Executive Summary

Achievements
Health interventions at the community level have been often inadequate and fragmented, with various implementing strategies and relatively limited ownership at the local level. The recently adopted national community health policy will, with UNICEF support, lead to (i) greater ownership at central and decentralized levels; (ii) improved coherence of the profiles and motivations of community health workers; and (iii) synergy of resources provided. A multi-year strategic plan will be developed in 2013, and its implementation should improve mother and child health access to case management of diarrhea and malaria, as well as essential nutrition actions and HIV prevention.

On birth registration (BR), a National Strategy on the Modernization of Civil Registration was developed that outlines the need for behavior change at the community level to ensure systematic BR. The Strategy also establishes mobile community-based BR forums; outlines legal revisions that will enable all citizens to retrieve their birth certificate from any civil registration office; and reduces the cost of certificates and facilitates access to services. Full implementation of this Strategy will facilitate BR of the most vulnerable children, including those with severe disabilities.

A National Strategy for the Acceleration of Girls’ Education 2012-2021, developed by the Ministry of Education and Literacy with UNICEF support, was validated. A set of relevant interventions alongside specific implementation mechanisms were designed to promote girls’ access to and retention in school. A range of gender inequalities and inequities from the education system will be eliminated.

Shortfalls
Rates of open defecation remain very high, especially in rural areas where only six per cent of households own a latrine. Political will is visible with the involvement of high-level authorities, and the government is committed to eliminating open defecation by 2015. However, the Community-Led Total Sanitation (CLTS) approach has not yet been implemented at scale in the country.

Mapping and assessment of community protection systems is acknowledged as a step to trigger efficient actions to protect the most vulnerable children. Although preliminary discussions took place between the government and civil society partners, the process was postponed in order to respond to the nutrition and Malian refugee crises, which required substantial investments in human resources and time.

Collaborative partnerships
UNICEF has worked with GAVI to support Burkina Faso in (i) accessing GAVI funding for immunization; (ii) facilitating the organization of three in-country GAVI missions; (iii) writing the 2011 GAVI annual report; and (iv) the development of a Health Services Strengthening proposal and another proposal to introduce two new vaccines against pneumococcus and rotavirus to routine immunization in 2013 and 2014. Both proposals were accepted.

In a context of multiple crises with a limited number of weak partners, some non-government organizations (NGOs) made a substantial difference in supporting UNICEF’s response. Despite its lack of experience working in emergencies, Terre des Hommes Lausanne (TDH) was a very good implementing partner for the regular programme and showed interest in pursuing common commitments with UNICEF in all contexts. UNICEF invested in the TDH team through capacity building in child protection in emergency, including planning, coordination and monitoring. This resulted in more than 3,000 child refugees being covered.

Country Situation as Affecting Children & Women

In 2012, Burkina Faso enjoyed high economic growth despite the difficult context of the global recession, regional food insecurity, the Malian refugee crisis and elevated food prices. Real GDP growth peaked at more than 5 per cent, compared to 3.6 per cent in 2011, due to the economic recovery following the 2011 social unrest, increased international investments and good harvests. Despite its relatively solid economic performance, Burkina Faso remains one of the poorest countries in the world, and is far behind in terms of...
human development (HDI 181). Almost one out of three Burkinabes lives below the poverty line.

Poverty particularly affects children, who represent 53 per cent of the population in Burkina Faso; 45.3 per cent of children are poor compared to 41.9 per cent of adults. UNICEF’s 2012 analysis of children’s and women’s poverty reveals that the incidence and depth of child poverty slightly decreased between 2003 and 2010 by 7 per cent and 1 per cent, respectively. High disparities, however, persist between regions and rural and urban areas. The poverty severity index increased over time and indicated a growing inequality among the poor. Area of residence, household size and education level of household heads are key factors determining chronic child poverty. Ninety per cent of the poorest children live in rural areas, with 70 per cent living in large households and 90 per cent belonging to families headed by an adult with no formal school education. Nearly half of the poorest children live in two regions (North and East). The high level of poverty and the exclusion of poorer groups from basic services constitute major bottlenecks for the attainment of the Millennium Development Goal (MDG)-related national development goals on child survival, development, education and protection.

In terms of poverty reduction, the 2010 Demographic and Health Survey (DHS) and national MDG reports show that Burkina Faso has achieved significant progress in improving the coverage of child and maternal health care, reducing severe malnutrition and HIV prevalence, and enhancing access to primary education and safe drinking water. The country is, however, off track in achieving the MDGs on eradicating extreme poverty, improving access to sanitation, promoting gender equity and combating under-five (U5) mortality. The U5 mortality rate, estimated at 129 per 1,000 live births, has significantly declined (184/1,000 in 2003), but is still far from the MDG target of 62/1,000. Children from the poorest families have a 50 per cent higher risk of dying before the age of five than those in the richest households. The vast majority of children continue to die at home from easily preventable or curable diseases, such as pneumonia, malaria, diarrhea, malnutrition and neonatal tetanus. Despite high rates of open defecation, especially in rural areas, where only six per cent of households owns a latrine, and the commitment of the current government to eliminate this practice by 2015, the Community-Led Total Sanitation (CLTS) approach has not been implemented at scale in the country.

Recognizing the need for a stronger commitment to achieve the MDGs, the government implemented the Accelerated Growth and Sustainable Development Strategy (SCADD) 2011-2015 with strong financial commitment from partners (USD 500 million). To ensure that economic growth would be underpinned by sustainable social development, the government also adopted new health, education and protection policies, such as the National Policy on Community Health, the National Social Protection Policy (PNPS), the Strategic Development Programme of Primary Education (PDSEB), the National Strategy for the Acceleration of Girls’ Education (SNAEF) and the National Policy on the Promotion and Protection of Disabled Persons. These policies, developed with UNICEF support, are instrumental for the scaling up of quality and inclusive basic services.

In 2012, the wellbeing of children in Burkina Faso was severely affected by three humanitarian crises: (i) the food insecurity and nutrition crisis affecting the Sahel countries; (ii) the influx of Malian refugees; and (iii) the outbreak of cholera and meningitis epidemics. With regard to the nutrition crisis, erratic rainfall and insufficient harvests in 2011 had a negative impact on already vulnerable communities in Burkina Faso. A deficit of 154,462 tons of cereal production was officially reported by the government for the 2011/2012 agricultural season, a situation not seen since 2005. More than 2,800,000 individuals were officially declared as being at risk of food insecurity. Global acute malnutrition in U5 children increased from 10.2 per cent in 2011 to 10.9 per cent in 2012. There are still more than one million stunted children in Burkina Faso.

Preliminary results of a study on the impact of the nutritional crisis on the education sector also reveal that lack of access affected children’s attendance and behavior, ranging from late arrival in school (69.3 per cent) to reduced attendance (52 per cent) and sleepiness in class (49.3 per cent).

Despite the positive perspective of good harvests, the likelihood of at least average to above-average food stocks and above-normal farm income levels, an estimated 520,000 U5 children will continue suffering in 2013 from acute malnutrition, including 120,000 with severe acute malnutrition (SAM). To address recurrent Sahel food crises in a more effective manner, there is a growing awareness among aid agencies of the need to implement longer-term resilience strategies.
As a result of the socio-political crisis in Mali following a coup d’état and armed operations by a Touareg rebel movement and Islamic terrorist groups in the North of the country, thousands of Malians have fled their homes to seek refuge in neighboring countries, including Burkina Faso. In December 2012, UNHCR registered 37,626 displaced Malians in Burkina Faso with 10 per cent of them U5 children and more than 50 per cent of them children and women. A possible ECOWAS (Economic Community Of West African States) military intervention in 2013 may lead to an additional influx of refugees in 2013. Furthermore, the country has faced a series of meningitis outbreaks, with 6,540 officially reported cases and 669 deaths (a fatality rate of over 10 per cent). A total of 143 cholera cases were notified with 7 deaths (4.9 per cent fatality rate) in the Sahel region of the country, where most of the Malian refugees have settled. There is a possibility of new meningitis and cholera outbreaks in 2013.

**Country Programme Analytical Overview**

In 2012, UNICEF continued efforts in service delivery, advocacy, and reinforcing partnerships while strengthening national systems and developing civil society capacity to scale up high impact interventions in health and nutrition, child protection and education. These strategies applied to both regular programme and emergency programmes.

UNICEF supported the public expenditure review of the Education Sector. This study, the first of its kind, illustrates the barriers for children in poor areas in accessing education. A communication plan was developed that will help civil society and communities understand and claim the rights of their children to education through existing local structures.

A multi-sectoral Scaling Up Nutrition (SUN) roadmap to improve nutrition interventions was adopted in May 2012. Detailed and budgeted plans will be developed for the following: Infant and Young Child Feeding (IYCF) practices; management of moderate acute malnutrition to complete the existing plan for SAM; micronutrient deficiencies; the development of a food security policy including some nutrition interventions; and school feeding for primary schools. With the participation of local and community leaders, efforts in 2013 will focus on supporting the Ministry of Health (MoH) to improve health centers and community monitoring so that results can be used in the annual planning of health facilities. This should lead to resources being targeted to disadvantaged communities and groups in order to reach equity. Strong advocacy with technical and financial support will help improve financial access to basic health and nutrition services for all U5 children by working towards the total spectrum of care. East region will be added to the priority regions in 2013, as it has the highest U5 mortality and stunting rate.

In child protection, the theory of social norms was used mainly to address the specific issue of female genital mutilation (FGM) and early marriage. Current strategies are being refined to reach the maximum number of children who are most vulnerable, protecting them from violence, abuse and exploitation. Based on field experience, analyses and sectoral reviews with partners, refined strategies will focus on improving data gathering and analysis and strengthening the community-level child protection system with mechanisms in place to protect all children, building on the social norms theory of a child as a central actor within his/her family and community. Finally, UNESCO will build on innovative, strategic partnerships with the private sector and religious and traditional leaders to further these aims.

The Burkina Faso Country Office (CO) has been a pioneer in the West and Central Africa Region (WCAR) in the use of the Simulation for Equity in Education model, which provides a better analysis of bottlenecks in the national education system that impede full participation of all school-age children. The national education strategy for 2012-2021 was recently approved, setting new goals for the sector.

Despite high rates of open defecation, the CLTS approach has not yet been implemented at scale. The Country Programme (CP) priority will be advocacy and communication with the government and the communities to achieve the open defecation free (ODF) goal in line with the government’s 2015 commitment.
Humanitarian Assistance

In early 2012, the Government of Burkina Faso declared that 2.8 million people were at risk of food insecurity due to a decline in cereal production, with 100,000 U5 children suffering from SAM. Moreover, as a result of the conflict in northern Mali, some 38,000 people fled their homes to seek refuge. The country has also faced new meningitis and measles outbreaks. UNICEF has been leading the Nutrition Cluster, and co-leading sector working groups to support humanitarian coordination among partners for water, sanitation and hygiene (WASH), education and child protection. Several inter-agency initial assessment missions were undertaken, and UNICEF prepositioned stock for immediate needs.

The UNICEF response resulted in a total of 85,900 children receiving treatment for SAM. Education facilities were provided to more than 6,500 school children (over 50 per cent) among the Malian refugees. Some 3,000 children (16 per cent between 3 and 5 years old) have been receiving psychosocial assistance and participating in recreational activities. Seventy per cent of the 38,000 refugees benefitted from WASH infrastructures and activities.

In order to enhance efficiency in responding to emergencies, a capacity development plan will be implemented to provide national partners with knowledge on humanitarian policies and standards, strategic planning of humanitarian operations, operational oversight and monitoring. The focus will be on building resilience to support households, communities and institutions to build risk mitigation and positive coping strategies more systematically.

