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EXECUTIVE SUMMARY

At the beginning of the new Country Programme 2011-2015, UNICEF achieved a number of important results while further deepening its equity focus. Throughout 2011, the CO continued to strengthen key collaborative partnerships, leveraging leadership and capacity for greater change.

An integrated community strategy for ACSO applied by the Association Chant de Femme (ACF) in twenty-one villages shows significant impact on child survival. The project's impact was demonstrated by an action research study carried out in 2011, involving over 320 households, showing significant increase in knowledge and practice of key family behaviours. Scaling-up in 2012 will be a programme priority.

A new initiative providing a secure environment for girls attending secondary school, a Girls Community House of 200 places, was completed. The establishment provides lodging for girls in secondary school protecting them from abuse and early and unwanted pregnancies and creates better conditions in which to learn.

As part of UNICEF's goal of reaching and supporting the most vulnerable women and children, more than 2500 children living with disabilities benefitted directly from UNICEF support through a donation of equipment and material to help families with a child or a parent with disability. Thanks to these equipment and material, parents will be able to learn skills and to provide their children with basic social services.

Quality of evaluation is still a big challenge for the CO. The evaluation on Programming for Orphaned and Vulnerable Children finalised in 2011 did not meet UNICEF standards. Feedback from NY Headquarters demonstrated that the CO needs to strengthen evaluation capacities in order to meet standards, particularly in relation to data analysis. In terms of programming, the CO notes two important shortfalls. An integrated capacity-building programme on child wellbeing was established with local government and civil society partners in the Central Plateau Region. Although the programme is promising, it was not managed successfully. UNICEF recognised that the programme requires greater focus on programme transparency, clear objectives and participation from stakeholders.

UNICEF's support to the diarrhoea community case management (CCM) project was successfully completed in two regions of the country with positive results but could not go further in other regions. The CO will discuss with partners to see barriers for a scaling up.

In terms of partnership, the Netherlands partnership in education sector provided UNICEF with a strong mandate within the Education Sector Approach to advocate on equity and gender. Following Burkina Faso's inclusion into SUN (the global Scaling-Up Nutrition initiative), UNICEF was able to promote its advocacy for nutrition fund-raising. In health, the successful implementation of the Gates Foundation funded UNFPA/UNICEF/World Bank/WHO project in two regions since 2008, which UNICEF leads, has led to successful joint advocacy for raising the status of community health within the health system. Finally, UNICEF Burkina Faso's policy advocacy continues to promote national dialogue, particularly the CO's IMF/UNICEF Partnership which engages the IMF in dialogue, advocacy and research on priority spending for children.

COUNTRY SITUATION

The year was marked by the launch of Burkina Faso's new PRSP – the **Accelerated Growth and Sustainable Development Strategy** (SCADD), 2011-15, although its implementation got off to a slow start. Following a stalling of per capita **economic growth** in 2009, the rebound continued into

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2011, led partly by gold production, with GDP growth projected at 5.2%. However, IMF projections for shrinking the deficit (-5.6% GDP in 2010 to -2.3% in 2014) combined with continuing global recession, elevated food prices, and potential regional food insecurity, are cause for concern.

2011 was perhaps most memorably marked by a significant downturn in the country's **political and social stability**. Following the death of a student in police custody in April, widespread protests and police clashes spread throughout the country's towns, followed by an armed military mutiny, driven by dissatisfaction with army governance, which spread throughout the nation's barrack towns. Similarly, student groups, unions, and consumer associations marched in protest at national governance and food prices. The crisis provoked changes within the army and the dissolution and reinstallation of the government - the second in a year following the 2010 Presidential election - and calm returned by May.

In 2011 **youth employment** became a top government priority (one in five people are aged between 15 and 24); the President announced a youth employment programme in this year's Youth Forum to create jobs for over 54,000 by 2014, thereby recognising the risks and opportunities of the issue. Furthermore, economic and demographic changes continue to draw people to urban areas where many have found more productive employment and better access to services. However, the proportion of children that live in urban areas is slightly higher than adults, and certain services are under substantial pressure to serve a growing urban population.

To add to these uncertainties which threaten to destabilise livelihoods, often for the very poorest, the Government and the UN system warned toward the end of the year of a regional food security crisis. The situation concerns 58% of households in over half of communes. The improving **nutritional trend** for under-fives since 2008 may be threatened. Burkina Faso is still just above the 10% threshold of global acute malnutrition, despite its decrease from 12.4% in 2008 (ENIAM) to 10.2% in 2011, but chronic malnutrition and underweight prevalence decreased to 34.1% in 2011 and 24.4% in 2011 respectively. Cereal prices are again increasing (millet spiked 38% just in November). The government has a limited capacity to tackle a crisis, and launched an international call for assistance. Clearly the most vulnerable households are most at risk, and the number of SAM children could rise dramatically due to localised food shortages.

A substantial contribution to understanding children and women's wellbeing in Burkina Faso is the imminent publication of the results of two major surveys: the **Household Living Conditions Survey** 2010 and the **Demographic and Health Survey** 2010. The household survey was expected to show a national decline in poverty from 46.4% in 2003 to a preliminary figure of 43.9%, however its finalisation is proving complicated and the actual level may be little improved. Preliminary DHS results show improvements; particularly a 30% decrease in under-five mortality between 2003 and 2010 (184 to 129/1000) and 20% reduction in infant mortality (81/1,000 to 65), as well as a decrease in adult HIV prevalence from 1.8% in 2003 to 1% in 2010, although with an increased difference between women and men. Other results show increases in assisted delivery to 67%, the use of bed-nets (LLINs) by under-fives to 47%, and in fully vaccinated 12-23 month-olds to 81%.

Regarding the **education sector**, access continues to rapidly improve as demonstrated by the increase in primary school retention from 49.2% in 2010 (45.9% for girls) to 52.1% in 2011 (49.1% for girls). Concerns over efficiency of resource use and quality remain.

Burkina Faso's commitment to placing water and sanitation high on the political agenda continued in 2011 and, following participation at the 2010 High Level Meeting of **Sanitation and Water** for All (SWA) in Washington, resulted in a dramatic increase of the national budget to sanitation - a sub-sector that is far off-track the MDGs - the budget for rural sanitation increased from USD 1.2 million in 2010 to USD 2.7 million in 2011.

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Under the leadership of the Ministry of Social Action, UNICEF supported the setting up of a Child Protection Working Group in 2011 with partners to establish a national child protection system; so far a Child Helpline for marginalised children was launched. Despite texts which prohibit children in mines, the phenomenon continues. In 2011, the results of UNICEF's children in goldmines study with the Ministry of Social Action showed that more than 20,000 children (equally split between boys and girls) were found in 86 sites in just five of the country's thirteen regions.

In Burkina Faso, the integration of **gender** into national policy is still a substantial challenge. Women lack the autonomy to take decisions in society, and exclusion reaches extreme forms such as forced child marriage and excision; although public declarations against excision in Boussouma in May are encouraging. The CEDAW 2010 Committee recommendations to ensure data is gender disaggregated, improve quality and access to services for gender-based violence victims, and to increase efforts to eliminate violence against women and girls are being acted upon. The new government's Ministry of Women's Promotion defines reducing gender inequalities as its primary goal.

Finally, UNICEF Burkina Faso's strong leadership and focus on equity was further reinforced through the CO's central role in the government team that finalised a National Policy on **Social Protection** at the end of the year. The CO contributed evidence, data, and policy analysis to ensure that the policy is child and women-focused.

Who are the deprived children in your country context?

UNICEF's 2010 analysis of child and female poverty estimates that 50.8% of children are poor compared to 41.9% of adults. Rural areas are home to 90% of poor children, with 50% higher child mortality than urban areas. Under-five mortality is far from the MDG target of 61/1000, and the ratio of child mortality between the wealthiest and poorest quintiles has not improved since the 1990s (1.4). Poorer groups continue to suffer high exclusion from services due to cost and regional inequalities in service delivery are targeted in the new CPAP. Following the annual nutrition survey, UNICEF is able to focus on the most deprived identified regions. Sanitation, a sector far off-track the MDGs, has 33% coverage in urban areas and just 6% in rural areas (2008). Two out of five primary-age children are not at school and inequalities persist in gross enrolment between urban areas (95.7%) and rural ones (54.2%), although gender parity for primary education increased from 0.7 in 2000 to 0.91 in 2011. Social and cultural issues such as early marriage (52% girls marry before 18), excision (72% of women), and violence against women and children (80% report being victim) add to social exclusion. National HIV prevalence (1%) is three times higher in urban areas. As lead partner, UNICEF drives dialogue and evidence that led to the development of a National Social Protection Policy. In 2012, the final results from the DHS 2010 and the Household Survey 2010 will be available to improve our understanding of equity.

Data/Evidence

Important efforts were made to conduct methodologically sound baselines to inform UNICEF and government planning and to track and evaluate the achievement of results for the most deprived children and women. In close collaboration with the Ministry of Communication and the Directorate for Public Hygiene and Health Education, UNICEF carried out a national Knowledge, Attitude and Practice study on the six key family practices using a representative sample of 3,506 households and applying a disaggregated and equity focused analysis of the results. A follow-up study will be executed in 2014 to enable impact measurement of UNICEF and partner interventions on behaviour change. The results illustrate the key determinants of social behaviours in Burkina Faso and will be used to further strengthen national communication strategies as well as for improving messages on child survival and development.

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The preliminary KAP results show some promising outcomes that contribute positively to the health of women and children. For example, 75.4% of households own at least one insecticide treated mosquito net (ITN), 62% of pregnant women and 59% of children under-five sleep under ITNs, and 55% of women have undergone HIV testing during their prenatal consultations. However, the KAP clearly shows that there is much progress to be made to ensure improved child survival and development. According to the KAP, only 6.4% of infants under six months old are exclusively breast-fed, only 23% of people wash hands with soap in order to kill germs and 51.5% of caregivers give children with diarrhoea the same or less quantities of liquid to drink. These results have shown that improving communication interventions on safe practices is particularly important in households and communities where the primary caregiver has not received formal education. The direct correlation between the education level of the caregiver and routine application of the six key family practices is evident. Three out of four caregivers interviewed were not literate, 18% had primary school education or had completed literacy courses and only 5% had received secondary school level education.

Within the framework of the PMNCH project, UNICEF supported the Ministry of Health and the Johns Hopkins Bloomberg School of Public Health in developing a randomised baseline survey, including control sites, in the North and Centre North regions which will be revisited in the final evaluation of the effects of key health project interventions on child and maternal mortality in 2013. UNICEF also supports the Nutrition Directorate since 2009 to produce national nutrition surveys, which are used to advocate toward the government to increase financial and political commitment to tackle malnutrition, especially in priority regions.

Finally, UNICEF launched the country's first Public Expenditure Tracking Survey, in primary education, with the Ministries of Finance, Education, and Local Administration, which will provide a wealth of representative data of the efficiency of education spending down to the school and pupil level by the middle of 2012.

Monitoring Mechanism

A central activity in monitoring and evaluation is to strengthen the M&E capacities of UNICEF's partners. In 2011, UNICEF reinforced country-led M&E systems by providing financial and technical support to the Ministries of Finance, Social Action, and Health for conducting surveys, statistical reports and censuses, such as the Demographic and Health Survey, the national nutrition survey, a survey on the quality of primary healthcare in the North and Central North Regions, a household survey on the use of long-lasting insecticide-treated mosquito nets following a mass distribution campaign in 2010, the Statistical Yearbook of the Ministry of Social Action, the trimestral epidemiological bulletin of the Ministry of Health, and a census of street children in 49 urban municipalities. Preliminary DHS indicators were published in August 2011 and the final results will be available in the first quarter of 2012. The results provide UNICEF Burkina Faso a solid basis for monitoring the CPAP 2011-2015.

With regard to monitoring, a key challenge is that of enhancing tracking systems of sector policies and strategies providing essential input for assessing the achievements of Burkina Faso's national development strategy 2011-2015. As part of this process, UNICEF assisted the Ministry Finance in beginning preparation of an integrated, comprehensive and user-friendly Information System for Monitoring Sectoral Policies. To do this, existing sector policy monitoring systems were quality reviewed and recommendations were made regarding the desired technical set-up, implementation and management process of the system. In 2012 it will be finalised, in close collaboration with all relevant government departments, partners and the UNCT. Furthermore, UNICEF supported the Ministry of Health in developing a monitoring and evaluation framework for the National Health Development Plan 2011-2020 and the scaling-up plan 2011-2015 for screening and treatment of child HIV.

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As part of the Integrated Monitoring and Evaluation Plan, UNICEF undertook six studies and two evaluations in 2011 to enhance programming and to feed into policy dialogue. These include a participatory assessment of government initiated youth programmes to inform the new National Development Plan for Youth and Adolescents and an evaluation of UNICEF's main educational innovations since 1995, in particular satellite schools, non formal education and IECD centres (*bisongo*). The outcomes of this latter evaluation serve UNICEF's advocacy with the Ministry of National Education and partners for the adoption and promotion of the Child Friendly School (CFS) approach.

Support to National Planning

At the beginning of the year, UNICEF and ECHO saw the establishment of two new health technical committees for government partners; for Nutrition and for Funding and Financial Access to Health Services. For Nutrition, the committee includes WHO, WFP, FAO and all NGOs and research institutes working on nutrition; UNICEF was elected as leader, while ECHO and Action Hunger were elected as co-leaders. The Funding and Financial Access committee includes WHO, World Bank, EU, ECHO and several NGOs involved in projects aiming at facilitating financial access. UNICEF is a co-leader of this committee.

In nutrition, UNICEF strengthened the capacity of the Nutrition Directorate to implement national nutrition surveys (SMART) annually, and supported the NHIS to revise and implement new health reporting tools to include key missing health, HIV/AIDS and nutrition indicators, and accompanied the directorate to implement regular monitoring in Health centres, hospitals and at community level. The health programme is also promoting collaboration and information-sharing between different government structures belonging to various ministries. UNICEF is also among the supervising partners of NGO Contracting as well as the Results-Based Financing Strategy promoted by the MoH in order to promote Community Healthcare in the country through the action of local CSOs and CHWs as well as more efficient use of health system resources.

In terms of supporting partners and monitor poverty and equity, UNICEF Burkina Faso accompanied the University of Ouagadougou's Community Based Poverty Monitoring System (CMBS) in 2011, allowing them to carry out Burkina Faso's fourth monitoring survey of this kind. Following UNICEF technical guidance, this year's survey contains a focus on the impact of shocks on households, including climate change and the economic crisis. Furthermore, within the IMF/UNICEF partnership, the CO launched follow-up analysis to assess the macro/micro impact of retaining the fiscal deficit at its current levels and investing the funds into a longer-term poverty response, and also led joint-partner policy analysis and dialogue that resulted in a revision of the government's 2011 price subsidy programme in light of its pro-rich impact.

