In 2014, Burkina Faso faced a popular insurrection ignited by the Presidential decision to amend the Constitution which led to the fall of the Compaoré regime in October and the installation of a transitional government. In that context, UNICEF Burkina Faso continued to focus on supporting nationwide large-scale, high-impact activities, whilst preparing ways of increasing resilience in the Northern, Eastern and Sahel regions which have the highest poverty incidence.

A participative child poverty analysis was conducted in these three regions using a life cycle approach. The objective was to understand the main patterns and drivers, and develop effective responses to address multidimensional child poverty and improve policy environments and systems for disadvantaged children. With the results, UNICEF is now implementing a multi-stakeholder discussion to question legislative measures, policies and budgets to make them more equity-oriented and to establish a bridge between the efforts to remove bottlenecks and financial barriers in access to basic social services and the reinforcement of the national social protection floor.

To address the lack of governance at different levels, UNICEF continued to lead advocacy at the policy level for child-focused budgeting and strengthening the budgetary allotments and spending to make them more effective and efficient. At the operational level, efforts were focused in strengthening social accountability and citizen control of public expenditure in 70 rural municipalities where education indicators are particularly low.

UNICEF partnered with a network of Parliamentarians, raising their awareness and providing training to improve the situation of children affected by malnutrition or forms of violence.

A national community-led total sanitation strategy developed in partnership with non-government organisation (NGOs) was adopted as an integrated approach to social change for families’ well-being.

To address quality in basic education and further the goals of equitable access, UNICEF continued to increase the promotion of child-friendly schools throughout 2014 as a model in the current education reform.

In child protection, 20,000 vulnerable children were removed from work in gold mines, given school kits and a reinstallation package.

In April, the office hosted a visit of members of UNICEF’s Executive Board, which provided an opportunity to support key high-level advocacy issues.

UNICEF continued to support service improvements to address the main causes of child mortality. To combat malnutrition, resources were provided for scaling up diarrhoea treatment with oral rehydration salts (ORS) and zinc among children aged under five, and 99 per cent coverage of Vitamin A supplementation was maintained. A total of 604,519 children accessed
malaria and pneumonia treatment. Vaccination coverage was maintained at 99 per cent of Pentavalent 3. The provision of HIV test kits enabled testing of 6,072 newborns and 83 per cent of pregnant women. Communities, schools and health centres received 5,161 hygiene kits for cholera prevention.

Giving the virulence of the Ebola virus disease (EVD) and the weak national capacity, UNICEF and other partners, supported the Government in its operational preparedness and response plan, although there were no confirmed cases of EVD in the country in 2014.

In response to the Malian refugee crisis, UNICEF provided 10,900 children with basic education in the camps and water, sanitation and hygiene (WASH) services to 32,000 refugees.

**Humanitarian Assistance**

In 2014, Burkina Faso continued to be affected by three crises in the sub-region. The outbreak of Ebola virus disease, affecting Guinea, Liberia, and Sierra Leone with widespread transmission, as well as Nigeria, Senegal and Mali where the outbreak was quickly contained, required an effective preparedness and response plan in surrounding at-risk countries such as Burkina Faso. The possible organized and spontaneous return of Malian refugees, whose total number in Burkina Faso had increased slightly from 32,170 at the start of 2014 to 33,049 by August, was complicated by continued attacks against the Multidimensional Integrated Stabilization Mission in Mali (MINUSMA), confrontations between rival armed groups and ongoing civilian casualties in northern Mali throughout 2014. The food insecurity and malnutrition crisis affecting the Sahel region, with chronic problems such as poor infant and young child feeding (IYCF) practices, insufficient access to health services and to water and sanitation, continued to expose the most vulnerable children in Burkina Faso to risks affecting their nutritional status.

UNICEF’s humanitarian response continued to emphasize the strengthening of national partners on preparedness, strategic planning of operations, oversight and monitoring.

Although there were no confirmed cases of EVD in 2014, UNICEF, along with other partners including the European Union (EU), the United States Agency for International Development (USAID), World Health Organisation (WHO) and NGOs, supported the US$27 million operational preparedness and response plan developed and adopted by the Government for a possible outbreak in Burkina Faso. UNICEF support focused on:

1. Awareness and communication for behaviour change;
2. Strengthening capacity of actors (government and civil society), and;
3. Pre-positioning essential supplies.

By December, the Government, with UNICEF’s support, had expanded communication activities for Ebola awareness and prevention to all 13 regions of the country. This included communication in local languages; 5,000 trained community volunteers with bicycles received from UNICEF carrying out door-to-door talks in 1,000 villages, and; 400 traditional and religious leaders spreading Ebola prevention messages. Over 62,200 Ebola awareness and prevention posters were distributed to 14,700 schools, and 755 hand washing kits and 322 soaps to schools and health centres in two regions. UNICEF and partners built government capacity in coordination, communication for development (C4D), EVD treatment and care, and epidemiologic surveillance. Protection equipment, antiseptic products and WASH items were pre-positioned for any potential EVD outbreak.
For the Sahel nutrition response, 94,369 children with severe acute malnutrition (SAM) were admitted in the programme from January to November 2014, representing 82 per cent of the annual target of 115,000 nationwide. As part of prevention activities in four regions, 145,786 pregnant women and 235,876 mothers of children aged 0-23 months participated in monthly learning sessions on IYCF. To support the management of SAM in children by improving hygiene practices and drinking water quality, 5,474 WASH kits were distributed to families of malnourished children.

UNICEF’s response to provide services to Malian refugees in and around three main camps and the host population was channelled through implementing NGO and government partners. Drinking water in the three camps continued to be above the international standard of 15 litres per person per day and cholera prevention was conducted to prevent an outbreak. For better hygiene in the camps, a sensitization campaign was continued on the pathways of water contamination, hand washing and use and maintenance of latrines. For the school year 2014-2015, UNICEF is providing 10,900 children with access to basic education in the refugee camps and supported the official launch of a new social mobilization campaign, which has enrolled 34,127 children in school in the Sahel region out of 47,000 targeted. Routine vaccination continues for children in the Malian refugee camps. A UNICEF and United Nations High Commissioner for Refugees (UNHCR) joint project on the Risks of Remnants of War (such as landmines and unexploded devices) in collaboration with Handicap International, trained trainers to prepare refugees for a future return to Mali and for better identification and control of these threats in their native environment.

To enable a rapid response, UNICEF signed standby agreements with four NGOs specializing in humanitarian response in health, child protection and water and sanitation, covering potential emergencies in natural disasters, socio-political crises and epidemics. UNICEF is in the process of signing a Memorandum of Understanding to pre-position a critical quantity of emergency supplies with the National Council for Emergency Relief and Rehabilitation in support of its National Multi-risk Plan for Preparedness and Response to Disasters.

During the mass demonstrations in Burkina Faso in October, with UNICEF support, one standby agreement with the Burkina Faso Red Cross was activated, helping bring first aid to the injured children, evacuate those seriously wounded and take care of separated or unaccompanied children.

**Equity Case Study**

One of the main pathways used by UNICEF Burkina Faso to focus its programming on equity is the promotion of child rights by providing quality child-friendly schools (QCFS). It is important to note that the Government’s declaration of free primary education led to a significant increase in net enrolment as well as a reduction in the number of out-of-school children. While access was largely addressed, major problems related to quality still persist and have led to high repetition (22.5 per cent in 2013 at sixth grade primary level), low retention/completion and low achievement rates, with a completion rate of 57.6 per cent for girls in 2013. In addition, children who enter secondary school have limited opportunities to attain higher education due to significant inequalities between socioeconomic groups, gender and areas of residence. The persistent gender gap, especially at the post-primary education level (parity index of 0.88 in 2013) is still high, and the percentage of children with disabilities who have never been to school is estimated at 75 per cent.

To address quality in basic education and further the goals of equitable access, UNICEF
continued to increase the promotion of quality child-friendly schools throughout 2014 as a model in the current education reform. The objectives of UNICEF’s advocacy and support were: (i) increase access to quality basic education; (ii) reduce gender and geographic disparities; (iii) improve educational outcomes, and; (iv) ensure behaviour change for the uptake of better sanitation and hygiene practices for the well-being of children, as well as local populations.

To support the efforts of the Government for the right to education, UNICEF Burkina Faso has developed promising initiatives as the education sector wide approach (SWAP) sector-lead in the development and validation in 2012 of the National Strategy for promotion of girls’ education which led to the Child-Friendly School approach (CFS). This approach is comprised of sustainable strategies built from quantitative and qualitative results obtained in different experimental schools worldwide. This school model, inspired by the child-friendly hospitals, uses health and nutrition as key components. The CFS is being gradually adopted in the education sector to meet quality standards through provision of learning materials, and capacity development through supporting educational leaders, improving the capacity of school committees, and reinforcing knowledge and skills in active teaching methodologies for teachers.

A CFS aims to be: (i) a school that integrates all children including those with disabilities, infected/affected by HIV/AIDS, displaced due to emergencies and those from marginalized minorities (orphans and vulnerable children); (ii) a healthy and friendly school that protects and assures a holistic development of children; (iii) a successful school, with long term benefits for children; (iv) a school that promotes equality and equity between girls and boys and; (v) a school where families, communities and children participate.

To ensure the sustainability of this approach, UNICEF led high-level advocacy initiatives to gain an institutional anchor within the Education and Gender Equality project in Burkina Faso and in the 10-year Action Plan of the Basic Education (2011-2020). Funding for quality child-friendly schools (QCFS) is provided by the State budget through the resources allocated to the basic education sector for its sustainability.

The QCFS approach was introduced in three phases around three components - awareness/information, increasing the supply and quality improvement, and capacity building. There was a pilot phase, which extended from 2011-2013; an expansion phase from 2014-2016; and a generalization phase, from 2017. The widespread strategy is gradual. Teacher training will cover all schools by 2016, and strengthening community capacity will be consistent with the widespread programme of school management committees with the support of the Japan International Cooperation Agency (JICA). A review of school standards and standardization of existing infrastructure will be conducted, according to a plan to be developed.

Communities and civil society organizations were involved in all planning processes and implementation of organizational activities and management of resources that are available to schools.

From the perspective of accessibility and maintenance, at the end of the pilot phase, the net enrolment rate increased from 65.5 per cent (56 per cent for girls) to 75 per cent for both sexes in the three experimental regions (Central Plateau, North and North Central). The completion rate was increased to 83.4 per cent for North Central, 75.2 per cent for the North and 83.5 per cent in the Central Plateau.

In terms of quality improvement, promotion rates were significantly improved to achieve the expected completion rates. Repetition and drop-outs were reduced in the same proportion with
the contribution of children, communities and educators through their quality school projects.

In addition, many other initiatives were launched as a convergence tool to reach communities: health, education, sports and leisure, democratic governance, and national solidarity.

