Executive Summary

In 2013, UNICEF Burkina Faso continued to focus on supporting social sectors nationwide while preparing ways of increasing resilience in the Northern, Eastern and Sahel regions. A fiscal analysis for 2006-2011 in the areas of female literacy, malnutrition and food security was conducted, the objective of which was to strengthen the effectiveness of programmes against poverty and evaluate budgets allocated by the Government to priority sectors, ensuring realization of social rights of the most disadvantaged populations. Results of the analysis revealed that allocations were inefficient and not consistent with national priorities and international commitments.

Based on the results, UNICEF implemented an advocacy strategy with the International Monetary Fund (IMF) toward policymakers, development partners, media, parliamentarians and civil society organizations. A plea was made to Parliament to reflect the recommendations of the study in the 2014 budget. Results were also widely disseminated through interactive radio programmes in local languages to inform citizens on sectoral budget allocations. Those actions resulted in a 3.75 per cent increase in the 2014 state budget to social sectors.

UNICEF helped the Government in scaling-up use of oral rehydration salts (ORS) and zinc and infant and young child feeding practices. The prevalence of severe acute malnutrition (SAM) decreased from 2.8 per cent in 2010 to 1.7 per cent in 2013, following the scale-up of SAM management in ten regions, and successful integration of Water, Sanitation and Hygiene (WASH)-in-Nutrition. Exclusive breastfeeding increased from 25 per cent in 2010 to 47 per cent in 2013 and children receiving timely complementary feeding increased from 47 per cent to 59 per cent, thanks to a mix of strategies involving community-based organizations, women’s associations and community media.

In support of girls’ retention in school, 100 mothers’ associations received funds for income generating activities to cover school fees, supplies, and clothing.

UNICEF continued to respond to the nutrition crisis and to the needs of Malian refugees. Of the 80,000 children affected by SAM, 60,000 were treated; 13,000 children ages 3-18 from refugee and host communities received formal education and psychosocial support.

Despite the political commitment shown in the Education Sectoral plan 2012-2021, a strategy for inclusive education of those living with disabilities was delayed, preventing clear guidance and strong commitment from partners.

Implementation of home care of newborns was not as effective as expected. Changes in structures and staffing within the Ministry of Health delayed the development of training modules and training of community health agents. UNICEF advocated for and provided support to the development of a Community Health Policy which was validated in 2012. The Policy should be adopted by the Government in 2014 along with an implementation strategy. Meanwhile 70 per cent of child mortality still occurs at home.

Strategies focusing on subsidies to individuals for latrine construction were not successful in eliminating open defecation. Successful advocacy for Community Approaches to Total Sanitation developed in partnership with the Government, Parliamentarians, and Mayors and traditional and community leaders in 2013, with a clear shift toward change in social norms for better health at the community level, will be the framework for implementation of the hygiene and sanitation policy beginning in 2014. Thanks to those partnerships, 23,400 people were reached in 2013, and at least 60,000 are expected to end open air defecation in 2014.

Country Situation as Affecting Children & Women

Despite external shocks, Burkina Faso recorded a real GDP growth of approximately 7 per cent in 2013. According to latest IMF estimates, Burkina Faso’s average real growth rate (6.2 per cent) over the past decade was among the highest in Sub-Saharan Africa. The country’s solid economic performance is mainly
due to strong macroeconomic policies, growing public investments in agriculture, health and education, and increased international investments in industrial gold mining. Mining production has boomed since 2007 and represents 12.5 per cent of current GDP, compared to less than 1 per cent in 2005. The sector’s impact on the economy as a whole and on people’s living conditions is still limited (African Economic Outlook 2013).

Despite its rapid economic growth and significant progress in improving health care coverage, enhancing access to primary education and safe drinking water and reducing severe malnutrition and HIV/AIDS prevalence, Burkina Faso remains one of the world’s poorest countries. In 2013, the country descended in rank on the Human Development Index, and is now among the bottom five of least developed countries (183 out of 187). The latest UNICEF poverty analysis (2012) shows that poverty mostly affects children: 45.3 per cent of children are poor compared to 41.9 per cent of adults. The main bottlenecks faced by children and women are: limited and increasingly unequal access to quality health, education, protection, water, hygiene and sanitation services; vulnerability to recurrent nutrition crises and external shocks within a fragile environment; and persistence of harmful traditional practices affecting the fulfilment of children’s and women’s rights, in particular early marriage and female genital mutilation/cutting. These shortfalls are further exacerbated by rapid demographic growth (3.1 per cent per annum), which puts additional pressure on already stretched social services and jeopardizes future youth employment. The school age population has grown by 43 per cent in the past ten years. The high level of chronic poverty and the exclusion of poorer groups from basic services constitute major barriers for the attainment of national development goals on child survival, development, education and protection. As evidenced by the analysis conducted during the 2013 UNICEF Mid Term Review, the Sahel and East regions are in all respects the most disadvantaged and underserved regions of the country. This justifies the creation of a UNICEF zonal office in that area in 2014.

Recent figures on multidimensional poverty (http://www.unicef-irc.org/MODA/) reveal that 49.4 per cent of children under 5 in Burkina Faso are deprived in two or three of the six dimensions analysed. The key factors determining child deprivations are residence in rural areas and educational level of the head of household. The majority of children in rural areas (74.9 per cent) face two to four deprivations, while most children in urban areas (71.5 per cent) are not deprived or only deprived in one dimension. Some 31.6 per cent of urban children do not suffer from any of the deprivations studied, while that is the case for only 3.3 per cent of the children living in rural areas. The combination of deprivations that children most suffer from are housing, nutrition and sanitation: 20 per cent of children deprived in any of these dimensions are deprived in all three simultaneously. This analysis demonstrates the relevance of the integrated “WASH in Nutrition” approach initiated by UNICEF in 2013.

To combat extreme poverty (Millennium Development Goal 1) and strengthen human capital, national Government policy strongly prioritised the enhancement of social protection systems in favour of the most vulnerable households. The Government recently put in place an inter-ministerial Permanent Secretary, under the leadership of the Prime Ministry, which will be in charge of implementing the National Policy on Social Protection adopted in 2012. That policy aims to boost the effectiveness, breadth and size of existing national safety nets to ensure pro-poor and equitable access to basic services by the most disadvantaged groups. It includes a set of transfers and social inclusion measures, such as free health care for children under 5 and pregnant women, universal health insurance, free access to preschool for children ages 0 to 5, food price subsidies and public housing for the poorest.

Food insecurity and the malnutrition crisis affecting the Sahel region continued to affect Burkina Faso in 2013. The 2013 National Nutrition Survey revealed the prevalence of chronic and acute malnutrition at 31.5 per cent and 8.2 per cent, respectively, slightly lower than in 2012 but still unacceptably high. Despite good harvests in 2013 and minimal acute food insecurity threats, approximately 417,000 children will likely suffer from acute malnutrition in 2014, including 127,000 with severe acute malnutrition. Burkina Faso is located in the African meningitis belt, and has faced a series of outbreaks since 1996, with 2,808 cases and 324 deaths reported in 2013 (as of 15 December); a fatality rate of 11.5 per cent. Although no cholera case was registered in 2013, the northern Sahel region remains at high risk of that epidemic.

As a result of the socio-political crisis in Mali, thousands of Malians fled to Burkina Faso in 2012. There remains a need to ensure basic service delivery for 35,000 refugees and 31,000 host population. The risk of communicable and waterborne diseases among refugees and host communities remains high. These
populations will continue to cope with psychosocial stresses as well as the risk of child recruitment into armed groups and gender-based violence, shortfalls in access to continued quality education, and lack of productive livelihoods as a result of their displacement.

Protests over high living costs and the controversial creation of a new Senate in 2013 increased political tensions in the run-up to presidential elections in 2015. In December 2013, the President announced the organisation of a general referendum to decide on changing the constitution.

Country Programme Analytical Overview

Burkina Faso has been politically stable, with economic growth showing positive progress (an average of 5.4 per cent annually the last 5 years). Major challenges facing children’s wellbeing and development include extreme poverty, especially in rural and peri-urban areas, insufficient or inadequate access to basic social services, cultural barriers and other social norms. UNICEF’s major programme strategies in 2013 included service delivery, advocacy, partnerships, and communication for social change, capacity development, and knowledge management with studies shared with partners.

The first national Social Protection Policy offers a platform for the Government and its partners to provide assistance to the most vulnerable children. Evidence produced in analysing investment budgets in key social sectors such as nutrition, food security and education allowed UNICEF to reinforce communities and local structures’ capacities to claim their rights by understanding Government budgetary obligations and management and monitoring sectoral budget at the local level.

UNICEF conducted a census of disabled children that provided key evidence for sharpening the equity focus and reaching the most vulnerable children. It was hoped that results of this survey should enable partners to develop evidence-based strategies and budgets based on data disaggregated by sex, age and type of disability.

A survey protocol and advocacy document were developed to support the National Institute of Statistics, with the aim of mobilizing the Government and partners on a joint evaluation of Millennium Development Goal (MDG) indicators in 2014. (The Demographic and Health Survey (DHS) scheduled for 2015 would not be soon enough to provide information on progress toward the MDG.)

UNICEF’s partnership with the Global Alliance for Vaccines and Immunisation (GAVI) and the World Health Organisation (WHO) led to the introduction of two new vaccines against pneumococcus and rotavirus. UNICEF support included technical assistance, training healthcare providers, communication activities and vaccine procurement. UNICEF also supported an assessment of the cold chain to increase the capacity of vaccine storage. More than 300,000 infants were reached in the last quarter of 2013. It is expected that these vaccines will reduce child mortality caused by pneumococcus and diarrhoea due to rotavirus by 30 per cent.