Any other relevant information related to data/evidence?

In 2011, UNICEF Burkina Faso stepped up its efforts to examine the national budget and use budget analysis for advocacy and research. For 2012, the national revenue is planned to stand at around USD 2.4bn against planned expenditures of USD 2.88bn requiring therefore additional financing to meet needs. Overall spending is expected to rise by 14% between 2011 and 2012.

Overall, the health sector received 15.2% of the budget in 2011 (against 15% in 2010), but spending per person continues to be weak and households must provide around 40% of total health costs themselves. Concerning efficiency of health sector spending, one notes a greater focus on the extension of infrastructure than on quality of services provided, as well as limited mechanisms in place to monitor and evaluate the impacts of spending. Furthermore, vertical approaches continue to hamper coordinated expenditure execution. The education sector received 19.84% of the budget in 2011, against 19% in 2010 (MENA 2011). The wage bill accounts for 47.6% of the government budget. Overall, more than three-quarters of education spending are fixed, limiting the sector's room for maneuvering and per pupil spending continues to decline as enrolment figures rise. The

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defense sector continues to receive a significant proportion of the budget, projected for 10.7% of total spending in 2012, while the social sectors overall received around 23.4% of the state budget.

COUNTRY PROGRAMME ANALYTIC OVERVIEW

The programme strategies and results planned for the new Country Programme, which began in 2011, will continue to be relevant with an update of the situation analysis to refine their equity focus and relevance as well as their alignment with national priorities, as detailed in the national development strategy finalised earlier this year after the Country Programme had started.

A key Programme strategy is that of advocacy, influence and support to key government reform initiatives that can make a difference for child survival and development, and this is one area in which UNICEF Burkina Faso has to continue to strengthen its capacities.

UNICEF has been committed to invest in leadership both upstream and downstream in order to generate results and evidence, supporting government to go to scale with community-based high impact interventions for ACSD and large-scale contracting of NGOs for sustainable health and nutrition interventions. In 2011, the CO provided support to develop a certain number of policy documents and plans such as a new National Health Policy 2011-2020 and its National Health Development Plan targeting the MDGs, along with the Medium-Term Expenditure Framework 2012-2014. Other plans supported include the malaria control plan; the scaling-up plan for screening and treatment of children infected by HIV; national scaling-up plan for 2011-2015 to eliminate HIV transmission from mother to child; and the 2011-2015 national pharmaceutical plan. In coordination with the Ministry of Health and other partners, UNICEF continued with the implementation of the pilot project for maternal, new-born and child health in two regions through community case management. The results were used to advocate for more funds which were granted by CIDA.

Strengthening community-based systems such as community-led total sanitation interventions in water and sanitation has been proving effective in enhancing household's commitment for sanitation, and contributing to the acceleration of child survival and development. This effort will be pursued within the President's 5-year programme. A study on women's community initiatives in water and sanitation conducted in 2011 with UNICEF support will be used to reassess strategies and scaling-up.

The Child Friendly School approach has been adapted and implemented in a number of regions, with successful community mobilisation around equity, gender and on hard-to-reach children including orphans and those living with disabilities. UNICEF will make sure that this strategy is well reflected in the new Education Development plan 2011-2020 to be finalised in the first quarter of 2012.

The first National Social Protection Policy, which will be adopted early in 2012, following joint government/UNICEF efforts in collaboration with partners will contribute to strengthening national social protection systems to address child vulnerabilities, particularly linked to the global financial and food crises.

With Burkina Faso being one of the countries affected by the region's food insecurity, a regional preparedness and response plan to a potential nutrition crisis was developed and ready-to-use food is being prepositioned. Strengthening both the CO's capacity and that of national structures to prepare for and respond to emergencies will be pursued.

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EFFECTIVE ADVOCACY

Mostly met benchmarks

In 2011, UNICEF continued to lead technical and high-level advocacy and analysis on social protection to promote the development of a new National Social Protection Policy. After intensive consultation within the government, in which UNICEF is the lead partner and government committee member, the policy was finalised in November and will be validated in early 2012. Several crucial changes of government policy were secured including, (i) willingness to view social protection as a multi-sectoral, cross-cutting issue which concerns all, particularly integrating education and health policy; (ii) agreement to integrate cash transfers as a key programmatic response to chronic poverty; (iii) extension of social transfers in education; and (iv) recognition of the Ministry of Health's work in expanding access through subsidies and gratuities. Although much work clearly remains to be done to implement the policy and ensure its effective monitoring, UNICEF's lead partner role and the only partner to be included on the government's technical working group for social protection, should hopefully mean that this close policy dialogue can continue effectively.

Furthermore UNICEF used the development of this new policy as an entry point for building upon our successful advocacy of 2010 around the impacts of the economic crisis and policy responses. Following the agreement by the Ministry of Finance to integrate social protection into their Action Plan for Tackling the Economic Crisis, the office launched follow-up analysis to assess the macro/micro impact of retaining the fiscal deficit at its current levels and investing the funds into a longer-term poverty response. Within the UNICEF/IMF partnership, the IMF acts as peer reviewer of the study and has proposed that the two organisations hold a joint policy seminar on fiscal policy and effective social protection issues.

In cooperation with other partners, another key result in economic policy advocacy was the impact of a Briefing Note on the Impact of the Economic Crisis on Children (UNICEF and PEP Network, August 2011), addressed to the Prime Minister. The document promoted new equity analysis of price subsidies introduced by the government in the middle of the year to respond to social unrest and higher urban food prices. The document demonstrated that the new measures were not pro-poor, as the majority of benefits went to the 20% richest. The note's conclusions were integrated into the new National Social Protection Policy and, following the suspension of the subsidies, the government is now reviewing such mechanisms to ensure they are pro-poor.

In education, the programme engaged in advocacy and policy dialogue to ensure better integration of emergency issues in sector planning in order to reduce vulnerability of the poorest groups to the risks of conflicts and national disasters. With support from the regional office, several seminars took place at central and regional level with technicians and policy designers. They advocated for emergency preparedness at all levels, keeping children in school, and capacity-building of education sector at local and central levels. Emergency preparedness and response will from now on be integrated into the Education National Development Plan 2011-2020.

Changes in Public Policy

Despite the country's difficult social and political situation (see the Situation Analysis), which forced the CO to delay or postpone some advocacy and resources mobilization related activities and events, the UNICEF office welcomed two national committee visits, Spain and Germany. The Spanish National Committee conducted two programme visits to a girls education programme (Girls Community House) and to a nutrition project (the Inspired Gifts Initiative). The visit to the Girls Community House increased the visibility of UNICEF supported interventions through the participation of the First Lady of Burkina Faso at the official inauguration of the House. This "House" is a unique initiative in Burkina Faso which aims to help girls to attend secondary school in security and in a better environment for their studies. The First Lady made an appeal to other partners to

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follow the example of UNICEF as the Community House not only allows girls in high school to be protected from violence and abuse on the way to school, including sexual attacks and early and unwanted pregnancies, but also provides them with better conditions to learn - see more in the innovation and lessons learned section.

The visit of the Spanish NatCom on Nutrition helped to produce advocacy documentation and other publications on Nutrition issues in West Africa. The German National Committee's visit with the Goodwill Ambassador to a child protection programme for children working in the mines will mobilise resources through a televised fundraising event in 2012.

In the follow-up of the visit of its Goodwill Ambassador in Burkina Faso at the end of 2010, the Dutch Natcom launched a fund-raising campaign in the Netherlands for children working in goldmines and quarries. The phenomenon has been growing fast as more mines have been established in Burkina Faso and high and persistent household poverty pushes children into one of the worst kinds of child labour - see update in the Situation Analysis.

Leveraging Resources

The political and social unrest in the first and second quarter of the year as described in the Situation Analysis was a significant challenge to the government. Such a climate placed some limitation on holding major advocacy events. However in 2011, UNICEF supported the government to promote children's right through the organisation of a National Forum on street children. The commitment of the authorities to promote and protect child rights was further strengthened. Once again, advocacy activities were organized in seven provinces in what is commonly called "Child Rights Month". Political and administrative authorities, and traditional and religious leaders pledged to promote and protect child rights, particularly around ACSD and peace-building.

In addition to the Child Rights Month, UNICEF was the main partner in the celebration of the UN Day commemorations, and particularly the Day of the African Child, this latter event being celebrated in two stages. The first activity was the national Forum to mobilise all actors working to improve the welfare of children and combine efforts to tackle and overcome the difficulties that street children in particular face, while the second was held in July to bring to the attention of all stakeholders the increasing phenomenon and problems confronting children living and working on the streets, due to increased poverty of families. Suitable approaches to assist these children, their rehabilitation and reinsertion into their communities were discussed. Traditional, religious and community leaders were mobilised to engage parents, families and communities on their responsibilities toward child rights, especially those children that find themselves in the streets. Organized in close collaboration with the Parliamentarian Commission for child rights, the Forum was chaired by the Speaker of the Parliament. The Government was represented at high level by the Minister for Social Action, and the Ministry of Education and the Ministry of Interior, all at central and local levels.

The Forum was the first of its kind in Burkina Faso, and will therefore pave the way for future coordinated interventions and actions both at the villages of origin from where many street children come from, and in emphasizing family responsibility in the reinsertion programmes for those already on the street. There were several moving personal testimonies made by children who used to live on the streets. A song was also written by famous national singer Floby, a former street child himself, dedicated to UNICEF for "its great work in favour of children in Burkina Faso". Leaders of the Muslim community committed to continue advocacy at all levels to achieve reform of Koranic schools and to ensure general awareness of parents and teachers on the Koran's teachings on child rights, including the right to education. Parliamentarians pledged to advocate for better budget allocation for the ministries in charge of Social Action and Education. Local authorities pledged to facilitate access to primary school to all street children and to those with difficulties in their families.

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CAPACITY DEVELOPMENT

Mostly met benchmarks

Building on UNDG Capacity Development approach and best practice, as well as on UNICEF's own approach, in 2011 the CO developed a more coherent approach to support cross-sectoral capacity development as part of implementation of its Country Programme 2011-15 at sub-national level. The Leadership and Capacity Development Programme for Equity and Social Change was designed and launched as a multi-stakeholder platform to enhance the capacities of national and subnational government institutions, civil society organizations, community groups and local authorities to lead change and improve service delivery in the context of decentralization reform. The focus is on promoting local ownership, strengthening mechanisms for accountability, people's voice and building cross-sector partnerships as a means to reduce gender, income and rural/urban gaps in access to services and to address negative social norms impinging on the realization of child rights and on progress towards the MDGs. The Programme is a collaborative effort to generate synergies across programme components, strengthen institutions at subnational level, and promote systemic changes and results. The pilot phase 2011-12 was launched in the Plateau Central Region and is intended to document results, gather programmatic insights and facilitate learning for scale up over 2013-2015.

Other capacity development efforts at sector-level include:

- The development of a 3-year Capacity Development Plan for Child Protection Services covering 10 districts following the completion of participatory assessments of child protection services by the Child Protection Task Force, which brings together government and key NGOs actors. The aim is to improve technical capacities of social workers, improve local information systems and strengthen networking and referral systems for the most vulnerable children victim of violence or abuse.
- Training of key national, regional and municipal actors to pilot the Community Led Total Sanitation (CLTS) approach to scale up current sanitation efforts in two districts of Plateau Central Region under the leadership of municipal authorities. This pilot initiative comes as the result of the Government decision to test CLTS following intense UNICEF advocacy.
- A training of trainers on child protection in emergencies was organised for the Regional Emergency Preparedness and Response Councils in four of Burkina Faso's 13 regions, enabling the integration of child protection as a strategic dimension of regional emergency preparedness and response plans, which will in turn guide the review of the National Contingency Planning Document.

COMMUNICATION FOR DEVELOPMENT

Mostly met benchmarks

Communication for Development uses a combination of community-based interventions and mass media to engage communities in the creation of enabling environments for sustained behaviour change. Social mobilisation agents (noyaux relais), conducting interpersonal dialogue sessions with communities, contributed to the success of eight immunisation rounds in 2011 (six against polio). As a result, over 96% of parents were aware of the vaccination campaigns. The noyaux relais were supported in their work of establishing dialogue with families on health-related issues by community radio programmes, community theatre performances, television emissions and newspapers.

UNICEF and government partners worked closely together to address the need for measurable results in Communication for Development interventions. The process for the realisation of the Knowledge, Attitudes and Practices (KAP) study on the six Key Family Practices (KFP), and the survey on Communication Channels included regular participation from government partners at the Ministry of Communication and the Directorate for Public Hygiene and Health Education. This participation will facilitate ownership of the results at national level, once the reports have been

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validated. One of the main objectives of the study and survey is to provide baseline information to inform programming.

UNICEF facilitated a joint mission with the Regional Health Directorate in the Centre-North region to follow the progress of communication interventions in child survival and development, and assess results of this three-year UNICEF-supported programme which is currently in its second year. Demonstrating that communication interventions are making a difference through evidence based data is crucial for results-orientated monitoring, and this is what C4D is striving to achieve. The outcome of this joint mission was reflected in a national newspaper article on communication activities in the Centre-North.

Interventions at community level are focused on the 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 realisation of children and women's rights. Interpersonal dialogue sessions conducted by trained noyaux relais in collaboration with technical support from community health workers are reaching the most isolated communities.

The programme includes a strong focus on women receiving training on the six KFP through a partnership with the Regional Directorates for the Promotion of Women. In Burkina Faso, women are the primary caregivers for >5 children and they are less likely to have had formal education than men. Preliminary results from the KAP survey show that improving communication interventions on safe practices is particularly important in households and communities where the primary caregiver has not received formal education.

The direct correlation between the education level of the caregiver and routine application of the six KFP is evident. Three out of four caregivers interviewed for the survey were illiterate, 18% had primary school education or had completed literacy courses and only 5% had received secondary school level education. This demonstrates that UNICEF's collaboration with the Regional Directorates and other women's associations at community level is crucial to sustained behaviour change on health-related issues.

