Burkina Faso

Executive Summary

After years of tumultuous political transitions, Burkina Faso is recognized as a new model for successful democracy in the region. The new authorities adopted the National Economic and Social Development Plan 2016-2020 that clearly sets the national priorities.

As the current country programme (CP) will conclude in 2017, UNICEF Burkina Faso and an inter-ministerial committee updated a situation analysis of women and children to provided information on child disparities for the development of the CP 2018-2020.

Achievements

Within the national Quality Child Friendly School (QCFS) programme, UNICEF advocacy led to a decision by the Ministry of Education (MoE) to train all primary teachers under its own budget. To date, 995 pedagogic counsellors (eight per cent female) from all the 488 local structures were trained. UNICEF also advocated for increased resource allocation to preschool education that resulted in MoE’s decision to expand access nationwide starting in 2017 to attain the preschool enrolment rate target of 25 per cent by 2030 (currently at 2.9 per cent).

The UNICEF Country Office initiated a pilot of community-led total sanitation (CLTS), allowing 1,826 households (99,595 persons) to gain access to sanitation. Fifty-seven villages were declared open defecation free (ODF) based on an evaluation.

The Ministry of Health (MoH) scaled-up the strategy for free health care to ensure equitable access and utilization of health services among children and pregnant women. UNICEF Burkina Faso supported the strategy since the pilot phase in two districts, reaching 67,020 under five children and 17,660 pregnant women to date.

Joint advocacy efforts between UNICEF and United Nations Population Fund (UNFPA) mobilized commitments of the First Lady and new authorities to end female genital mutilation/cutting (FGM/C) and child marriage. This resulted in the recent adoption of the National Strategic Plan to accelerate elimination of FGM/C, with UNICEF’s support.

In 2016, U-Report and mHealth were launched with the Government, key innovations to help UNICEF Burkina Faso achieve results for children based on equity. U-report gathered the opinions of 22,000 adolescents and young people on child rights’ issues, and 392 community health workers collected data on integrated community-based case management.

Shortfalls

A rapid scale-up of the free health care policy challenged the existing health services in 2016 to respond to a rapidly increasing demand. UNICEF strengthened strategic partnerships with donors to support MoH with resources and timely procurement of health and nutritional supplies.
Another shortfall was the prolonged political negotiation over the leadership of CAMEG, the MoH’s central procurement centre. This exacerbated stock-outs of medication in health facilities, compounding the supply deficiency due to the free health care policy. As a co-founding member of CAMEG, UNICEF Burkina Faso teamed up with partners and called the Government’s urgent action for reconciliation.

Although making the U-Report a real participation tool for all, especially for most disadvantage adolescents and youths (including girls), was a challenge, the Country Office collaborated with more than 30 youth organizations to make the U-report more accessible.

UNICEF supported 32,059 Malian refugees (including 17,758 children) in education, child protection, WASH and health/nutrition. Due to their prolonged stay, the funding landscape has become extremely challenging. In 2017, the CO will support the Government with development of an exit strategy towards community integration and resilience.

**Partnerships**
UNICEF Burkina Faso currently leads the UN network for the Scaling-Up Nutrition (SUN) movement and the technical and financial partners’ group in nutrition, and, with its partners, supported the Government in setting up a common vision for multisectoral actions to reduce various forms of malnutrition.

UNICEF Burkina Faso initiated a public-private partnership action research to test an innovative model for sustainable water service delivery. In collaboration with the municipalities, a private company (Vergnet) ensures the operation of hand pumps, financed through user fees, while Stockholm International Water Institute ensures accountability mechanisms and Hydroconseil supports research and learning.

A new partnership was developed with three mobile telephone operators to boost the implementation of U-Report. This unique partnership reduced costs of SMS messaging and for marketing the U-report among adolescents and youth through their SMS broadcasting.

**Humanitarian Assistance**

The situation in the northern region of Mali remained volatile due to sporadic terrorist attacks and armed confrontations, a major barrier to repatriation of the Malian refugees. With UNHCR and partners, UNICEF Burkina Faso continued its support to 32,059 population (including 17,758 children) in Goudebou and Mentao camps and host communities in education, protection and WASH.

Meanwhile, 2,500 persons (‘returnees’) fled from the northern Ivory Coast (Bouna) to the southwest of Burkina Faso due to inter-ethnic crisis. Scarcity of aid prompted the CO to activate a standby programme cooperation agreement with the Red Cross in July 2016 to provide support to the returnees and host communities. With UNICEF support, the Government’s emergency coordination entity, CONASUR, organized a consultation that facilitated better coordination of the support to returnees.

Recurrent flooding affected 27,826 people in nine regions, mostly in the central region. UNICEF Burkina Faso signed a Memorandum of Understanding with CONASUR to preposition a minimum emergency stock which was distributed to 37 per cent of the affected population: 2,500 persons in Ouagadougou for WASH and health kits, and 7,800 girls and boys in nine regions for primary and preschool kits.

The Country Office supported 34 partners from nine countries (seven partners from Burkina Faso) with training on WASH in emergency. It also co-financed a training on emergency preparedness and response organized by OCHA, attended by 38 participants from
CONASUR, the UN and NGOs. UNICEF supported the MoE with a training of 404 actors on emergency in education. In Sahel region, UNICEF staff trained 45 partners on the minimum standards for child protection in emergency. Finally, UNICEF funded the participation of the Permanent Secretary of CONASUR in the regional coordination meeting for child protection in emergency for francophone countries.

The Country Office continued to coordinate sectoral groups in emergency (nutrition, WASH, education and child protection). The Office kept close consultation with CONASUR, OCHA and WHO (health in emergency) and the Humanitarian Country Team to better plan and respond to emergencies.

Although the severe acute malnutrition (SAM) prevalence among children under five fell from 2.2 to 1.4 per cent between 2015 and 2016, three out of 13 regions exceeded the emergency threshold of 2 per cent. Between January and September 2016, UNICEF supported 65,798 newly admitted children with severe acute malnutrition including 54 refugee children (35 per cent of total estimate) with the provision of commodities, capacity building and monitoring.

A dengue fever outbreak hit the country between October and December 2016. As of 25 December 2016, 2,522 probable or confirmed cases (70 per cent over 15 years old) were registered, including 20 deaths. The lethality rate was 0.8 per cent and 1.0 per cent for the central region. The Country Office supported the MoH and MoE with the sensitization of 800,000 persons and children in 2,000 schools in Ouagadougou on the prevention of dengue fever.

Within the coordinated WASH responses, UNICEF supported 23,875 Malian refugees with hygiene promotion and soap distribution. Community-led total sanitation (CLTS) was implemented in 239 ‘host’ villages in Sahel, providing access to basic sanitation to 78,631 persons. Students in 73 schools in the same communities were provided with water points, latrines and hand-washing stations. Furthermore, 1,235 returnees and 2,000 persons from host communities in the southwest received WASH services with UNICEF’s support.

UNICEF and partners supported 4,674 children (2,162 girls; 33 per cent coverage) in two refugee camps and host communities with access to basic education. Negotiations were ongoing with the MoE to provide scholarships in 2017 to girls and boys from refugee camps and host communities.

Total of 4,371 refugee children (2,151 girls) between three and 12 years old (36 per cent) received psychosocial support (PSS) and home visits through child-friendly spaces. Of those, 480 (211 girls) were referred to local social services. The same support was extended to 9,211 children (4,449 girls) in host communities in Soum and Oudalan regions. The CO also supported 250 children from three to 15 years old in the returnees’ sites in the southwest through child-friendly spaces.

UNICEF Burkina Faso mobilized US$7,208,747, which was 61.7 per cent of the funding against the initial appeal. Funding constraints affected the continuity of refugee support, as UNICEF’s support to one of the child-friendly centres was suspended for a few months. The Country Office took action to leverage additional funds and advocate with national authorities for community integration and resilience building of the refugee population.

**Strategic Plan 2018-2021**

As UNICEF Burkina Faso is currently in the development process of the new country programme document (CPD) 2018-2020, the new Strategic Plan (SP) 2018-2021 is a perfect opportunity for it to align its CPD result framework with the SDGs and with the equity focus.
The draft Strategic Plan focuses on internal and external communication as a vehicle to achieve results for children. This is an excellent opportunity for the CO to further strengthen the integration of external communication and advocacy, as well as Communication for Development (C4D) in the programmes.

In the result framework for the new Plan, cross-cutting priorities such as early childhood development (ECD) and addressing adolescent issues are newly integrated across the five goal areas. A challenge is how to effectively translate this inter-sectoral structure into practice at the country level, especially as UNICEF Burkina Faso will maintain the sectoral programme structure for the next CPD. This will be an opportunity to strengthen multisectoral collaboration and synergy internally in the Office and with partners.

In the SP 2018-2021, nutrition does not seem to be a critical goal, but is one of the seven targets under ‘Survive and Thrive’. For UNICEF to maintain its global leadership in nutrition, there is an urgent need to better address the reduction of various forms of malnutrition (specifically stunting) through a coordinated multi-sectoral approach. This should be clearly articulated in the new SP and translated in the new CPD.

To give more visibility to nutrition in the new CPD, UNICEF Burkina Faso opts to have a separate programme component for nutrition (which is under the health and nutrition programme in the current CPD). In operations, an integrated package of interventions for nutrition should continue to be employed especially, at the community level. Community-based C4D interventions through mothers’ groups are a key strategy for community-based prevention of malnutrition among children. This could be an entry point to strengthen the multi-sectoral approach by incorporating messages in WASH and child marriage, for example..

Under ‘Every child learns’, the new SP in Burkina Faso has the opportunity to increase the MoE’s ownership and commitment to UNICEF-initiated pilots, such as the Quality Child Friendly School (QCFS) approach and the preschool expansion, for a better learning environment and outcomes. Evidence on out-of-school children, currently being generated by UNICEF, which will help define the national strategies.

Limited resources (budget and human resources) to cover education needs in Burkina Faso, especially at preschool, post-primary, technical and vocational training levels, will be a challenge. The CP that starts in 2018 should be flexible enough to allow the CO to balance the strategies that address an enabling environment, demand and supplies. In addition, ensuring that traditional and emerging cross-cutting issues are taken into account in education (such as demographic pressure, climate change, violence, youths and security) will be a challenge.

Under ‘Every child is protected from violence and exploitation’, three result areas are considered UNICEF Burkina Faso niches, especially ‘harmful practices’ and ‘access to justice’. Considering the ‘change strategies’, UNICEF’s role in leveraging private sector and corporate partnership is clearly articulated in the new SP. This is a good opportunity for child protection particularly in addressing the eradication of child labour in artisanal mining sites, for which a private sector forum was set up in 2015 but wasn’t active in 2016.

Although most result areas for goals are clear and focused, those under Goal area 4, ‘Every child has a fair chance in life’ are more vague and overlap with the cross-cutting strategies (ECD, gender, equality and adolescent issues). During the CPD development process, the CO identified UNICEF ‘niche’ for Goal area 4 that informed a theory of change for the social inclusion component of the new CPD cycle.
UNICEF Burkina Faso has extensive experience in the water, sanitation and hygiene (WASH) interventions in rural areas, helpful to address challenges in ending open defecation and poor access to improved drinking water. Some potential challenging areas for the CO under the Goal area 5 are: environmental issues and risks related to traffic accidents; climate change; protection from disease; livelihoods; and urbanization in conjunction with water and sanitation.

**Emerging Areas of Importance**

**Accelerate integrated early childhood development (ECD).** UNICEF Burkina Faso supported the Government with cross-sectoral interventions for ECD with a focus on C4D and capacity building of stakeholders. Internally, UNICEF colleagues from education, health, nutrition, WASH, C4D and protection sections supported the promotion of the holistic development and survival of young children (under three years old) through parental education and nutrition.

For example, Poko comic books were developed in partnership with UNICEF, ECHO and the Government to promote good nutrition practices among preschool children and their caregivers. More than 1,000 stakeholders developed parental skills in the Sahel and Plateau Central regions, benefiting at least 7,000 children under five years old (2 per cent of the total population of children under five in the two regions). A joint programme cooperation agreement was prepared by UNICEF’s nutrition, WASH and education sectors and NGO partners to strengthen inter-sectoral interventions for the prevention of and response to child malnutrition, to be launched in 2017.

UNICEF advocacy contributed to the MoE’s decision to expand preschool access starting with the 2016/2017 school year. The Government envisages to: (1) ensure the availability of materials and equipment (recreation, WASH and cooking) for 212 (61 per cent) out of 345 community-based preschools; (2) secure resource allocations to local governments to cover incentives to educators; (3) ensure the construction of two preschool classes in every new school buildings and (4) increase the budget allocation to the preschool education from 0.3 to 2 per cent of the total education budget.

**The second decade.** The official launch of the ‘All In’ #EndAdolescentAIDS initiative in Burkina Faso took place in February 2016 under the leadership of the National Council for the Fight Against AIDS and STIs, with UNICEF’s support. Partners of the ‘All In’ conducted a SitAn on adolescent health using the adolescent analysis and decision making tool. Based on the identified bottlenecks, UNICEF supported the elaboration of a national action plan for ‘All in’. About 50 adolescent girls and boys were involved in the various steps of the planning and programming. UNICEF and UNAIDS contributed to the Government’s advocacy efforts for resource mobilization for the ‘All In’, with funds from the World Bank and the national common basket for AIDS through the national council against AIDS and STIs.

Adhering to the ‘All In’ national action plan, UNICEF contributed to MoE’s efforts to review and revise the sexual, reproductive and HIV module for primary and secondary schools. UNICEF Burkina Faso also advocated to reduce the minimum age for HIV testing for adolescents without parental consent to 15 years old, to encourage adolescents be tested for HIV. (The current law requires parental consent for boys under 18 years old and girls under 17 years.) The revised law was finalized and official adoption is awaited in 2017.

**Gender.** UNICEF promoted girls’ education with the provision of scholarships to 605 girls (20 per cent coverage) who are live in vulnerable situations (i.e. poverty or rural zones). An additional 500 girls from vocational training centres (16 per cent) received bicycles procured by UNICEF to facilitate the commute to school. UNICEF also supported the procurement of 5,000 post primary kits to girls and 100 of their peers who are pursuing training in home
economics. In addition, 1,080 adolescents (51 per cent girls) who are enrolled in non-formal education in Sahel received learning materials to complete their vocational training.

The launch of a pilot initiative for WASH in schools for girls helped adolescent girls improve menstrual hygiene management (MHM) in 100 schools; 400 teachers were trained to better understand menstrual hygiene. Boys were sensitized based on the finding from the UNICEF study that boys often harass girls because of their menses.