Effective Advocacy

Mostly met benchmarks

UNICEF continued to lead high-level advocacy of the Sectoral Consultation Group on Social Protection, including all key stakeholders, for the elaboration and execution of the first National Social Protection Policy in Burkina Faso. Thanks to these advocacy efforts, the new policy was officially adopted by the Council of Ministers in September 2012. This policy constitutes the reference framework for the implementation of key pro-poor and equity-focused strategies on children’s and women’s wellbeing, such as free health care for U5 children and pregnant women, provision of cash and social transfers for highly vulnerable and food insecure households, exemption of school fees for children aged 3 to 5, food price subsidies in favor of the poor, universal health insurance and measures to promote the social inclusion of disadvantaged groups (disabled persons, orphans). Furthermore, the joint advocacy conducted by IMF and UNICEF has led to an increased state budget allocation for social protection from 5.4 per cent in 2012 to 8.7 per cent in 2013. Following the public expenditure tracking survey (PETS) revealing important leakages in the education funding flows, UNICEF strongly advocated for the design of a government-led communication and action plan to strengthen local citizens’ control and social accountability. This plan will be executed in 2013 under the leadership of the Ministry of Education and Literacy (MoE). The Government of Burkina Faso also demonstrated its commitment to improve child health by signing the pledge of A Promise Renewed to end preventable child deaths in Burkina Faso.

Since 2007, UNICEF, in partnership with the MoE, has piloted the provision of financial support to Mothers’ Associations (AME) for the development and implementation of income-generating activities. This support, granted in the form of a lump-sum payment to the AME bureau, is intended to help its members work together to attain financial self-sufficiency. The funds jointly generated are used in part to support access to and retention of girls in school, while contributing to improving the schooling environment when the latter is identified as a barrier to children’s education. UNICEF’s advocacy and the positive results observed in the field (increased access to and retention of girls in school and improved welfare of parents and children) have encouraged the government to start supporting the initiative in the national budget. The government also committed to its progressive generalization to all schools in Burkina Faso following the first International Forum on the Promotion of Income Generating Activities for AMEs.
Capacity Development

Initiating action to meet benchmarks

With regard to building core capacity for delivering the Core Commitments for Children (CCCs) in humanitarian situations, UNICEF conducted an advanced training of trainers activity for key government and non-governmental agencies involved in the Malian refugee crisis response management on the subject of rapid needs assessment for child protection in emergencies. A total of 32 Burkinabe social workers and young Touaregs were trained and deployed in the seven major refugee camps to evaluate child protection needs. A total of 242 caregivers and community-based animators benefited from training on child protection in emergency situations and CCCs in humanitarian action, first aid psychosocial assistance and the management of child-friendly spaces. Furthermore, 94 government and non-governmental partners received training on child protection in emergencies, with particular attention to the identification and registration of unaccompanied and separated children, family tracing and reunification, risks and impact of child recruitment and other child rights violations in emergencies, as well as methods to prevent such abuse. This training was part of UNICEF’s regional response to the Malian refugee crisis covering Mali, Burkina Faso, Mauritania and Niger. In relation to the nutrition crisis, 23 implementing non-governmental organization (NGO) partners were trained as trainers on the psychosocial care of children in emergencies. They in turn transferred their knowledge to 1,032 socio-medical workers and community-based animators who were directly involved in responding to the nutrition crisis. All these training sessions were carried out by experts on child protection in emergencies from UNICEF Headquarters (NYHQ) and the West and Central Africa (WCARO) Regional Office.

With the objective of strengthening national capacities on the protection and promotion of children’s rights, UNICEF trained 28 full- and part-time teachers from the National Training Institute on Social Work (INFTS) on the theory of social norms, the human rights based approach (HRBA) and their linkages with national and international child protection systems. Following this training, the HRBA was integrated in the INFTS curriculum for future managers in social work. The theory of social norms and the Results Based Management (RBM) approach were included as key topics in the general courses on sociology and community-based social work and the revised planning and management courses. All social workers were made familiar with these new approaches through continuous training and academic seminars. Furthermore, UNICEF supported the Ministry of Economy and Finance (MoEF) in elaborating and disseminating a national guide to help government departments integrate the HRBA in sector policy development and implementation.

Internal capacities for delivering results were strengthened through a training of supervisors on Managing People for Results.

Communication for Development

Mostly met benchmarks

In March 2012, the Knowledge Attitude and Practices study (KAP) on the six Key Family Practices (KFP) and the survey on Communication Channels in Seven Regions of Burkina Faso survey were finalized and validated with government partners. The 6 KFPs are: exclusive breastfeeding, sleeping under insecticide-treated mosquito nets, hand washing with soap, treatment of diarrhea using Oral Rehydration Therapy, the prevention of mother-to-child transmission of HIV (PMTCT), and complementary infant feeding. The studies have provided baselines as well as a qualitative and quantitative bases for evidence-based results programming of communication for development (C4D) interventions. In 2014, the KAP study will be carried out again in order to ascertain whether interventions have had a positive impact and to measure progress made.

The focus of C4D interventions has been on implementation of the findings in the studies through improving messages based on a mix of media (radio, television) and interpersonal communication channels (door-to-door talks, participatory community theatre, video) and by ensuring that messages on the 6 KFPs and child rights are reaching women (primary caregivers of US children) and their families.
This mix of communication channels was used during the five polio vaccination campaigns for communities living near Burkina Faso’s borders with other countries. Mothers and caregivers were informed about the campaigns through relay units and community radio spots. One hundred per cent of targeted children were reached. There has not been a single case of polio in Burkina Faso since 2009.

A comprehensive package on the six KFPs, using illustrations with simple explanations (portable image flipchart and posters) were produced in close collaboration with government and NGO partners. The tools were pre-tested in communities, jointly with community relay units, before final validation and approval.

As a follow up to the findings of the KAP study, 30 journalists and radio animators from 15 provinces were trained on themes and messages about the 6 KFPs. The objective was to strengthen their technical knowledge on safe hygiene practices in order to reinforce the quality of their reporting and investigations at the national and regional levels.

UNICEF continued its partnership with the Regional Directorates in the Centre-North and North of the country to contribute to an improvement in child survival and development rates through communication actions. In order to widen the reach of C4D interventions on the six KFPs, UNICEF expanded this important partnership on child survival to the Plateau-Central region in 2012. As a result, approximately 800,000 people were reached with messages on these practices in the three regions through such channels as door-to-door discussions by community relay units, interactive community theatre, radio micro-programmes and videos.

C4D actions on the six KFPs, prevention of cholera, and tolerance and peace were carried out in the north of Burkina Faso, in response to the Malian crisis. Malian refugees and host community populations were reached through these activities.

**Service Delivery**

*Mostly met benchmarks*

The CO has been extensively involved in service delivery in all programme components and the achievements are significant. Service prioritization is done after analysis of the context and needs with the rights holders (government, NGOs) and other partners. To identify bottlenecks preventing the use of high impact health and nutrition interventions by disadvantaged groups, analysis was undertaken of the key indicators from the 2010 DHS, the 2011 and 2012 National Nutrition surveys as well as the national health information system in order to focus UNICEF’s resources in the regions with the highest number of unreached children. In addition, promotion and funding was provided for regular monitoring of a few key traceable indicators at health centers twice a year and at the community level once a year using the Tanahashi methodology. The aim is to better target efforts to remove identified bottlenecks that prevent effective coverage. In addition, several studies in education and protection were undertaken to analyze specific situations, identify the gaps and develop an action plan. In 2012, this strategy was specifically used in the three emergencies that Burkina Faso faced. The CO has developed an integrated emergency response plan.

In this prioritization of service delivery, factors taken into account include Poverty Index, level of performance in terms of intervention coverage or impact, and presence of deprived groups.

Support to developing rights holders’ capacity to ensure service sustainability is implemented at the central level (results-based planning and budgeting in health, curricula revision for education, implementation of innovative education, communication, health, nutrition, HIV/AIDS or sanitation delivery strategies, monitoring and evaluation capacities), as well as the decentralized level (support to regional- and district-level government sectors, NGOs and services providers, including at the community level) and the household level. In 2012, specific efforts were made to build up the capacity of partners in the field of emergency in protection, nutrition, health and education. Efforts were devoted to coordination mechanisms in health/nutrition, education and protection, with specific attention to the emergency coordination tools where UNICEF is the lead.
Planning and monitoring is carried out jointly with implementing partners. In health/nutrition, education, WASH, HIV and gender, this is carried out through common planning/monitoring mechanisms centered on the lowest unit of implementation, with compilation at district level, as well as basket funding mechanisms ensuring synergy of all stakeholders’ inputs, roles and responsibilities. Sector reviews are organized twice a year with all stakeholders to analyze progress and difficulties. Finally, joint supervision visits with partners and UNICEF staff were regularly carried out to follow progress in nutrition, immunization, and community health and in assessing the Integrated Management of Childhood Illnesses strategy.

UNICEF promotes studies and evaluations when key information is missing to allow definition or adjustment of service delivery strategies. Examples include the study on the profile, role and motivation of Community Health Workers (CHWs) or the study on the feasibility of extending free health care to U5 children.

### Strategic Partnerships

**Mostly met benchmarks**

The nature of the Child Protection Programme could lead to small activities with little impact on the lives of children. In addition, the programme has a large number of partners but there is no coordination of their actions. This situation has resulted in a lack of efficiency for UNICEF in managing and using resources. In line with the goal of programming for results – and the quality delivery for the most disadvantaged children agenda – the Child Protection Programme conducted a mapping of partners to enable transparent and impartial comparison and selection among partners. This exercise was conducted using objective programmatic and operational criteria, such as the number of years of experience in the field of expertise and the capacity to pre-finance approved activities in order to rapidly respond to challenges. This process aimed to reduce the risk of dilution of various and small-scale interventions and to support the narrowing of interventions in more strategic areas, such as strengthening the child protection system or building up resilience-driven safety nets. This mapping is also a tool to identify and register new and suitable partners playing a significant role in protection of children from abuse, exploitation and violence.

UNICEF entered into a strategic partnership with the International Institute for Educational Planning (IIPE) in order to assist the Government of Burkina Faso to integrate emergency and disaster risk reduction into the national education sector planning processes. The partnership has facilitated an assessment of the education sector’s vulnerability to conflict and natural disaster risks. Recommendations made to reduce identified risks and better prepare for response have been fully integrated in the National Education Strategy (PDSEB), which was validated in August 2012. This partnership with IIPE has substantially increased the country’s capacity to prepare for and respond to emergencies in the education sector.

### Knowledge Management

**Mostly met benchmarks**

In order to produce high-quality knowledge for evidence-based programming and upstream policy advocacy, UNICEF deepened its partnerships with national and international research institutes on child poverty analysis, public expenditure tracking and child mortality monitoring. In partnership with the National Institute for Statistics and Demography (INSD) and the University of Laval, an updated child poverty analysis was conducted based on the National Household Survey (2003-2010). This study included an income poverty and multidimensional deprivation analysis with a focus on lowest-income households, and provides a solid basis for the 2013 mid-term programme review with partners.

The PETS in primary education initiated in 2011 by the MoEF was finalized. This nationally representative survey was conducted by the Public Management and Development Associates (AMD), a national agency, and was supported by experts from UNESCO’s International Institute of Educational Planning. It revealed important inefficiencies in the state provision of supplies and budgets to schools (10 to 26 per cent of funds...
allocated never reached the pupils), the lack of transparency and the extremely limited control over education funding within communities. The survey constitutes a key baseline for evaluating the impact of the new education plan in terms of improved cost-efficiency of the national education system (2014).

In order to enhance interventions on combating water-borne diseases as a source of child mortality, UNICEF, in collaboration with the Institut International pour l’Eau et l’Environnement (2ie), tested the quality of drinking water in the Plateau Central Region. According to laboratory tests, water taken from safe wells showed serious contamination after transporting (68 per cent of samples) and storing (96 per cent) demonstrating the need to scale up efforts to promote water management and treatment at the household level. Following the baseline survey on accelerated child mortality reduction in the North and Central North regions (2011), the Johns Hopkins Bloomberg School of Public Health conducted an analysis of community case management (CCM) of childhood illnesses, identifying bottlenecks and offering lessons for further CCM programme expansion and policy change.

These, and other studies conducted with UNICEF support, were disseminated to partners and broader audiences through e-mail, the CO website and public presentations. To influence policy making at higher government levels, some studies were debated directly with the Minister and Cabinet, such as the study on the needs of youth in Burkina Faso, or submitted to the Council of Ministers (PETS).