SERVICE DELIVERY

Mostly met benchmarks

UNICEF Burkina Faso's experience in service delivery is extensive in all programme components and the achievements are significant. Prioritisation of service delivery is done after analysis of the context and needs with the rights holders (government, NGOs, other stakeholders) and other partners. For example, the MoH developed the National Health Development Plan 2011-2020 with the MBB tool with UNICEF's assistance. High impact interventions targeting the main conditions and causes of children and women's mortality were then selected and used for costing the Plan and developing the health Medium-Term Expenditure Framework 2012-2014. Other examples include; (i) the community health situation analysis, the recommendations of which will guide the future National Community Health Policy; (ii) the nationwide KAP study on the six KFP and the survey on Communication Channels to provide baseline information to better target interventions and messages for the programme work in C4D, and; (iii) action research on the strategies applied by UNICEF's partner Association Chant de Femme (ACF) regarding child survival and development in one province, which demonstrated a positive impact and presented clear recommendations on how to strengthen ACF's implementation strategies to ensure an effective scaling-up in other provinces.

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In this prioritisation of service delivery, factors such as poverty indices, coverage and impact indicators (nutrition, mortality, HIV prevalence, low water and sanitation coverage, primary school attendance,..), and information on specifically deprived groups (children with disabilities, street children, families with poor access to basic services) are all taken in account.

Support to strengthening rights-holder's capacities for the sustainability of services is implemented at central level (i.e. management of health procurement, results-based planning and budgeting in health, curricula revision in education, communication, health and sanitation delivery strategies, and monitoring and evaluation capacities), as well as decentralized level (i.e. support to regional, district and commune levels of government, to NGOs, and services providers including at community level) and at household level.

Planning and monitoring is carried out jointly with implementing partners. In health and nutrition, education, WASH, and HIV this is done through common planning and monitoring mechanisms centred on the lowest unit of implementation with compilation at district level, through common mechanisms that ensure the synergy of all stakeholders' inputs, roles and responsibilities, and through the Government which ensures coordination and orientation. Sector reviews are organised twice a year with all stakeholders to analyse progress and difficulties. In health, effective monitoring of key maternal and child indicators, following the Tanahashi method with identification of bottlenecks and solutions, are completed. In health, education and WASH, specific committees for health centres, primary schools or water-points manage many aspects including the cost recovery of the budget.

UNICEF promotes studies and evaluation when key information is missing to allow definition or adjustment of services delivery strategies and participates in joint supervision missions to assess progress of key innovative strategies such as results based financing in health, NGOs contracting by MoH in communication, community total led sanitation or community case management of malaria, diarrhoea and IRA.

STRATEGIC PARTNERSHIPS

Mostly met benchmarks

The successful implementation of the joint UNFPA/UNICEF/WB/WHO project, with UNICEF playing the lead agency role under the Bill and Melinda Gates Foundation in two regions since 2008, has led to joint successful advocacy for raising the status of community health within the health system. The development of a joint UN program (USD 7.3 million) on accelerated decrease of maternal and neonatal mortality using the opportunity of the H4/CIDA mechanism has strengthened UN coherence and collaboration in health. In the area of water and sanitation, UNICEF supported Burkina Faso's hosting of the High Level Forum for Water and Sanitation for All in Africa organised by CREPA countries in December to prepare a declaration in view of the forthcoming Sixth World Water Forum.

Because of the leadership and commitment that UNICEF has been demonstrating the last few years in Health and Education, it was chosen by the Netherlands Embassy to receive funds earmarked by the Netherlands for Burkina Faso for 2012-2013 to facilitate the phasing out of the closing of the Embassy in the country. The draft of the agreement is being examined by DFAM and should be signed between the CO and the Embassy in Burkina Faso hopefully under Trust funds modality so as to keep the ceiling for the OR funds of the Country Programme. UNICEF's experience in the basket funding modality since 2007 (Education) and 2008 (Health) as well as the good relationships with bilateral and multilateral partners were keys to this confidence from the embassy, and added to the appreciation of management capacity of the CO Staff as stressed by the Embassy of the

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Netherlands. This will strengthen UNICEF's influence and advocacy for better basic education and health budget allocations to both the Government and its development partners.

Burkina Faso was recently included in the SUN movement due to UNICEF's technical and financial support. UNICEF was selected as the convener of the initiative in-country, and is using its status to advocate with donors to increase their funding for nutrition. Advocacy actions are being implemented by UNICEF and MoH as well as by bilateral donors, other UN agencies and NGOs (see below).

UNICEF Burkina Faso's partnerships with multilateral partners, primarily the World Bank and IMF, have been strengthened through close collaboration on social protection, poverty analysis and sectoral advocacy. UNICEF Burkina Faso acts as the World Bank's in-country focal point on social protection and is a team member of the Bank's social protection missions to Burkina Faso. The organisations collaborate through coordinated advocacy, technical assistance and policy analysis. In 2011, UNICEF provided the Bank with in-country assistance to support the development of the national social protection policy and to establish the advocacy necessary for the agreement of a national cash transfer programme, financed by IDA. The IMF continued to collaborate actively with UNICEF, seeking advocacy and technical support on pro-poor safety nets and social protection policy. This complements UNICEF's advocacy and collaboration with the IMF on fiscal policy, poverty expenditures, and responses to the economic crisis.

Mobilizing Partners

In WASH, UNICEF Burkina Faso is using its position as co-chair of the Sanitation Thematic Group (which includes key WASH partners led by the Ministry in charge of water and sanitation) to mobilise WASH partners for synergy in national sanitation implementation. The group aims to build consultation and collaboration among implementing partners (NGOs, associations) in given communes and regions, which should lead to more effective use of resources and enable greater ownership by local authorities and communities.

In nutrition, UNICEF established and chairs the Nutrition Partners Group in 2011. This group brings together UN agencies, bilateral partners and NGOs in the sector. Advocacy efforts and technical assistance provided by UNICEF resulted in the mobilisation of USD 18 million from the World Bank to support the scaling-up of severe acute malnutrition management and the promotion of infant and young child feeding practices implemented by a network of 15 NGOs and 150 CBOs.

Together with government stakeholders, UNICEF liaised and advocated with the private telecommunications sector to launch a toll-free Child Helpline in Burkina Faso enabling both children and duty-bearers to report child rights violations and to call for assistance and protection. In addition, UNICEF strengthened its partnership with Burkina Faso's Parliament through sensitisation sessions in order to tackle the issue of children and youth living on the street.

In Education, the CO built the capacity of national counterparts in two main areas: (i) adaptation of the Child Friendly School model to the Burkinabe context and (ii) preparedness and response to emergencies in Education. These were facilitated by missions and training sessions abroad and in-country.

Through UNICEF's partnership with the Regional Health Directorates in the North and Centre-North regions, community-based structures (including the Regional Directorates for the Promotion of Women, community radio and theatre, noyaux relais and traditional and religious leaders) were mobilised to sensitise communities with information on safe hygiene practices so as to contribute to reducing child mortality rates. Through UNICEF's advocacy and dialogue, traditional and religious leaders are also sensitising communities on the rights of women and children, including the right to education and ending female genital mutilation and early marriage.

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In relation to mobilising partners for policy advocacy, a key success was UNICEF's drafting of a social policy briefing note for the Prime Minister. The note was drafted under UNICEF's lead through the mobilisation of the partners involved in the Social Protection Partners Group, chaired by UNICEF, which acts as the lead partner for the Social Protection Floor in Burkina Faso. The note highlighted the pro-rich impacts of recent subsidy mechanisms brought in to reduce social tension in urban areas. The findings of the analysis subsequently fed directly into policy design, the subsidies were withdrawn and the government is reviewing more pro-poor mechanisms.

KNOWLEDGE MANAGEMENT

Mostly met benchmarks

In order to enhance the use of high-quality knowledge for programming, advocacy and policy dialogue and to act as a knowledge broker on key issues such as child poverty, equity, budget analysis and monitoring of child and maternal mortality, UNICEF developed fruitful partnerships with internationally reputed research institutes and universities, in particular the University of Laval (profile of poverty and equity child and women), the International Institute for Educational Planning of UNESCO (public expenditure tracking on education and education in emergencies) and the Johns Hopkins Bloomberg School of Public Health (baseline for accelerated child and maternal mortality reduction project). Evidence produced by these and other UNICEF supported surveys, studies and evaluations was promoted through participation in international High Level Forums (WASH, nutrition), national conferences (African Child Day, the National Forum on Street Children) and briefings with ministers and technical staff. To boost the use and sharing of human development and child related data across government departments, the UNDG endorsed database DevInfo was officially launched in 2011 with the involvement of government, partners and media. DevInfo now includes updated national PRSP and MDG indicators, and those from surveys recently implemented in the country. UNICEF also trained the administrators of various ministries, including the National Statistics Institute, on DevInfo so as to improve policy and poverty monitoring; next year this initiative will be scaled up under the leadership of the country UN Coordination Team (UNCT).

Efforts to strengthen internal knowledge management capacities were pursued, including through: staff participation in gender and VISION training, regional meetings and participation in communities of practice. A remaining challenge is to improve the internal knowledge management system for use by staff to access databases, journals and reports. The roll-out of VISION in 2012 offers promising perspectives in this respect as it should enable the CO to transmit, store and access programme and operations reports and other relevant documents in an easily accessible and transparent system.

HUMAN RIGHTS BASED APPROACH TO COOPERATION

Partially met benchmarks

The signature of the CPAP 2011-2015 based on the revised programme structure and the updated guidelines on cooperation with civil society organisations provided an opportunity for the CO to strengthen its human rights-based approach to cooperation. A CO project proposal template and assessment tool were developed for use by Programme Components in their work with partners and to guide the PCA Committee in its quality assurance role to mainstream key programming principles, including Human Rights Based Approach (HRBA), Results-Based Management, gender and equity. Following the systematic review of project proposals, individual sessions were then held with over a dozen partner CSOs to strengthen the HRBA dimension, gender mainstreaming and equity strategies. As a result, Cooperation Agreements with CSOs for 2011-2012 better reflect HRBA programming principles and include specific strategies around gender and disparities, focusing on

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the most disadvantaged families and children. These are reflected in the results structure and supported by SMART indicators.

GENDER

Partially met benchmarks

In line with the UNICEF Policy on Gender Equality and the Empowerment of Girls and Women published in May 2010, gender-related activities implemented this year have benefitted from the recommendations of the 2009 Country Office Gender Audit. The Audit highlighted the main actions to be implemented to improve the UNICEF gender strategy in Burkina Faso, which include: i) making information available to staff and partners; ii) deploying human capacity; iii) gender mainstreaming of budget and supply; iv) improving accountability mechanisms; and v) increasing the quality of the monitoring mechanism. Following the work done in 2010 on mainstreaming Gender in the new CPAP 2011-15 in all PCR and IRs, the collaboration with the Dutch Royal Tropical Institute (KIT) continued with a 5-day training workshop on gender/HRBA issues for all UNICEF CO gender focal points, some additional programme officers and, most importantly, for Government staff (Ministry of Women Promotion, Permanent Secretariat of the National Council for Gender Promotion), other UN agencies' staff and civil society partners in July 2011. In total, 57 key actors attended the workshop. Moreover, a Gender Task Force was created on May 31st 2011, comprising gender focal points belonging to the different UNICEF program components. A Gender Action Plan was produced and presented to the Country Management Team on July 13th 2011. The Plan was adopted and all eight priority activities are being implemented. These activities include knowledge sharing on gender mainstreaming in the CO as well as through the activities implemented by the NGOs and other partners. A detailed activity report will be produced and presented to the CMT in January 2012.

UNICEF's newly established full-time Gender Coordinator represents the institution at UN agency meetings. A joint UN Programme, "Fighting violence against women and young girls" was developed and validated in December to begin in 2012.

UNICEF is participating to the political dialogue on gender via the Gender Consultative Framework. Furthermore, UNICEF is contributing to the Gender Basket Fund, which includes 10 UN Agencies and various bilateral partners and operates according to a Common Financing Protocol agreed by all. Through this Fund, UNICEF is providing technical and financial support to 14 government institutions and civil society organisations, which execute gender projects in rural areas. Technical support was also provided to partners for the production and validation of the National Gender Fund's joint Programme document.

Finally, it is important to mention that UNICEF in Burkina Faso actively participates in generating lessons learnt and knowledge sharing through the Gender Community of Practice within WCARO.

ENVIRONMENTAL SUSTAINABILITY

Partially met benchmarks

The impact of climate change in Burkina Faso has become increasingly evident in recent years with the newer phenomenon of flooding, which caused deaths and the displacement of 230,000 people in 2009 and 2010. Generally, the most affected are the poorest families that are made homeless with greater exposure to the risks of poor sanitation, food insecurity and lack of shelter. Desertification has been another, and better known, effect of climate change that is decimating whole communities as the Sahara desert spreads gradually farther south. Acceleration in deforestation, reduction in soil fertility, and decline in the water table can be observed with far-reaching consequences causing

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children to spend more time collecting water and less time in school and their greater participation in dangerous activities such as migration and child labour. Increased temperatures are also expected to reduce agricultural yields in the long-run, further endangering food security, with devastating impacts on children as child malnutrition is central to child poverty and child mortality - more than one-third of under-five deaths being attributable to the effects of malnutrition.

In the education sector the response to such issues has been two-fold. At the programmatic level, and in partnership with the Ministries of Education, Agriculture, and Environment, the programme has promoted environmental education and the expansion of school gardens in primary schools. As such, 128 teachers from 64 primary schools received training on environmental education and preservation and were equipped to sensitize children on the importance of protecting the environment and creating vegetable gardens in their schools, resulting in better nutrition and improved school lunches. At the macro level, the programme engaged into advocacy and policy dialogue to ensure better consideration of emergency issues in the sector plans that, in addition to capacity-building on the issue, will reduce vulnerability of the poorest groups to the risks of conflicts and national disasters.

SOUTH-SOUTH AND TRIANGULAR COOPERATION

N/A

COUNTRY PROGRAMME COMPONENT: HEALTH AND NUTRITION

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By the end of 2015, the proportion of mothers, new-borns, and children who effectively use quality, high-impact health and nutrition interventions increase; especially at the community level	3	FA1OT1, FA1OT2, FA1OT3, FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10, FA1OT11, FA1OT13 (a), FA3OT1, FA3OT2, FA3OT3, FA3OT4, FA3OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	2927418.00	2926992.00	99.99
OR-R	6345000.00	7025004.00	7033148.00	100.12
RR	3680000.00	4032198.00	4018061.00	99.65
Total	\$10,025,000.00	\$13,984,620.00	\$13,978,201.00	

Results Achieved

Progress towards achieving the PCR and IRs are noticeable both upstream and downstream.