Adolescent girls’ and boys’ engagement with and access to information were reinforced through the launch of U-Report in March 2016. More than 10,000 young girls and boys between 12 and 19 years old (0.3 per cent of estimated total population between 12-19 years old) are connected to the unique platform and with access through SMS messages to share ideas and opinions with decisions makers. Results from discussion show that young Burkinabe care about education, health (sexual and reproductive health and HIV/AIDS), employment and reducing inequities.

Summary Notes and Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CONASUR</td>
<td>Conseil national de secours d’urgence et de réhabilitation (National Council for Emergency and Rehabilitation)</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECR-IMCI</td>
<td>Electronic Consultation Register for the Integrated Management of Childhood Illnesses</td>
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<td>EU</td>
<td>European Union</td>
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<td>EPI</td>
<td>Expanded Program in Immunization</td>
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<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GSSC</td>
<td>Global Shared Service Centre</td>
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<td>iCCM</td>
<td>Integrated Community-based Case Management</td>
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<td>ICP</td>
<td>Integrated Communication Plan</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>ICYF</td>
<td>Infant and Young Child Feeding</td>
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<td>LLINs</td>
<td>long-lasting insecticide treated mosquito nets</td>
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<td>LTAs</td>
<td>Long Term Agreements</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MCL</td>
<td>Minors in Conflict with the Law</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MO(R)SS</td>
<td>Minimum Operating (Residential) Security Standards</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NIDs</td>
<td>National Immunization Days</td>
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<td>NSPP</td>
<td>National Social Protection Programme</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<td>OOSC</td>
<td>Out-of-school Children</td>
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Capacity Development

Under the free health care policy, UNICEF Burkina Faso supported the training of 344 community health workers (CHWs) in two districts (Gourcy and Barsalogo) on the integrated community-based case management (iCCM). The community health workers managed 1,347 cases of childhood pneumonia. A plan has begun to expand to 28 districts in 2017, covering 8,880 CHWs (49 per cent of 17,980 CHWs). In two pilot districts of mHealth (Gourcy and Yako), 392 CHWs were trained on the use of SMS messages and reported data on children treated or referred, and on home visits and medical supplies. UNICEF also supported training of 15 immunization supervisors in five regions on communication for behavioural change to strengthen monitoring of communication interventions.

In child protection, UNICEF facilitated the training of 370 social workers and community radio actors on social norms. In addition, 412 midwives and 6,500 community volunteers were trained on prevention of traditional harmful practices such as child marriage and female genital mutilation.

The Country Office supported training of 300 children with special needs and their parents on inclusive education; and 1,605 teachers, 1,000 supervisors and 300 members on the QCFS approach. A total of 370 girls and boys from school clubs were trained on peer education techniques for child protection to promote positive behaviour change. Over 100 members of school management committees and 66 educators of child-friendly spaces from three regions were trained on participatory education management.
In piloting the CLTS, UNICEF trained 36 technical partners and NGO staff from the 13 regions, which resulted in declaration of an open defecation free (ODF) status in 57 villages.

UNICEF Burkina Faso contributed to the National Social Protection Policy by supporting capacity development of 13 regional units and the committee for social protection. Technicians from the Ministry of Economy and Finance were trained on the cash transfer programmes for children.

Evidence Generation, Policy Dialogue and Advocacy

Evidence generation continued to be a key strategy for advancing child rights. UNICEF Burkina Faso and the Government co-managed an equity-based, gender-sensitive situational analysis on children and women that informed the CO’s strategic reflection moment for elaboration of the new CPD.

Together with University of Ouagadougou, the CO organized the “Scientific Days for Children, a conference during which 32 scientific research papers on child rights were shared. The event facilitated an interdisciplinary dialogue on evidence among decision-makers, experts and researchers.

UNICEF Burkina Faso supported the Ministry of Finance, Economics and Development with an analysis of public resources and fiscal space. The findings helped design the macroeconomic framework of the National Plan for Economic and Social Development 2016-2020. The Government also introduced a new taxation on alcohol and cigarettes to increase the fiscal space. The CO shared an advocacy note on a child-centred resource allocation with the Ministry of Finance, Economics and Development, the Prime Minister and the President of the Parliament.

Advocacy of UNICEF Burkina Faso and partners led to the elaboration of the National Social Protection Programme funded exclusively by the Government. The assessment of the Yako initiative, “a social service for each commune”, supported by UNICEF generated lessons that will guide scaling-up of the initiative and the National Social Protection Programme for the most vulnerable populations.

Continuous advocacy efforts led by UNICEF Burkina Faso and partners contributed to the scaling-up of the free health care policy for pregnant women and children under five years. Advocacy on the extension of community-based health services resulted in the recruitment of 17,980 (34.4 per cent women) by the Government (two per village). Although the national profile recommends one female and one male per village, the low literacy level among women is a barrier to recruiting female community health workers.

Partnerships

In 2016, the Country Office continued to manage many partners in implementing annual work plans (218 vs. 208 in 2015). With technical support from the UNICEF Regional Office and within the “African Engagement Framework”, UNICEF Burkina Faso commissioned a partnership-mapping to guide the office in identifying partnership strategies for the new country programme document.

This year, UNICEF Burkina Faso chaired the UN network of the Scaling Up Nutrition (SUN) movement. SUN networks for donors and parliamentarians were newly created. The SUN networks and the REACH initiative jointly advocated for nutrition interventions, extending the advocacy targets to the Ministry of Finances, Economics and Development and the Parliament. The SUN networks and the new donor convener (the European Union) advocated for more visible investments in nutrition in the National Plan for Social and
Economic Development (2016-2020), and identified key messages as a preparation for the Paris Donor Roundtable Conference on Plan national de development economique et social (PNDES) in December.

The Country Office initiated action research to test an innovative public-private partnership (PPP) model for sustainable water service delivery in rural areas. A private company (Vergnet Hydro) ensures the maintenance of hand pumps financed by user-fees, Stockholm International Water Institute establishes accountability mechanisms and Hydroconseil covers research and learning. The model will be evaluated in two years.

Under the UN Strategy for the Sahel, the partnership between UNICEF, FAO and WFP allowed coherent assistance to 152 schools (30 per cent of schools in the region) through the national quality child-friendly school (UNICEF), school gardening (FAO) and school cafeteria (WFP).

**External Communication and Public Advocacy**

UNICEF Burkina Faso supported the Government with an advocacy campaign for the abandonment of child marriage in the two regions with highest prevalence of child marriage (South Centre and Boucle du Mouhoun). There were 610 participants including 450 local authorities, traditional and religious leaders; 150 school girls and 10 members of the youth parliament (50 per cent girls). The authorities and traditional and religious leaders committed to accelerate the elimination of early marriage by signing a written statement. In the South Centre region, 41 girls who were engaged in marriages were recovered; of those, 10 were reintegrated into the education system.

UNICEF supported the organization of the national culture week (la semaine nationale de la culture, SNC), a biannual cultural contest hosted by local cultural centres. During the event, 1,140 children (including 482 girls), aged seven to 15 years, participated in dance, drawings, drums and theatre activities in art and cultural workshops. Two winners (children and youth groups) were awarded for the best performance. The CO commissioned a production of five short films that document the impact of the contest on the lives of the previous winners (between 1990 and 1998). Among those interviewed, one is a professional dancer and others are educators through the arts. The films were broadcast daily during the SNC and are on YouTube.

In Burkina Faso, nine per cent of the population has access to the Internet. The relatively limited numbers are a barrier in reaching the population with social media messages. The CO recruited a UN Volunteer to analyse the regional social media landscape and develop an outreach strategy for youths.

To learn from the experience of supporting out-of-school children via ‘bridging classes’, a Senegalese delegation (from the MoE and UNICEF) visited Burkina Faso in March 2016. The delegation learned the process of setting up bridging classes, including advocacy and social mobilization. They also learned of and adapted the methodology for site selection, pedagogical tools, identification of implementing partners, parental participation and cost-sharing, and establishing monitoring systems. As a result, Senegal opened 100 bridging classes with 3,000 girls and boys during the 2016-2017 school year.

Under the WASH section, UNICEF Burkina Faso facilitated exchange visits. Burkina Government officials visited Chad to learn about manual drilling, a low-cost water supply technology that is widespread in Chad but not at scale in Burkina. As a follow-up, a feasibility mapping for manual drilling was carried out in Burkina.
South-South Cooperation and Triangular Cooperation

The Burkinabe delegation also visited Senegal to learn about multi-village water supply systems (rural populations served through water supply networks across villages). The model was integrated in the national plan for the universal coverage of potable water through service improvement. UNICEF also supported a Government delegation from Cameroon on a study visit to Burkina Faso to learn about the WASH sector policy development process.

With support from UNICEF Rwanda, UNICEF Burkina Faso supported a visit of the Burkinabe MoH to Rwanda to learn good practices on the community health system. The delegation learned about the profile of community health workers, motivation schemes, supervision, data management and innovative approaches. Following the mission, the Rwandan MoH provided remote support to Burkina Faso on the policy review related to CHWs and shared materials. The Burkinabe MoH strengthened the CHW system based on the Rwandan experience and strategies.

Identification and Promotion of Innovation

U-report was launched in March 2016, and 12 opinion polls on HIV and AIDS, violence, and hygiene and sanitation were launched with average 7,000 adolescents and youths. Findings were shared with line ministries and other partners for utilization. The U-report was also used for elaboration of the new CP by crowdsourcing innovative solutions with U-reporters. Application of the U-report was extended to monitoring UNICEF-supported emergency responses to 1,235 returnees from Ivory Coast to collect data from these hard-to-reach areas through SMS messages. The challenge is how to expand the access to U-report to the difficult-to-reach populations (girls, youths in rural areas and disabled children), while ensuring the utilization of the data by authorities.

Through the mobile for health (mHealth) launched in December 2016, 392 health workers in two districts are using mobile phones to report real time data on iCCM and supplies. The mHealth will improve decision-making by identifying bottlenecks in child health in communities. A challenge included lack of local capacity and expertise in technologies and programming and installation of the RapidPro platform.

Piloting a speed-reading in four schools had positive end-of-year results: experimental classes performed 12 points better than the control classes. In collaboration with an inter-ministerial committee, UNICEF contributed to the elaboration of the National Strategy for Information and Communication Technologies in Education based on different ICT options proposed by a field research. For better monitoring of the QCFS, a pilot of Edutrack will be launched in early 2017.

The CO is experimenting with an innovative public-private partnership model in three rural municipalities for sustainable and affordable access to water. The model involves the private sector in the management of water pumps monitored by a real-time monitoring, combined with strengthened accountabilities of local authorities and communities.

Support to Integration and Cross-sectoral Linkages

In 2016, UNICEF Burkina Faso strengthened cross-cutting linkages between WASH, education and nutrition to better deliver results for children. Within quality child-friendly schools, 183,000 students in 238 schools in three regions developed and implemented WASH action plans and 353 teachers were trained on WASH. Student “sub-clubs” for WASH were established to facilitate the action plans. The Country Office also equipped 70 schools and health centres with improved latrines and hand washing facilities. As a result,
75 per cent of children in these schools know the importance of hand washing with soap and how to make the “tippy-tap” devices. Inter-agency planning with WFP and FAO involving the Japan International Cooperation Agency enabled a coordinated action to maximize the coverage.

A study on menstrual hygiene management in schools led by MoE was finalized with UNICEF support. Based on the findings, UNICEF developed behavioural change activities that were implemented in 100 schools. The CO set up an inter-sectoral committee with UNICEF, MoE, Ministry of Water and NGOs to jointly monitor the initiative.

A Country Office strategy for WASH/nutrition was elaborated to incorporate a WASH package in nutrition programmes. To operationalize this strategy, a partnership agreement was signed with a NGO that promotes and integrates WASH in the trainings of mother-to-mother support groups, an existing community-based platform of the infant and young child feeding strategy. Mothers’ groups are an ideal entry point for multi-sectoral nutrition interventions such as food production, home fortification, WASH and ECD promotion. The strategy’s coverage is 31 per cent through partnerships between UNICEF, NGOs and community-based organizations. UNICEF supports the MoH in progressive scaling up of this strategy.

**Service Delivery**

UNICEF supported the MoH with procurement of essential drugs, supplies for integrated community-based case management (iCCM) and equipment for community health workers in two districts. A community health committee was set up to ensure supply distributions and end-user monitoring. The MoH contributed to 50 per cent of the national supplies for iCCM, a good entry point. Due to problems in supply process, major donors channelled funds through the CO to facilitate procurement services.

Within the national scale up of the free health care strategy, the CO supported its implementation in two districts, reaching 67,020 under five children and 17,660 pregnant women. The Government is financing 65 out of 70 districts, a promising investment for sustainability. The CO also strengthened monitoring of the quality of health care through partnership with a NGO.

In nutrition, the CO procured 84,517 cartons of Ready-to-Use Therapeutic Foods (RUTF) through the central procurement centre, CAMEG. A protocol was signed between MoH, CAMEG and UNICEF to define roles and responsibilities in planning and quality assurance, monitored by a joint committee. Challenges included insufficient funds to secure the nutritional stock at central and regional levels.

The CO supported construction or rehabilitation of 119 boreholes, of which 49 were in schools and 11 in health centres. Fifty schools and health centres were equipped with latrines. In two targeted regions, monthly meetings were organized between UNICEF, Regional Directorate, enterprises, communal governments and NGOs to review the timeliness and quality of construction work. The CO also provided logistic and financial supports to the Regional Directorate to ensure a monitoring.

The C4D strategy as community dialogues involving religious and traditional leaders and radio transmissions continued to be critical to ensure the demand and utilization of services and maintenance of WASH infrastructure.

**Human Rights-Based Approach to Cooperation**
UNICEF Burkina Faso contributed to the review of the penal code and the person and family code by ensuring the incorporation of the recommendations of the Committee for the Rights of the Child (2010). The legal age for marriage among girls increased from 17 years to 18 years. UNICEF also advocated for maintaining or increasing duration of the penalty for violations of child rights such as female genital mutilation/cutting. The CO supported the revision of the legislative code for child protection, and preparation of the decree. The revised code incorporates child protection issues into one single law, thus building a coherent legal framework.

Further to the adoption of the national strategy and action plan for elimination of child marriage, the CO contributed to the launch of a multi-sector partnership platform. The platform will facilitate strengthened accountability and coordination among the Government, CSOs, UN agencies and bilateral cooperation agencies. The first meeting focused on a review of the national strategy and the action plan to finalize the budget, and on sharing a work plan.

The CO continued to support MoE with the implementation of the national strategy on inclusive education. With support from UNICEF, the MoE organized a training for journalists and media actors on the National Strategy on Inclusive Education so that they could play an important role in advocacy and monitoring of the rights of disabled children to education. A total of 236 teachers and pedagogic advisors, 100 members of school management committees and 30 CSOs were trained on inclusive education, which benefited quality primary education among 4,375 children with disabilities (estimated 1,995 girls) in the Sahel region (26 per cent coverage of total disabled children in the region).