To support the government in collecting, managing and using reliable and relevant data for monitoring indicators related to MDGs, the National Development Strategy and sector policies, UNICEF continued to train administrators of various ministries on DevInfo and helped the MoEF set up an integrated sector policy information system that will be launched in January 2013 (http://www.sips.gov.bf/). This system is instrumental for the assessment of, and policy dialogue on, government performance in executing sector policies. With regard to evaluations, the CO’s efforts to strengthen national capacities resulted in an improvement in the quality of evaluation reports, as demonstrated by good ratings from the Evaluation Office.

**Human Rights Based Approach to Cooperation**

*Initiating action to meet benchmarks*

**Gender Equality**

*Mostly met benchmarks*

Gender has been incorporated into the national constitution of Burkina Faso through the adoption of the National Gender Policy in 2009 and the accompanying Action Plan, which has been implemented since 2011. With support from UNICEF and other partners, the Ministry for the Promotion of Women executes a capacity strengthening programme for stakeholders implementing the National Gender Policy. Following a training activity of resource persons on gender-based violence (GBV), a Standard Operational Programme (SOP), developed with UNFPA, UNHCR, various NGOs and government institutes, is expected be approved soon.

Considering the strong correlation between GBV and discrimination against women, the programme focuses primarily on the protection of women and girls against a wide range of human rights violations, particularly rape, sexual abuse, FGM, trafficking of children and women, sexual exploitation, physical assault, forced and early marriage, denial of resources, opportunities and services, and psychological, emotional and moral violence. In the field of national statistics, important progress was made with regard to generating gender disaggregated data. During the 2012 African Statistics Day celebration, the MoEF, which oversees the National Institute of Statistics and Demography, has officially committed itself to systematically producing gender-sensitive data on child health.
Environmental Sustainability

Mostly met benchmarks

Children’s education is being threatened by climate change through its indirect impact on poverty and vulnerability. Children whose families can no longer make a living from agriculture or who are made destitute by disease, or children who have to spend many more hours each day collecting water, are less likely to be able to attend school. Many families have little to fall back on in times of crisis. Therefore a drought, flood, or serious illness can mean that a child has to go to work rather than attend school. In areas where the impact of climate change is severe, children, especially girls in poor families, are pulled from school to provide support to housework or to bring in extra income for their families.

In order to support national efforts to adapt and respond to climate change, the CO has been implementing a programme to reduce household vulnerability to climate change through reducing child mortality and morbidity, improving access to quality education, reducing the need for child labor, increasing access to safe water and sanitation, and encouraging environmental protection. For the education sector, this has meant sensitization of pupils and community members on environmental education; increased access for primary school students to improved sanitation facilities; enhanced quality of education through promotion of energy-saving schools and environmental education; communication for behavioral change to encourage positive family and community practices; and the introduction of food gardens in schools, with the crops yielded being sold in markets or used in school canteens to improve the nutritional value of children’s meals. This programme was initiated in 2011, and in 2012 it benefitted more than 4,000 children in 20 schools.
Narrative Analysis by Programme Component Results and Intermediate Results
Burkina Faso – 4590

PC 1 - Health and nutrition

On-track

PCR 4590/A0/04/603 By the end of 2015, the proportion of mothers, infants and children that utilize high impact health and nutrition interventions increased, in particular at the community level.

**Progress:** The progress achieved towards the PCR is very good overall. Out of nine indicators, updated information is available for seven with demonstrated progress for six. The indicator for U5 insecticide-treated net (ITN) coverage reached 93 per cent late in 2011 from 10 per cent in 2006, while the U5 community malaria treatment rate should reach 20 per cent by the end of 2012 from 0 per cent in 2009, and the attended delivery rate reached 76 per cent from 53 per cent in 2009; all three reached or passed the initial targets for 2015. The second indicator will be changed to reflect the U5 community malaria treatment rate by both the CHWs and the health center. No new data is available regarding U1 children completely immunized, but all routine immunization coverage rates are maintained above 90 per cent.

Concerning the percentage of HIV positive pregnant women (HIV+PW) who receive antiretroviral drugs (ARVs) to reduce the risk of mother to child transmission, the rate went from 29 per cent in 2010 to 26 per cent in late September 2012.

For nutrition, progress is noted for the three updated indicators. Between 2010 and 2012, the exclusive breastfeeding rate increased from 25 per cent to 38 per cent, and children receiving timely complementary feeding increased from 47 per cent to 57 per cent. The initial baselines for these indicators were respectively 6 per cent and 69 per cent but were of bad quality and will be changed to indicate the real progress made during the last two years. The percentage of SAM U5 children attended increased dramatically from 40 per cent in 2009 to 86 per cent as of the end October 2012, despite the context of the 2012 Sahel nutrition crisis. In 2013, after a revision of the calculation of the SAM children estimates, the denominator of this indicator will be changed from 100,000 in 2012 to 120,000 in 2013. No new survey data is available for the Vitamin A coverage, but progress in the institutionalization and organization of the distribution campaign are evident.

The mix of intervention strategies – routine coverage and campaigns – for immunization, vitamin A distribution and ITN will be continued in 2013, with greater attention paid to planning and monitoring. A second universal campaign for ITN distribution is scheduled for 2013. The Monitoring Results for Equity System (MoRES) will allow a better focus on under-reached children for all interventions.

Availability of basic essential commodities is usually excellent, but still a problem for HIV rapid tests and for ACTs (artemisinin-based combination therapies) for CHW use. Concerning PMTCT, despite improvement in the availability of services and increased testing of pregnant women, 25 per cent of them seen in prenatal care are not tested and some are seen too late to fully benefit from prevention activities. Monitoring of the HIV+ pregnant women cohort is limited, and more than 10 per cent are lost due in great part to stigmatization. Strengthening the capacity of community stakeholders on PMTCT for community monitoring including strategies against stigma at all levels, plus mobilization and better management of resources for supplies, will be emphasized. A national plan to scale up SAM management implemented since 2011 focuses on strengthening the capacities of health agents and CHWs, and improved community screening of malnourished children. Strategies used for breastfeeding were achieved through media campaigns and C4D activities carried out by NGOs and community-based organizations (CBOs). A contracting strategy promoted by the MoH and strengthened by UNICEF-funded projects will be developed to promote IYCF in priority regions and at the national level.

Aside from the need to change three indicators as mentioned above, the quality of the indicators is acceptable as well as the means of verification, the constraint being that data survey are not available every year.
On-track

**IR 4590/A0/04/603/003** By 2013, at least 50 per cent of the new borns, and children under 5 years (girls and boys), pregnant and lactating women have access to high-impact health interventions in health centres and at the community level with the focus on the most disadvantaged regions.

**Progress:** Overall, good progress has been achieved on three indicators out of four. The number of new curative contacts per U5 per year increased from 1.2 in 2009 to 1.4 in 2011 and was 0.54 at the end of June 2012. The Pentavalent-3 coverage in U1 children increased from 79 per cent in 2009 to 99 per cent in 2012. UNICEF’s focus on vaccine security through the vaccine management evaluation done in 2012 and on assistance to vaccine procurement will allow for the maintenance of a constant availability of high quality vaccines. MoRES introduction will allow for a focus on a few groups of unvaccinated children, as in peripheral areas of big cities. Despite difficulties in estimating the denominator of this indicator, a Data Quality Assessment conducted in October 2012 was scored at 96 per cent. Furthermore, Burkina Faso was officially declared as having eliminated neonatal tetanus in March 2012 after specific campaigns in 43 health districts out of 63 supported by UNICEF since 2004. No case of wild virus poliomyelitis has been reported since November 2009 after 14 successful national immunization days in 2011 and 2012.

The proportion of health centers with CBOs managing diarrhea using ORS and zinc has increased from 0 per cent in 2010 to 42 per cent in September 2012. The main bottlenecks were the delay in the development of the community health policy, which limited the resources and training of CHWs, as well as the limited availability of zinc. The Ministry, thanks to UNICEF and M1 (Micronutrient Initiative) support, will begin scaling up ORS and zinc use through capacity building of health center staff and CHWs, and subvention of the ORS and zinc treatment to reach the objective of 80 per cent by 2013. The coverage rate of the fourth prenatal visit in 7 UNICEF priority regions has increased from 19 per cent in 2009 to 24 per cent in 2011 and 14 per cent end at the end of June 2012. The initial target of 60 per cent is too ambitious to be achieved. The first antenatal visit rate is above 87 per cent, but the main bottleneck is the late first prenatal consultation in the second trimester of pregnancy.

The main determinants representing bottlenecks for this IR are geographic, financial and cultural barriers that still reduce access to services for target populations. To significantly improve curative care and antenatal care utilization, these barriers need to be removed through the development of community case management in some areas and CHW follow up of pregnant women and U5 children. In addition, quality of health services must be improved. The ongoing implementation of the partial subsidy of fees related to delivery and emergency obstetric care (EmOC), reinforced by UNICEF’s contribution to improve women’s financial access through cost sharing systems implemented in 10 out of 27 priority districts, has led to good results. In 2013, UNICEF will emphasize advocacy plus technical and financial support for assisting the government to decide on a free care policy for U5 and maternal care.

On-track

**IR 4590/A0/04/603/004** By 2013, at least 50 per cent of the newborns and children under 5 years (girls and boys), pregnant and lactating women have access to high impact nutritional interventions in the community and at health centres in areas with most disadvantaged population.

**Progress:** Excellent progress was made on the achievements of the indicators of this IR. Between 2010 and 2012, the proportion of districts with more than 50 per cent coverage of SAM children increased from 22 per cent to 70 per cent, corresponding to a coverage increase of SAM children from 40 per cent to 86 per cent. The SAM cure rate was above 75 per cent and death rate was below 5 per cent. As a result, the prevalence of SAM was decreased from 2.8 per cent in 2010 to 1.8 per cent in 2012. These results were due to capacity strengthening of health staff and CHWs, availability of Ready-to-Use Therapeutic Food (RUTF) and quarterly screening sessions. In 2013, training of health staff and CHWs in SAM treatment and screening sessions will be strengthened in seven regions to tackle poor human resources and weak geographical access.

Between 2010 and 2012, the exclusive breastfeeding rate increased from 25 per cent to 38 per cent, and children receiving timely complementary feeding increased from 47 per cent to 57 per cent. These results were achieved through media campaigns and C4D activities carried out by NGOs/CBOs. However, poor capacities of CHWs and health staff, the practice of “giving water” before six months, and poor diversity and low frequency of complementary food will be addressed in 2013 through the preparation of a national plan to

On-track

**IR 4590/A0/04/603/004 By 2013, at least 50 per cent of the new borns, and children under 5 years (girls and boys), pregnant and lactating women have access to high-impact health interventions in health centres and at the community level with the focus on the most disadvantaged regions.**

**Progress:** Overall, good progress has been achieved on three indicators out of four. The number of new curative contacts per U5 per year increased from 1.2 in 2009 to 1.4 in 2011 and was 0.54 at the end of June 2012. The Pentavalent-3 coverage in U1 children increased from 79 per cent in 2009 to 99 per cent in 2012. UNICEF’s focus on vaccine security through the vaccine management evaluation done in 2012 and on assistance to vaccine procurement will allow for the maintenance of a constant availability of high quality vaccines. MoRES introduction will allow for a focus on a few groups of unvaccinated children, as in peripheral areas of big cities. Despite difficulties in estimating the denominator of this indicator, a Data Quality Assessment conducted in October 2012 was scored at 96 per cent. Furthermore, Burkina Faso was officially declared as having eliminated neonatal tetanus in March 2012 after specific campaigns in 43 health districts out of 63 supported by UNICEF since 2004. No case of wild virus poliomyelitis has been reported since November 2009 after 14 successful national immunization days in 2011 and 2012.