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Routine immunization achieved desired results with 77% reported coverage for pentavalent3 in September. Six National Immunization Days and two SNIDs were successfully held and no polio cases have been detected. A national measles campaign in children 9-59 months achieved 93% coverage, resulting in a two-thirds decrease of infections (825) and an 80% reduction of deaths (five), compared to 2010.

The national malaria control policy and malaria control strategic plan 2011-2015 were developed. 114,000 pregnant women (PW) received LLINs during their first antenatal care visit (ANC1) in two disadvantaged regions covering 70% of needs. The severe malaria lethality rate was held at 3.5% in children.

Two regions targeted by the joint UNFPA/UNICEF/WB/WHO project implemented community case management (CCM) of malaria and diarrhoea plus acute respiratory infections (ARI) in two pilot districts, resulting by September in 113,527 malaria cases, 31,220 diarrhoea cases (ORS/Zinc), and 9,877 ARI cases managed. Maternal interventions coverage improved in the first semester in the seven UNICEF priority regions with 83% coverage for ANC1, 22% for ANC4 and 71% for medically assisted birth attendance. UNICEF improved women's financial access to assisted delivery care through cost-sharing systems in 15 districts out of 63 nationwide.

UNICEF supported the treatment of 50,000 children with severe acute malnutrition. Coverage increased from 30% in 2009 to 40% in 2010 and 50% in 2011 with an 84% cure rate and a 5% lethality rate. UNICEF provided Ready-to-Use Therapeutic Food nationwide. Through three NGOs, 1,289 villages were provided with Infant and Young Child Feeding services. Vitamin A supplementation coverage associated with deworming in children is above 95%.

UNICEF assisted the development of the scaling-up plan 2011-2015 for screening and treatment of child HIV, and of the national scaling-up plan 2011-15 to eliminate mother to child HIV transmission. HIV tests were purchased three times to avoid stock-outs. The proportion of PW tested for HIV is now 66% against 55% in 2010. The proportion of PW who tested positive with access to CD4 count was only 16% against 19% in 2010. 28% of targeted children have benefited from infant early diagnosis of HIV infection against 26% in 2010. The proportion of children in need of ARVs who are on treatment is 12% (54% of boys and 46% girls).

At the policy level, UNICEF assisted the development of the new National Health Policy and the National Health Development Plan 2011-2020 targeting the health MDGs, using the MBB tool for developing the annual budget and the Medium-Term Expenditure Framework 2012-2014. A comprehensive community health situation analysis funded by UNICEF was adopted during the health sector review while UNICEF participated effectively in monitoring a results-based financing strategy and NGO contracting. Following the reorganisation of the Ministry of Health, a community health directorate was created. The 2011-15 national pharmaceutical plan was adopted following UNICEF technical assistant support. The latter was instrumental in establishing two national monitoring committees for malaria and HIV/AIDS supplies to coordinate needs and inputs to prevent stock-out.

Most Critical Factors and Constraints

In the health and nutrition sectors, the most critical challenges and opportunities included the following:

- Delays in the development of the normative documents and the implementation of the new MoH organisational chart, partly due to the national socio-economic and political crisis that resulted in the change of the Minister of Health and delays in key decisions;
- The main constraint in malaria control was the shortage of Rapid Diagnostic Tests (RDT) in health facilities during the first 9 months of 2011 and their absence at community level which in turn led to an increase in ACT use, thereby leading to occasional stock-outs. Similarly, in

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HIV/AIDS control, the multiple drug stock-outs prevented the access of HIV positive pregnant women to ART treatment, explaining the decline in the access rate as reported in the results section. These situations have shown the necessity for the MoH to better coordinate and manage the supply procurement system;

- The extension of the CCM of diarrhoea with ORS+zinc could not be achieved in the two health regions of Centre-East and East as planned due to a delay in decision-making at central level about the implementation mechanism. To be able to move forward, the MoH has agreed to carry out a situation analysis on the management of diarrhoea at health facility and community level jointly with UNICEF and Micronutrient Initiative. This analysis is now ongoing and should allow the development of a national scaling-up plan to use ORS plus zinc in diarrhoea management.
- The decrease in funding from the Global Fund rounds (Round 6 and 10) and the suspension of Round 11 to which Burkina was applying for malaria and system strengthening is not compensated for by an increase in resources from other external sources including UNICEF, while the Government faces many other budget demands in part due to the continuing impacts of the economic crisis, the 2011 socio-political crisis and the looming food crisis in Sahel.

Key Strategic Partnerships and Interagency Collaboration

The results of the HNP are firmly aligned with the MDGs and the target areas of the UNICEF MTSP for 2009-2013. They include aligning with international initiatives such as the Harmonization for Health in Africa as part of the International Health Partnership+ (HHA/IHP+). The programme results are also directly supportive of national objectives as established in the National Health Development Plan 2011-2020 and the PRSP (the SCADD). They are also aligned with the UNDAF Outcome 2, "Improvement of the quality of the human resources", and will thus contribute to the achievements of MDGs 1c, 4, 5 and 6.

In 2011, increased strategic partnerships and interagency collaboration yielded the following results: (i) the costing of the National Health Development Plan 2011-2020 using the MBB tool with WHO/WB/Netherlands; (ii) a Government proposal of USD 18 million for the World Bank nutrition programme and of USD 42 million for their national results-based financing strategy; (iii) the decision by the EC to get more involved in nutrition funding and to fund additional MDG assistance (Euro 36 million) through health sector budget support ; (iv) successful implementation of the joint UNFPA/UNICEF/WB/WHO project of CCM under the Bill and Melinda Gates Foundation which has led to a successful joint advocacy for raising the status of community health within the health system. An important meeting took place in Ouagadougou between the three countries benefitting from the foundation grant, Burkina Faso, Malawi and Mozambique. It allowed useful sharing of experiences among the different actors to improve project implementation; (v) development of a joint UN program (USD 7.3 million) on accelerated decrease of maternal and neonatal mortality using the opportunity of the H4/CIDA mechanism; (vi) adhesion of Burkina Faso to the Scaling Up Nutrition initiative (SUN) due to joint advocacy efforts by the World Bank and UNICEF, UNICEF being designated the focal partner for assisting the Government in participating in the initiative; (vii) eight mass immunization polio campaigns with WHO, CDC-Atlanta and CIDA, as well as the successful national maternal and neonatal tetanus (MNT) elimination pre-validation assessment with WHO; (viii) establishment of an agreement between the Netherlands and UNICEF to facilitate the exit of the Netherlands from Burkina Faso while continuing to fund the MoH health basket fund at least during 2012-13 through UNICEF. This will strengthen UNICEF's influence in the MoH basket fund and role in MoH to advocate for better health budget allocation between different health structures levels and regions; and (ix) establishment of two national monitoring committees for malaria and HIV/AIDS supplies with all stakeholders including USAID, WHO and the national pharmaceutical purchasing organization. The functioning of these two committees has already yielded some results in term of better coordination and has been taken into account by the Global Fund following a positive appreciation of its innovative mechanisms by the portfolio managers.

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Humanitarian Situations

The monitoring of the health and nutritional situation and the preparedness for rapid response to potential emergencies (meningitis epidemic, population influx due to the Cote d'Ivoire crisis, and acute malnutrition) were strengthened at the central level. In 2011 Burkina Faso, contrary to previous years, was not stricken by an emergency. Indeed, although 3,607 cases of meningitis were recorded, the main germ responsible in more than 70% of the cases was the *Streptococcus pneumoniae*, and not the *Meningococcus A* which causes meningitis epidemics. The mass campaign with the new vaccine MenAfrivac held at the end of 2010 in the 1-29 year old population appears, from the first surveillance studies, to have decreased significantly the inter-human transmission of *Meningococcus A* leading to a marked decrease in meningitis cases.

Summary of Monitoring, Studies and Evaluations

The improvement trend observed in the nutritional status of children under five since 2008 was confirmed by the results of the 2011 national nutrition survey. The prevalence of global acute malnutrition decreased from 12.4% in 2008 (ENIAM) to 10.2% in 2011, while chronic malnutrition and underweight prevalence decreased respectively from 38.7% in 2008 to 34.1% in 2011 and 27.4% in 2008 to 24.4% in 2011. Although the rates of malnutrition are still higher among boys than girls, between 2008 and 2011 the gender gap for chronic malnutrition was reduced from 4.7 points in 2008 to 4.4 points in 2011. Following the revitalization of breastfeeding promotion supported by UNICEF, significant progress was made. Indeed, the early breastfeeding initiation rate increased from 24% in 2008 (ENIAM) to 42% in 2010 (DHS), the rate of exclusive breastfeeding was increased from 6% in 2008 to 25% in 2010 and the rate of continued breastfeeding between 12-15 months went from 70% in 2008 to 97% in 2010. The coverage rate of vitamin A supplementation of children 6-59 months was increased from 35% in 2003 (DHS) to 63% in 2010 (DHS) and the proportion of households using iodized salt went from 84% in 2003 to 95% in 2010 (DHS).

UNICEF contributed to the validation of the results of the emergency obstetric and new-born care (EmOC) needs assessment jointly with UNFPA, WHO and the World Bank. The data collection was done in 2010 and the results were disseminated in all the 13 health regions at the end of 2011. The main results showed that the availability of basic EmOC is still low and that the quality of the services needs strengthening while the availability of effective neonatal emergency care is very low. This assessment will allow stakeholders to plan corrective action to improve EmOC implementation in order to achieve MDGs 4 and 5. Furthermore it will be a basis for the review of Burkina Faso's maternal and neonatal roadmap due in 2012.

The Institute for International Programs of the John Hopkins University (IIP/JHU) which provides the independent evaluation team of the PMNCH joint UNFPA/UNICEF/WB/WHO project under the Bill and Melinda Gates Foundation has carried out the baseline survey. As the PMNCH/BMGF funding was insufficient, UNICEF has co-funded it. The baseline survey in the nine districts of the two project regions plus seven comparison districts began in June 2010. The preliminary report was published in September 2011 by the IIP/JHU and discussed by all stakeholders in October 2011.

The national maternal and neonatal tetanus (MNT) elimination pre-validation assessment was conducted successfully in September jointly by WHO and UNICEF after the last seven high-risk districts for MNT were immunized in April, with TT3 coverage above 80%. Finally, following the nationwide Long Lasting Impregnated Nets (LLINs) mass distribution campaign carried out in 2010, a household survey on LLINs possession and utilization is ongoing, funded entirely by UNICEF.

Future Work Plan

In 2012, in order to accelerate the scaling-up of child survival activities towards the most vulnerable, the health and nutrition component will support the following main activities at central level: (i)

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finalisation of three-year action plan 2012-2014 and the Monitoring and Evaluation Plan of the National Health Development Plan, as well as development of the MTEF 2013-15 using the MBB tool; (ii) development of the Compact 2011-2015 which will strengthen the important IHP+/HHA partnership enabling actors to mobilise around Burkina Faso's country-led national health strategy; (iii) development of two funding proposals to GAVI, one to introduce the Rotavirus vaccine in EPI and one for health system strengthening (iv) development of a proposal to the GFTAM to bridge the gap in malaria supplies 2013-2014; (v) development of a Community Health Policy and its implementation guidelines and plan reflecting an integrated, participative and global approach to community health; (vi) improvement of health supplies procurement system for mother and child survival; (vii) support to emergency preparedness and response in particular in relation to the potential nutritional and food security crisis at the end of 2011.

At the local level, the programme will focus on supporting the MoH, NGOs and households in the implementation of the following priority actions: (i) organisation of 5 National Immunization Days against polio; (ii) support to the Maternal and Neonatal Tetanus Elimination country validation process; (iii) development of a national plan 2012-25 to scale up the management of diarrhoea with ORS+zinc in health facilities and at community level, with implementation in six regions in 2012 alongside the implementation of community IMCI; (iv) development of the protocol and training documents of community new-born essential care; (v) implementation of the PMNCH project through the PADS with addition of the initial implementation of new-born essential care at home to complete the community package in the North and Centre-North regions; (vi) extension of SAM treatment through increased partnership with NGOs and institutional strengthening of nutrition structures in four regions as well as infant and young child feeding interventions in three regions; (vii) strengthening of the Universal Salt Iodization strategy; (viii) organisation of the fourth national nutrition survey; (ix) extension of PMTCT quality services and Paediatric AIDS care interventions to contribute to the elimination of MTC transmission of HIV by 2015; and (x) strengthening of the high impact child survival interventions monitoring mechanism at health facilities and community level taking into account equity issues to improve planning process.

In order to implement the 2012 work plan, a total budget of USD 15,119,865 is expected to be mobilised of which USD 3,680,000 in RR and USD 9,770,566 in OR/ORE. USD 2,146,926 OR, and USD 744,927 from ORE are already available. There is therefore a financing gap of USD 8,548,012. Some funds are committed or expected from ECHO, MI, OFDA, and the Italian and French NatComs for nutrition programming and from MI, PMNCH/BMGF and the Dutch NatCom for health. The routine EPI, the IMCI activities, the health system institutional strengthening, and some nutrition and HIV/AIDS activities remain under-funded.

COUNTRY PROGRAMME COMPONENT: PROMOTION AND PROTECTION OF RIGHTS

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By end of 2015, at least 50% of children and women identified as vulnerable and/or victims of abuse, violence and exploitation are reintegrated into society.	2	FA2OT1, FA2OT3, FA2OT4, FA2OT5, FA2OT6, FA2OT7, FA2OT9, FA4OT1, FA4OT2, FA4OT3, FA4OT4, FA4OT5, FA4OT6, FA4OT7, FA4OT8, FA4OT9
By end of 2015, children and women are living in a protective environment where legal texts	2	FA4OT1, FA4OT2, FA4OT3, FA4OT4, FA4OT5, FA4OT6,

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are enforced, where social norms are respected and where all duty bearers – individuals, families, communities, and the State – protect them against violence, abuse and exploitation.	FA4OT7, FA4OT8, FA4OT9
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Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	1725000.00	1971056.00	1959866.00	99.43
RR	2172000.00	1889364.00	1847100.00	97.76
Total	\$3,897,000.00	\$3,860,420.00	\$3,806,966.00	

Results Achieved

Throughout 2011, UNICEF played a key role in reinforcing the national child protection system and protective environment for vulnerable children. A total of 92,461 vulnerable boys and girls received holistic care including access to basic social services, legal and psychosocial assistance and protection.

