

Burkina Faso

Executive Summary

2015 was marked by historical political developments in Burkina Faso, as the transitional Government successfully organized presidential and legislative elections and the new president was sworn in on 29 December with clear development priorities.

Limited national and international funding during the transition hampered the implementation of a number of programmes and projects. This was the case for the mobile phone birth registration pilot project. UNICEF Burkina Faso nevertheless pursued the technical work in order to have clear terms of reference for the software development and creation of partnerships, and will pursue this innovative project with the new authorities in 2016.

The ambitious targets for sanitation during the programme cycle 2011-2015, which aimed to increase the access rate to rural sanitation from 10 per cent to 54 per cent, made limited progress: rural sanitation was still very subsidy driven, with unrealistically high level of funding requirements and limited ability for sustainable behaviour change. UNICEF Burkina Faso advocated for testing demand-driven approaches, and received permission to start a no-household-subsidy, community-approach to total sanitation project in two regions in 2016. This pilot, if successful, will be instrumental in shifting the dominant approach from subsidy-driven to demand-driven, with a focus on community-driven behaviour and social norm changes.

Important successes were registered for the Country Programme in 2015. The transitional Government reviewed the entire justice system and decided to tackle the major challenges in order to have an effective judiciary system. It provided UNICEF Burkina Faso and other partners the opportunity to advocate for a full and concrete inclusion of a 'justice for children' component in the global justice reforms. Twelve judges for children were nominated as a result of this advocacy, which also paved the way for technical support to strengthen the juvenile justice system in the coming years.

UNICEF Burkina Faso with partners proposed to include fee exemptions for under-five children in the National Universal Health Insurance Scheme, which was accepted by the Government. Therefore, child-related interventions will be gradually and fully funded by public budgets through the Universal Health Insurance Scheme. UNICEF Burkina Faso also allocated funds to avoid a financial gap in two fee-exemption pilot districts of the Sahel Region where the European Commission's Humanitarian Aid and Civil Protection (ECHO) had recently withdrawn.

Support to implement an Infant and Young Child Feeding (IYCF) 10 year scaling-up plan, initiated in 2013 to address stunting, continued. An integrated package of IYCF services were implemented at community level in seven out of 13 regions, reaching 31 per cent of under two-year-old children countrywide, against the planned 19 per cent planned for 2015. This represents 330,520 pregnant women and 504,927 lactating mothers. The mother-to-mother support group approach was used as a platform for community-based IYCF counselling to inspire positive behaviour and social change and to implement nutrition-sensitive interventions and home food fortification.

In order to enhance children's participation in school activities and within the strategic framework of the Child-Friendly School (CFS) model, UNICEF Burkina Faso supported the harmonization of school clubs. Over the years, school clubs were introduced by various partners using different approaches. By harmonizing these efforts, clubs will be more efficient and productive for children. This year, 151 primary schools and 36 post-primary schools in the Sahel Region experimented with the harmonized school club model in Namentenga and Ganzourgou provinces. The results of their experiences will inform the final validation of the model in 2016.

Partnership with the National Red Cross continued in 2015 and carried out child protection and psychosocial interventions benefitting 2,521 refugee children in the Sahel Region. Thanks to this successful partnership, a stand-by agreement was signed to address child protection issues in emergencies. This proved instrumental during the failed violent military coup in September, and prevented family separations by sending out messages on radios, newspapers and in social media. Out of the 27 reported separated children, 21 were reunified with their families and benefited from other assistance.

To maximize resilience interventions, a funded interagency joint plan was launched in April by UNICEF Burkina Faso, Food and Agriculture Organization (FAO), World Food Programme (WFP) and JICA. This strategic multi-partnership was conceived in line with the Integrated United Nations Strategy for the Sahel, targeting 151 CFS in the Sahel Region to provide quality education. Each agency brings a package of services according to its comparative advantage, covering education, sanitation, hygiene, food and nutrition and child protection, with focus on school-age children and girls in particular.

Humanitarian Assistance

In 2015, UNICEF Burkina Faso provided support in a number of humanitarian crises, namely for the recurrent nutrition crisis; Malian refugees; Ebola prevention and during the socio-political crises.

With an agreement brokered in October 2014 between the Malian Government and various armed groups, the number of Malian refugees in Burkina Faso marginally decreased, from 32,170 refugees in early 2014 to 32,023 in 2015. An agreement between the Governments of Burkina Faso and Mali together with UNHCR was signed on 9 January 2015 that provided the legal framework for voluntary repatriation. Only 98 returned cases were recorded against 922 in 2014. UNICEF Burkina Faso supported education, protection, WASH and the nutritional needs of refugees in two camps in the Sahel Region of Burkina Faso, despite limited funding.

The situation of acute malnutrition was worrisome, with chronic problems such as poor infant and young child feeding practices; insufficient access to health services and poor access to water and sanitation. The number of children suffering from acute malnutrition continued to increase with the high population growth (averaging 3.1 per cent annually) and recurrent poverty (poverty headcount of 40.1 per cent) especially in rural and suburban areas, amongst the already excluded and marginalized population. Global Acute Malnutrition (GAM) prevalence in 2014 was 8.6 per cent including 1.7 per cent of Severe Acute Malnutrition (SAM), as compared to 8.2 per cent and 1.7 per cent respectively in 2013. The number of SAM children in 2015 was estimated at 149,000 expected for treatment, as compared to 144,000 in 2014. The number of Moderate Acute Malnourished (MAM) children was estimated at 350,000. Some 91,843 SAM children were treated. In order to improve the quality of care for SAM children, 1,772 health workers and 1,350 community health workers were trained on the new management protocol.

Supporting efforts to reduce effects of the malnutrition, 53,000 people were provided with safe water, dignified sanitation facilities and healthy hygiene practices through the implementation of a Total Sanitation Strategy in the Sahel Region. In this region, 1,936 household toilets were constructed and 30 community water points; 20 health facilities and 16 schools were provided with WASH packages (water point, latrines, hand-washing system).

UNICEF Burkina Faso supported 34,023 refugees, including 20,893 children (10,410 boys and 10,483 girls) to access education, WASH, health, nutrition and child protection services in and around two refugee camps in the Sahel Region (Goudebou and Mentao). Routine vaccination continued and 4,331 children (0-59 months) received poliomyelitis vaccine during the National Immunization Days. Because of lack of funds, only 4,642 refugee children and host communities (out of a target of 10,900) had access to basic education (Early Childhood Development (ECD), primary school and non-formal basic education). UNICEF Burkina Faso supported the child-friendly spaces for a total of 1,794 child refugees, 877 of these children lived outside of the camps. From the host communities, 1,500 refugee children and 500 children benefitted from psychosocial support in the child friendly spaces.

UNICEF Burkina Faso and partners developed a campaign for birth registration. The sensitization reached 38,898 people in the Sahel Region, and 106 child refugees received support for civil registration in partnership with Danish Refugee Council and UNHCR.

The political transition in Burkina Faso, which started in November 2014 after the fall of President Compaoré, was interrupted on 16 September 2015 by a violent military coup. The failed coup resulted in 15 deaths and over 270 wounded in Ouagadougou. The transition authorities were reinstated on 23 September 2015. These events greatly destabilized the transitional Government, and the elections planned for October had to be postponed. In view of the situation, a United Nations Light Team was deployed to Burkina Faso in line with the Human Rights up Front (HRuF) Initiative, in order to monitor the situation in close coordination with the Resident Coordinator (RC) and the UN Coordination Team (UNCT). UNICEF Burkina Faso engaged in discussions with the UN Light Team and worked closely with them as part of the early warning mechanism and emergency preparedness. The UN Light Team met with UNICEF Burkina Faso Child Protection specialists and partners to objectively assess response capacity and the level of preparation for the elections, and to determine challenges in child protection during political and social transitions, as well as with human rights and security. In order to provide immediate assistance to children affected by the failed coup, UNICEF Burkina Faso activated its standby agreement with the National Red Cross of Burkina to prevent and assist 24 children separated from their families during the September crisis.

Summary Notes and Acronyms

ACT- Artemisinin Combination Therapies
BCP- Business Continuity Plan
C4D- Communication for Development
CFS- Child Friendly School
CLTS- Community-Led Total Sanitation
CHW- Community Health Worker
CMAM- Community Management of Acute Malnutrition
CMT- Country Management Team
CPD- Country Programme Document
CO- Country Office
CPPN- Child Protection Provincial Network

CSOs- Civil Society Organizations
DCT- Direct Cash Transfer
ECD- Early Childhood Development
EPAS- Electronic Performance Appraisal System
GAM- Global Acute Malnutrition
HACT- Harmonized Approach to Cash Transfers
HRAP- Human Rights Based Approach to Programming
HSS- Health Strengthening System
HPV- Human Papillomavirus
ICCM- Integrated Community Case Management
ICT- Information Communication Technologies
IMAM- Integrated Management of Acute Malnutrition
IMERP- Integrated Monitoring Evaluation and Research Plan
IMSAM- Integrated Management of Severe Acute Malnutrition
IYCF- Infant and Young Child Feeding
JICA- Japan International Cooperation Agency
KAP- Knowledge Attitude and Practice
LTA- Long-Term Arrangement for Services
MAM- Moderate Acute Malnutrition
M&E- Monitoring and Evaluation
MORSS- Minimum Operating Residential Security Standards
MOSS- Minimum Operating Security Standards
MoU- Memorandum of Understanding
NGO- Non Governmental Organization
OECD- Organization for Economic Co-operation and Development
OMT- Operation Management Team
ORE- Other Resources for Emergencies
ORR- Other Resources
PBA- Programme Budget Allocation
PER- Performance Evaluation Report
PETS- Public Expenditure Tracking Survey
PF4C- Public Finance for Children
QCFS- Quality Child-Friendly Schools
RR- Regular Resources
RUTF- Ready to Use Therapeutic Food
SAM- Severe Acute Malnutrition
SitAn- Situation Analysis
SUN- Scaling-Up Nutrition
UNCT- United Nations Coordination Team
UNDSS- United Nations Department of Safety and Security
UNEG- United Nations Evaluation Group
UNDP- United Nations Development Programme
UNFPA- United Nations Population Fund
UNHCR- United Nations High Commissioner for Refugees
USAID- United States Agency for International Development
WASH- Water, Sanitation and Hygiene
WHO- World Health Organization

Capacity Development

Working towards Harmonized Approach to Cash Transfers (HACT) compliance as per the Field Results Division recommendations, UNICEF Burkina Faso assessed its implementing partners' capacities through micro-evaluation, spot checks and programme visits. Results revealed room for improvement in the management of financial resources for efficiency in the programme results of implementing partners. In response to these needs, programme sections and operations jointly facilitated training workshops for 64 managers (four women) of social services in the child protection system and of child protection in emergency. This was also the opportunity to initiate training of these partners in social norms, human rights-based approach, results-based management, and financial and supply procedures. Training on social norms were made possible thanks to the six UNICEF Burkina Faso staff who attended the UNICEF training of social norms in Pennsylvania, who in turn provided training and technical assistance to integrate social norms in programme planning, implementation, monitoring and evaluation.

