1. EXECUTIVE SUMMARY

Achievements

During 2010, UNICEF successfully contributed to high-level dialogue around the next national development strategy ensuring that it is equity-oriented. Consequently, the strategy includes objectives on child mortality, maternal health, social transfers, and pro-poor growth, providing a solid framework for UNICEF’s enhanced contribution over 2011-15. Key sector achievements include: (i) a Framework for a National Social Protection Policy led by UNICEF and the Ministry of Finance; (ii) launch of a National Campaign for Sanitation Advocacy with the President of Burkina Faso; (iii) integration of child rights and equity in the National Health Policy, the National Health Development Plan, and the MTEF, based on the Millennium Development Goals (MDGs) and the MBB tool, and significant scaling up of community case management (CCM), and (iv) significant increase in birth registration to 97%.

Challenges

A major challenge is the lack of disaggregated data especially for the most vulnerable and limited dialogue between stakeholders on poverty and weak link between evidence and policy development. Sanitation remains a challenge with only 6% coverage in rural areas, limiting progress in child survival. In child protection, the country attempted to align national laws to international instruments but law enforcement has yet to pick up the required pace. Complexities of centralized national budget also pose some difficulty in tracking the progress on actual spending on programmes affecting children.

Partnerships

UNICEF Burkina Faso continues to strengthen its collaborative relationships so as to improve synergies and leverage change for children. Central to these is UNICEF’s engagement in the Partnership Frameworks and common basket funds for the health, education, HIV, gender and water and sanitation sectors, which strengthen our policy and programming leverage. Within the health sector partnerships, the IHP+/HHA compact helped UNICEF to work closely with the WHO to ensure effective country participation in the regional HHA conference on Financial Access to Health Services. The World Bank continues to be a close partner on social protection, which has generated important inputs for the National social protection workshop. The IMF and UNICEF Burkina Faso have established a partnership within the context of the global UNICEF/IMF initiative to explore fiscal scenarios for child wellbeing.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

After a decade of Poverty Reduction Strategy Paper (PRSP) implementation, analysis shows important progress in several areas though limited compared to regional averages. High population growth (3.1% p.a.), accelerating urbanisation, and insufficient human capital and resources combined with exogenous shocks to the economy have contributed to increased vulnerability.

While economic growth improved to 5% in 2010 compared to 3.1% in 2009, decline in poverty has been less significant. A new household survey reported poverty at 43.9% in 2010, down from 46.4% in 2003. UNICEF’s economic crisis-related study suggests that 250,000 additional children were pushed into poverty in 2010. Its child poverty analysis shows that children are more likely than adults to be poor, 50.76% vs. 41.91%. UNICEF led analysis on social protection facilitated the government to embark on social protection policy development and integrate it into the Crisis Action Plan and new PRSP.

Under-five mortality, at 169/1000 in 2008, is far from the MDG 61/1000 target. Children from poorest families have a 50% higher chance of dying than those from well-off
families. Finances continue to constrain access to health services. However, a new National Roadmap for Reduction of Neonatal and Maternal Mortality was developed in 2010, and the National Health Strategy and Plan was revised for 2011-2020. UNICEF ensured the plan is based on MBB. The government’s vaccination survey revealed improved coverage (87-99%) though effective coverage is reported at 55%.

The second annual SMART report on nutrition confirms the improvements made since the 2003 DHS. Acute malnutrition of under-fives stands at 11.3% in 2009, down from 21% in 2003. Chronic malnutrition declined from 43.1% to 35.1% and the incidence of underweight from 35% to 26%. Surprisingly, malnutrition affects boys more than girls. The urban vulnerability survey further suggested a degradation of urban nutritional security.

Burkina Faso’s participation at the High Level Meeting for Watsan in Washington resulted in increased political focus on the sector. Sanitation was declared a national campaign under the leadership of the President.

In education, gross enrolment reached 74.9% in 2009/10, from 44% in 2000/01. Even so, inequalities persist between urban (90%) and rural areas (51%). The gender ratio for primary level enrolment increased from 0.7 in 2000 to 0.89 in 2009.

In child protection, birth registration significantly increased (to 97%) following the national registration operation. The Government adopted a national promotion of the handicapped law and improved national protection data. Cultural beliefs continue to impact the female’s health, with excision practised on 28% of girls under 15 in 2006; UNICEF implemented a communication and training programme on the ‘theory of social convention’ to promote favourable attitudes and practices.

National HIV prevalence among adults aged 15-49 decreased from 1.6% (2008) to 1.2% (2009) though urban prevalence remains high at 4%. Threats to further improvement include the use of drugs and children’s induction as labourers in the informal gold mines. The findings of a national participatory analysis of young people’s aspirations will provide key guidance in promoting their participation.

The development of Burkina Faso’s next development strategy (known as SCADD - the Accelerated Growth and Sustainable Development Strategy) provided a key opportunity for reflection. The new strategy emphasises sustainable growth generation, human capital transformation, and rural development. A key issue of debate was the need to promote understanding and analysis of equity given that inequalities are becoming a major social and economic concern.

References:
2. UNICEF and IRD. Evaluation of Nutritional and Food Vulnerability in Urban Areas
3. Government of Burkina Faso. Survey of vaccination coverage
4. Government of Burkina Faso, UN, IRSS. Evaluation of needs in neonatal and emergency obstetrical care
5. UNICEF. The Simulation of the Effects of the Economic Crisis and Policy Responses on Children in West and Central Africa: Burkina Faso
3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:
This section provides an overview of the main country programming issues for UNICEF Burkina Faso in 2010. In addition, the paragraphs below detail our emergency efforts.

Emergency Preparedness
UNICEF made significant contributions to improve nutrition, health, sanitation and hygiene, and education of the most vulnerable children and women affected by emergencies. In 2010, Burkina Faso registered widespread flooding, damaging infrastructure and homes. An estimated 140,039 people were affected in seven regions and 21 people died.

UNICEF response was multi-sectoral, targeting the most vulnerable. Interventions focused on nutrition, health care and water, and basic education and psychosocial support, funded through reprogrammed resources and the CERF (USD 720,650) and EHAP (USD 4,533,289), in which UNICEF leads Nutrition, WASH, Education, and Protection. 2010 was also marked by a meningitis outbreak with 5,980 cases and 841 deaths, to address which, a reactive campaign was carried out in 5 health districts reaching 678,386 people. Access to drinking water and sanitation was provided to 1,800 people in relocation areas. UNICEF's education assistance reached 15,000 children and established psychosocial support services and child-friendly spaces for 3,800 vulnerable children, adolescents and women.

Future plans: In 2011, UNICEF, together with a number of partners including Government and NGOs, will focus on assisting the most hard-to-reach people primarily in rural areas who are hit by drought, floods, and disease, expecting to reach around 150,000 people including 80,000 children. The new meningitis A vaccine is aimed to reach all people aged 1-29 years in 2011. Furthermore, 85,000 flood-affected people, 18,000 of them children, will gain access to adequate drinking water; 80 per cent of the displaced population will gain access to adequate sanitation; more than 49,200 boys and girls aged 3-15 will have access to quality education facilities in flood-affected areas; and UNICEF will help improve community management of children with severe acute malnutrition to save the lives of 45,000 children. UNICEF is requesting USD11,480,000 for its 2011 humanitarian work in Burkina Faso in response to the high number of children and women affected by disasters and food insecurity.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:
Capacity development support is rapidly becoming a central focus of our work, focusing on policy and budget development. In health, education, HIV, water and sanitation, and social protection, UNICEF’s Country Office (CO) in Burkina Faso has a prominent role in the research, drafting, and costing of sectoral plans, strategies and MTEFs based on results, equity and child rights. Consequently, the CO is well positioned to contribute to capacity development in the Paris Declaration context. It participates actively in sector
wide approaches and pooled funds for education, health and WASH, HIV/AIDS, and Gender. In 2010, the CO upgraded staff profiles to leverage participation in joint financing arrangements and provide a mix of policy and technical assistance to strengthen partner delivery. This included recruitment of a Monitoring and Evaluation Specialist, a Social Policy Specialist, and a Gender Specialist. These measures ensured effective policy advocacy on child wellbeing across ACSD sectors while targeting service delivery support geographically based on an equity and vulnerability analysis of child well-being.

In 2010, programme planning allowed the CO to articulate strategic entry points for capacity development in sector policy reforms. These include:
(i) supporting development of National Social Protection Policy and policy analysis capacities (impact evaluations, budget allocations and public spending);
(ii) accelerating scale-up of child survival activities through the development of the Health Compact 2011-2015, the MTEF, and a national community health policy, and strengthening health services including through NGO contracting and Result Based Financing;
(iii) investing in efforts under the Child Protection Task Force to develop a coherent policy framework focusing on services to protect and serve the most vulnerable children;
(iv) strengthening policy dialogue in Education sector reform to promote inclusive education, making significant investments in quality education through child-friendly school model;
(v) Leveraging best practices in community-led sanitation to further policy dialogue and develop operational capacities for scaling CLTS approaches;
(vi) Using the KAP analysis to support C4D partners in the design and application of tools that deepen community outreach capacities for social change on key family practices;
(vii) Supporting capacities of local authorities and stakeholders to develop community based planning and monitoring tools for improved service delivery.

3.1.2.2 Effective Advocacy:
UNICEF intensified its advocacy on a range of fronts in 2010. The CO was effective at the highest level of government in engaging the President to launch the National Campaign for Sanitation Advocacy. In addition, UNICEF and WHO successfully promoted the positioning of Burkina Faso as the focal country in the international meningitis vaccination campaign, an effort which involved WHO’s Executive Director, UNICEF’s Regional Director, Bill and Melinda Gates Foundation, Global Fund, GAVI and PATH. Such effective high level partnerships facilitate influential discussions at the technical level. UNICEF, for instance, led the national dialogue on social protection resulting in the inclusion of social transfers in the national development strategy, the initiation of a national social protection policy, and the integration of social policy within the economic crisis response. Our advocacy with the Ministry of Health helped secure a commitment to expand free access to healthcare for pregnant women and young children.

The CO’s engagement with local authorities is both strong and productive. This year, eight regional High Commissioners declared a ‘Month of the Child’ in their regions to promote children’s rights thereby raising awareness and securing the commitment of local leaders.