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The main determinants representing bottlenecks for this IR are geographic, financial and cultural barriers that still reduce access to services for target populations. To significantly improve curative care and antenatal care utilization, these barriers need to be removed through the development of community case management in some areas and CHW follow up of pregnant women and U5 children. In addition, quality of health services must be improved. The ongoing implementation of the partial subsidy of fees related to delivery and emergency obstetric care (EmOC), reinforced by UNICEF’s contribution to improve women’s financial access through cost sharing systems implemented in 10 out of 27 priority districts, has led to good results. In 2013, UNICEF will emphasize advocacy plus technical and financial support for assisting the government to decide on a free care policy for U5 and maternal care.

**On-track

**IR 4590/A0/04/603/004 By 2013, at least 50 per cent of the new borns, and children under 5 years (girls and boys), pregnant and lactating women have access to high-impact health interventions in health centres and at the community level with the focus on the most disadvantaged regions.**

**Progress:** Excellent progress was made on the achievements of the indicators of this IR. Between 2010 and 2012, the proportion of districts with more than 50 per cent coverage of SAM children increased from 22 per cent to 70 per cent, corresponding to a coverage increase of SAM children from 40 per cent to 86 per cent. The SAM cure rate was above 75 per cent and death rate was below 5 per cent. As a result, the prevalence of SAM was decreased from 2.8 per cent in 2010 to 1.8 per cent in 2012. These results were due to capacity strengthening of health staff and CHWs, availability of Ready-to-Use Therapeutic Food (RUTF) and quarterly screening sessions. In 2013, training of health staff and CHWs in SAM treatment and screening sessions will be strengthened in seven regions to tackle poor human resources and weak geographical access.

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**On-track

**IR 4590/A0/04/603/004 By 2013, at least 50 per cent of the new borns, and children under 5 years (girls and boys), pregnant and lactating women have access to high-impact health interventions in health centres and at the community level with the focus on the most disadvantaged regions.**

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Between 2010 and 2012, the exclusive breastfeeding rate increased from 25 per cent to 38 per cent, and children receiving timely complementary feeding increased from 47 per cent to 57 per cent. These results were achieved through media campaigns and C4D activities carried out by NGOs/CBOs. However, poor capacities of CHWs and health staff, the practice of “giving water” before six months, and poor diversity and low frequency of complementary food will be addressed in 2013 through the preparation of a national plan to
scale up IYCF in order to accelerate reduction of chronic malnutrition.

The proportion of districts ensuring biannual vitamin A and deworming supplementation (JVA+) to more than 80 per cent of children increased from 89 per cent in 2010 to 100 per cent in 2012. The guidelines for organizing and implementing JVA+ were elaborated and the funding secured by the MoH. The bottlenecks such as poor planning, weak monitoring and insufficient supervision of JVA+ will be tackled in 2013 by increased technical assistance to the MoH.

The MoH was able to carry out the national nutrition survey, introduce health information tools to produce monthly reports on the management of acute malnutrition from July and improve coordination of nutrition partners. In 2013, a common results framework for nutrition will be developed and the national nutrition coordination council will be strengthened.

**On-track**

**IR 4590/A0/04/603/005 By the end of 2013, at least 50 per cent of pregnant women have access to PMTCT services, and 30 per cent of children (girls and boys) HIV + in need of ARV treatment are actually under the antiretroviral treatment**

**Progress:** Overall, good progress has been achieved on the PMTCT indicator, but little progress achieved for Antiretroviral Therapy (ART) for AIDS-affected children. Indeed the proportion of pregnant women tested for HIV has increased from 30 per cent in 2009 to 57 per cent in 2011 to 61 per cent at the end of September 2012 (initial target of 50 per cent by 2013). These results are due to the implementation since 2011 of the national plan for the virtual elimination of mother to child transmission with a focus on new effective options of treatment and on promotion of secure breastfeeding. The UNICEF-supported PMTCT interventions in 23 districts are effective in more than 90 per cent of the health centers. Some bottlenecks exist as there is a high number of women screened HIV positive and their children who are lost to follow-up due not only to the refusal of testing, but also sometimes to HIV test stock rupture. In future, UNICEF aims to support the PMTCT supply management and the monitoring of PMTCT at the community level. This involves an active search for additional funding.

The coverage of ART treatment for infants in need of treatment increased from 13 per cent in 2011 to 16 per cent in 2012 (45 per cent girls/55 per cent boys). The 2010 baseline was revised from 17 per cent to 10 per cent in 2011 with the new standard tool, Spectrum. The number of AIDS-affected children under ART has increased from 1,328 in 2010 to 1,950 as of the end of September 2012. The early PCR (polymerase chain reaction) diagnosis for exposed children has started to be implemented as per the PMTCT strategy, but insufficiently. It has only started in 2011 for the SAM and hospitalized children in a few hospitals. Local actors have limited capacity in the care of AIDS-infected children. The scale up plan adopted in 2012 to offer early screening and AIDS pediatric care in all district hospitals will be implemented from 2013. UNICEF will continue to focus on early diagnosis for all PMTCT and hospitalized children suspected of being AIDS-infected; capacity building of hospital staff, with assistance from NGOs; and better follow up of children under treatment through community associations.

The quality of the indicators and the means of verification are acceptable. The data are issued by the health districts and are transmitted quarterly at the regional and central levels.

**On-track**

**IR 4590/A0/04/603/006 IR 4- Support for appropriate health policies and budgets to achieve results, develop community-based approach, manages health supply delivery and respond effectively to emergencies while taking into account the dimensions inequities in gender and rights**

**Progress:** Overall, good progress has been achieved on three indicators out of four. In particular, six key policy and strategic national health and HIV/AIDS documents were adopted taking into account equity and gender, while the first community health policy in Burkina Faso will be adopted in 2013. Technical assistance from UNICEF was a key factor in developing these policies and plans, with their results based budgets oriented towards child survival thanks to the Marginal Budgeting for Bottlenecks (MBB) tool introduced by UNICEF. In one hundred per cent of the 31 targeted health districts, out of 63 nationwide, health centers monitored several tracking indicators twice a year, while communities monitored several tracking family
practices once a year using the Tanahashi methodology. Fifteen districts have initiated hospital monitoring of a few key tracking indicators. This information will be the basis for the full introduction of the MoRES strategy in Burkina Faso in the health sector in 2013.

In 2011 and 2012, no region developed its Regional Health Development Plan, due to the delay in making available the guidelines by the Directorate of Strategic Planning. In 2013, this indicator will be reviewed as the MoH has given relatively low priority to these regional development plans.

The mortality rates of meningitis and measles decreased respectively from 14.6 per cent and 0.61 per cent in 2011 to 10.15 per cent and 0.40 per cent in 2012. The Integrated Monitoring Plan and Response to Outbreaks initiative promotes early preparedness, availability of commodities with in-country stocks for effective case management, early detection through a good surveillance system, and awareness raising. These strategies have been successful, especially in terms of responsiveness of health services. However the quality of the emergency care and the decentralized analysis of surveillance data have to improve. Another indicator focusing more on the early response will be defined to replace this one.

The key bottlenecks for this IR are the allocation of financial resources to the MoH with insufficient consideration to the medium-term expenditure framework, the insufficient use of the monitoring results both at the health facility and community levels in the situation analysis during the annual planning process, and the still-weak procurement supplies management (PSM). Advocacy efforts with partners and government, and technical assistance to the central and decentralized levels in community health, PSM, monitoring for equity, and health financing will be strengthened.

### PC 2 – Quality basic education

**On-track**

**PCR 4590/A0/04/605** The gross enrolment rate increased from 72.4 per cent (in 2008/2009) to 100 per cent, with special attention to the vulnerable segments and those with special needs; The primary completion rate increased from 45.9 per cent (in 2009/2010), to 75.1 per cent, with special attention to girls.

**Progress:** The primary school gross enrolment rate (GER) reached 79.6 per cent in 2011-2012. The 75.1 per cent targeted for 2015 has thus been surpassed. Efforts must be maintained, however, to reach the most vulnerable and marginalized. For example, even though remarkable progress has been made in terms of girls’ access to primary school, with a GER of 75 per cent the same year, their retention in school and transition to post-primary education remains a challenge. Nonetheless, it should be noted that the issue of retention and transition to higher levels of the education system (post-primary, secondary and tertiary) concerns children of both sexes. The primary school achievement rate was 55.1 per cent in 2011-2012.

**On-track**

**IR 4590/A0/04/605/003** IR 1. Promotion of the public basic education policy that incorporates strategies for the implementing quality basic education quality for girls, for children with disabilities and those still outside the formal education system

**Progress:**

The construction of 25 new schools (23 currently under construction) and the conversion of 70 older ones into child friendly schools (CFS) in the provinces of Ganzourgou and Namentenga have facilitated access for 28,723 children to quality schools where learning conditions and the school environment have been improved through the progressive introduction of libraries and sport fields (in 20 schools in 2012 with a cumulative total of 40). Vegetable gardens have also been initiated in 30 schools (total of 64) and the produce used in the school canteen. Other major results include improvement of girls’ access to and retention in post-primary education with the validation of the national strategy for the acceleration of girls’ education, the completion and opening of the Community House for Girls in Manga, and the national call for extension of income-generating activities to mother’s association in schools nationwide for their greater involvement in children’s education. As well, the promotion of schooling opportunities for children living with a handicap was undertaken through a national survey of existing facilities and needs, a sensitization campaign in the North
Region to promote educational demand for this category of children, and advocacy to ensure the proper integration of the inclusive education dimension in the national strategy.

In terms of response to the nutritional crisis, UNICEF's support has facilitated an ongoing evaluation of the impact of nutrition crises on education (preschool and primary levels) and the finalization of the training of 526 school canteen stakeholders (341 providing from 330 primary schools and 185 from 170 early childhood development centers). A total of 46,170 children will indirectly benefit from this training activity.

During the 2011/2012 school year, approximately 1,600 Malian children refugees, aged 3 to 17 and spanning the preschool, primary and post-primary cycles, have been integrated in Burkinabe schools. Over the summer, 1,454 elementary school children (764 boys and 690 girls) aged 6 to 12 nationwide have benefitted from catch-up classes. A total of 984 children aged 3 to 5 are also receiving educational support in terms of benefitting from social protection services. To date, approximately 6,453 children, including 3,020 girls and 3,443 boys, have access to education in official camps (Mentao, Goudebou, Damba, Bobo-Dioulasso and Ouagadougou).

**Progress:** In addition to teacher training with updated materials, recent results include the development, in collaboration with ministries in charge of education and education partners of quality norms for CFSs. Those standards have been accepted by the ministries and must be validated for widespread use in schools nationwide. Furthermore, quality CFSs have been fully integrated as a model in the new sectoral strategy that covers the period 2012-2021, which implies that more resources will be progressively dedicated to the construction of this type of school. To date, more than 322 basic education structures in the North, Centre North and Plateau Central regions are applying the CFS norms.

**Progress:** Main activities implemented to attain this intermediate result include: (i) community sensitization to the CFS approach (3,542 community members including 1,967 women); (ii) literacy programmes for community members; (iii) income-generating activities for women and members of mothers’ associations (16,000 women); and (iv) parental education for adults in charge of children (22,000 members). These activities have one common objective: to empower communities and build their capacities for their greater involvement in school management and operation. One objective will be to encourage the MoE to expand a strategy promoted by UNICEF to empower women through literacy and increased access to income-generating activities. Under this strategy, more than 16,000 women have seen their economic and social welfare improve for the greater benefit of their family and children, whom they make a point of sending to school.

**PC 3 - Promotion and protection of rights**

**Progress:** In 2012, the UNICEF Child Protection Programme made significant progress and is on track. A
total of 1,306 minors in conflict with the law and women accessed a juvenile justice system sensitive to children’s and gender issues and were assisted in a preventive and rehabilitating manner. Thousands of women and children received holistic care for their reintegration and reinsertion into their families and communities, as follows: 38,457 most vulnerable children and women overall, including 696 women in contact with the law; 951 children victims of child trafficking; 15,038 children victims of trafficking and working in artisanal gold mines and quarries; and 555 children victim of violence, abuse and exploitation. The social norms theory was used as a social mobilization communication tool and targeted a total number of 185,415 persons addressing the issues of early marriage and harmful traditional practices. As a result, 4 major traditional leaders publicly engaged in the fight against child marriage and traditional healers, and community leaders of 187 villages publicly declaring their abandonment of FGM.