To support the scaling-up of Quality Child-Friendly Schools (QCFS), UNICEF Burkina Faso trained and sensitized 825 teachers and head teachers on QCFS strategy and contributed to the publication and dissemination of the QCFS training manual.

In Health, in order to accelerate extension of Integrated Community Case Management (iCCM), UNICEF Burkina Faso supported the set-up of coordination mechanisms of community-based health interventions, the revision of management tools and trained 5,534 Community Health Workers (CHW) among whom 2,752 received essential commodities. Four hundred health providers and 468 CHWs were trained in new-born home-based care. Civil Society Organizations (CSO) involved in Health Strengthening System (HSS) programmes were supported to develop iCCM model for malaria, HIV/AIDS and tuberculosis. The implementation of the IYCF scaling-up plan was supported through training of 1,108 health providers; 618 health providers and 528 CHWs supported the implementation of Integrated Management of Acute Malnutrition (IMAM) updated protocol.

To boost Community-Led Total Sanitation (CLTS), UNICEF Burkina Faso trained technical services and NGO staff in 13 regions in CLTS facilitation and in managing quality research in menstrual hygiene.

Evidence Generation, Policy Dialogue and Advocacy

In 2015, UNICEF Burkina Faso supported the Government in conducting a participatory equity-based and risk-informed Situation Analysis (SitAn). The SitAn process was an important experience to understand the main patterns and drivers of child poverty and exclusion, and as a tool to trigger policy dialogue in order to develop effective responses to address multidimensional child poverty. The CO also supported a Knowledge Attitude and Practice (KAP) survey on essential family practices to track progress in the implementation of the integrated package services delivered at community level in five regions (Nord, Plateau Central, Sahel, Cascades, and Est). The KAP results will be key for the programme planning of the next Country Programme cycle. A similar study was conducted in partnership with USAID's Resilience and Economic Growth in the Sahel (REGIS-ER) and the Alive & Thrive Initiative to extend the IYCF services in two other regions. These surveys confirmed the positive trends of key indicators and allowed to identify the remaining challenges and bottlenecks in Community for Development (C4D) interventions in support to essential services delivery.

Strategic advocacy helped improve the social protection floor with the vote in September 2015

of a Universal Health Care Insurance in Burkina Faso by the transitional parliament. The law is now pending promulgation by the newly-elected President.

To improve governance at different levels, UNICEF Burkina Faso in partnership with CSOs initiated and implemented a project to strengthen social accountability and citizens' control of public expenditures targeting 70 rural municipalities where education indicators are particularly low according to the results of the UNICEF-funded Public Expenditure Tracking Survey (PETS). The end result is to promote community-led, bottom-up and demand-driven accountability initiatives that can make an important contribution towards increasing the budgetary allotments and spending, and to make them more effective and efficient to child rights realization.

Partnerships

To maximize the results for children and scale up interventions in an integrated manner, UNICEF Burkina Faso built and strengthened strategic and long-term partnerships, of which three can be highlighted.

A multi-partnership was conceived by UNICEF Burkina Faso in line with the Integrated United Nations Strategy for the Sahel, targeting 151 CFS in the Sahel Region to provide quality education and build resilience of communities through education. The interagency joint plan was launched by UNICEF, FAO, WFP and JICA in April 2015. In this dynamic plan of US\$ 3.4 million for 2015, each agency brings a package of services according to its comparative advantage covering the areas of education, sanitation, hygiene, food and nutrition and protection for children with focus on those of school-age.

Second, within the framework of Scaling-Up Nutrition (SUN), UNICEF Burkina Faso and partners continued to support the Government to better design and implement the multi-sectoral approach to reduce various forms of malnutrition and contributed to reach relevant strategic results, including: set up the UN network for SUN; co-facilitated the creation of civil society, academic and private networks for SUN; contributed to the national and regional mapping of stakeholders and nutrition interventions; finalized the common result framework for reducing various forms of malnutrition; assessed both nutrition-specific and nutrition-sensitive investments from 2011 to 2014 through a partnership between UNICEF Burkina Faso, Development Research Institutes and the University of Montpellier.

During the failed military coup in September, prevention of violence against children (VAC) during an emergency, and assistance to those in need, was possible thanks to UNICEF and the National Red Cross partnership. This partnership triangulated field interventions to prevent and respond to family separation, resulting in the reunification of children who were separated from their families and provision of medical assistance and psychosocial support to those in need.

External Communication and Public Advocacy

Four advocacy campaigns were organized to support the abandonment of child marriage that targeted 2,174 city counsellors and more than 1,600 traditional and religious leaders. The leaders made solemn, written commitments. Sahel, Centre-Est, Boucle du Mouhoun, Centre and Centre-Ouest regions were chosen for advocacy and awareness-raising on this issue as the most affected areas of the country. The channels chosen are the most influential in the communities as far as social norms and social changes are concerned.

UNICEF Burkina Faso participated in the Panafrican Film Festival of Ouagadougou

(FESPACO). A Cameroonian filmmaker won the UNICEF Burkina Faso Award for his film “Damaru” depicting violence against children in Africa.

UNICEF Burkina Faso supported the 2015 edition of the “Tour du Faso”, a ten-day bicycle race with the objective to raise awareness of child marriage. More than 90 athletes competed and followers and viewers were estimated at around four million people. Daily updates and interviews were produced in the nation’s most important newspapers as well as television and radio broadcasts, including international media such as TV5 MONDE, Canal +, French television group. German TV Dutch Welle broadcasted the news in bulletins and in a daily thirteen-minute evening programme throughout the event.

Child Parliament was renewed in 2015 with UNICEF Burkina Faso support. It is composed of 126 members (63 girls and 63 boys between the ages of 10 and 15). Previous members of Child Parliament, adolescents and young adults, played a major role in recent political events. They were on the front lines of the 2014 insurrection against the violation of the constitution, as well as in recent presidential and legislative elections. Mobilized in youth organizations, they made sure that the new political environment shift public policy for children. They are strongly committed to, and very aware of, children’s and young people’s rights.

South-South Cooperation and Triangular Cooperation

UNICEF Burkina Faso made progress over the past year on performance-based budgeting reforms. The Country Office (CO) yielded critical results on transparency, effectiveness, efficiency and the impact of public spending for children in different sectors including health, education, social protection, water and sanitation. Based on this successful experience, the CO co-facilitated a regional workshop that resulted in capacity-building in Public Finance for Children (PF4C) and the elaboration of a road-map for promoting PF4C in 15 countries of West and Central Africa.

UNICEF Burkina Faso supported capacity-building of the CSO Forum of African Women Educationalists (FAWE) in the Republic of Congo in order to promote girls’ education. This contributed to: the elaboration of FAWE’s triennial action plan for girls’ education; the setup of an inter-ministerial steering committee that will guide the formulation of the national strategy for girls’ education and training in gender approach and gender sensitive pedagogic approach.

The CO provided support to Chad in developing the community health strategic plan for 2015-2018 under the leadership of WHO and with the participation of NGOs and associations involved in community health. In support to the Niger Ministry of Health, the CO facilitated a national forum on CHW’s motivation. Six countries participated in the forum that contributed to the development of a consensual model for CHW motivation; the identification of sustainable funding sources; and the definition of guiding principles for the implementation and monitoring.

UNICEF Burkina Faso supported the Government of Tanzania, under the leadership of the Tanzania Food and Nutrition Centre with the effective participation of CSOs and ministries involved in the nutrition response, to develop an Integrated Management of Severe Acute Malnutrition (IMSAM) Plan (2016-2021) following a participatory approach and setup a multi-sectorial taskforce for coordinating the implementation of the IMSAM plan.

Identification and Promotion of Innovation

UNICEF Burkina Faso and the Government of Burkina Faso were involved in the preparation to launch the U-Report in order to build dialogue with and among adolescents and young people on issues that matter to them. UNICEF Burkina Faso provided technical and financial support to the Youth Ministry and signed agreements with the mobile technology software “Nyaruka” and a local aggregator for RapidPro and U-Report. The project will connect at least 10,000 adolescents/young people from all social origins to U-report. It is also planning to conduct 24 surveys on specific issues related to children and youth, especially the most disadvantaged ones. UNICEF Burkina Faso also started developing mHealth project aiming to improve indicators at the community level, strengthen the productivity of CHWs and increase the attendance rate for Integrated Management of Child’s Illness.

UNICEF Burkina Faso initiated a pilot project with the Ministry of Water Resources to create a school water supply system using solar energy. The system uses a regular hand-pump that is driven by a solar-powered pumping mechanism and equipped with an elevated water reservoir. Water is pumped to the reservoir and then fetched at a tap. Pupils no longer have to pump water themselves, which will create more time for leisure and learning activities, and also reduce maintenance and replacement costs. UNICEF Burkina Faso provided 15,200 solar lamps to primary school pupils in remote rural areas, in order to increase learning time for children and motivate them for education.

Service Delivery

UNICEF Burkina Faso continued to support the network of 22 Child Protection Provincial Networks (CPPN) out of the expected 45 CPPN. These networks bring together education, health, justice, security and social-action duty bearers, and use case management tools to assist 638 children affected or at risk of abuse, violence and exploitation.

In health and nutrition, the implementation of malaria and diarrhea treatment, with Artemisinin Combination Therapies (ACT) and Oral Rehydration Therapy (ORS)+zinc is on-going. With UNICEF Burkina Faso support, 856,907 ORS+zinc kits were provided to health facilities and community sites managed by CHWs, and 152,796 cases of under-five children were treated using ORS+zinc, ACT and antibiotics. Support was provided to maintain vaccination coverage with the provision of vaccines and cold-chain resulting in 99 per cent coverage of Pentavalent3. With UNICEF Burkina Faso support, the following was achieved: the introduction of HPV vaccine to two pilot districts; 91,843 children suffering from SAM were treated; 11,110 skilled CHWs delivered an integrated package of IYCF services to 330,520 pregnant women and 504,927 lactating women; 25,524 children (age six to 23 months) received multiple micronutrient powder through home food fortification interventions; and 5,998,763 children (age six to 59 months) were supplemented with vitamin A.