Notable results are:

(i) The recognition of the child-friendly schools as a quality model for education reform. There were 430 CFS with 82,000 students supported by UNICEF in 2014;
(ii) Equity was promoted through the greater inclusion of disadvantaged groups such as disabled children;
(iii) Greater recognition of education in matters related to emergency situations at national level, and;
(iv) The promotion of girls' education. At post-primary level, 1,000 girls have access from 2013 through income-generating activities, access ramps, school supplies, peer tutoring, and school clubs, and;
(v) More than 25,000 children benefited from preschool coaching through 194 preschools ("Bisongo") in order to better prepare them for primary education.

**Summary Notes and Acronyms**

**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
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<tr>
<td>AGIR</td>
<td>Global Alliance for Resilience</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CATS</td>
<td>Community Approach to Total Sanitation</td>
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<td>CCM</td>
<td>Community Case Management</td>
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<tr>
<td>CFS</td>
<td>Child-Friendly School</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CONASUR</td>
<td>National Council for Emergency Relief and Rehabilitation</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<tr>
<td>CRC@25</td>
<td>25th anniversary of the Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>DCT</td>
<td>Direct Cash Transfer</td>
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<tr>
<td>ECHO</td>
<td>European Commission's Humanitarian Aid and Civil Protection</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EPI</td>
<td>Expanded Programme of Immunisation</td>
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<td>EU</td>
<td>European Union</td>
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<td>EVD</td>
<td>Ebola Virus Disease</td>
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<td>GER</td>
<td>Gross Enrolment Rate</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>iCCM</td>
<td>Integrated Community Case Management</td>
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<tr>
<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
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<tr>
<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<tr>
<td>IMF</td>
<td>International Monetary Fund</td>
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<tr>
<td>IMNCI</td>
<td>Integrated Management of Neonatal and Childhood Illness</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<tr>
<td>LLINS</td>
<td>Long-Life Insecticide Treated Nets</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MENA</td>
<td>Ministry of Education (Ministère de l'Éducation Nationale et de l'Alphabétisation)</td>
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UNICEF continued to strengthen Burkina Faso’s capacity to manage acute malnutrition and severe acute malnutrition. In 2014, 890 health service providers and 3,171 community health workers were able to manage acute malnutrition, contributing to an increase in the national coverage of SAM from 48 per cent (2013) to 60 per cent (2014). Among the immediate causes of malnutrition, suboptimal infant and young child feeding have a major impact. In 2014, as part of the implementation of preventive action against different forms of malnutrition, 107 regional IYCF trainers, 834 health service providers, 1,204 community health workers, 23 members of community-based organizations and 48 NGO staff were trained on the integrated package of IYCF services.

In partnership with CIFOEB (Centre d’Information de Formation et d’Etudes sur le Budget), UNICEF strengthened the involvement of locally-elected officials and civil society organizations (CSOs) in monitoring of the management of budgetary resources allocated to education in 29 communes through a project on strengthening accountability and citizen leadership. Two training sessions, each involving over 290 participants, were held. The first focused on the budget process, the role of locally-elected officials and the legal framework for CSO
involvement; the second focused on the process of public procurement at the local level and the role of CSOs.

UNICEF and the Ministry of Education (MENA) continued to strengthen the capacity of Mothers of Students Associations for income-generating activities in 500 schools. Each association receives 500,000 CFA (around US$820) and is trained to manage and implement a micro-project to generate profit which is then incorporated into the school budget to support vulnerable children, purchase canteen supplies and carry out school repairs.

UNICEF supported the Government in strengthening the capacity of 147 people on social norms and children’s rights. Forty representatives of associations, technical services of the State, traditional and religious leaders were trained on social norms and the human rights-based approach to programming. In addition, 78 staff from Danish Refugee Council and Mwangaza Action were trained on social norms and minimum standards for the protection of children.

**Evidence Generation, Policy Dialogue and Advocacy**

In 2014, UNICEF supported the Government to conduct a participative child poverty analysis in three regions with highest poverty incidence using a life cycle approach (children under five, children aged six to 11 years, adolescents, and women of reproductive age). The study helped to understand the main patterns and drivers of child poverty and exclusion in order to develop effective responses to address multidimensional child poverty, and improve policy environments and systems for disadvantaged children.

This evidence generation benefitted the current multi-stakeholder discussion to address child poverty and promote children’s rights, which brings together researchers, policy makers, development partners and NGOs in a high-level policy dialogue. The aim is to question legislative measures, policies and budgets to make them more equity-oriented and to establish a bridge between the efforts to remove bottlenecks and financial barriers in access to basic social services and the reinforcement of the national social protection floor.

UNICEF supported the Government in translating the PETS recommendations into a concrete operational Action Plan, including responsibilities and milestones.

To address the lack of governance at different levels, UNICEF developed and implemented a project to strengthen social accountability and citizens’ control of public expenditure. The project targets 70 rural municipalities where education indicators are particularly low, according to the results of the PETS. The objective is to advocate for child-focused budgeting, and strengthen the budgetary allotments and spending to make them more effective and efficient.

In addition, UNICEF supported the development and adoption of the national total sanitation strategy with data from a community-based study. In partnership with the Association Chant des Femmes and Winrock, a country approach to social dialogue and community mobilization called "integrated approach to social change for the well-being of the family" was finalized in order to change behaviour and improve water systems at a lower cost, known as the community led total sanitation (CLTS) approach.

**Partnerships**

UNICEF assumed a lead role, along with NGO implementing partners in the International Convention on Energy, Mines and Quarries in 2014 in Burkina Faso. A strategic partnership responding to the issue of children working in artisanal gold mines and quarries was
strengthened with the commitment of Economic Community Of West African States (ECOWAS) Commissioners, international mining companies, the Burkina Faso Mines Chamber, Government, and bilateral donors such as Canada and France. The partnership aims to work together and strengthen the regulation of artisanal mines and quarries, and build the child protection system in Burkina Faso and the region. Over 300 visitors expressed their concern about this situation, including small enterprises and the artisanal gold miners’ associations who were looking for responses and professionalization of the sector, in order to reduce the presence of children around mining sites and quarries. The 2015-2016 period will focus on building on these commitments for lasting impact.

UNICEF supported the Government to operationalize networks (UN, civil society, donor, private sector, academic) in the different critical steps of the Scaling Up Nutrition (SUN) movement, including self-evaluation, external evaluation, the annual 2014 SUN conference, and support to the national multi-sectoral workshop for accelerating stunting reduction. Within the framework of the scaling-up plan to promote optimal IYCF practices, UNICEF played a key role in leveraging other critical partners such as USAID-funded REGIS-ER programme and Alive and Thrive.

UNICEF collaborated with WHO, the United Nations Population fund (UNFPA), Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria and an international Integrated Community Case Management (iCCM) Task Force, to support the Ministry of Health to develop mechanisms for a "Promised Renewed for Children". Key documents were developed; a new community health worker profile, a national strategy for health promotion and 2015-2019 action plan. Global Fund Concept Notes were developed for malaria and health system strengthening, including an iCCM platform with an extension of community case management of pneumonia from two to nine districts.

UNICEF worked in partnership with two NGOs to deliver direct capacity-building to municipalities in Public Financial Management through a participatory approach emphasizing accountability, transparency and good governance to change their programming approach from a process to a results-oriented one. This has helped communities to get involved in budget control and enhance dialogue and transparency, fostering a climate of mutual trust.

**External Communication and Public Advocacy**

Several advocacy campaigns were coordinated in 2014, including one against malnutrition in northern Burkina Faso - one of the most vulnerable regions - which has already resulted in an increased number of mothers adopting exclusive breastfeeding practices. A second campaign was aimed at ending early marriage in western Burkina (one of regions with the highest prevalence of early childhood marriage). Both campaigns were strengthened by the engagement of over 200 traditional and religious leaders.

UNICEF partnered with a network of Parliamentarians for the promotion and protection of children (REPRODEN), raising their awareness and providing training so that they can galvanise action to improve the situation of children affected by malnutrition, or forms of violence.

The office hosted a visit of members of UNICEF’s Executive Board, which provided an opportunity to raise the profile of the programme, and shed more light on issues affecting children. This led to the Executive Board’s acknowledgement of UNICEF Burkina Faso’s efficient and successful work in partnership with the Government and other actors for the rights and well-being of Burkinabe children.
The 25th anniversary of the UN Convention on the Rights of the Child (CRC@25) anniversary provided an opportunity to raise awareness about issues related to violence against children. Activities were carried out in partnership with the Ministry of Social Action and National Solidarity and all financial and technical partners. Activities centred on: giving children a voice, by enabling them to express themselves directly on issues related to violence and its impact on their lives via short, first-hand video accounts broadcasted on National TV; media and social media engagement; awareness raising activity, including a march led by youth and children, and partnering with Airtel mobile phone company to promote a free hotline for reporting violence towards children. UNICEF Burkina received a certificate of recognition from the Ministry of Social Affairs for its role in advancing children’s rights and well-being. The anniversary generated extensive media coverage.

2014 also marked the launch of two-way communication channels to promote UNICEF Burkina Faso’s work and issues affecting children, and create dialogue with the public. These channels include a blog platform, Facebook page, and a Twitter account.

South-South Cooperation and Triangular Cooperation

Following a 2013 study on inclusive education and a nationwide census to identify the number, type and needs of disabled children, in 2014, UNICEF conducted a study visit to Ghana accompanied by national counterparts to experience how inclusive education is addressed there, including development of the legislative framework. This resulted in agreement among key stakeholders in Burkina Faso on the need to develop a national strategy to ensure education for children with disabilities, the definition of Terms of Reference and launching of the public bidding process for the development and adaptation of the strategy in 2015.

UNICEF Burkina Faso had already successfully piloted the Community Approach to Total Sanitation (CATS) in the country programme. In 2014, the office facilitated a learning and sharing experience by UNICEF Cameroon and the Government of Cameroon to Burkina Faso to learn about the strategy development and implementation of CATS. Following the visit, the Government of Cameroon started the process of developing a CATS strategy.

Burkina Faso is in the top three highest prevalence countries for child marriage in the region. To enhance UNICEF’s capacity on ending child marriage, in 2014 UNICEF Burkina Faso was one of six countries to receive seed funding for country programme strengthening and triangular cooperation through learning activities organized by UNICEF Headquarters. In April, UNICEF Burkina Faso attended an exchange of experiences during a multi-region and multi-country UNICEF workshop in Nepal on child marriage. Members of the Education and Child Protection sections shared Burkina’s experience about theory of change and social norms including the formal engagement of traditional, community and religious leaders, and community members to fight harmful traditional practices such as feminine genital mutilation and child marriage. The use of teachers as early warning actors was also mentioned to closer follow up and monitor violence against children.