UNICEF pursued its advocacy efforts on and support for the anchoring of children’s rights within major programming and protection documents, such as the elaboration of a Children’s Act pending finalization and validation in 2013; the National Strategy on protection and rights promotion of persons living with disabilities and its three enforcement decrees advancing the protection of children with disabilities; and the national coverage of the Child Helpline.

In close collaboration with the government, UNICEF assisted in resource mobilization efforts with technical and financial partners in the National Multi-sectoral Council on the protection and rights promotion of persons with disabilities, and with the preparation of a Round Table of technical and financial partners on the modernization of civil registration with specific focus on birth registration (BR).

The year 2012 was also marked by two major emergency crises. The Child Protection Programme focused its response activities on the strengthening of partners’ capacity to adequately respond to the nutrition crisis and the Malian refugee crisis. Several training sessions of partners took place with the support of the regional office within the framework of the Mali+3 initiative. UNICEF actively advocated for the establishment of a joint thematic emergency group with UNFPA and UNHCR addressing GBV and child protection in emergency issues. Major emergency response tools were elaborated, such as a standard operating procedure on the assistance to victims of GBV and a child rights violations monitoring fiche.

Ongoing discussions on the strengthening of the child protection system were held with governmental and non-governmental partners with strategic decisions taken regarding the conduct of the child protection system mapping and assessment in 2013, and the strengthening of the community-level child protection focus. Efforts in 2013 will also be centered on resource mobilization for children and on inclusion of traditional and community leaders in the scope of social mobilization for child protection from violence, exploitation and abuse.

**Progress:** In 2012, significant progress was also made in terms of protection of children and women in contact with the law in the context of a child- and gender-sensitive justice system. A total of 807 minors, including 193 girls and 119 women deprived of liberty, received judiciary support, vocational training, literacy training, and psycho-social support within detention centers or regional child protection brigades. A total of 112 minors in conflict with the law, including 20 girls placed in the Laye Centre, were successfully reintegrated into their communities (a 95 per cent rate of successful reintegration). A total of 268 minors and women in conflict with the law benefited from close follow up throughout the year by the penitentiary system social workers preventing any risk of recidivism. In addition, all 98 social investigations requested by judges were successfully conducted, enabling application of alternative measures to imprisonment. As a result, UNICEF significantly contributed to reducing the overpopulation of prisons by 28.17 per cent through diminishing its juvenile population and preventing its increase. In addition, through its support to the regional child protection brigades of Ouagadougou and Bobo-Dioulasso, UNICEF contributed to the reduction of the preventive period for minors in conflict with the law down to an average 49 hours instead of 7 days.

UNICEF also contributed to the strengthening of technical capacities of 268 juvenile justice actors, including members of child protection networks, members of regional child protection brigades, gendarme and police
students and women paralegals, in service procedures, penal mediation and child rights monitoring, resulting in effective case management. As a result, 696 women victims of violence were legally assisted.

As a foundation of a child protection system, the Children’s Act was elaborated in 2012 and is pending validation and finalization in 2013.

In 2012, UNICEF supported the government and civil society of Burkina Faso in their respective reporting roles to the Child Rights Committee (CRC) and African Committee on the Rights and Well Being of the Child. Burkina Faso submitted its initial reports on the optional protocols to the CRC and participated in the pre-session. Moreover, more than 101 representatives of main stakeholders active in child rights promotion commented on the second and third reports submitted to the African Committee on the Rights and Well Being of the Child. UNICEF also supported the organization of the National Forum on the Rights of the Child, gathering more than 100 participants committed to tackle child trafficking and the worst forms of child labor.

With regard to BR, the DHS/MICS (Multiple Indicator Cluster Survey) 2010 survey results made available in 2012, reported a 76.9 per cent national BR rate, compared to 63.7 per cent reported in the MICS 2006. In 2012, in order to reach 100 per cent BR by 2015, UNICEF continued its active advocacy for systematic BR. Close partnership with the Ministry of Territorial Administration and Security and its Directorate General in charge of modernization of civil registration, contributed to the validation of the National Strategy on Modernization of Civil Registration, with specific focus on BR. UNICEF also provided technical assistance to this Directorate General to prepare a Round Table event to be held in early 2013 in order to mobilize resources with a focus on free and universal BR for all children through a modern national birth registration system. Finally, UNICEF directly assisted the Ministry to provide 388,455 children with birth certificates. For the period 2011-2012, 995,490 children aged 0 to 18 were registered with the support of UNICEF.

IR 4590/A0/04/0606/002 IR 2. Abandon harmful traditional practices through social change in favour of the rights of girls

Progress: UNICEF, within the framework of the Joint Programme with UNFPA and with the Permanent Secretariat in charge of the fight against FGM (part of the Ministry of Social Action and National Solidarity), worked towards the intensification of social mobilization. Effects in the field were twofold, as activities addressed the challenge of abandonment of child marriage and abandonment of FGM. As a result of the sensitization activities based on the theory of social norms, 4 major traditional leaders publicly engaged in fighting against child marriage, and 144,998 persons (80,133 women and 64,865 men) knew the negative consequences of early marriage for children. In order to prevent early marriage, 287 adolescent girls received assistance to remain in school, and 960 other girls, either victims or at risk of early marriage, received literacy courses and life skills education.

By the end of 2012, 3,216 community members and animators were trained in social norms theory, and 8,382 community-based sensitization sessions took place with the support of UNICEF. This led to 187 traditional and community leaders to make public declarations of abandonment of FGM. The results of the 2010 DHS/MICS Survey published in October 2012 shows that the Burkinabe population is largely sensitized on the use of FGM, with an average of 99.6 per cent for women and 98.5 per cent for men aged 15 to 49. The proportion of girls aged from 15 to 19 who have had the procedure decreased from 59.7 to 57.7 per cent according to DHS/MICS Survey. For girls below 14, the FGM rate is 13.3 per cent. Only 9.3 per cent of women and 10.1 per cent of men aged 15 to 49 believe the practice of FGM should continue.

IR 4590/A0/04/0606/003 By 2014, 50 per cent of girls and boys who are victims of trafficking and worst forms of child labour in mines are rehabilitated

Progress: Throughout 2012, UNICEF advocacy and technical support to the government contributed to the adoption of the National Action Plan 2011-2015 against the worst forms of child labor and to the preparation and signing of a bilateral agreement on child trafficking between Burkina Faso and Ivory Coast, which was validated during a meeting of the First Ladies and experts from these countries. In addition, the government adopted a measure prohibiting the access of children to artisanal gold mining sites. Major advocacy meetings
were held with three cotton companies (FASO COTTON, SOCOMA and SOFITEX), which led to the development of a sectoral plan against child labor in the cotton sector prohibiting the involvement of children.

The implementation of direct assistance and protection activities through partnership with government and implementing partners has ensured family reintegration and psychosocial support to 951 children victims of child trafficking, including 633 boys and 318 girls. A total of 15,038 children (8,001 boys and 7,037 girls) working in artisanal gold mines and quarries have received holistic support for their rehabilitation into their families and communities. Similarly, a total of 1,415 children (721 boys and 694 girls) involved in domestic work and the informal sector have benefited from protection measures. All these children have received support for education, health, protection, vocational training and income-generating activities – for them when appropriate, or for their mothers.

Finally, 200 members of the vigilance and surveillance committees received training on child protection from trafficking and exploitation. This training enhanced their capacities to prevent the phenomenon of child trafficking and the protection of the victims. Outreach communication activities on the issue of protection of children from trafficking and exploitation reached a total of 11,485 persons in the 5 most-affected regions.

In 2013, while continuing to aim at ensuring a protective environment for these children affected by the worst forms of child labor and trafficking, UNICEF will work towards the inclusion of strengthened prevention and response mechanisms within a holistic community-based child protection system.

- **On-track**

**IR 4590/A0/04/606/004** By 2013, a system of special protection of children is gradually implemented and that it ensures care and support and human rights of at least 18,000 children and mothers identified as most vulnerable

**Progress:** In 2012, child protection in Burkina Faso was marked by major achievements in system strengthening. Through its advocacy and support, UNICEF contributed to the following results: validation by governmental and non-governmental stakeholders of the 2012-2014 Action Plan for the strengthening of child protection-sensitive social services; adoption by the Council of Ministers on July 18, 2012 of the National Strategy on protection and rights promotion of persons living with disabilities and its three enforcement decrees; the launch in November of the National Multi-sectoral Council on the protection and rights promotion of persons with disabilities with UNICEF along with the Embassy of Canada representing the governmental and non-governmental stakeholders of the 2012-2014 Action Plan for the strengthening of child protection-sensitive social services; adoptio

During 2012, the number of most vulnerable children receiving holistic care for their reintegration and reinsetion into their families and communities increased, and the quality of special protection services improved. With UNICEF’s direct support, 21,772 of the most vulnerable children benefitted from holistic assistance, including 2,383 street children, 12,807 children with disabilities, 3,733 orphaned children affected and infected by AIDS, 555 children victim of violence and sexual abuse and 2,294 refugee children.

While responding to the nutrition and Malian refugee humanitarian crises, UNICEF conducted an advanced training of trainers activity for key government and non-government agencies on rapid needs assessment for child protection in emergencies. A total of 32 Burkinabe social workers and young Touareg were trained and deployed in the seven major refugee camps to evaluate child protection needs. A total of 242 caregivers and community-based animators benefited from training on child protection in emergencies and CCCs in humanitarian action, first aid psychosocial assistance and management of child-friendly spaces. Furthermore, 94 partners received training on child protection in emergencies, with particular attention to the identification and registration of unaccompanied and separated children, family tracing and reunification, and child rights violations in emergencies. This training was part of UNICEF’s regional response to the Malian refugee crisis covering Mali, Burkina Faso, Mauritania and Niger.
In relation to the nutrition crisis, 23 implementing partners were trained as trainers on the psychosocial care of children in emergencies. They in turn transferred their knowledge to 1,032 socio-medical workers and community-based animators who were directly involved in responding to the nutrition crisis.

UNICEF coordinated with UNFPA and UNHCR to set up a GBV/Child Protection in Emergency Thematic Group to facilitate inclusive coordination of emergency response and preparedness with partners. Standard Operating Procedures were developed for assistance to women and children victims of GBV. UNICEF also assisted the Ministry of Social Action and National Solidarity in its coordination role.

In 2012, the Government of Burkina Faso, civil society partners, and UN agencies, including UNICEF, engaged in the child protection system mapping and evaluation through preparatory discussions and participation in major meetings and workshops in order to formalize it in 2013. Next year will also focus on strengthening the child protection system at the community level and raising awareness of children’s needs using social mobilization around the theory of social norms.

**PC 4 - Water, sanitation and hygiene**

**On-track**

**PCR 4590/A0/04/604** By the end of 2015, the % of the population using safe drinking water increases from 56 per cent to 76 per cent and that of households using improved infrastructure for sanitation goes up from 10 per cent to 54 per cent.

**Progress:** Despite structural and cultural constraints on sanitation, overall the programme is on track. Open defecation rates are still very high, especially in rural areas where only six per cent of the households own a latrine. The sanitation campaign for the construction of household latrines reached 772 rural communities with an estimated population of 1.4 million inhabitants in 22 communes of the Central Plateau and North Central regions. Little improvement has been noted in the sector, with increased coverage of 11 points in the provinces of Kourwéogo and Oubritenga, and 8 points in the Ganzourgou. The coverage has thus risen from 30 per cent to 38 per cent in the Ganzourgou and 22 per cent to 33 per cent in the provinces of Kourwéogo and Oubritenga. However the past two years has seen a greater involvement of high-level authorities for the prioritization of sanitation issues, especially the commitment of the current government to eliminate open defecation by 2015.

Major achievements have been noted in the sectors of drinking water supply and hygiene mobilization, especially at primary schools and health facilities. There has been an improvement in drinking water coverage by four points in the Central Plateau and one point in the Centre North. Access rates to drinking water in the two regions increased from 71 per cent to 75 per cent in the Central Plateau and from 62 per cent to 63 per cent for the Centre North. In response to the emergencies caused by the food crisis, the cholera outbreak and the Malian refugee crisis, six new boreholes were provided in the refugee camps and 69 boreholes were rehabilitated in refugee host communities and health centers. Hygiene promotion activities were developed in 75 primary schools.