On Mother-to-Child Prevention of HIV, UNICEF Burkina Faso supported the implementation of Option B+ in 26 districts by building capacity of providers and providing test kits. Eight-three per cent of pregnant women, and 6,072 new-borns, were tested; 94 per cent of pregnant women living with HIV received treatment (compared to 62 per cent in 2014).

On Water, Sanitation and Hygiene (WASH), 59,000 community members were provided with household toilets, and 27,600 community members in 92 villages received access to new and improved water points. Eighty-six schools and 31 health centres accessed a new water point; 20 schools and 20 health centres received latrines; and 292 schools and 40 health centres

received hand-washing facilities. In response to floods, 200 WASH kits were distributed to families.

Human Rights-Based Approach to Cooperation

UNICEF Burkina Faso supported national authorities in building capacity to gather data, and to improve reporting duties to national and international treaty bodies related to children's rights. UNICEF Burkina Faso closely worked with the inter-ministerial National Council for Children led by the Ministry of Social Action and National Solidarity to assess data collection capacities of the line ministries, and supported the revision of data collection tools. In collaboration with the National Council for Children, UNICEF Burkina Faso convened a forum of experts from the Child Protection Programme Learning Group, National Institute of Population Sciences, National Institute of Statistics and Demography and Ministry in Charge of Research in order to reinforce data collection, analysis and reporting mechanisms on children's rights.

The Human-Rights Based Approach (HRAP) was used to develop a national strategy 2015-2025 and its national action plan to accelerate the abandonment of child marriage. Jointly with governmental and civil society partners and for the gap analysis, UNICEF Burkina Faso contributed to the identification of strengths and weaknesses of stakeholders, using the problem tree model results. These analyses enabled governmental counterparts to support and refine the approach to address child marriage issue. The strategy and the action plan were adopted by the Ministerial Cabinet. A multi-sectoral platform was created to operationalize the strategy and the action plan.

UNICEF Burkina Faso supported the Ministry of Education in developing and validating a National Strategy for Inclusive Education for children living with disabilities. The first step of the process consisted in further analysing data obtained from the census of children with disabilities initiated by UNICEF Burkina Faso in 2013 and finalized in 2014. The census revealed social traditions and beliefs that hinder children with disabilities. The National Strategy will help the realization of their fundamental rights.

Gender Mainstreaming and Equality

UNICEF Burkina Faso continued to support policies and awareness-raising towards the abandonment of child marriage and harmful practices, as well as the promotion of equal access to opportunities for young boys and girls. Significant results were yielded in 2015 with the development and adoption of a National Strategy on Prevention and Elimination of Child marriage (2015-2025) and its related Action Plan. A multi-sectorial platform that will operationalize the Strategy was also adopted by decree, giving opportunity to strengthen synergies for more efficient response. In the last semester of 2015, 952 children at risk of child marriage (15 boys and 937 girls) were provided with financial support to continue their education or vocational training in six regions.

More than 1,600 traditional, community and religious leaders and 2,174 counsellors were sensitized on the negative impact of child marriage on the future of girls in Sahel, Centre-Est, Boucle du Mouhoun, Centre and Centre-Ouest (the most affected regions). The sensitization was done through campaigns that strengthened the leaders' capacities to play their highly recognized role in the communities, as far as social norms and social changes are concerned.

To support girls' education, a press caravan was organized which helped to reach community and religious leaders and the population with strong messages designed to maintain girls at

school until the secondary level. In collaboration with the Government, a scholarship was instituted in order to maintain girls at school. This support resulted in over 100 girls having access to secondary schools.

Based on the UNICEF Burkina Faso Strategic Plan 2014-2017 and Gender Action Plan, the CO finalized a gender gap analysis to identify keys for a successful programming. A gender specialist was recruited at NOD level and will be dedicated to support the CP planning process and further interagency partnerships to promote gender equality.

Environmental Sustainability

Initiatives that contribute to environmental sustainability were conducted in 2015 under the Education Programme. Eighty teachers (10 women and 70 men) in 40 primary schools in the Plateau Central region were trained in school gardening with focus on composting and manure pits. UNICEF Burkina Faso also provided these schools with materials so that school pupils can learn how to look after the plants in the school gardens. Twenty schools in the Sahel Region also received school gardening materials and 60 teachers from those schools received a similar training. This activity was conducted in partnership with the FAO.

Children's sense of responsibility to the environmental sustainability was inspired through the World's Largest Lesson (WLL) sensitization activities conducted during the year, which included projection of the WLL film in three CFSs of reference in Niéga, Béhéléde and Zorgho communes in the Plateau Central region, reaching at least 1,122 children and 187 adults (teachers and community members in school management committees). The film was followed by debates in which some children made public resolutions such as: "I will plant trees and tell my parents to cook with improved stoves"; "I will no longer throw away plastic bags on the streets" and "I will not cut any trees." Given the popularity of the film and its impact on children's awareness, UNICEF Burkina Faso will continue its distribution while extending school gardening activities in additional schools in 2016 and beyond.

Effective Leadership

In the effort to improve operations and programme management performance in 2015, the Country Management Team (CMT) strengthened the office mechanisms for conducting programme visits and reporting the findings, and for conducting spot-checks and end-user monitoring and implementing the recommendations. While the spot-check missions were formally planned and documented based on a formal tool, there was no formal tool used to assess progress of the achievements of planned programmatic results. To correct this weakness, the CMT developed and began to use a new, integrated programme visit and spot-check procedure in order to jointly conduct the missions in a structured and consistent way. To this end, a guidance note was developed on how to use the new tool and to report on quarterly basis on the status of the implementation of recommendations in addressing weaknesses identified during these missions. Both programme and operations staff were trained. The integration of both the programme visits and the spot-check missions were less cumbersome for partners and UNICEF Burkina Faso staff, and were more efficient and provided greater overview on financial and technical capacities of implementing partners. The end-user monitoring missions undertaken jointly with partners and beneficiaries were very productive and permitted appropriate use of distributed supplies.

The CO conducted a BCP simulation exercise facilitated by the regional BCP specialist, who reported the overall result of the exercise as very satisfactory. The lessons learned were

incorporated in the BCP document. The CO completed a risk and control self-assessment led by the Officer of Internal Audit staff during her mission assignment in September 2015. With regard to risk management, the CO identified 10 areas of significant risks in 2015 for which a mitigation response action plan was developed and monitored. The CO held its two-day annual management review on 14-15 December, during which the relevance of the mitigation measures to manage identified risks were assessed as highly appropriate.

Financial Resources Management

In 2015, the CMT tightened the oversight of fund allocation to each programme component to ensure a full consumption of allocated grants within their expiry dates. Dynamic regular resource reallocation between programme components was implemented throughout the year based on the resource consumption patterns. Subsequent to this tight budget control by the CMT, 99 per cent of Regular Resources (RR) and 94 per cent of Other Regular Resources (ORR/ORE) were spent. Efforts were made to timely disburse and liquidate Direct Cash Transfers (DCT) to implementing partners. DCTs outstanding over nine months were kept under five per cent in 2015.

To maintain reliable and transparent management of the utilization of its resources, the CO conducted a risk and control self-assessment. Its objective was to safeguard financial and other assets by using the findings to improve financial and administrative systems and procedures. The implementation of the recommendations from this Risk and Control Self-Assessment were closely monitored by the CMT.

To achieve more efficient programme operations, the CO conducted a market survey to widen the variety of commodities available to procure locally, and to identify local vendors for signing Long-Term Arrangement for Services (LTAs). This will ensure significant long-term cost savings and efficient benefits to the organization by shortening the bidding time and greatly enhancing the local procurement process.

Fund-raising and Donor Relations

By the end of 2015, the programme budget stands at US\$ 43,851,459 against the US\$ 28,319,000 Country Programme Document (CPD) approved ceiling for 2011-2016. The amount is broken down into: US\$ 16,868,980 RR; US\$17,931,861 ORR; US\$ 9,050,618 ORE. Of the funds, 95 per cent of allocated RR; 87 per cent of ORR; and 93 per cent of ORE were used.

The CO exceeded its fundraising target for 2015 for the regular programme with mobilization of US\$17,931,861 compared to the targeted US\$13,170,000 planned in the CPD.

Fundraising to cover humanitarian crises linked to the on-going Malian refugee crisis, the recurrent nutrition crisis, floods, political crisis and Ebola prevention continued to be challenging in 2015. The CO was able to secure US\$ 6,399,297 against the US\$ 23,247,700 required, with a funding gap of 74 per cent.

The CO strengthened the Resource Mobilization Committee with more staff in order to stay abreast of and leverage fundraising opportunities. The committee assured quality donor reports, funding proposals and other informational material. High standard relationships with donors were maintained, including response to regular queries providing human interest stories and other information as required by the NatComs and the donors. The tool kits for WASH, Nutrition and Education were updated regularly. Special media activities were carried out, including one

in the Sahel Region involving the Ambassador of Japan and shared with the Government of Japan which funded resilience-related activities. UNICEF established a Zone Office in the Sahel Region to work with communities and local authorities, and in coordination with other UN agencies, in line with UN Strategy for the Sahel.

Of the 32 reports due in 2015, 99 per cent were delivered on time. No negative feedback from donors was received. The status of the financial programme implementation, donor reporting, and expiring PBAs was monitored monthly in the Programme Team and CMT meetings, and benchmarks were reviewed.

Evaluation

UNICEF Burkina Faso finalized its 2015 Integrated Monitoring Evaluation and Research Plan (IMERP) and realized most of the planned activities, including six studies: Community Management of Acute Malnutrition (CMAM), IYCF, micronutrient fortification, governance in the nutrition sector, iodine testing and inclusive education. Two evaluations---Community-based Management of Child Illnesses and QCFS---were also completed. In addition, the CO supported the strengthening of the national monitoring and evaluation system with the review of CMAM scaling-up plan and the organization of National Evaluation Days that contributed to revive dialogue on institutionalization of evaluation of public policies. The climate of instability caused by political crises delayed the IMERP implementation.

The evaluations commissioned by the CO were rigorously managed to adhere to Organization for Economic Co-operation and Development (OECD)/United Nations Evaluation Group (UNEG) quality standards, under the leadership of the Government with the full support of the Monitoring and Evaluation (M&E) unit. This collaboration between Government and UNICEF helped improve participation, objectivity, impartiality and the usefulness of recommendations yielded. These evaluations also constitute an opportunity for strengthening national evaluative capacities. Management responses are elaborated on, following a participatory approach with key actions to gain engagement and ownership.

Main conclusions and recommendations of the evaluations realized from 2011 to 2015 were shared during the advanced review of the Country Programme, and used to feed reflections on strategic orientations for 2016-2017.