With UNICEF support, the Government designed a national programme (2017-2021) to improve access to quality social services among disabled children and reduce discrimination. This five-year programme with a US$20 million budget will provide an integrated package of services to 40,000 girls and boys with disabilities (50 per cent of total children with disabilities in the country), while strengthening the capacity of families and service providers.

**Gender Equality**

UNICEF Burkina Faso supported the Government with the ‘All In’ initiative through the elaboration of the National Action Plan 2016-2020. The CO is piloting a project for the prevention of HIV/AIDS, pregnancies and drugs among 11,000 adolescents (10,200 girls) in Centre region (17 per cent coverage).

Between 2013/2014 and 2015/2016, the transition rate from primary to post-primary increased from 53.7 to 65.8 per cent (50.6 to 63.9 for girls), with improved gender parity index from 0.91 to 1.03. This is due to the national reform on education continuum that accommodated an additional 104,818 girls through 2,072 post-primary classrooms newly opened since 2014.

Meanwhile, progress in post-primary completion rate was slow: from 24.3 to 29.2 per cent (22.3 to 28.6 for girls). The CO supported 15,000 girls’ retention in primary and post-primary schools in three regions through scholarships, school kits and bicycles. In addition, the CO supported: 1) elaboration of school modules on reproductive health and prevention of harmful practices, and 2) a pilot initiative to promote MHM in 15 primary schools (180 pupils including 160 girls) in two regions.

Annual expenditure for girls’ education was US$497,000 including US$297,000 for MHM.

UNICEF and UNFPA’s advocacy with the child parliament resulted in new Government’s
commitment to end FGM/C and child marriages under the First Lady's leadership. UNICEF-supported social mobilization reached 516,774 people (285,033 women) including 4,000 youths from bordering communes.

As a result, 242 villages in Sahel and Plateau Central regions publicly abandoned FGM/C and child marriage, covering 302,500 of the population (14 per cent of total). In 2017, the CO will conduct a study to assess the efficacy and sustainability of the public declarations in keeping zero cases of FGM/C and child marriage.

The CO also contributed to the launch of the multisectoral platform for elimination of child marriage to strengthen partnership and coordination. A study on child marriage in Sahel region was finalized with recommendations to be incorporated in the tri-annual work plan.

The total budget for the UNICEF/UNFPA joint programmes on prevention of FGM/C and child marriage is US$3,434,276 and UNICEF’s annual expenditure was US$1,455,212.

Environmental Sustainability

Burkina Faso’s geography makes the country particularly vulnerable to the effects of climate change. The most important manifestations are droughts due to insufficient and unevenly distributed rainfalls and floods because of the torrential rains. Both are major causes for food insecurity and insufficient livelihoods.

Finding new water sources in Burkina Faso is becoming more challenging. UNICEF Burkina Faso engaged the Government in a discussion to improve success rates and increase the yield of newly drilled boreholes, and tested new initiatives to provide the Government with evidence on how to manage the existing water infrastructure in sustainable manner.

The Country Office also supported the Government on a study visit to Chad on manual drilling. A mapping of the zones that are suitable for manual drilling in Burkina Faso was carried out with UNICEF’s support. To test how the private sector can play a more prominent role in rural water management, the CO and a French company Vergnet started an action research on the public-private partnership.

In partnership with a local NGO, the Country Office supported showings of ‘The World’s Biggest Lesson’, a film on environmental issues linked to the SDGs, that were viewed by 7,358 people (including 1,009 girls and 1,074 boys) in 15 schools. In the primary education curriculum developed jointly with the MoE, climate change was addressed in two modules: waste management and disposal, and solar lamps. A total of 150 teachers and 5,400 pupils from 30 schools in Ganzourgou and Namentenga and 905 teachers from the Sahel region were trained on the modules.

UNICEF Burkina Faso launched a ‘greening committee’ to spearhead the office’s environmentally friendly initiatives. An assessment on energy needs in the Dori office recommended the installation of a solar-based energy system that was submitted to Headquarters’ Greening and Accessibility Funds. The lack of staff awareness on resource and energy consumption was an issue.

Effective Leadership

The country management team (CMT) met 11 times to review management indicators, including the scorecard. The team also analysed any bottlenecks in operating through the Global Shared Service Centre that the office joined in June 2016. The CMT approved the updated terms of reference for the partnership review committee, for the gender task force
and for the resource mobilization strategy.

Two key governance structures were the monthly programme management meetings and the operations meetings; the management (Representative, Operations Manager and Deputy Representative) participated in both meetings for effective communication between the programmes and operations.

The harmonized approach to cash transfers (HAJT) implementation was systematically monitored in the country management team and programme meetings. The HACT assurance plan was revised twice (July and September) based on the total amount of cash transfer in 2016 and a harmonized calculation tool from UNICEF New York Headquarters. The implementation rate was 84 per cent for spot checks (63 out of 75 planned); 90 per cent for programme visits (216 out of 240); and 100 per cent for micro assessment (4) and audits (33). The remaining activities are ongoing as of January 2017.

Given the large number of partners (218), the Country Office conducted spot checks by UNICEF staff and a consultant. To improve the quality of knowledge generated by the HACT, UNICEF introduced a harmonized reporting format for programme visits. For the first time, the CO commissioned an international audit firm with a global LTA and the quality of work was impressive. Audit findings will help develop a risk-informed, capacity-strengthening plan, and feed into the new country programme’s Enterprise Risk Management.

The business continuity plan was updated and a simulation planned for early 2017.

### Financial Resources Management

Financial and resource management indicators were examined every month at the country management team and programme management meetings. The financial implementation rate was 100 per cent for institutional budget; 100 per cent for regular resources (RR); and 93 per cent and 90 per cent respectively for ORR and ORE as of end 2016. However, upon the financial closure the actual utilization rate of RR was 88 per cent, with US$2 million carry-over to 2017. Monthly bank reconciliation was completed within the deadline and the office did not experience any negative balance against the cash forecast.

The total direct cash transfers (DCT) amount was US$7,851,343. Of those transfers, DCT six to nine months was 1.9 per cent (US$150,876) with no DCT less than nine months. During the fourth quarter, the CO strengthened the DCT monitoring (weekly) as outstanding DCTs had increased.

The finance unit contributed to HACT assurance activities by conducting 19 spot checks and accompanying programme assistants on 50 spot checks to support capacity development. The finance unit planned spot checks with several partners on one visit based on the geographic location which saved cost and time. The CO implemented the minimum required number of spot checks. The unit also supported nine training sessions on HACT for 156 out of 218 partners (72 per cent) in Ouagadougou and Dori.

Participation in the GSSC strengthened the CO’s internal quality control of payments, DCTs liquidation and other requests. Challenges with the GSSC included a slow response to down payment requests and updating the vendor master database. The constraints that were communicated by the GSSC focal point and corrective measures were taken by GSSC.

The CO has not undergone an internal audit since July 2012 but implemented a self-audit in 2015 for which 85 per cent of recommendations were completed by end 2016.

### Fundraising and Donor Relations
In July 2016, the CO re-activated the resource mobilization task force to better coordinate and monitor fundraising efforts. The task force led the elaboration of the resource mobilization strategy 2016-2017 in a participatory exercise that involved each section. The strategy was finalized and validated by CMT at the end of 2016 with focus to: diversify funding sources while obtaining existing donor’s long-term commitment; strengthen knowledge sharing on the value for money, including innovations; and develop high-quality external communication materials for targeted marketing.

The funding gap against the CPD budget ceiling is US$21.5 million until the end of 2017, out of which 40 per cent is for WASH and 30 per cent for health and nutrition programmes (as of October 2016).

Since 2011, UNICEF Burkina Faso’s annual income level for RR rose from US$10 million in 2012 to US$14.6 million in 2016. A total of US$23.3 million of ORR/ORE funds were mobilized in 2016 (against US$22.1 million in 2015): 60 per cent from bilateral donors, 19 per cent from national committees and 21 per cent from private sectors. Of those, the CO used US$18.8 million (81 per cent) this year and the rest was allocated for 2017.

The ORR absorption rate per sector was 100 per cent for C4D, health/nutrition, WASH, child protection and cross-cutting endeavours, and 99.98 per cent and 97.92 per cent for social policy and education, respectively. Monthly CMT and programme management meetings regularly monitored the level of absorption.

Out of 39 donor reports due this year, 35 (90 per cent) were submitted on time. Each donor reports underwent internal quality assurance prior to submission. External communication section contributed human interest stories based on field visits to donor reports.

**Evaluation and Research**

An integrated monitoring, evaluation and research plan 2016 was collaboratively developed between UNICEF Burkina Faso and partners based on evidence gaps and in the context of the new country programme document. The CO managed evaluations of three projects including: (1) social accountability and citizen control; (2) hygiene, sanitation and nutrition; and (3) reinsertion of children in conflict with the law. Eight studies in different themes were finalized and provided evidence on deprivation and inequities in child rights.

The monitoring and evaluation (M&E) unit ensured quality control of the evaluations which, together with the joint management mechanism put in place between UNICEF and partners, contributed to the quality, objectivity and impartiality. A joint steering committee was created between UNICEF Burkina Faso and the Government to oversee a situation analysis of women and children. UNICEF and partners were involved in the selection of appropriate firms to conduct evaluations and studies, and management response of the evaluations and studies were developed with key stakeholders. The consultants or firms were invited to assess and share lessons learned on the evaluative processes to improve future evaluation management.

The CO disseminated findings at different levels including communities, the Government, with NGOs and development partners through communication materials such as policy briefs and scientific articles. Results helped fine tune strategies for the renewal of PCAs with NGOs. UNICEF’s advocacy, based on the evaluation of the social accountability project, led to a strategic partnership to replicate the project.

UNICEF co-facilitated training on the equity focused and gender based evaluation of the SDGs with 70 experts, organized with Evalgender+ and the national network of M&E. The
CO starting the mapping process of the national capacity in M&E to guide strategies on capacity development and to institutionalize evaluations of public policy.

**Efficiency Gains and Cost Savings**

This year, a new UN interagency database (or roster) of local service providers and suppliers was developed and operationalized. UNICEF proposed the software that was adopted by other agencies to develop the database. The roster saved time on bidding processes as well as costs for services by offering a selection of suppliers. The office set up 25 LTAs for goods and services to enhance the supply chain performance, which reduced the delays in bidding.

Shared common services with UNFPA and UNDP (i.e. cleaning, security guards, maintenance of electricity and the UN house and generators) saved UNICEF US$22,180 (a saving of 44 per cent). UNICEF and UN agencies negotiated with the internet provider ONATEL to increase the internet bandwidth capacity from 2 bpm to 9 bpm. A contract was signed jointly with ONATEL with significant cost savings: between June and December 2016, the CO saved a total of US$46,000.

By streamlining the use of vehicles for staff travels, UNICEF reduced the vehicle running costs (fuel and maintenance) by US$11,821 (34.4 per cent saving since 2015). The CO strengthened the control and monitoring of the monthly electricity bills and saved US$4,489 compared to 2015 (16 per cent of reduction).

A solar panel system was installed in the Zonal office (Dori) that provided 50 per cent of the office’s electricity. The system will be expanded to cover the 100 per cent next year.

**Supply Management**

UNICEF Burkina Faso procured US$38,730,758 of supplies and of those, 70 per cent were procurement services. Programme supplies (excluding procurement services and construction) were 14 per cent, of which 50 per cent was for nutrition. Total value of supplies managed was US$6,634,739, the total value of supplies issued and controlled in warehouse was US$5,506,683, and current value of inventory was US$1,128,056. Construction services were provided via institutional contracts.

A local manufacturer, InnoFaso, produced 87 per cent of RUTF procured by UNICEF, contributing to local sustainability. Obtaining a tax exemption for InnoFaso was a challenge as some materials for RUTF had to be imported. A tripartite protocol was signed between the custom office, UNICEF and Innofaso that allowed Innofaso to resume local production with a tax exemption.

A new protocol with Centrale d'Achat des Medicaments Essentielles Generiques (CAMEG) and MoH was signed for 61,793 cartons of RUTF purchased by UNICEF that were stored and distributed to 63 health districts. Integrating nutrition procurement into the national supply chain will facilitate the Government’s national budget contribution to the RUTF.

The CO signed a protocol with Comité National de Secours d'Urgence (CONASUR) through which emergency supplies (equivalent to US$62,500) were prepositioned and distributed to the population affected by floods in 11 regions. UNICEF trained CONASUR staff on management of emergency stocks, to be replicated with regional staff in 2017.

The CO signed 25 LTAs and of those, four LTAs with suppliers (custom and transit services) were included in the new UN inter-agency roster.
<table>
<thead>
<tr>
<th>Programme Procurement</th>
<th>Total US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies-excluding Procurement Services</td>
<td>$6,645,302</td>
</tr>
<tr>
<td>Services with constructions</td>
<td>$5,646,485</td>
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<tr>
<td>Procurement Services (via Regular PS and GAVI)</td>
<td>$27,352,680</td>
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<tr>
<td>Operational Supplies</td>
<td>$440,960</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$40,085,427</strong></td>
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### Security for Staff and Premises

After years of tumultuous political transitions, Bukina Faso reconnected with democracy through the presidential and legislative elections in November 2015 followed by the local elections in 2016. Advancing the new Government’s mission, however, has been difficult in the context of terrorist attacks and destabilization attempts that threatened institutional stability and the security of the UN system in particular.

The security management team (SMT) met four times this year to analyse the security situation and take appropriate actions to ensure the safety of the UN staff and premises. The UN interagency security team, to which UNICEF’s security focal point contributes, updated tools such as: the Country Security Management Plan, Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORSS).

UNICEF offices and residences of international staff are compliant with the MOSS and MORSS. Arrangements are underway to strengthen the security measures at local staff residences. With insecurity incidences, extra measures were taken for the Sahel region and the zonal office in Dori including the installation of Broadband Global Area Network (BGAN), and provision of additional Thuraya and solar energy.

The UNICEF security focal point conducted eight missions to assess the security situation and informed the management. The focal point also made periodic visits to programme sites to ensure the compliance of UNICEF staff with security measures.

First aid and fire safety training courses were initiated with UNICEF staff during the third trimester, although time constraints prevented the office from the completion. The training will resume in early 2017.

### Human Resources

UNICEF Burkina Faso addressed the gender balance among the 18 international professional (IP) staff from 29 per cent female (2015) to 44 per cent in 2016. Diversity remained balanced with 53 per cent IP staff from programming countries. Challenges in gender balance persist among national officers (26 per cent female), less so with general services staff (45 per cent female).

