



Medicine handover to the Fada Health District for distribution to health facilities. Symbolic handover with the province's Secretary General. In Fada on May 12, 2026. Photo credit: SANFO Health Manager.

Coordination, collaboration, and a refrigerator

How a blood bank in Burkina Faso saves lives



AUGUST 2026

The problem

Burkina Faso is facing a maternal mortality crisis, with approximately 242 maternal deaths per 100,000 live births, more than double the global average (112 deaths per 100,000 live births).¹ Postpartum hemorrhage (PPH) remains the leading cause of maternal mortality in the country, a consequence of resource scarcity, a lack of skilled personnel during deliveries, practices in poorly equipped facilities, and shortages of essential obstetric supplies, such as blood transfusion services. In 2020, the most recent year for which data are available, hemorrhage accounted for 23.6% of maternal deaths in Burkina Faso health facilities.²

Eastern Burkina Faso has been gripped by a protracted humanitarian crisis since 2015. Population displacement, insecurity, and the closure of health facilities are forcing many women to give birth at home, far from any access to medical care. In this context, access to safe blood has become dangerously limited. Previously, when a pregnant woman or child arrived at the Diabo health center in the Fada district in critical condition due to severe anemia, the staff had no blood on hand

to treat them, leaving medical evacuation to the Fada N'Gourma regional hospital, 60 km away from Diabo, as the only option. In 2024, of the 140 cases transferred from Diabo to the regional hospital, 67 were related to anemia. But for many families, this journey is too long or too expensive.

To address this shortage and reduce preventable deaths from hemorrhaging, the IRC, in collaboration with the Fada N'Gourma health district, launched a blood bank program at the Diabo health center. This program aims to improve community access to blood, reduce life-threatening emergency evacuations, and strengthen the transfusion skills of local healthcare staff. The primary beneficiaries are pregnant women, postpartum women, anemic children, and other patients in the Diabo commune and surrounding areas. Alongside this clinical intervention, the IRC simultaneously rolled out a community-level strategy to prevent PPH before it could become life-threatening, equipping trained village birth attendants with misoprostol, a medication used to prevent PPH, to administer at the moment of delivery.



Testimonials from the mother of a blood transfusion recipient in Diabo on March 13, 2025, in Tibga. Photo credit: SANFO Health Manager.

1 World Health Organization, 2023: Overview of health data for Burkina Faso. Available at: <https://data.who.int/countries/854>