The validation workshop of the QCFS evaluation was an opportunity to boost leadership of the Ministry of Education. Teachers, trade unions, NGOs and technical and financial partners were involved in an in-depth reflection on students' challenges in reading and mathematics, and to commit different actors in adopting appropriate corrective measures to alleviate bottlenecks. The restitution of evaluation of child labour in mines was an opportunity to develop partnership with mining firms and community-based organizations in order to create an enabling environment for effective protection and promotion of child rights.

Efficiency Gains and Cost Savings

As in the previous year, UNICEF Burkina Faso participated in the Joint UN Operations Management Team (OMT) and task forces (e.g. ICT, finance, and procurement). The OMT issued several tenders for banking, travel and security services in 2016. Subsequent to a banking services survey completed with the support of UN Headquarters Treasury Department, the CO obtained better bank charges and rates with ECOBANK and a contract was signed to formalize the agreed charges and rates. For example, the funds transferred to implementing

partners are now executed without charges. With OMT's negotiation, the SATGURU Travel Agency now provides a three per cent rebate on all official air tickets for UN agencies. UNICEF Burkina Faso jointly outsourced various services such as vehicle maintenance and security services and continued to use cost-saving technology solutions relevant to its operations, such as videoconferencing on Skype. With awareness to reduce its environmental impact, the CO took the necessary measures to ensure energy saving and reduction of carbon foot print. In the Zonal Office in Dori/Sahel Region (a vulnerable region), the CO implemented a solar power system for all ICT equipment and emergency lights. Staff deployed in the zone office can work off the power-grid, increasing efficiency in contributing to the wellbeing of children.

UNICEF Burkina Faso played a lead role in working with the Government, UNDP and UNFPA to overcome remaining HACT challenges, such as joint micro-assessments and audits of implementing partners, and thus strengthening accountability among them. The UNICEF HACT Management Committee chaired by the Representative will continue to play a major role in this endeavour.

Supply Management

In 2015, UNICEF Burkina Faso procured US\$ 41,142,637 of supplies, of which US\$ 25,660,344 were procurement services (representing 64.1 per cent of the total value of programme procurement). Local programme supplies represented 25.3 per cent, of which 40.2 per cent procurement of Ready to Use Therapeutic Food (RUTF) purchased with InnoFaso and programme services represented 10.6 per cent.

In line with the office supply strategy, efforts focused on local market by ordering locally 50 per cent of the Nutrition Supply Plan. The CO signed a new protocol for the next two years with the National Procurement Centre for Essential Generic Medicines that allows transfer all nutrition stocks for storage and distribution. This integration of the supply chain and logistics of nutrition supplies in the health system enabled the incorporation of SAM programme into the health system and provided the opportunity for the Government and partners to focus more on monitoring and evaluating the use of nutritional supplies. The supply team was reinforced by the recruitment of a new logistic officer, who helped strengthen stock management and distribution of supplies to partners.

In terms of UN collaboration results, the new local market survey will contribute to the setup of an interagency roster for local suppliers. Four new LTAs were established for local transit firms for all UN agencies.

Inventory Controlled	Value in US\$
Value of stock issued in 2015	6, 888,152
Current stock value (as of January 2016)	1, 077,255
Total stock managed in controlled warehouse	7, 965,407

Security for Staff and Premises

A tense political transition resulted from threats including the recent coup, the pre-eminence of terrorism across the border with Mali, and a general popular discontent caused by the slow pace of the judiciary. These crises threatened the UN neutrality and security, and the CO with the UN Security Management Team took appropriate steps to strengthen the Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORSS)

compliance for ensuring safety and security of staff and premises. All office premises and international staff residences were assessed and upgraded to be MOSS and MORSS compliant. Necessary remedial actions to fix gaps in the Access Control System were completed, and fire safety measures were taken.

The situation remained relatively calm throughout the period, despite disruptions to the political transition subsequent to the popular insurrection of 30 and 31 October 2014. However, the political transition was supposed to end by the elections planned for October 11, 2015. This was disrupted by a violent military coup perpetrated by the RSP on 16 September 2015 that lasted 10 days and brought the country to the brink of civil war. Civil resistance, eventually supported by regular armed forces and a strong pressure from the international community, halted the coup and led to the dismantlement of the RSP. The UNICEF Burkina Faso BCP was immediately triggered on 17 September and its communications component was at the centre of security management throughout the crisis. All 97 UNICEF Burkina Faso staff members and their families remained in contact and accounted for during the period.

The Security Level remained at level two in Burkina Faso throughout 2015. All UNICEF Burkina Faso field missions were carried out normally in close coordination with United Nations Department of Safety and Security (UNDSS) local team. Regular monitoring of the situation was on-going to ensure that the appropriate security measures were taken on a timely basis.

Human Resources

In 2015, a staffing adjustment was undertaken by the CO to achieve efficiency and transparency in management, and with implementation and monitoring of the Country Programme. To achieve this, a transparent recruitment process for the zone office of Dori provided ample opportunities to internal and external candidates.

Human Resource (HR) management focused on the development and implementation of a cohesive HR development plan. The results of the Global Staff Survey were shared during the April 2015 staff retreat. An Office Improvement Plan/Staff Survey Action Plan was developed in response to key findings from the staff surveys and monitored by the JCC committee that met six times in 2015. The office training plan was established based on the submission of individual learning plans. Training activities and development programmes were designed based on staff requests as well as the supervisors' recommendations, taking into account skill set and competency mapping of all staff and the US\$ 100,000 allocated for staff professional development activities, that was fully utilized. Ten exchange or stretched assignment missions were realized to support other offices and professional development of staff members. All these opportunities contributed to strengthen staff morale and increase motivation.

The CO instituted an Electronic Performance Appraisal System (ePAS)/Performance Evaluation Report (PER) day to ensure timely completion for all staff. Fifty per cent of final e-PAS and PERs for 2014 were submitted by end of February 2015. For 2015 PAS Cycle, completion rates vary from 100 per cent for the planning phase, to 98 per cent for the mid-year review. The final evaluation is in process. Ethics and integrity online trainings were done by all staff and a face-to-face training is planned in 2016. The CO has two UN Cares focal points who are part of the UN Learning Team on HIV/AIDS in the workplace.

Effective Use of Information and Communication Technology

In 2015, the cloud-based office automation tools contributed to the effectiveness and efficiency of programmes. The implementation of One Drive secured staff documents and facilitated remote access on alternative devices. Lync proved to be a reliable communication tool to reach UNICEF Burkina Faso staff everywhere. Team Viewer 8 offered an additional capability for ICT staff to support staff regardless of their location. This proved to be effective during the military coup of September when all staff successfully worked from home. Having the e-mail and critical documents on the cloud was a relief in such circumstances.

Tremendous effort was made by the CO to increase its presence on social media. UNICEF Facebook, Twitter, Instagram and YouTube accounts were active communication tools that were effective in providing more visibility to programme interventions and success stories from the field. The CO decision to deploy RapidPro/Ureport opened an occasion to make government counterparts, NGOs, youth entities and UN agencies aware of the potential of this tool in gathering facts that can guide the implementation of programme interventions.

The UNICEF Burkina Faso's health programme implemented mhealth to boost performance of community health services. The reduced ICT infrastructure opened new opportunities for ICT staff to provide more support to programme sections and operations' units. The ICT unit developed an electronic roster through SharePoint for Human Resource Unit to streamline the recruitment process and work collaboration. The participation of the ICT specialist in the UNICEF Leadership Development Programme was an opportunity to design a new grading system using visual images that enable illiterate parents to monitor school performance of their children. Three pilot schools were enrolled in the process of testing this system in three districts, in collaboration with the Education Programme.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Economic and social policies and programmes are monitored, results based and contribute to the reduction of disparities, vulnerabilities and poverty of children and women

Analytical Statement of Progress:

Within the framework of the preparation of the next programme cycle, UNICEF Burkina Faso realized an assessment of gender mainstreaming in programming. This assessment contributed to the definition of a consensual strategy and an action plan for guiding gender mainstreaming in formulation, implementation and monitoring and evaluation of programme interventions.

UNICEF Burkina Faso also continue its support to the Common Gender Funds for advancing the equity agenda through a better coordination of gender interventions particularly advocacy and capacity-building activities and leveraging of resources for supporting the implementation of civil society organizations gender project that aim: (i) raising consciousness of sexual and reproductive health in the school environment to reduce the risks of adolescent girls to early and unwanted pregnancies that force them to leave school and even their families; (ii) building on previous masculinity approaches successfully implemented in Burkina Faso, 'Male Ambassadors', sensitize men to empower them in the fight for the education of girls in Burkina Faso. Both projects will be implemented in areas in the three regions (Sahel, North, East) targeted by UNICEF Burkina Faso; (iii) strengthening men's and women's understanding on

gender relations and the issues of rights and equity; (iv) strengthening women participation in decision-making bodies (local authorities and political parties); (v) supporting the fight against social exclusion and violence against women; women accused of witchcraft in Burkina Faso.

OUTPUT 1 The research, analysis and advocacy on poverty, social protection, public expenditures and financial access to social services contribute to the elaboration, implementation and monitoring and evaluation of social and economic policies for achieving the rights of women and children

Analytical Statement of Progress:

UNICEF Burkina Faso played a leading role in supporting the Prime Ministry and the Permanent Secretary of the National Council of Social Protection (SP/NSPP) to operationalize the policy so as to address the weak coordination and institutional framework deficits. A consensual methodology for a national single registry of vulnerable groups was drafted with UNICEF Burkina Faso support, and endorsed by the NSPP in June with the lead by the Prime Minister. Technical support and advice were provided to the SP/NSPP and permitted the finalization of keys indicators to track progress as well as the dissemination of the Policy in national languages.

UNICEF Burkina Faso worked closely with the World Bank in implementing the national cash transfer programme in three regions, a safety net programme targeting 50,000 households for the next three years. After having completed its round, UNICEF Burkina Faso transferred in July 2015 the lead of the Sectorial Consultation Group on Social Protection to the Delegation of European Union but kept giving support for the optimal functioning of this platform of technical and financial partners.

UNICEF Burkina Faso in collaboration with Laval University (Canada) and CEDRES (Joseph Ki Zerbo University of Ouagadougou) set up in 2015 a community-based monitoring system based on the participatory child poverty analysis undertaken in 2015 in three regions (Sahel, North, East) which raised awareness and understanding of poverty perceptions by the communities. The monitoring system was used to influence local development planning (“Plans Communaux de Developpement”) so as to make them more inclusive and child sensitive.