Due to staff retirements and reassignments, 13 positions including eight internationals were recruited. The human resources (HR) unit provided guidance to hiring managers on the use of the new e-recruitment site.
As of March 2016, 80 per cent of staff had completed their 2015 PERs and by end June 2016, 92 per cent had completed the 2016 work planning in the new ACHIEVE site.

The completion rate of the 2015 Global Staff Survey Action Plan was 76 per cent. The results were reviewed on the staff retreat and reflected in the new action plan implemented in April 2016, with focus on inclusive workplace, professional development and work/life balance.

Eighty per cent of the learning and development plan was implemented (50 per cent completed and 30 per cent ongoing) with annual expenditure of US$42,861.

The 10 standards on HIV in the workplace were implemented by the UN Cares Committee and focal points. Condoms were placed in bathrooms, and ‘HIV in workplace’ online course was completed by all staff.

The office updated the emergency preparedness and response plan including HR staff needs. Four UNICEF staff were trained on emergency preparedness and response and on risk management.

The CO faced a shortfall in OR funded posts and used US$118,721 RR to bridge the gap.

The HR Reform activities were fully implemented in 2016 and the new talent management system was used for recruitment. Following the successful shift to GSSC, all staff used MyCase to request HR services.

**Effective Use of Information and Communication Technology**

In line with the new ICT global strategic plan, the ICT unit teamed up with programme and operations and to implement innovative solutions that deliver results for children. With the Supply unit, a database of local vendors/suppliers was created and accessible online by all UN agencies to streamline the vendor selection process across the UN system.

The ICT unit participated in the CO’s Innovation Task Force and provided technical support to various innovations such as U-report. The ICT unit and a local vendor (Ticanalyse) provided convincing facts and simulations on RapidPro to MoH, which led to the MoH adoption of RapidPro as a tool for the Mobile for Health (mHealth) initiative. A pilot phase was launched in December and community health workers collected data on child health and supply indicators via SMS messages connected with DHIS2 (the national health information management system). With Education section, a launch of Edutrack was prepared, a real-time data collection system with schools via SMS messages and RapidPro.

In early 2016, UNICEF’s cloud-based tools increased pressure on the bandwidth connectivity of 2mbps. The UN Inter-agency ICT working group negotiated with the local internet service provider (ONATEL) to increase the bandwidth from 2 mbps to 9 mbps. This saved costs (see above section on efficiency gain), and improved user experience on Vision, Skype for Business and reporting tools including e-mail replication.

To support emergency preparedness and increase security concerns in the northern part of the country, staff were equipped with VHF handsets. A field security tracking system was prepared for operation, via GPS that equipped in all 15 UNICEF vehicles.
OUTCOME 1 Economic and social policies and programs are monitored, results based and contribute to the reduction of disparities, vulnerabilities and poverty of children and women

Analytical Statement of Progress:
In 2016, the CO supported the Government in setting up coordination and monitoring mechanisms at the decentralized level as the first step towards operationalization of the National Social Protection Policy (NSPP). The CO focused on exploring the domestic resource mobilization potentials, and ensuring its effective use for financing the NSPP in line with the Addis Ababa Action Agenda (2015).

The CO commissioned an analysis of the taxation and fiscal revenue, a costing exercise which helped the Government adjust domestic taxation policy with introduction of new taxes in alcohol and cigarettes, and align the tax pressure (currently at 14 per cent) with the 20 per cent benchmark (ECOWAS). These measures taken by the Government will contribute to expanding fiscal space and ensure the sustainability of the funding for the NSPP.

The report was used by the Government to develop the macroeconomic framework of the National Development Plan for 2016-2020 (PNDES in French). Specifically, the macroeconomic framework guided the elaboration of a realistic scenario on the evolution of the economic growth and identification of different indicators to be targeted in the PNDES. The CO will continue its efforts to link the findings with the legal framework to drive the National Social Protection Fund in 2017.

The CO’s advocacy effort towards increased resource allocation for children was strengthened through its active collaboration with both the Government and the Parliament by linking the budget issues with child outcomes. This was done through regular budget review and advocacy to improve the budget allocation to the social sectors, and safeguard line ministries’ budget from detriment such as budget cuts.

The analysis of the trends in the approved budget over previous years yielded interesting findings that convinced the Government to prioritize expenditure for children. These efforts ultimately contributed to an increase in budget allocations to social sectors in the 2016 state budget, culminating at 18.27 per cent against a target of 18 per cent for the CP Cycle 2011-2017.

UNICEF Burkina Faso teamed up with the World Bank and supported capacity building of safety nets and social insurance committees at both central and regional levels on adaptive social protection and monitoring of cash transfer programmes. Together with partners, the CO strengthened capacities of the Permanent Secretariat for Social Protection for a better coordination and leadership in the implementation of the NSPP. Findings from the pilot of the consensual targeting methodology will help the Government fine-tune tools and set up a nationwide single registry of poor and vulnerable populations as part of the efforts toward effective and efficient implementation of the NSPP.

To support a participatory and inclusive social protection process, UNICEF Burkina Faso in partnership with Save the Children Finland completed a child poverty and profiling analysis in Boucle du Mouhoun region. Evidence on the main patterns and drivers of child poverty generated by this study will guide UNICEF to formulate and propose a child-sensitive social protection strategy within the NSPP. UNICEF’s role was to pilot child-sensitive social protection interventions with Save The Children, document results and lessons learned and
advocate for this kind of initiative.

Assessing national M&E capacity started in 2016 with UNICEF technical support to constitute the base for a more comprehensive M&E system to track the national efforts towards development goals, while enhancing the accountability and efficiency.

The efficiency of social policies that reduce child poverty and vulnerability was limited by the political instability. A low tax burden and the weakness of financial and human resources at central and decentralized levels were barriers to expanding the fiscal space. As a lead organization in the partners’ working group in social protection, UNICEF will develop a strategic partnerships and advocate for effective implementation, coordination and monitoring mechanisms for the NSPP. The strategic positioning of equity and social inclusion within the 2018-2020 CP, with gender mainstreaming and local development as cross-cutting strategies and strengthening national M&E capacities will help tackle these challenges.

**OUTPUT 1** By 2014, 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:**
In partnership with SCOs, UNICEF Burkina Faso contributed to build social accountability and citizen control mechanisms in 70 municipalities. The CO support entailed strengthening the capacity of CBOs for participation in planning and monitoring budgets and expenses of local governments in education, health and water and sanitation. The evaluation of the social accountability and citizen control project revealed positive results on capacity development of local authorities, citizen participation and quality of the resource management (funds, supplies, materials and infrastructures) in the primary education sector. Progress was essential for better performance in the Education sector and the effective implementation of the decentralization agenda. UNICEF supported citizen control of the Government’s free distribution of malaria emergency kits to children under five and pregnant women in target areas in Centre-Nord, Est and Sahel Regions that are highly susceptible to Malaria.

To support the implementation of the National Social Protection Programme (NSPP), UNICEF Burkina Faso contributed to the deployment of a training package for capacity building of the National Permanent Secretariat and the 13 regional committees, for efficient monitoring and coordination mechanisms. The CO conducted the assessment of the pilot of the ‘Yako initiative: ‘a social service for each commune.’ Evidence and lessons learned from this assessment will guide NSPP implementation and the scale up Government-led social protection services at the decentralized level.

A prolife of child poverty in the urban communities of Dédougou and Boromo and the rural areas of Safané, Kona and Ye in the Provinces of Bale, Mouhoun and Nayala in the Boucle du Mouhoun region was conducted using the capability approach. The CO better understood the deprivations faced by children and as such, provided an in-depth picture of child wellbeing. These include child wellbeing in seven internationally agreed dimensions as well as those considered ‘missing’ in current definition of the child poverty.

**OUTPUT 2** By the end of 2014, (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:**
Evidence generation and knowledge sharing were key strategies used to attain this output. To guide planning of the new UNDAF and CPD (2018-2020), an equity-focused and risk
informed SITAN was finalized this year through a participatory process under the leadership of the MoFD. SITAN evidence was used in the programming process including in the consultative meetings with partners to develop draft Theories of Change and strategic notes, and for the Strategic Moment of Reflection (SMR) in November 2016. The results-based management training of 33 UNICEF staff prior to the SMR ensured a common understanding on different steps and tools for strategic programming, with focus on the elaboration of the new CPD.

Three evaluations---on citizen-led social accountability; WASH for nutrition; and reinsertion of children in conflict with the law---were finalized as part of the CO effort to take evidence and document the results achieved through innovations. Findings were disseminated at different levels including the Government and CSOs and recommendations are taken in account in the planning of annual work plans for 2017 and the new CP.

In terms of knowledge management, the first edition of ‘Scientific Days for Children’ was organized by the University of Ouagadougou as a platform for dialogue and knowledge sharing putting together decision-makers, experts and researchers on children’s rights. A total of 32 scientific papers highlighted major deprivations and challenges in child rights in Burkina Faso and their programmatic implications. The CO with the National Institute of Statistics and Demographics conducted an in-depth analysis on out-of-school children and an analysis on the access to health services for children that strengthened equity-focused programming.

In the efforts to strengthen national evaluation capacity, UNICEF co-facilitated, in collaboration with Evalgender+, a national workshop with 71 experts from public services, Parliament, research institutes, and CSOs including REBUSE and the emerging evaluators on equity-focused and gender based evaluation of SDGs. The workshop raised awareness on the importance of the SDGs as a development agenda and a framework for promoting equity and gender equality. The CO also supported two training workshops in participatory monitoring and database management for emerging evaluators and the participation of REBUSE in the International Francophone Forum of Evaluation.

To ensure sustainability of capacity building and evaluation promotion, UNICEF supported the launch to diagnose the national M&E system led by the General Directorate of Planning (DGEP). Evidence generated by the diagnosis will guide the strategies that institutionalise public policies and strengthen national evaluative capacities.

M&E activities were limited by delays in publishing the results of surveys and census, and by weak capacity of national consultants in implementing quality evaluations and studies. Strengthening quality assurance and defining more coherent strategy for developing the national M&E capacities are priorities for 2017.

**OUTPUT 3** By 2014, 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:**
UNICEF supported the formulation of the National Economic and Social Development Plan (PNDES) 2016-2020 in Burkina Faso through: 1) providing evidence to design the macroeconomic framework and 2) effective participation in different sectoral working groups to develop and review the PNDES. The final document, adopted in September 2016 by the Government, is the reference document for the national priorities in economic and social development during the next four years. In December 2016, a donor’s and development partner’s conference took place in Paris under the chairmanship of the President of Burkina Faso with the aim to mobilize resources for PNDES. The UN System was represented by
UNICEF supported the Government in defining the roadmap for domesticating SGDs through a participatory process. It resulted in the identification of 16 SDG priorities and 86 targets (out of 169) as top priorities for Burkina Faso; and 73 targets as second priorities. The country is currently in the process of identifying country-specific SDGs indicators and metadata to monitor the SDGs, with supports from UNDP and UNICEF.

To ensure quality strategic programming for the 2018-2020, sectoral consultative meetings and a SMR were organized with the Government, CSOs, UN agencies and development partners through a partnership with the Ministry of Economy and Finance. The SMR was an opportunity to critically review programme strategy notes and Theories of Change based on the latest evidences on emerging issues (e.g. climate change, demographic dividend and security) and the national, regional, global and organizational priorities. Early 2017 the CO will finalize the strategy notes and a draft CPD for review and submission to the Executive Board’s session in September 2017.

Implementation of activities such as support to the communal development planning were delayed due to the local election process and institutional changes following the elections in 2016. Support to developing a context-specific decentralization agenda within the Communal Development Planning, will be a priority for UNICEF in 2017, with focus on at least 10 communes targeted for UNICEF’s programme interventions.

In early 2016, UNICEF in collaboration with the partners in the Gender Consultative Group (GCF) participated in a meeting with the ministry in charge of gender to reiterate the mutual commitment to advance the gender agenda in Burkina Faso. Together with other GCF members, UNICEF advocated for gender mainstreaming in the results framework of the PNDES and accompanied the Government in defining key advocacy messages on gender mainstreaming in resource mobilization as a preparation for the Round table meeting in Paris.

Another UNICEF contribution for gender mainstreaming was the support to the implementation of the National Gender Policy Action Plan. UNICEF-supported activities focused on the capacity building of 36 directors in statistics from different ministries in gender sensitive data collection and analysis. The CO also contributed to raising awareness about positive social norms for gender equity among 106 community leaders, civil society organizations’ members and regional civil servants.

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 has increased, especially at community level.

Analytical Statement of Progress:
Due to the national effort toward universal child immunization, no wild poliovirus was recorded since 2009 despite a risk of imported poliovirus. The routine data, including new vaccines introduced during the past three years (Rotatec, MenAfrivac Cervarix), is poor quality and not up-to-date to assess the progress made in 2016. However, the recent national survey showed that the coverage rate of fully immunized children prior to 12 months was at 84 per cent, with disparities among regions. Low immunization coverage is mainly due to insufficient outreach programs and weakness in community mobilization to create demand. The CO supported the immunization supply/procurement and the demand side.

The mass distribution of long-lasting insecticide treated mosquito nets (LLINs) reached approximately 98 per cent of households nationwide. The report on a malaria indicators survey from 2015 showed a coverage of LLINS among U5 children at 75 per cent, close to
the national target but with regional disparities. To reduce malaria prevalence during the peak period, UNICEF CO and partners supported the introduction of the Seasonal Malaria Chemoprevention for the U5 children.

More efforts are needed to treat diarrhoea among U5 children. Only 40 per cent of U5 children nationwide suffering of diarrhoea received recommended liquid including ORS / Zinc kits. Among 53 per cent of U5 children with acute respiratory infection who sought treatment, only 26.6 per cent received antibiotics. By June 2016, 91 per cent of under five children with diarrhoea received ORS + zinc through CHWs and health facilities both public and private, from strategic support from UNICEF.

The rate of childbirth assisted by qualified personnel was 82 per cent at national level and up to 95 per cent in urban areas, while 52 per cent in the Sahel Region. More efforts are needed to improve the quality of childbirth interventions and decrease the neonatal mortality.

Routine data in 2016 showed that 95 per cent of HIV+ pregnant women received ARV drugs for Prevention of Mother to Child Transmission (PMTCT) in 2015, showing a progress in comparison with 2015 (94 per cent). Access to ARV treatment among HIV+ pregnant women was facilitated by the implementation of the task-shifting strategy recommended and advocated by UNICEF and WHO whereby the prescription of ARV is no longer limited to medical doctors.

UNICEF continued to play a key role in the PMTCT, specifically in the implementation of the option B+ in 26 out of 70 districts. The option B+ was scaled up nationwide and implemented in 100 per cent of the HIV treatment sites. The major bottlenecks included the high number of ‘loss to follow’, cases of HIV+ women and their children, the refusal of testing and stock out of the HIV test kits.