In UNICEF's component on special protection for the most vulnerable children and children, more than 18,010 vulnerable children were identified (41% of girls) and received holistic support. UNICEF built up its child protection advocacy around the celebration of the Day of the African Child. Two specific issues – street children and children with disabilities – were addressed. UNICEF and partners organized the first National Forum on Street Children in July. Parliamentarians recognised the necessity for increasing government budget to the Ministries of Social Action and Education to efficiently implement their mandate. Substantive material support was provided to the Burkina National Federation of People Living with Disabilities (FEBAH) enabling 12,097 disabled children with to live in dignity.

UNICEF also continued its active advocacy for systematic birth registration with the Ministry of Territorial Administration setting up a Directorate in charge of the modernisation of birth registration mechanisms. More specifically, continued support allowed 60,000 children to be registered.

In the area of juvenile justice, a total of 534 minors (171 girls) and 115 women deprived of liberty received judiciary support, vocational training, literacy, and/or psycho-social support. In addition, a total of 112 minors (including 24 girls) were successfully reintegrated into their communities. UNICEF strengthened the capacities of 90 juvenile justice actors and female paralegals in community juvenile justice, service procedures, penal mediation and child rights monitoring.

Regarding the eventual objective of total abandonment of female genital mutilation/cutting (FGM/C), UNICEF substantially contributed to the implementation of the five-year National Action Plan for Zero Tolerance for FGM/C, 2009-2013. All behaviour change interventions were based on the social norms theory. More specifically, UNICEF and partners supported a wide broadcasting of the Public Declarations of excision abandonment by 104 villages, while extending grassroots programmes to another 60 villages. UNICEF continued to support surgical reparation of excision after-effects benefitting a total of 1,136 girls and women.

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Within the inter-agency Child Marriage Project, UNICEF contributed to strengthening 24 local communities committed to abandoning and fighting child marriage. A total of 172 adolescents at risk or victims of early marriage were assisted.

Significant progress was also made in terms of protection of children victims of the worst forms of child labour and trafficking. Successful advocacy allowed setting up of a National Council of vigilance and surveillance against trafficking in persons. UNICEF supported the Government to carry out joint policing actions in gold mines, reducing the number of children working in these sites. A total of 10,412 children (45% of girls) removed from gold mines and 1,388 children and young workers (domestic girls, children in the informal sector, and children out of school) received protection against exploitation and abuse. All were rehabilitated into their communities and benefitted from either formal or non-formal education, vocational training or income generating activities.

Most Critical Factors and Constraints

The most critical constraints affecting performance of the Child Protection component in 2011 continue to relate to the challenges of data collection and capturing and sharing good practices among stakeholders.

Key Strategic Partnerships and Interagency Collaboration

As a major step towards the strengthening of an efficient child protection system, in July 2011 the members of the Child Protection Working Group (CPWG) developed a country social services capacity building plan 2012/2014 further to the participatory diagnosis of social services in six provinces of the country and five districts of Ouagadougou. In complement, a Child Violence, Abuse and Exploitation Helpline (8000-1152) was launched in September 2011 accompanied by support measures and adequate care for abused children. By the end of 2011, more than 150 children were assisted.

The main strategic and implementing partners include: the Child Protection Working Group (CPWG), WILDAF, APA, REMAR Burkina, religious communities, Terre des Hommes Lausanne (TDHL), Mwangaza Action, ACCESS/BF, GASCODE, Voix de Femmes, Handicap International, Association des Enfants et Jeunes Travailleurs, AEC, AES, AAADC, ADC/PDE, VISION PLUS, APEE, FEBAH, CIJER, and UNFPA.

Humanitarian Situations

In line with the Emergency preparedness and response plan, a total of 90 humanitarian actors were trained in child protection in emergencies resulting in the qualitative reinforcement and stronger anchoring of that dimension in regional Rescue and Rehabilitation plans and the National Multi Risks Contingency Plan.

Summary of Monitoring, Studies and Evaluations

UNICEF undertook a study on access to justice for the most vulnerable and poorest children with the aim of setting up a joint UN initiative. UNICEF supported the integration of UNICEF/UNODC juvenile justice indicators into the Ministry of Justice and Human Right's Promotion statistical yearbook and supported the development of an important M&E tool for juvenile justice. Furthermore, an evaluation of the previous Integrated Communication Plan activities is under way and will yield results by January 2012. Finally, continued support was provided to the Ministry of Social Action for the production of the second Statistical Yearbook as an important monitoring and evaluation tool for child protection.

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Future Work Plan

UNICEF will continue to strengthen its political dialogue, strategic partnership and advocacy and its financial and technical support towards the setting up of a comprehensive national child protection system, ensuring that issues related to the most vulnerable children such as street children, children with disabilities, children in contact with the law and children working in gold mines are taken into consideration in legal instruments, national priorities, and in development strategies and action plans. UNICEF will support institutional capacity building, especially with respect to legal protection and socio-economic promotion of children and women with special needs. The Protection component will base its interventions and approaches on the human rights and social norms approaches.

UNICEF will also strongly advocate for the de-institutionalization of care for vulnerable children without family and other vulnerable children by promoting integrated care solutions and access to basic social services such as education, health, legal and psychosocial assistance. UNICEF will enhance its assistance in the implementation of the five-year National Action Plan for Zero Tolerance for FGM/C and reinforce its partnerships to address the issue of child marriage.

Special attention will be also paid to the second special operation of the free and universal birth registration campaign for all children aged 0 to 18, and to the strengthening of the birth registration national system.

COUNTRY PROGRAMME COMPONENT: QUALITY EDUCATION FOR ALL

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR 3: By the end of 2015, the Gross Enrolment Rate (GER) has increased from 74.8% (in 2009/2010) to 100%, with a specific focus on vulnerable children and those with special needs; and PCR 4: By the end of 2015, the primary school completion rate has increased from 45.9% (in 2009/2010) to 75.1%, with a special focus on girls.	0	FA2OT1, FA2OT3, FA2OT4, FA2OT5, FA2OT6, FA2OT7, FA2OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	2625000.00	3515348.00	3507447.00	99.78
RR	2320000.00	1940114.00	1903031.00	98.09
Total	\$4,945,000.00	\$5,455,462.00	\$5,410,478.00	

Results Achieved

The main results concern the quality of basic education as demonstrated by the increase in primary school retention from 49.2% in 2010 (45.9% for girls) to 52.1% in 2011 (49.1% for girls). More specifically, interventions have, in addition to promoting access to quality basic education by conceptualizing the Quality Child Friendly School (EQAmE) model for Burkina Faso, sought to

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improve equity by facilitating girls' transition to and retention in post-primary education and offering educational opportunities to children living with a handicap or outside the formal education system.

As far as EQAmE are concerned, emphasis has been put on elaborating and validating physical and pedagogical norms with the ministries in charge of education. Other activities concern the (i) steaming of 100 schools into EQAmE and the construction 10 new ones; (ii) training of a pool of 250 trainers to spread and ensure the application of EQAmE norms in schools; (iii) training of teachers in 20 EQAmE schools on sports activities and promotion of reading in schools; and (iv) training of teachers from 64 schools on environment education and gardening techniques. Additionally, more than 8,320 children (4,326 girls) aged 3 to 5 benefited from integrated service delivery (health and nutrition, early development and education, water and sanitation, protection) in 104 Bisongos (early childhood and development centres) built with UNICEF's support while 6,122 youth (of which 2,821 female) aged 9 to 15 years received pre-professional training in 93 Non-Formal Basic Education Centres (CEBNF). In support of national objectives, the Programme facilitated the opening of 78 literacy centres targeting 2,340 beneficiaries, 55% of them women.

In terms of inclusive education, the main results in 2011 consisted of improving access to education for 2,750 children living with disabilities in the Kadiogo province through partnerships with NGOs specialized in the area. Results were facilitated through capacity-building of 20 trainers, 42 teachers' supervisors and 7 members of community-based associations, and sensitization of 210 new school directors as well as community members, parents and journalists on the benefits of promoting inclusive education. Furthermore, for improved service delivery, the capacity of 3,440 community members was enhanced in the areas of literacy, school management, parental education, micro-planning and micro-finance.

UNICEF's work upstream and contribution to policy dialogue in the education sector has been maintained, facilitated by UNICEF's designation by development partners as the sector lead donor. In that capacity, UNICEF has been coordinating partner activities in the sector, and as such, holds a strong position in the sectoral monitoring mechanism.

Most Critical Factors and Constraints

Programme implementation has been somewhat constrained by the changes in management within the Ministry of National Education and the Ministry of Social Action (including Ministers, Secretary Generals, and most regional and provincial directors) as the majority of the participants in the training of trainers on Education in Emergency issues were replaced, thus highlighting the need, wherever possible, to enhance the capacities of the largest number of stakeholders possible to ensure that knowledge acquired remains where it is intended.

Key Strategic Partnerships and Interagency Collaboration

Two important strategic partnerships in UNICEF's education work were with the Embassy of the Netherlands and the International Institute for Educational Planning (IIEP). In December 2007, UNICEF Burkina Faso and the Dutch Embassy signed an Arrangement through which the Netherlands were to provide USD 11,559,278 to UNICEF in addition to UNICEF's own financial contribution of USD 300.000 p.a. to the Education Common Basket Fund for the period 2007-2011, thereby making substantial use of sector budget support and harmonising cooperation as per the Paris Declaration. The funds received by UNICEF were transferred to the Government for the implementation of the basic education sector plan resulting in an increase in primary school access and retention (from 72.7% and 40.7% respectively in 2007 to 77.6% and 52.1% in 2010). Furthermore, the partnership generated the following benefits for the CO: (i) improved involvement of UNICEF in policy dialogue facilitated by greater visibility and recognition of the agency as a major donor leading to greater attention to specific issues such as early childhood development, girls' education, education in

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emergencies, children living with a handicap and those outside the formal education system; (ii) capacity-building of UNICEF's Education Section staff facilitated by funds earmarked for that purpose and used for staff to acquire knowledge and skills in areas such as management of school construction contracts, policy and educational reform, management of education projects, etc.; and (iii) Designation in 2011 of UNICEF Burkina Faso as Lead Donor for the sector, demonstrating the agency's ability to coordinate donor interventions and lead sectoral dialogue. Furthermore, increased confidence in UNICEF as a trusted partner led the Netherlands to ask UNICEF, given its imminent departure from Burkina Faso, to receive the funds initially planned to support the education sector for the years 2012 and 2013, which will be contributed as sector budget support to government planning.

The partnership between UNICEF and UNESCO's IIEP has facilitated the production of an assessment of Burkina Faso's vulnerability to risks in the education sector as well as the integration of emergency issues in the national education plan (PDSEB). This will in turn ensure Burkina Faso's better preparedness and response to emergencies in the education with greater likelihood of lives saved and educational offer in spite of difficult circumstances. Furthermore, the IIEP has collaborated with the Social Policy section to strengthen the design and launch of Burkina Faso's first Public Expenditure Tracking Survey (see relevant section).

Humanitarian Situations

Another major achievement consisted of ensuring better preparedness and response to emergencies and reducing sector vulnerability to conflicts and national disasters. This was made possible through capacity-building of UNICEF's Education staff, journalists, staff of international NGOs and national counterparts from Ministries of education. Among the key activities were the training of trainers on education in emergency issues facilitated by WCARO, the creation of an Education in Emergencies Cluster and a joint training session organized in partnership with Save the Children, Plan Burkina and the Red Cross on rapid joint needs assessment in emergencies education sector.

Summary of Monitoring, Studies and Evaluations

In 2011, the impact of innovations initiated in the education sector since 1995 with the support of UNICEF was assessed. The evaluation, which concerned early childhood development centres (called *Bisongos*), satellite schools and non-formal basic education centres was conducted to examine the pertinence, effectiveness, efficiency, equity and sustainability of the interventions. The results were as follows:

- *Pertinence*: based on the principles of community participation to increase access to early childhood facilities, gender equity in primary school, and learning opportunities to children outside the formal education system, the pertinence of the innovations is further derived from their contribution to the quantitative and qualitative expansion of education and training in Burkina Faso. They are perceived by communities, especially in rural areas, as educational instruments well-adapted to the socio-economic and cultural
- *Effectiveness*: the three innovations have helped address the lack of educational opportunities for children in rural areas by providing alternative educational and training mechanisms outside the formal education system. Even if the number of children trained in non-formal basic education centres was much lower than anticipated, the centres are still perceived as effective tools for the professional reinsertion of rural youth in their area of residence;
- *Efficiency*: A cost analysis demonstrated that the unit costs of children in those innovative facilities were usually lower than in other training and educational interventions;
- *Equity*: *Bisongos* promoted gender equity in early childhood facilities but also in primary schools in those areas where they have been implemented. Likewise, by bringing the school closer to the community, satellite schools have also contributed to increasing girls' access to school;

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- *Sustainability*: Although the innovations have benefited from community support, their sustainability or lack thereof remains the weakest link. Indeed, all innovations have or had a recurring problem linked to their operation. Limited government efforts to support them led to the perception that they are purely donor interventions. Furthermore, because they were not taken into consideration by national educational strategies such as the PDDEB, many parents and educational stakeholders do not regard them as national priorities. This lesson has led UNICEF's Education Programme to involve from the onset national ministries of education in the conceptualization of the Quality Child Friendly Schools to ensure proper ownership and consideration in the new educational strategy currently being finalised.

Future Work Plan

As initially planned, the Programme will strive to bring a comprehensive and integrated response to identified sector challenges with an equity lens. As such, emphasis will be maintained 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 a Child Friendly Schools model in Burkina Faso; and (ii) reducing the gender gap in education by facilitating girls' transition from primary to post-primary education. Furthermore, the recent programme's orientation towards the use of ICT in education and the provision of inclusive educational opportunities for children living with a handicap, usually hidden from society and kept away from the formal education system, will be strengthened. Those results are to be attained through continued policy dialogue, institutional capacity building, partnerships with NGOs and Associations, community empowerment and parental education for their greater involvement in the education and welfare of their children.