UNICEF provided technical and financial support to the Ministry of Interior to develop its strategy of modernizing the civil registry using mobile phones for birth registration, and advocated for other partners to join the innovative initiative. UNICEF also supported the partnership between the Ministry and Orange Group to develop a technical solution for the use of this mobile technology. UNICEF supported the joint mission of the Economic Commission for Africa (ECA) and the African Development Bank (AfDB), which reviewed the strategy and established a roadmap for strengthening the civil registration system. This should lead to increasing the number of children registered at birth.

The 2013 Mid-Term Review (MTR) revealed that children and women are facing new challenges due to recurrent humanitarian crises that exacerbate existing vulnerabilities. In line with the UN Strategy for the Sahel, UNICEF efforts in 2014 will focus on Sahel, East and North regions through:
(i) an integrated programme based on communities’ needs;
(ii) strengthening capacity of communities and decentralized government structures providing basic services in preparation for and response to emergencies;
(iii) strengthening systems for collecting and analysing local level data for strategies to remove bottlenecks; and
(iv) strengthening the inclusion of social norms through promotion of community-based approaches, decentralized monitoring, participation and community dialogue for social change.

**Humanitarian Assistance**

Efficiency in humanitarian response was due to the strengthening of the actions of national partners on humanitarian standards, strategic planning of operations, oversight and monitoring. Of 80,000 malnourished children affected by severe acute malnutrition, 60,000 were treated (75 per cent). That percentage was achieved as a result of good planning for supplies and distribution, and monthly oversight visits.

Some 13,000 children ages 3-18 from both the refugee and host communities received formal education. This increase from 4,652 in 2012 was due to a strong social mobilization campaign conducted with UNICEF financial and technical support. More than 3,000 people, including teachers, early childhood development (ECD) caregivers and community members, benefitted from child protection in emergency and psychosocial training, and were thus better equipped for appropriate service delivery. Some 16,000 children and adults in the camps were sensitized on protection of children against violence, abuse and exploitation, and on peaceful cohabitation between host communities and refugees.

UNICEF provided technical assistance to WASH partners to develop a cholera prevention/ response plan, which enabled partners to inform 34,000 people in villages neighbouring Niger, where cholera cases originated in 2012. No cases were detected in 2013.

Partnership with the United Nations High Commission for Refugees (UNHCR) and the United Nations Population Fund (UNFPA) supported establishment of standard operating procedures for care of child and women victims of violence among the refugees.

**Effective Advocacy**

*Partially met benchmarks*

In 2013, UNICEF continued to lead technical and high-level advocacy and analysis on social protection to ensure the effective implementation of Burkina Faso’s first national social protection policy to address child vulnerabilities in a more effective and integrated manner. The policy, adopted by the Council of Ministers in September 2012, was put under the leadership of the Prime Ministry and includes, among other strategies, cash transfers as a key programmatic response to chronic poverty as well as subsidies and gratuities to expand access to health and education services. UNICEF’s advocacy with the Prime Ministry and the Ministry of Economy and Finance led to the operationalization of the social protection policy’s monitoring and evaluation framework and the appointment of a Permanent Secretariat by the Government in November 2013. It is expected that this framework will enable key stakeholders to harmonise their initiatives on social protection, to create synergies and to strengthen resource mobilization to efficiently implement social protection measures for the most vulnerable children and women.

In collaboration with partners, UNICEF advocated to promote free healthcare for children under 5 in order to accelerate the reduction of child mortality in Burkina Faso. The country’s rate of child mortality is among the highest in the world. With support from UNICEF, the Government developed a national strategy for child health fee exemption that is likely to be implemented in 2014. A joint advocacy note was developed based on recent international research and evidence, including a costing for the next ten years.

Based on a long-term review of Government expenditures (2008-2011), UNICEF advocated that the Ministry of Economy and Finance expand fiscal space for social spending (in particular for health, education, nutrition and food security), which resulted in an increased allocation of 3.75 per cent for social sectors in the 2014 national budget. UNICEF strengthened its partnership with the International Monetary Fund (IMF) to strengthen advocacy for increasing fiscal support for social measures benefitting the most vulnerable children.
and women.

UNICEF also advocated for three regional authorities and traditional and religious leaders to stimulate their commitment to reducing open defecation. Those efforts strengthened the communities’ engagement toward sanitation, resulting in 380 latrines being built in symbolic locations at the village level. To reduce malnutrition rates, UNICEF advocated that Parliamentarians, through the Parliamentary Network for the Rights of the Child, obtain Ministries’ commitment to increase budget allocations for nutrition. That initiative also supported establishment of a formal dialogue framework between the National Assembly and the Government, targeted on malnutrition issues.

**Capacity Development**

*Partially met benchmarks*

2013 was marked by the global launch of the Child Protection Minimum Standards (CPMS) developed under the umbrella of the Child Protection Working Group. This initiative ensured the adoption of broadly agreed upon standards of child protection interventions in emergencies, in line with SPHERE. Burkina Faso was the first country to start CPMS Training. Forty emergency staff from various partners, including UNHCR, were trained jointly by UNICEF and the NGO *Terre des Hommes*. The training was followed by the development of an implementation and monitoring plan for the CPMS in order to ensure their effective inclusion in partners’ respective emergency preparation and response plans.

As part of the capacity strengthening programme of social services for child protection (2012-2014), 139 social workers received 8 training modules related to the child protection system, case management and social mediation. Organized by the Social Workers National Training Institute, those training courses improved participants’ practices regarding child protection. Participants were able to link theory and practice through the examination of case management tools, including conduct of case conferences. They demonstrated their ability to design individual action plans for better care of child victims of violence, trafficking and other worst forms of child labour. The programme also promoted the exchange of experiences and strengthened child protection networks at local level.

UNICEF’s capacity development approach in WASH included:

1. strengthening the Government team’s expertise on Community Approaches to Total Sanitation (CATS) through the recruitment of an expert to work on the harmonization and formalization of CATS in the country;
2. supporting Government participation at regional workshops on sanitation and hygiene, including the Dakar preparation meeting for the next AfricaSan global workshop (to be held in Abidjan in 2014) and the global workshop on Community Led Total Sanitation in Cotonou (held in November 2013);
3. assisting the Government in strengthening the regional WASH coordination unit in the Sahel region, leading to the update of the regional contingency plan for potential cholera outbreaks and the development of a regional action plan for WASH in schools, health facilities and communities.

In the context of the education sector response to the Malian refugee crisis, UNICEF supported several interventions seeking to build partners’ capacity to offer quality education to target populations and host communities. At the school level, 30 teachers were trained on participatory methods, children’s rights, child protection and psychosocial support, in order to improve the quality of learning and academic performance of children. Members of school management committees in the four schools operating in the refugee camps also received training on their roles and responsibilities in school management. Furthermore, a session on Education in Emergencies enhanced the understanding of 57 participants on the issue and facilitated greater involvement on a decentralized level, as well as better coordination and monitoring of agreed-upon activities.

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1. The Sphere Project is a voluntary initiative that brings a wide range of humanitarian agencies together around a common aim - to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations.
Communication for Development

**Mostly met benchmarks**

Through Communication for Development (C4D) interventions, emphasis was placed on community participation and community dialogue. The strategies, which were developed using an integrated approach, are: advocacy directed towards traditional and religious leaders; social mobilization with the participation of associations and organized groups; and communication for behaviour change through families and communities.

The integration of communication channels through the combination of media and interpersonal communication channels is fundamental in C4D. A blend of communication interventions (community theatre, dialogue, radio programmes encouraging participation from communities) to improve accelerated child survival and development in the North and Centre North regions reached 900,000 people directly and approximately 5 million indirectly in 2013.

The partnership strategies for C4D were strengthened in 2013. New entry points were created through schools and women's associations. In schools, emphasis was placed on teachers addressing the principles of child survival and development (key family practices, education, protection, health and sanitation) in lessons. Students organized into school clubs and animation groups and conducted sensitization activities for their peers. Thanks to strong collaboration with Government partners, NGOs and associations, the principle of hand washing with soap was reinforced in schools. Students continued their actions at home and in their neighbourhoods, reaching other children who were not in school, and becoming behaviour change agents in their communities. Forty five women's associations were engaged, (one in each province), each with approximately 50 animators who conducted sensitization sessions on issues related to children in their communities.

The design, implementation, monitoring and supervision of interventions were reinforced with programmes focusing on priority themes. In health, C4D activities to support vaccination stimulated demand in families and communities, contributing to a coverage rate of 99 per cent for polio vaccination. Communication interventions were designed to reach all eligible children in peri-urban areas in Ouagadougou and Bobo-Dioulasso, which had a positive impact on the National Immunization Days. Local radio, interactive theatre and dialogue sessions conducted by community relay units strengthened community participation and decision-making on the Child Friendly School approach in the provinces of Ganzourgou et le Namentenga.

The C4D approach sensitized parents and caregivers to reduce the number of children working in small-scale goldmines. A variety of C4D channels at community level were used to reach approximately 75 per cent of families in five regions with messages on the advantages of birth registration. C4D activities to support WASH, focusing on hygiene and sanitation, were implemented through community dialogue sessions implemented by a women-led NGO partner in two provinces. An important priority will be to continue using evidence-based results to strengthen interventions. Progress made in acquiring knowledge and achieving behaviour change in the six key practices, as presented in the results from the 2012 Knowledge Attitudes and Practices (KAP) survey, will be measured through a KAP in 2014.