The nutritional situation in Burkina Faso is still a concern due to a high prevalence of malnutrition, even though there was a constant decrease over the past nine years. In 2016, Global Acute Malnutrition (GAM) among U5 children was 7.6 per cent the prevalence of Severe Acute Malnutrition (SAM) in the same age category was at 1.4 per cent. In three regions (Est, Sud-Ouest and Boucle du Mouhoun), SAM prevalence estimation was over the emergency threshold (2 per cent): 2.4 per cent, 2.2 per cent and 2.1 per cent, respectively. The prevalence of chronic malnutrition is 27.3 per cent representing about 940,000 U5 children stunted in 2016 that have higher risks for irreversible damage including weak brain development, shorter adult height, lower attained schooling, reduced adult income and decreased offspring birth weight.

The prevalence of GAM and SAM decreased from 10.2 per cent and 2.4 per cent in 2011 to 7.6 per cent and 1.4 per cent in 2016, respectively. During the same period, chronic malnutrition decreased from 34.1 per cent to 27.3 per cent. The progress made at the national level is thanks to the improved coordination and the national efforts in scaling up proven preventive and curative interventions supported by UNICEF and partners.

There was a gradual improvement of the IYCF indicators due to the national IYCF scaling plan since 2013. The proportion of women who initiated breastfeeding within one hour of childbirth increased from 29.2 per cent in 2012 to 46.6 per cent in 2016, while the exclusive breastfeeding up to 6 months increased from 38.2 per cent in 2012 to 55.0 per cent in 2016. The proportion of children aged 6-23 months who get a minimum adequate diet increased from 3.2 per cent in 2012 to 21.5 per cent in 2016.

The approach used by UNICEF to support the Government in optimal child feeding was based on an integrated IYCF package focused on the first 1,000 days (IYCF scaling up plan). Specifically, UNICEF support focused on engaging community leaders in dealing with
the social and cultural barriers to IYCF practices and setting up mother-to-mother support
groups as a platform for behaviour change.

UNICEF supported the national strategy for micronutrient deficiency control through vitamin
A supplementation in children 6-59 months, deworming in children 12-59 months and the
Universal Salt Iodization nationwide. To reduce anaemia and other micronutrient
deficiencies, UNICEF continued to support the distribution of micronutrient powders to
children 6-23 months through the community IYCF strategy.

UNICEF supported the introduction of nutrition data such as IYCF data in the health
information system (HMIS). Data of Integrated Management of Acute Malnutrition program is
monthly available through the e-HMIS platform.

**OUTPUT 1** By 2015, at least 50 per cent of new-borns, U5 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 number of new curative contacts per U5 child per year increased from 1.16 in 2015 to
2.09 this year (up to September 2016) against the national target of 2.0. This achievement is
due to the universal application of the health care user fee exemption policy for U5 children
and pregnant women since June 2016. UNICEF CO supported the planning and
implementation of this policy in two districts.

Pentavalent3 coverage in children under 12 months remained high at 87.02 per cent as of
September 2016 and is expected to reach 100 per cent by the end of 2016. In 2016,
UNICEF supported the training of central level Expanded Program in Immunization (EPI)
managers in cold chain maintenance, repaired and equipped a cold room at the central level
and procure solar refrigerators, vaccine carriers, temperature monitors and motorcycles to
strengthen the EPI indicators.

In two districts, UNICEF also supported the seasonal malaria chemoprevention, covering
84,691 U5 children. Strategic partnership established with the World Bank and Malaria
Consortium led to the scaling up of seasonal malaria chemoprevention in 54 districts from 17
districts in 2015.

UNICEF partners with PADS (Programme d’Appui au Développement Sanitaire) ensured the
procurement of EPI equipment and logistics and iCCM (integrated Community Case
Management) supplies through GAVI and GFATM funding. UNICEF also supported the
acquisition of equipment and tools for CHWs in 28 districts, for the CHW training planned in

For diarrhoea management, UNICEF procured 126,978 ORS+Zinc kits. The MoH’s plan for
scaling up of CCM of pneumonia to 28 districts in 5 regions was delayed by the recruitment
of new CHWs. The implementation was limited to two districts where 1,347 cases of
pneumonia were managed with UNICEF’s support (until September 2016).

To tackle the challenge of under-reporting, UNICEF supported the MoH through the
introduction of mHealth project launched in December 2016. CHWs in two districts of the
Nord region were trained on the initiative and are collecting data on iCCM of U5 children and
doing community supply management through SMS messages.

UNICEF continued to support the MoH with the implementation and monitoring of Integrated
Management of Childhood Illnesses’ (IMCI) strategy through the utilization of the Electronic
Consultation Register (ECR-IMCI) effective in 270 health centres in eight districts.
Preparations is underway for scaling it up to 58 health facilities in two additional districts in 2017.

UNICEF strengthened its support to MoH with the implementation of the home-based care for PW and new-borns in 18 districts of Nord and Centre-Nord regions, providing access to over 283,790 pregnant women and 236,490 new-borns. CHWs conduct registration of PW in their villages, referring or accompanying PW for ANC, supporting PW to prepare birth plan, referring or accompanying PW for delivery at a health facility and conducting home visits for check-ups, among others. Within this initiative 4,874 PW and 1,553 new-borns were visited at home by CHWs, 90 pregnant women and post-partum mothers and 16 new-borns were referred by CHWs to health centres due to danger signs.

OUTPUT 2 By 2015, 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:
In 2016, UNICEF’s leadership in advocacy and coordination for strengthened multi-sectoral interventions in Nutrition was critical through setting up the UN network for Scaling Up Nutrition (SUN) and coordinating the technical and financial partners’ group for nutrition. The CO also supported the National Directorate of Nutrition with generation of evidences through the National Nutrition Survey and the strengthening Nutrition routine data collection and analysis. The new Nutrition Policy and the common results framework for under-nutrition reduction was developed by the MoH with UNICEF’s support. UNICEF and other partners advocated for positioning of investing in nutrition in the National Plan of Social and Economic Development 2016-2020 (PNDES).

From January to November 2016, 80,024 children under five years old with SAM were newly admitted, including 8,320 children in inpatient services and 71,704 in outpatient services. This represent 65.8 per cent of the annual caseload. SAM cure rates were 93.5 per cent for outpatients and 88.1 per cent for inpatients.

Since January 2016, the transport and storage of nutrition supplies previously were integrated in the supply chain of the national health system through an agreement signed between MoH, CAMEG and UNICEF. UNICEF procured and dispatched 84,517 RUTF (Ready-to-Use-Therapeutic-Foods) cartons through CAMEG, with 4 per cent of the total value of goods as a fee to ensure storage and distribution of RUTFs. A technical committee from the three parties is in charge of the planning, a close follow up of supply chain and monitoring of Integrated Management of Acute Malnutrition in health centres. A bottleneck analysis of the Integrated Management of Acute Malnutrition was finalized and indicators are being integrated into the MoH monitoring system to monitor them twice a year.

UNICEF continued to support the IYCF scaling up plan in five regions (Nord, Plateau Central, Est, Sahel, Cascades) through programme cooperation agreements signed with local NGO partners. Within this initiative, 25 master trainers and 454 health service providers in three regions (Nord, Centre Sud, and Centre Est) developed their skills on new community-based IYCF strategies in 2016. UNICEF’s advocacy efforts contributed to strengthening strategic partnerships with other sectors sensitive to nutrition (Agriculture, WASH, Education, ECD and Women’s Empowerment) for their involvement in the IYCF.

UNICEF supported two rounds of Child Health Days (CHD). During the first round of CHD, 102.3 per cent of children 6-59 months were supplemented with vitamin A capsule and 102.2 per cent of children between 12-59 months were dewormed. Coverage exceeded 100 per cent due to the underestimation of the number of children. The screening for acute
malnutrition was also included in the first round of CHD. A second round of the CHD was successfully implemented in mid-December 2016.

In universal salt iodization, UNICEF continued to support the MoH with strengthening the iodized salt control by the Customs and the Ministry of Agriculture and the control of iodized salt in private sectors’ warehouses (monitored by the Ministry of Industry and Trade).

In 2017 UNICEF will focus its support on improving the anchorage for nutrition coordination and advocacy and on scaling up preventive and curative nutrition interventions.

**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 a good progress was achieved towards PMTCT indicators this year. The proportion of expected pregnant women who were tested for HIV and the received results increased from 30 per cent in 2009 to 83.3 per cent in 2015, and to 92.7 per cent as of September 2016. These positive results are due to the implementation of the National plan for the elimination of MTCT that was implemented since 2011. The plan focused on the introduction of new effective treatment options and the promotion of breastfeeding and early diagnosis among HIV-affected babies.

UNICEF continued to provide its support to 26 priority districts to strengthen the implementation of Option B+ to eliminate MTCT through supportive supervisions of health providers (who were trained in 2015) and provision of necessary tools and supplies. The Option B+ recommends tri-therapy for HIV+ pregnant women regardless of the age of pregnancy or CD4 counts with the objective of achieving the elimination of MTCT.

The coverage of ART treatment among HIV-positive infants has not seen the same progress as PMTCT and remains the most important priority, it increased from 13 per cent in 2011 to 15 per cent in 2014 and remained at 15 per cent as of September 2016. Between January and September 2016, 2,486 infants (48 per cent of girls and 52 per cent of boys) were under ARV treatment. Meanwhile, early identification and recruitment of HIV-exposed children for PCR diagnosis and a HIV rapid test have seen a positive progress this year. It started in 2011 targeting SAM children with complications (inpatients) in a few hospitals and eight out of 13 secondary referral hospitals (nine regional and four University teaching hospitals) are now implementing this strategy. UNICEF continues to focus on early diagnosis with all children through the PMTCT programme and suspected AIDS cases among the children who are hospitalized. For a better follow up of children who are under ARV treatment, UNICEF supported the capacity development of service providers (clinicians at hospitals) on treatment of HIV+ infants.

UNICEF Burkina Faso also provided support for PMTCT and paediatric care through enhancing supply management system and monitoring of supplies and commodities at the community level. This support was provided through partnership agreements with local NGOs such as AED to support health facilities’ limited resources.

In partnership with UNFPA and UNAIDS, UNICEF supported the introduction of the ‘All-In’, approach to combat HIV/AIDS among adolescents and youths. This contributed to the establishment of a platform of partners (different ministries, UN agencies, NGOs, youth
clubs) for coordination in the ‘All In’ activities.

In 2017, UNICEF will reinforce its technical support for the implementation of the ‘All In’ initiative through a Programme Cooperation Agreement signed with the local NGO in November 2016. UNICEF will also continue to strengthen the implementation of the Option B+ in 26 target districts, with a focus on elimination of MTCT, as well as first tracking the paediatric HIV care.

**OUTPUT 4** By 2015, 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:**
Since March 2016, almost 4 million under-five children and 700,000 pregnant women nationwide received free of charge healthcare thanks to the scaling up of the Health care exemption strategy (including 247,000 deliveries and 7,700 caesarean sections). UNICEF Burkina Faso supported the implementation of this new policy, and currently supporting the Government in the operationalization of the Universal assurance scheme which will integrate the free health care initiatives for under five children in 2017.

A bi-monthly bank transfer to health facilities covers two months’ operation costs, followed by the monthly justification by health centres. The reallocation is being made every two months after auditing the accounts and adjusting the expenditure forecasts. According to the MoH, no delay related to reimbursement was observed so far. In contrary, the amounts transferred to health facilities is often overestimated. A challenge remains ensuring an efficient use of the funds through effective auditing.

Seven policy documents (out of five planned) were elaborated or updated in 2016 including: the Free Healthcare Policy, the ‘National Policy of Nutrition (PNN)’; the ‘Multi-sectoral Strategic Plan of Nutrition (PMN 2016-2020)’, the National Malaria Control Strategic Plan (PSLP 2016-2020)’ the ‘National HIV Control Strategic Plan (PSLS 2016-2020) the ‘Comprehensive Multiyear Plan of Immunization (PPAC 2016-2017)’ and the ‘Multiyear Budgeting and Economic Programming Document (DPBEP 2017-2019)’ for which the elaboration is ongoing.

Following the adoption of the National Economic and Social Development Plan 2016-2020 (PNDES) by the Government, the MoH conducted a mid-year review of the National Health Development Plan 2011-2020 (PNDS). With UNICEF’s technical support, MoH is currently in the process of updating this policy based on the PNDES, to comply with the newly adopted national priorities.

The Government adopted the results-based planning approach this year and elaborated a guidebook with tools for users. UNICEF supported the MoH with training on the result-based management of 184 partners and revising the guidebook to be more coherent and user-friendly. Due to the absence of the guideline for local level, health directorates and districts were unable to elaborate a Health development plan (the target for 2016 was 30 per cent of health districts).

Three emergency prevention and response plans (against two which were planned) were elaborated with UNICEF’s support, and risk reduction and resilience were mainstreamed in these plans to tackle the dengue fever outbreak and reduction of risks for potential epidemics of meningitis and cholera in Burkina Faso.

In 36 out of 37 districts in seven regions targeted by UNICEF Burkina Faso, performance monitoring was conducted by MoH during 2016. Bottlenecks were clearly identified yet
analysis remained weak and corrective measures were not fully implemented. Moreover, the outputs of the monitoring exercise were not taken in account sufficiently in the MoH’s situation analysis in the action plans for 2016. Workshops will be organized in seven regions to support districts teams to better analyse the data from monitoring exercise to be reflected in the action plans for 2018.

OUTCOME 3 By the end of 2017, UNICEF will help to increase access to safe drinking water and improved sanitation in rural areas. 
By 2015, 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:
At the end of 2015, the Government of Burkina Faso created a dedicated Ministry for Water and Sanitation. With the national programme for water supply and sanitation ending in 2015, new sub sector programmes were developed around five thematic areas: Supply of Drinking Water, Sanitation and Waste water, Irrigation Infrastructure, Integrated Water Resource Management and Governance in the Water and Sanitation Sector.

The targets in these programmes are aligned with the new SDG targets for water and sanitation, with the objective of attaining the universal access to water and sanitation in all communities including health centres and schools, and the elimination of open defecation by 2030. In this context, UNICEF Burkina Faso is strengthening the Government’s capacity to implement these programmes, and playing a major role especially in the Sanitation programme, for which the CO in Burkina Faso serves as the focal point within the WASH donor group.

Burkina Faso has still very low access to sanitation, and progress was very slow over the last years. More than half of the country’s population (55 per cent) practicing open defecation, up to 75 per cent of population in rural areas. In urban areas, the access to sanitation increased from 29.1 per cent in 2013 to 34 per cent in 2015, and in rural areas the access to sanitation increased from 6 per cent in 2013 to 12 per cent in 2015 (Ministry of Water and Sanitation, 2016).