**Constrained**

**IR 4590/A0/04/604/003 IR 1.** By end 2012, members of households and students of educational structures, in central Plateau and the North Central region have equitable and improved access to sanitation – from the baseline of 54 percent in Ganzourgou, 30 percent Kourwéogo and Oubritenga, and 10 percent in Bam (North Central)

**Progress:** Activities of the sanitation campaign for the construction of household latrines were conducted in two regions (Central Plateau and North Central) and covered 22 communes comprising 772 villages with a population estimated at 1.4 million inhabitants. Nearly 11,880 students from 33 primary schools have benefited from the construction of separate school latrine blocks for girls and boys that are equipped with hand washing facilities. At the community level, outreach approaches to self-construction of family latrines have affected all targeted villages. The programme used approaches like information-education-communication (IEC), home visits, and theater, followed by discussion forums and CLTS mobilization tools.
About 9,300 households in Ganzourgou, Kourwéogo and Oubritenga provinces built family latrines and abandoned open defecation. Based on these results, there was an improvement of 11 points in the provinces of Kourwéogo and Oubritenga, and 8 points in the Ganzourgou. The coverage has thus risen from 30 per cent to 38 per cent in the Ganzourgou and from 22 per cent to 33 per cent in the provinces of Kourwéogo and Oubritenga. These results are still not satisfactory, and much more advocacy should be carried out to break the structural and cultural constraints facing the implementation of CLTS. The country has a long history of subsidies on sanitation, thus some mass self-led approaches to sanitation like the CLTS are very difficult to implement.

**On-track**

**IR 4590/A0/04/604/004** By end 2012, populations in specific geographic areas have increased and equitable access to safe drinking water up from 73 per cent in the Central Plateau and 66 per cent for North Central regions.

**Progress:** The intervention areas of the WASH Programme in the drinking water sector are the Central Plateau, the North and the South. The following results were achieved in 2011-2012:

- 39 community boreholes equipped with hand pumps were drilled, providing drinking water to a total of 990 people. Boreholes drilling activities were sustained by the creation of water point management committees and training on hand pump maintenance;
- 59 boreholes equipped with hand pumps were drilled in schools as a component of the CFS initiative;
- 144 boreholes equipped with hand pumps were rehabilitated, including 19 in primary schools, 24 in health facilities and 101 in villages and refugee host communities;
- two simplified water supply systems with motorized pumps were built to supply drinking water to two community centers, the Young Girls Community House of Manga and the elderly Centre of Sakoula; and
- a study on water quality in Ganzourgou Province was conducted by the 2ie/International Institute for Water and Environmental Engineering with financial support from UNICEF to monitor water quality and household water treatment and storage.

Access rates to drinking water have increased from 71 to 75 per cent in the Central Plateau and from 62 to 63 per cent for the Centre North.

In response to the emergencies caused by the food crisis, the cholera outbreak and the Malian refugee crisis, six new boreholes were provided in the refugee camps and 69 boreholes were rehabilitated in refugee host communities and health centers.

**On-track**

**IR 4590/A0/04/604/005** By end of 2012, 30 percent of the population and 60 per cent of children (girls and boys) of the Central Plateau and North Central adopt safe hygiene and water & sanitation practices (safe hygiene, proper use of sanitation facilities, hygiene, preservation and use of safe drinking water).

**Progress:** Outreach activities on hygiene mobilization have been implemented in communities, health facilities and primary schools. Plans of action for hygiene promotion were developed in 75 primary schools. In partnership with facilitators and sociologists from the organization Water and Sanitation for Africa (WSA), teachers and students completed a comprehensive diagnostic of hygiene problems in their schools. They then elaborated action plans for reductions of these problems. The solutions included the implementation of school hygiene clubs, teams for cleaning and maintenance of latrines, boreholes, classrooms and the school courtyard, and the creation of school gardens.

The capacity of 8,041 women was strengthened to help them take charge of WASH activities in households. Approximately 90 women per village were trained for a week by the NGO Association Chants de Femmes (ACF). The training covered hygiene and sanitation as well as prenatal health, children’s food and nutrition, children’s health, development of infants and young children, family planning, HIV/AIDS and FGM. The prevention of diarrhea and other waterborne diseases was a key part of the training.

Sixty hand washing devices were installed in 33 primary schools to benefit 11,880 pupils. This initiative will support the sensitization population about the health benefits of hand washing with soap in schools.
PC 5 - Communication, advocacy, participation and development of young people

**On-track**

**PCR 4590/A0/04/607**

Communication, advocacy, participation expanded to make sure that communities adopt six family practices essential for survival, development of young child, with at least a 30 per cent increase for each practice.

**Progress:** On the basis of the results from the KAP study and survey on Communication Channels, interpersonal communication interventions implemented in 35 provinces throughout the country have sensitized communities and families on the need to adopt the six KFPs. Interventions used a mixture of communication channels (media and interpersonal). In total, more than 1.5 million people have directly received information and knowledge on the KFPs and more than five million people were indirectly reached with different messages on these practices, which has contributed to creating progressively favorable conditions for their adoption.

**On-track**

**IR 4590/A0/04/607/003**

By 2013, at least 20 per cent of men, women, boys and girls know the 6 essential family care practices (exclusive breastfeeding, adequate complementary food for young children, use of impregnated mosquito nets, treatment of diarrhoeal diseases by the ORS, handwashing and PMTCT) and begin to apply them.

**Progress:** The KAP study on the six KFPs, which was finalized in 2012, is being applied. The results have been used to maximize communication interventions and assure selection of the most appropriate channels to promote the six KFPs.

It should be highlighted that the KAP study will be conducted again in 2014 in the same regions in order to measure progress in behavior change among the targeted populations/communities. The results from 2012 have led to a focus on interpersonal communication channels, community radio and theatre and community video showings in an integrated approach. In fact, 20 community radio stations have sensitized populations in 35 provinces of the country through broadcasts and interactive programmes in 12 local languages. In total, more than 600,000 people were directly informed and sensitized on the 6 KFPs to facilitate the adoption of favorable behavior for child survival and development. Through radio broadcasts, more than five million people have been indirectly reached with different messages on the six KFPs. In addition, 1,200 community-based relays (6,000 people) carried out door-to-door talks on an ongoing basis in 1,200 villages. This interpersonal communication has resulted in community dialogue and an increase in knowledge among families and communities on the six KFPs.

As part of the emergency response to the Malian refugee crisis, in September 2012 UNICEF and Intermón-Oxfam signed an agreement for the implementation of communication interventions on safe hygiene practices, nutrition and cholera prevention in four of the officially recognized refugee camps: Mentao, Damba, Fereiro (closed in November 2012 due to proximity to Malian border) and Goudebo. As part of the project, 27 focus group discussions were held with groups of 8 to 12 women on hygiene, exclusive breastfeeding and complementary infant feeding. In Mentao camp, 172 women currently breastfeeding their children participated in interpersonal communication sessions on the importance of exclusive breastfeeding, the benefits of colostrum and breast-feeding hygiene. A total of 331 pregnant women and 766 breastfeeding women were reached with communication activities on infant hygiene in 11 camps and villages. A WASH mini-survey carried out by Intermón-Oxfam in the camps revealed that 91.47 per cent of respondents stated they understood the importance of hand washing, but only 53 per cent actually washed their hands. Consequently, 3,024 hand-washing hygiene kits and 3,267 jerry cans were distributed and a total of 9,306 people were sensitized on hand washing with soap.

UNICEF also signed a partnership agreement with the African Youth Network for Health and Development in Burkina Faso (RAJS/BF) for the promotion of hygiene and the six KFPs and the prevention of cholera among host communities in the Sahel region. The project aims to reach 96,844 people within the provinces of Soum, Oudalan and Seno with sensitization sessions through discussions, films, peer educators and community theatre sessions.
**On-track**

**IR 4590/A0/04/607/004** "By 2013, at least 50% of the target actors (local authorities, CBOs, health workers, opinion leaders, youth and media leaders) undertake to fight against harmful practices to promote child rights for survival and development”

**Progress:**

Political authorities and traditional and religious leaders have committed themselves to promoting child rights and safe hygiene practices. About 80 Catholic, Muslim and Protestant religious leaders launched messages on the six KFPs and child rights during their sermons in churches and mosques in 22 provinces. These messages have allowed more than one million people to obtain information on the importance of the 6 KFPs for the wellbeing of their children. Forty traditional leaders addressed messages and appeals to populations during national holidays and traditional meetings in more than 20 provinces. Interventions promoting child rights were developed through special events (SNC, SIAO). The indicators will be revised in June 2013.

**On-track**

**IR 4590/A0/04/607/005** By 2013, at least 50% of girls and boys, adolescent (s) and young men and women acquire common livelihood knowledge related to HIV prevention, Reproduction, hygiene and sanitation, civics/citizenship) especially in worst off areas with poor indicators.

**Progress:**

Based on the results of a study on the Needs and Aspirations of Young People, promoting the participation of adolescents and young people has resulted in capacity building in life skills and teaching and sensitization actions on the six KFPs in 60 schools in 12 provinces. A total of 120 youth peer educators were trained on the six KFPs, and sensitization sessions for pupils in schools were developed with the support and supervision of 90 teachers. These actions were carried out in partnership with a dozen youth associations and organizations. At the decentralized level, a hundred youth clubs pursued youth mobilization actions to promote their rights. More than 400,000 young people have been reached by sensitization and mobilization interventions.

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**PC 6 - Social policy, planning, monitoring and evaluation**

**On-track**

**PCR 4590/A0/04/601** Economic Policies and social sector programmes are results-based and contribute to reducing disparites, vulnerability and child and women poverty

**Progress:**

In 2011 and 2012, the Government of Burkina Faso adopted with support of UNICEF and other technical and financial partners various sector policies that are instrumental for improving equitable child survival, development and protection, in particular: the Health Development Plan 2011-2020, the National Policy on Community Health, the Strategic Development Programme of Primary Education, the National Strategy for the Acceleration of Girls’ Education, the National Policy on the Promotion and Protection of Disabled Persons and the National Social Protection Policy (PNPS). With the aim of reducing inequities and reaching the most vulnerable people, the PNPS integrates strategies to scale up cash and social transfers in favor of the poorest households and facilitate their access to education and health services (e.g. free health care for US children and pregnant women; exemption of school fees for children from three to five years of age).

Under the leadership of the MoEF, the government is putting in place an integrated Sector Policy Information System to track progress towards the achievement of all sector policy indicators. UNICEF plays a key role in the technical support to the design and roll-out of this system. MDG related national development indicators are tracked in DevInfo which has been officially launched in 2011.
**IR 4590/A0/04/601/004** By 2013, the research, analysis and advocacy on poverty and social protection and on public spending increase financial access to social services and contribute to the development and implementation relevant programmes that will accelerate realizing the rights of women and children

**Progress:**

Good progress has been on this IR. Following the 2009 Public Expenditure Review, which pointed to expenditure inefficiency as a major bottleneck to achieving education outcomes, UNICEF collaborated with the MoEF in conducting a PETS to provide a solid framework for: (i) developing effective strategies to improve the cost efficiency and transparency in education funding by the government; (ii) evaluating the impact of the government’s new ten-year education development plan (PDSEB) on expenditure efficiency in 2015; and (iii) guiding UNICEF’s advocacy and technical support in the area of promoting child-friendly budgeting and social accountability at the central, commune and community levels. This first-ever expenditure tracking survey of Burkina Faso was conducted according to international research standards and submitted to the Council of Ministers. Using the survey recommendations, a national action plan to enhance the education financial and information flows from central to school level was elaborated. In 2013, this plan will be executed under the leadership of the MoE in partnership with UNICEF and a consortium of civil society organizations.