UNICEF’s engagement with the National Assembly resulted in the establishment of an intergenerational dialogue between Parliamentarians and the Children’s Parliament and a reflection on child budgeting, building on the Forum for the Day of the African Child. Our effective engagement with religious and traditional leaders in child rights and peace building campaigning continues to be strong. A new feature this year was UNICEF’s implication in Burkina Faso’s most prominent sporting event, the Tour de Faso, raising awareness of the 6 key family practices, reaching 4.0 million people throughout the country.

In 2010, the celebration of the 50th anniversary of Independence as well as the biannual National Week of Culture provided excellent opportunities for working in partnership with other UN agencies and enabling children to participate directly in these key events.
Following the development of Burkina Faso’s third PRSP, the CO expects its advocacy to further strengthen the focus on child rights promotion and fulfillment over the next five years.

3.1.2.3 Strategic Partnerships:

UNICEF Burkina Faso continues to strengthen its collaborative relationships so as to improve synergies and leverage change for children both at the national level and at local and community levels. Central to these is UNICEF’s close engagement in the Partnership Frameworks and common basket funds for the health, education, HIV, gender and water and sanitation sectors. These involve a wide range of bilateral and multilateral partners and in 2010 proved the main forum of interaction and collaboration between partners in each sector, with UNICEF providing both technical and financial support. Within the health sector in particular, the IHP+/HHA compact is an important partnership enabling actors to mobilize around Burkina Faso’s country-led national health strategy and engage more effectively in its revision. Furthermore, the initiative has helped partners collaborate on key advocacy objectives; for example, UNICEF worked closely with the WHO in November 2010 to enable a Burkina Faso delegation to participate in the regional HHA conference on Financial Access to Health Services in Dakar.

Several key partnerships were strengthened around research and advocacy on social policy. The World Bank continues to partner with UNICEF on social protection and in 2010 this led to the finalization of an inventory of social safety nets which fed into a National Workshop on Social Protection led by UNICEF, as the partner focal point on social protection. Burkina Faso is now also one of the pilot country programmes for the UNICEF/IMF partnership initiative, involving collaboration on research and advocacy of the use of fiscal space for investing in child-focused areas. The national parliament has also become an important partner in leveraging national resources for children through its promotion of child-friendly budgeting during the Day of the African Child in June this year.

Other important strategic partnerships have included UNICEF’s engagement in the joint UN gender programme, ensuring the contribution of youth movements to achieving the MDGs, and the joint contributions to the development of the national emergency preparedness plan.

3.1.2.4 Knowledge Management:

Knowledge management activities in 2010 focused on sharing UNICEF knowledge on children to inform the development of the national growth strategy and on assessing lessons learned and generating knowledge in the context of the next country programme cycle 2011-15. UNICEF prepared an evidence-based policy brief on “Investing in Children: a key determinant for sustainable economic growth”, outlining key investments for children and the role of equity in sustaining economic growth and human development. The note was presented to the Prime Minister and ensured inclusion of equity, child mortality, maternal health and social protection as key elements of the SCADD. UNICEF hosted an event for Members of Parliament on planning and budgeting for children, presenting key data and research on investments for child well-being. The study on the effects of the economic crisis and policy responses on children was developed with the Government and its results informed the Government’s Action Plan.

A study on children working on mining sites in 5 regions of Burkina Faso was shared with government and stakeholders and was instrumental in developing an evidence-based National Action Plan to combat the worst forms of child labour. In the domain of youth, the CO played a catalytic role in launching a knowledge partnership, including government, youth organisations, NGOs, and research institutions to carry out a national analysis of the needs and aspirations of youth. This study, along with the database
developed on youth organisations provides a solid basis for enhancing the role of youth in communication and social change programming. Knowledge related to other vulnerable children (OVC) was strengthened through a situation analysis, an evaluation of the 2006-10 OVC Care and Support Programme, as well as through participation in the regional study to document best practices in integrating OVC, child protection and social protection interventions.

Efforts to strengthen internal knowledge management capacities were pursued, including: staff participation in the UNSSC course on Knowledge Management; recruitment of a Senior Evaluation Specialist; documentation of two Innovations (as in section 6); and participation in the Regional Research and Evaluation Committee.

3.1.2.5 C4D Communication for Development:
In 2010, the National Communication Strategy was updated and revitalized to focus on communities and families as the central actors in behaviour change to reduce child mortality. In line with this, UNICEF Burkina Faso’s Communication for Development (C4D) strategy focused on placing individuals, families and communities at the centre of behaviour and social change in relation to the six key family practices (KFP) (exclusive breastfeeding, sleeping under insecticide treated mosquito nets, hand washing with soap, treatment of diarrhoea using Oral Rehydration Therapy, the prevention of mother-to-child transmission of HIV, and complementary infant feeding) and the realization of children and women’s rights.

C4D employed a blend of interventions based on an interpersonal communication approach at the community level through NGOs, theatre groups and social mobilization agents (noyaux relais) who carry out dialogue sessions and educative discussions on the aforementioned health issues, child labour and girls’ education as well as community radio to inform and reinforce dialogue with communities. Each group of noyaux relais consists of five people, including two women, with a total of 6,000 agents active in 1,200 villages throughout the country. Strong emphasis has been placed on training women focal points from the Regional Directorates for the Promotion of Women, to strengthen the capacities of structures working with communities. Schools have also been a strategic entry point for C4D activities through the training of teachers on child survival issues for discussion with students, who adopt the practices and encourage family members to do the same.

The utilization of mass media (radio and television) has proven to be effective during recent vaccination drives, especially promoting the benefits of the new meningitis vaccine, for which television and radio spots and theatrical sketches were developed. Communication tools such as posters and a portable image flipchart were also used to convey information.

In order to understand the most effective communication channels for behaviour change and to obtain an analytical baseline on the current knowledge, attitudes and practices in relation to the six KFP, two studies were launched in 2010. Their results will inform communication interventions from 2011 and will also provide important information on the current KFP practices.

3.1.3 Normative Principles
3.1.3.1 Human Rights Based Approach to Cooperation:
The CO made important investments in deepening the human rights based approach (HRBAP) capacities of UNICEF staff and partners in order to mainstream equity, gender and poverty analysis in national and sector development planning. The CO supported the Ministry of Finance to develop a national HRBAP manual for sector planning. This tool is an integral component of the Manual for Sector Development Planning, which has been
adopted to streamline RBM in sector programming anchored in the MTEF. All sectors are expected to review their sector policy framework by 2014 using the newly adopted manual. An initial training was conducted for 30 civil servants from line ministries and 7 NGO representatives.

Within the country programme planning exercise for 2011-15, an applied HRBAP training was conducted for staff and partners. Staff who had been trained as trainers in 2009, and newly recruited staff who participated in the regional PPP training session in 2010, played key roles in this training. The focus on HRBAP helped ensure that the new simplified results structure is both SMART and equity focused, placing a strong emphasis on expanded community based strategies, supported by social change tools and approaches.

3.1.3.2 Gender Equality and Mainstreaming:
In line with the UNICEF Policy on Gender Equality and the Empowerment of Girls and Women of May 2010, gender-related activities were enhanced by the implementation of the recommendations of the 2009 Country Office Gender Audit. The audit reinforced the following as the main points of the UNICEF gender strategy: making information available to staff and partners; deploying human capacity; gender mainstreaming of budget and supply support; accountability mechanisms; and monitoring. On the basis of the audit, WCARO contracted the Dutch Royal Tropical Institute (KIT) for a 60-day technical support in the last quarter of 2010, centred on gender mainstreaming of the CPAP 2011-2015. This is to be followed, in 2011, by a 5-day Gender/HRBA workshop for all CO professionals.

The above support assisted the CO in pursuing several of the ‘change areas’ stipulated by the UNICEF Strategic Priority Action Plan for Gender Equality 2010-2012 through:

- supporting all CO programmes in mainstreaming gender and human rights in drafting the new CPAP (change area 4);
- providing ‘on the job’ capacity building in gender analysis in all programme cycle phases (change areas 2+4);
- identifying entry points for mainstreaming gender in the M&E system (change areas 1+4);
- defining detailed ToR for the full-time (from the beginning of 2011) Gender Focal Point and the Gender Task Force to be put in place in 2011 (change area 2);
- updating the gender audit’s Action plan and identifying entry points to strengthen accountability at individual and institutional level (change areas 1+5), and;
- identifying entry points for improving gender equality in partnerships (PCAs, political dialogue) and for improving UNICEF’s positioning in the UN’s Gender Thematic Group (GTG) and its Joint Gender Programme (change areas 3+6).

In addition, the CO supported the Government in implementing the National Gender Policy adopted in 2009, particularly through the drafting of the Operational Action Plan during a national workshop in June 2010, and enabling its adoption by the Council of Ministers. Donor harmonization continues to progress with UNICEF playing a dynamic role in the donor gender consultation framework (CCG), the Ministry of the Promotion of Women’s technical cell, and the UNFPA-led GTG.

3.2 Programme Components:
Title: Education

Purpose:
The UNICEF Basic Education Programme, in line with national and international reference frameworks, aims at contributing to the achievement of the Basic Education Ten-Year Development Plan (PDDEB) objectives and to the implementation of the National
Strategy for Integrated Early Childhood Development (SNDIPE). The emphasis is on education of children and adolescents in general and more specifically on girls’ education. The following three projects make up the Basic Education Programme: (i) integrated early childhood development; (ii) development of formal basic education; and (iii) development of non-formal basic education.

**Resources Used:**
In 2010, the education programme obtained more resources than initially planned in the CPAP (USD7,969,395.74 versus USD5,138,609). Major contributions came from donors such as (i) the Netherlands (USD3,054,836.36), nearly 90% of which went to the Education Common Basket funding mechanism created to facilitate the implementation of the sectoral plan (PDDEB); (ii) the Government of Japan, through a cross-sectoral project to mitigate the vulnerability of children due to climate change in Burkina Faso; (iii) consolidated funds from National Committees for UNICEF (USD 685,591.15) to promote the quality of education through the ‘Child Friendly School’ (CFS) concept in Burkina Faso; (iv) the Japan National committee (USD258,067.84) for activities seeking to increase access to basic education and improve the participation of girls in education; and the non-thematic fund (USD297,831.39) used for activities across all the programme.