The sanitation approaches that were used in the last decades failed to significantly increase the access to sanitation among the population. To overcome this challenge, in April 2016, UNICEF started to pilot the CLTS without subsidy, an approach that focuses on community-wide behavioural change rather than the traditional construction-only approach, through tackling negative social norms. The pilot will be evaluated in 2017 and if successful, will be scaled up in the country.

Because of UNICEF-supported CLTS, at least 11,233 new households (approximately 78,631 persons) gained access to sanitation through latrines constructed by themselves. To date, 57 villages were declared as the ODF following an evaluation conducted by the regional CLTS committees and are ready for certification in 2017. An additional 16 communities are ready for the evaluation.

As for water supply, Burkina Faso made significant progress over the past years. More than four out of five households have access to an improved water source (82 per cent), although inequities remain persistent (97 per cent access in urban areas, 76 per cent in rural areas). Water quality is monitored immediately after the construction of a new water point but not afterwards, which is a main factor that explains why improved water sources may provide contaminated water.
With UNICEF’s support to construction or rehabilitation of boreholes and new water points, approximately 39,000 persons (20,280 women and 18,720 men) in communities gained access to drinking water, as well as 12,250 students (including 6,000 girls) and 3,300 patients of health centres. Students from 238 schools developed and are implementing WASH promotion actions plans. As a result, at least 75 per cent of school children in these schools know that hand washing with soap is an essential practice at the keys moments - after using latrine, before and after eating (NGOs’ reports, December 2016).

South-south cooperation facilitated knowledge exchange between Burkina Faso and Senegal on multi-village water supply, and with Chad on manual drilling. UNICEF supported these visits of a Burkinabé Government’s delegation financially and technically. To facilitate knowledge sharing, a study and a costed national action plan on Knowledge Management and Sector Learning (KMSL) were elaborated by the NGO IRC (International Water and Sanitation Centre) with UNICEF’s financial and technical support.

A study on menstrual hygiene management (MHM) in schools was carried out by UNICEF in partnership with the Ministry for Education. The involvement of the Government and civil society actors in the study’s steering committee helped build a coalition of actors who are now playing a role in improved MHM in schools. As a result, UNICEF and two NGOs (ARFA and Wateraid) in partnership with the Ministry for Education are currently implementing menstrual hygiene communication activities in 100 schools. These activities and tools for communication for development were designed based on the findings from the formative study.

In partnership with UNICEF HQ, UNICEF Burkina Faso initiated a public private partnership (PPP) action research for hand pump management in rural areas with the private company Vergnet Hydro. The objective is to test the feasibility of a PPP when it is applied to the hand pump management in rural areas. If successful, this model can be replicated in other areas of Burkina Faso and beyond.

In terms of WASH in emergency, UNICEF Burkina Faso assisted 2,500 returnees from Cote d’Ivoire as well as to the population affected by flooding in Ouagadougou and the Sahel region with the improved access to a basic WASH package. The CO also contributed to the national capacity development in ‘WASH in Emergencies’ through organizing a training with 34 partners from nine countries in the region, including seven from Burkina Faso. The WASH in emergency working group continued to play a role as the main coordination structure for the section. UNICEF Burkina Faso contributed to this group as lead agency.

**OUTPUT 1** Output 2016-2017: By the end of 2017, at least 100,000 new people in communities, schools and health centers have access to basic sanitation and hand washing.

Output 2014-2015: 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

Output 2011-2013: 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:**
UNICEF Burkina Faso launched a demand driven, non-subsidized CLTS pilot targeting 239 villages in the East, Sahel and Centre West regions. Four NGOs contracted by UNICEF (APS, SNV, OXFAM, DRC) worked in the communities in these regions. The General
Directorate for Sanitation (DGA) and the three Regional Directorates for Water and Sanitation (DREA) supported the NGOs with monitoring, evaluation and celebration of the ODF status in villages. A CLTS training was organized with 36 participants from different institutions such as the DGA, the DREA in the Sahel, the Centre West, and the East, and the NGOs. The three regions put in place regional CLTS committees that are responsible for follow up and evaluation of the CLTS implementation, and certification of villages that successfully ended open defecation.

On the other hand, a mixed approach using CLTS tools with subsidy that started since 2015 was still underway in 28 villages of the Sahel region. However, this approach is being phased out, as the NGO partners stop subsidizing household latrines with the perspective of adopting a CLTS approach without subsidy.

Through the CLTS pilot, 57 villages declared the open defecation free (ODF) status following the evaluation by the regional CLTS committees. However, these communities are not yet certified, because they need to maintain the status for at least six months after the declaration. Additional 16 communities are ready for the evaluation in 2017. A CLTS working group (composed of the implementing NGOs, Directorate of Sanitation and the three Regional Directorates) was established through the advocacy of UNICEF to monitor the progress of CLTS and support NGOs closely for the achievement of ODF status in villages. Through contracting private companies, the CO equipped 50 schools and health centres with improved latrines and hand washing facilities. In parallel, 238 schools established students’ clubs to facilitate the implementation of WASH promotion actions plans. From these schools, 353 teachers were trained on the WASH promotion approach in schools. At least 75 per cent of children in the targeted schools know that hand washing with soap is an essential practice during key moments and how to make a tippy-tap device, a hand washing device with locally available materials (NGOs’ reports, December 2016).

A study on MHM in schools was finalized under the leadership of the MoE. The findings revealed that girls in Burkina Faso face many challenges linked to MHM in schools, from lack of knowledge on menses to harassment by boys due to menses. In addition, girls miss school days because of the lack of sanitation facilities that accommodate their needs during menses. In response to these issues, UNICEF developed communication tools and prepared an intervention to promote MHM that is currently being carried out in 100 schools. At least 9,920 girls are participating together with 9,094 boys, 600 teachers and 800 parents to improve the enabling environment for better MHM among girls.

**OUTPUT 2** Output 2016-2017: By the end of 2017, at least 75,000 new people in communities, schools, and health centers have access to clean drinking water and consume good quality water.

Output 2014-2015: 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.

Output 2011-2013: 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:**
Through the construction of 105 new boreholes and the rehabilitation of 24 supported by UNICEF Burkina Faso, approximately 39,000 persons (20,280 women and 18,720 men) gained access to improved drinking water this year. The CO also supported the construction of new water points in 49 schools and 11 health centres, through which 12,250 students
UNICEF’s contribution focused on capacity strengthening of five Regional Directorates (Sahel, East, North, Centre West and Central Plateau) in the implementation of water and sanitation action plans. The reception of newly constructed infrastructure is done by a commission (Regional Directorates, UNICEF, beneficiaries and companies) to ensure the quality of the final products. However, the Regional Directorates do not have the capacity to ensure day-to-day supervision and control due to a lack of human resources and resources for logistics. This bottleneck led to the non-respect of the delays by the companies, and sometimes an unsatisfactory quality of work carried out, which required corrections. Because of the shortcomings in quality control identified in 2016, UNICEF decided to contract quality control companies for the day-to-day monitoring of all drilling companies starting 2017.

But the problem goes beyond the boreholes that are financed by UNICEF. Many boreholes in Burkina are not of good quality, and one of the reasons is that the construction is not properly carried out. UNICEF Burkina Faso continued its dialogue and advocacy with the Government to work on the professionalization of drilling. As a part of this discussion, the CO supported the participation of the Government in the Rural Water Supply Network meeting in Abidjan in December 2016, and carried out a mapping exercise on the feasibility of manual drilling, a low-cost drilling technology. This study will help the country identify the potentials for manual drilling. An in-depth study on the status of drilling professionalization is also planned for the first quarter of 2017.

Another area for improvement is the management of water points in rural areas, specifically linked to the monitoring and improved functionality of hand pumps. In 2016 UNICEF facilitated a partnership between the Government, municipal governments, communities and a private company to test the feasibility of a public private partnership (PPP) for the management of hand pumps in rural areas. In water quality, approximately 20,000 persons (10,400 women and 9,600 men) in the Sahel region are regularly practicing the chlorination of drinking water through a project funded by UNICEF and implemented by Oxfam.

In humanitarian action, UNICEF supported the rehabilitation of six boreholes for flood victims in the Central and West regions. In the South-West region, a new borehole was constructed to improve access for returnees from Cote d’Ivoire. The contingency stock was maintained and some materials for water treatment such as Aquatabs were handed over to the national emergency coordinating body (CONASUR) and other humanitarian partners such as the Red Cross.

**OUTPUT 3** Output for 2016-2017: By the end of 2017, technical services have enhanced capacities to create an enabling environment for the drinking water, sanitation and hygiene sector.

Output for 2014-2015: 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

Output 2011-2013: 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:
In 2016, UNICEF Burkina Faso strengthened the institutional capacity of the water and sanitation sector at national and regional levels, and participated actively in the national and international dialogue to reinforce their accountability for an improved enabling environment for WASH.

The CO supported the participation of the Government structures in charge of WASH in international dialogues and knowledge exchanges such as: Water for All (SWA) Minister’s meeting in Ethiopia, the Sanitation and SWA Steering Committee in Istanbul, the African Water Week in Tanzania, the 8th Session of the Committee of Economic, Social and Cultural Rights in Geneva, the World Water Week (Stockholm), and the Rural Water Supply Network (RWSN) in Abidjan. In addition, south-south exchange was facilitated with Senegal on multi-village water supply, and with Chad on manual drilling. A study and a national action plan on Knowledge Management and Sector Learning (KMSL) practices and needs were elaborated, as part of the action plan, a budget is proposed and the Government is currently advocating for buy-in from other donor funding sources.

In 2016, with UNICEF Headquarters, UNICEF Burkina Faso initiated a public-private partnership (PPP) action research for hand pump management in rural areas with the private company Vergnet Hydro. The objective was to test if a PPP is a feasible model for hand pump management in rural areas. The study assessed the effectiveness of the PPP model in balancing the population’s capacity to pay, the operators interest in sustainable operations with a profit, and the Government’s interest in safe management water, especially for the most vulnerable population. The pilot started in 2016, and the action phase will start in 2017. The action research is geographically targeted to three municipalities and if successful, this model can be replicated in other areas of Burkina Faso.

In emergency, UNICEF led the WASH working group that met every two months. The group updated the 3W plan (Who does What Where) and the emergency contingency plans and contributed to the elaboration of strategic documents in emergency (Humanitarian Response Plan, Humanitarian Need Overview). A WASH response was provided by partners under the leadership of UNHCR to almost 32,000 refugees; UNICEF Burkina Faso provided soap and hygiene promotion interventions to the same population. UNICEF assisted 2,500 returnees from Cote d’Ivoire as well as the population affected by flooding in Ouagadougou and the Sahel region with improved access to a basic WASH package.

In terms of capacity strengthening, UNICEF supported five WASH partners (NGOs and the Government) with procurement of water testing equipment (50 pool testers). The CO jointly with the Regional Office organized a training for participants from francophone Africa on WASH in Emergencies, facilitated by 2iE, an engineering institute based in Burkina Faso. The training was attended by 34 persons from nine countries including seven partners from Burkina Faso (three Government officials, and four participants from NGOs).

OUTCOME 4 By 2015: (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 increases from 45.9 per cent in 2009-2010 to 75.1 per cent, with special focus on girls.

Analytical Statement of Progress:
Burkina Faso’s performance in basic education has improved considerably since 2011, and 2016 marked progress for access, but was stagnant for the quality. The primary school Gross Enrolment Rate attained 85.9 per cent for boys and 86.4 per cent for girls for the 2015/2016 school year, from 83.6 per cent and 83.9 per cent in 2014/2015. The primary school completion rate remained level since 2014/2015 for girls (61.0 per cent), and slightly fell for boys: from 57.4 per cent in 2014/2015 to 55.1 per cent in 2015/2016.
UNICEF advocacy resulted in the MoE’s engagement in national scale up of the Quality Child-Friendly School (QCFS) approach through training 100 per cent of 43,000 primary school teachers with the state budget. UNICEF reached 853 schools in the target zones with the QCFS approach as of December 2016 (against 612 in December 2015), reaching 183,027 children (85,688 girls) with access to improved-quality education. This includes 261 schools in three regions (Sahel, plateau central and centre-nord) targeted for UNICEF’s support this year. The area of coverage represented 6 per cent of the county’s primary schools.

With objective of improved quality of basic education, UNICEF initiated a pilot of ‘speed reading’ that enabled pupils to learn the alphabets and reading in half the time of the conventional approach. Starting 2017, UNICEF will support a systematic experimentation of this approach in specific linguistic zones to further generate evidences for future scaling up.

UNICEF’s technical assistance and advocacy successfully resulted in MoE’s decision to expand preschool access starting the 2016/2017 school year. UNICEF helped MoE develop a plan for the preschool expansion and the operationalization of Bisongo (community-based ECD centres). UNICEF contributed to the MoE decision on the increased investment in 2017 through construction of 110 preschool classrooms in the primary schools (two classrooms/school) and by equipping 212 existing ECDs with education kits.

In terms of ECD, UNICEF supported the quality of preschool education through training ECD educators and parents on parental education in the North, North-centre and Sahel regions, benefiting approximately 11,414 girls and 10,536 boys between 3-5 years old.

Although the gender parity index improved at the national level (from 0.91 to 1.03 for post-primary and from 1.003 to 1.005 for primary between 2013/2014 to 2015/2016), there is regional disparity (i.e. the Sahel Region: 0.72 for post primary, 1.005 for primary). UNICEF promoted girls’, education via prevention of child marriage and provision of scholarships and learning kits to the most vulnerable girls in the Sahel region. As a part of the curriculum reform, UNICEF also supported MoE with ongoing development of three teacher-training modules (reproductive health, child marriage and FGM/C).

The CO contributed to inclusive education with a focus on out-of-school children and children with disabilities. UNICEF led advocacy efforts to accelerate implementation of the National Strategy on Inclusive Education, validated in December 2015. UNICEF continued its support through pilot initiatives to advance the right to education, targeting disadvantaged children in Ganzourgou, Namentenga and the Sahel.

UNICEF supported 3,700 out of school children (51 per cent girls) between 12-15 years old in Sahel region through catch-up bridging courses, literacy and skills training. Of those, 88 per cent were successfully integrated in the formal education. Burkina Faso’s experience in supporting out of school children was identified a good example and a delegation from Senegal visited the programme to learn from it. The rights of 4,375 children with disabilities to primary education (estimated 1,995 girls) were ensured with UNICEF’s support contributing to 16.7 per cent of the number of disabled children enrolled in primary schools this year.