UNICEF Burkina Faso also provided training support to the UNICEF Ivory Coast office in strengthening Parliamentarians and civil society’s capacities in social budgeting and citizen control of public spending, laying the foundations of social budgeting analysis to expand fiscal space for child and women in the Ivory Coast.
Identification Promotion of Innovation

UNICEF supported the Government of Burkina Faso to develop an Infant and Young Child Feeding (IYCF) scaling-up plan in 2014. This significant innovation covered:

(i) A participatory approach including a strong situation analysis for identifying country specific strategy and results-oriented approaches and tools to fulfil the capacity gaps among various stakeholders such as community actors, government and NGO structures,

(ii) A strong planning and budgeting process for attracting predictable funds to scale up preventive nutrition interventions and contribute to stunting reduction in Burkina Faso and;

(iii) The model of coordination and UNICEF’s leverage effort for implementing at scale a nutrition preventive program. In addition, this experience has shown how the shift undertaken during the implementation of the IYCF scaling up plan is creating an enabling environment and boosting the key IYCF indicators.

The determination of the key IYCF indicators were introduced in Burkina Faso's annual nutrition survey using Standardized Monitoring and Assessment of Relief Transitions (SMART) method. It was found that the early breastfeed initiation indicator moved from 29.2 per cent in 2012 to 41.6 per cent in 2014, exclusive breastfeeding practice increased from 38.2 per cent in 2012 to 50.1 per cent in 2014, and the minimum adequate diet among children aged six to 23 months increased from 3.2 per cent in 2012 to 11.4 per cent in 2014. The prevalence of the stunting showed a positive trend by reducing from 33 per cent in 2012 to 29.1 per cent in 2014.

Data from nutrition information systems and information related to the effect of stunting on mental and physical development among affected children and its long term impact on the economic development of countries could be used to engage other Sahel countries in this model of IYCF programming. The IYCF scaling-up plan experience is a relevant entry point to operationalize a multi-sectoral approach for addressing the stunting issue in Sahel countries, involving other sectors such as food security, social protection and WASH.

Support to Integration and cross-sectoral linkages

UNICEF led the development of the joint initiative to build resilience in the Sahel administrative region both internally, across all programme components, and externally, through a MoU signed with the World Food Programme (WFP), Food and Agriculture Organisation (FAO), WHO and a 2014 joint action plan in nutrition with a focus on the three most vulnerable regions (North, Sahel and East). Under the framework of the REACH (Renewed Efforts Against Child Hunger partnership, the four UN agencies developed a joint nutrition concept note on a UN Strategy for resilience, to accelerate the scaling-up of food and nutrition interventions. A needs assessment was conducted and the REACH initiative for Burkina Faso was set up by advocating for a better understanding of the multidimensional aspects of nutrition and the criticality of nutrition-sensitive sectors’ commitment (Health, Food Security-Agriculture, WASH, Social Protection and Education). This ‘call for action’ acknowledged in the REACH Country Implementation Plan shared with the Government and partners included the building blocks of a common results framework and a multi-sectoral coordination platform for nutrition; the National Consultative Council for Nutrition co-chaired by UNICEF, Action Contre la Faim (ACF) and the European Union/ECHO.

UNICEF supported the Government to create and operationalize networks within the framework of the Scaling Up Nutrition movement involving UN, civil society, donor and private sector
networks, and has actively participated in the different critical steps of SUN movement, as well as the AGIR (Global Alliance for Resilience) initiative by advocating for the central role of nutrition. UNICEF also provided technical support to organize a cross-sectoral workshop on stunting in April, attended by a wide range of stakeholders.

WASH-in-Nutrition integrated programming and a joint assessment by the UNICEF nutrition and WASH programmes were conducted to identify local needs and design an effective response package through health posts where the malnourished children are treated.

The Quality Child-Friendly Schools approach successfully incorporates education, WASH-in-schools, child protection, WFP for school canteens, and FAO for school gardens.

The national census of disabled children enabled UNICEF and partners to build an integrated, multi-sectoral approach to open a national debate on promotion of rights of disabled children and integrating disability across programme components within UNICEF and partners.

**Service Delivery**

In health and nutrition, supplies were provided for scaling up diarrhoea treatment with ORS+ zinc among children aged under five. A total of 672,000 kits were distributed to health facilities and community sites leading to management of 70 per cent of diarrhoea cases. Capacity of health providers from all nine regional hospitals were reinforced in essential new born care. Some 604,519 children accessed malaria and pneumonia treatment through providing ACT, antibiotics and timers; and the office assists the health districts to increase demand for community based health services. To strengthen clinical Integrated Management of Neonatal and Childhood Illness (IMNCI) implementation, 53 health centres received computers and solar energy system and operate electronic medical registers, leading to 88 per cent of target facilities offering clinical IMNCI.

Support was provided to maintain good vaccination coverage through procuring vaccines and support to cold chain leading to 99 per cent coverage of Pentavalent 3. UNICEF also supported a nationwide campaign for the new combined measles and rubella vaccine for children.

The HIV programme was strengthened through provision of test kits for pregnant women and newborns, leading to 6,072 newborns and 83 per cent of pregnant women tested.

Supplies were distributed for integrated management of acute malnutrition (IMAM), implementation of the IYCF feeding programme, for vitamin A supplementation and deworming campaigns; leading to 60 per cent coverage for IMAM, 19 per cent for IYCF and 99 per cent for vitamin A supplementation. Significant efforts were made to increase community awareness and participation in nutrition interventions, strengthening demand.

In child protection, 10,000 refugees received clothes and shoes, 20,000 vulnerable children were removed from gold mines, given school kits and an installation package.

To strengthen education and community resilience in emergencies, UNICEF provided training sets to 20,000 children in refugee camps and solar lamps, library and sports materials to child-friendly schools in two provinces.

WASH services were provided to 100,000 people including 32,000 refugees. Based on assessed needs, support was provided at community, schools and health centre levels. A total
of 5,161 hygiene kits for cholera prevention and 5,474 WASH kits for malnourished children were distributed. Around 14,000 schools received 62,000 posters for Ebola prevention, and 5,474 WASH kits for malnourished children were distributed.

**Human Rights-Based Approach to Cooperation**

In March, UNICEF trained 40 representatives of associations, technical services of the State, as well as traditional and religious leaders of the North and Central Plateau regions directly involved in child protection activities in a human rights-based approach to programming. This was done while responding to the engagement taken by the decentralized authorities to protect children from the worst forms of child labour, and specifically from working in artisanal gold mines. It took place upon request of the authorities in order to better programme, plan and coordinate the responses at the different levels, including in communities.

In response to the Universal Periodic Report recommendation calling on the abolition of death penalty, and with UNICEF support in drafting the legal text, the National Assembly unanimously passed a Bill in May on the protection of children in conflict the law or in danger, stating that death penalty is no longer applicable for children below 18. Denmark, Sweden, France and European Union representations in Burkina Faso welcomed this human rights and juvenile justice improvement, and expressed their interest in encompassing juvenile justice in the global justice system strengthening.

UNICEF also invested time and resources in addressing the issue of child marriage from a rights perspective and in a comprehensive way. While doing so, UNICEF directly supported the Ministry of Social Action and National Solidarity in establishing a problem tree on the issue of child marriage, in close partnership of other Ministries including Justice, Education, Health and Communication, along with non-governmental partners. The causal analysis and capacity analyses allowed the Ministry, with UNICEF support, to hold a workshop gathering representatives from different regions and domains of expertise to develop a strategy and plan of action to prevent and respond to child marriage. These are expected to be validated in 2015 in line with the launch of the national campaign on banning violence against girls.

**Gender Mainstreaming and Equality**

UNICEF commissioned a series of gender gap analyses throughout 2014 in different programme components to identify keys for a successful articulation of gender mainstreaming around programme results for better design and shaping of programming. While waiting for the completion of these analyses, several interventions were implemented to promote gender at different levels.

Ending child marriage and gender-based violence were addressed at the policy level through support to development of the national strategy to prevent early marriage, as well as at the operational level through sensitization of 150,000 community members, led by the UNICEF Child Protection section. Likewise, with the support of the C4D section, the fight against female genital mutilation and cutting advanced, due to over 8,300 mobilization sessions in communities and schools which yielded robust results. One staff member and one consultant with a budget of US$1.5 million were dedicated to these issues.

UNICEF’s Education section supported promotion of girls’ education, especially at the post-primary education level, by providing school bags to 6,500 girls, pedagogical support to 4,000 post-primary vulnerable pupils (85 per cent girls), free dormitories to 126 vulnerable girls, intensive catch-up courses to 268 girls, and establishment of 16 girls’ clubs and 10 study
spaces. At the same time, approximately 3,000 mothers were supported in income-generation activities via 100 Mothers’ Associations. An Education Officer dedicated to girls’ education managed these activities, which totalled about US$500,000.

Vulnerable women’s health was supported through ensured during that 70 per cent of pregnant women receive HIV testing while 40 per cent of them receive CPN4. At the same time, 85 per cent of deliveries were assisted by quality health workers. Three UNICEF staff and a budget of US$313,000 support these reproductive health programmes aimed at improved outcomes for women.

A participatory poverty analysis of children and women was conducted to address gendered bottlenecks and barriers including women and girls’ lack of safety and mobility, lack of resources and decision-making ability, and limited access to knowledge in three regions to better reflect the reality of their lives.

**Environmental Sustainability**

Capacity building and community empowerment are key to mitigating environmental destruction. In 2014, UNICEF oriented its efforts towards capacity building of communities and partners in order to raise awareness on detrimental effects associated with climate change, especially in Burkina Faso, a country facing strong climate stress. Most of the actions related to environmental sustainability were taken into account through integrated programming with different programme components: Health/Nutrition; Water/Sanitation and Hygiene, Education and Child Protection.

For instance, in collaboration with line ministries, national and international organizations, UNICEF emphasized actions on supporting the capacity development of local borehole drilling enterprises, setting-up, training and equipping a number of schools and village committees and engaging them on environmental risk assessments. School children and women were key players in this regard. Tangible outcomes such as the creation of gardening around water points at schools and communities to manage waste water and produce crops were yielded. The environmental education and vocational training opportunities, income-generating activities and literacy programmes that were provided to children and their mothers, contributed to reducing household vulnerability, sustaining household livelihoods, and building community resilience and environmental sustainability. Activities aiming to promote nutritional, health and environmental sanitation (hygiene promotion, cleaning and solid waste management) were carried out at school and community level in order to help mitigate the environmental degradation associated with the programme’s implementation.

**Effective Leadership**

In 2014, the UNICEF Burkina office ceaselessly strived for continuous improvement in operations and programme management performance by focusing on six key results areas as captured in the annual management plan:

1. Intensification of effective programme monitoring through field visits and interaction with beneficiaries (looking at the quality assurance activities);
2. Improvement of internal communication, cohesion and harmony within the office to enhance performance and team work;
3. Collaboration with donors and UNICEF Committees for UNICEF to work together through open communication and feedback mechanisms;
4. Realistic results-based budgeting;
5. A fully-equipped business continuity and recovery site and comprehensive testing and ongoing updates to the office Business Continuity Plan (BCP) to ensure workability of the plan to respond effectively to the needs of children and women in emergency situations, and;

6. Conduct of risk and control self-assessment to evaluate compliance with internal standards and regulatory requirements and ensure continued compliance with the 2012 audit recommendations.