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**Result Achieved:**
In 2010, the Education Programme made progress towards achieving the objectives set in the Country Programme Action Plan (CPAP) through increased access to quality basic education and retention in school with an increase in the national primary school completion rate from 41.7% (37.8% for girls and 45.6% for boys) in 2009 to 45.9% (42.5% for girls and 49.2% for boys) in 2010. To help eliminate gender disparities in education, more targeted strategies were undertaken such as social mobilization and sensitization campaigns, improved environment and incentive measures (distribution of schooling kits, promotion of girl-friendly environment and development of income-generating activities for mother’s association members to help them support the education of their daughters). Such strategies helped increase girls’ enrolment in primary school, from 75.5% (80.3% for boys) in 2009 to 83.8% (87.6% for boys) in 2010.

UNICEF’s interventions in the education sector in 2010 directly facilitated access to quality basic education for more than 3,600 children, 105 teenagers, and 880 preschoolers through the construction of 24 satellite schools, one non formal education centre and 11 IEC centres (*bisongo*). Learning conditions in those structures have been improved through training of 950 pedagogical staff on child-centred teaching methods, gender equity, and emphasis on emerging topics (environmental education, HIV/AIDS, ICT, water, and hygiene and sanitation).

UNICEF maintained its upstream work and its contribution to policy dialogue in the education sector thereby facilitating ongoing sectoral reform with strong focus on decentralization and transfer of resources and competencies to municipalities. Furthermore, the hosting in Burkina Faso, in collaboration with UNICEF’s regional office, of a regional workshop on parental education highlighted its importance for child survival and development, and led to the revision of the parental education National Action Plan for enhanced coordination of interventions in promoting the same.
In the area of partnerships and resources leveraging, UNICEF continued its collaboration with the Embassy of the Netherlands through its participation in the education sector common basket, and secured, through the donors’ toolkit elaborated in 2009, substantial financing (USD1,608,498 for construction of 25 primary schools) and for developing a locally adapted model of CFS to improve the quality of education in Burkina Faso.

**Future Workplan:**

In line with previous performance, lessons learnt, emerging needs and the new results-based approach adopted by the office, the programme will strive, over the next cycle, to bring a comprehensive and integrated response to identified sector challenges. Continued emphasis will be placed on (i) improving access to quality basic education (including early childhood development and alternative education for out-of-school children) through the development and expansion of the CFS model in Burkina Faso; and (ii) reducing the gender gap in education by facilitating girls’ transition from primary to post-primary education. If Education For All is to be attained, children living with a handicap must be reached; hence the new programme’s orientation includes the provision of inclusive educational opportunities for that target group. The use of ICT in education will also be experimented with. These results are to be attained through continued policy dialogue, institutional capacity building, partnerships with NGO/Associations, community empowerment and parental education for their greater involvement in the education and wellbeing of their children.

**Title: Fight against HIV/STI**

**Purpose:**

The aim of the programme is to support the Government in reducing vertical transmission of HIV, in providing medical care to children who are living with HIV, in reducing adolescents and young people’s risks and vulnerability to HIV/STI, and in caring for and protecting children affected by HIV and their families.

The Programme directly contributes to MDG 6: ‘Halting and beginning to reverse the spread of HIV by 2015’. It also relates to the country’s UNDAF priorities, which are built on Burkina Faso’s PRSP; the programme specifically supports UNDAF priority 5 and outcome 7, which seek to reinforce and intensify the national response to HIV. In addition, the programme responds well to UNICEF’s MTSP 2006-2013. It is structured into three projects (1) Support to prevention, treatment, care and support, (2) Institutional support, and (3) Programme support.

**Resources Used:**

The total approved budget for 2010 was USD1,609,800 (CPAP). USD 2,438,260.17 were allocated to the programme and 2,424,793.44 (99.44%) was spent. The majority of funds available to the HIV programme in 2010 were RR funds; however, USD 92,089 was provided by the Government of Luxembourg to support Global Fund leveraging.

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**Result Achieved:**

The HIV/AIDS programme had mixed results in 2010. Of nine results, four were achieved or are making good progress, three were not achieved, and one could not be attempted due to continuing lack of data. There have been positive results in resource leveraging for children and building evidence for designing programmes for children and young people. Population coverage for PMTCT services increased despite constraints in supply.
With contribution from partners, the Government developed its National Strategic HIV/IST Plan 2011-2015, which is 75% funded.

**PMTCT:** As of September 2010, 1,448 (90%) of 1,605 facilities were offering PMTCT, up from 78% in 2009, and 55% of all pregnant women were tested for HIV compared with 50% (2009). HIV positive women CD4 testing, however, declined to 13% from 20% (2009) due to frequent medical equipment breakdowns. UNICEF supported 17 out of 65 districts to train health workers, to cover transport costs for CD4 testing, to implement communication interventions and to conduct supervision. A total of 180,000 HIV tests were procured.

**Paediatric AIDS Care:** The percentage of children born to HIV positive mothers and tested for HIV using Early Infant Diagnosis (EID) techniques improved from 8% (2009) to 26% in September 2010. However, the annual target of children on ARV has not been reached, increasing only from 1,342 in 2009 to 1,425. Facilities offering HIV care for children increased slightly from 38 in 2009 to 41, about half that available for adults. UNICEF contributed to equipping health workers with skills to conduct EID through training and job-aids; on-the-job training in Paediatric AIDS Care for 23 doctors; and availing technical expertise to set up a system that will provide EID at scale.

**HIV prevention:** A database of youth associations was created and is being operationalised at regional level. NGOs reached out to marginalized and most-at-risk youth, particularly in urban areas. Young people carried out local HIV/STI vulnerability mappings in 16 provinces, used to target ‘hot spots’ for peer facilitation and communication activities. As a result, about 250,000 adolescents and young people aged 10-24 years (36% girls) were reached with interpersonal and mass communication, and 921 young people (42% girls) accessed HIV testing.

**Support for children affected by HIV:** A national situation analysis of OVCs was conducted with leadership from the Ministry of Social Action. Five NGOs and 23 community organisations in 5 provinces supported OVCs and families; programme data from two NGOs show that educationally excluded families were able to keep at least 365 children (56% girls) in primary school and 190 adolescents (51% girls) in secondary school, while improving children’s access to other essential services such as, healthcare.

**Constraints** encountered included high staff turnover at district level combined with non-systematic provision of HIV testing to exposed children contributing to low uptake in AIDS care; frequent breakdowns of medical equipment that call for urgent revisiting of the maintenance model being used leading to delayed or interrupted testing; delays in availing funds from major donors which contributed to stock-outs in HIV testing supplies. Strengthening the national supply management system remains a critical challenge to scaling up HIV services. In an environment of dwindling international resources for HIV responses, exploring innovative, local, and more sustainable financing mechanisms will be an important challenge in the next few years. Strengthening the Global Fund’s Country Coordinating Mechanism capacity to oversee implementation of grants is also an important challenge.

In terms of monitoring and evaluation, two innovative studies on young people were carried out. One documented and analyzed the contribution of 900 youth associations to MDGs, the second was a National Study on the Needs and Aspirations of Adolescents and Young People, both designed and led by young people. According to the latter study, 5% of young people aged 10-24 are heads of households, over 30,000 suffer a physical or mental handicap, and the East and Sahel regions have the highest youth illiteracy and marriage rates.
Future Workplan:
The 4Ps will be mainstreamed throughout the relevant sections of the UNICEF Country Programme 2011-2015. Priority actions are to:
- Broaden youth interventions to address issues of youth participation in development. Ensure findings from 2010 studies are taken into account in programmes;
- Ensure existing interventions for especially vulnerable adolescents (children in gold mining areas and in the streets) are HIV sensitive;
- Support the development of the next 5-year National PMTCT Programme taking into account WHO revised protocols and infant feeding directives. Strengthen men’s and community involvement in PMTCT through partnerships with traditional and religious leaders;
- Complete expansion plan for Paediatric AIDS Care and operationalise early infant diagnosis at scale;
- Conduct an OVC financial flow analysis and use findings to advocate for increased national/international resources for OVC support.

Title: Health and Nutrition

Purpose:
The Health and Nutrition Programme (HNP) aims at reducing the incidence and impact of preventable diseases such as micronutrient deficiencies, acute malnutrition, malaria, diarrhoea, and pneumonia in children. The main expected result of the programme is to contribute to a 20% reduction of U5 and maternal mortality by 2010. This is in line with national objectives as established in the National Health Plan 2001-2010 and the PRSP. It is also aligned with the UNDAF result 2, “Access to curative, preventive and promotional care, especially for children and women, is improved by 2010”, and will thus facilitate attainment of MDGs 1c, 4, 5 and 6. In order to meet the objectives, the Annual Work plan is organized around three projects: (i) newborn and child health and nutrition, (ii) maternal health and nutrition, and (iii) institutional strengthening of the health system.

Resources Used:
The approved budget in the CP/CPAP for 2010 was US$ 5,246,200 of which US$ 1,046,200 was RR and US$ 4,200,000 was OR. The programme in fact was allocated US$ 13,377,289 (RR: USD6,267,499; OR: USD4,961,309; and ORE: USD2,148,481). The funds were used at 97%.

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</tr>
<tr>
<td>RR for OR (set-aside)</td>
<td>USD3,176,907.18</td>
<td>USD3,176,894.03</td>
<td></td>
<td>100%</td>
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Result Achieved:
Major achievements include: UNICEF’s substantial support to the revision of the National Health Policy, the development of the National Health Development Plan (NHDP) 2011-2020 and the Medium Term Expenditure Framework 2011-2013 based on the MBB; scaling up of community case management (CCM) of severe acute malnutrition and diarrhoea, of immunization, and of malaria control with a mass distribution campaign of Long-lasting Insecticidal Nets (LLINs).

Routine immunization reached planned results, with 78% reported coverage for pentavalent3 and 75% for measles. The new meningitis vaccine was introduced nationwide with 100% coverage. No poliomyelitis cases were identified with six National
Immunization Days successfully executed. Campaigns to eliminate maternal and neonatal tetanus have continued in the last seven high risk districts with 90% TT2 coverage among women of child-bearing age. Around 8,101,134 LLINs (400,000 from UNICEF) were distributed with 99% coverage in eight regions; 39 of the 63 districts are implementing malaria CCM. The implementation of the Community Integrated Management of Childhood Illness (IMCI) strategy increased from 32% to 67% between 2008 and 2010, while clinical IMCI is implemented in 80% of health facilities. Due to the PMNCH joint UN project (UNFPA/UNICEF/WB/WHO), the 9 targeted districts have started to implement CCM of malaria, diarrhoea, and malnutrition, and ARI in two districts.