In the area of social protection systems, UNICEF played a leading role in supporting the MoEF in developing the PNPS and its Action Plan. The new policy adopted by the government in September 2012 covers six programmes to enhance poor people’s access to basic services, and provides an important framework for the further scaling up and institutionalization of social transfers for the most vulnerable households. UNICEF has enabled CSOs to participate effectively in this policy development through the organization of a national civil society forum. Furthermore, the joint high-level advocacy conducted by IMF and UNICEF resulted in the increase of fiscal space for social protection to 8.72 per cent in the 2013 state budget (compared to 5.37 per cent in 2012). The partnership with the World Bank resulted in the integration of a cash transfer programme in the next national IDA (International Development Association) programme. The CO has also started planning the design and implementation of a pilot cash transfers programme to strengthen livelihoods strategies and household resilience to recurrent food insecurity and nutrition crises in the most affected regions.

**On-track**

**IR 4590/A0/04/601/005** By end of 2014, disaggregated data and analyses of quality on the evolution of the situation of women and children are available, used and regularly updated.

**Progress:**

In 2012, UNICEF in partnership with the INSD and the University of Laval conducted an in-depth child and women poverty analysis on the basis of the 2003 and 2010 National Survey on Living Conditions of Households in Burkina Faso. This study included an income poverty and multidimensional deprivation analysis with a focus on lowest-income households. The updated analysis will support UNICEF’s upstream and evidence-based advocacy that aims to strengthen the equity focus in national and sectoral programmes, strategies and policies. It will also guide the 2013 mid-term programme review with key government and civil society partners and serve as a framework to design enhanced strategies related to poverty targeting, reduction of bottlenecks in access to basic services and monitoring of equity-focused results.

In order to strengthen country-led monitoring and evaluation (M&E) systems and accountability, UNICEF provided technical and financial support to different Ministries (Economy, Health, Agriculture, Social Affairs and Education) for conducting surveys (6), studies (11) and external evaluations (1) in collaboration with national and international research firms and institutes. These analyses produced essential data to enhance monitoring of national and sector policies (Demography and Health Survey, Statistical Yearbook of the Ministry of Social Action, National Nutrition Survey, and Survey on Child Health Care Quality in the North and Center North Regions), develop more effective and child-oriented policies (PETS on primary education, study on fiscal space and public spending on children, study on inclusive education), improve planning and programming (study on people’s access to justice, review of the National Early Childhood Education Programme) or enhance the quality of donor reporting (evaluation of an EU-funded WASH project in the...
Region of Plateau Central).
To influence policy making at the senior government level, some studies were presented directly to the Minister, such as the study on the needs and aspirations of youth and adolescents, or submitted to the Council of Ministers (PETS). Furthermore, the office pursued its efforts to promote the use of DevInfo by facilitating technical training to 16 government administrators.

**IR 4590/A0/04/601/006** By 2014, the partners of the UNICEF supported programmes at the central and sub-national levels apply RBM, human rights, gender and are adequately prepared to respond to emergencies

**Progress:** In relation to planning, UNICEF supported the MoEF in developing a national guide for the integration of human rights in the different phases of sector policy development. This guide was published and widely disseminated so as to help ministries strengthen the HRBA in future policy development. The HRBA was mainstreamed in UNICEF’s project planning and reporting tools for NGOs as part of the programme cooperation agreements signed by the office. To ensure the application of RBM, the office supported 16 NGOs and associations in elaborating project proposals with sound results frameworks and appropriate M&E tools. To improve the monitoring of sector policy implementation, the MoEF launched with UNICEF assistance a comprehensive and user-friendly database allowing the tracking of progress in achieving the outcome and impact indicators of all sector policies and budget programmes (42) by the different ministries and government institutes (26) (see: [http://www.sips.gov.bf/]()). The database is aligned with the National Development Strategy (SCADD) and may become a key instrument for the dialogue with partners on government performance in achieving sector policy and MDG-related national development goals.

With regard to emergency preparedness, UNICEF in collaboration with all other UN Agencies assisted the National Committee for Emergency Response and Rehabilitation (CONASUR) in developing a national multi-risk contingency plan that will be updated in 2013. As part of the joint UN programme on the strengthening of national capacities in managing natural disasters, specific multi-risk contingency plans were developed for two regions (North and Hauts Bassins). These plans will be scaled up for the other 11 regions in 2013.

In relation to mainstreaming gender, UNICEF continued its joint partner support to the implementation of the National Gender Policy and the Gender Common Fund, resulting in the execution of 12 projects by the Ministry for the Promotion of Women and civil society organizations.

### PC 7 - Cross-sectoral costs

**PCR 4590/A0/04/608** Management support (operational support) : Efficient and effective programme management and operations up to 2015

**Progress:**
Human resources capacity has been strengthened through the recruitment of 8 new posts "Fixed Term" since the beginning of the cycle, in addition to recruitment of at the turnover. During each recruitment, the office takes into account gender and diversity in order to have the broadest possible profiles within the office. A close monitoring of the performance management system is carried out, allowing the whole of the staff to have a SMART and effective performance planning as well as for mid-term reviews that have been done for more than half of the office. In the field of capacity building, the office has focused on group training. Within this framework, in addition to the mandatory training on VISION, the office offered courses in English within the office to enhance their knowledge in this area. Furthermore training in conflict management was followed by the Group of resource persons and training on performance management is being organized for all the staff. For a better integration of the new staffs, a program is organized in each arrival, followed by a meeting with HR to identify any problems. A welcome kit is being finalized, and will be very used to better integration of international staffs. Concerning the good for the staff, several actions have been implemented. First of all, staff retreats have focused on this issue, followed by action plan taking into account also the results of the survey of staff and to improve the main issues affecting the property being of staff. In addition a group of resource persons was created to help cope with conflict situations.
Effective Governance Structure

The second year of the implementation of the 2011–2015 Country Programme (CP) signed with the Government of Burkina Faso started with two major emergencies that the CO took quick action to address. Adequate support was provided to the people affected by the Sahel nutrition and food security crisis as well as the influx of refugees due to the deteriorating political situation in Mali. The CO identified four major programme and management priorities captured in its annual management plan (AMP) in order to achieve results for women and children with maximum efficiency and effectiveness.

To achieve convergence among sectors, the CO has identified as the first priority the reduction of children’s and women’s vulnerability through provision of an integrated package of services to the most vulnerable. The second priority is the mobilization of at least USD 10.5 million to cover the needs in Other Resource (OR) funds to secure the implementation of programme activities in 2012. Improving work climate and performance management, and reducing delays in carrying out operational transactions were the two identified priorities to improve office efficiency and effectiveness. To ensure oversight and accountability of deliverables that contribute to the achievements of these priorities, clear roles have been assigned to staff. Performance indicators and reporting mechanisms were established and monitored through the Country Management Team (CMT). Similarly, to ensure smooth running of the office and to help management take sound and informed decisions, staff appointed to different statutory committees have been trained to fulfill their roles in providing unbiased deliberations on the cases submitted to their review.

Though the office managed to achieve all the identified priorities, the internal audit carried out in July 2012 showed numerous operational and hazard risks that need to be addressed by the CO. These areas of concerns were discussed during the all staff retreat held in November 2012, and an action plan was developed to ensure implementation of required corrective actions. Despite the wide range of challenges faced in implementing the new VISION system this year, the office managed quite well to avail the programme inputs throughout the year and has ensured a smooth year-end closure.

Strategic Risk Management

As was the case last year, the office has updated its risk profile and control library to reflect the internal audit findings as well as the security risk due to political instability in the north of Mali. Given the increasing probability of security threat to UN staff security due to the presence of Malian refugees, the CO has strengthened its capacity to assess the situation in real time by appointing a Security Advisor. The Business Continuity Plan (BCP) has also been revised to incorporate the required changes following the introduction of the VISION system. To achieve effective financial control and mitigate risk of financial losses, the CO has developed a new Table of Authority (ToA) reflecting the new internal control framework. The CO has taken the necessary actions to eliminate all VISION conflicts and violations though a proper segregation of duties. With regard to HACT (Harmonized Approach to Cash Transfers) implementation and to reflect the 2012 internal audit recommendations, the CO will conduct more in-depth assessments of implementing partners rated high and medium risk through spot checks, performance assessments and end-user monitoring.

Evaluation

To enhance results reporting, steer decision making, feed policy advocacy and boost learning, UNICEF elaborated an up-to-date Integrated Monitoring and Evaluation Plan (IMEP) in close collaboration with government partners. In developing the plan, the CO took into consideration the following strategic priorities and best practices: deepen existing analyses of child wellbeing with an equity focus, produce evidence for supporting programming and child-centered policy dialogue, comply with donor reporting requirements and conduct at least one in-depth evaluation per programme component over the Country Programme Action Plan (CPAP) cycle. The IMEP was executed as planned and regularly updated. A total of 5 surveys, 1 external project evaluation and 8 (out of 11) studies were completed. All studies and evaluations were accompanied by a reference group involving key partners. The final reports were publicly presented and disseminated.
through electronic mailing lists, the CO website or publication.

At the programme level, the CO conducted an external evaluation of the EU-funded WASH project in the Central Plateau Region. The evaluation report contains well targeted and actionable recommendations addressing among other things the need to optimize monitoring tools and methods used by UNICEF and implementing partners. In compliance with UNICEF’s Evaluation Policy, a response to the evaluation was developed. Both the final report and management response were submitted in a timely manner to the global database for an independent quality assessment. The CO also assisted the national reference group in preparing the evaluation of the UNFPA-UNICEF Joint Programme on FGM that will be finalized in June 2013.

At the operations level, 66 government and civil society organizations were micro-evaluated and risk-assessed to assist the CO in establishing appropriate cash transfer modalities, procedures, and assurance activities. In response to the 2012 internal audit recommendations, more in-depth assessments of implementing partners that received more than USD 100,000 in cash transfers from the UN ExCom agencies (collectively or not) during a fiscal year as per HACT guidelines will be conducted in 2013. Adequate tools for this process have already been developed.

With support from the Evaluation Specialist, the CO pursued its efforts to strengthen in-country evaluation capacities and generate quality evaluations through the following actions: (i) identification of new evaluators with proven (international) expertise in collaboration with the National Evaluation Network of Burkina Faso, (ii) submission of ToRs to WCAR Regional Office for quality control, (iii) global oversight and quality control of ToRs and reports by evaluation reference groups, (iv) inclusion of UNICEF’s evaluation standards in ToRs, (v) supporting evaluators in using standards and applying the ethical guidelines of the UN Evaluation Group (UNEG) ethical guidelines, and (vi) assisting them in elaborating sound evaluation methods.

These continuous efforts have had a positive effect as evidenced by the good quality rating of the 2011 evaluation report on education innovations. The CO was selected as a case country for the review of UNICEF’s Evaluation Policy and Function. Despite this noticeable progress, the CO still faces important challenges in finding qualified evaluators, promoting the effective use of evaluation findings by staff and partners and allocating sufficient time for external evaluations.

### Effective Use of Information and Communication Technology

Throughout 2012, the office ICT unit worked in aligning the ICT infrastructure to the standards defined by the IT Solutions and Services Division (ITSS). To enhance UNICEF’s service delivery, the ICT Unit has taken a lead role in developing a database system for quicker and easier tracking of the remittance of cheques to partners and suppliers. This innovative tool has enabled better communication between finance and programme staff and reduced delays in the processing times and release of cheques. To respond to the high demand of reliable connectivity further to the release of VISION, the CO has installed a failover switch, which enhanced the stability of the office connectivity. In the area of support to emergency response, particularly in regard to the Sahel crisis, the ICT unit provided remote access tools to allow staff to work from home or remote areas. With the introduction of Bring Your Own Device (BYOD), consultants and office staff can easily collaborate with colleagues through their personal devices, using Notes Traveller. This is a promising area where the organization can realize a tremendous cost saving. The implementation of remote assistance using the latest technologies has reduced the response time and improved customer satisfaction.

With the support of the Regional Chief of ICT (WCAR), a proposal for establishing a UN ICT working group has been submitted to the review and approval of the Operations Management Team (OMT). This inter-agency working group will collaborate to establish local long-term agreements (LTAs) to ensure quality IT services and cost saving and efficiency. The Regional Chief of ICT also conducted a review of the office ICT infrastructure. This review was followed by the audit from the Office of Internal Audit and Investigation (OIAI), which provided positive feedback of the governance and implementation of the standards in the ICT area.