COUNTRY PROGRAMME COMPONENT: WATER, SANITATION AND HYGIENE

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2015, households and communities have increased use of potable water, sanitation and hygiene with an increase of the coverage in potable water from 56% to 76% and in sanitation from 10 to 54%.	3	FA1OT11, FA1OT12, FA1OT13 (a), FA1OT13 (b), FA1OT13 (c)

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	36483.00	36481.00	99.99
OR-R	1815000.00	449237.00	442700.00	98.54
RR	1800000.00	1846087.00	1824394.00	98.82
Total	\$3,615,000.00	\$2,331,807.00	\$2,303,575.00	

Results Achieved

UNICEF Burkina Faso's role in sector planning, budgeting and review in sanitation is taking a central position in our work and is reflected in our key support to the implementation of the National Sanitation Strategy. Our lead partner role in rural sanitation has facilitated the launch of Community

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Led Total Sanitation (CLTS) by the General Directorate of Sanitation in two provinces, proving the acceptance and the ownership of this approach by national partners. Following Burkina Faso's participation at the high level meeting on "Sanitation and Water for All" (SWA), UNICEF continued to play a key advocacy role that led the country to join the SWA partnership in May 2011. UNICEF has provided effective contribution to the government in the organization of the national water forum which will lead to the adoption of key recommendations that will be presented at the World Water Forum to be held in March 2012 in Marseilles, France. The World Health Organization issued a letter in December 2011 notifying the Minister of Health that Guinea Worm has been eradicated in Burkina Faso. This is an important achievement for the country; UNICEF played an important role in the eradication process since the beginning of the eradication programme in the 1990's.

In terms of more direct support to specifically targeted zones, access to improved sanitation has been extended to 2,346 additional households (about 16,422 people) and to 33 new primary schools (about 12,000 pupils). The recent survey conducted in 2010/2011 by the General Directorate of Sanitation in collaboration with the National Statistical Institute has confirmed that the main intervention zone of UNICEF (Central Plateau Region) is ahead of all other regions regarding improved household latrines use (25.9% against a country average of 8.7%). UNICEF efforts have been recognized by national partners who launched CLTS activities in two provinces in order to boost sanitation in the region. The 18 villages targeted have committed to construct 1,800 latrines within 6 months and have developed a plan to end open defecation. Regarding safe water supply, access has been provided to 11,000 people.

The women-led social and behaviour change campaign, which advances the six key family practices through women's participation and empowerment, trained 1,620 additional women in 2011 reaching more than 65,000 in two provinces. With over 14,000 women trained since 2006, this strategy has generated much interest from government and other implementing partners. The action-research study conducted in 2010/2011 showed a relevant impact on behaviour change practices, and on the wellbeing of women and children within communities with regard to WASH, health and nutrition issues and women's participation in decision making.

In relation to education and WASH, the integration of hygiene into the education curriculum was implemented in 50 schools in the Ganzourgou province reaching approximately 7,500 primary school children. In 2011, around 12,000 students in 33 schools gained access to sanitation facilities (separate latrines for boys and girls, and hand washing facilities).

Most Critical Factors and Constraints

A limiting factor has been the low capacity of local authorities (communes and communities) in planning, implementation and monitoring, even though their engagement is increasing in order to take over key responsibilities. As a result, UNICEF is taking innovative actions in capacity-building in order to mitigate the major effects; initiatives include province and commune level review and training sessions. Another constraint has been the limitation of resources; only 67% of expected funds for 2011 were mobilized resulting in the rescheduling of some activities for 2012.

Key Strategic Partnerships and Interagency Collaboration

UNICEF's collaboration with the WHO on the Guinea Worm Eradication Programme has now led to the eradication of the disease in Burkina Faso. In addition, UNICEF's Total Sanitation intervention is founded in strong partnerships at municipal, provincial, and regional levels. The Netherlands, the European Union, the Hilton Foundation through the US Fund for UNICEF, and the Japan and Belgium UNICEF Committees have been key partners in the implementation of the work plan in 2011. UNICEF has a growing partnership with the Swedish International Development Agency, which was

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initiated in 2009 with technical assistance for a period of up to 3 years. Other SWAP partners include: KFW, DANIDA, AFD, EU, WB, JICA, GIZ, WHO, Plan International and WaterAid.

Humanitarian Situations

The national emergency plan was updated and a contingency plan related to possible unrest in neighbouring Cote d'Ivoire was prepared with national and UN partners. Emergency WASH supplies were restocked with articles sufficient to cover 20,000 potentially displaced people. Actions are underway to destock a major part of the articles following elections a gradual return to calm in Cote d'Ivoire.

Summary of Monitoring, Studies and Evaluations

The survey conducted in partnership with the National Office of Geology and Mining (BUMIGEB) in Ganzourgou province on a sample of 1,111 boreholes on ground water arsenic and fluoride contamination has shown that four out of ten boreholes located in volcano-sedimentary rock have arsenic concentration higher than 10µg/l (WHO standard) and 9.2% have concentration higher than 50µg/l; whereas just 12% of boreholes located in other type of rock have concentration higher than 10 µg/l and the percentage is 0.6% for concentration higher than 50µg/l. Regarding fluorine, 10.4% of boreholes located in volcano-sedimentary rock (and 2% in other types of rock) have concentration higher than 1.5mg/l and 9.8% of volcano-sedimentary boreholes (and 0.7% in other types of rock) have concentration higher than 3mg/l. The results of this are crucial for cost reduction of water quality surveys in the country.

Furthermore, action research on the strategies applied by UNICEF's partner organisation Association Chant de Femme (ACF) since 2006 regarding child survival and development in the province of Ganzourgou demonstrated a positive impact in terms of behaviour change, knowledge and adoption of key family practices and women's empowerment. An in-depth survey of 317 households and 30 focus group discussions in 21 villages revealed that women who benefited directly from ACF's training and sensitisation activities (154 in total) applied better practices regarding hand washing, infant feeding, diarrhoea treatment and use of mosquito nets than the women (163) not trained or sensitised. Other significant results of ACF's programme include: (i) increased women's participation in decision-making processes at household and community level; (ii) growing awareness of the importance of child education (especially for girls) and hygiene; (iii) enhanced communication and more equitable task division between men and women within households; (iv) changed attitudes towards harmful traditional practices, in particular female genital mutilation and social taboos regarding nutritional habits, sexuality and women leadership; and (v) strengthened local dynamics to promote community development. These positive findings incited UNICEF to sign a new programme cooperation agreement with ACF (2012-2013). To ensure an effective scaling up of ACF's intervention in other provinces of the Central Plateau Region, the action research presented clear recommendations to ACF on how to strengthen its organisational capacities, partnerships and approaches on gender, communication, community development, advocacy, monitoring and evaluation. These recommendations provide a crucial framework for the implementation and follow-up of ACF's future activities.

Future Work Plan

UNICEF will continue its 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 CLTS by the General Directorate of Sanitation, a key 2012 focus will be to scale-up this approach in two regions (Central Plateau and Centre North) in order to boost family latrine construction and activities targeting the adoption of key hygiene behaviours. In the meantime, advocacy efforts will continue for leveraging existing funding provided by other partners to the

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WASH sector in favour of sanitation and hygiene in other regions of the country. Regarding the WASH in Schools programme, more focus will be given to hygiene education in 100 schools for the purpose of supporting the implementation of emerging themes. The introduction of new WASH methods with proven efficiency and impact (household water treatment, manual drilling) will be incorporated in the programme during 2012.

COUNTRY PROGRAMME COMPONENT: COMMUNICATION, ADVOCACY, PARTICIPATION AND DEVELOPMENT OF YOUNG PEOPLE

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR: By 2015, individuals, families and communities adopt the key family practices for child survival and development, with an increase of 30% for each practice.	2	FA5OT8, FA5OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	495000.00	105000.00	48184.00	45.89
RR	2000000.00	2225111.00	2209096.00	99.28
Total	\$2,495,000.00	\$2,330,111.00	\$2,257,280.00	

Results Achieved

UNICEF Burkina Faso's communication and advocacy component expanded to include young people's participation in 2011 and efforts were made to refocus national and community level interventions to address issues related to equity. UNICEF continued to support partners to reach remote communities; and at national level, strengthened collaboration with government partners provided opportunities to highlight the situation of the most vulnerable and advocate for change.

The celebration of Child Rights Months' in seven provinces mobilised key actors on child rights and child survival issues and involved 900,000 children through sports and cultural activities. The BELWET Association, founded by the traditional leader Laarlé Naaba, organised a regional meeting for 300 traditional leaders and 100 children, girls and boys, from the Centre North region with focus on education, nutrition and peace building. The network of Muslim leaders organised a workshop for 200 participants on education. 180 Protestant women organised workshops on ACSD and peace building.

On the Day of the African Child, activities to mobilise all actors working to improve the welfare of children and combine efforts to tackle and overcome the difficulties that street children face was organized. Another one was a National Advocacy Forum on Street Children, which brought to the attention of all stakeholders the increasing phenomenon and problems confronting children living and working on the streets. 160 participants attended the Forum, including the Minister for Social Action and National Solidarity, the speaker of Parliament and the President of the Parliamentary Commission for Child Rights.

172 focal points from the Maison des Femmes (women's organisations), who were trained on the six Key Family Practices, held information sharing sessions for women in 105 villages from all 28

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municipalities. Technical support was provided for polio, measles and MNT immunisation communication plans. Integrated communication activities on girls' education and inclusive education were implemented in two health districts. Peer support sessions on HIV prevention, conducted by the NGOs RAJS and ROJALNU reached 60,000 young people in 6 provinces.

Efforts to create an enabling environment through community and social dialogue on the six KFP continued. More than 1.2 million people (300,000 men, 500,000 women and 400,000 children) were reached by the awareness raising and information sessions developed by various media and interpersonal channels. Community radios reached over 4 million people through broadcasting. Communities have gained knowledge about various topics which will help them to engage in the behaviour change process. 7,920 image flipcharts were provided to the noyaux relais and the focal points at the Maisons des Femmes to facilitate their community interventions.

The Spanish national committee conducted two visits on girls' education (community house for young ladies) and nutrition (Inspired Gifts Initiative). The visits increased visibility of UNICEF-supported interventions through the participation of the First Lady of Burkina Faso at the launch of the girls' community house and a three-page article in the Spanish edition of Marie Claire magazine on nutrition in Burkina Faso. The German national committee visit on child protection (children working in the mines) will mobilise resources through a televised fundraising event.

Most Critical Factors and Constraints

The difficulty in measuring the results of C4D activities and the lack of proxies and qualitative data collection tools hinder the capacity of programme partners to present stories of change, develop evidence-based communication interventions and measure the impact of C4D actions across communities.

The amount of time required to conduct a nation-wide KAP study on the Key Family Practices and a survey on Communication Channels, ensuring regular participation from partners was underestimated. Consequently, the results from the study and survey were not finalised at the beginning of 2011, as previously hoped. Therefore, in planning the 2011-2015 Country Programme, the Communication component did not have information on baseline data which could have been used to inform the 2011-2015 planning cycle. However, once the studies have been validated by the Government, the data will be used to inform 2012 planning.

In terms of communication activities for sustainable change, one of the most critical factors is the capacity of the social mobilisation agents to understand key concepts of the Six Family Practices and be able to transmit them to communities in a clear and accurate way. UNICEF and programme partners are addressing this through training and monitoring of the activities implemented by social mobilisation agents.

The lack of bicycles for all social mobilisation agents who are responsible for carrying out door-to-door interpersonal communication activities and monitoring communication activities in the villages has an effect on their mobility and consequently the number of people they can reach through dialogue sessions.

Key Strategic Partnerships and Interagency Collaboration

Partnerships in the area of communication, advocacy and young people have been developed with key line ministries, civil society organisations, NGOs, youth associations, traditional and religious leaders and the media. Interagency collaboration continues through vaccination campaigns and programmes to improve maternal health.

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UNICEF contributed significantly to the visibility of the United Nations System in Burkina Faso through the development of the UN Communication Strategy. The objective of this strategy is to ensure that effective advocacy action, information sharing and meaningful participation from UN agencies and development partners is represented in the 2011-2015 UNDAF.

Humanitarian Situations

N/A

Summary of Monitoring, Studies and Evaluations

A nationwide Knowledge, Attitudes and Practices (KAP) study was conducted to collect information on the key determinants in relation to the six key family practices; a survey on the Communication Channels in seven regions in Burkina Faso was also carried out.

Preliminary results from the KAP study and the survey on Communication Channels are now available. The KAP survey results will be used to reinforce communication plans and strategies with reformulation of messages based on the findings. The results from the study on the Communication Channels provide insight on the most appropriate communication channels to use, depending on the message and desired behaviour change. All the findings from these studies will be taken into consideration to better orientate child survival and development communication interventions and reinforce C4D strategies.

Future Work Plan

The implementation of an ACSD communication plan will continue. The findings of a KAP conducted in 2011 on the six essential family practices will be instrumental to developing and implementing well-informed strategies. Likewise, a study on the best community communication channels, which was also completed in 2011, will help to identify the best partners and to respond to their needs in terms of capacity building in order to allow them to produce expected results in C4D. Also, based on the experience of the two pilot regions, the strategy will be implemented nationwide. Emphasis has been placed on the strengthened involvement of the main media and interpersonal communication channels (local and rural radios, *noyaux relais*, focal points from *Maison des Femmes*, schools, women and young people associations, and NGOs). The capacities of these channels will be strengthened through training in order for the actors to have a solid base on how to address issues related to the six key family practices. Light transportation means such as motorcycles and bicycles will be provided to the *noyaux relais* and the focal points from *Maisons des Femmes*, to facilitate their mobility in their awareness raising activities in households, market places and villages. Communication material will be developed to support activities on the six KFP. New information and communication technologies, including the country website and audio-visual tools, will contribute to greater visibility of programme activities and promotion of knowledge sharing.

Advocacy actions will continue to focus on decision makers, local authorities, religious and traditional leaders and influential people to obtain their commitment to encouraging an enabling environment for the adoption of the six key family practices. Using the results of the study on the needs and aspirations of young people, actions will be intensified to ensure meaningful participation from young people and strengthening of their life skills. Young people will be trained in knowledge on the six KFP, HIV prevention, and sexual and reproductive health. Activities implemented by youth and adolescents through peer sensitization will encourage participation and improvement of their life conditions and their participation in decisions on matters related to them. 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

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weak indicators will be placed at the centre of interventions through messages, strategies, and community dialogue.

COUNTRY PROGRAMME COMPONENT: SOCIAL POLICY, MONITORING AND EVALUATION

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2015, economic and social policies and programmes are monitored, results-based and contribute to the reduction of disparities, vulnerability and poverty for children and women.	0	FA50T1, FA50T2, FA50T5, FA50T6, FA50T7

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	24240.00	24236.00	99.98
OR-R	90000.00	65606.00	58045.00	88.48
RR	1600000.00	1617069.00	1570739.00	97.13
Total	\$1,690,000.00	\$1,706,915.00	\$1,653,020.00	

Results Achieved

Intermediary Result 1: Social and Economic Policy

National debate and analysis on poverty, vulnerability and the impact of policies on women and children was improved through deepening the IMF/UNICEF partnership, successful high level advocacy toward the PM on pro-poor safety nets, and the launch of a study on fiscal space with the National Statistics Institute, Laval University and Ministry of Finance. UNICEF enabled the 2011 survey for the Community Based Poverty Monitoring System (CBMS), and launched the production of a national profile on poverty and equity of children and women based on the new household survey; these will contribute to a national poverty conference in 2012. A key result this year was UNICEF's leadership support in developing a National Social Protection Policy, for adoption in January 2012. UNICEF also launched the country's first ever Public Expenditure Tracking Survey in primary education with the government, which will lead to a detailed advocacy strategy in 2012. Dialogue and programming on HIV was supported through the common basket fund.