2 Burkina Faso Ministry of Health, 2021. Available at: <https://www.intowomenshands.org/research-context-1>

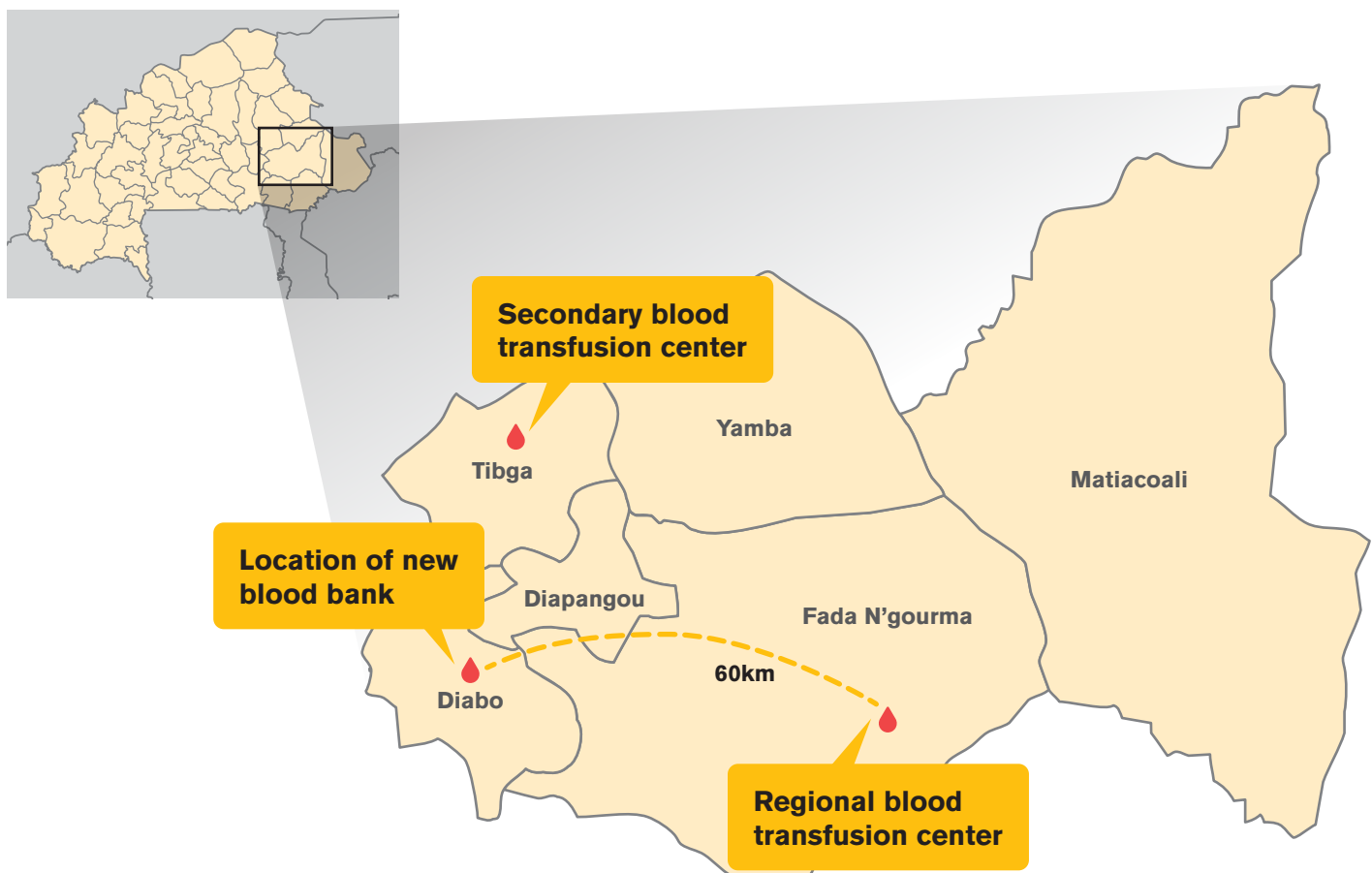
The solution

Before this project, Burkina Faso had no community-level blood transfusion centers. The distance between Diabo and the Regional Blood Transfusion Center in Fada left rural populations without access to a critical, life-saving resource and contributed to preventable deaths and complications from blood loss. Transfusions were available only at surgical facilities concentrated in provincial capitals — far out of reach for most rural communities. Diabo is now the first rural commune in the country to change that. The new blood depot or mini blood bank is equipped with a solar-powered refrigerator and is located within the Diabo medical center.

Given the chronic power shortages in the region, the blood bank's refrigerator is solar-powered, allowing it to maintain safe temperatures despite power outages. To ensure that the blood supply met national safety standards, the IRC formalized a partnership with the Regional Blood Transfusion Center (CRTS) in Fada N'Gourma. Under this agreement, locally collected blood

is transported to Fada for processing and safety checks before being returned to Diabo for use — a process that required a formal agreement between the health center and the CRTS.

Alongside infrastructure improvements, the IRC invested heavily in personnel. The program trained 27 health workers in transfusion safety. A biomedical technician, responsible for managing the blood bank, was also recruited and received theoretical and practical training to ensure the safe and competent use of equipment. Health workers participated in blood drives, and community awareness campaigns were conducted to encourage voluntary donation. The facility's air conditioning systems were also repaired to maintain optimal storage conditions. Throughout the implementation, the IRC worked closely with the health district, local authorities, and community structures, including the Health Facility Management Committee and Community Health Workers (CHWs).





Group photo of the field coordinator, the chief medical officer of the Fada health district, and the IRC health coordinator taken during the handover of medicines by IRC. Fada, May 7, 2026. Photo credit: SANFO Health Manager.