Service Delivery

**Partially met benchmarks**

The scaling-up of the Integrated Management of Acute Malnutrition was implemented nationwide, and UNICEF expanded procurement services in 2013 to US$20.2 million for immunization, the cold chain and ready-to-use therapeutic foods (RUTF). UNICEF supported the implementation of strategies to enhance early diagnosis and screening of malnourished children at the national level and in eight hospitals through training, advocacy and guidelines for HIV infant screening. The number of children who benefited from early diagnosis increased from 16 per cent in 2012 to 58 per cent in 2013. These strategies are sustainable because they are
under national ownership and leadership and are included in guidelines and in various national plans for care of malnourished children. UNICEF supported emerging strategies such as removal of user fees and result-based financing, contributing to improved service delivery coverage in the health and nutrition sectors.

Bottleneck analyses and surveys, such as the annual national nutrition survey, helped identify the most vulnerable people and key service delivery gaps. As part of the plan for strengthening the capacity of social services for child protection (2012-2014), 139 social workers received 8 training modules related to the child protection system, case management and social mediation. Those courses have improved professional practices and support to child victims of violence, exploitation and abuse. Some 158 case management sessions were held, ensuring reintegration of children into a protective environment. In 2013, the number of vulnerable children at risk or victims of abuse, exploitation and violence receiving holistic support increased by 140 per cent reaching a total of 26,990 (10,793 girls and 16,197 boys) compared to the target of 18,000 by 2013.

In 2013, efforts in emergency response were renewed to improve service delivery to Malian refugees and the host population. UNICEF supported the Sahel Regional Health coordination to support refugees, through joint monitoring visits with partners and by responding to identified gaps, such as training on early diagnosis of HIV positive children. The Child Protection Minimum Standards were integrated into the response to the Malian refugee crisis. Some 14,986 refugee children and children from host communities ages 3 to 18 gained access to child-friendly and safe spaces, and 13,778 children ages 3 to 17 among the refugee population and host communities gained access to preschool, primary or catch-up education since the beginning of the 2013/2014 school year.

UNICEF’s advocacy for inclusive education, paired with a study to identify key issues and associated strategies to promote the integration of children living with a handicap in the education sector, led to the signature of partnership agreements resulting in 17,500 children (7,875 girls and 9,625 boys) in this vulnerable group gaining access to education. Efforts were made to build the capacity of 9,460 members (including 7,560 women) of parent associations, mothers’ associations and school management committees through literacy courses, parental education and training/support to engage in income generating activities and be more active in their children’s education.

**Strategic Partnerships**

*Mostly met benchmarks*

In 2013, UNICEF and the Ministry of Social Action and National Solidarity launched the Mapping and Assessment of the Burkina Faso Child Protection System, bringing together technical ministries, experienced NGOs, traditional leaders, academia, technicians in statistics, and representatives of youth and children. The data collection and analysis informed the areas of children and justice, continuum of care, budgeting and resource mobilization for children, institutions and legislation. Through seven thematic working groups, partners committed to sharing experiences and building on best practices to strengthen the child protection system for prevention and response. Partners working on the formal system discovered the complexity and strength of the traditional system and came to understand the potential of the two systems working in conjunction to deliver results.

A new World Bank (WB) social safety net project provided an opportunity for a deeper partnership between the WB and UNICEF on social protection for the most disadvantaged. UNICEF supported the WB on ways to target beneficiaries, promote behaviour change, and adopt best practices for a cash transfer programme to reduce child malnutrition.

UNICEF’s work with GAVI and WHO led to the introduction of two new vaccines against pneumococcus and rotavirus. UNICEF support included technical assistance, training healthcare providers, communication activities and vaccine procurement. UNICEF also supported an assessment of the cold chain to increase the capacity of vaccine storage. More than 300,000 infants were reached in the last quarter of 2013. It is
expected that these vaccines will reduce child mortality caused by pneumococcus and diarrhoea due to rotavirus by 30 per cent.

UNICEF co-leads the Nutrition Group of technical and financial partners. Through the sub-groups on management of acute malnutrition, Infant and Young Child Feeding (IYCF), advocacy, and food security, the nutrition and food security agenda in Burkina Faso is well-coordinated in line with the global nutrition strategies. UNICEF is providing support to revise the national protocol for the management of acute malnutrition, conduct the IYCF situation analysis, and finalize the national food and nutrition policy. UNICEF signed Programme Cooperations’ Agreements (PCAs) with NGOs to support the community component of national scaling-up plans (management of acute malnutrition and IYCF). A partnership between UNICEF and the World Bank (WB) supported implementation of nutrition funds received by the Government through the basket funds approach. UNICEF provided technical and logistical support in the provision of Ready-to-Use Therapeutic Foods (RUTF) purchased with WB funds.

Knowledge Management

Partially met benchmarks

To generate sound knowledge for effective programming and upstream advocacy in favour of the most vulnerable children, UNICEF undertook innovative research on inclusive education and child-centred public finance. The pioneer study on inclusive education revealed: the need to build the capacity of the ministerial department in charge of integrating disabled children within the primary education system; the need to strengthen coordination between stakeholders: the lack of adapted infrastructure and pedagogic materials; and the absence of disaggregated and up-to-date statistics. Following this study, UNICEF initiated various interventions to better reach and serve children with disabilities, including execution of a national census with the Ministry of Social Action and National Solidarity (MASSN) and the signing of partnership agreements with NGOs to promote the access of children with disabilities to well-adapted quality services. In partnership with Handicap International and UNHCR, the Country Office (CO) assessed the needs of 431 refugees with disabilities in order to better address them within current interventions.

In partnership with the Ministry of Economy and Finance (MEF) and the NGO Centre d’Information, de Formation et d’Etudes sur le Budget (CIFOEB), an analysis was conducted on public spending on food security, nutrition and literacy (2006-2011), which provided convincing evidence of the need to increase government investments and regular resource mobilisation for basic social services and to conduct public expenditure tracking surveys in the national priority sectors. The analysis is being used for conducting evidence-based policy advocacy with leading Government institutes and international agencies on increasing fiscal space for children.

The studies were disseminated to partners and broader audiences through e-mail, the CO website, public presentations and UNICEF’s Global Database. In The most strategic studies were submitted to the Council of Ministers for debate, in particular Burkina Faso’s first public expenditure tracking survey on primary education. The survey was validated by the Council, and the Government put in place an inter-ministerial committee in charge of implementing and following up on the main survey recommendations.

The mid-term programme review offered a key opportunity to develop and share knowledge with partners on progress achieved, changes in context and strategic adjustments needed for the remaining period of the Country Programme Action Plan (CPAP). Those included stronger attention to resilience and equity monitoring, implementation of integrated approaches, and priority targeting of regions most affected by food insecurity, chronic malnutrition and multi-dimensional child poverty (Sahel, North and East).

Along with the Child Protection Working Group and under the leadership of MASSN, the CO supported the launch of a Knowledge Management platform on child protection from abuse, violence and exploitation, in order to enhance the dissemination of documents, research and evaluations among all stakeholders.

To support the Government in managing and using reliable and relevant data for monitoring indicators related
to the National Development Strategy and sector policies, UNICEF supported the MEF in updating the integrated sector policy monitoring system. The system was officially launched in December 2013 and is available online (http://www.sips.gov.bf/). This system will become an important tool for the policy dialogue on government performance in executing sector policies.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

By the end of 2013, following a study by the Ministry of National Education on inclusive education and a nationwide census by the Ministry of Social Action to identify the number and type of disabled children and to have a clearer idea of their specific needs, UNICEF was well-positioned to design various interventions across different UNICEF programmes. The goal was to better reach, include and serve children with disabilities to realize their rights to education, health and protection form violence, abuse and exploitation. In 2014, the Ministries plan to be involved in the programming phase with UNICEF support.

An innovative new part of the social policy programme in 2013 was the launch of a programme for social accountability and citizen control of public spending in education for children in 50 municipalities. This initiative stimulated the participation of rights holders (citizens and civil society organizations) to exercise social control over the state budgets allocated to education in their communes. UNICEF hopes to scale up the programme to other provinces/regions and types of services (WASH, health and child protection) during the remainder of the country programme. Data produced by these decentralised citizen-led monitoring platforms were publicly debated with local authorities in an effort to identify locally adapted solutions to enhance the effectiveness and efficiency of public spending and basic service delivery. Data are also used to feed upstream policy advocacy with the national Government through a recently created inter-ministerial committee that includes representatives from the Ministries of National Education, Economy and Finance and Territorial Administration.

In 2013, the Child Protection section began designing a programme to set up a monitoring and reporting mechanism in Burkina Faso to track violations of children’s rights to enable national reporting to the CRC Committee that monitors implementation of the Convention on the Rights of the Child by its State parties. Steps to operationalize this mechanism in Burkina Faso will begin in 2014, with a pilot in the Sahel Region.