In addition to monitoring how human and financial resources were used to achieve the planned results, 11 Country Management Team (CMT) meetings were organized to review findings from field visits, end-users monitoring and spot-checks and ensure that any weaknesses identified are adequately addressed. The office completed 24 spot-check missions and three end-users monitoring and evaluation missions. The implementation of these planned quality assurance activities has contributed to capacity-building of implementing partners, strengthening the risk control system and a creation of trustful relations with the Government counterparts and NGOs/CSOs essential for the improvement of programme performance.

Most importantly, to assist management to take sound and informed decisions in the most effective manner, Programme Coordination Meetings analysed and provided adequate information to the CMT on opportunities and challenges that impeded smooth implementation of the programme. The Operations Coordination Meetings analysed and provided adequate information on critical managerial operational issues that were effecting day-to-day business. The BCP was invoked during the popular insurrection in the country and proved its functionality. To increase the common understanding of UNICEF policies and procedures of doing business, the office developed a user-friendly Internal Control Procedures manual. The handbook proved to be an indispensable guide to maintain compliance to certain rules and regulations. The office developed a local intranet, using web-based SharePoint platform solutions. The office was one of six countries selected to pilot the new Certification Manager System that allows to review and certify electronically the office Table of Authority, Role Mapping and Mitigation Exclusion List. This new system greatly enhanced the understanding of the role mapping and segregation of duties violations in the office. The implementation of these key initiatives has greatly boosted staff morale.

Financial Resources Management

To ensure efficient and effective management of financial resources, the key performance indicators related to resources mobilization, donor reporting, funds utilization (Regular Resources/RR, Other Resources-Regular/ORR, Other Resources-Emergency/ORE and the Institutional Budget) and outstanding Direct Cash Transfers (DCT) was monitored by the CMT on a monthly basis. Such effort contributed to maintain the trend of financial implementation and status and trend of DCTs at a satisfactory level in comparison with UNICEF offices in the region and the comparator.

CMT meetings were also an opportunity to assess resources available for the achievement of the desired results and re-allocate them where necessary. As a result of this tight budget control, the utilization rate of programme funds this year (RR/ORR/ORE) was 92 per cent whereas the UNICEF average for country offices in the region was 77 per cent, and 79 per cent for the comparator.

To maintain a reliable financial control system, the office increased the use of bank transfers for all payments which contributed to a significant reduction in outstanding balance in bank
reconciliations that remains within organizational standards for this important activity. To provide vital and proximity assistance to Malian refugees and vulnerable groups in the Sahel region in accordance with strategic orientations of the UN Resilience Strategy in the Sahel, a UNICEF zone office was set up in Dori. This contributed to the reduction of the transaction costs, with a significant decrease of staff mission’s costs from US$115,000 to US$47,000, and an improved management of staff security issues in this region.

**Fund-raising and Donor Relations**

By the end of 2014, the programme budget was US$43,982,801 against the US$37,099,000 Country Programme Document approved ceiling.

UNICEF Burkina Faso actively kept up its resource mobilization efforts and maintained constructive relationships with donors. The office almost reached its fund-raising target for 2014 with actual mobilization of $27 million compared to the targeted $29 million initially planned in the AMP, thanks to great support from the Regional Office’s efforts to prevent or mitigate the effects of Ebola in West and Central Africa. Most of the mobilized funds were received during the second semester. Fundraising for the ongoing Malian refugee crisis and the Sahel nutrition response was challenging in 2014, due to the many other large-scale emergencies worldwide, with a funding gap of 39 per cent for these two emergencies in Burkina Faso, particularly for the WASH and health and nutrition sectors.

No fundraising visibility activities with UNICEF National Committees and celebrities were possible because of the political tensions that prevailed throughout the year, and which ended with a popular uprising forcing the Head of State to step down at the end of October.

The office provided quality information to donors through WASH, Nutrition and Education toolkits, which were updated.

A Resource Mobilization Committee continued the quality assurance for donor reports, funding proposals and other information materials required. Of 33 donor reports due in 2014, 64 per cent were sent on time.

The status of financial programme implementation, donor reporting as well as expiring grants were monitored monthly by the Programme Team meetings and the CMT.

**Evaluation**

In 2014, the Integrated Monitoring and Evaluation Plan (IMEP) was elaborated on the basis of information needs for the implementation of the country programme, and evidence-based advocacy for the promotion of children’s rights and equity. In close collaboration with the Government and different sections, the monitoring and evaluation unit provided technical support for the management of the 16 studies, surveys and evaluation planned in the 2014 IMEP and guaranteed the respect of norms and standards as per UN Evaluation Group/Organisation for Economic Co-operation and Development directives for evaluation.

The 11 studies, evaluations and surveys finalized in 2014 contributed to bridging the knowledge gap on the situation of disabled children, providing strong evidence through the evaluation of the "Partnership for Maternal, Neonatal, and Child Health" financed by Bill and Melinda Gates Foundation and mapping and diagnosis of strengths and weaknesses of the child protection system. Evidence generated demonstrated the results achieved in implementing country programme interventions such as the Quality Child Friendly Schools, IYCF, WASH in Nutrition,
the Integrated Management of Severe Acute Malnutrition, and the child labour reduction project in 40 gold mining sites, as well as generating lessons for consolidating the achievements, harmonizing the implementation, and scaling-up performing interventions.

The evidence generated from these studies, surveys and evaluations are being used for the situation analysis launched in 2014, which will guide the definition of strategic orientations for UNICEF interventions. They were also used for evidence-based advocacy for promoting children’s rights particularly for disabled and children working in gold mining sites.

The mid-term review of QCFS showed evidence of improvement of school performance, capacity-building of teachers, increased commitment and participation of communities and children in strengthening demand and supply of quality education in Ganzourgou and Namentenga provinces.

Evaluation findings for the child labour project will be shared with the municipalities and communities concerned, and a participatory management response will be developed with the stakeholders.

**Efficiency Gains and Cost Savings**

The UN common premises in Burkina Faso accommodate UNDP, UNFPA, UNICEF, the UN Office for the Coordination of Humanitarian Affairs (OCHA), the UN Joint Programme on HIV and AIDS (UNAIDS), the UN Department of Safety and Security (UNDSS) and the UN dispensary. Key building facilities and services are shared, such as the reception, building maintenance and repair, PABX facilities and VSAT, internal/external mail delivery and pouch services, parking as well as the Emergency Operations Centre (EOC).

The Common Services are governed by the following inter-Agency bodies: the United Nations Country Team (UNCT), United Nations Operations Management Team (OMT) and different task forces, including Finance, Human Resources, Procurement, and Information Technology. The Common Services secretariat is managed was managed by UNDP who is responsible for coordinating monthly meetings of the OMT, preparing and managing the yearly budget and following-up with the concerned Agency or Task Forces to ensure implementation of common objectives/decisions. Due to insufficient office space in UN House, both UNICEF and UNFPA have accommodated staff outside the UN building which generates additional expenses. Discussion on construction of a UN building is ongoing with the Government, to provide sufficient office space in the compound offered by the Government. The achievement of this objective will generate substantial savings for all UN agencies.

**Supply Management**

As in previous years, the UNICEF supply team worked closely with programme staff to diligently expedite the procurement and distribution processes of all planned supply inputs to beneficiaries. This was undertaken despite staffing gaps in logistics (two positions remained vacant for more than six months).

The total amount spent on procurement was US$16,687,242. This was well above the initial supply plan amounting to $4,951,907, and included operational supplies for $882,950 and services for $3,245,779. Offshore procurement represented 58 per cent (US$7,307,380). Locally-ordered ready-to-use therapeutic food (RUTF) represented 61 per cent ($3,253,902) of local procurement. The office also received US$4,005,000 of supplies from the Regional Office and other resources.
Procurement services for Global Alliance for Vaccines and Immunisation (GAVI)-funded items managed by the office was US$28,477,445 which represented 83 per cent of the overall procurement services in 2014. With a new partner, Fondation Terre des Hommes Lausanne, the total amount of Procurement Services for 2014 was US$34,380,737: 70 per cent above the amount for 2013.

The value of the inventory of programme supplies managed by the office and physically counted in the warehouse as of 7th January 2015 was US$708,243, of which US$75,237 represents supplies prepositioned for emergencies.

The value of programme supplies issued from local warehouses controlled by the office recorded in VISION as of at 7 January 2015 was $8,088,876. The total value of supplies managed by UNICEF’s controlled warehouse throughout the year was $8,797,119. Three end-user monitoring missions were jointly conducted with programme staff in 2014 and findings were shared with management during CMT meetings. These missions helped to improve the management of supplies delivered to beneficiaries. With regard to inter-agency collaboration, the supply team led two bidding processes for transit and a local market survey. In order to strengthen the capacity of implementing partners on stock management and supplies distribution, two training sessions were conducted.

Security for Staff and Premises

The popular insurrection in October against the proposed modification of the Constitution in Burkina Faso as well as political instability in Mali constituted a threat for the safety and security of staff and premises in 2014 in Burkina Faso.

Security issues were discussed in all CMT meetings. In 2014, investments were made by the office to enhance its BCP site which was well-equipped with the necessary platform to ensure continuity of programme interventions and respond effectively to the needs of children and women in emergency situations resulting from the above-mentioned threats. The functionality of the BCP site was tested during the popular insurrection and proved to work well.

The UNICEF Regional Security Adviser’s mission in April was an opportunity to analyse and record the office strengths and weaknesses in handling staff safety and security concerns during the crisis and strengthen the office’s security system. As follow-up to this mission, the office requested additional security funds from the Regional Office for acquisition of emergency trauma bags, enhancement of access control measures, accommodation of safe rooms in the UNICEF building and warehouse, and a two-year salary for a professional security advisor, considering the 12-month political transition period in the country.

Human Resources

The current programme cycle which started in 2011 has taken into consideration a results-based approach for designing its staffing structure. To avoid any staffing gaps for the smooth implementation of its programme activities and running of its support functions, the office has continuously taken the necessary steps to fill any vacancy in a timely manner during this period. In 2014, the office completed the recruitment of 11 fixed-term positions in Ouagadougou and is currently undertaking the recruitment of six staff for its new zone office in Dori. Gender and geographical diversity are always taken into account during the selection processes.

To ensure efficient management of staff performance, the office organized several training
sessions on Managing People for Results during 2014, and instituted Performance Evaluation Review days, devoted to performance planning and evaluation. On the basis of the lessons learned from last year’s staff survey, the office developed an action plan in a participatory manner during the staff retreat held in March, in order to improve staff morale and motivation. The implementation of this plan was monitored by the Joint Consultative Committee, which held six meetings in 2014.