The IRC's response operated on two complementary tracks: establishing a blood bank to manage hemorrhage emergencies at the facility level and deploying a community-based misoprostol distribution program to prevent PPH from escalating in the first place. The IRC recruited and trained 453 traditional birth attendants in 45 villages across the three communes of Diabo, Tibga, and Diapangou. These midwives were equipped with sterile birthing kits and misoprostol and received monthly follow-up care from health center staff, who visited them at home with a training mannequin to reinforce their skills. Each midwife received a monthly allowance of 20,000 CFA francs (~\$33 USD) in recognition of her work. Together, these two programs, the blood bank and the community-based PPH prevention strategy, constituted an integrated response to maternal and neonatal mortality in a region where the health system was under considerable strain.

"Since I was trained as a village birth attendant, I have felt a real change in the way I help women in the village. Before, when a woman gave birth suddenly at home, we were always afraid the hemorrhage would start — especially because access to the health center is difficult here. Now, thanks to the training on clean delivery, identifying danger signs, and using misoprostol, I can act quickly... What has particularly encouraged me is the regular supervision and support from the maternity staff. They come often to check our kits, review our tracking sheets, and remind us of the important rules."

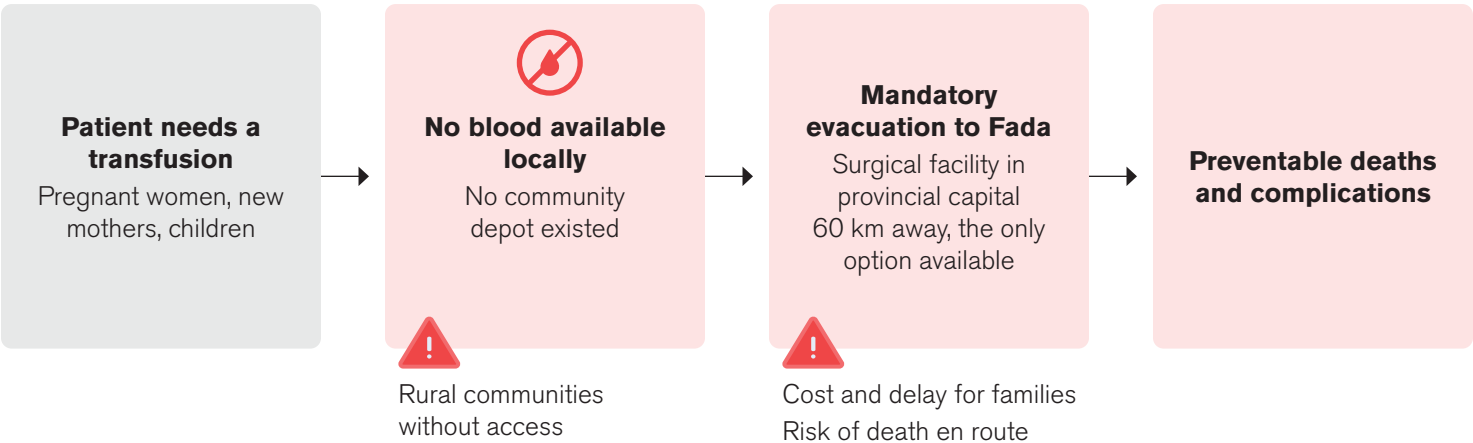
**BIRTH ATTENDANT, KOUPISSI CSPS,
COMMUNE OF DIABO**

3 Village birth attendants are key community actors in isolated or insecure areas of Burkina Faso, assisting pregnant women with safer deliveries through the oral administration of misoprostol. Trained and equipped with kits (gloves, blades, disinfectants), they facilitate pregnancy monitoring, encourage prenatal consultations, and refer at-risk cases to health centers, playing a crucial role in reducing maternal and infant mortality).