In order to strengthen bottom-up and demand-driven accountability initiatives through citizen control and accountability of public expenditure in social sectors (WASH, health, education and child protection), the CO expanded the project coverage to 70 municipalities. This project raised education sector indicators including an average of 3.5 per cent gross enrolment rate, an increase of 1.2 per cent completion rate as well as a better implementation of the budget allocated to the education sector with an increase in the absorption rate averaging 10 per cent.

OUTPUT 2 By the end of 2015, (disaggregated) quality data and analyses on the evolution of the situation of women and children are available, used and regularly updated

Analytical Statement of Progress:

UNICEF Burkina Faso is finalising a participatory, equity-focused and right-based situation analysis (SitAn) under the leadership of the Government with the effective involvement of civil society organizations, government technical services and technical and financial partners (UNFPA, UNDP, FAO) and relevant stakeholders including children represented by members of

the Youth Parliament and Disabled Students Association. The finalization of the SITAN document was in process to capitalize the updated information generated by recent surveys and studies.

Preliminary results of the Continuous Socio-Demographic and Health Survey contributed to knowledge on progress of realization of child rights and reduction of gender, geographic and socio-economic disparities to serve as a baseline for the national framework for accelerating economic growth and sustainable development (SCADD) and programme outputs during the upcoming two years (2016-2017). It will facilitate the evaluation of policies and programme performances in social sectors. Evidence and knowledge gained from the evaluations realized during the programme cycle (2011-2015) were shared and effectively used for guiding the reflection on strategic orientations of the Country Programme for 2016-2017.

To guide the formulation of the new UNDAF and country programmes, 2 evaluations of innovations supported by UNICEF Burkina Faso on community-based health services for accelerating maternal and neonatal mortality and on CFS, 2 surveys on socio-demographic and health indicators and Key Family Practices, 1 review of the IMCI scaling-up plan, 7 studies were finalized in order to generate evidences on inclusive education, child nutrition, inequalities in access to education and health services and water treatment. Within the framework of the celebration of the "Evaluation Year (2015)", the second edition of the national evaluation days was organized with a joint support from UNICEF Burkina Faso, UNFPA and UNDP was an opportunity to strengthen national evaluative capacities and advocate for the improvement of evaluation practices and the institutionalisation of evaluation of public policies.

During the two upcoming years the focus will be on strengthening the national statistics system for regular generation of evidence on women and child rights and equity and for closing the gap of knowledge in cross-cutting issues such as adolescence, peri-urban localities etc. The focus will also be on supporting the process of institutionalisation of evaluation of public policies.

OUTPUT 3 Programme partners at central and decentralised levels apply results based management, human rights based approach, gender and emergency response preparation for planning, implementing and monitoring policies and programmes

Analytical Statement of Progress:

Within the framework of the preparation of the next programme cycle, UNICEF Burkina Faso realized an assessment of gender mainstreaming in programming. This assessment contributed to the definition of a consensual strategy and an action plan for guiding gender mainstreaming in formulation, implementation and monitoring and evaluation of programme interventions.

UNICEF Burkina Faso supported the Common Gender Funds for advancing the equity agenda through a better coordination of gender interventions particularly advocacy and capacity-building activities and leveraging of resources for supporting the implementation of civil society organizations gender project that aim to: (i) raising consciousness of sexual and reproductive health in the school environment to reduce the risks of adolescent girls to early and unwanted pregnancies that force them to leave school and even their families; (ii) building on previous masculinity approaches successfully implemented in Burkina Faso, 'Male Ambassadors', sensitize men to empower them in the fight for the education of girls in Burkina Faso. Both projects will be implemented in areas in the three regions (Sahel, North, East) targeted by UNICEF Burkina Faso; (iii) strengthening men's and women's understanding on gender

relations and the issues of rights and equity; (iv) strengthening women participation in decision-making bodies (local authorities and political parties); (v) supporting the fight against social exclusion and violence against women; women accused of witchcraft in Burkina Faso.

OUTCOME 2 By the end of 2015, the percentage of mothers, new-borns and children effectively using quality high impact interventions in health and nutrition increased, especially at community level.

Analytical Statement of Progress:

The immunization coverage for children under one year old were still very high in 2015 (>90 per cent) according to routine data. The new combined vaccine MR is already introduced into the routine immunization in 2015 for nine to 15 month old children in the whole country. The EPI external review in progress will give updated data to demonstrate the fruits of these efforts.

The proportion of U5 children sleeping under ITN is quite high following the 2013 LLINs universal coverage mass distribution that covered 96 per cent of the households nationwide. The malaria indicators survey (MIS) conducted in 2014, with its report launched in 2015, showed a coverage of 75 per cent which is near the target but with regional-based disparities. In order to significantly reduce malaria prevalence during the pick period, UNICEF Burkina Faso, and other partners supported the introduction of the Seasonal Malaria Chemoprevention (SMC) intervention for the under-five year old children.

Tremendous efforts were invested in strengthening community health activities with special focus on improving the coordination of interventions, ensuring quality of services, data collection system and going to scale. Support for community-based care of malaria and diarrhea for under-five children was maintained at 100 per cent of the country; community case management (CCM) of pneumonia was maintained in two districts throughout 2015. A scale up plan for the integrated community case management (iCCM) of the three major children killers was finalized and scaling up to 28 districts is planned for 2016. As means to improve care for pregnant women and address community based deaths of new-borns, a home-based care for pregnant women and new-borns package was introduced in three districts, with 468 community health workers (CHWs) equipped to offer this services.

UNICEF Burkina Faso played a key role in scaling up the application of the option B+ countrywide as well as strengthening the paediatric HIV care. UNICEF Burkina Faso supported 26/63 targeted districts.

Significant strides were made in 2015 on scaling up PMTCT with option B+ and paediatric care services: the option B+ was scaled up to 100 per cent of HIV sites. UNICEF Burkina Faso supported 26/63 districts. The major bottlenecks included the high number of HIV positive women and their children who get lost to follow, the refusal of testing and stock out of HIV test kits.

In all efforts, UNICEF Burkina Faso maintained strong and leveraged more partnerships with key partners for effective scale up of MNCH interventions and quality assurance. UNICEF Burkina Faso provided critical support in the development of the concept notes for GFATM's NFM fund and maintained strategic partnership with GAVI, BMGF, H4+ partnership, RMNCH Trust Fund as well as MI.

Regarding Nutrition outcome, at upstream level, UNICEF Burkina Faso strongly contributed to keep nutrition at the top level of the development agenda: support of SUN movement by setting-

up of networks (UN, civil society), leadership of the technical and financing partner working group, contribution to the development of MOU and action plan between FAO, WFP and WHO for building resilience through food security and nutrition, support to the organization of a national multi-sectorial workshop for accelerating stunting reduction that contributes to the strengthening of coordination, commitment and synergies of action from critical nutrition-sensitive sectors (Health, Food Security-Agriculture, WASH, Social Protection, Education, and Private Sector) in order to develop a common results framework in nutrition and to strengthen the existing multi-sectorial coordination platform for nutrition involving all the sectors (i.e. National Consultative Council for nutrition (NCCN)), contribution to preliminary partner discussions/meetings related to AGIR initiative on Resilience topic and support to the development of the Country Priority Document - AGIR on resilience by advocating on the critical role of nutrition for resilience-building.

At downstream level, UNICEF Burkina Faso contributed to increase coverage of nutrition interventions and services (IMAM, IYCF, vitamin A supplementation, deworming, USI) through the implementation of scaling-up plans and regular supervisions allowing to significantly decrease stunting prevalence (31.5 per cent in 2013 to 29.1 per cent in 2014) and improving IYCF indicators. A new national survey in progress will give the new data.

After a thorough review of the RAM indicators for health and nutrition programme conducted in December 2015, it was underscored that there was a dare need to review, add and remove as necessary some indicators so the retained indicators respond to the programme needs.

OUTPUT 1 By 2016, at least 50 per cent of new-borns, under-five children (girls and boys), pregnant women, and mothers have access to high- impact health interventions in health facilities and at the community level, with a focus on most disadvantaged regions.

Analytical Statement of Progress:

The targeted indicators were not yet achieved; however, there was a steady progress towards achieving them. The number of new curative contacts per under-five child per year increased from 1.2 in 2009 to 1.8 in 2015. The vaccination coverage for routine antigens remained high >90 per cent since 2011. Pentavalent3 coverage in children under one year old increased from 79 per cent in 2009 to 100 per cent in 2015. This was a result of equity-focused strategies to reach the children in hard to reach areas. In order to maintain the good coverage, UNICEF Burkina Faso assured the training of 13 regional and 63 district EPI managers in effective management of vaccines (EVM), repaired and equipped a cold room at the central level as well as procuring refrigerators and temperature monitors for the strengthening of the cold chain. No case of wild virus poliomyelitis was reported throughout 2015 as was the case since November 2009.

In the Sahel Region, 50,000 pregnant women and their future new-borns were protected against malaria through routine distribution of LLINs as part of antenatal care. Seasonal malaria chemoprevention was also implemented in two districts in this region (Dori and Sebba) since August 2015 and covered 100 per cent of 3-59 months children. Strategic partnership was also established to scale this intervention in 17 districts in 2015 and to all districts in 2016. This was very important in protecting children against malaria during the most critical pick malaria season.

The Management of diarrhea among under five children using ORS+Zinc rose from two regions in 2011 to all 13 regions (100 per cent in 2014). UNICEF Burkina Faso continued its support to

strengthen effective implementation in all the health centres and at community level countrywide. In the first semester of 2015, 167,861 children received treatment with ORS-Zinc kits.

In addition to diarrhea, community case management of pneumonia remained at a low scale in only two districts but a scale up plan was finalized for CCM of pneumonia to at least 28 districts in 5 regions (Boucle du Mouhoun, Centre-Nord, Est, Nord and Sahel) in 2016. As of end September 2015, 3,556 cases of pneumonia were reportedly managed for pneumonia in the two targeted districts (Barsalogo and Gourcy). This remains a priority for early 2016. UNICEF Burkina Faso also supported the introduction of the home-based care for pregnant women and new-borns by CHWs. By the end of 2015, three districts were implementing the package, providing access to service to over 68,200 pregnant women and over 56,800 new-borns.

The achievement of the indicator 4 target was the greatest challenge as only 25 per cent of pregnant women had received 4+ ANC services in the targeted regions as of September 2015. More effort is needed to improve activities around the delivery period as the best way to reduce neonatal mortality. A related challenge was the effective programme monitoring and coordination between the different structures in charge of the MNCH interventions within the MoH. UNICEF Burkina Faso will continue to provide necessary support in this regard.