The office diversified its communication and information-sharing mechanisms through all-staff meetings and happy hours to constantly improve well-being and motivation.

The office actively participated in UN Cares activities by appointing a dedicated focal point. Posters with HIV information were placed in different areas of the office, the leaflet “Living in a world with HIV” was distributed to all new staff who were encourage to read it and share with family members. Male condoms were distributed regularly in staff toilets and staff members were actively encouraged to be tested for HIV, diabetes, and hypertension during a two-day campaign.

The office developed and kept up to date the Mali + 6 matrix, as well as standby terms of reference developed for nutrition and HIV, protection and WASH specialist positions, in order to speed the recruitment process in a timely manner in case of an emergency. The office organized a three-day emergency training session back-to-back with an eight-day Programme Procedures and Policy workshop attended by 23 professionals in September.

Career and professional development opportunities were offered through the implementation and close monitoring of the learning plan. This included group training, corporate training, external training, Junior Professional Officer orientation, IT, and English training, as well as staff exchange and stretch assignments. In order to enhance the familiarity of General Service staff with UNICEF work on the ground, field visits of programme and operation assistants were organized. Another objective of the office was to improve staff well-being by providing adequate work space to all staff. The office is subsequently looking to increase the office space, and an analysis of the office furniture was undertaken to improve health-related issues.

Effective Use of Information and Communication Technology

Under the leadership of the ICT Governance Team, the 2014 work plan was approved after a thorough review of the 2013 IT achievements. As in previous years, the ICT unit gave priority to the implementation of global ICT projects. The major achievement was the migration to the cloud-based Office Automation tools. This migration was completed in May and three training sessions were organized to improve the effective and efficient use of these technologies. The ICT disaster recovery plan was updated accordingly to reflect the changes.

The Minimum Operating Security Standards (MOSS) review enabled the ICT unit to respond adequately during the social unrest in October. Four field missions were conducted in the Sahel region where a UNICEF zone office is being established. These trips were used to train deployed staff on the use of Cisco Any Connect, One Drive, Lync and Teams on SharePoint.

In order to contribute to the effectiveness and efficiency of internal processes and communication, a local intranet was developed using the SharePoint platform. The use of this intranet was expanded to cover all programme sectors. In addition, a suppliers/vendors database was developed to provide an easy access for searching suppliers by commodity type. This increased the level of satisfaction regarding the services provided.
This year, social media was prioritised by the office. Twitter, Facebook and Instagram were effectively used and they contributed to better visibility of programme activities. The ICT unit is involved in a U-Report project and the work plan for effective implementation in 2015 was approved.

The BCP alternate site as well as the residences of senior management are connected to the office-based infrastructure through VSAT. In addition, over 40 staff were equipped with 3G Internet Mobile devices to adapt to BCP requirements and the mobility of staff supporting the programme activities.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

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

**Analytical Statement of Progress:**
Following the adoption of the National Social Protection Policy (PNPS) in September 2012, UNICEF provided financial and technical support to put in place a well-established institutional framework as well as a monitoring and evaluation system to coordinate and provide oversight over implementation. Effective support was given to the Government in operationalizing the PNPS which portrays social protection as integral to the overall development architecture of the country, contributing to the progressive realization of children's rights. UNICEF’s assistance included: (i) technical support to Prime Ministry and Permanent Secretary for PNPS implementing and monitoring with a focus on the most vulnerable groups; (ii) support to Sectorial Consultation Group on Social Protection in view of ensuring the effective implementation of the PNPS, and; (iii) strengthening civil society capacity on social policy for a well-coordinated sector-wide social protection system.

A new five-year social safety nets project (budget: US$50 million) opened strong opportunities for a deeper partnership between the World Bank and UNICEF on social protection for the most disadvantaged. UNICEF is supporting the World Bank to target beneficiaries, promote behaviour change and adoption of key family practices. The project has two components: (i) a cash transfer programme targeting 40,000 households in eight districts in the North, East and Centre East regions (which show the highest rates of poverty, insecurity food and chronic malnutrition), to mitigate the impacts of poverty and child malnutrition, and; (ii) the implementation of operational tools to build a national system of social safety nets and institutional capacity building (e.g. a vulnerability map, geographic information system).

While the commitment of the Government to poverty reduction and social protection is strong, a number of challenges exist with regard to scaling-up and prioritizing its efforts. These include coordinating the national strategy on free health care for children under five with the NSPP; exploiting possible complementarities and synergies in programming, using different targeting approaches to design a conceptual methodology and move progressively towards a national single registry, and; reinforcing evidence-based social policy dialogue with regard to social budgeting and fiscal space for children.

In 2012, had UNICEF supported the Ministry of Economy and Finance to design, develop and
roll out a Sectoral Policy Information System (SIPS) to monitor outcomes and indicators of different sectoral policies. The SIPS was posted online and officially launched in December 2013. It now constitutes a valuable tool to monitor national strategies and international commitments indicators, optimizing the monitoring of the MDGs and Strategy for Accelerated Growth and Sustainable Development (known as SCADD).

**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 2014, UNICEF continued to play a leading role in supporting the Prime Minister and the Permanent Secretary to operationalize the National Social Protection framework so as to address the weak coordination and institutional framework. Advocacy led by UNICEF helped to assign staff to the Permanent Secretary of NSPP, contributing to the effective operationalization of the Secretariat. In addition, UNICEF is currently recruiting a senior social protection specialist to provide technical assistance to the NSPP through its Permanent Secretary. Since social protection is recognized by the Government to have significant impacts on incomes, equity, and access to social services for the extreme poor and vulnerable, it now offers opportunities to mobilize actors and enhance policy dialogue and advocacy. UNICEF supported the World Bank to implement a national cash transfer programme which plans to cover 40,000 poor households over four years, focusing on malnutrition and poverty.

Following the adoption of the Public Expenditure Tracking Survey by the Government, a series of actions are ongoing to improve public governance with the participation of CSOs. A technical note was finalized, as well as a comprehensive action plan adopted by the Ministry of Education to be monitored quarterly by the SWAP technical advisory committee. A programme to strengthen citizen control and accountability of public expenditure in social sectors (WASH, health, education and child protection) in 70 municipalities is ongoing.

To strengthen the evidence-based, high-level advocacy on child-friendly budgeting, UNICEF conducted an analysis of the Government budget allocation and spending on sanitation, health and education (2008-2014). An additional analysis focused on the 2014 Finance Law with regard to health, school feeding and sanitation. Both analyses are being used for conducting policy advocacy on increasing fiscal space for children, with leading Government agencies and bodies, including the National Assembly) and international financial institutions.

**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:**

UNICEF Burkina Faso is supporting a nationwide multi-sectoral survey that will provide valid and up-to-date programme performance indicators and country indicators in the first half of 2015 on child rights to prepare the next UNICEF Country Programme (2017-2020). In preparation for the new Country Programme, a participative poverty analysis was carried out in three of the regions (North, East and Sahel) with the highest rates of multi-dimensional poverty in Burkina Faso, and where UNICEF will increasingly focus its interventions from 2015 onwards. The findings of the study will provide data and analysis for upstream advocacy on child well-being for improving the situation analysis of children and women and evidence-based programming.
To start the first stage of the preparation of the next Country Programme, in October the Situation Analysis in relation to poverty and rights of children and women in Burkina Faso was launched in collaboration with the Government. The Situation Analysis will continue into 2015 using an equity approach, involving the participation of Government, civil society and other UN stakeholders to systematically examine the causes of disparities, including examining the determinants and bottlenecks to the realization of children’s and women’s rights.

Two strategic programme interventions are currently being externally evaluated: quality child-friendly schools and children working in gold mines.

**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’s participation in the Common Gender Funds helped leverage funds to support five projects with civil society organisations, two of which will contribute to increasing girls' access to education. These two projects will pilot ways to fight the root causes by: 1) raising awareness of sexual and reproductive health in the school environment to reduce the risks of adolescent girls to early and unwanted pregnancies that force them to leave school and even their families; 2) sensitize men to empower them in the fight for the education of girls in Burkina Faso, building on a previous masculinities approach ‘Male Ambassadors’ which was successfully implemented in Burkina Faso. Both projects will be implemented in areas in the three regions (Sahel, North, East) targeted by UNICEF.

The three other projects aim to: 1) strengthen men’s and women’s understanding on gender relations and the issues of rights and equity; 2) strengthen the participation of women in decision-making bodies (local authorities and political parties), and; 3) support the fight against social exclusion and violence against women, and women accused of witchcraft in Burkina Faso.

In relation to planning, the 2014-2015 Situation Analysis of poverty and rights of women and children in Burkina Faso, involving a number of partners at central and decentralised levels, was launched in October 2014. It will form the basis for results-based, human rights-based and gender-sensitive UNICEF and UNDAF programming in 2016-2017. In 2014, UNICEF also updated its Emergency Planning and Response Preparedness, in collaboration with key governmental and non-governmental partners. This preparedness plan takes into account new risks in the context of Burkina Faso, including the potential outbreak of Ebola Virus Disease and the heightened risk of social and political unrest within the country. During 2014, UNICEF’s programmes have begun implementing this plan, working with government partners in health, education, child protection and WASH to sensitise and inform the public about EVD, and to help communities, schools and health services be ready for any eventual outbreak.

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

**Analytical Statement of Progress:**
In September 2014, the immunization coverage rates for under one children was 75 per cent: 79 per cent for BCG (for tuberculosis); 75 per cent for varicella and the VAA ; and 62 per cent for Rotavirus 3, and 64 per cent for Pneumococcal 3. UNICEF worked closely with WHO for the
elaboration of the plan of introduction of inactivated polio vaccine (IPV) and human papillomavirus (HPV) vaccines which was submitted to GAVI. The second dose of measles was introduced in October 2014.

UNICEF assured the training of 13 regional Expanded Programme of Immunisation (EPI) managers in effective management of vaccines. UNICEF provided to the MoH 63 refrigerators and temperature monitors for the strengthening of the cold chain. Immunization of nine month to 14 year old children against measles and rubella in November 2014 with a new vaccine has raised the coverage rate to more than 100 per cent. The new combined vaccine measles-rubella vaccine will be introduced into the routine immunization system in 2015 across the country, targeting all children aged under one. The proportion of children under five children sleeping under insecticide treated bed nets is progressing well, following the 2013 mass distribution which covered 96 per cent of the households nationwide. The ongoing malaria indicators survey will soon provide an updated figure of this target and will pinpoint possible gender-based or regional-based disparities. An important step was taken towards community based health services with the extension of community case management of pneumonia.