Intermediary Result 2: Monitoring and Evaluation

UNICEF contributed to strengthening country M&E capacities by supporting partners in conducting equity-focused surveys, studies and evaluations. The office also accompanied 15 civil society partners in developing SMART project proposals with strong results frameworks and M&E. The quality of UNICEF's internal M&E system was enhanced by: (i) coaching staff and partners on UNICEF's evaluation standards; (ii) supporting the preparation of good quality ToRs, managing use of evaluation results, and elaborating management responses; (iii) implementing harmonised planning and reporting tools; and (iv) developing and adapting the integrated monitoring and evaluation plan (IMEP) to capture strategic knowledge for programming and evaluation. Furthermore, substantial support was provided to strengthening the M&E of the UNDAF. UNICEF also supported the finalisation of the baseline survey on child and maternal mortality in two regions with the Ministry of Health and John Hopkins.

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Intermediary Result 3: Results-based local capacity strengthening

With the aim of setting up an integrated information system for sector policy monitoring, UNICEF supported the Ministry of Finance to assess the quality and effectiveness of the different ministerial monitoring systems. This diagnosis will be used to establish a set of key sector policy indicators, aligned with the monitoring framework of the national development strategy, and integrated into a user-friendly database.

In relation to capacity development at the local level, UNICEF continued to accompany the Zorgho municipality in its Integrated Child Survival, Development and Protection Programme adopted in 2009. Five sector plans, nine priority projects and a monitoring system were developed, and USD 25,000 was mobilised with the World Bank for project financing. Subsequently, a capacity-building programme on child wellbeing was designed for the Central Plateau Region with 120 local government and civil society partners, which aims to strengthen regional ownership and leadership in promoting social change and equitable access to basic services.

Furthermore, UNICEF continued its joint partner support to the implementation of the National Gender Policy, the Gender Common Fund, and organized gender and human rights training for staff and partners.

Most Critical Factors and Constraints

The most critical factors in promoting analysis and advocacy on economic and social policies related to the strong coordination and leadership of the government on social protection (the Ministry of Finance primarily) and its clear willingness to lead the development of a National Social Protection Policy and its implementation in 2012. Furthermore, the government has been very proactive in launching Burkina Faso's first Public Expenditure Tracking Survey in primary education in order to use the results in 2012 to improve efficiency and allocation of resources at the level of the child. However, the impact of policy dialogue was limited by the continued lack of open national debate on poverty and the delay in publication of new survey results. Furthermore, the process of implementing a national social protection floor is potentially threatened by the multi-sectoral nature of the issue, which will require strong leadership in monitoring and evaluation of the new policy's implementation.

Factors that were critical for the success of UNICEF's monitoring and evaluation activities included a strengthening of the local-level monitoring of access to basic services by promoting dialogue and coordination with local authorities and partners, and the substantial improvement of joint project monitoring with partners. However, the continued limited capacities of local consultants and research offices in robust data analysis affected the quality of a number of studies and evaluations. Furthermore, the challenge of actually using the results of M&E to feed into and improve programming persisted.

In relation to planning capacities, particularly at the local level, the process of decentralisation continues to be an opportunity for UNICEF to engage in better responding to needs at the local level. Despite a significant delay in the launch of UNICEF's local-level capacity strengthening project, which will require strong central-level leadership in 2012, the strong engagement of authorities from the Central Plateau regions in its initial workshop was a real asset in creating a solid community-level partnership for the development of equitable service access. In relation to mainstreaming gender, activities were strengthened by progress of the Ministry of Women in launching a capacity-development programme for the implementation of the National Gender Policy; however partner delays in disbursing funds to the Common Basket Fund for Gender delayed several activities.

Key Strategic Partnerships and Interagency Collaboration

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A number of partnerships were central to achieving results in the area of social and economic policy. The strongest partnership was with the Director General of Economic Planning within the Ministry of Finance, whose department led action on social protection, economic analysis, poverty research, and capacity development. In social protection, UNICEF continued to lead the Sectoral Consultation Group on Social Protection, feeding its dialogue into the Interministerial Group on Social Protection and acting as a member of the World Bank missions on social protection to Burkina Faso.

The IMF/UNICEF partnership on issues related to fiscal space and social protection was strengthened through high-level dialogue on pro-poor social safety nets and the engagement of the IMF as peer reviewer of UNICEF's new study on fiscal space and children.

UNICEF's participation in the development of the Joint UN programme on Violence Against Women and Girls ensured the specific inclusion of girls and their needs in the programme.

Humanitarian Situations

N/A (Note that multisectoral set-aside funds for emergencies of 24,000 USD are cross-sectoral and were used by the Protection and Supply programme components to support emergency preparedness as noted in the relevant sections).

Summary of Monitoring, Studies and Evaluations

A key result from analysis of social and economic policy, was the Briefing Note on the Impact of the Economic Crisis on Children (UNICEF and PEP Network, August 2011), which was addressed directly to the Prime Minister. The document further drew on the results of last year's study on the impacts of the economic crisis on child wellbeing and promoted new analysis on the equity focus of new price subsidies introduced by the government in the middle of the year to respond to social unrest and rising urban food prices. The document demonstrated that the new measures were not pro-poor, as targeting urban products consumed more commonly by better-off groups benefits the poorest groups very little. This note was sent to the Ministry of Finance, which integrated its conclusions into the new National Social Protection Policy and, following the suspension of the subsidies, is now reviewing such mechanisms to ensure they are pro-poor. The results of UNICEF's follow-up study on the economic crisis and fiscal space, which assesses the impact of maintaining expansionary fiscal policy on long-term child wellbeing and economic stability, will be available at the beginning of 2012.

Two key documents which were vital for designing Burkina Faso's first Public Expenditure Tracking Survey were the Background Framework Document and the Methodology Document, both finalised in the last quarter of the year before the survey itself was launched in December. Each document benefited from the inputs and close collaboration of the government, and ensured substantial revision of the survey questionnaires and improvement of the communication strategy of the exercise, which greatly improved its execution in the field. Ensuring that these documents were also reviewed in detail by an independent peer reviewer (HEC Montreal), strengthened by collaboration with IIEP in Paris, and approved by the National Statistics Council, meant that the quality of the survey design and approach is exceptional.

Finally, UNICEF supported the Ministry of Health and the Johns Hopkins Bloomberg School of Public Health in developing the randomised baseline survey, including control sites, for the PMNCH project in the North and Centre North regions which will be revisited for the final evaluation of the effects of key health project interventions on child and maternal mortality in 2013.

Future Work Plan

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For the Intermediate Result on economic and social policy the future priorities include the pursuit of the following results: (i) generation of a national debate on poverty and inequality through organisation of the country's first national poverty conference in 8 years to examine new data and evidence on poverty and feed into national and sectoral planning and monitoring, based on studies including UNICEF's equity profile, the UNICEF study on fiscal space and policy options for children in response to the economic crisis (in the context of the IMF/UNICEF partnership), and a Ministry of Finance/UNICEF study on the socio-economic impact of gold mining; (ii) design and implementation of the Social Protection Floor to reach the poorest through the execution of the new National Social Protection Policy, support the design of Burkina's first national cash transfer programme with the World Bank, and strengthen advocacy and evidence on the financial access to healthcare; and (iii) the strengthening of budget analysis and advocacy particularly through the completion, launch and extensive promotion and use of the results of Burkina Faso's Public Expenditure Tracking Survey in primary education so as to substantially improve expenditure efficiency in the sector by 2014.

The main priorities in Monitoring and Evaluation for 2012 are: (i) to continue developing national M&E capacities with a particular attention to equity, and (ii) to enhance decentralised basic service delivery and budget monitoring systems aiming at empowering community-level mechanisms for participation, dialogue and accountability. This innovative project will be initiated by fostering a strong collaboration between the Ministry of Economy, local authorities, civil society organisations and an action research institute in three pilot municipalities.

In relation to strengthening capacities at the local level, the priority activities to achieve in 2012 are: (i) the continuation of the work to establish an Information System for Monitoring Sectoral Policies, (ii) the implementation and documentation of the Leadership Programme for Social Change in the Central Plateau Region and extension to a second region; (iii) Implementation of a project to capitalise on good community practices in management of water and sanitation service in 20 communes of the Central Plateau Region; (iv) preparation of monitoring activities in the run-up to the Mid-Term Programme review of 2013. The key priorities for gender mainstreaming will include continuing support to the implementation of the National Gender Policy, the joint UN programme on Violence Against Women and Girls, and the Gender Common Basket Fund and strategy.

COUNTRY PROGRAMME COMPONENT: CROSS-SECTORAL COSTS

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2015, the operational and administrative capacities of the office are strengthened for an effective and efficient support to the Country Programme results	2	FA6OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	75000.00	108799.00	95692.52	87.95
RR	1569000.00	1598386.00	1597433.00	99.94
Total	\$1,644,000.00	\$1,707,185.00	\$1,693,125.52	

Results Achieved

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Resources were used to support the Country Programme operations through: staff salaries and related costs; supplies acquisition and their management; and programme related furniture and equipment.

Most Critical Factors and Constraints

Key Strategic Partnerships and Interagency Collaboration

See report sections on operations and programme components.

Humanitarian Situations

N/A

Summary of Monitoring, Studies and Evaluations

See report sections on M&E under different programme components.

Future Work Plan

- Ensure efficient and effective management and execution of staff salaries (non-core) and related costs, administration, rent, equipment and office security, logistics, supplies, storage and distribution to beneficiaries, vehicle maintenance and other administrative costs.
- Capacity-building of staff, so as to ensure that staff safety and well-being is adequately ensured in order to enable the implementation of programme results.

EFFECTIVE GOVERNANCE STRUCTURE

In 2011, the management's first activity was the preparation of the Annual Management Review which clarified the orientation of the CO's expected results for the year. On this basis, the Annual Management Plan was consolidated. The Table of Authority and the management and coordination mechanisms were updated and finalized by mid-February as was the Annual Management Plan. A day for performance evaluation reviews has been established by the management to increase the indicator linked to the PERS completion.

The CMT met once a month as usual to discuss progress on office management indicators and other management issues. An all-staff meeting with the participation and presentation of the planned activities of the Local Staff Association was also held at the beginning of the year.

Within the agenda of the CMT, progress towards VISION was closely monitored. Four reflection groups were set-up to simplify work processes within the new system. Furthermore, as office space continues to be a concern for the CO, a committee was put in place to make recommendations to the CMT in order to increase the efficiency of the use of office space. DFAM has just approved the CO's request to move the annex to a new and larger rented office.

STRATEGIC RISK MANAGEMENT

Following the preparation of the 2010 Risk Profile, the Burkina Faso Risk and Control self-assessment team finalised an Emergency Risk Management (ERM) action plan. Moreover, the ERM plan and the monitoring of the risks identified in the RCSA were integrated as part of the objectives

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of the 2011 strategic management plan. A presentation on "Enterprise Risk Management: Mapping risks and 2011 ERM action plan" was made to increase staff awareness during the annual management review. The CO will review the status of the risk levels for areas with High and Medium-High risks in 2012. In addition the CO will complete the update of the 2011 RCSA library and risk profile early next year and continue promoting risk awareness to improve the CO's risk preparedness.

The Business Continuity Plan was updated in 2011 to include the signed agreement between UNICEF Mali and UNICEF Burkina Faso. Both countries agreed that Mali will be available to receive Burkina Faso's staff in case of a crisis in which temporary relocation is required. Mali will provide space, office and ITC equipment necessary to set up a new operating office for Burkina Faso. It was not found necessary for Mali to be integrated into Burkina Faso's Table of Authority in order to act on its behalf.

Following political instability in Burkina Faso in 2011 March-April, the CO activated the critical staff group. A new communication tree was prepared, which is intended to be used to regularly and quickly inform staff of relevant security updates. The BCP was tested for the second time in May with staff members working from home. The CO also purchased non-food and food items for potential emergency use.

EVALUATION

As part of the new CPAP 2011-2015, UNICEF elaborated an IMEP to plan and implement studies, surveys and evaluations in order to improve results measurement, guide decision-making and enhance learning and programming. In elaborating the IMEP, the CO focused on four priorities for 2011: (i) executing in-depth baseline and monitoring surveys to evaluate UNICEF's contribution to child survival and development (including a national Knowledge Attitude and Practice survey on key family practices, a baseline for the maternal and neonatal mortality project in the North and Central North Regions, and support to annual nutrition surveys) or to orient innovative policy strategies (i.e. the national Public Expenditure Tracking Survey in primary education); (ii) generating sound up-to-date analysis for supporting evidence-based advocacy on child well-being (including initiating a poverty and equity profile of children and women) or feeding national policy development (including initiating analysis of fiscal space and children, a mapping of national child protection mechanisms, and a study on the needs and aspirations of youth in Burkina Faso); (iii) conducting evaluations for accountability purposes in line with donor reporting requirements (including the evaluation of the EU funded WASH project in Central Plateau Region); (iv) carrying out at least one in-depth programme evaluation per component over the 2011-2015 period. Regarding the latter point on programme component evaluations, UNICEF conducted one evaluation in 2011 related to the impact of its support to education innovations in Burkina Faso. The 2011 IMEP was regularly updated and implemented as planned.

All evaluations were carried out in an objective and impartial manner by a team of national consultants with international support in some cases in order to strengthen local capacity. Key findings were disseminated and follow-up actions were planned in a timely matter with responsible staff so as to ensure the effective implementation of the most relevant recommendations. Following corporate M&E guidelines, evaluation reports and management responses are systematically submitted to the global database and tracking system for quality control by the Evaluation Office. With support from the Monitoring and Evaluation Specialist, significant efforts were made to mainstream best practices including staff coaching and guiding committee members and consultants on UNICEF's evaluation norms and standards, providing quality control of ToRs and reports, and supporting consultants in developing an appropriate evaluation framework and approach (e.g. the theory of change, sampling, and data collection and analysis methods and tools). Despite this

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support, the need persists to further develop in-country capacity for producing quality evaluations and to promote the use of evaluations in informing programming and advocacy. UNICEF will tackle this issue by pursuing its efforts to reinforce national research capacities, improve the evaluation management process, identify and engage skilled researchers and strengthen the translation of evaluation findings into action.