The second national nutrition survey showed a global acute malnutrition (GAM) prevalence of 11% (vs. 21% in 2003), while chronic malnutrition and underweight prevalence were respectively 35% (vs. 43%) and 26% (vs. 35%). The prevalence of GAM is higher among boys than girls (12.5% vs. 9.7%); as is chronic malnutrition (39.7% vs. 31.1%) and underweight prevalence (28.2% vs. 23.2%). Informed by these findings UNICEF intensified its efforts whereby, more than 35,000 severely wasted children were treated by October 2010 as against 22,200 in 2009. The cure rate was 88% and the death rate 2%. UNICEF has provided Ready to Use Therapeutic Food nationwide in partnership with NGOs. A total of 764 villages were provided with Infant and Young Child Feeding services. The Vitamin A supplementation coverage in children is 100% and the adequately iodized salt consumption at the household level increased from 48% in 2003 to 56% in 2009.

Assisted delivery coverage in six targeted regions reached 34% due to the Government providing 80% subsidy to the cost of assisted delivery and emergency obstetric care (EmOC). UNICEF’s contribution strengthened the capacities of health staff and CHWs and improved women’s financial access to EmOC through a system of cost sharing.

Support was provided to the evaluation of NHDP 2001-2010. Active UNICEF participation in the core team preparing the NHP 2011-2020 was instrumental in integrating child rights and equity, and in progress towards reaching the MDGs. Furthermore, UNICEF developed a proposal to improve national procurement system management. Monitoring and evaluation mechanisms were improved by strengthening the National Health Information System with qualitative surveys, updated health sector metadata, and monitoring activities in 6 health regions. Support was also provided to the MoH to develop a strategy for Results Based Financing. In addition, UNICEF’s participation in the MoH basket fund was instrumental in influencing health budget allocation between different health structures and levels, and the ongoing contracting process of community level NGOs to scale up high impact family practices. Furthermore, the programme successfully assisted the MoH during the meningitis epidemics and flooding by ensuring adequate response.

The main constraints included insufficient behavioural change activities, a lack of a community health policy, and recurring emergencies.

In terms of monitoring and evaluation, the second SMART survey assessed malnutrition prevalence in all provinces. The EPI review showed estimated coverage of 99% for BCG, 91% for Pentavalent3, 88% for Measles and 81% for TT2. However coverage of fully vaccinated children following the immunization calendar was just 54%. The PMNCH Project baseline survey was carried out whose findings will inform future action.

Future Workplan:
In 2011, in order to accelerate the scaling up of child survival activities, the programme will support the development of the Compact 2011-2015, as well as the MTEF 2012-14; and provide technical and financial assistance to organize the second health sector annual review and Result Based Financing with other partners. The focus will be on (i)
health sector results-based planning and budgeting, (ii) development of an integrated, participative and global approach to community health, (iii) improvement of the health supplies procurement system for mother and child survival, and (iv) development of health financing systems taking into account equity and gender issues. At the field level, the health and nutrition programme will focus on assisting the MoH, NGOs and families with the implementation of the following priority actions: (i) extension of the Child survival days and their institutionalization; (ii) expansion of the EmOC and clinical/community IMCI, including CCM; (iii) organization of 5 NIDs against polio, a mass Measles campaign, the third round of Tetanus Toxoid mass campaigns, and introduction of a new vaccine in use (rotavirus); (iv) routine distribution of more than 1,500,000 LLINs (100,000 from UNICEF) to U5 and pregnant women, and scaling up the CCM of malaria and diarrhoea countrywide; (v) implementation of the PMNCH project in two regions through the PADS; (vi) extension of SAM treatment through institutional strengthening of nutrition structures; and infant and young child feeding interventions (vii) strengthening of the Universal Salt Iodization strategy; (viii) organization of the third national nutrition survey; and (ix) extension of quality PMTCT and Paediatric AIDS Care interventions.

A total budget of USD12,140,000 is expected to be mobilized of which USD3,680,000 is as RR and USD8,460,000 as OR/ORE. The amount of USD1,621,000 from ‘set aside funds’ for Oral Polio Vaccine supply, USD2,087,000 from OR, and USD530,000 from ORE are already available. There is therefore a financing gap of USD5,843,000. Some funds are expected from EU, MI and OFDA for nutrition programming and from the PMNCH project for health. The routine EPI, the maternal and neonatal and, to some extent, child IMCI activities, the malaria related interventions, the institutional strengthening at central level, and nutrition and HIV/AIDS activities remain under-funded.

Title: Water, Hygiene and Sanitation

**Purpose:**
The Water, Sanitation and Hygiene programme contributes to the achievement of the UNDAF Output 2 ‘Access to quality curative, preventive and promotional care for populations, mainly children and women has improved by 2010’ and Output 3: ‘Access of children, adolescents and women to primary education has improved by 2010’. The specific results are: a) improving learning quality and environment in pre-schools and primary schools and preservation of children’s dignity; b) improving living environment in health centres and households and strengthening the fight against waterborne and hygiene related diseases. The WASH component has two annual work plans: (i) improvement of the environment in pre-schools and primary schools, and (ii) reinforcement of water, hygiene and basic sanitation services in communities.

**Resources Used:**
Funds approved in the CPD/CPAP were a total of USD1,050,000 (RR: USD810,000 and OR: USD240,000). In 2010 the programme was allocated a total of USD4,624,739 (RR: USD1,924,000, OR: USD2,137,231 and ORE: USD300,756).

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<tr>
<th>Funds approved as per CPD/CPAP</th>
<th>Funds allocated (available) 2010 AWP</th>
<th>Funds used</th>
<th>% of funds used (as of 30/12/2010)</th>
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<tbody>
<tr>
<td>RR USD810,000.00</td>
<td>USD1,746,435.79</td>
<td>USD1,735,542.06</td>
<td>99%</td>
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**Result Achieved:**
Burkina Faso's participation at the Global Framework for Action meeting in Washington with the launch of a national sanitation campaign by the President in June put sanitation
high on the 2010 policy agenda. UNICEF played a key advocacy role and is now leading the implementation of the Presidential sanitation campaign. As a result, the CO’s role in sector planning and budgeting is central to its work in sanitation, and is reflected in our key support to the development of the National Strategy. Our lead partner role in rural sanitation has facilitated the promotion of new and effective strategies like CLTS, which has received positive attention following a field trip to Mali, organized jointly with UNICEF Mali for key governmental decision makers, setting the stage for an inclusion of the method in the National Strategy.

In terms of more direct support to specifically targeted zones, UNICEF constructed 35 community water sources, rehabilitated 60 water points and trained 113 communities in management of community water points, reaching a total rural population of 28,500 in 2010. The community led sanitation campaign resulted in the construction of 6,700 improved family latrines covering 46,400 in three regions. In the Plateau Central region the percentage of the rural population with access to improved sanitation increased from 21% in 2009 to approximately 31% in 2010, making this region the only one on track to reach the MDG sanitation target. The women-led social and behavior change campaign, which advances the six key family practices through women's participation and empowerment, trained a total of 4,000 women in 2010 reaching a population of approximately 60,000 in two provinces.

In relation to educational environment, 118 teachers were trained to integrate hygiene into the education curriculum. A hygiene programme was introduced in 26 pilot schools in the Ganzourgou province reaching approximately 3,000 primary school students. In 2010, around 25,000 students gained access to safe water points in 86 schools (56 constructed water points and 30 rehabilitated boreholes) and 44 schools (13,000 students) were equipped with separate latrines for boys and girls.

Emergency activities assisted more than 100,000 people affected by this year's floods across four regions. A chlorination campaign, supplying a population of approximately 9,000 with safe water, was successfully carried out in the Sahel region. UNICEF constructed 500 family latrines and 500 showers for 3,500 people who were relocated by the government of Burkina Faso following the severe floods that hit the capital in 2009. Emergency WASH supplies have been restocked with articles sufficient for 20,000 displaced people.

A major constraint for the construction of water and sanitation infrastructure has traditionally been the difficulty to get work started well before the onset of the rainy season. This is related to the yearly planning cycle and it is hoped that this problem will be mitigated with the implementation of the more flexible two-year work plan. Total water and sanitation coverage for primary education continues to be hindered by the fact that schools are still constructed without respect for water and sanitation standards.

In terms of studies and evaluation, a water quality survey was carried out in collaboration with National Office for Geology and Mining in Ganzourgou province to investigate the risk of groundwater contamination by arsenic. Preliminary results from a national study of 1,100 water points showed that less than 1% of wells may pose a health risk with arsenic concentrations over 50µg/l. A UNICEF supported study on water quality in 400 household in rural communities is being carried out by the regional research institute 2iE to lay the ground for HWTS-interventions planned for 2011. UNICEF collaborates with the WHO on the Guinea Worm Eradication Programme and with UNHABITAT in infrastructure construction in response to the floods. UNICEF’s Total Sanitation intervention is founded in strong partnerships at municipal, provincial, and regional levels. The Netherlands, the European Union, and Japan are key partners. UNICEF has a growing partnership with SIDA with technical assistance for a period of up to three years. Other SWAp partners include: KFW, DANIDA, AFD, EU, WB, JICA, GTZ, WHO, Plan and WaterAid.
Future Workplan:
UNICEF will continue the work to increase access to safe water and improved sanitation for vulnerable populations in rural communities and schools. To capitalize on the opportunity provided by the launch of the Presidential sanitation campaign, a key focus in 2011 will be the promotion of family latrines and activities targeting the adoption of key hygiene behaviours. The WASH in Schools programme will reinforce hygiene education in 100 schools and assist teachers in the implementation of emerging themes. The start of the new programme cycle in 2011 provides an opportunity for the introduction of new WASH methods with proven efficiency and impact as a complement to already existing programmes in the sector. Household water treatment, manual drilling, and Community Led Total Sanitation are methods that will be incorporated in the programme during 2011. The planned budget for the WASH programme in 2011 is USD4,220,000, with RR representing USD1,800,000 and USD2,420,000 in OR.