Starting point Referral/complication Decision point On-site care

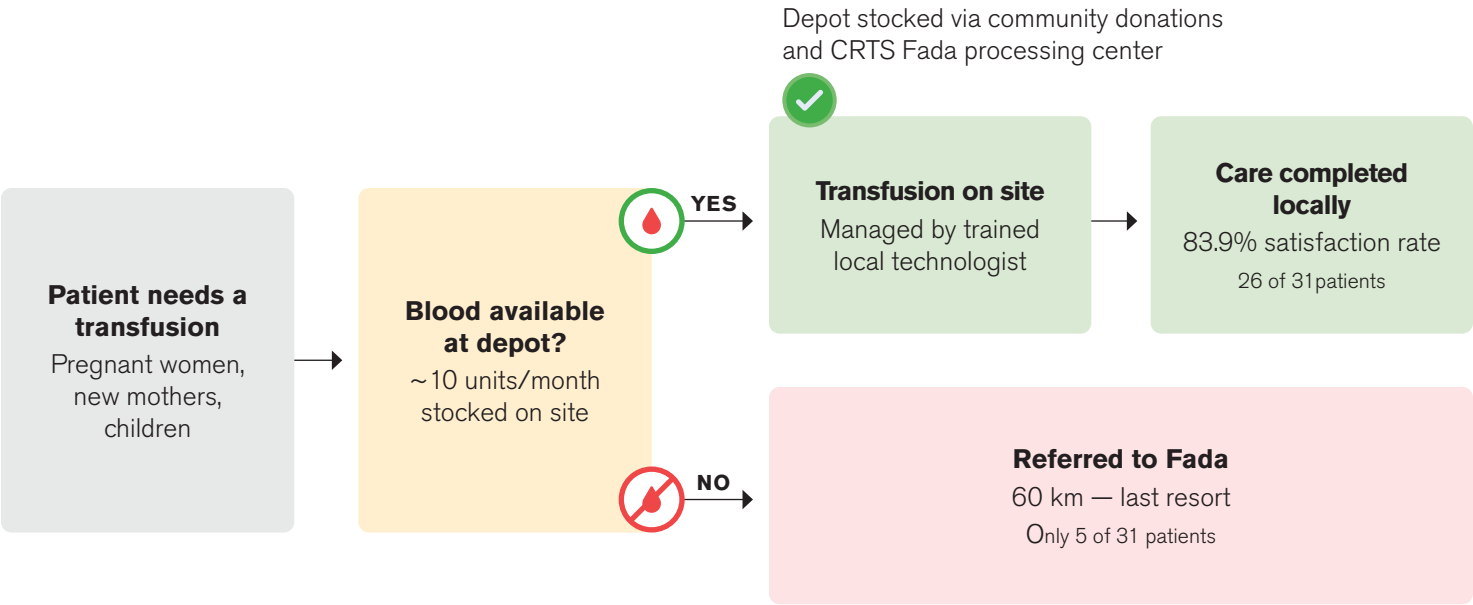
BEFORE — PRE-2025

No community-level transfusion center



AFTER DIABO MINI BLOOD BANK MODEL — 2025

First rural community blood depot in Burkina Faso



Addressing the main challenges

The most significant of the challenges faced stemmed from a gap in the initial planning. IRC had allocated a budget for a refrigerator for the blood bank as part of another sexual and reproductive health project, but not for everything else needed to make it function properly. Upon receiving the equipment, the team quickly realized that a refrigerator alone was insufficient to establish a blood bank. Solar power infrastructure, staff training, air conditioning repairs, and blood collection logistics all proved essential for a safe and sustainable service. Each need had to be addressed as it arose by the project, putting considerable strain on already limited resources. The lesson was clear: equipment is just the starting point.

Obtaining administrative procedures proved complicated. Establishing the blood bank required a formal agreement between the health district and the Regional Blood Transfusion Center (CRTS), involving lengthy negotiations and approval processes. Centralizing blood processing at the regional blood transfusion center in Fada — essential for safety reasons but logistically complex — made the program heavily dependent on the CRTS for its daily operations. Community mobilization for blood drives was also lower than anticipated, thus limiting the volume of blood collected locally.