UNICEF strongly contributed to keep nutrition at a priority policy level of the development agenda through:

- Support of the SUN movement by setting-up networks (UN, civil society); leadership of the technical and financing partner working group;
- Contributing to the development of a memorandum of understanding and 2014 action plan between FAO, WFP and WHO for building resilience through food security and nutrition;
- Support to the organization of a national multi-sectorial workshop in May for accelerating stunting reduction that contributed to the strengthening of coordination, commitment and synergies of action from critical nutrition-sensitive sectors (Health, Food Security-Agriculture, WASH, Social Protection, Education, and Private Sector). The aim is to develop a common results framework in Nutrition and to strengthen the existing multi-sectorial coordination platform for nutrition involving all the sectors (i.e. National Consultative Council for Nutrition/NCCN);
- Contributing to preliminary partner discussions/meetings related to AGIR initiative, and;
- Support to the development of the Country Priority Document on AGIR.

UNICEF strongly contributed to increase coverage of nutrition interventions and services (IMAM, IYCF, vitamin A supplementation, deworming, salt iodisation) through the implementation of scaling-up plans and regular supervision, resulting in a significant decrease in stunting prevalence (31.5 per cent in 2013 to 29.1 per cent in 2014) and improving IYCF indicators.

**OUTPUT 1** By 2015, at least 50 per cent of newborns, under-five children (girls and boys), pregnant women, and mothers have access to high-impact health interventions in health facilities and at the community level, with a focus on most disadvantaged regions.

**Analytical Statement of Progress:**
Overall, good progress was achieved towards three indicators out of four. The number of new curative contacts per under-five child per year has increased from 1.2 in 2009 to 1.4 in 2011 and 1.7 in 2013, towards the target of two visits per year.

Pentavalent 3 coverage for under one children decreased from 79 per cent in 2009 to 77 per cent in September 2014. No cases of wild poliomyelitis virus have been reported since
November 2009, after 22 successful national and subnational immunization days between 2011 and September 2014. UNICEF supported the training of 13 regional EPI focal persons in effective management of vaccines. UNICEF provided the MoH with 63 refrigerators and fridge tags for temperature monitoring of temperature, thereby strengthening the cold chain system.

In the North, Centre-North and Sahel regions, 100,000 pregnant women had been previously protected against malaria through routine distribution of Long-Life Insecticide Treated Nets (LLINs) as part of antenatal care. Following a LLINs distribution campaign supported by UNICEF in 2013 which reached 96 per cent of targeted households nationwide the level of severe malaria decreased from 2.7 per cent in 2012 to 2.4 per cent in 2013 and 2.0 per cent by September 2014. Seasonal malaria chemoprevention has been implemented in seven districts since August 2014.

Management of diarrhoea among under five children using ORS+Zinc was effectively implemented nationwide in all the health centres and at community level. Community case management (CCM) of pneumonia was successfully tested in two districts, and an extension plan of the CCM of pneumonia developed to be implemented in 2015 in all the nine districts. The training modules for community health workers on newborn care at home was finalized in 2014. Training of trainers from central level, health directorates of Centre-North and North regions and their nine districts was organized. Training of community health workers will start in the first semester of 2015. The finalization of the Child Survival Strategic Plan which started in 2013 is ongoing.

Newborn care at home in the two regions of Centre-North and North has not been implemented as scheduled. Better coordination between the different structures in charge of child health within the MoH is needed. While antenatal care is one intervention that works well, more effort is needed to improve activities around the delivery period as the most effective way to reduce neonatal mortality. UNICEF will provide support accordingly.

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

Analytical Statement of Progress:
Between 2010 and 2014, the proportion of districts with more than 50 per cent treatment coverage of children with severe acute malnutrition increased from 22 per cent to 60 per cent. Between January to November 2014, 87,561 children under five with SAM were admitted. SAM cure rates were 90 per cent for outpatient and 85 per cent for inpatient; with death rates of five per cent for outpatients and 10 per cent for inpatients. These positive results are mainly due to the implementation of the national scaling-up plan of SAM management in all the 13 regions, continuous availability of RUTF, quarterly screening in all health districts and improved coordination among partners. However, major challenges still remain including: the integration of RUTF supplies in the national supply and logistics chain, the strengthening of NGO support to the health system, and the strengthening of nutrition data collection in the National Health Monitoring Information System.

The development of the IYCF scaling plan has created an enabling environment to boost key IYCF indicators in Burkina Faso. Burkina Faso’s annual nutrition survey using SMART method, found that: the early breastfeeding initiation indicator moved from 29.2 per cent in 2012 to 41.6 per cent in 2014; the exclusive breastfeeding practice increased from 38.2 per cent in 2012 to
50.1 per cent in 2014; and the minimum adequate diet among children aged six to 23 months increased from 3.2 per cent in 2012 to 11.4 per cent in 2014. UNICEF played a critical role of leveraging in the implementation of this scale up plan, by involving other critical partners such as the USAID-funded Resilience and Economic Growth in the Sahel Enhanced Resilience (REGIS-ER) programme and Alive and Thrive. The key actions to remain on track are to ensure the consolidation of the current IYCF community coverage and reach the next annual coverage projections of the Burkina Faso's IYCF scaling up plan in 2015.

In 2014, UNICEF pursued its technical and supply support to ensure high coverage of Vitamin A supplementation through the Child Health Days approach. For the organization of the second round, emergency action was provided in order to make the required vitamin A capsule available. This was due to the destruction of some commodities by the fire generated during the nationwide popular demonstrations from 27 October to 1 November 2014.

The experience and progress on Vitamin A supplementation programmes during the last ten years was presented at the Micronutrient Forum (Addis-Ababa, June 2014). Key challenges for maintaining and sustaining high levels include the operational costs of the Child Health Days events in each health district, and the development of a strategy for Vitamin A supplementation every 6 months through the routine system.

A micronutrient deficiency control plan was developed in March 2014 and several critical steps carried out to help progress in Universal Salt Iodization by: (i) carrying out a national survey on Iodine Deficiency Disorders (June-December), (ii) strengthening of iodized salt control by Customs and the Ministry of Agriculture, and; (iii) strengthening of iodized salt internal control at private sector warehouse level by the Ministry of Industry and Trade.

OUTPUT 3 At least 50 per cent of pregnant women have access to prevention of mother-to-child transmission (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 antiretroviral treatment are effectively under treatment nationwide.

Analytical Statement of Progress:
Overall, good progress was achieved towards the PMTCT indicator but slower progress was achieved for the Antiretroviral Therapy (ART) of HIV-affected children. The proportion of pregnant women tested for HIV has increased from 30 per cent in 2009 to 57 per cent in 2011, 61 per cent end of September 2012, 51 per cent at September 2013, to 56 per cent in September 2014. The initial target of 75 per cent by 2014 has now been exceeded if referenced to the number of attended pregnant women for the third quarter of the year.

The proportion of HIV-exposed children tested by PCR (Polymerase Chain Reaction) method increased from 16 per cent in 2012 to 58 per cent in 2013 and was 46.7 per cent in September 2014. These results are due to the implementation of the national plan for the virtual elimination of mother to child transmission since 2011, with a focus on new effective options of treatment and promotion of secure breastfeeding and early diagnosis. The mid-term review of the PMTCT programme in June 2014 found the level of PMTCT site coverage in the country at 98 per cent and a testing rate of women attending ANC at 85 per cent. The adoption of option B+ as the PMTCT protocol is improving the rate of ARV treatment for HIV+ pregnant women: 50 per cent of pregnant women living with HIV received anti retrovirals to reduce the risk of transmission to their children (September 2014 national data). The latest data are being compiled and could show an improvement of the coverage in 2014 compared to 2013.
Some bottlenecks exist, including the high number of women who tested HIV positive and whose children are lost to follow-up, the refusal to undergo testing, and HIV test stock out. As future actions, UNICEF aims to support PMTCT supply management and the monitoring of PMTCT at community level. This involves an active search for additional funding to support the decentralization of ART treatment, the delegation of tasks, as well as the implementation of Option B+ (tritherapy for all HIV+ pregnant women regardless the age of the pregnancy or the number of CD4) as an efficient and streamlined treatment for HIV+ pregnant women.

The coverage of ART for infants in need of treatment remains almost stagnant: it increased from 13 per cent in 2011 to 14 per cent in 2013 and 15 per cent in 2014, with 47.6 per cent of girls and 52.4 per cent of boys. The number of children under ART increased from 1,328 in 2010 to 1,878 in December 2013 and 2,004 in June 2014. The early recruitment by PCR diagnosis and rapid test for exposed children implemented within the framework of the PMTCT strategy has progressed. It started in 2011 targeting SAM children with complications (inpatients) in a few hospitals, and now covers eight regional hospitals, up from three in 2012. There is a limited capacity of local actors in caring for children with AIDS. The scaling-up plan adopted in 2012 to offer early screening and AIDS paediatric care in all district hospitals is being implemented.

UNICEF continued to focus on early diagnosis for all PMTCT and hospitalized children who are suspected to be HIV positive, on capacity building of hospital staff and better follow up of children under treatment through community associations.

The quality of the indicators and their means of verification are acceptable. Data are issued by the health districts and are transmitted quarterly at regional and central level. Nevertheless, routine data are not fully reliable. This is an area where UNICEF will reinforce its technical support.

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

**Analytical Statement of Progress:**
The strategic documents adopted in 2013 are being analysed for their implementation. This includes the document of the round table of PNDS donors, National COMPACT, national strategy for exemption from payment of curative care for under five children and advocacy document, operational document for transforming community health centres in head rural communes into medical centres, and the Medium-Term Expenditure Framework 2014-2016. The current consensus among partners is to include the exemption from payment of curative care for under-five children in the Universal Health Coverage strategy. The country is committed to this strategy but it could take time to implement as resources are not yet available.

In 2014, three strategic documents were developed and adopted by the Government relating to community health and health promotion. These are the national profile of community health workers, the national strategy, and the strategic plan for health promotion.

As in 2013, there is a delay in the adoption of normative documents of sectorial policies and the sectorial Medium-Term Expenditure Framework for the Ministry of Health. There was also a delay in operationalizing the PNDS monitoring and evaluation units. In addition, there will be a delay in implementing the exemption of curative care for under five children since it will be included in the UHC. One of the main priorities of UNICEF in the coming months will be strong
advocacy to include the exemption of curative care for under five children in the UHC, so that the children will be the first to be covered.

**OUTCOME 3** 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.

**OUTPUT 1** 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:**
Accessing basic, dignified, permanent and equitable sanitation facilities is still a big challenge to the communities in the context of Burkina Faso. This lack of infrastructure does not allow for easy behaviour change toward adopting good hygiene practices. Currently, two strategic response mechanisms are being put in place in order to boost effective response and impact:

1. At the strategic level, UNICEF’s support to the General Directorate for Sanitation, Waste Water and Excreta, resulted in the definition of the Community Approach to Total Sanitation strategy adapted to the Burkina Faso context and the development of the related implementation guidelines. These two documents were adopted by all WASH stakeholder in September and by the “conseil des ministres” in October. The final version of two documents were widely shared with all stakeholders implementing the CATS approaches in Burkina Faso.