**Gender Equality**

*Initiating action to meet benchmarks*

Gender was incorporated in the national constitution of Burkina Faso through the adoption of the National Gender Policy in 2009 and the Action Plan that has been implemented since 2011. Within this framework, UNICEF supported the Ministry for the Promotion of Women in developing four national priority programmes focusing on enhancing access of women and girls to basic social services and socio-political empowerment of women. Through the Gender Basket Fund, 14 gender projects designed by Government and civil society organisations were implemented. Four of those projects apply a promising new “masculinities” approach on strengthening the role of men/husbands in advancing girls’ rights to health, education, protection, water, hygiene and sanitation, preventing and combatting violence against women and promoting gender equity. In areas where it has been implemented, the “male ambassadors” approach has yielded 100 per cent access and retention of girls in school. The “masculinities” approach, along with the “Husbands and Wives Schools,” “Individual, Family, Community” and “Family Dialogue” approaches, successfully advocated dialogue in the household according to a communication approach that takes into account social norms. In partnership with Diakonia, the leading agency of the Gender Basket Fund, UNICEF supported an in-depth assessment of this innovative approach in order to document lessons learned, identify best practices and define necessary strategic adjustments for successful further mainstreaming in 2014.
UNICEF’s involvement in the development of the UN Joint Programme on Gender, the "Programme against Violence against Women and Girls, “supported the inclusion of girls and their specific needs in the Joint Programme.

UNICEF Burkina Faso assisted the Ministry of National Education and the Ministry of Secondary Education in conducting a pilot study on unwanted pregnancies and the recent mysterious wave of fainting affecting young girls in schools across the country. Girls often abandon school and suffer from discrimination and stigmatisation by their peers, families and communities. To guide the Ministries in implementing the study’s main recommendations, a three-year action plan was drafted that will be fine-tuned in 2014 as part of a broader action research programme.

An intervention to stop the cultural practice of abducting underage girls or women, who are then often subjected to forced or early marriage, increased police enforcement against this practice and resulted in 99 per cent of perpetrators being arrested. Abduction is no longer practiced in areas where police forces intervened. In the area of intervention, girls were rehabilitated and given education, psychological support, vocational training and legal support.

Priorities r 2014 will include strengthening data collection on unwanted pregnancies and fainting in schools, improving the monitoring and integrated care of girls affected, and setting up a national surveillance system to prevent gender-based violence in schools.

### Environmental Sustainability

*Partially met benchmarks*

Strong awareness of the knowledge that children’s education is threatened by climate change through its indirect impact on poverty, UNICEF’s education programme seized the opportunity to introduce the Child Friendly School concept in Burkina FASO, to mitigate households’ vulnerability to the impact of climate change. Children became agents of change to sensitize communities at large on the importance of environmental protection. Teachers were trained on preserving the environment and in gardening, to care for the vegetable nurseries introduced in schools. Access to safe water and sanitation in schools was increased. Whenever possible, the option of solar energy was included in the infrastructure built.

### South-South and Triangular Cooperation

In May 2013, the Ministry of Territorial Administration and Security organized a Round Table of technical and financial partners to mobilize resources for the implementation of its National Strategy on the Modernization of Civil Registration. The Ministry asked UNICEF to lead the group of partners and assist with advocacy. UNICEF worked closely with the General Directorate in charge of Civil Registration Modernization to organise bilateral meetings with potential funding partners, and some of the BRICS country Embassies (Brazil, Russia, India, China and South Africa) deployed to Burkina Faso. Encouraged by this South-South Cooperation, Turkey, Brazil, Egypt, Morocco, China and South Africa expressed their interest in the issue of civil registration to the Government of Burkina and committed to providing technical assistance with study exchanges and sharing experiences. UNICEF advocacy to promote partnership on this issue with Southern countries was recognized both by the national authorities and also by bilateral representatives responsible for South-South Cooperation. To date, more than 40 per cent of the budget for the five year strategy is funded, with more than 10 per cent of financial contributions coming from bilateral and multilateral partners. At year end, some pledges were being followed up. UNICEF will continue its advocacy to leverage funds for children.
**Narrative Analysis by Programme Component Results and Intermediate Results**

**Burkina Faso - 4590**

**PC 1 - Health and nutrition**

- **On-track**

**PCR 4590/A0/04/603**

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

**Progress:** The progress achieved toward the outcome is very good overall. Out of nine indicators, updated information is available for six, and shows demonstrated progress. For two indicators, data for 2012 that became available during 2013 shows that community malaria treatment rate for children under 5 increased from 0 per cent in 2009 to 20 per cent in 2012, and attended skilled delivery rate increased from 53 per cent in 2009 to 82 per cent in 2012. By 2012, those two indicators reached or surpassed the initial targets for 2015. The second indicator will be changed to reflect the under-five (U5) community malaria treatment provided by both the Community Health Workers (CHWs) and the health centres. Updated data reflecting those two campaigns and routine immunization is unavailable for children under the age of one completely immunized. Routine immunization coverage was maintained above 90 per cent in 2013.

There has been good progress with regard to the percentage of pregnant women with HIV who receive Anti Retrovirals ARVs to reduce the risk of mother to child transmission. That percentage increased from 29 per cent in 2010 to 39 per cent in late September 2012. (2013 data has not yet been validated.)

There has been significant progress for the three nutrition indicators, two of which reached their targets in 2013. Between 2010 and 2013, the exclusive breastfeeding rate increased from 25 per cent to 47 per cent, and children receiving timely complementary feeding increased from 47 per cent to 59 per cent. The initial baselines for those indicators (national nutrition survey - ENIAM 2008) were respectively 6.8 per cent and 68 per cent, but were of poor quality and were changed to DHS 2010 data to indicate the real progress made during the last two years. The number of under-five children with SAM treated increased dramatically from 40,000 in 2009 to 62,000, by the end of September 2013. A national plan to scale up SAM management implemented since 2011 focuses on strengthening the capacities of health agents and CHWs and improved community screening of malnourished children. Some 1,600 health agents and 9,366 CHWs were trained in 2013.

The successful mix of delivery strategies for immunization, vitamin A, and Insecticide Treated Nets (ITN) using both routine and campaigns was continued in 2013, with greater attention to planning and monitoring. A long lasting impregnated nets (LLINs) distribution campaign supported by UNICEF in 2013 reached more than 95 per cent of households nationwide. The monitoring for equity (MoRES) approach is starting to allow a better focus on under-reached children for all interventions. No new survey data is available for the Vitamin A coverage but progress in the institutionalization and organization of the distribution campaigns are evident.

- **On-track**

**IR 4590/A0/04/603/003**

By 2013, at least 50 per cent of newborns, under-five children (girls and boys), pregnant women, and mothers have access to high-impact health interventions in health facilities and at the community level, with a focus on most disadvantaged regions.

**Progress:** Overall, good progress has been achieved toward three out of four indicators. The number of new curative contacts per U5 child per year increased from 1.2 in 2009 to 1.67 in 2012, toward the target of 2 visits per year. The Pentavalent3 coverage in under one (U1) children increased from 79 per cent in 2009 to 99 per cent in 2012. No case of wild virus poliomyelitis has been reported since November 2009, and 19 successful national and subnational immunization days were organized between 2011 and 2013. In 2013, more than 250,000 U1 children were protected against pneumococcus and rotavirus. Since October 2013, UNICEF has worked closely with GAVI to support Burkina Faso accessing funds for the introduction of those two new vaccines. UNICEF was also involved in training care providers and in communication activities, and was in charge of the procurement of the vaccines. UNICEF also ensured the repair of five cold rooms to increase the capacity of vaccine storage.

In the Nord and Centr-Nord regions, 100,000 pregnant women and their future newborns were protected against malaria through routine distribution of LLINs as part of antenatal care. A LLINs distribution campaign supported by UNICEF in 2013 reached more than 95 per cent of households nationwide.

In September 2012 the percentage of health centres with Community-based Organisations managing diarrhoea using ORS+Zinc increased from 0 per cent in 2010 to 42 per cent. The Ministry of Health (MoH), supported by UNICEF and the Micronutrient Initiative, started to scale-up the use of ORS+zinc to treat diarrhoea in children under 5. Refresher training on the use of ORS+zinc for diarrhoea treatment was provided to health managers, health agents and CHWs, and ORS+zinc Kits were made available. The modules for training CHWs on newborn care at home were completed.

The coverage rate of the fourth antenatal visit in seven UNICEF priority regions increased from 19 per cent in 2009 to 34.5 per cent in 2012; provisional data as of September 2013 indicates 17 per cent coverage (with 60 per cent data completeness). The first antenatal visit rate was above 88 per cent in 2012, but the main bottleneck remains the delay of the first antenatal consultation that generally occurs in the second trimester of pregnancy.

The main bottlenecks for this output are the geographic, financial and cultural barriers that reduce access to services for target populations. To significantly improve curative care and antenatal care utilization, community case management and CHWs’ follow-up of
regions in terms of nutrition. Have access to high-impact nutrition interventions in health facilities and the at community level, with a focus on most disadvantaged

Introducing newborn care at home was delayed due to the staffing changes at the head of central directorates in charge of child health. Control Program and Expanded Programme on Immunization (EPI), this intervention was not implemented in 2013. The process of

and rapid test for exposed children implemented in the PMTCT strategy. That strategy began in 2011 targeting SAM children with

and 14 per cent in 2013, with 45 per cent of girls and 55 per cent of boys covered. The 2010 baseline was revised from 17 per cent to

stunting reduction.