Title: Protection

Purpose:
The purpose of the programme is to support harmonization of the national protection framework with international standards, and to disseminate and ensure application of CRC, CEDAW, ACRWC and the Family Code. The programme contributes to fighting FGM/C, Child marriage and other forms of violence, caring for children in need of special protection measures such as street children, orphans and other vulnerable children, fighting the worst forms of child labour including child trafficking, children working in gold mines and other forms of abuse and exploitation.

Resources Used:
The Protection programme planned to spend a total of USD5,473,623.90 in 2010, with 2,405,000 coming from RR and 3,068,623.90 from OR.

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<tr>
<th>Funds approved as per CPD/CPAP</th>
<th>Funds allocated (available) in the AWP 2010</th>
<th>Funds used</th>
<th>% of funds used</th>
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<tbody>
<tr>
<td>RR USD809,800.00</td>
<td>USD2,405,000.00</td>
<td>USD2,410,387.00</td>
<td>100%</td>
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Result Achieved:
Noteworthy results that contributed to creating a safe environment for vulnerable children in 2010 include the adoption of a law on persons living with disabilities by Parliament; successful advocacy resulting in the adoption of the social convention theory by child protection partners; provision of holistic care assured for more than 7,000 boys and girls (orphans, children with disabilities, children on streets, children in gold mines, girl domestic workers, children in prison, victims of child trafficking/violence/exploitation/abuse/neglect); and support to the Ministry of Social Action’s first statistical yearbook as an important M&E tool for social and humanitarian affairs. UNICEF’s continued support to the ‘universal free birth registration’ campaign allowed more than 95% of children to be registered.

There was some progress in terms of caring for minors and women deprived of liberty including judicial support/vocational training/literacy/psycho-social support for 503 minors (of which 30 were girls) in 6 prisons and 200 women; and rehabilitation of 120 minors (mostly girls). It is expected that the adoption of a child protection bill and its implementation will facilitate national coverage of minor’s jurisdiction.

Following the announcement of the Emir of Liptako’s public commitment against child marriage and FGM/C, three more eminent traditional leaders have committed themselves publicly (kings of Boussouma, Gourma, and Manga). Behavioural change activities reached
144,998 people (80,133 women) improving knowledge about the negative consequences of child marriage and FGM/C and their impact on children and women's rights.

On FGM/C, UNICEF provided impetus to re-think national methods and strategies: traditional approaches have been upgraded based on social convention theory, making them more participatory and more effectively targeted. Activists trained in this theory carried knowledge to FGM/C-activists in all 45 provinces so as to scale up community efforts. 2010 saw major advances in donor harmonization and alignment; key government and FGM/C donors (GTZ, Denmark, Netherlands, and UNICEF) signed a Common Financing Protocol and the first annual Priority Action Plan was prepared by the Government. This will serve to better coordinate all donor support.

In 2010 major communication activities took off within the joint programme on violence against women and girls, including conferences on violence against women and girls in women’s centres, radio broadcasts, sensitization, and measures for caring for women and girl victims.

UNICEF continued to take a lead role in the protection of children from the worst forms of labour including children in gold mines and quarries. Support was provided to 5,177 children (2,377 girls) in five regions. Children benefited from education, income generating activities, and vocational training, and 966 mothers received support for training, literacy, and economic activities.

Prevention, foster care, repatriation, and socioeconomic integration was reinforced for 588 children (including 162 girls), of whom 56 (including 17 girls) are victims of transnational trafficking and 532 (145 girls) of internal trafficking. Collaboration with Interpol allowed the interception of 172 children (36 girls) who now benefit from alternative education and economic activities.

Following the adoption by Parliament of a law protecting the rights of persons living with disabilities in 2010, UNICEF supported the preparation of a Strategic Policy Framework and a 3-year Programme Budget and Action Plan, completed in December 2010. A strategic partnership was established with the national umbrella organisation, FEBAH, to support operational capacity development, specific studies on disability, and actions to raise awareness on disability issues. Financial support for delivering integral care to children with disabilities continued for 365 children (137 girls), and 477 other children with disabilities benefited from basic education. UNICEF also gave in-kind support to disabled female victims of the 2009 floods.

Within the new programme structure, the forthcoming Rights Promotion and Rights Protection Components will strive to: (i) harmonize the country's normative framework with the main international instruments on children and women protection; and (ii) ensure that children and women victims of all kinds of violence, abuse, exploitation have access to social services and to appropriate care, especially the most vulnerable children and women.

The Programme will strengthen political dialogue on the child protection system. Institutional capacity building will be supported especially with respect to socio-economic promotion and social change strategies, including a child protection mapping, human right based approach and social norms theory.

The Child Protection programme will continue to ensure that issues relating to vulnerable children are taken into account in national development strategies. Support will be provided for universal birth registration and for protecting girl victims of early marriage. Special attention will be placed on children working in gold mines, street children, children with disabilities, FGM/C, OVCs, and children in conflict with the law. The
programme will ensure that child protection systems address vulnerable children and contribute to ensuring that the new national social protection system is child-sensitive in line with UNICEF focus on equity. Whenever possible, the programme will advocate for the de-institutionalization of care for vulnerable children without family, by promoting integrated care solutions in national health and education systems.

Partnerships addressing the issues concerning children with disabilities, female genital mutilation and children working in gold mines will be reinforced. UNICEF will continue field activities aimed at provision of integrated care services for children with disabilities, focusing on health, nutrition, education, and protection.

Title: Communication for Development

Purpose:
The overall objective of the Communication component is to provide support to various areas of the programme in order to promote behavioural changes favourable to the survival, development and protection of women and children. It also aims to promote the understanding of children and women’s rights, among partners and beneficiaries of the programme, and advocate for the effective meeting of those rights at all levels of society where the political, religious, and traditional authorities can intervene effectively.

Resources Used:
The total budget allocated to this programme was USD2,203,652.78 of which USD1,394,901.63 was RR and USD808,751.15 OR. The total amount utilized was USD2,141,287.07 of which USD1,394,890.27 was RR and USD746,396.80 OR. Two OR donors contributed USD141,301 (Japan) and USD80,450 (Sweden), the remaining resources coming from the regional office for addressing communication activities for ACSD and the H1N1 virus.

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<tr>
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<th>Funds approved as per CPD/CPAP</th>
<th>Funds allocated in the AWP 2010</th>
<th>Funds used</th>
<th>% of funds used</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR USD1,000,000.00</td>
<td>USD1,394,901.63</td>
<td>USD1,394,890.27</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>OR USD863,000.00</td>
<td>USD808,751.15</td>
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Result Achieved:
UNICEF continued to develop and refine its large-scale communication interventions. Key results achieved were support to the implementation of the National Communication Policy; the development of behaviour change activities using multimedia communication; and support to the national campaigns on immunisation and H1N1. The CO recognises the importance of further strengthening advocacy efforts at national and community level and behaviour change interventions to promote child rights and child survival and development.

‘Child Rights Months’ were celebrated in eight provinces around the country; political and administrative authorities, traditional and religious leaders committed to promoting and protecting child rights, particularly around ACSD and peace building. Around 800,000 children were mobilized. Association of Laarlé Naaba organized a meeting for 200 traditional leaders and 100 children from the North with special emphasis placed on hand-washing and use of treated mosquito nets. The network of Islamic Women and the Catholic Chaplaincy organized workshops on ACSD and commitments to promote child rights, mobilising 100 Muslim women and 500 young Catholic leaders. In addition to the
Child Rights Months, UN Day, and the Day of the African Child, UNICEF’s involvement in Burkina Faso’s prominent sporting events, the Tour de Faso and the Boucle du Coton, raised awareness on the six Key Family Practices (KFP) reaching four million people. Burkina Faso’s 50th Independence celebrations and the National Week of Culture provided excellent opportunities for working in partnership with other UN agencies and enabled children to participate. Some 7,000 children (50% girls) were involved in these events. UNICEF’s engagement with the National Assembly through the Parliamentary Network for Child Rights resulted in intergenerational dialogue on child budgeting, building on the Forum for the Day of the African Child.

Communities in 90 villages in six provinces were reached by radio and television messages/programmes and theatre productions; 325 school personnel were trained on the six KFP to better address them in lessons; around 80,000 students organized peer discussions. Under the coordination of the Ministry for the Promotion of Women, provincial and municipal coordinators, coaches from the Maison de Femmes (women’s organizations), associations, and 80 focal points were trained on the six KFP. These women in turn provided regular information and messages to women in 56 villages.

Activities during four rounds of immunization were intensified and communities received accurate information through various channels including radio, interactive theatre, and door-to-door talks. Additional health topics were addressed to inform families and communities using dynamic approaches to encourage behavioural and social change. Technical support was provided for the development and monitoring of communication plans for H1N1 and meningitis A. The integrated communication plan activities were implemented in two health districts in Bobo-Dioulasso and Ouagadougou, increasing HIV testing among pregnant women. Information activities on HIV prevention conducted by the NGO RAJS reached 40,000 young people in 25 provinces. Communication activities on prevention of early marriage were developed and finalised using participatory approaches in five regions. Some 22 radio personnel, 140 communication relay units and 15 community facilitators were trained.

Information and sensitization activities on children working in mines and quarries were carried out in five regions (Plateau Central, Centre, South-West, Sahel and Centre-North). Interpersonal communication on the impact of climate change on children’s lives and on nutrition, hygiene, sanitation, integrated early childhood development, child labour and girls’ education was implemented in three regions reaching families in 60 villages. The Ministry of Culture, Tourism and Communication (MCTC) trained 20 radio producers and broadcasters from 18 provinces on the six KFPs and child rights. Around 1,000 members of relay units and 60 women’s associations have received training to enable them to better organize and conduct discussions on the six KFPs. Communication activities including educational talks and games were carried out by youth networks at the temporary relocation sites set up for communities affected by the September 2009 floods.

National committee visits from Poland (for the tetanus vaccination campaign within the partnership with Pampers and Procter&Gamble), the Netherlands (on child labour), and France (on nutrition and protection) contributed to resource mobilization. The dissemination of articles on the UNICEF global, regional, national committee and country websites contributed to increased visibility of programmes.