OUTPUT 2 By 2016, at least 50 per cent of new-borns, under-five children (girls and boys), pregnant women, and mothers have access to high- impact nutrition interventions in health facilities and the at community level, with a focus on most disadvantaged regions in terms of nutrition.

Analytical Statement of Progress:

Between 2011 and 2015, the proportion of districts with more than 50 per cent coverage of SAM children increased from 48 per cent to 70 per cent. From January to October 2015, 80,454 children under five with SAM were admitted. SAM cure rates were 93.7 per cent for outpatient and 83.4 per cent for inpatient and death rates were 1.4 per cent for outpatient and 13.6 per cent for inpatient. These results were mainly due to the implementation of the national scaling-up plan for SAM management in all the 13 regions, continuous availability of RUTF, quarterly screening in all health districts and good coordination among partners. The main challenges in 2015 were the integration of RUTF supplies in the national supply and logistics chain (UNICEF and MoH just concluded a MoU in this regard), the strengthening of NGOs' support to the health system and the strengthening of nutrition data collection in the national health system of information, capacity building of nutrition partners on the new IMAM protocol.

UNICEF Burkina Faso supported the Government to implement the community-based component of the Burkina Faso's scaling up plan in five regions (Nord, Plateau Central, Est, Sahel, Cascades) through programme cooperation agreements with local implementing partners. Thus, by the end of 2015, 4,788 community actors and 2,560 health services providers were trained on the new community based IYCF strategic options in nine out of 13 regions. As part of the extension, UNICEF Burkina Faso developed strategic partnership and leveraging effort with the USAID's Resilience and Economic Growth in the Sahel - Enhanced Resilience Program (REGIS-ER) and the Alive & Thrive Initiative. Based on this strategic partnership, the implementation of the community component led to a coverage of 34 per cent, far beyond the 19 per cent initially targeted for 2015.

The proportion of districts ensuring biannual vitamin A supplementation and deworming (Child Health Days) with more than 80 per cent coverage increased from 94 per cent in 2012 to 100

per cent in 2015. The poor planning and weak monitoring tackled in 2013 and 2014 improved. UNICEF Burkina Faso continued to provide technical assistance to MoH for (i) carrying out of preparatory and workshop assessment with regional health directors, (ii) strengthening of supervision, (iii) data collection and analysis (iv) better integration with polio campaigns.

The main challenge for 2016 will be related to funding mobilization. UNICEF Burkina Faso is also involved in technical assistance to the MoH in order to seek platforms to sustain VACs delivery such as routine immunization or SAM screening. While supporting the quality care for SAM, UNICEF Burkina Faso will continue its support to scaling up IYCF package of interventions in more districts in 2016.

OUTPUT 3 By the end of 2015, at least 50 per cent of pregnant women have access to PMTCT services adapted to their needs and those of their spouses and 30 per cent of children (girls and boys) infected by HIV in need of ARV treatment are effectively under treatment nationwide.

Analytical Statement of Progress:

Overall, good progress was achieved towards the PMTCT indicator but slower progress was achieved for the Antiretroviral Therapy (ART) of AIDS-affected children. The implementation of option B+ for PMTCT was effective country wide in 2015.

The proportion of expected pregnant women tested for HIV and who received results varied from 30 per cent in 2009 to 83.3 per cent in 2015. Also, the proportion of HIV-exposed children tested by Polymerase Chain Reaction (PCR) method increased from 16 per cent in 2012 to 70 per cent in October 2015. These results were due to the implementation of the national plan for the virtual elimination of mother to child transmission (eMTCT) since 2011 with focus on new effective options of treatment and on promotion of secure breastfeeding and early diagnosis. The mid-term review of the PMTCT programme in June 2014 found the level of PMTCT site coverage at 98 per cent and a testing rate of women attending ANC at 85 per cent. While there is still some way to go to improve ARV treatment for HIV+ pregnant women, clear progress was made: 38.73 per cent of pregnant women living with HIV received antiretrovirals (2013 GARP report). The latest data are being compiled and could show an improvement in the 2015 annual coverage.

The coverage of ART for infants in need of treatment was stagnant: it increased from 13 per cent in 2011 to 15 per cent in 2014, with 47.6 per cent of girls and 52.4 per cent of boys. The number of AIDS-affected children under ART increased from 1,328 in 2010 to 2,241 in June 2015. The early recruitment by PCR diagnosis and rapid test for exposed children progressed. It started in 2011 targeting SAM children with complications (inpatients) in a few hospitals (CMAs) and now covers eight regional hospitals, up from three in 2012. The scaling-up plan adopted in 2012 to offer early screening and AIDS paediatric care in all district hospitals was being implemented. UNICEF Burkina Faso continued to focus on early diagnosis for all children in the PMTCT programme and suspected hospitalized AIDS children. Capacity of hospital clinicians was built to better follow up children under treatment through community associations.

Some bottlenecks exist such as: high number of women screened HIV positive and their children lost to follow-up, refusal of testing and HIV test stock rupture. As future actions, UNICEF Burkina Faso aims to support PMTCT supply management and the monitoring of PMTCT at community level. This involves an active search for additional funding to support decentralization of ART treatment, delegation of tasks, as well as implementation of Option B + (tritherapy for all HIV+ pregnant women regardless the age of the pregnancy or the number of

CD4) as an efficient and streamlined treatment for HIV + pregnant women. There is also limited capacity of local actors in care of children with AIDS.

The quality of the indicators and their means of verification are acceptable. Nevertheless, routine data are not fully reliable. UNICEF Burkina Faso will reinforce its technical support in this field in 2016 and beyond.

OUTPUT 4 By 2016, the health system plans, budgets, and develops the community approach; manages procurement services of health supplies; and responds effectively to emergencies, taking into account gender and equity.

Analytical Statement of Progress:

One of the most important documents developed and adopted by the Ministry of Public Function, the Ministry of Health and the Ministry of Finance was the Universal Health Coverage Strategy. A consensus was obtained to clearly target under-five children for the initial phase of implementation. The Child Survival Strategic Document was being finalized before its final adoption.

However, there were a number of maternal and child health national policy and strategic documents that were coming to term at the end of 2015 and needed renewal. A few of such documents are: the national malaria control policy and strategic plan, the road map for the reduction of maternal and neonatal morbidity and mortality etc. Efforts are required to renew these documents in 2016.

The coverage of high-impact interventions of which immunization against measles and supplementation with vitamin A in under five children in the refugee camps was sufficient. There was no specific programme for vaccination and Vitamin A supplementation in the refugee camp; rather these interventions are provided through routine programme.

The performance monitoring was generally done on regular basis of good quality. In total, 87 per cent of the target regions (compared to the planned target of 50 per cent) implemented performance monitoring activities. The performance monitoring at health centre level was funded locally by the management committee of each health centre, while the one at community level is still supported by UNICEF Burkina Faso.

OUTCOME 3 By 2016, the percentage of the population using a safe water source for drinking water increases from 56 per cent to 76 per cent, and the percentage of households using improved sanitation facilities increases from 10 per cent to 54 per cent.

Analytical Statement of Progress:

Burkina Faso met the MGDs target in term of access to drinking water. In total, 82 per cent of the population of Burkina Faso accessed improved drinking water sources and 61 per cent of the total population gained access to clean water since 1990. While there was a steady gain in accessing basic water services by the rural communities, there were considerable barriers for rural households' access to sanitation facilities. Only 18 per cent access improved sanitation facilities, with only 16 per cent of the population having gained access to sanitation since 1990. Eight out of 10 rural families practiced Open Defecation. And disparities between urban and rural areas for access to water, and especially to sanitation, were still huge. For instance, 50 per cent of the urban population had access to sanitation against only seven per cent in rural areas.

UNICEF Burkina Faso and its partners continued efforts on supporting rural communities,

primary schools and health facilities in eight out of 13 regions of Burkina Faso (Sahel, North, East, Central Plateau and Central North, Haut Basin, Boucle Mohoun, Central West) for access to basic water supply and sanitation, and for behavioural change for sanitation and hygiene practices. During the year 2015, 106 schools, 51 health centres and 92 villages were supported with water or sanitation infrastructure constructed by UNICEF Burkina Faso; an additional 59,000 persons in communities benefited from sanitation promotion with a partially subsidized latrine. In overall, the on-going activities are on track compared to the annual work plan objectives.

The main challenges for rural sanitation in Burkina Faso were the weight of negative social norms, the limited scope of demand driven approaches, and the limited capacity of households to afford, use and maintain toilets. Burkina Faso has a history of subsidy-driven sanitation projects, and demand-driven approaches are new and not yet fully accepted by the Government. At the end of 2015, UNICEF Burkina Faso received approval from the Government to carry out a demand driven, no subsidy CATS project in two regions starting in early 2016.

While the situation for water supply was much better and progress was faster, challenges remained such as the limited communal water authority's capacity; the limited local private sector capacity, the limited availability for water treatment products and some hydrogeological challenges in certain regions (Sahel, East). An action research project that intended to find innovative ways of managing rural water pumps in partnership with Vergnet was scheduled to start in early 2016.

OUTPUT 1 By 31 December 2015, at least 54 per cent of households in the Plateau Central, Centre Nord, Boucle du Mouhoun and Hauts Basins regions apply the basic rules of hygiene and have a permanent and equitable access to basic sanitation. By the end of 2015, household members and students of the educational system in the Plateau Central and Centre Nord regions have permanent and equitable access to improved sanitation, with targets: 54 per cent for Ganzourgou and 30 per cent for Kourwéogo and Oubritenga (provinces in Plateau Central region), 10 per cent for Bam (province in Centre Nord region))

Analytical Statement of Progress:

Access to and use of sanitation and hygiene facilities is still a big challenge for rural communities in Burkina Faso. Currently, two strategic response mechanisms are being put in place in order to boost behavioural change and access.

At the upstream level, after the adoption of the Community Approach to Total Sanitation (CATS) strategy and implementation guidelines for Burkina Faso by the Council of Ministers in 2014, the Government of Burkina Faso formalized its adherence to the African target of 'Burkina Faso: Open Defecation Free (ODF)' until 2030. UNICEF Burkina Faso supported the achievement of this target through a Training of CLTS Trainer which was organized in October 2015; a no subsidy-CLTS pilot covering 100 villages is planned for 2016.

In the area of service delivery, the implementation of sanitation projects was on-going in four regions. In total, 8,432 households (around 59,000 persons) in the Sahel, Central West, East and North were provided with household toilets. Also, communication campaigns using house to house, mass campaigns events, and information through radio have taken place. To enable the sustainability of sanitation actions, local community members were trained in the targeted areas: in total 197 masons, 4409 women from 320 villages, 80 village development committee

members, 480 members of 24 women's associations were trained on sanitation and hygiene. The Government had not yet carried out any open defecation free (ODF) certifications in 2015.

