)
- Ensure **most vulnerable** are targeted
- Continue to advocate for **quality and timely response services**



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Cash given to the father of a sick child for referral, photo taken by Serge, Nurse, April 2022, Pouytenga, Burkina Faso.

GBV training session for community health workers, Ouenga Health Centre, Pouytenga Health District., April 2022, photo taken by Denise, Midwife, Concern Burkina Faso