**Future Workplan:**

Emphasis will be on the strengthened involvement of the mainstream media and interpersonal communication channels (local and rural radios, relay units, Maison de Femmes, schools, associations, and NGOs). The capacities of these communication players will be strengthened through training on how to effectively communicate the six key family practices. Results from the study on the best channels of communication and the Knowledge, Attitudes and Practices (KAP) survey on the six KFP will be available in
March and May 2011 respectively and will be taken into consideration to better orientate child survival and development communication interventions. Key communication materials will be developed to support activities on the six KFP. New information and communication technologies, including the country website and audiovisual tools, will contribute to greater visibility of programme activities and promotion of knowledge sharing.

Advocacy actions will be directed towards decision makers, local authorities, and influential people to obtain their commitment through concrete measures and action in favour of the six KFPs. Leaders and youth structures will be mobilized in favour of the six family practices through sensitization and peer education. Interventions from associations, community based organizations and media will inform and sensitize communities in support of these practices. Strengthening the capacities and knowledge of decision makers, opinion leaders, youth leaders, associations/CBOs and media in relation to the six KFPs is planned.

Young people will be trained in knowledge on HIV prevention, sexual and reproductive health, hygiene and sanitation and citizenship. Activities implemented by youth and adolescents through peer sensitization will encourage participation and improvement of their life conditions and decision making. Special attention will be given to the principles of equity in relation to communication, advocacy, and participation of adolescents and youth. The most deprived and marginalized women and children in the areas with weak indicators will be placed at the centre of interventions through messages, strategies, and community dialogue.

**Title: Planning, follow-up and evaluation**

**Purpose:**
This programme component aims to support national planning, policy-making and monitoring and evaluation capacities to improve the wellbeing of children and women. The main results for this component as reported in the CPAP include: (i) Analyses of budgeting and policies developed for effective policy and programme advocacy; (ii) National policy-making and planning are evidence-based; (iii) National planning and strategic capacities at central and decentralized level are strengthened; (iv) Efficient joint planning of the programme within the UNDAF is ensured; (v) National and programme capacities for monitoring and evaluating the situation of women and children, including the collection and diffusion of data, for policy-making and programming are strengthened.

**Resources Used:**
Total budget approved in the CPAP was USD675,200 in RR and USD240,000 in OR, making a total of USD915,200 for 2010. Resources available were USD1,583,380 of which, USD 1,300,822 was RR and USD282,558 USD was OR. Of the OR amount, USD82,290 came from the 'Set-aside funds' for responding to the global economic crisis, and USD200,268 from the UK NatCom for evaluation of the PMNCH project. The resources were 99% spent.

**Result Achieved:**
A central social policy result for 2010, and one largely supported by the Set-Aside funding, was the acceptance of a Framework for a National Social Protection Policy in April 2010. This was an outcome of wide consultation during the National Workshop on Social Protection held by UNICEF and the Ministry of Finance in April 2010; execution of a joint UNICEF and Ministry of Social Action training programme on social protection; completion of inventory of national transfer programmes by UNICEF and World Bank;
and establishment of national institutional coordination mechanism along with positioning of UNICEF as lead partner on social protection. The new National Social Protection Policy is being based on the Strategic Background Document on Social Protection in Burkina Faso produced by UNICEF. This information is available on the national website for social protection managed by UNICEF: http://sites.google.com/site/protectionsocialeauburkinafaso/.

As part of UNICEF’s ongoing advocacy and support to the development of the new national development strategy (the SCADD), an Advocacy Briefing Note on Children in the PRSP was produced for the Prime Minister, based on this year’s review of the situation of child and women’s poverty. As a result the last version of the strategy includes a new objective on child mortality and on maternal health, a section on social transfers and social protection, and an objective on pro-poor growth that is largely based on the role of using social protection to promote the livelihoods of the poorest households.

In relation to the economic crisis, the findings from a Study on the impact of the economic crisis jointly supported by UNICEF and the Ministry of Finance informed the National Action Plan to Tackle the Economic Crisis. As a result, the action plan includes a range of social policy interventions alongside economic ones. The fourth survey of the Community Based Poverty Monitoring System was initiated in three locales within the CBMS global programme and RIVAS initiative.

In planning, major efforts were made to strengthen results based management (RBM) with a human rights and equity focus both internally and externally in the context of the new national development strategy and the UN and UNICEF country programme planning for 2011-15 (UNDAF and CPD/CPAP). A strategic moment of reflection and applied RBM/HRBA training were instrumental in defining programme component results. The transition to the simplified results structure played an important role in strengthening UNICEF and partner capacities to refine joint strategies and result frameworks in the context of sector reforms (including SWAs).

Efforts were made for integrating human rights based approach (HRBA) and equity focus in national tools for development planning. UNICEF supported the development of human rights based guidelines for planning within the framework of the RBM Manual for Sector Policy Development, which has been adopted by the Government. A government team was trained in HRBA methods linked to RBM.

The constraints affecting performance within this component include insufficient national dialogue around the nature and extent of poverty and vulnerability; the limited link between research and policy elaboration, particularly in the areas of social protection and poverty reduction; and personnel changes in government counterparts responsible for coordinating and implementing the programme component. On the positive side, the implementation of the new development strategy, the finalization of the new DHS and national household survey, and strengthened leadership of the Ministry of Finance on tackling poverty and vulnerability issues provided the programme a number of key opportunities for addressing child rights and issues in 2011.

**Future Workplan:**
The priority actions planned for 2011 in the context of the new programme are as follows:

*In the area of social and economic policy:* promote a national dialogue on poverty and financial access to social services through the strengthening of links between evidence and policy-making; support the elaboration of the National Social Protection Policy and
the evidence and capacity required; strengthen analysis of budget allocation and public spending efficiency; and support policy impact analyses focused on child wellbeing.

*In the area of monitoring and evaluation:* strengthen partner capacities in collecting and analyzing data on the situation of child and women's wellbeing; promote the use of data (including DevInfo) in policy-making and policy and programme monitoring and evaluation; and support the preparation and execution of national surveys (i.e. DHS 5).

*In the area of results and human-rights based planning:* strengthen staff and partner capacities in human rights based planning with a focus on equity by building on the RBM/HRBA Manual adopted by the Ministry of Finance in 2010; test community based monitoring tools for CSD activities in the context of municipal development plans and design a capacity development approach to reach at least 60% of municipalities in two pilot regions by 2012; and support country programme components and partners to develop and use tools for documenting and monitoring community interventions.

### 4. OPERATIONS & MANAGEMENT

#### 4.1 Governance & Systems

##### 4.1.1 Governance Structure:

In 2010, the local CMT held ten meetings. At the beginning of the year, it put in place the mandatory management committees, to discuss and present the office strategic management plan and the strategic positioning for 2011-2015. The CO governance structure was redefined to amend and increase some limits due to the dollar exchange rate fluctuation and to include more delegation of authority to avoid past bottlenecks. The CMT also shared and recommended the office learning plan during which group learning was proposed and a range of individual requests approved. A form was designed for requests of training time.

The office proposal for the CPMP was discussed and reviewed. A total of 8 new positions were created (six in Health & Nutrition, one each in Education and Protection). Two upgrades and one downgrade were also approved by the PBR. Changes in Operations were carried out based on the CO needs and compared to neighbouring COs in the region. The CMT also reviewed the level of programme implementation and office indicators including DCT status, monitoring of expiring PBAs, monitoring of the Supply plan, status of supplies in transit and in customs, equipment and materiel in the warehouses, status of 2010 OBO payments, office compliance with 2007 audit recommendations and HR indicators such as leave, PERs and mandatory learning including IPSAS training. Lastly the CMT reviewed the office risk and control library and action plan.

The DCT status of the outstanding advances over six months was high in February, over 30%, but decreased to 3.76% in September, ending the year at 5.33%. With regards to the outstanding advances over nine months, the rate increased from less than 2% in January to 11% in May, decreasing to 1.84% in December. The DCT status is complex as it depends on a centralised national budget, which tends to slow down our activity implementation. The progress towards compliance with the recommendations of the 2007 Audit and the Programme Performance Audit of 2008 was reviewed on several occasions.

##### 4.1.2 Strategic Risk Management:

The Risk and Control Self-Assessment was presented to the office in November 2010. A taskforce composed of the Chief of Operations (ERM focal point), the Administrative and Finance Officer and the Monitoring and Evaluation Specialist was established. A one-day
Session was organised on 30th November to prepare the Risk and Control Library and the Risk Profile with the participation of 64 staff members representing all sections. The exercise provided an assessment of the office’s risk management environment from which an Action Plan to Improve the ERM Process of the Office was prepared that identified the timeline for implementation of eight recommendations. The revision of certain work processes to ensure that they become risk informed is planned for early 2011 - four work processes (payment, procurement, DCT, PCA) have been identified and are expected to be risk-informed before 30 September 2011. The session outputs were consolidated, reviewed, and subsequently finalized by the taskforce. In addition, the outputs were compared with the results of other assessments, in particular the Programme Performance Assessment (2008), the Staff Morale Survey (2009) and the financial audits. Overall, the Risk Profile indicates 5 high risk areas, 11 medium-to-high level risk areas, 6 medium-to-low risk areas and 3 low risk areas. After consolidation, the draft documents were presented to the CMT for review and adoption on 15th December 2010.

Regarding emergency preparedness, in March 2010, the CO contributed to the update of the Interagency Contingency Plan and the National Multi Risk Contingency Plan. UNICEF also supported the harmonization of national rapid assessment tools and CONASUR’s emergency supplies management (the National Rescue and Rehabilitation body) through CO and Copenhagen technical support including UniTrack. The storage and handling capacity of the CO was reinforced with a 1000 m2 warehouse to support the CONASUR 2 emergency warehouses with a 10,000 tons capacity.

To address future emergencies, discretionary CO RR was used to support emergency preparation and NFI stock replenishment. Emergency stock value is currently USD944,000 and includes local and offshore supplies of essential health commodities, energy biscuits BP5/RUTF, NFI’s, tents, nets etc.

4.1.3 Evaluation:

To ensure an effective internal control environment for financial resource use, the CMT approved a new Table of Authority and DAT in PROMS. Preventive and detective controls were undertaken to prevent transactional risks through three verifications of the Petty cash account, and two controls of fuel tickets and digital cards management. Stationery was also subject to a random check. Payment support documents, coding, and checks were verified by finance staff and the Chief of Operations. In processing payments, the office suffered again in 2010 from the fluctuating dollar exchange rate.