The broader security context added a further challenge. In a region affected by active conflict and frequent travel restrictions, access to some health facilities was simply impossible. Even data collection required government statistical authorization, which was still pending at the time the program was documented.

Despite these obstacles, two moments proved decisive. The first was the decision to present the blood bank not as a mere supplementary service, but as a direct alternative to medical evacuation; a shift in perspective that highlighted its vital potential and helped secure institutional support. The second was the Ministry of Health's official adoption of the community-based misoprostol administration strategy which allowed IRC to test and implement the new strategy at community level as part of its national rollout. Initially, health workers had limited knowledge of misoprostol and were reluctant to administer it at the community level. Sustained advocacy and technical support from the Directorate of Family Health (DSF) were necessary to gain its acceptance and ensure the dissemination of national protocols at the decentralized level.



The head of the FADA laboratory presenting labile blood products on March 13, 2026. Photo: IRC Communications Department. Photo credit: SANFO Health Manager.

Impact of results and policies

In 2025, out of 31 patients presenting a clinical indication for blood transfusion at the Diabo health center, 26 received a transfusion on site, including 9 pregnant women, 10 postpartum women, and 7 children, representing a blood demand satisfaction rate of 83.9%. The five remaining patients were referred to the regional hospital in Fada, confirming that the referral mechanism remains functional for cases requiring a higher level of care. The supply of blood products improved significantly following the installation of the mini blood bank and the operational partnership established with the Fada Regional Blood Transfusion Center (CRTS), coordination between the health center, the health district, and the CRTS was strengthened, and the number of medical evacuations decreased. This reduction in referrals reflects the combined impact of local blood availability, the capacity strengthening of 27 health workers, regular supervision, and the role of a trained biomedical technologist. Beyond the immediate improvement in clinical care, this decrease in evacuations represents a financial benefit and logistical relief for families and the district, while reducing risks associated with delays in care, an especially critical issue in a context of insecurity and difficult road access. At the community level, the 45 trained village midwives delivered 630 babies under optimal hygienic conditions and referred 1,453 patients to health facilities, distributing 1,400 birthing kits.

The program's influence extended beyond its immediate results. Organizations such as InterSOS and representatives from the WHO Burkina Faso Eastern Region office visited Diabo to observe the model in action. Furthermore, the Ministry of Health revised its national protocol to authorize the community-based misoprostol administration strategy nationwide in all areas facing security challenges: a major policy breakthrough stemming directly from the experience and advocacy efforts of the program. The formalization of the agreement between the Diabo health center and the CRTS also contributed to the sustainable institutionalization of local transfusion practices.

The success of the Diabo program reflects the value of humanitarian coordination. While the initiative originated from the IRC, the SRH Working Group played a central role in shaping its design and supporting its implementation — facilitating collaboration between IRC, the health district, and the CRTS, and ensuring the intervention aligned with national protocols for obstetric care and blood transfusion. This coordination helped embed the program within broader health system structures, reinforcing the integrated approach combining community-level PPH prevention with emergency care at the facility level, and ultimately helping transform what began as an emergency response into a structured, sustainable, and replicable model.

The way forward

Together, community-based distribution of misoprostol and the Diabo blood bank form a complementary approach to preventing and managing PPH: misoprostol reaches women at the community level, where access to health facilities is often limited, while the blood bank provides a critical safety net for cases requiring emergency transfusion. The Diabo blood bank, the first of its kind in a rural area, is built to last. Its integration into the district's action plan, a long-term agreement with the CRTS, trained local staff, a reliable solar-powered cold chain, and ongoing community mobilization all support its sustainability beyond the project's completion. Together, these two interventions

have expanded access to quality care close to home, reducing costly medical evacuations and preventing unnecessary deaths and complications in the region.

Looking ahead, similar centers could be established in municipalities like Tibga and Diapangou depending on their logistical and security capacities. IRC Burkina Faso plans to build on the successes of this project with the Safer Births in Crises Initiative, continuing to strengthen the prevention and management of PPH at both the community and clinical levels and reduce preventable deaths in Burkina Faso. ■