IR 4590/A0/04/603/004 By 2013, at least 50 per cent of newborns, under-five children (girls and boys), pregnant women, and mothers

Progress: Significant progress was made toward achievement of the indicators of this output. Between 2010 and 2013, the proportion of districts with more than 50 per cent coverage of SAM children increased from 22 per cent in 2009 to 70 per cent, and the number of SAM children attended increased from 40,000 in 2009 to 62,000 as of October 2013. The SAM cure rate was above 75 per cent and the death rate was below 5 per cent. The prevalence of SAM decreased from 2.8 per cent in 2010 to 1.7 per cent in 2013. These results were mainly due to the implementation of the national plan to scale-up SAM management in 10 out of 13 regions (1,600 health agents and 9,366 CHWs were trained in 2013), continuous availability of Ready to use food (RUTF), quarterly screening in all health districts, and strong coordination among partners. The main bottleneck identified is the level of integration of SAM management in the health system, which will be addressed in 2014 through implementation of the scaling-up plan in the three remaining regions and further strengthening of the coordination strategy of NGOs in support of the health system.

Between 2012 and 2013, the exclusive breastfeeding rate increased from 38 per cent to 47 per cent, minimum acceptable diet increased from 3 per cent to 7 per cent, and children receiving timely complementary feeding increased from 57 per cent to 59 per cent. Stunting was reduced from 33 per cent to 31 per cent. These results were mainly achieved through the implementation of the plan to scale-up Infant and Young Child Feeding (IYCF) in the Nord region, the implementation of Communication for Development (C4D) activities by NGOs and CSOs in three regions, and media campaigns nationwide. Poor capacities of CHWs and health staff, the practice of “giving water” before 6 months, and poor diversity of complementary food remain the main bottlenecks that will be addressed in 2014 through the implementation of the IYCF scaling-up plan in three additional regions.

The proportion of districts ensuring biannual vitamin A and deworming supplementation to more than 80 per cent of children increased from 94 per cent in 2012 to 100 per cent in 2013. To achieve this increase, planning and monitoring were strengthened in 2013. UNICEF provided technical assistance to the MoH, supporting the development of supervision, data collection and analysis tools, a better integration with polio vaccination campaigns, and preparatory and review meetings of campaigns. The remaining bottlenecks include the weak evaluation of JVA+, which will be addressed by organizing post-campaigns evaluations, and the delay in the administration of Vitamin A at 6 months, which will be addressed by developing guidelines for assessment.

The MoH was able to carry out the national nutrition survey (NNS), maintain monthly reporting on new admissions of SAM children, and improve coordination of nutrition partners. The main bottlenecks that will be addressed in 2014 are the low completeness and timeliness of monthly data, the organization of two meetings of the national nutrition council and the creation of a common results framework for stunting reduction.

IR 4590/A0/04/603/005 By the end of 2013, at least 50 per cent of pregnant women have access to PMTCT services adapted to their needs and those of their spouses and 30 per cent of children (girls and boys) infected by HIV in need of ARV treatment are effectively under treatment nationwide.

Progress:

Overall, good progress was made toward the prevention of mother to child transmission (PMTCT) indicator, but little progress was made for the Antiretroviral Therapy (ART) of children affected by AIDS. The proportion of pregnant women tested for HIV increased from 30 per cent in 2009, to 57 per cent in 2011, to 61 per cent in 2012; and was 51 per cent as of September 2013 (data completeness: 69 per cent). The initial target of 50 per cent by 2013 was surpassed. The percentage of HIV-exposed children tested by the Polymerase Chain Reaction (PCR) method increased from 16 per cent in 2012 to 58 per cent in 2013. These results are due to the implementation since 2011 of the national plan for the virtual elimination of mother to child transmission, with a focus on new effective treatment options and on the promotion of secure breastfeeding and early diagnosis. The extension of PMTCT interventions coverage supported by UNICEF in 23 districts is effective in 98 per cent of the health centres. Existing bottlenecks include the high number of women screened as HIV positive, women and their children are lost to follow-up, the refusal of testing, and stock-outs of HIV tests. In the future, UNICEF aims to support the PMTCT supply management and the monitoring of PMTCT at the community level, which will involve a search for additional funding.

The coverage of ART for children in need of treatment remains stagnant: it increased from 13 per cent in 2011 to 15 per cent in 2012 and 14 per cent in 2013, with 45 per cent of girls and 55 per cent of boys covered. The 2010 baseline was revised from 17 per cent to 10 per cent in 2011, using Spectrum, the new standard tool. The number of children affected by AIDS under ART increased from 1,328 in 2010 to 1,878 at the end of September 2013. There has been progress with early recruitment of affected children by PCR diagnosis and rapid test for exposed children implemented in the PMTCT strategy. That strategy began in 2011 targeting SAM children with
complications (inpatients) in a few hospitals, and in 2013 it covered eight regional hospitals (up from three in 2012). A main bottleneck is the limited capacity of local actors in the care of children with AIDS. The scaling-up plan adopted in 2012 to offer early screening and paediatric AIDS care in all district hospitals will be implemented beginning in 2014. UNICEF will continue to focus on early diagnosis for all PMTCT and suspected hospitalized AIDS children, on capacity building of hospital staff through NGOs, and better follow up of children under treatment through community associations.

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

**IR 4590/A0/04/603/006 By 2013, the health system plans, budgets, and develops the community approach; manages procurement services of health supplies; and responds effectively to emergencies, taking into account gender and equity.**

**Progress:** Overall, good progress has been achieved toward three out of four indicators.

In 2013, eight policy and strategy documents were developed: document of the round table of donors to the National Health Development Plan, National COMPACT, national strategy for exemption from payment of curative care for children under 5 and advocacy document, operational document for transforming community health centres in rural communes into medical centres, Medium-Term Expenditure Framework (MTEF) 2014-2016, 2012 Statistical Yearbook of the Ministry of Health, dashboard indicators of the Ministry of Health, and three newsletters on epidemiology and health information.

The main shortfalls that will be addressed in 2014 are: delay in the adoption of normative documents of sectoral policies, not taking into account sectoral MTEF estimates in the allocation of financial resources to the Ministry of Health, and the delay in the functioning of the National Health Development Plan monitoring and evaluation units.

The lethality rates of meningitis and measles were, respectively, 14.6 per cent and 0.61 per cent in 2011, 10.26 per cent and 0.4 per cent in 2012, and 11 per cent and 0.4 per cent in 2013. The Integrated Plan for Monitoring and Response to Epidemics includes inputs for the management of cases, early detection, support cases and awareness. These strategies have been successfully implemented in terms of the responsiveness of health services. The quality of indicators monitored is acceptable and data are issued by quarterly and monthly health district reports. However, there is still a low level analysis of epidemiological data at the decentralized level and a high fatality rate of meningitis.

In 2011, 2012 and 2013, no health region had developed its health Development Plan.

In 2011-2013, 100 per cent of health districts conducted performance monitoring of the Minimum Package, and performance monitoring of the complementary package has risen from 0 per cent in 2011 to 50 per cent in 2012 and 100 per cent in 2013. The monitoring process at the operational level allows for the analysis of determinants of supply, demand and quality of services, to identify bottlenecks in the implementation of high impact interventions and to reduce specific morbidity and mortality. Monitoring tools are available for all levels of the health system and were revised in 2012. However, not taking into account the data from monitoring activities at health facilities and at community level in annual planning and the delay in the implementation of monitoring at reference structures are bottlenecks in the implementation of this approach in the context of MoRES.

**PC 2 - Promotion and protection of rights**

**PCR 4590/A0/04/605 By 2015, (i) the primary school Gross Enrolment Rate (GER) increases from 72.4 per cent in 2008-2009 to 100 per cent, with a special focus on vulnerable children and those with special needs and (ii) the primary school Completion Rate (CR) increases from 45.9 per cent in 2009-2010 to 75.1 per cent, with special focus on girls.**

**Progress:** The primary school gross enrolment rate (GER) reached 81.3 per cent in 2012-2013, up from 79.6 per cent in 2011-2012 and indicating near gender parity (81.6 per cent for boys and 81.0 per cent for girls). The main challenge at the primary school level now concerns quality of education as expressed by the relatively low completion rate of 59.5 per cent (59.7 per cent for girls and 59.3 per cent for boys) during the same academic year. A larger proportion of girls complete primary school, but the trend is reversed during transition to post-primary education, where economic and socio-cultural factors have a greater negative impact on the opportunities for girls to pursue their studies.

The implementation of UNICEF’s Education Programme contributed to the progress toward national objectives, as more disadvantaged children were reached in primary school, early childhood development programmes and non-formal basic education centres. The number of children reached was 110,420, including 53,002 girls, 13,778 Malian refugee children (5,824 girls), 17,500 children living with a handicap (9,100 girls), and 11,000 girls at the post-primary education level. The quality of education was improved through teacher training on child-centred pedagogy, introduction of child friendly concepts in 430 schools, and capacity building of 9,460 community members in the form of literacy and access to income-generating activities for greater parental involvement in children’s education. Two activities were postponed to 2014 due to lack of funds (installation of WASH facilities in 19 schools and construction of 11 study areas in post-secondary schools). Two important activities that will help reach the most marginalized children in Burkina Faso were initiated: the development of a national strategy on inclusive education and a reflection on the promotion of non-formal basic education centres. The advocacy conducted by UNICEF, in collaboration with other Education Sector partners, led to the partial application of the Education
Continuum, consisting of transferring pre and post-primary education to the Ministry of National Education and Literacy (MENA). In the past, those two levels were under the responsibility of the Ministry of Social Affairs and National Solidarity (MASSN) and the Ministry of Secondary and Higher education (MESS). The study completed in 2013 on unwanted pregnancies, which fed the regional conference held on the subject, brought greater national attention to the issue, and girls’ premature pregnancies now appear high on the agenda of the MENA, the MESS and the Ministry in Charge of Promoting Women and Genre (MPFG). This, in addition to the advocacy initiated with Plan International to launch a national initiative to promote girls’ transition to post-primary education, will certainly help address the issue of girls’ retention in post-primary and secondary education, premature and unwanted pregnancies being among the major impediments to girls pursuing their studies.