2. At the field level, the implementation of CATS projects throughout this year took place in five regions (Centre Nord, Centre Ouest, Est, Nord, Plateau central) out of the 13. In the Bam province of the Centre Nord region, 40 villages were triggered with community led total sanitation, from which 22 are eligible for Open Defecation Free (ODF) status, resulting in the construction of 1,607 household toilets. The families who own toilets are using locally available devices (kettles) and items (soap, ash) to practice hand washing. Intensive community mobilization campaigns took place in all the targeted regions, and more than 64,437 villagers (16,200 women, 23,237 men and 25,000 children) were reached by house-to-house mass campaigns events. Information through radio reached an estimated 200,000 people. In the North (province of Yatenga) and Centre Ouest (province of Sanguie) 80 villages are now being triggered with CLTS. To enable the sustainability of sanitation actions, local community members were trained in the targeted areas, including: 80 masons, 40 hygiene promoters and 40 village development committee members. A total of 6,759 women and 20 women's associations were trained to support villages in building toilets, raising hygiene awareness and setting up and monitoring their sanitation and development action plan.

Overall, the hygiene promotion sessions and home visits, coupled with information, education and communication activities, theatre sessions followed by discussion forums, and Community-Led Total Sanitation mobilization tools plus the household latrine construction have positively impacted the environmental cleanliness of at least 465 villages in the Kourweogo, Oubritenga and Bam provinces where around 12,000 households have built family latrines and abandoned open defecation.
OUTPUT 2 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:
One of the major constraints in Burkina Faso is the maintenance of the WASH facilities after construction and handover to communities. Recent observations have shown many hand pumps broke down, and became non-operative, leaving communities with no choice than going back to use of unprotected water sources. At schools and health posts, the lack of water, the dirty and non-effective use of toilets and annexed devices (hand washing system) is often seen. Newly constructed cabins of latrines are therefore being abandoned in the advantage of open defecation practices.

Sustainability is a key to the programme; keeping the constructed boreholes operational is as important as building them. Therefore, UNICEF and partners have prioritized community participation and capacity building at all levels. Water users committees as well as health and school clubs were set up around each water point and sanitation facilities to effectively manage them. UNICEF and its partners made tremendous progress in that sense whereby the North, Sahel, Plateau Central, Centre Nord and Est regions were supported to develop and implement their action and monitoring plan through training of local stakeholders (mayors, masons, village development committees), complemented by direct support for the construction of water and sanitation infrastructures at school, health centre and village level.

UNICEF identified household water safety as a priority. Around 13,500 women were trained on safe water practices in 150 communities in two regions: Centre-North and Plateau Central. The training was based on household water treatment and safe storage practices, including the distribution of 500 membrane filters. Each women is expected to sensitize at least three neighbouring households.

Overall, the progress achieved has led to an improvement in drinking water coverage from 77.7 per cent in 2013 to 77.9 per cent in 2014 in the Plateau Central and from 69 per cent to 70.3 per cent over the same period in the Centre North.

In total, 41 boreholes equipped with hand pumps were completed in Plateau Central, of which 16 are in the communities and health centres serving around 5,000 people, and 25 in the schools to allow access to safe and clean drinking water to more than 6,250 school children. Twenty three manually drilled boreholes were completed in the municipality of Dedougou (Boucle de Mouhoun region) to serve 6,000 population. Where drilling boreholes was not possible due to the difficult hydro-geological context, UNICEF provided 50 rain water harvesting systems to 25 schools of Ganzourgou and Kourweogo to cover the basic water and sanitation need of 7,500 pupils. Fifteen boreholes equipped with hand pumps were completed in the health posts in the North and Sahel regions to support the treatment of severely malnourished children. Thirty nine boreholes were rehabilitated in host communities in the Sahel in 2014 (19 in Oudalan and 20 in Seno) to provide at least 15 litres per person per day to 12,000 people.

OUTPUT 3: By the end of 2015, at least 50 per cent of schools and nutrition centres of the of the Plateau Central, Centre Nord, Est, Boucle du Mouhoun and Hauts Bassins regions have the minimum WASH package (drinking water points, latrines, hand washing, awareness of basic hygiene) and apply the basic rules of hygiene.
Analytical Statement of Progress:
WASH activities in schools and health centres aimed to provide water and sanitation facilities and distribute hygiene kits, promoting good hygiene practices to induce behaviour change among the targeted beneficiaries and especially the mothers of malnourished children.

Intensive community mobilization campaigns have taken place in all the targeted regions and more than 9,200 households or 64,437 villagers (16,200 women, 23,237 men and 25,000 children) were reached by house-to-house mass campaigns events. Information through radio reached an estimated 200,000 people. Of the 6,759 women in 74 villages in 10 regions trained on best hygiene practices (safe food and water chains, hand-washing and environmental cleaning) 2,000 from 22 villages were from Plateau Central and Centre North. Following training, the women become hygienists in their communities and leaders towards achieving total sanitation. Training of local community members took place in the targeted areas, where 80 masons, 40 hygiene promoters, 793 community relays and 40 village development committee members were trained to support the village in building toilets, raising hygiene awareness and setting up their sanitation and development action plan. Fifty school clubs were set up and are functional in Kourweogo. Over 5,160 hygiene kits were distributed in the Sahel region to support preventative cholera messaging and campaigns. A total of 5,474 WASH kits were distributed to families of malnourished children.

In terms of emergency response, UNICEF deployed staff in Dori, and two project agreements were made with Oxfam and DRC to support almost 98,000 refugees and the host community. At the national level, regular WASH coordination meetings were held once a month, and the contingency plan for WASH response in coordination with OCHA and the Burkinabe Council for Emergency Relief and Rehabilitation (known as CONASUR) is finalized. For the Ebola preparedness and response, 2,500 hand washing kits are being purchased to be distributed in health posts, schools and public places, and one standby agreement were signed with DRC for any emergency WASH response.

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 a special focus on girls.

Analytical Statement of Progress:
The primary school gross enrolment increased to 83.0 per cent in 2013-2014, with notable progress for the girls whose GER (83.2 per cent) surpassed that of boys (82.8 per cent) for the first time. The proportion of children who accessed preschool also increased to 8.3 per cent in 2013-2014 (8.6 per cent for girls, again higher than boys). The primary school completion rate remained at 57.6 per cent, but still higher for girls (59.7 per cent) than for boys (55.7 per cent). The years of efforts to improve girls’ education are thus showing important achievements.

UNICEF’s education programme contributed significantly to the progress made towards national targets for education access and quality, with an equity-focus. Nearly 82,000 children who benefitted from quality education in Child-Friendly Schools in the two target regions, of whom 48 per cent were girls. UNICEF further supported about 4,400 girls to continue studying at the post-primary level, as well as 10,900 Malian refugee children to pursue pre-primary, primary and non-formal education in and around refugee camps. Inclusive education was addressed through the CFS programme, as well as specific activities, such as identification of 749 children with disabilities, community sensitization and infrastructural improvement of schools. Over 2,000
vulnerable and out-of-school children were reached with education opportunities via the reach-out activities and the bridging courses.

Some constraints encountered in 2014 included the education reform of integrating pre-school and post-primary levels to basic education, which resulted in slowing down some activities due to inter-ministerial transfer of responsibilities. The socio-political crisis of October/November also caused delay in a few activities. Nevertheless, the progress made in 2014 has opened a major opportunity for 2015, namely the nationwide scale-up of CFS that encompasses not only primary education, but also pre-school, post-primary and possibly non-formal education, with cross-cutting focus on girls and vulnerable children.

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

**Analytical Statement of Progress:**
The strategies to accelerate access to a quality basic education continued to roll out in 2014, benefitting total 82,284 primary school children (39,642 girls, 43,342 boys), 5,250 pre-primary children (2,576 girls, 2,674 boys) and 3,000 post-primary children (all girls), through:

(i) Improving school water and sanitation facilities in 25 of 461 target Quality Child-Friendly Schools in Ganzourgou and Namentenga, and rehabilitating classrooms in two other schools in Salogo, and Madouba;

(ii) Training of 543 primary school teachers and 24 pedagogic advisors;

(iii) Sensitization and communication activities targeting 12,000 stakeholders in 461 target primary schools and 41 pre-primary schools;

(iv) Capacity development of 3,570 target community members (70 per cent female) in literacy, and;

(v) Reinforcement of the monitoring system via regular school monitoring visits and provision of monitoring bikes.

At the same time, to support the Ministry of National Education and Literacy in attaining the objective of universal primary education, UNICEF contributed US$500,000 to the sector common fund.

In terms of emergency response, 10,900 children affected by the Malian conflict benefitted from pre-primary, primary and non-formal education in the refugee camps of Goudébo, Mentao, and Saagnioniogo, as well as their host communities. UNICEF also launched a massive communication campaign from September to December 2014 to mobilize community members in the Sahel zone to enrol and maintain their children in school. To mitigate the threat of Ebola Virus Disease, UNICEF, in collaboration with the Ministries of Education and of Health, produced and distributed EVD prevention posters in over 62,000 classes of all levels of pre-primary, primary, post-primary and non-formal education schools nationwide, as well as pre-requisitioned 2,500 hand-washing facilities and 200 tents.

The implementation of the annual work plan has met some difficulties: a low capacity of communities, socio-cultural barriers, limitations in the capacity of domestic firms. These difficulties were resolved through capacity building actions, taking measures to anticipate order fulfilment and implementation of effective communication strategies for development.

**OUTPUT 2** By 2015, the education quality standards are known and applied.
Analytical Statement of Progress:
Efforts to establish and disseminate the education quality standards resulted in progress in 2014, with the report on Quality Child-Friendly School produced, along with its action plan, taking into account the recent decision of the Ministry of National Education and Literacy to scale-up the QCFS at the national level. This was accompanied by pilot initiatives on the primary education level to apply the quality standards in the target QCFS schools. This included the capacity development of 250 teachers and 800 community members, establishment of and training on school libraries, school sports, and school harvesting, as well as provision of 5,198 solar lamp kits to support catch-up courses.

At the pre-school level, training modules and guidelines on parental education were produced and validated, followed by capacity development of 50 local government members and 144 primary school teachers on parental education, as well as training of 100 pre-school educators on the gender-based approach. In addition, 20 pre-schools were equipped with necessary utensils to establish a school canteen.

In terms of non-formal education, 283 out-of-school children (139 girls) underwent bridging courses in 10 centres launched in Namentenga. The final evaluation showed a promising result with 81 per cent of learners (with little gender difference) successfully passing the tests to be admitted to the formal system. The necessary equipment for these bridging centres was also procured. At the same time, UNICEF supported Ministry of National Education and Literacy to prepare for the future introduction of communication and information technology in education, through establishment of the technical committee who then elaborated the terms of reference to draft the national strategy on e-education.