The office audited almost USD13m of activities of 45 implementing partners (19 NGO/Associations and 26 government entities). The auditors performed their mandate in accordance with internationally accepted audit standards (ISA; INTOSAI). The audit reviewed partner transactions and performance and certified each selected partner regarding three factors:

(i) UNICEF-funded expenses for January 1, 2008 to December 31, 2009
(ii) Cash position as of December 31, 2009
(iii) Asset statements (equipments) as of December 31, 2009.

Some 41 partners achieved certification, of which 9 were certified with some reserves which will be addressed in early 2011; the 4 remaining partners will require further follow-up in order to achieve certification. Overall the quality of expenditure was found to be satisfactory though there is a need to improve general organisation and internal control mechanisms. The audit recommended that investments in partner capacity building for financial management and improved knowledge of UNICEF financial rules and procedures (HACT) should be reinforced. An action plan to follow up is being finalized for implementation in 2011 with the Finance General Inspector of the Ministry of Finance. The audit exercise will be systematized in 2011 and coordinated with other UN agencies implementing HACT. Finally, a micro-evaluation of new partners was carried out. The office NGO/Association Evaluation Committee performed onsite assessments of six new partners in 2010.
4.1.4 Information Technology and Communication:
In the course of 2010, the country office ICT Governance Team carried out the evaluation of the 2009 ICT work-plan and approved the work-plan for 2010. Regarding the use of the ICT infrastructure, the maturity of ProMs/PnP and the corporate applications has made the different upgrades smooth and successful. ProMs was upgraded to the 9.1 release along with Briefing book. Lotus/Domino Notes was upgraded to version 8.5. It can also be noted that the Citrix infrastructure as per the Business Continuity Planning (BCP) initiative has become a very reliable tool that allows staff to work from home. The office’s link with New York has now changed from SITA to IPsec over the local ISP link (1MB). It has proved to be reliable and has supported all routing demands so far.

In order to improve users’ skills in the use of Microsoft Office tools, an external training course was planned for all staff for the use of Office 2007 (Ms Excel, Ms Word, and Ms Powerpoint). In total, 53 staff participated in this training which reduced drastically the number of requests for IT support related to Ms Office.

In the area of telecoms, the implementation of DISA (Direct Inward System Access) has improved the accessibility of the office through its phone lines. Thus, every staff has now their own personal direct phone number and can be reached directly from outside. The efficient use of the latest PBX feathers and the improved quality of VOIP (Voice Over IP) have helped to reduce communication costs by about 25% over the year.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:
In 2010, the CO continued its efforts with the timing and quality control of donor reports. All 50 donor reports due for the year were sent on time ensuring that the use of funds is reported accurately and according to the agreements of donors. Donor reporting obligations were discussed monthly in both the CMT and Programme meetings. The CO organized the visits of a range of NatComs with their celebrities for fund-raising purposes, such as Poland for maternal and neonatal tetanus, the Dutch NatCom for child labour, and Japan for Education.

Check lists for donor reports and funding proposals were developed and shared with the whole programme team in order to improve the drafting of these documents. A new Resources Mobilization Committee was established. The role and responsibilities of this Committee are to support the Deputy Representative and the Programme team as a whole to ensure the quality of all major fund-raising related documents (proposals, donor reports, information materials) and to make sure these are compliant in terms of form and substance to the strategic orientations of the Country Programme and the UNICEF mandate. The Committee will also support the Communication team to develop a resources mobilization strategy for the new Country Programme 2011-2015. A database of funding proposals will be developed in 2011 in order to make fund-raising even more dynamic, taking into account new themes which can generate increased interest from donors, such as the impact of climate change and new technologies on children.

4.2.2 Management of Financial and Other Assets:
In terms of financial resource management, a key issue in 2010 was matching funding (both RR and SB) with requirements in order to avoid any gap in funding needs. A global appraisal shows that the resource use for 2010’s CO operations was accurate and appropriate. The expenditure forecast was prepared at the beginning of the year for the Support Budget (SB) and Cross sectoral funds and has been closely monitored throughout the period. Currently the implementation figures indicate the following rates of commitment for each:
- SB funds: USD905,662.99 allotted; 99% committed,
- Cross sectoral funds: USD1,630,282.58 allotted; 99% committed,
The corresponding analysis shows that: (i) USD579,277 of SB was allocated to local posts, 64% of the total, (USD504,938 in 2009, an increase of 14.72%). The local posts category was spent at 100%. The Non Post costs of the SB included other staff costs (USD15,000), travel (USD50,045.83), Operating expenses (USD207,267.17), furniture and equipment (USD44,073.00), and reimbursement and co-funding (USD10,000), representing 36% of the allocation. It was funded at USD326,384 compared to USD447,290 in 2009 (a decrease of 27%). The YP607 amounted to USD1,630,282.58 shared between Posts (USD376,452.51; representing 23%) and Non Posts (USD1,253,830.07; 77%). This supports non-core staff including Supply and other RR funded positions. The YP607 amount was USD1,459,751 in 2009.

Following the UN salary survey, increases of 4.4% for GS and 5.6% for NOC were approved impacting the salary components of the budgets.

Efforts for improved coordination between Operations and Programme enabled the office to efficiently monitor the cash management through the DFAM bank optimization module. Throughout the year, the office managed a good balance between the monthly cash flow forecast, level of replenishment, disbursements, and the end of month balance.

DCTs were closely monitored throughout the year. Efforts have been made to improve the rate of justification by the implementing partners within the standards. Programme and Operations staff regularly assisted partners in mastering HACT/FACE procedures. The audit of implementing partners will also help strengthen partners’ capacity in programme implementation.

**4.2.3 Supply:**

Integration of supply services with the programme was strengthened this year due to improved communication and the team’s new location in proximity to the main UN building. The new warehouse assistant recruited this year enabled strengthening of logistics for better follow-up of physical stock. Through good coordination with the programme, all supplies were ordered under normal conditions and 100% of the supply plan was achieved.

This year the Supply unit had an important role in the process of establishing institutional contracts for school, latrine and borehole construction. The reduced 2010 supply plan compared to 2009 (USD 8,569,679) is due to the new supply strategy for school construction whereby supplies are provided through institutional contracts.

The Supply Division provided support to the programme by training warehouse management. A two day training course was held for CONASUR, Ministry and CO staff, a total of 23 people. The content of the course covered the organization and management of warehouses, receiving, storage and dispatch processes, including procedures and paperwork. The next step is to install racks in the two new central warehouses of CONASUR and the new CO warehouse in order to improve the quality of storage, management and distribution of supplies.

In order to optimize the utilization of UNITRACK we installed it on a warehouse laptop to use and register the stock movement on-site. Unfortunately we met difficulties with the use of this software especially when importing requisitions from Proms and receptions in order to update the theoretical stock value. This issue is now being examined in collaboration with Copenhagen.

Next year the office will conduct a new local market survey for the new programme (2011-2015), the previous one having been done in 2007. Training on articles specification and UNICEF supply procedures for partners and new staff will also be carried out for a better understanding of the supply procedures and challenges.

**4.3 Human Resource Capacity:**

To strengthen advocacy and technical expertise in programming and policy dialogue staff capacity was reinforced through additions in social policy and monitoring and evaluation posts, and the planning function was made international. In 2011, in the new programme, the CO will make the Head of Protection an international L4 post so as to
improve the programme’s focus on the most vulnerable; health and nutrition capacity will also be reinforced to support the child survival agenda. Post levels in Operations will also be adjusted and standardised with other comparable offices given the office’s growth and increased operations.

Staff performance management improved with at least one performance discussion for the majority of the staff (82%). The learning and development plan was issued early February for USD92,397.00. Group training was undertaken on Office 2007, Coaching & mentoring, E-PAS through Webex, and Competency Based Interviewing. Almost all of the planned training took place and a large number of staff participated in external trainings. The important components of the learning were: “needs for capacity building identified” and “individual external training requested”. The office improved its dedication to staff development. The staff were encouraged to take their annual leave and no staff had more than 60 days leave from the middle of the year.

A Peer Support Volunteer was elected and trained to assist staff with stress management. In 2011 a plan will be prepared to tackle stress in the office. Furthermore, a new plan was developed to address issues from the Staff Morale Survey during the staff retreat and followed up during JCC meetings. The main areas for action that were scored very low by the staff are as follows:
- Management of conflict, score 2.74 - actions ongoing;
- Job pressure, score 2.80 - actions ongoing;
- Investment in people, score 3.38: high level of staff learning achieved and 95% of supervisors trained in coaching;
- Opportunity for development, score 3.44: 8 staff members were given the opportunity to support others countries. A special information session on Career development and management is planned for the next staff retreat.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. Nutritional Survey SMART
2. Situation Analysis of Children and Women's Poverty
3. Evaluation of UNICEF’s support to orphans and vulnerable children through 7 partners
4. Situational analysis of basic education in the Province of Bazega
5. Study on child labour in mines and quarries in five regions of Burkina Faso

5.2 List of Other Publications

1. Picture Box “Essential health and nutrition practices for the survival of children and women”
2. Picture Box “Prevention of HIV/AIDS and STD
3. Picture Box “Early diagnosis of HIV infection by PCR”
6. INNOVATION & LESSONS LEARNED:

**Title:** Assessing and advocating on the impacts of the economic crisis.

**Contact Person:** Sarah Hague: shague@unicef.org; +226 76181977

**Abstract:**
Protecting children, women, and poor families during financial and economic crises requires a clear understanding of the channels of ‘crisis transmission’ and the means to neutralize the impacts of the crises on child well-being through different policies.

For timely and evidence-based analyses of the potential costs of the global economic crisis that erupted in 2009, a series of rapid simulations on the impact of the global economic crisis on child poverty were conducted. They aimed at assessing the impacts of the crisis on children and potential policy options to blunt its adverse effects, and to provide information to policymakers for timely and effective policy responses.

This write-up focuses on the case in Burkina Faso highlighting innovative approaches. It analyses how the analysis of the country situation demonstrated the potential for UNICEF to help advance child rights through strong evidence-based policy advocacy.

**Innovation or Lessons Learned:**
The study and the accompanying process were innovative for the following reasons:

- The study is the first micro-macro analysis in Burkina Faso, developing a computable general equilibrium (CGE) model that ties together macroeconomic (aggregate national) data with microeconomic (household survey) data. The objective of the study was to determine how an aggregate shock such as a global economic slowdown will transmit itself onto the economy and in turn translate into actual impacts on households and children’s lives.