The constraints addressed in 2013 included:

(i) the time taken by implementing partners to conduct planned activities and justify use of funds,
(ii) the need to interrupt some training activities during the academic vacation or rainy season (In 2013 efforts were made to sign construction contracts sooner so that work could start before the rainy season.)
(iii) the lack of appropriate resources by some partners, and the non-alignment of UN per diem rates to national rates;
(iv) delays in reaction time on the part of partners on major issues like inclusive education;
(v) implementation of the continuum whereby education from pre-school to post-primary is under the administrative responsibility of one ministry, the Ministry of National Education and Literacy -- In practice, many activities at that level are still conducted and overseen by other Ministries, making it difficult to identify main partners, especially in the area of girls’ transition from primary to post-primary education. UNICEF typically works will all Ministries involved and for now, the funds are transferred to the Ministry previously in charge of those activities. At the post-primary level, UNICEF works with the MESS (Ministry of Secondary and Higher Education) and at the preschool level with the MASSN (Ministry of Social Action and National Solidarity).

The main lessons learned relate to the importance of monitoring and evaluation. UNICEF’s presence at agency-financed activities, even in the case of training sessions, seems to boost participants’ involvement and achieve better results in the field.

**On-track**

**IR 4590/AO/04/605/004** By 2013, the Ministries of Basic Education (MENA MASSN, MESSRS, and MJE) adopt and apply educational quality standards.

**Progress:** In addition to supporting teacher training and updated materials developed for that purpose, UNICEF, in collaboration with the Ministries in charge of education and education partners, developed construction and quality norms for child friendly schools. Those standards were accepted by the Ministries and need to be validated for widespread use in schools nationwide. More than 350 basic education structures in the North, Centre North and Plateau Central regions are applying those norms, up from 322 schools in 2012, and surpassing the target of 150 schools.

**On-track**

**IR 4590/AO/04/605/005** By 2013, the actors at decentralized and community levels contribute more to improving the quality of education in terms of supervision and monitoring of children, as well as management and operation of educational structures.

**Progress:** In 2013, UNICEF continued community sensitization to the child friendly school (CFS) approach; and supported literacy programmes for community members, income generating activities for women and members of mothers’ associations, and parental education for adults in charge of children. All those activities have a common objective of empowering communities and building their capacities for their greater involvement in school management and operation. The Ministry of National Education and Literacy adopted and expanded a strategy promoted by UNICEF of empowering women through literacy and increased access to income generating activities, through which more than 16,000 women have benefited from improved economic and social welfare. This in turn benefits their families and their children, who have an increased chance of attending school.

**On-track**

**PCR 4590/AO/04/606** By the end of 2015, (1) children and women live in a protective environment where legal texts are applied or where social norms protect children, individuals, families and communities and the State protects them against violence, abuse and exploitation and (2) at least 50 pc of vulnerable children and women identified or victim of violence, abuse and exploitation are reintegrated in society.

**Progress:** During 2013, the UNICEF Burkina Faso Child Protection Programme contributed to the improvement of the protective environment for children through direct holistic service delivery to 49,138 child victims of abuse, exploitation and violence, (42 per cent girls), an increase of 24 per cent over 2012. The protective environment improved thanks to capacity strengthening of the social workforce, caregivers and stakeholders, strategic partnership building and strengthening, and enhanced data collection and analysis.

In 2013, 33,288 people affected by either the nutrition crisis or the Malian refugee crisis, both in refugee camps and in host communities, received support and protection. More specifically, 14,986 refugee children and children from host communities ages 3 to 18 gained access to child-friendly and safe spaces in five refugee sites and in ten communities in Soum, Ouédalan and Seno provinces. Children were provided with psychosocial assistance and participated in recreational activities. Some 15,922 vulnerable people from host communities in the Burkinabe provinces bordering Mali, including 6,170 girls and 1,400 women, benefitted from a strengthened endogenous, community-based child protection system with safe spaces and a referral system. A total of 1,880 mothers of children under 5 suffering from severe acute malnutrition and their children received psychosocial support during their stay in the 52 nutritional therapeutic feeding centres supported by OCADES Caritas Burkina. Five hundred mothers of children under 5 suffering from severe acute malnutrition and identified as most vulnerable received support to start up income generating activities.
UNICEF’s high-level advocacy toward child protection from abuse, exploitation and neglect resulted in the First Lady of Burkina Faso’s support for the signing of a bilateral agreement with Ivory Coast on the fight against cross border child trafficking in October 2013. The First Lady participated in a high level Meeting held in Rome on 21 October 2013, during the international conference on female genital mutilation/cutting (FGM/C). The conference aimed to consolidate global political commitment, plan specific strategies, and further galvanize national action to build a broad-based movement to end FGM/C and related discriminatory practices in the next generation, in accordance with the 2012 General Assembly Resolution 67/146 on intensifying global efforts for the elimination of female genital mutilation. The First Lady of Burkina Faso is the “Godmother” of that Resolution, and as a UNICEF partner plays a key role in putting the child at the front of the political agenda.

At a meeting in Ouagadougou in November 2013, members of the West African Network on child protection committed to better assist, protect and reintegrate children on the move through strengthened cross border collaboration and cooperation, at both the non-governmental and governmental levels within the Economic Community of West African States (ECOWAS). UNICEF’s networking and technical support also resulted in a strong partnership with all stakeholders (donors, non-governmental national and international organizations, mobile phone companies, UN agencies) and the Ministry of Territorial Administration and Security to better coordinate, monitor and fund implementation of the national strategy on civil registration modernization.

UNICEF efforts in 2013 on data collection and MoRES resulted in the national census of children living with disabilities and in the mapping and assessment process of the child protection system. Large gaps in data collection and analysis and in monitoring and reporting remain, and strengthening of these processes is required to base the child protection work and its resource mobilization on high quality and reliable qualitative and quantitative evidence.

The UNICEF mid-year programme review highlighted cross-border consideration of child protection issues and geographical focus on the most disadvantaged regions of the country in the North, Sahel and East regions. Both will be addressed during the two last years of the current Country Programme.

**On-track**

**IR 4590/A0/04/606/001** By 31 December 2015, children are protected by and have access to a functional justice system applying procedures that are sensitive to age and gender, with a focus on the Sahel, North and East regions

**Progress:** In 2013, 510 minors (78 per cent boys), and 70 mothers in conflict with the law accompanied by their under-five children accessed a child- and gender-sensitive justice system (A total of 1,816 minors and 189 mothers since 2011). More specifically, in 2013, 81 children (including 10 girls) in contact with the law were taken care of by the Regional Child Protection Brigades of Ouagadougou and Bobo Dioulasso; 76 minors in conflict with the law (including 17 girls) received judicial assistance during their prosecution; 220 incarcerated minors (including 10 girls) were supported with complementary food, medical and social assistance; 68 minors in conflict with the law (including 7 girls) followed a rehabilitation programme in an open air detention centre as an alternative to their imprisonment; 25 minors (including 3 girls) who benefitted from this rehabilitation programme were reintegrated into their families and communities; 40 previously reintegrated minors in conflict with the law (including 9 girls) benefitted from follow up home visits; and 70 mothers imprisoned with their under-five children received additional support.

UNICEF continued to advocate for passage of the draft law on protection of children from violence and the presentation of the Children’s Act to the National Assembly. At years’ end these documents were still pending presentation and validation by the Council of Ministers and the National Assembly, respectively. Due The technical and financial partners justice and human rights group will continue to support those two projects in anticipation of a 2014 vote.

In 2013, UNICEF had a strong partnership with the Directorate General in charge of the Modernization of Civil Registration (DGMEC) of the Ministry of Territorial Administration and Security (MATS). In February, UNICEF supported the participation of the General Director of the Modernization of Civil Registration as an Expert member of the United Nations Economic Commission for Africa at the 8th Annual Symposium on Statistical Data, held in Botswana. In April, a Round Table was organized by the MATS with UNICEF as the lead partner, to mobilize resources for the implementation of the national strategy on civil registration modernization. More than 40 per cent of the total requested budget was mobilized, with a substantial part committed by the Government of Burkina Faso. In May, UNICEF Burkina Faso supported the participation of a representative of the Government of Burkina Faso to a high-level panel in Addis Ababa on birth registration, which resulted in a wide communication on results achieved so far by Burkina Faso. In July, following sustained advocacy and technical support to the DGMEC, UNICEF participated in a high-level meeting with Orange Group in Ouagadougou, resulting in the signing of a cooperation agreement between the phone company and the Government of Burkina Faso to support a pilot project on birth registration using mobile phones. In November, UNICEF assisted the MATS in the preparation of the United Nations Economic Commission for Africa (UNECA)/African Development Bank (ADB)/WHO visit to Burkina Faso, which resulted in greater involvement of technical ministries, such as the Ministry of Public Health, and other UN agencies, such as IOM and WHO, in understanding donors’ strategies and in a roadmap for future action in the analysis and improvement of the current strategy. The European Union financially supported that effort. The mobile phone pilot project will be implemented in 2014, targeting increased birth registration in ten areas.