Subsidized latrine programmes were a major bottleneck for the achievement of the ODF target, UNICEF Burkina Faso received approval from the Government to carry out a no-subsidy CATS pilot in two regions as of 2016. This pilot, if successful, can be instrumental in shifting the dominant approach from supply-driven, heavily subsidized sanitation projects towards demand-driven approaches, where in infrastructure subsidies play a less dominant role.

OUTPUT 2 By the end of 2015, the authorities at communal level in Central Plateau, Centre Nord, Est, Boucle du Mouhoun and Hauts Bassins perform regular monitoring of the implementation of the WASH component of communal development plans and at least 30 per cent of households in these regions consume good quality water. By the end of 2015, 73 per cent of the population in Plateau Central and 66 per cent of the population in Centre Nord have equitable and permanent access to and manage safe drinking water points.

Analytical Statement of Progress:

Burkina Faso reached the MDG water target, but continuous functionality of water facilities remains a challenge, with a failure rate of at least 11 per cent. Where water points are not functional, communities revert to un-protected water sources. At schools and health centres, the lack of water is a major cause for the dirtiness and non-effective use of toilets and hand washing facilities.

In total, the population of 92 villages gained access to drinking water through drilling or rehabilitation of boreholes in Plateau central, Centre West; Sahel; East; North serving around 27,600 communities members. In order to improve sustainable functionality of water supplies construction activities, UNICEF Burkina Faso prioritized community participation and capacity building at all levels. Hence, water user committees as well as health and school clubs were set up around each water point and sanitation facility. UNICEF Burkina Faso and its partners made good progress in that sense in the targeted North, Sahel, Plateau Central, Centre Nord and East regions through training of local stakeholders in the development and use of community action plans.

UNICEF Burkina Faso identified household water safety as a priority. 4,409 women were trained on safe water practices in 320 communities in six regions: Centre-North and Plateau Central, Sahel, Boucle Mouhoun, Central West and East. Trainings were based on household water treatment and safe storage practices, hand washing and safe use of toilet, environmental cleaning and child nutrition etc. Each woman would then sensitize at least five neighbouring households.

Continuous Support was provided to 22,605 refugees accessing a minimum of 19 litres per person per day.

In order to find better ways of sustainable management of rural water points, an action-research project is to be carried out starting in 2016, in partnership with the pump manufacturer Vergnet.

OUTPUT 3 By the end of 2015, at least 50 per cent of schools and nutrition centres of the of the Plateau Central, Centre Nord, Est, Boucle du Mouhoun and Hauts Bassins regions have the minimum WASH package (drinking water points, latrines, hand washing, awareness of basic hygiene) and apply the basic rules of hygiene. By the end of 2013, 30 per cent of population and 60 per cent of students (girls and boys) of the Plateau Central and Centre North regions have

the competencies to adopt proper individual and collective hygiene measures on sanitation and drinking water.

Analytical Statement of Progress:

WASH activities in schools and health centres aimed to provide water and sanitation facilities and distribute hygiene kits, promoting good hygiene practices to induce behaviour change among targeted beneficiaries and especially mothers of malnourished children. Around 25,800 school children were provided with access to water through construction of hand pumps in 86 schools of North, East, Sahel and Central West Regions, and 6,000 pupils gained access to sanitation through the construction of latrines in 20 schools of the Sahel and East Regions. In total, 292 schools were equipped with hand washing stations, reaching approximately 87,600 pupils; 864 teachers were trained on hygiene promotion and, as a result, 125 schools developed hygiene promotion action plans.

In total, 8,890 WASH in Nutrition kits were provided to 395 health centres to support the treatment of severely malnourished children. Additionally, 51 health centres were supported with WASH infrastructure to ensure that a minimum WASH-in-Nutrition package can be delivered: 31 received a new water point, and 20 received latrines. Applying the regional WASH in Nutrition strategy, training of 63 district staff in charge of information and sanitation allowed a regular data collection on WASH situation of all health centres. Advocacy allowed the Directorate of Nutrition to initiate a data collection sheet on the WASH situation of health centres and dispatched this tool to 13 regional directions of health. This monitoring tool allowed for a comprehensive review of the 13 regions during national level exchange workshops. Regional workshops were carried out to review and adapt the WASH in Nutrition strategy, in order to increase ownership at sub-national level, and to develop the content of the strategy. About 200 health district staff participated in the workshops, which also defined key elements of the strategy such as minimum WASH package at community and health centre level, and key monitoring indicators, as well as the targeting criteria for priority intervention areas, and the role of each stakeholders in the implementation of the strategy.

In term of emergency response, UNICEF Burkina Faso provided hygiene supplies (soap, buckets, hygiene material) to 2,500 persons affected by the flood and sheltered in schools in Ouagadougou last September. An additional 20,000 beneficiaries were provided with hygiene kits and water point in the west-central part of the country.

Two standby agreements were signed with Danish Refugees Council (DRC) and Burkinabe Red Cross for emergency WASH response. UNICEF Burkina Faso supported 139,000 beneficiaries (out of which 22,605 are refugees from Mali) in the Sahel Region. At the national level, regular WASH coordination meetings under leadership of UNICEF Burkina Faso are held once a month and the contingency plan for WASH response in coordination with OCHA and CONASUR is regularly updated.

OUTCOME 4 By 2016, (i) the primary school Gross Enrolment Rate (GER) increases from 72.4 per cent in 2008-2009 to 100 per cent, with a special focus on vulnerable children and those with special needs and (ii) the primary school Completion Rate (CR) increases from 45.9 per cent in 2009-2010 to 75.1 per cent, with special focus on girls.

Analytical Statement of Progress:

UNICEF Burkina Faso played an important role in contributing towards national targets, in addressing access, quality and equity in ECD, primary, post-primary as well as non-formal

education, extending to the most-disadvantaged Sahel Region in 2015. At the upstream level, key efforts were made in (i) finalization of the education quality standards, (ii) paving the ground for nationwide scale-up of Q-CFS, and (iii) elaboration of National Strategy for Inclusive Education. At the downstream level, all 3,651 education inspectors were trained in Q-CFS, 43,000 Q-CFS manuals were produced for all primary schools, while 138,855 children (66,718 girls) in 612 Q-CFS benefitted from quality education. Furthermore, 1066 ECD educators and parents were trained in ECD/parental education. Over 8,000 children of Malian refugees and the host-communities were also enrolled in pre-school, primary education and vocational training. Among these 8,000 children, over 1,800 OOSC were also supported via catch-up courses and literacy and skills training, while the right to education of nearly 1,200 children with disabilities was promoted. UNICEF Burkina Faso also promoted girls' education and prevention of child marriage via community sensitization, provision of 271 scholarships, 500 bicycles and 10000 learning kits. The above-target achievement was possible due to the new funding mobilized in 2015 and the decision to extend the target zone to include the region of Sahel.

The constraints faced in 2015 were: (i) change in the MoE personnel under the transitional Government; and (ii) delays in implementing the "continuum" reform by the Ministry of Education. To overcome these challenges, UNICEF Burkina Faso diversified and strategized its partners to include WFP, FAO and JICA, and piloted the Q-CFS reference schools to materialize the "continuum". The lessons learned are: i) the importance of coordination among the MoE departments and the partners, and ii) the benefit of seizing the advocacy and scale-up opportunities.

OUTPUT 1 By 2016, the strategies of accelerating access to a quality basic education are promoted

Analytical Statement of Progress:

Access to quality education expanded considerably with UNICEF Burkina Faso support in 2015 through extending Quality CFS to 151 new schools in the least-developed Sahel Region with, two additional Q-CFS reference basic education schools in Ganzourgou and Namentenga. A total of 138,855 children (66,718 girls) had access to education in the targeted area of intervention, largely achieving beyond the 2015 target of 65,500. At preschool level, 70,871 children (36,144 girls) enrolled in community preschools, again surpassing the 2015 target of 23,400. This was made possible via the social mobilization campaign that was conducted January to March in Ganzourougou et Namentenga, reaching 69,188 people through inter-personal communication and almost 900,000 people through mass media campaign via local radio stations, for children's education and community participation in school management. ECD was further promoted at the upstream level, through supporting nation-wide data collection in May 2015, a national advocacy workshop on ECD in August targeting 222 education managers and decision-makers, and sensitization workshops on ECD in November 2015 for 150 religious and community opinion leaders. In Malian refugee camps and the host communities, over 8,000 children benefitted from pre-school, primary education and vocational training. In addition, at least 18,360 community members' capacities were strengthened in managing education structures, including social mobilization for enrolling children and CFS quality standards.

OUTPUT 2 By 2016, the education quality standards are known and applied.

Analytical Statement of Progress:

Efforts to improve the performance of children in primary schools has been further scaled-up in 2015, with 153 new schools applying educational quality standards via Q-CFS, compared to the 2015 target of 100, reaching cumulative total of 612 schools. This was possible via finalization

of education quality standards and the CFS teacher training modules, training of 3651 education inspectors and pedagogical advisors of the country, production of CFS manual for 43,000 teachers, and awarding of the best performing CFS schools and pupils. Moreover, 50 schools in the Sahel Region benefitted from library materials and sports kits, while 15,000 primary pupils received solar lamps to enable studying after sunset. The programme also contributed to promote quality ECD, via parental education for 200 parents caring for 0-8 years children in the areas of health, nutrition, stimulation, hygiene, sanitation and protection for young children, and training of 466 preschool educators in applied pedagogy. ECD equipment (including recreational/pedagogical kits, tables, and hygiene and kitchen devices) were delivered to 9 community based ECD centres called Bisongo to improve the quality of service delivery to 3-5 years children. As for the pupils in bridging classes 100 per cent transited to the formal education system, surpassing the 2015 target of 80 per cent.

OUTPUT 3 By 2016, the education programmes provide greater equity.

Analytical Statement of Progress:

Equity in education was particularly enhanced in 2015, resulting in 10,277 girls enrolled in post-primary schools, beyond the 2015 target of 1500. They were supported via sensitization of over 10,000 parents and 2,500 girls, establishment of school clubs in 150 primary and 36 post primary schools in the Sahel Region, as well as provision of 271 scholarships, 500 bicycles and 2000 learning kits for girls in post-primary schools as well as 8000 learning kits for girls in primary schools. UNICEF Burkina Faso also supported education of 21,793 children with disabilities, against the originally planned 250. At the policy level, UNICEF Burkina Faso accompanied the elaboration of the national inclusive education strategy. Furthermore, piloting of the action research led by children themselves to identify their peers who are not attending school, and also the Simulation for Education Equity model was conducted in the Sahel Region. Almost 5,420 community structures were supported in literacy and income-generating activities, again reaching way beyond the original target of 300.