The CO will consolidate the results from these small-scale experiences to advocate with MoE to strengthen the national ownership and increased resource allocation. Lessons learned will guide the office to finalize the strategies for the new CPD in inclusive education, with stronger upstream focus.
Education sector partners selected UNICEF to manage the development of a grant proposal for the Global Partnership for Education that leveraged over US$210,000 for Burkina Faso. The CO influenced the new National Education Sectoral Plan to incorporate the equity agenda with focus on ECD. These efforts were enhanced by piloting the Simulation for Equity in Education Model in the Sahel region that informed the new sectoral plan on the equity perspective.

In terms of knowledge management, UNICEF supported studies on out of school children, studies on the low performance in mathematics, and an impact evaluation of income generation activities for girls’ education. The CO technically and financially contributed to the development of the National Strategy on ICT in Education.

The constraints included the restructuring of the MoE and worsening security in the bordering areas of Sahel region. To overcome these challenges, UNICEF maintained its work at technical-level and higher-level advocacy to streamline the work with the new MoE directorates, and recommended DCT to the MoE regional offices and actions are being taken.

**OUTPUT 1** By 2015, the strategies of accelerating access to a quality basic education are promoted

**Analytical Statement of Progress:**
At national level, the number of pupils in primary schools increased from 2,706,803 (1,311,385 girls) at the beginning of 2015/2016 school year to 2,873,049 (1,395,243 girls) by the end of the school year. At the preschool-level, the number of children enrolled increased from 72,210 (35,690 girls) to 109,710 (54,307 girls) during the same period.

A massive social mobilization campaign was conducted beginning of the 2016/2017 school year to sensitize parents, community members and children on the importance of education, with particular focus on 650 schools in the Sahel, which led to the enrolment of an additional 50,000 children in Grade 1. Ongoing support to QCFS schools in Ganzourgou, Namentenga and Sahel enhanced access and improved learning environment through classroom construction/equipment, including latrines and water points, for 9,545 children (4,523 girls) in 53 schools. To promote children’s fitness to continue primary education, UNICEF supported training of 55 personnel on ’Poko’ nutrition comic books and 300 school directors on HIV/AIDS prevention.

In preschools, 100 members of the school management committees were trained in the Sahel to boost parents’ understanding of ECD. Through contracts with enterprises, UNICEF is currently supporting the construction of seven preschool structures (three bisongos, three ECD centres, one day-care centre) in Sahel and Ouagadougou that will benefit 780 girls and boys between 0-5 years old. UNICEF and an international NGO, Bornefonden, in Ganzougourou piloted a model of community preschools (Bisongo) managed by the communal governments and communities to provide lessons learned. In 2017, UNICEF will generate evidence for MoE on how to engage local decision-makers and stakeholders in building sustainable ECD centres.

UNICEF supported a study tour of the Burkinabe delegation to the Comoros to learn from good practices of their ECD programmes.

Over 4,670 children and adolescents from two refugee camps and host-communities (33 per cent of 13,905 sector target) were enrolled in pre-school, primary education and vocational training, with the support of UNICEF and UNHCR. The emergency response was ongoing for the children displaced from Ivory Coast and settled in Batié and Kpuéré, in Noumbiel province, through which 169 young children (88 girls) got the access to preschool education.
and 87 children (46 girls) to primary education.

Bottlenecks included insufficient school infrastructure and worsening security in the bordering areas of Sahel region. As a lesson learned, the ministry ownership of UNICEF-piloted approaches such as QCFS was key to scaling up their resources. Inclusion of innovative approaches into initial teachers’ training was cost-effective and a good strategy to cope with teacher mobility. A challenge at the scaling up phase will be how to bring all the actors (both upstream and downstream) to the appropriation and application of the strategies, beyond technical training.

OUTPUT 2 By 2015, the education quality standards are known and applied.

Analytical Statement of Progress:
MoE and UNICEF made substantial efforts to promote the quality of education, through the nation scale up of the QCFS approach and other innovations. UNICEF supported MoE to train 995 pedagogic counsellors (76 females) on the QCFS approach, covering 100 per cent of 488 local structures. These counsellors are currently replicating the training to attain 100 per cent of 50,000 primary teachers by 2017. UNICEF and MoE are exploring the possibility to introduce the QCFS approach in post-primary schools. To promote the school excellence, a competition of best performing QCFS was organized in December, with participation of 455 schools (105,836 pupils including 50,695 girls).

UNICEF provided 43,000 copies of QCFS manuals, covering 100 per cent of primary schools. The second QCFS module containing specific and emerging themes such as peace education, ECD, school health/nutrition and inclusive education was elaborated.

The quality of education in 50 primary schools (out of 152 targeted for QCFS in 2016) in Sahel region was reinforced via provision of materials in hygiene, sports, and library and school gardening, benefiting 9,005 children (4,267 girls). To increase the learning time of children in rural areas, 10,000 solar lamps were procured to students in 52 primary schools so that they can study at home after sunset. UNICEF supported the provision of learning materials for 14 community preschools, contributing to the improved quality of preschool education for 840 children (428 girls).

UNICEF supported elaboration of the National Strategy ICT in Education and will develop guides to operationalize the strategy. To set up a real-time monitoring system of QCFS, a preparation is underway to launch Edu-track in 2017. UNICEF initiated an innovative pilot of ‘speed reading’ which enabled pupils of the pilot schools to learn the alphabet and basic reading in half the time spent in the conventional approach. Promising results from the target schools indicate that the pupils under this approach scored 13 points better in the reading tests compared to the students in previous year.

In terms of emergency preparedness and response, UNICEF supported capacity development of 404 MoE officers (67 per cent coverage). To contribute to prevent future conflicts, a new module on peace education was developed with WCARO technical assistance and 905 teachers (25 per cent of teachers) were trained.

One bottleneck was teacher mobility. To overcome this challenge, UNICEF requested that MoE put the QCFS approach as the priority in their teacher training plan so that all teachers are trained at once. Another bottleneck is the capacity to apply the technical knowledge into practice. In case of the QCFS, UNICEF will support MoE in setting up a monitoring mechanism to accompany trained teachers in application of this approach.

Innovations piloted in education (speed learning and QCFS) improved quality of education.
The CO will systematically document evidences from the innovations and will promote a scaling up in the future.

OUTPUT 3 By 2015, the education programs provide greater equity

Analytical Statement of Progress:
UNICEF promoted inclusive education at the upstream level with high-level participation on multi-country meeting held in Togo in April 2016. The conference allowed UNICEF to raise awareness among the authorities and opinion leaders on inclusive education who then sensitized the national media on the National Strategy on Development of Inclusive Education.

Advocacy and piloting of the Simulation for Equity in Education Model in the Sahel region that UNICEF supported helped the equity aspect in the Education sectoral plan. Ongoing efforts such as development of tools for school clubs, promote equity in education. Because of UNICEF’s advocacy, the MoE is conducting a study on out of school children to better understand the issue.

A pilot action research was implemented where students of school clubs in Sahel conducted a door-to-door survey and identified 270 out of school children, including 176 who had never been to the school. Out of 167 children who had never been in schools, 33.7 per cent engaged in animal farming as the reason for not being in schools, and another 31 per cent preferred to attend Koranic schools. During the home survey, club members talked about the importance of education to children and parents.

At downstream level, UNICEF supported girls’ education in Sahel region via provision of scholarships to 605 girls (20 per cent of girls at post primary), learning kits to 15,000 girls in primary/post primary schools (23 per cent coverage) and a bicycle to 500 girls of post primary (16 per cent coverage). Furthermore, 236 teachers and pedagogic advisors, members of 100 school management committees and 30 civil society organizations were trained on inclusive education. This intervention reached 26 per cent of 18,000 children with disabilities in Sahel region.

UNICEF supported identification, enrolment or retention of 4,375 children with disabilities (estimated 1995 girls) in primary schools in the Sahel region. In terms of ensuring equity among adolescents, UNICEF supported literacy training of 1,681 adolescents (983 females) in Ganzourgou and Namentenga and the Sahel regions (20 per cent of the total adolescents in the country). UNICEF provided MoE with vocational training materials for approximately 1,080 adolescents (51 per cent girls) in the non-formal education centres in Sahel region.

These small-scale interventions were effective strategies for inclusive education, and also built the local capacity to scale-up.

Child marriage in Burkina Faso is a bottleneck that causes gaps in the number of post-primary schools especially in the rural areas, making it difficult for girls to commute to continue education after primary education. In terms of out of school children, many parents opt for Koranic schools, especially in the Sahel region. Lessons learnt included effective implementation models, such as Simulation for Equity in Education, to demonstrate the equity approach to education (gender, disability).

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:**

In 2016, the Child Protection sector in Burkina Faso focused on strengthening the national child protection system, with UNICEF and partner support. This improved the enabling environment, access, demand and quality services for children at risk and affected by violence, exploitation and abuse.

UNICEF Burkina Faso technically and financially supported the Government in strengthening the legal and policy framework through development and/or technical review of key strategic documents.

First, a draft of the 2nd National Action Plan (2017-2021) to modernize the national civil registration system was developed and validated, aligned with the African Union’s guidelines on Civil Registration and Vital Statistics.

Secondly, through UNICEF’s advocacy and support, a draft regional strategy (2017-2021) for the modernization of the civil registration for the Sahel region was validated with a costed action plan to remedy the important regional gap of 39 per cent points in the access to birth registration among children (21 per cent and 60 per cent for Sahel region and national, respectively). Also, a draft national programme (2017-2021) to improve access to services for 40,000 children with disabilities was finalized for adoption in 2017.

Finally, in the context of UNFPA/UNICEF joint programme, a national action plan (2016-2020) to end FGM/C was adopted. The Children Act was finalised this year with the objective to set up an integrated legal framework for child protection. The increased enforcement of the legal framework on FGM/C led to the conviction of 57 law offenders (15 men and 42 women) out of 75 prosecuted.

In terms of knowledge management, the first national action plan (2011-2015) to end the worst forms of child labour (WFCL) was externally evaluated through UNICEF Burkina Faso’s financial and technical support. Lessons learned from this evaluation, validated in October 2016, were used to develop the second WFCL national plan. The Government developed and validated the combined 5th and 6th periodic report on the implementation of the African Charter on the Rights and Welfare of the Child for adoption and submission to AU in 2017.

The partnership between the Government, UNICEF Burkina Faso, UNFPA and the Children's Parliament led to a renewed commitment of the highest authorities to end FGM/C and child marriage. Burkina Faso’s First Lady, with financial support from UNICEF/UNFPA, made an advocacy visit to Saudi Arabia, leading to the mobilization of US$50 million to end FGM/C in Africa from the Islamic Bank for Development.

Concerning capacity building, UNICEF supported the operations of key child protection mechanisms including two helplines, 23 provincial child protection networks, 220 foster families, and 18 out of 35 police/detention and rehabilitation centres for minors in conflict with the law. UNICEF Burkina Faso also contributed to the capacity strengthening of 1,159 institutional and 515 community actors from various sectors and 370 adolescents/youths to better equip them to provide/contribute to the increased provision of quality CP services.

UNICEF strengthened coordination functions within the national child protection working group and the FGM/C thematic group, resulting in an improved synergy between actors. At decentralized level, UNICEF’s involvement was essential to making the child protection coordination structures in the Sahel region more active both at regional and provincial levels.

These initiatives provided protection services to 44,289 children (including 21,691 girls)
identified as in need for specific protection, and prevention services through life skills education to 15,487 adolescents (8,567 girls) exposed to child marriage in the Sahel region (98.0 per cent of 100,000 CPD 2011-2017 target).

With UNICEF support, an estimated 1,200,000 people (including 383,094 women) developed knowledge on child rights and protection, including harmful practices and reporting child protection issues. In December 2016, 242 villages in Sahel and Plateau Central regions (estimate population over 300,000) publicly declared the abandonment of FGM/C and child marriage. A study to follow up post-declaration to ensure the zero occurrence of FGM/C and child marriage is underway to be finalized in 2017.

Regarding knowledge management, the ministries in charge of childhood and justice published statistical yearbooks for 2015. UNICEF assisted the ministries with preparation of a statistical yearbook 2016. UNICEF commissioned a study on child marriage in Sahel region and two evaluations (Laye rehabilitation centre for minors in conflict with the law (MCL) and the WFCL national plan of action). The results from these studies or evaluations provided insight on child deprivations, evidence on programme performance and appropriate recommendations for the future.

Priority actions for 2017 includes continuous advocacy and support for: an increased national budget allocation to child protection sectors, a deployment of social workers at municipal level, adoption of the policy documents which are in pipeline, scaling up the child protection networks at provincial and community levels and improved coordination and data management.

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:

At policy level, a draft national action plan (2017-2021) for the modernization of the national civil registration system, validated this year, will accelerate the country’s efforts towards the universal access to birth registration. UNICEF’s advocacy was also critical in the validation of a draft regional strategy (2017-2021) for the modernization of the civil registration for the Sahel region, which will reinforce the equity approach.

The civil registration management, whose administrative status declined in 2014, was reinstated in its previous status of General Directorate, with appropriate authority for its mandate. UNICEF contributed to the advocacy for this.

The enforcement of the 2014 law on MCL protection and children in danger led to the increased access of the MCL to alternative measures to detention, despite a certain stagnation resulting from administrative changes. With UNICEF’s support, 544 justice actors (judges, social workers, policemen, and gendarmes) are now better equipped to contribute to the enforcement, through awareness sessions on the 2014 bills - MCL protection and the suppression of children commercial and sexual exploitation.

UNICEF Burkina Faso supported the operations of 17 police/detention institutions and the Laye rehabilitation centre for MCL resulting in a total of 946 minors including 244 girls (against 613 in 2015) and 92 women who received appropriate justice services including alternative measures to detention, contributing to decongesting detention centres. These measures included literacy classes and vocational training.

As for birth registration, only 4,978 children (with 2,555 girls) received their birth certificate through NGO partners with UNICEF’s support this year as the new General Directorate was
not fully operational yet. UNICEF’s supports through three NGO partners reached 510,433 women and men in the Sahel region, including parents of children who benefited from birth registration, through educative talks on the importance of birth registration.

After 12 years’ operations (including six years’ cooperation with UNICEF), the Laye centre which provided alternative measures to detention to over 500 minors was subject to an independent evaluation. Findings showed a satisfactory performance but cautioned its high dependency on UNICEF BF’s support and an insufficient national budget allocation leading to high risk in terms of sustainability.

With UNICEF technical and financial support, a combined 5th and 6th periodic report on the implementation of the African Charter on the Rights and Welfare of the Child is pending for adoption for submission in 2017. The 2015 judicial statistic yearbook was published and is being disseminated.

The main challenges are: (i) insufficient decentralization of both CR and Justice for minors, (ii) insufficient national budget allocations to ministries (Justice and Social Action) including insufficient specialized staffing, (iii) weak national coordination and data system, (iv) slow adoption and monitoring of the interoperability of CR with the health sector.