In response to a request from the MATS, UNICEF supported an initiative in favour of birth registration and certificates and identity card distribution in the commune of Gonen/Nahouri, where ethnic tensions and inter-community fighting in 2012 resulted in heavy casualties and deaths. A total of 1,130 birth certificates and 525 identity cards were delivered.

**On-track**

**IR 4590/A0/04/606/002** By 31 December 2015, 45,000 children at risk or victims of violence, abuse and exploitation are protected or treated in a holistic manner within the framework of a reinforced and resilient institutional and community system, with a focus on the Sahel, North and East regions.
**Progress:** During 2013, further progress was made in promoting the abandonment of FGM. The first phase of the Joint UNFPA-UNICEF Programme for the acceleration of the abandonment of FGM/cutting came to an end and the external evaluation conducted in March 2013 demonstrated that major results were achieved thanks to the key technical and financial support provided by UNICEF and UNFPA.

Results achieved since the beginning of the Joint UNFPA/UNICEF Programme are as follows:

- 305 public declarations of FGM/C abandonment, including 176 declarations in 2013.
- In 2013, a total of 1,101 traditional and community leaders committed to abandon FGM/C during public ceremonies. The commitment was manifested in 2,188 public addresses and sermons, surpassing the initial target 1,287.
- The number of women and men informed on the consequences of FGM/C and on the law banning and penalizing this practice rose from 239,964 in 2012 to 312,225 in 2013.
- 8,382 community-based and school-based sensitization sessions reached a total of 40,417 young people and women.
- All of the targeted health structures in Kaya and Zorgh included the prevention of FGM/C in their antenatal and neonatal consultations. Eleven health structures are able to respond to complications and consequences of FGM/C and the number of corrective surgeries increased from 145 in 2012 to 272 in 2013.
- A radio broadcast was targeted to the populations living at the border with Mali in the framework of the cross-border fight against FGM/C.
- From 2009 to 2013, 117 accusations were registered for 736 girl victims.
- From 2009 to 2013, 12 cases went to trial, with a total of 192 persons prosecuted and condemned, including 38 women execisors and 154 accomplices.

In 2013, the number of prosecutions of women execisors increased, the number of files left pending and not treated was reduced, and condemnations against people practicing FGM/C increased.

In line with its strategy to strengthen the capacities of national implementing partners, UNICEF supported the training of 3,216 people on the theory of social norms, for use toward the issues of FGM/C, early marriage, and of women accused of witchcraft.

The Burkina Faso Case Study of the evaluation on the Joint Programme highlighted the following points:

1. The design of the joint programme in Burkina Faso reflected, with some modifications, the orientations of the overall (global) joint programme.
2. The joint programme helped to further strengthen an already favourable national environment for the abandonment of FGM/C, particularly by: enhancing the coordination among and the capacities of national actors; promoting political and institutional commitment for FGM/C abandonment; facilitating law enforcement; and supporting efforts to address the negative health consequences of FGM/C.
3. The joint programme also contributed to strengthening the involvement of local authorities in efforts to abandon FGM/C; to demystifying reasons for the continuation of the practice; to changing the attitudes of target populations as regards FGM/C; and to accelerating the dynamics of abandonment in both geographic areas of focus.
4. The joint programme in Burkina Faso has not contributed significantly to the production and use of reliable data on FGM/C. A further weakness is that it has not participated in strengthening regional dynamics for change.

Major challenges to the sustainability of results include monitoring and follow-up of community commitments, supporting actors at the community level, and mobilizing resources to deepen and extend the existing dynamics for FGM/C abandonment.

Within the framework of the national plan to fight early marriage, UNICEF worked closely with the Ministry of Social Action and National Solidarity and non-governmental organizations using the social norms theory to address the issue within the communities of the ten targeted provinces. Discussion panels took place in the Sahel region with the decentralized authorities, traditional and religious leaders in order to sensitize them on the harmful consequences of early marriage. Those led to discussions on alternative endogenous protection mechanisms to tackle harmful traditional practices, initially aiming at preventing sexual abuse and violence, early pregnancy and family separation. The conclusions of these discussions and the results of an anthropological study conducted by the Danish Refugee Council in the Sahel region with the technical and financial support of UNICEF will be used to enrich and revitalize the national plan of action to fight early marriage and support the National Coalition on the fight against early marriage in line with the Government’s priorities.

UNICEF also continued to support 158 girls saved from early marriage by social workers working for the Ministry of Social Action and National Solidarity at decentralized level in the ten targeted provinces by providing them with a holistic package allowing them to pursue their schooling. By keeping girls in school, this scholarship program contributes to delaying the age of marriage and, by consequence, the age of first pregnancy.

The launch of a National Coalition to ban early and forced marriage will be a key programme element in 2014 in order to increase results in the field.

**IR 4590/A0/04/606/003 By 2014, 50 per cent of girls and boys victim of trafficking and worst forms of labour are rehabilitated**

**Progress:** In 2013, UNICEF’s Child Protection Programme increased its interventions aimed at strengthening the prevention of children being engaged in the worst forms of child labour, and more specifically, children working in artisanal gold mining sites in the five regions of UNICEF intervention (Sahel, North, Plateau Central, South West, and Centre North). A pilot integrated communication plan was
developed jointly with the C4D Programme and implemented in 54 villages of the Centre North Region, resulting in 270 people being trained and acting as overseers referring children at risk of or victims of child labour. Quantitative results will be available in early 2014. UNICEF continued to support the Ministry of Social Action and National Solidarity and to the Ministry of Labour and Social Security in their supervisory role, enabling them to send quarterly field monitoring missions to the 13 regions of Burkina to maintain the level of attention paid to this issue by the decentralized administrations. As a result, the Governorate of the Centre North Region is organizing a Forum in early 2014 with all stakeholders, including technical and financial partners, on the issue of children abandoning schools to work in artisanal gold mining sites.

In 2013, UNICEF succeeded in withdrawing 5,179 children and youth below the age of 18 from the artisanal gold mining sites, bringing the total for 2011-2013 to 20,250 children (9,230 girls and 11,020 boys). The initial target of 10,000 children withdrawn from the gold mining sites by 2014 has been exceeded by more than 200 per cent by the end of 2013. The cumulative effects of sensitization and communication for social change, together with the enrolment and retention of children in schools, has demonstrated long-term results. 2014 will be marked by an extensive evaluation of the “Support to the reintroduction of children working in gold mines” project, which will enable an assessment of its impact on the children and communities and draw lessons learned and conclusions for the continuation of the project and its modalities.

UNICEF continued to support the Ministry of Social Action and National Solidarity for the capacity building of 200 members of the Vigilance and Surveillance Committees in charge of monitoring and referring cases of child trafficking at the commune level. In 2013, a total of 1,146 victims of child trafficking (704 boys and 442 girls) were intercepted and provided with holistic assistance package for their interim care, reintegration and reunification with families. Among them, 949 children were victims of internal trafficking and 197 were victims of external trafficking. Children mainly originated from Mali, Ghana, Niger, Nigeria and Togo, some of them crossing Burkina to reach Mali or Ivory Coast. The need to concretize and increase cross-border collaboration with countries in the region and increase support for the child friendly handling of those cases remains a challenge. UNICEF Burkina Faso met with members of West African Network on child protection in Ouagadougou in November 2013 in order to increase the cross-border collaboration and cooperation at both the non-governmental and governmental levels within the ECOWAS, with the aim of better assisting, protecting and reintegrating migrating children. Collaboration will be strengthened in 2014 in order to provide coherent support both in Ivory Coast and Burkina Faso to the stakeholders and partners implementing the Cooperation Agreement signed between the two countries on the issue of cross border child trafficking.

In 2013, the mapping and assessment process of the child protection (CP) system and its bottleneck analysis component were concretized. Under the leadership of the Ministry of Social Action and National Solidarity, approximately 90 representatives from the different government bodies dealing with child protection issues, non-governmental national and international partners, academia, traditional leaders and youth worked on a comprehensive toolkit dealing with issues such as children and justice, structures and institutions, governmental bodies mapping, data and statistics, and the legal and general context. In 2014, this exercise will be finalized, with the completion of the resource mobilization and costing tools and strategic orientation and prioritization of actions to be taken in order to strengthen the Burkina Faso child protection system in its both interlinked formal and traditional components. Partners involved in the exercise have demonstrated a high level of commitment and a key understanding of the importance of assessing what is in place and what has to be improved in order to improve child protection.

UNICEF provided substantial support to the above-mentioned Ministry and its national training institute for social workers, providing increased training in eight modules for 139 social workers, including students and graduates, as well as material assistance to eight sub offices at the provincial level to support case management and data collection and analysis.

UNICEF supported the setting up and running of eight Child Protection Networks at the provincial level. As a result, a total of 158 case management sessions were held. UNICEF also supported the Ministry’s advocacy efforts with phone companies to have the eight digit child helpline number reduced to three digit “116” (for easier memorizing by children and in compliance with international standards). The emergency response mechanism currently available only in Ouagadougou and is not yet aligned with the national phone geographical coverage and not available in the 45 provinces. The last two years of the Country Programme will focus on support to strengthen and align the pilot response mechanism in Ouagadougou with international standards.