The disaster recovery plan was updated to meet VISION requirements. Among seven global projects released
by ITSS, the CO participated in three Closed Pilot Projects (Active Directory Migration, File & Print upgrade and Ms WSUS), which gave opportunities to the local ICT Unit to test and provide feedback or recommendations for improvement before release to all UNICEF offices. The CO implemented all global projects released by ITSS.

**Fundraising and Donor Relations**

As of 31 December 2012, the Programme budget stands at USD 54,664,926, against the USD 32,709,000 ceiling approved in the Country Programme Document (CPD). This amount includes: Regular Resources (RR) (USD 16,307,703); OR (USD 20,802,731); and Other Resources Emergency (ORE) (USD 17,554,492).

This year, the CO mobilized OR for regular resources as well as for emergency expenditures. The CO was able to mobilize 20,802,731 USD against USD 17,560,000 expected for the year. The country experienced three major crises in 2012, including food and nutrition, meningitis and the humanitarian crisis linked to the political situation in the North of Mali. A Consolidated Appeal Process (CAP) was launched in May 2012 in which UNICEF pledged for USD 13,660,000. A Humanitarian Action Update (HAU) was launched in June with needs amounting to USD 21,867,534. An amount of USD 17,554,492 was mobilized by UNICEF, which represents 80 per cent of the needs.

The CO participated in a joint fundraising effort for child and maternal mortality with WHO, UNAIDS, World Bank and UNFPA under the “H4” initiative, which was successful in securing USD 7,040,000 from the Canadian International Development Agency (CIDA). UNICEF will receive USD 1,105,000 for three years (2012-2015). WHO is the focal point for Burkina Faso and in charge of coordinating the implementation project reporting. Furthermore, within the frame of a joint project (UNICEF, UNFPA, WHO) for accelerating the decrease of maternal and child mortality under the Partnership for Mother, Newborn and Child Health (PMNCH), UNICEF, the lead Agency, has received an additional USD 950,000 from the Bill and Melinda Gates Foundation for 2013 and 2014.

The CO also delivered on time all 32 donor reports due in 2012. Funds in expiring Programme Budget Allotments (PBAs) were used at 99.99 per cent. Financial programme implementation, donor reporting as well as PBAs’ expiring status are monitored monthly but at different periods by both the Programme Team and at CMT meetings.

**Management of Financial and Other Assets**

The internal audit carried out in 9-27 July, 2012 assessed the governance, risk management and control processes over the CO’s activities. The audit covered the period from 2011 to July 2012. Based on the audit work performed, OIAI concluded that the controls and processes over governance needed improvement to be adequately established and functioning; the controls and processes over programme management and operations support were generally established and functioning during the audited period. The audit also acknowledged that the CO had put in place effective systems to monitor the matching of planned resources to planned results and to re-allocate funds where necessary. As a result of this close monitoring by the CMT, 98 per cent of RR, 99.9 per cent of Other Regular Resources (ORR) on expiring grants, and 99 per cent of ORE were spent. As in the previous year, the CO had made every effort to keep the outstanding direct cash transfers (DCT) over nine months below a limit of 5 per cent throughout 2012.

**Supply Management**

To ensure effective supply operations, both Supply and Programme Sections made a concerted effort at the beginning of the year to develop a comprehensive supply plan, including needs for emergency response. The usage of the supply forecast sheet shared by the Regional Office greatly improved the speed and accuracy of supply forecasting. During the supply plan preparation, equal importance was given to careful review of the
lead time planning of all steps in the supply chain to ensure timely delivery of supply inputs sourced through local, regional or offshore options. To speed up the local procurement process, the CO also reviewed four work processes, including the supply and logistic processes, during a one-day staff retreat. Through this participative process involving both supply and programme staff, the lead-time for local procurement has been reduced from 70 days to 32 days. Similarly, related Contract Review Committees were done by mail poll.

As a result of this good coordination between programme and supply staff, 100 per cent of the total value of the supply plan was implemented. Remarkable efforts have also been observed in expediting the procurement of emergency supply to support the CO’s response to two major emergency situations (nutrition crisis and Malian refugees) for a total amount USD 6,491,610. UNICEF Supply Division’s support was also prompt in terms of quality and timely services provided to the office during this challenging period.

With regard to roles and performance of the government and UNICEF on in-country warehousing, both parties have demonstrated their capabilities to respond efficiently within 48/72 hours thanks to the pre-positioned supplies stored in UNICEF and government warehouses managed independently by UNICEF and government staff. To handle the important stock of emergency supplies, the office has rented a new warehouse with a storage capacity over 1,000 m2, and staff were trained to ensure efficient management of the stock. The 2012 internal audit acknowledged the good management of the warehouse.

With regard to in-country logistics and delivery to end-users, the office signed new local LTAs for customs clearance and transport with qualified companies. Both initiatives have greatly improved the office supply operations, especially for supply delivery in response to emergencies.

In order to equip the CO with up-to-date knowledge of the local market in terms of availability of goods and prices, the office has conducted a local market survey carried out by an independent consultant. The draft report was received in November 2012 and the outcomes will be used to develop a more accurate supply plan in 2013 and to explore the possibilities of establishing more LTAs with local suppliers.

### Human Resources

In order to ensure that newly recruited staff have capabilities and competencies required to understand and achieve high quality results for children and women in Burkina Faso, the CO has structured all interviews to be as consistent as possible for all candidates using UNICEF competency-based interview techniques. This transparent recruitment process provided ample opportunities to candidates from diverse backgrounds to join UNICEF. To address the skill gaps of existing staff, the office invested USD 113,684 to implement a staff learning and development plan based on preferences expressed by staff in consultation with their supervisors as well as corporate training activities initiated by management.

To ensure clear understanding of the Performance Evaluation Reports (PER) process and setting of individual objectives for continuous improvement, the office organized two e-PAS (Electronic Performance Appraisal System) orientation sessions in early 2012. During these sessions, staff were reminded to pay equal attention to the completion of mid-year performance review. As a result, 91 per cent completed their mid-year review by the set deadline. The CO organized a workshop on Managing People for Results, attended by all supervisors, which has reinforced the importance of the performance management system. To ensure timely completion of 2012 e-PAS and setting of 2013 objectives, management instituted a PER week in February to allow supervisees and supervisors to give full attention to this important exercise.

A two-week induction programme for new staff is organized with section chiefs and key technical staff. A briefing kit is being finalized and will be used to provide useful information on the country and the CP.

In order to address multiple crises, the CO developed a response plan that included staffing needs. Up to five staff members were deployed to the Sahel region thanks to support from the WCARO Regional Office.

The office has established a peer support counseling system through two peer support volunteers. The CO
also established a group of resource persons to deal with sensitive issues in the office to maintain staff cohesion and morale. Regarding HIV in the workplace, the CO distributed the leaflet “Living in a World with HIV” to all new staff who were encouraged to share the contents with their families. A screening campaign was organized on 1 December for all UN staff and their families. Female and male condoms were made available in staff toilets to comply with HIV standards.

In order to monitor the improvement of staff wellbeing and motivation following the 2011 staff retreat and the staff survey findings, an action plan was developed and the achievements were shared during the 2012 staff retreat. A buddy system is now in place to better guide new staff. Both staff motivation and conflict management have improved thanks to the involvement of resource persons in various conflict resolution situations. Development opportunities have also improved, with 38 per cent of national staff spending more than 10 working days on learning activities, and several staff having been given opportunities to support other offices. Staff motivation and relations were reinforced by team building activities during the staff retreat.

**Efficiency Gains and Cost Savings**

As in previous years, the CO has played a significant role in sustaining the cost-sharing of various outsourced common service initiatives managed and monitored by OMT, including the following services: travel agency, cleaning of premises, vehicle insurance and maintenance services, and security services. In the absence of baseline data, it is quite challenging for the OMT to demonstrate areas of business operations that generated efficiency gains and costs savings over the reporting period. Internally, the office worked toward tightening its travel expenses. The office also made every effort to raise staff awareness to reduce its environmental footprint and to ensure energy savings.

**Changes in AMP & CPMP**

The programme priorities in 2013 will take into account the current context of humanitarian crisis linked to the ongoing political situation in the North of Mali, which has brought so far more than 38,000 refugees to Burkina Faso. The CP priorities will include: (1) improving the effective delivery and monitoring of quality programming; (2) emergency response and preparedness; and (3) ensuring mobilization of at least USD 20 million to cover the needs in ORR funds and $12 million in ORE for the CP for 2013.

These priorities aim to strengthen humanitarian results while building resilience through adapted basic services and social protection. Indeed, recurrent food and nutrition crises have pushed families and communities to negative coping mechanisms, including depriving children of adequate food and access to health services, and denying their rights to education, protection against abuse and exploitation, and leisure. The CO priorities will be supported by consistent risk assessments and management and measuring for results. The mid-term review process due in 2013 will be used to revisit and refine strategies defined three years ago, taking into account the current context of the Sahel region of West Africa and adapting them to the situation of Burkina Faso.

Building on 2012 audit findings and recommendations, the CO will undertake a few staffing adjustment in the programme and operations structure to ensure availability of adequate competencies required to strengthen the office management and to deliver for the programme results. This will include the establishment of a VISION transactions processing task force to carry out more efficiently and more effectively financial transactions on behalf of all programme sections. The office will refine and revise internal work processes to reflect more accurately the requirements of the new internal control framework. There will be more realistic budget forecasting, more effective bank optimization, regular reviews of execution of delegated financial authorities and improved overall effectiveness of the control environment including ToA/Document Authorization Table (DAT) in order to reduce the risk rating highlighted by the internal auditors.
Summary Notes and Acronyms

AIDS - Acquired Immune Deficiency Syndrome
AMD - Public Management and Development Associates
AME - Mothers’ Associations
BCP - Business Continuity Plan
C4D - Communication for Development
CAP - Consolidated Appeal Process
CCC - Core Commitments for Children in Humanitarian Action
CCM - Community Case Management
CHW - Community Health Workers
CIDA - Canadian International Development Agency
CLTS - Community Led Total Sanitation
CMT - Country Management Team
CO - Country Office
CP - Country Programme
CPAP - Country Programme Action Plan
CPD - Country Programme Document
DAT - Document Authorization Table
DCT - Direct Cash Transfer
DHS - Demographic and Health Survey
ECOWAS - Economic Community of West African States
e-PAS - Electronic Performance Appraisal System
EU - European Union
FGM - Female Genital Mutilation
GAVI - Global Alliance for Vaccines and Immunization
GBV - Gender-Based Violence
GDP - Gross Domestic Product
HACT - Harmonized Approach to Cash Transfers
HAU - Humanitarian Action Update
HDI - Human Development Index
HIV - Human immunodeficiency virus
ICT - Information and Communication Technology
IMEP - Integrated Monitoring and Evaluation Plan
IMF - International Monetary Fund
INFTS - National Training Institute on Social Work
INSD - National Institute for Statistics and Demography
ITSS - Information Technology Solutions and Services
KAP - Knowledge, Attitudes and Practices
LTA - Long Term Arrangement
MDG - Millennium Development Goals
MoE - Ministry of National Education and Literacy
MoH - Ministry of Health
MoRES - Monitoring Results for Equity System
NGO - Non-Governmental Organization
ODF - Open Defecation Free
OIAI - Office of Internal Audit and Investigation
OMT - Operations Management Team
OR - Other Resources
ORE - Other Resources Emergency
ORR - Other Resources - Regular
PDSEB - Strategic Development Programme of Primary Education
PER - Performance Evaluation Reports
PETS - Public Expenditure Tracking Survey
PMNCH - Partnership for Mother, Newborn and Child Health
PNPS - National Social Protection Policy
RUTF - Ready to use Therapeutic Food
SAM - Severe Acute Malnutrition
SCADD - Accelerated Growth and Sustainable Development Strategy
### Document Centre

#### Evaluation

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