The implementation of this component was faced with the following constraints: the high number of schools not meeting the standards face of limited resources, slow procurement procedures, and the lack of a strategy for integration of ICT in basic education. These constraints were overcome by taking steps to focus on the soft aspects and community involvement, better planning controls, and support for the Ministry of Education to develop a strategy for the integration of ICT in education basic.

OUTPUT 3 By 2015, the education programmes provide greater equity.

Analytical Statement of Progress:
Equity in education was further improved in 2014. A total of 6,500 girls in primary and post-primary schools in Ganzourgou and Namentenga received school bags, while 4,000 post-primary vulnerable pupils (85 per cent girls) nationwide received pedagogical support during the school year. A total of 126 vulnerable girls benefitted from free dormitories; 268 girls received an intensive catch-up course that included life skills; 16 girls’ clubs were launched to support girls to continue their education, and; 10 studying spaces were constructed to encourage learning after school hours. Girls’ education was promoted through training of approximately 3,000 mothers and income-generation activities for 100 Mothers’ Associations in six target provinces.

To support 749 children with disabilities, UNICEF along with NGO partners conducted sensitization activities reaching almost 10,200 people, provided necessary medical operations and treatment, along with infrastructural improvement of 73 school structures and seven inclusive education transition centres. UNICEF organized three workshops in the target regions, resulting in the definition of the action plans for inclusive education. Meanwhile, the
The development of the National Strategy on Inclusive Education was accompanied, through conducting a study visit to Ghana, drafting terms of reference, and launching the bidding process.

In order to encourage out-of-school children to pursue education, UNICEF supported three primary and two pre-schools covering approximately 1,800 children in five villages which have had cases of child-labour in the mines in Legmoin. At the national-level, UNICEF accompanied the Ministry of National Education and Literacy to explore possibilities to reactivate the non-formal education/training centres, as well as to develop capacity in monitoring and analysis of statistical data and key education indicators.

The implementation of this component encountered a lack of resources in the financing of an activity which was postponed in 2015. Overall, the rate of execution was satisfactory.

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:
Child protection registered significant progress in 2014. Advocacy and strategic partnerships enabled Government commitment, especially through the Ministry of Justice, Ministry of Territorial Administration and Security and Ministry of Social Action and National Solidarity, and actors down to decentralized level. Amongst the progress made:

i) The National Assembly unanimously voted the law protecting children in conflict with the law and children in danger;

ii) The Government completed a national census of disabled children;

iii) The mapping and evaluation of the child protection system was completed;

iv) 351 mayors and 546 community leaders committed to fighting against FGM;

v) An oral questions databank on child marriage and child labour in small-scale gold mines was developed, and;

vi) A national strategy against child marriage was developed.

The issue of child labour in small-scale gold mining was raised and put at the top of the political agenda in fora such as the International Energy, Mining and Quarries Convention and in the French-led donor’s working group on this issue. Harmful traditional practices also received much attention during 2014, with the increased focus on child marriage by the Ministry of Social Action and National Solidarity with the support of UNICEF, UNFPA and African Union. These interventions are part of the broader child protection system and include establishing child protection networks at regional and provincial levels to strengthen the response and create sustainable alternatives to placement in institutions.

A major bottleneck is the lack of guarantee to resources to ensure that results achieved so far are sustainable and multiplied. Also, the launch of the pilot project on child birth registration through mobile phones was delayed. Ensuring State sovereignty when manipulating private information and using new technologies as offered by the private sector is a complex endeavour.
Similarly, the persistence of harmful practices on children’s rights supported by negative social norms and customs necessitate intensified public and community-based campaigns and training on social norms change.

Next steps include:

i) Promotion of the use of child protection mapping and assessment results as the basis for further child protection system strengthening;

ii) Use of the census report on disabled children for evidence-based advocacy and resource mobilization towards action-oriented social protection measures;

iii) Solid anchoring of a systemic and evidence-based approach to sustainably combat child marriage, and;

iv) Quality child protection information to be used in a situation analysis to strengthen programming for children.

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:
After almost four years of close follow up and continuous advocacy towards legislative and governmental stakeholders, 2014 was marked by the unanimous vote of the law on protection of minors in conflict with the law and children in danger. At the same time there was a scaling up of special jurisdictions for children and nomination of judges specifically in charge of juvenile justice. This law enforcement is now a strong basis for advocacy and resource leveraging both with donors and with the Government in line with the State budget. It provided UNICEF with a strong justification to back up its advocacy for establishment of an upstream training programme on juvenile justice for police and justice personnel. Advocacy and technical support will focus in 2015 on those developments to advance the strengthening of juvenile justice system.

Efforts were also invested in partnership strengthening, resulting in the drafting of a Ministerial Decree setting up a partners’ group for juvenile justice led by the Ministry of Justice. The group brings together ministerial representations such as human rights, security, social action, decentralization, education, and health to discuss the juvenile justice system, the probation approach to justice, and prevention in a comprehensive and open way. UNICEF will pursue its support in order to have this structure concretely set up, and able to address urgent matters such as the multiplication of reinsertion centres for minors in conflict with the law, similar to the centre UNICEF is supporting together with Terre des Hommes Italy in Bobo-Dioulasso.

From 2010 to 2014, in its rehabilitation approach to justice, UNICEF supported a total of 1,034 children and 301 women in conflict with the law through alternatives to deprivation of liberty, psychosocial assistance and individual reinsertion projects. Based on the results, UNICEF will continue to work on the strengthening of the justice component of the child protection system.

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:
In addition to the service delivery and assistance approach which, from 2010 through 2014 has provided protection and care for 42,577 children, UNICEF focused its work on child protection
system strengthening and support to improved data collection in order to support evidence-based programming.

The year 2014 saw the outcome of several major processes supported by UNICEF:

(i) Validation of the 2013 national census of disabled children registering 79,617 children (48,126 boys, 31,491 girls);
(ii) Establishment of the National Council for Children with an increased coordination mandate;
(iii) Validation of the child protection system mapping and evaluation led by the Ministry of Social Action and National Solidarity;
(iv) Drafting of a “Fight against child marriage” national strategy and of a ministerial decree setting up a multi-stakeholders platform to address the issue of child marriage and other harmful traditional practices;
(v) Revision of data collection and monitoring and reporting processes under the leadership of the Permanent Secretariat of the National Council for Children, and mechanism started;
(vi) UNICEF with its implementing partners’ active participation to the international symposium on energy, mines and quarries ensured enabling high level advocacy; and;
(vii) Validation of the assessment of the project on reinsertion of children working in artisanal gold mines and quarries.

All these results were made possible with the high commitment of governmental and non-governmental implementing and strategic partners, and are expected to pave the way to increased child protection system strengthening activities by the end of the Country Programme. A focus will be made on reliable data collection, support to the revision of the strategy empowering national child protection system, professional case management as well as community-based approach to child protection.

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:
Communication for Development continued to support programmatic interventions for women and children during the latter part of 2014. As of end 2014, approximately 2.1 million people had been directly reached with information on the Six Key Family Practices, Education and Child Protection and 6.5 million people had been reached with messages.

OUTPUT 1 At least 20 per cent of men, women, boys, and girls know about 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) and begin to apply them in their families.

Analytical Statement of Progress:
In 2014 Cinéma Numérique Ambulant concluded their project using multimedia to raise awareness and mobilize communities for promoting the Key Family Practices. A total of 240 film projections and debates mobilized around 92,850 people in the Centre-Nord and Nord regions and 19 new community relay units were set up in these regions.
UNICEF continued to support the implementation of the integrated communication plan on PMTCT in the health district of Do, Hauts Bassins region. The percentage of pregnant women who opted for testing increased from 30 per cent to more than 70 per cent from 2002 to 2014. Husbands who were sensitized were found to support more their wives for PMTCT.

In relation to National Vaccination Days, the contribution of C4D resulted in a demand for vaccination. Coverage for National Vaccination Days increased from 97.22 per cent to 101.70 per cent with a national average of 100.80 per cent. For de-worming of infants, the coverage varied from 97.22 per cent to 103.38 per cent, with a national average of 100.64 per cent.

For the measles-rubella vaccination campaign and the strengthening of routine vaccination, UNICEF supported the Directorate for Health Promotion of the Ministry of Health through the financing of 13 supervisors (one per health district) to oversee the implementation of quality communication interventions during the campaign. Monitoring results showed that 92.75 per cent of parents had received information before the vaccinators arrived.

The “WASH United” approach to encourage improved hygiene and sensitize communities on Ebola prevention was implemented in six regions sharing international borders by community relay units, radios and health structures. In relation to Ebola prevention, focus was placed on interpersonal communication (community relay units, local radios). 1,500 relays were trained on Ebola prevention in order to facilitate door-to-door talks in villages.

OUTPUT 2 By the end of December 2015, four ministries (Ministry of National Education and Literacy, Ministry of Social Affairs and National Solidarity, Ministry of Secondary and Higher Education, and the Ministry of Territorial Administration, Decentralization and Security) in collaboration with national NGOs and civil society and media undertake more initiatives to promote six Key Family Practices, Education and Child Protection (PFE+) for the respect of the rights of the child to education and protection.

Analytical Statement of Progress:
UNICEF’s support to birth registration continued with a mid-year review workshop being held in July. The workshop was attended by local radio partners of the EDEN project from the regions of Cascades, East, Plateau Central, Centre-Nord and Sahel. It addressed the issue of social norms and the involvement of traditional and religious leaders, children / youth as well as documenting the impact of birth registration. A sensitization campaign of communities was developed on birth registration through local media channels and community relay units. The launching of activities for the integrated communication plan on children in the mines in the Centre-Nord region took place on 1st August.

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:
UNICEF supported the Government of Burkina Faso in the commemoration of the 25th anniversary of the Convention of the Rights of the Child. The theme of the 2014 anniversary was “violence against children in family setting: prevent and act”. Activities were carried out in partnership with the Ministry of Social Action and National Solidarity and all financial and technical partners, including a coalition of 12 NGOs promoting the rights of children.

Five short videos on children affected by violence were produced and broadcast and a 2 day drawing workshop with 15 vulnerable children to enable them to express themselves and learn
about their rights was held. UNICEF participated in a CRC@25 press conference; a talk show on violence against children on largest private TV (BF1) and an op-ed by UNICEF Burkina Faso Representative was published in an online newspaper. The official CRC@25 ceremony saw the participation of about 350 children, Ministry of Social Affairs, all financial and technical partners, the Ambassador of Japan, and a representative of the French Embassy.

UNICEF contributed to awareness raising/advocacy including organization of a march led by 300-400 children and youth on 6th December. UNICEF also supported the process of renewal of the Child Parliament in 45 provinces.

## Document Centre

### Evaluation

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### Other Publication

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Getting children out of the goldmines (video)

Lessons Learned

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