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:
This output brings together the 2016 child protection achievements of child protection system strengthening and service delivery to children exposed or affected by violence, exploitation and abuse.

At policy level, a draft national programme was developed in August 2016 to improve access to quality social services for children with disabilities. This program (2017-2021) targets at least 40,000 children with disabilities with an integrated package of services including early diagnosis, general and specialized medical care, psychosocial assistance and inclusive education.

An external evaluation of the national action plan on the worst forms of child labour (2011-2015) showed progress regarding services provided to the children affected by the WFCL due to the strong involvement of the actors. It was recommended to develop a national WFCL policy with a specific national budget allocation and the integration of the WFCL programme in the municipal and regional development plans.

The national child protection working group held six documented monthly meetings that led to a strengthened common vision and synergy between the actors under the leadership of the Government and with the active participation of UNICEF. An action plan was adopted and implemented to re-organize the CPWG in four thematic subgroups (justice for children, child mobility, child protection networks and child helpline) aiming to reinforce the child protection coordination effectiveness.

In terms of capacity building, 1,146 child protection actors (social workers, teachers, ONG personnel) reinforced their competencies and tools on topics such as social norms change, child protection in emergency, and case management.

Regarding the access and provision of child protection services, an additional province benefited from a child protection network, bringing the total to 23 provinces out of 45 (51 per
cent) with such a network. Support to the child protection networks enabled integrated and multisectoral response to the specific needs of 36,636 children (including 17,187 girls) identified as affected or exposed to violence, abuse and exploitation, using the case management approach.

A total of 153 case management discussions were carried out by child protection networks for the most complex situations. Out of the 36,636 children with special needs, 26,116 were child victims or exposed to trafficking or to the WFCL, in particular from the five regions with artisanal gold mining sites; 1,886 were children with disabilities; 809 were child victims of violence; 1,283 children were living on the street; 2,161 were orphaned and other vulnerable children and 4,381 were children affected by emergencies (including 3,968 Malian refugees).

The absence of social workers at municipal level was a bottleneck, and the insufficient decentralization of the ministries in charge of child protection. Principle priorities for 2017 will be: (i) the scale up of child protection networks to all 45 provinces to ensure improved access to CP services for prevention and response and (ii) advocacy for the incorporation of CP priorities into the local development plans of the new municipal councils established in 2016.

**OUTPUT 3** Improved knowledge and communication for protecting children against child marriage and FGM/C.

**Analytical Statement of Progress:**
UNICEF and UNFPA continued to co-manage two joint programmes aiming at FGM/C and child marriage elimination. A recently adopted National Action Plan 2016-2020 on FGM/C provided guiding principles, linking upstream and downstream actions.

Enforcement of the FGM/C legal framework led to the prosecution of 75 law offenders, of whom 57 (42 women) were sentenced to a two-to-eight month imprisonment with a US$100 to US$300 fine. This includes 10 convicted through a community-based court.

UNICEF and UNFPA successfully gained a commitment of the highest authorities to end FGM/C and child marriage under the First Lady’s leadership. Specific advocacy measures were taken by the First lady and other authorities, including a press conference convened by the First lady immediately following two reported cases of FGM in Central region. Religious leaders accompanied the conference to talk about their ongoing contribution to community sensitization.

One annual review and one joint field visit were organized by the FGM/C Technical Group and the child marriage multisectoral platform leading to improved coordination, monitoring and synergy among actors.

With UNICEF support, 672 social workers and teachers were trained on FGM/C and child marriage case management, social norms and sexual and reproductive health, and provided improved quality services to the affected children.

In the Sahel region, 8,567 adolescent girls at risk of child marriage developed negotiation skills through 230 community safe spaces organized by a NGO and UNICEF. The adolescent girls were equipped to protect themselves against child marriage with the support of their 6,900 peer male adolescents who were also educated through 230 community clubs. The adolescents became active advocates against child marriage, FGM/C and gender inequalities. Among them, UNICEF supported 1,667 girls and 20 boys in danger of child marriage with their schooling or vocational training, resulting in prevention of child marriage and better access to girls’ education.
Through UNICEF’s financial and technical supports, 182 girls and women victims of FGM/C received psychosocial care and surgical repairs. Continuous community dialogues reached 516,774 people (285,033 women, and consequently, 242 villages and 500 young people publically committed to abandon FGM/C and child marriage.

A study on child marriage in the Sahel region recommended local advocacy, social mobilization, girls’ education, law enforcement and coordination to end child marriage. A dissemination workshop will be organized early 2017.

Challenges include: (i) high cost of the package of services for FGM/C, (ii) limited number of NGOs specialized in FGM/C, and (ii) a need for a reinforced integration between the child marriage and FGM/C services. Future plan focuses on the support to scaling-up the two joint programmes.

The following lessons were learnt: (i) Strong political will is an asset in ending harmful practices, (ii) An active civil society involvement alongside governmental actions contributes to law enforcement, (iii) Communities’ engagement especially that of opinion leaders and men contributes to positive social change and (iv) Community-based courts contribute to increased community awareness on the FGM/C legal framework and strengthened law enforcement.

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:
In 2016, Communication for Social and Behaviour Change activities focused on two main areas: child survival and development and harmful traditional practices affecting children. Based on evidence from surveys and routine data, an Integrated Communication Plan (ICP) was developed and implemented to ensure the promotion of essential family practices with a focus on use of impregnated mosquito nets especially by pregnant women and children under-five; hand washing with soap; exclusive breastfeeding; use of oral rehydration salt for diarrhoea treatment; sanitation and hygiene; supplementary nutrition; immunization; birth registration; and the total abandonment of child marriage, FGM/C and child labour in the gold mines.

The implementation of the ICP required partnering with NGOs and local radio stations. Thus the partnership with Cinéma Numérique Ambulant (CNA), Action Communautaire pour le Développement (ACD) (network of three local radios and TV in Centre Nord region), Radios de Proximité, du Sahel (RAPS, network of eight local radios) and Radio La Voix du Paysan improved community knowledge and competencies related to essential family practices and harmful practices against children in six regions of the country.

The C4D component worked to develop capacities of implementing partners, especially:

- Strengthen the capacity of immunization supervisors on communication for behavioural changes to enhance monitoring and reporting at regional and community level;
- Strengthen the use of U-Report as an awareness-raising platform for girls and boys on essential family practices and harmful traditional practices, for monitoring emergency responses (data generation, sensitization, evaluation), for public polling.
targeting youths to generate evidence and deliver messages (epidemics, malaria, crisis, etc.);

- Partnership with radios strengthened;
- 6,500 community workers received training on essential family practices, traditional harmful practices, social norms and communication;
- 40 community radios were trained in the implementation of actions on essential family practices, education and protection topics.

To operationalize the participation of all communities and especially youths, UNICEF Burkina Faso in collaboration with the Ministry of Youth and youth organizations launched the U-report Burkina Faso and promoted the platform for information and exchanges targeting youths including the most vulnerable populations. The objective is also to reach more adolescents and young people and discuss issues of child survival and development while promoting their participation in discussion aimed at proposing locally acceptable solutions to issues affecting them.

In 2016, through door-to-door strategies, community dialogue, radio programmes and multimedia approaches, an estimated 2.5 million people (population covered by the 12 local radios working with UNICEF) including community leaders, parents, adolescents and children were involved and reached by messages. Regional authorities, community and religious leaders are more numerous in the role of advocacy in favour of child survival and development.

Thanks to U-Report, the CO captured ideas and opinions from about 7,000 adolescents and young girls and boys on specific issues such as HIV, violence, hygiene and sanitation, to build the new CPD programming process more sensitive to their needs. For the first time, rural adolescents and youths have an opportunity to get their voice heard and express opinions that can directly be used for actions.

In 2017, the emphasis will be on developing and sustaining community-based participative approaches. To reach this objective, attention and focus will be on capacity building and close monitoring of community relays and other community workers.

To improve the C4D contribution, the C4D section will continue to address the limited knowledge of community chiefs and leaders on the issues promoted. Thus, these actors will be able to mobilize their communities in favour of child right issues. To target interventions and reinforce messages promoted, it is important to map out social norms as outlined in the global review of 2015.

**OUTPUT 1** As of 31 December 2015 the rate of knowledge of six essential family practices aiming to significantly reduce infant mortality has increased by 30 per cent for each of these practices

**Analytical Statement of Progress:**
Evidence generated by the Knowledge Attitudes and Practice survey realized in 2015 including the seven essential family practices was the basis of C4D activities planned for 2016. These activities reinforced the adoption of promoted practices by families, communities and populations and extended activities to other regions with focus on practice with low performances. UNICEF’s support was implemented through radios programmes, theatre, sports, door-to-door sensitization and peer education activities in schools.

More than 250,000 individuals (women, girls and boys) in the Sahel, Eastern, North Central regions and neighbourhood villages of Ouagadougou received messages on good hygiene and sanitation practices, the use of LLINs and exclusive breastfeeding and pledged to adopt
Thirty community-based promoters were trained on CLTS strategy and hygiene. It is planned to scale up this training in 2017.

For routine EPI and National Immunization Days (NIDs), through collaboration with local radios, more than 1,400,000 individuals listened to radio messages. About 100 leaders from 30 villages of three provinces publicly committed to support EPI. Regional authorities including governors and technical services of Est, Central, North-Central and Sahel regions engaged in implementation and monitoring activities. To obtain these results, UNICEF C4D section supported the MoH in training about 350 community promoters (five per village) and 30 local communicators (‘griots crieurs publics’) in social norms and issues related to essential family practices.

Attitudes and behaviour change toward immunization are becoming a reality in communities. The spot broadcasting on the NIDs and the radio and television programmes organized with the community leaders informed families on the importance of vaccination. The media programmes contributed to the coverage rate of more than 95 per cent in the majority of districts during the NIDs. During both NIDs in 2016, less than 2 per cent of parents refused to vaccinate their children. Over 80 per cent of parents surveyed were familiar with the diseases for which children are vaccinated. Nevertheless, the low rate of routine immunization remains a major challenge and promoting and sustaining positive behaviour changes remains an imperative.

Within emergency response, UNICEF C4D implemented awareness activities on EVD. Communities acknowledged that the prevention of EVD starts with good hygiene and sanitation practices. The campaign went beyond EVD to address other epidemics especially the Dengue Fever outbreak that struck Ouagadougou in October-December.

Monitoring and supervision missions recommended the intensification of local communication activities and monitoring of implementation actors to try to ensure sustainability of adopted positive behaviours, and build stakeholder capacity on social and behavioural change approaches and on essential family practices issues.

In 2017, the development of social norm mapping and capacity building of community promoters and communication supervisors will improve communication contribution.

**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.

**Analytical Statement of Progress:**
Despite of several actions implemented by UNICEF and partners, child marriage, child labour in the traditional gold mining sites and FGM/C remain major challenges to meet child development. According to studies and analysis, the persistence of these practices is the result of ignorance of individuals and families, and social norms. Addressing social norms to end violence against children and women was one of the major focus of the C4D interventions in 2016.

The implementation of the integrated communication plans dealing with the violence against children required partnering with NGOs, local radio stations, community leaders and CBOs.

The partnerships reached more than 650 community leaders on violations of child rights including child marriage, FGM/C, early pregnancy and school dropout. About 400 of these community leaders (traditional, religious leaders, associations of women/youth) spoke out or
launched public calls and declarations for ending child marriage, early pregnancy, and FGM/C in their region. They committed to accompany the promotion of the abandonment of violence against children.

Through communication campaigns on the issues, targeted communities and families were well informed on child protection issues and demonstrated awareness about the harmful practices. The communication campaigns were carried out throughout the country by partners while UNICEF focused on in six regions (Sahel, Est, Centre-Nord, Nord, Sud-Ouest, Cascades) where the practices are prevalent among communities and families.

With UNICEF financial and technical support, more than 200,000 children and adolescents received messages related to child marriage and its consequences, early pregnancy and school dropout through film screenings followed by discussions and presentations in schools and villages in three regions (Sud-Ouest, Cascades, Boucle du Mouhoun).

As an example, in the South-West region, field radio broadcasts and awareness campaigns in neighbouring villages of artisanal gold mining sites strengthened the fight against these worst forms of child labour and contributed to remove 280 young people from mining areas for vocational training. In the northern region, 132 children victims of WFCL (out of 440) were rescued and recorded in the CRS after outreach activities.

**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.

**Analytical Statement of Progress:**
Adolescents and youth are claiming dialogue and a place in the national development agenda. The CO, in partnership with the Government and youth organizations, launched U-Report in March 2016. This allows dialogue to strengthen with youth, to get their opinion and engage them in issues that they most care about.

By November 2016, more than 21,000 adolescents and youths age 12 to 24, including 4,000 girls, were connected to U-Report. About 6,000 to 8,000 of them respond every week to polls, and their opinions and ideas inform programming and project implementation by UNICEF and partners.

For the first time, thousands of young girls and boys from diverse backgrounds, regardless of their geographical location and living conditions, are connected on one platform and discuss the same issues. UNICEF support included the conceptualization workshop; the deployment of RapidPro platform, U-Report and U-Partners websites; the selection of the aggregator; the partnership with local mobile network operators; the launching ceremony (that mobilized more than 2000 young people); the promotion of U-Report and the establishment of U-Report Clubs in the 13 regions of the country.

The challenge encountered in U-report roll-out was the representativity issue, gender parity and the exclusion of illiterate young people. To reach all strata of adolescents and youths, including non-educated youths and girls, innovative approaches need to be developed by the U-Reporters’ clubs and the coordination team. It is also necessary to introduce U-Report to decision-makers and leaders and advocate for the utilization of information collected in policy making and programming. U-Report was also used to support monitoring emergency response and evidence generation for the development of a new CPD/UNDAF.
## Evaluation and research

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<tr>
<td>Evaluation du projet de renforcement du contrôle citoyen et de la redevabilité sociale dans 49 communes au Burkina Faso</td>
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## Other publications

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<td>Comparative Validation of Five Quantitative Rapid Test Kits for the Analysis of Salt Iodine Content: Laboratory Performance, User- and Field-Friendliness</td>
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<td>Gestion des Connaissances et l'Apprentissage Sectoriel en matière d'Approvisionnement en Eau potable, Hygiène et Assainissement au Burkina Faso</td>
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<td>Report of the evaluation of the national action plan for eliminating the worst forms of child labor (2011-2015)</td>
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<td>Report of the external evaluation of the Laye Centre for children in conflict with the law (rehabilitation and diversion)</td>
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<td>Report of the study on child marriage in the Sahel Region</td>
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<td>COAR Publications List 2016</td>
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## Lessons learned

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## Programme documents

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