EFFECTIVE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

In the course of 2011 the ICT unit provided guidelines and specifications to programme partners as well as technical support to identify their needs in the area of ICT. Within the UN body in Burkina Faso, we had good collaboration with ICT colleagues, especially when we faced the failure of the common power-supply backup generator, which affected for hours the availability of ICT services provided to staff. We also benefitted from their support in mounting VHF/HF radios on UNICEF's vehicles.

As noted in earlier, the country faced several security issues due to social unrest. All critical staff were able to work remotely from home with their laptops or while travelling outside the office. All ICT services were available to staff and we provided phone facilities (office address book, internet on mobile devices) to help Management stay informed on staff security status. Furthermore, the disaster recovery plan has been tested in June and worked well. Connectivity was good and ICT services ran smoothly allowing all critical staff to access to ICT services through Citrix.

The Property Survey Board that surveys office equipment and property suggested a governmental centre for the safe disposal of ICT equipment. All equipment which passes through the Board is sold or given to partners. So far, there has been no need to send equipment to this centre.

As per the planned migration from ProMs to Vision, the CO implemented an upgrade of all desktops and laptops to Windows 7. The ICT unit provided the needed support to various trainings facilitated by the super-users as required. The virtualisation of the servers as per Windows 2008R2 roll-out provided an opportunity for space-saving in the server room and cost reduction in hardware acquisition. As a result, disaster recovery becomes easier.

A backup connectivity through a separate link with UNDP's VSAT provided a 512/256kb link to the office. The leased line connection was upgraded from 1MB/1MB to 2MB/2MB.

FUND RAISING AND DONOR RELATIONS

The Burkina Faso CO began a new Country Programme in January 2011 with an ambitious OR ceiling of USD 87.8 million for the five years, 2011-15. An amount of USD 14 million was mobilised in 2011 against USD 13.1 million expected. These funds were granted mainly by global thematic, European Union, Consolidated NatComs (School for Africa); and the Dutch, Italian, French, Japanese, Swiss and German NatComs. Although the CO can be satisfied with the amount mobilised this year, there are still uneven distributions, with some thematic areas in need of funding such as Young Children Survival and Development, particularly water, sanitation and hygiene, maternal mortality, child protection and HIV/AIDS among others. Resource mobilisation efforts should focus on these areas in the next few years.

The CO had 34 donor reports to produce in 2011. All the reports were sent on time, respecting the PARMO format, aside from funds with specific requirements such as thematic funding, GAVI, CDC and consolidated NatComs. The use of funds was reported accurately and according to the agreements with donors. Only one PBA required an extension. Funds on all the 23 PBAs expiring in 2011 were spent at 99%.

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The donor reports schedule, as well as PBA monitoring, is discussed twice a month during programme meetings and the CMT. An alert is sent from the Programme coordination to Programme managers twice a month. Donor reports quality control has been maintained thanks to the Resource Mobilization Committee established in 2010.

Information material was provided throughout the year as requested by NatComs separately or through Geneva. In close collaboration with DOC and PFP, Burkina Faso was selected to showcase on its work on "Schools for Africa" for Communication and fund-raising tools. A CO toolkit for young child survival and development was developed and published on the marketplace in close collaboration with PFP Geneva. The CO contributed to regional multi-country fund-raising for Child Protection as well.

UNICEF Burkina Faso contributed to the visibility of UNICEF's efforts in allocating regular resource funds when and where needed most, as mentioned in the Annual Report on Regular Resources which will be distributed to all government and NatComs donors. The initiative, managed by PFP in Geneva, shows results for children in the five Focus Areas and was published in September 2011. The case study on Burkina Faso was on Focus area 3 featuring the challenges in HIV/AIDS for children, UNICEF's role, and the profile of a partner and a staff member.

MANAGEMENT OF FINANCIAL AND OTHER ASSETS

The financial resource management for UNICEF Burkina Faso focused in 2011 on matching funding (both RR and SB) with requirements in order to avoid any gap in funding needs. At the beginning of the year, the Support Budget (SB) and Cross-sectoral fund expenditures were forecast and closely monitored throughout the period. A global appraisal shows that the resource use for the CO's 2011 operations was accurate and appropriate.

At the end of 2011, the implementation figures indicate the following rates of commitment for each:

- SB funds: USD1,015,533 allotted; 99.14% committed;
- Cross-sectoral funds: USD 1,697,798.5 allotted; 99% committed.

The corresponding analysis shows that: (i) USD 625,564 of the SB was allocated to local posts, 61.5% of the total (USD 579,277 in 2010, so an increase of 7.9%). This category was spent at 100%. The Non-post costs of the SB included: other staff costs (USD 16,000), travel (USD 48,682), consultants (USD 24,000), operating expenses (USD 255,430), furniture and equipment (USD 27,261), and reimbursement and co-funding (USD 10,000), representing in total 37% of the allocation. Non-post costs were funded at USD 389,969 compared to USD 326,384 in 2010 (an increase of 19%).

The cross-sectoral costs amounted to USD 1,697,798.50 (USD 1,630,282.58 in 2010) shared across three IRs:

- Effective and efficient governance systems are performing adequately to manage risks and achievements – USD 244,000 (14%);
- Effective and efficient management and stewardship of Financial Resources – USD 1,304,789.59 (77%);
- Effective and efficient management of Human Capacity – USD 149,000 (8.7%).

Efforts of coordination between Operations and Programme enabled the Office to efficiently monitor the cash management 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, as shown in table below.

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SUPPLY MANAGEMENT

As per the 2011 supply plan execution at national level, the supply team developed an improved communication approach with programme sections, particularly the Health component. This allowed good distribution of nutrition and medical supplies to poor children. The supply plan was executed at 100% for a total amount of 6,733,525.91 USD (excluding freight) in which supplies for the Health section represented 81,41% procured directly in Offshore with Copenhagen support.

In order to strengthen the quality of local procurement, the CO started to conduct a new local market survey, which is ongoing. The results will be used to update the local supplier's roster in order to improve the quality of goods.

Programme partners were trained on procurement procedures and specific articles during the two HACT training sessions in Ouagadougou and Bobo-Dioulasso.

Concerning the supervision of school construction, a process was initiated in 2011 for the recruitment of a local firm. The construction engineer of this firm monitors and supervises the construction work. This process is being facilitated with funds mobilized by UNICEF and amongst its positive outcomes it has made it possible to acknowledge the risks related to the quality of the work.

At the logistic level, the team worked to improve storage management. The new warehouse, with storage capacity over 1000m², is contributing to improved stock management and reduced storage costs and time.

During a 2 week visit, a technical staff member from Copenhagen provided support to the National Committee for Emergency Response (CONASUR) to equip and organise their new Emergency Preparedness and Response warehousing capacity. Reorganization of the two new central warehouses was completed and racks were installed in order to improve storage quality. Improved stock management was also made possible due to the creation of new bins, and to the provision of equipment (stock card management, scotch, packaging materials, etc.) for daily work in the warehouse.

In parallel, an Economic Interest Group was set up and significantly contributed to improved distribution of supplies to the final users. The group's members work in the warehouse and provide any support when needed.

During the recent crisis in Code d'Ivoire, the supply team played an important role in providing assistance and support to our neighbouring office with acquisition and delivery of supplies. A generator was purchased and its delivery and installation in the Bouake office was coordinated well. Furthermore, bed nets, BP5 and hypochlorite of calcium for water treatment were delivered.

HUMAN RESOURCES

UNICEF Burkina Faso's human resource capacity has been strengthened in different areas with the recruitment of seven new staff, including a new International position as Chief of Protection to strengthen management of the section.

In 2011, the office focused on group training to improve staff learning and development. In addition to mandatory group training on VISION, an English course was launched within the CO to improve staff language skills, and gender training was organized for many professionals. Individual training was approved for staff within the Office learning plan as well as during the course of the year. The

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training time allowed in 2010 was adequate in 2011 and used by several staff to prepare for their degree exams. The mandatory training related to IPSAS, VISION, as well as basic and advanced security was closely monitored for completion.

An induction plan continues to be organized for every new staff in the office, with follow-up meetings as necessary. Staff performance was monitored regularly, including in CMT meetings, which ensured that half of the staff completed a performance discussion. The office intends to put in place a PER day in order to raise the completion rate for the year-end review.

Two staff retreats took place in 2011. The latter focused on staff wellbeing and concentrated on an analysis of the social climate evaluating the following areas: job recognition, peer support on work issues, respect for colleagues, internal communication, stress, autonomy and decision-making. An action plan for these elements was put in place to address the main issues affecting staff wellbeing at work, and includes the recommendations from the latest staff morale survey.

In addition to the different staff support mechanisms already in place in the office such as the two ombudspersons and the Peer Support Volunteer, the CO created a new group of resource persons to help deal with difficult situations in the office and therefore maintain staff cohesion and team spirit. This group could be the first point of contact in case of conflict and could identify areas where conflict needs to be addressed.

In order to improve staff motivation and reinforce cohesion, several staff initiatives were created such as subsidizing the purchase of the material traditionally worn for International Women's Day (which this year promoted UNICEF's work), the organization of a football match, and the gift of a food basket to all staff at the yearly celebration. Other events include the organization of a ball during the staff retreat and a children's Christmas party.

In order to improve staff security, reassure colleagues and check compliance with MOSS, an International Security Advisor was appointed. This improved MORSS compliance and staff security at home and in the CO, with the management of an operational wireless network, the improvement of the building's security, and improved management of security clearance and vehicle safety. The Business Continuity Plan was also updated with a call tree. Finally, the office is currently preparing evacuation training for international staff for early 2012.

EFFICIENCY GAINS AND COST SAVINGS

Among the actions of the 2011 Annual Management Plan was the establishment of a working group on efficiency gains and cost savings. The group's outputs have been summarised by a team of professional staff and an action plan has been developed. However, the plan has not been finalised and its implementation has not been monitored.

Within the framework of UN reform, the Operations Management Team was assigned the mission of promoting common services with the objective of efficiency gains, cost savings and harmonisation of procedures. The following common services were handled jointly in 2011 by UNDP, UNICEF, UNFPA, WHO, WFP, FAO, and the UNIC:

- Security guards;
- Dispensary;
- Travel agency;
- Cleaning;
- Transit;
- Vehicle insurance;
- Maintenance services;

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- Harmonized Approach on Cash Transfer.

Our challenge in 2011 was to estimate the rate of saving. Regarding the dispensary, OMT has worked on a Standard Operational Procedure for the recovery of service costs that has been approved by the local UN country Team. It currently remains pending UN medical service approval. It has been clear that carrying out a UN common procurement process among UN agencies has brought synergy, cost reduction, and lessons learnt for further improving efficiency and effectiveness.

CHANGES IN AMP AND CPMP

In 2012, the Annual Management Plan will include an update on staff accountabilities to include the new responsibilities linked to VISION/IPSAS user roles that have been established so as to ensure segregation of duties in key risk areas to reduce the likelihood of fraud and errors. However, risks should be clearly understood when roles are assigned to staff members in order to maintain a reasonable level of internal controls in the office. The office is planning to further improve our management indicators for more efficiency and effectiveness. The Annual Management Plan will also include the objectives of Operations in relations with the emerging food security crisis in the Sahel.

SUMMARY NOTES AND ACRONYMS

ACF	Association Chant de Femme
ACSD	Accelerated Child Survival and Development
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CHW	Community Health Workers
CO	Country Office
CPAP	Country Programme Action Plan
CSO	Civil Society Organizations
ENIAM	National Survey on Food Security and Malnutrition
HNP	Health and Nutrition Programme
IECD	Integrated Early Childhood Development
IMCI	Integrated Management of Childhood Illnesses
KAP	Knowledge, Attitude and Practices
MASSN	Ministry of Social Action and National Solidarity
MoH	Ministry of Health
MBB	Marginal Budgeting for Bottlenecks
MENA	Ministry of Education and Literacy
MESS	Ministry of Secondary and Higher Education
MJE	Ministry of Youth and Employment
PADS	Health Development Support Programme
PDDEB	Ten-Year Development Plan for Basic Education
PEP Network	Poverty and Economic Policy Network
PMNCH	Project for Maternal, Neonatal and Child Health
PNDS	National Health Development Programme
PRSP	Poverty Reduction Strategy Paper
SAM	Severe and Acute Malnutrition
SCADD	Strategie de croissance Acceleree et de developpement durable
SNID	Supplementary National Immunization Days

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DOCUMENT CENTRE

Evaluation

	Title	Sequence Number	Type of Report
1	Evaluation of the impact of educational innovations (IECD centers, satellite schools, non formal basic education centers) on Burkina Faso's educational development system	2011/003	Evaluation
2	Study on girls' community houses in Burkina Faso	2011/001	Study
3	Action research on the approach of the Association ACF in promoting key practices on child survival and development	2011/002	Study
4	Annual National Nutritional Survey (SMART)	2011/004	Survey
5	Study on the main communication channels in seven regions of Burkina Faso	2011/005	Study
6	Knowledge, Attitude and Practice (KAP) survey on the six key family practices in Burkina Faso	2011/006	Survey
7	Participative analysis of the needs and aspirations of youth and adolescents in Burkina Faso	2011/007	Study

Other Publications

	Title
1	Picture Box "Key health and nutrition practices for the survival of children and women"
2	Briefing Note: Impact of the Economic Crisis on Children and Policy Responses
3	Assessment of need for obstetric care and neonatal care coupled with the mapping of the supply of care in reproductive health in Burkina Faso.
4	Policies to Protect the Poor from the Impact of Food and Energy Price Increases
5	Demographic and Health Survey (DHS) Preliminary Report
6	Short documentary video on the visit to Burkina Faso of Nutrition Advocate for West Africa, former President António Manuel Mascarenhas Gomes Monteiro
7	Service d'urgence – a short cartoon on street children produced by young children in Burkina Faso
8	Analysis of nutrition activities' financing in Burkina Faso 2006 - 2010

Lessons Learned

	Title	Document Type/Category
1	Girls Community Housing in Manga	Innovation
2	Developing Burkina Faso's First Public Expenditure Tracking Survey (PETS)	Innovation

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Program Documents

	Title	Document Type
1	CPAP Burkina Faso UNICEF 2011 - 2015	CPAP
2	Burkina Faso Annex A	Annex A
3	Burkina Faso Annual Report	Annual Report