OUTCOME 5 By the end of 2015, (1) children and women live in a protective environment where legal texts are applied or where social norms protect children, individuals, families and communities and the State protects them against violence, abuse and exploitation and (2) at least 50 per cent of vulnerable children and women identified or victim of violence, abuse and exploitation are reintegrated in society

Analytical Statement of Progress:

The period under review was marked with a political transition and Government reshuffling impacting UNICEF Child Protection programme. It was the occasion to advocate for advancing the issue of justice for children resulting in the mentioning of justice for children as a priority in the National Charter for the Renew of Justice and in the nomination of 12 judges for children. However, it is now important to continue to advocate for budget allocation and administrative instructions to enable those judges to effectively work.

It is also important to note that despite important modifications in the decision-making environment, implementing partners and field technicians continued to implement their projects to allow children to access child-sensitive justice and child protection system services benefitting a total 88,260 children cumulative by the end of 2015 instead of 45,000 foreseen and civil registration with 112,334 children registered at birth and an increase in birth registration rate from 76.9 to 79.2 per cent. As a concrete demonstration of communication for protection, a total of 449 242 persons (45 per cent of girls) were sensitized on birth registration and 377 517

(50 per cent of girls) people were sensitized on child protection from violence, abuse and exploitation, including the consequences of harmful traditional practices.

Following on 465 villages' declaration to abandon FGM/C and the continuous sensitization at community level, the prevalence of FGM/C for girls aged 0 to 14 decreased from 13 per cent in 2010 to 11 per cent in 2014.

As a major part of system strengthening, UNICEF Burkina Faso continued to build capacity of partners with the training of 1,562 persons, including 33.9 per cent of women, on social norms, human-rights and results based programming, child rights and child protection in emergency, juvenile justice and child-sensitive investigation measures. However, the need remains to pursue advocacy and strategic work and partnership for upstream training for police, justice and social work duty bearers.

Finally, budget allocation for child protection and system strengthening remains a challenge while at the same time, social norms continue to request further attention, field presence and continued sensitization. In order to do so, and even though a child protection system mapping was realized previously, some evidences are still required. By consequence, the two next years will also focus on getting reliable data on violence against children and on community-based child protection endogenous practices in order to pursue the strengthening of the system currently in place and in order to better advocate for budgeting, decentralized planning and fund allocation.

OUTPUT 1 By 31 December 2015, children are protected by and have access to a functional justice system applying procedures that are sensitive to age and gender, with a focus on the Sahel, North and East regions

Analytical Statement of Progress:

The year 2015 was marked by a political transition with new high level stakeholders, Government reshuffling and change in mandates and denomination of ministries.

This impacted the programme allowing UNICEF Burkina Faso to advocate for advancing the issue of justice for children. It resulted in a clear positioning of the ministry of justice towards juvenile justice with the mentioning of it as a priority in the National Charter for the Renew of Justice and in the nomination of 12 judges for children mandated for the first time in history to address exclusively children's cases. However, it is now important to continue to advocate for budget allocation and administrative instructions to enable those judges to efficiently work. Since 2011, a total of 2,537 minors in conflict with the law including 631 in 2015 (66 per cent of boys) among whom 217 women/mothers in conflict with the law accessed a child- and gender-sensitive justice system instead of 1,500 initially targeted in 2015.

The year 2015 was marked by the slowing down of the implementation of the mobile phone registration pilot project and the installation of a partners' framework for civil registration. It is however important to notice that despite important modifications in the decision-making environment, implementing partners and field technicians continued to implement their projects to allow children to have access to the civil registration system with about 112,334 children being registered at birth with UNICEF Burkina Faso support and the Sahel Region issuing a birth and civil registration strategy to reach 100 per cent birth registration rate by 2018. So the

performance realized in 2015 went beyond the initially targeted number of 100,000 beneficiaries per year.

On hold projects such as the passing of the Children's Act will be reactivated in 2016 taking the nomination of a new Government as an opportunity to pursue UNICEF Burkina Faso's advocacy for justice for children and civil registration for every child.

OUTPUT 2 By 31 December 2015, 45,000 children at risk or victims of violence, abuse and exploitation are protected or treated in a holistic manner within the framework of a reinforced and resilient institutional and community system, with a focus on the Sahel, North and East regions

Analytical Statement of Progress:

Even though 2015 saw slowdown in projects implementation, responses to violence, abuse and exploitation were maintained. From 2011 to 2015, a total of 86,354 children victims or at risk received holistic assistance instead of 45,000 foreseen. Among them, 25,182 children including 12,056 girls were retrieved from artisanal gold mines; 16,683 children with disability; 8,419 street children; 9,529 HIV+ affected/infected children; 3,917 children victims of sexual violence and abuse and 4,273 children victims of traffic received holistic assistance. By 2016, Burkina Faso accounted 22 out of 45 provinces having a provincial child protection network, processing 224 case management conferences.

Following on advocacy with UNICEF Burkina Faso partners, 2015 saw the Ministers Council vote of an inter-ministerial strategy to end child marriage by 2020 accompanied by a multisector platform and a roadmap for 2015-2020 to prevent the presence of children in artisanal gold mines; the installation of a CSR Forum with presence of international mining companies and the vote of a revised mining code banning the presence of children in gold mining sites.

Social mobilization was pursued to address traditional harmful practices. A total of 465 villages are committed to definitely abandon these practices, including 160 in year 2015 contributing to the achievement of the expected results of 465 villages in 2015. In 2015, a total of 1003 children at risk or victims received assistance; among them 837 adolescents (including 15 boys) protected from child marriage and 166 girls benefitting from reparation of FGM/C aftermath. 2015 finally saw the definition of jointly agreed child protection indicators and an analysis of knowledge, attitudes and practices demonstrating that 49.4 per cent of children, 62.6 per cent of adults have heard about child rights.

Since 2011, UNICEF Burkina Faso Child Protection Programme supported a total of 18 351 refugee and host communities and most vulnerable children in the Sahel Region but also activated its standby agreement with the National Red Cross to prevent and assist 24 children separated from their families during the September events.

OUTCOME 6 By the end of 2015, 40 per cent of men and women adopt the six key family practices (exclusive breastfeeding, sleeping under insecticide-treated mosquito nets, hand washing with soap, treatment of diarrhoea using ORS, PMTCT of HIV, and complementary infant feeding) for child survival and development, with at least a 30 per cent increase in each practice nationwide.

Analytical Statement of Progress:

To contribute to the reduction of major bottleneck that prevent the most vulnerable children to have access to quality basic education, the C4D Programme has elaborate strategies for out of

school, for the male involvement in C4D interventions and adolescents and young people participation.

To promote universal child immunization and recommended child nutrition practices, integrated communication plans were developed and implemented in support to ministry of health. A C4D strategy was also developed in response to emergency situations.

OUTPUT 1 By 31 December 2015 the rate of knowledge of six essential family practices (EFP) aiming to significantly reduce infant mortality increased by 30 per cent for each of these practices

Analytical Statement of Progress:

A network of 6000 volunteer community workers were mobilized by the C4D programme for the promotion of key practices in 1200 villages. Community radios facilitated the extension of the promotion of key family practices. Such social mobilization and communication for behaviour and social norms changes implemented contributed to significant results in terms of adoption of the key family practices as highlighted by the KAP surveys realized in 2011 and 2015. From 2011 to 2015 hand washing practice with soap moved from 3 per cent to 67 per cent while exclusive breastfeeding practice increased from 25 per cent to 47 per cent and the percentage of children suffering from diarrhoea who received ORS improved from 21 per cent to 34 per cent. This substantial progress undoubtedly contributed to the recent trend in child mortality reduction and improvement of child nutritional status in Burkina Faso.

There are still bottlenecks related to the limited scale of the C4D interventions and persistence of social norms and behaviours that are not conducive to the creation of an enabling environment for improving performance in terms of realization of child rights particularly for the most vulnerable.

To overcome these bottlenecks particular focus will be on adapting the key family practices to the programme needs by introducing new KFP such as use of health services for prenatal and postnatal care and birth delivery, girl's education, abandonment of FGM and child marriage, promotion of the recommended nutritional practices for young children, water hygiene.

OUTPUT 2 By the end of December 2015, four ministries (MENA, MASSN, MATDS, MESS) in collaboration with national NGOs and civil society and media undertake more initiatives to promote PFE+ for the respect of the right of the child to education and protection. By 2013, at least 50 per cent of stakeholders (local authorities, CBOs, opinion leaders, young men/women, and the media) commit to promoting the six key family practices.

Analytical Statement of Progress:

The programme component promoted positive behaviour and social norm changes for the abandonment of child marriage, the promotion of girls education, the protection of young girls against unwanted pregnancies and protection of children against worst form of child labour in mines and quarries through: (i) the implementation of communication plan in 5 regions for promoting birth registration in collaboration with the national coordination of children and young workers; (ii) the mobilization of a network of 7 community radio stations and volunteer community workers for protecting children against child labour in mines; (iii) the set-up of a local network of 8 community radios in the Sahel for the implementation of communication for development interventions.

The abandonment of child marriage become an important issue supported by negative social norms. A community-based dialogue at the level of families and advocacy for traditional and

religious leaders. In 2016, the promotion of child marriage as an entry point for addressing other issues related to child survival and development notably girls education, hygiene and sanitation, management of girls' menstruation in school, early pregnancies, health and nutrition.

OUTPUT 3 By the end of 2015, activities for visibility and promotion of the rights of the child are developed to create a large mobilization around childhood: By 2013, at least 30 per cent of girls and boys, adolescents, and young men and women acquire life skills (HIV, reproductive health, hygiene and sanitation, civic responsibility) and participate in decision- making in the regions with weak indicators.

Analytical Statement of Progress:

In collaboration with the education programme, the C4D programme contributed to the approach for the out-of-school children and the set-up of school clubs, creating rooms for better participation of adolescents and youth with discussions on their priorities. Information technologies were also used in order to set up an electronic platform for dialogue of child rights and effective participation of the youth in the promotion of their rights in close collaboration with the ministry in charge of the youth.

Advocacy campaigns realized at community level and among religious leaders contributed to generate a strong commitment of opinion leaders for the promotion of child rights notably the abandonment of child marriage, the promotion of effective use of toilets and the reduction of stunting among under-five children.

In a nutshell, the commitment of 1,120 community leaders from six regions and 50 youth associations were achieved for a better participation of children and youth in decision-making processes.