- The study results led to important contributions to national development policy, by strengthening the evidence base for advocacy on vulnerability of children in the face of the economic crisis. Through facilitating the study and other initiatives in the country, the CO was able to open up a channel to discuss policy options with government partners, primarily with the Ministry of Finance. This discussion has since led to the inclusion of social policy responses, particularly social protection, in the new National Action Plan to tackle the effects of the economic crisis.

- It cross-fertilized UNICEF’s programming and advocacy efforts related to reaching vulnerable groups. For example, by underlining the impact of the crisis UNICEF significantly strengthened its arguments and advocacy on social protection.

- The partnership underpinning the study was also innovative in several ways: a) it involved close collaboration across different levels of the organization, offering a chance to tap expertise in economic analysis, monitoring, advocacy and social policy formulation; and b) it also involved work with a network of Southern researchers and institutions, i.e. the PEP Network (http://www.pep-net.org/) which offered a chance to build longer-term and more sustainable partnerships with academics and policy researchers in these countries.

**Potential Application:**
The initiative itself is conceived as a demonstrative model, and the same analytical tool and a similar collaborative model can be used in other regions and/or to tackle other themes and programme sectors. In replicating this initiative in another context, a key challenge could be how to successfully ensure effective collaboration and advocacy so as
to positively influence the policy-makers. Learning from the Burkina Faso experience therefore is useful in terms of understanding the resources needed, strategies used for engaging partners, and potential challenges in undertaking the actual technical analyses and in bringing the results from the analyses into the policy process.

**Issue/Background:**
The global economic crisis beginning in 2009 which caused Burkina Faso’s GDP to decline from 5.1% in 2008 to 3.5% in 2009 eroded the country’s earlier gains from economic growth. To strengthen the positioning and prioritizing of children in the national policy debate, the CO helped carry out an analysis of the impacts of the economic crisis on the child and assessed the effects of policy responses. The aim was to feed the results into national policy-making, the third Poverty Reduction Strategy Paper (PRSP) and sectoral policy reforms in Health, Education, Gender, and Social Protection.

**Strategy and Implementation:**

**Partnership and Collaboration:** The country study was undertaken as a part of a multi-country research project. The broader collaboration for the multi-country analyses involved the Innocenti Research Center, UNICEF-NY and UNICEF-WCARO, and the three Country Offices in the region (Burkina Faso, Cameroon, and Ghana). For Burkina Faso, the study was carried out in close partnership with Laval University and Ouagadougou University, and the Ministry of Finance (MOF) which facilitated contact and debate with a range of government partners.

**Methodology:** The study involved a macro-micro analysis, using a Computable General Equilibrium (CGE) model. A CGE model is a multi-market economic model of a country's economy put together using the available economic data in order to produce equations that simulate the behaviour of actors in the economy and their impacts.

**Dissemination and advocacy:** The MOF chaired a steering committee made up of Directors from a wide range of ministries. Following governmental discussion of the study’s preliminary findings, the results were widely presented outside of Burkina Faso on invitations (twice in Dakar, in Nairobi, and in London). A roadmap for elaborating a national policy on Social Protection was developed.

**Progress and Results:**

**Key findings from the analysis** include: a likely increase in child poverty by an estimated 4.7% in 2010, which is equivalent to more than a quarter of a million additional children being pushed into poverty; the crisis could have an important impact on pulling several thousand children out of school and requiring them to go to work.

**Key advocacy results** from this initiative: wide discussion and contribution to the global debate on the crisis; eventual impact on integrating poverty and vulnerability into the national development policy. The final version of the Ministry of Finance’s National Action Plan for Tackling the Economic Crisis focusing on the national policy contained three sections, one each on Economic Policy, Financial Policy, and (an additional entirely new section) on Social Protection.

The section on Social Protection brought together a number of initiatives that are in place across the sectors, clarifying their foundational importance within the national policy, not just as a means for sectoral progress. It highlighted the critical value of initiatives such as, obstetrical subsidies, school canteens and free pre-natal consultations.

**Limiting factors:** These refer to the ambiguity of some of the new policy options, the lack of adequate funding to implement all recommendations, insufficient understanding of social safety nets, and limited dialogue between ministries.

**Next Steps:**
Following the finalization of the study report, results will be presented to a wider audience within Burkina Faso to further develop the national debate about the impact of
the crisis and the required steps. This will be done in collaboration with other
development partners, particularly with the UNDP which has recently completed a
complementary study of the crisis impacts. Such a national dialogue is increasingly
important due to on-going policy developments such as new PRSP and a National Social
Protection Policy. The CO will continue to further develop and promote evidence-based
policy advocacy towards enhancing the impact of national policy through greater
attention to tackling the challenges of improving efficiency, effectiveness and equity at
all levels.

**Title:** Developing social protection in Burkina Faso  
**Contact Person:** Sarah Hague: shague@unicef.org; +226 76181977  
**Abstract:**
UNICEF has played a key role in advocating with the Government and working with
partners to improve the national coordination of social protection and developing a social
protection policy. Social protection has become a priority that has been gradually
adopted in a few sectors across government since its inclusion in the last Poverty
Reduction Strategy Paper (PRSP). This included a review of all existing safety nets in
Burkina Faso jointly with the World Bank and establishing a joint partner group on social
protection

Strong partnerships both between UNICEF and the World Bank, and UNICEF and the
International Monetary Fund (IMF) to facilitate national dialogue on social protection
were established. UNICEF’s relationship with the Ministry of Finance was also
strengthened.

Among lessons learnt during the process, a key lesson is that the UN initiative on the
Social Protection Floor can be used to add the full weight and coordination potential of a
national agenda behind the efforts seeking to promote child rights.

**Innovation or Lessons Learned:**
The development of the social protection policy in Burkina Faso was initiated in 2009 and
has gone through a first phase of dialogue between the national government and
UNICEF. The national government has committed to the policy and it will be integrated
into the new PRSP that will be finalized at the end of 2010.

UNICEF has developed strong relationships with key partners; played an active role in
convening the Government around social protection; and conducted capacity building
and organized several national workshops on social protection that have made a
significant difference in the policy’s development.

A number of key lessons during the process were noted: where no national coordination
exists, UNICEF can step forward to take the lead on social protection and facilitate
genuine national debate; where government capacity and dialogue is lacking it is
important to develop a coordinated national approach, in partnership with key ministries
and organizations in order to develop a more consensual approach; and importantly, the
UN initiative on the Social Protection Floor can be used to add substance to the UN
coordinated advocacy position for national agenda-setting.

**Potential Application:**
Many countries in Sub-Saharan Africa are in the process of developing social protection
frameworks and/or policies at the national level. The Social Policy Framework for Africa
was adopted by the African Union (AU) ministers responsible for social development in
Namibia in October 2008, and was endorsed by the AU Executive Council of Ministers
and Assembly of Heads of States and Governments in Ethiopia in January 2009. The fact
that the framework includes a section that outlines the key roles and responsibilities of
the main stakeholders, specifically AU Member States, Regional Economic Communities, development partners and civil-society organizations has further reinforced its implementation.

The process for policy engagement and development in social protection in Burkina Faso was presented at the regional Social Policy Meeting in November 2009. Since then, several countries in the region (Benin, Niger, Liberia and Nigeria for example) have asked for this documentation in order to learn from it and apply it in their own countries. This includes examining background documentation such as Terms of Reference and Concept Notes, learning from challenges and opportunities that arose, and drawing on the results of the initiative such as the training course.

**Issue/Background:**
Before 2009, there was very little national consensus, guidance, or coordination on social protection. Programmes were implemented in isolation from each other, no database or documentation of the social protection area existed, and institutional mechanisms to improve implementation were also missing.

Though social protection was included in the second PRSP, it was not fully developed and largely focused on small-scale indirect social projects (such as training for associations, donations to orphanages etcetera). No attempt was made to assess the impacts or summarize the lessons learned across the sectors.

Consequently, starting in 2009, the CO undertook to fill the gaps in social protection dialogue, capacity and coordination.

**Strategy and Implementation:**

- Advocacy with Government to improve the national coordination of social protection: UNICEF is the lead partner.
- Execution of a review of all existing safety nets jointly with the World Bank.
- Establishment of the joint partner group on social protection made up of all donors and some NGOs that are engaged in social protection. Partners include the World Bank, IMF, WFP, EU etcetera: UNICEF leads the group’s meetings every 2 months;
- Design and implementation, with partner contribution, of a training workshop on social protection for all 12 ministries involved in social protection;
- Confirmation that social protection will be a key element in the new PRSP;
- Support to the formation and functioning of the Government's Inter-Ministerial Committee On Social Protection that is made up of 12 ministries that are involved in social protection: UNICEF has been invited to participate in this Committee;
- Designing, planning and execution of the National Workshop on Social Protection in partnership with the Ministry of Finance, and in coordination with the Ministries of Social Action and Labour as well as partners including ILO, World Bank, and WFP, resulting in the proposal of a national roadmap on social protection and production of background documents on social protection.

**Progress and Results:**

- The key results include:
  Government commitment to include social protection in the new PRSP (being drafted later in 2010);
- Inclusion of social protection in the economic plan for tackling the effects of the economic crisis;
- Commitment by government to develop a national policy on social protection;
• Development of a clear understanding of the state of social safety nets in Burkina Faso today;
• Significant development and strengthening of UNICEF’s position in national policy dialogue and as lead organisation on social protection;
• Strong relationship developed by UNICEF with the IMF, World Bank and other partners to facilitate national dialogue on social protection;
• Much improved relationship of UNICEF with the Ministry of Finance, and its role clearly established as a policy contributor;

Next Steps:
• UNICEF Financial and technical support to the Inter-Ministerial Committee On Social Protection has been agreed to and is being scaled-up;
• Deepening of evidence and its communication on social protection policy and programming;
• Direct technical assistance to integrate social protection into the new PRSP.
• Support to developing the national social protection policy;
• Continued dialogue with partners and across ministries to improve coordination and collaboration in the area.
• Support to Burkina Faso’s only tested cash transfer programme; this is a pilot implemented by the National Council for the Fight Against HIV, which transfers cash to 8,000 vulnerable children every quarter in the Po region of the country. The pilot is due to come to an end this year, and UNICEF is now exploring ways in which we might support it, such as supporting communication of results and seeking funding for the second stage of the programme which as yet is completely unfunded.