As part of its commitment to reach out to the most vulnerable and less visible children, UNICEF Burkina Faso encouraged and supported the Ministry of Social Action and National Solidarity in its national census of children with disability project. According to preliminary December 2013 results, a record number of more than 64,000 children were registered. The direct involvement of the National Institute of Statistics and Demography and its commitment at the end of this exercise to include this category of citizens in its future general census (scheduled for 2016) was a major achievement. Another achievement was the involvement of Handicap International, Children Blind Mission and Light for the World and their national, local and community-based associations, contributing to the project’s pool of funding, technical capacity building and implementation. All stakeholders involved in this project have considerable expectations for 2014 and onwards with regard to the use of this data for better programming, resource leveraging and increased attention given to this category of the most vulnerable children.

**On-track**

**IR 4590/AO/04/606/004** By 2013, a special child protection system is progressively put in place and ensures treatment based on gender and human rights for at least 18,000 vulnerable children and their mothers

**Progress:** In 2013, UNICEF strengthened technical support and improved planning and programming with implementing partners and increased resource allocations, by providing care and assistance for a total of 7,512 of the country’s most vulnerable children (an increase of 140 per cent). From 2011 to 2013, a total of 26,990 most vulnerable children (10,793 girls and 16,197 boys) benefitted from holistic assistance, surpassing the target of 18,000. Those children included 3,877 street children, 13,280 children with disabilities, 5,271 orphaned children affected by HIV/AIDS, 1,057 orphaned children infected by AIDS, and 2,605 child victims of violence and sexual abuse.

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The UNICEF mid-year review of the Country Programme identified significant improvement in monitoring and evaluation in the field of child protection as a result expected in the last two years of the Country Programme. Data collection and analysis, along with monitoring and evaluation, are considered some of the main bottlenecks for child protection, and will be given further due attention and support.

UNICEF Burkina Faso Child Protection Programme pursued its resource mobilization and partnership building efforts in response to the Malian refugee crisis and the nutrition crisis, which resulted in the following:

- 14,986 refugee children and children from host communities ages 3 to 18 gained access to child-friendly and safe spaces in five refugee sites and in ten communities in Soum, Oudalan and Seno Provinces. Children were provided with psychosocial assistance and participated in recreational activities.
- 15,922 vulnerable people from host communities in the Burkinabe provinces bordering Mali, including 6,170 girls and 1,400 women, benefitted from a strengthened endogenous, community-based child protection system with safe spaces and a referral system.
- A total of 1,880 mothers of under-five children suffering from severe acute malnutrition and their children received psychosocial support during their stay in the 52 nutritional therapeutic feeding centres supported by OCADES. 500 mothers of under-five children suffering from severe acute malnutrition and identified as most vulnerable received support to start income generating activities.

UNICEF Burkina Faso, along with Terre des hommes Lausanne, ran the first Child Protection Minimum Standards training for partners in the West Africa Region, with more than 42 humanitarian workers from governmental, non-governmental and UN agencies stakeholders. The training sessions in Ouagadougou and in Dori resulted in the definition by the participants of a plan of action to translate minimum standards into action within their respective emergency response and preparedness plans.

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

**On-track**

**PCR 4590/A0/04/604** By 2015, the percentage of the population using a safe water source for drinking water increases from 56 per cent to 76 per cent, and the percentage of households using improved sanitation facilities increases from 10 per cent to 54 per cent.

**Progress:** Despite structural and cultural constraints in sanitation, overall the programme is on track. Open defecation rates are still very high across the country, especially in rural areas where only 3.1 per cent of the households own a latrine. Following WASH interventions, 38 per cent of the households in the target area own a latrine as of December 2013. Successful advocacy with the Government for Community Approaches to Total Sanitation (CATS), with a clear shift towards change in social norms for dignity and better health at community level, was an important step forward in the national policy for sanitation and hygiene. The CATS strategy developed in partnership with the Government will be the framework for the implementation of the hygiene and sanitation policy for all WASH actors in the country from 2014 onward. The 2013 sanitation campaign for the construction of household latrines reached 346 rural communities with an estimated population of 764,000 million inhabitants in 20 communes of the Central Plateau and North Central regions. Improvements were demonstrated in the sector, with increased sanitation coverage of 7.4 per cent in Kourwéogo and 3.4 per cent in Oubritenga and 1.5 per cent in Ganzourgou, as compared to December 2012. In the past three years a greater involvement of authorities at high level has been noted for the prioritization of sanitation issues. The current Government has committed to eliminating open defecation by 2015.

Major achievements were made in the sectors of drinking water supply and hygiene mobilization, especially in primary schools and health facilities. However, due to population growth, those achievements have very limited impact on coverage indicators. Access rates to drinking water in the two intervention regions increased from 74 per cent in 2012 to 77 per cent in 2013 in the Central Plateau and from 65 per cent to 69 per cent for the Centre North. In response to the emergencies caused by the food crisis, the 2012 cholera outbreak in the region and the Malian refugee crisis, 39 boreholes were rehabilitated in refugee host communities and health centres in 2013. Hygiene promotion activities continued in 75 primary schools and consequently access to potable water for schools rose from 52 per cent in 2012 to 60.9 per cent in 2013 in Plateau Central, and reached 63.3 per cent in 2013 in Centre Nord.

**On-track**

**IR 4590/A0/04/604/003** By the end of 2015, household members and students of the educational system in the Plateau Central and Centre Nord regions have permanent and equitable access to improved sanitation, with targets: 54 per cent for Ganzourgou and 30 per cent for Kourwéogo and Oubritenga (provinces in Plateau Central region), 10 per cent for Bam (province in Centre Nord region)

**Progress:** At the national level, continued advocacy and support for the General Directorate for Sanitation, Waste Water and Excreta (Direction Generale de l’Assainissement, des Eaux Usées et Excreta, DGAUE) resulted in a greater involvement and commitment for community approaches to total sanitation. In collaboration with the DGAUE, UNICEF consolidated different approaches implemented in the country for household sanitation in rural areas and developed a CATS approach taking into account the specifics of the rural environment of Burkina Faso. This approach is expected to be endorsed by all WASH partners in the country in 2014.

At the community level, outreach for hygiene promotion and community construction of family latrines had an impact in all 346 targeted villages. The programme approaches included Information-Education-Communication (IEC), home visits, theatre followed by discussion forums and Community-Led Total Sanitation mobilization tools. Some 3,340 households in Ganzourgou, Kourwéogo and Oubritenga provinces built family latrines and abandoned open defecation. The coverage rates of households with access to improved latrines
improved from 38 per cent in 2012 to 39.5 per cent in 2013 in Ganzourgou, from 30 per cent to 37.4 per cent over the same period in Kourwéogo and from 33 per cent to 37.4 per cent in Oubritenga.

A recent survey conducted by UNICEF partner Water and Sanitation for Africa (WSA) showed that 4 per cent of households with access to latrines are headed by women. The sanitation campaign conducted in Ganzourgou province has a focus on improving access to sanitation by vulnerable people such as the elderly, disabled and female-headed households and has helped improve women's access to household latrines.

In 2013, nearly 16,000 students from 64 primary schools gained access to ventilated improved pit (VIP) latrines separated for boys and girls thanks to the construction and/or rehabilitation of 192 blocks of latrines coupled with facilities for washing hands.

Although two of three targets were reached, these results are still far from comparable rates in the region.

**Progress:** The following results for drinking water were achieved in 2013 in the WASH programme intervention areas (Central Plateau, the North and the South):
- 20 community boreholes equipped with hand pumps were drilled, providing drinking water to a total of 600 people; Borehole drilling activities were sustained by the creation of water point management committees and trainings on hand pump maintenance;
- 77 boreholes equipped with hand pumps were drilled in schools as a component of the Child Friendly School (CFS) initiative;
- 58 boreholes equipped with hand pumps were rehabilitated, including 19 in primary schools and 39 in villages and refugee host communities.

Access to potable water for schools rose from 52 per cent in 2012 to 60.9 per cent in 2013 in Plateau Central and has reached 63.3 per cent in Centre Nord have equitable and permanent access to and manage safe drinking water points. In response to the emergencies caused by the food crisis, the 2012 cholera outbreak in the region and the Malian refugee crisis, 39 Plateau and 4 per cent in the Centre North. Access rates to drinking water in the two regions increased respectively from 74 per cent in 2012 to 77 per cent in 2013 in the Central Plateau and from 65 per cent to 69 per cent for the Centre North over the same period.

In 2013, the capacity of 11,600 women was strengthened in the management of drinking water and sanitation issues at the household level. Approximately 90 women per village were trained in a week-long session by UNICEF partner the NGO Association Chants de Femmes (ACF). The trainings covered the topics of hygiene and sanitation as well as prenatal health, child’s food and nutrition, the child’s health, development of infants and young children, family planning, HIV / AIDS and female genital mutilation. The prevention of diarrhoea and other waterborne diseases was a key part of the trainings.

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- From 2011 to 2013, 49 per cent of people of Plateau Central region and 20 per cent of Bam provinces were reached by social mobilization activities to promote awareness and adoption of good hygiene practice for child survival.

- 192 hand washing facilities were installed in 64 schools, improving the hygiene and hand washing practices of 16,000 students.

- 8,413 hygiene kits were prepositioned in health centres in 11 regions to support treatment of severe acute malnutrition, and 4,012 mothers of malnourished children received sensitization messages aimed at improving hygiene practices.

**PC 5 - Communication, advocacy, participation and development of young people**
**PC 6 - Social policy, planning, monitoring and evaluation**

**On-track**

**IR 4590/A0/04/607/003** By 2013, at least 20 per cent of men, women, boys, and girls know about the six key family practices (exclusive breastfeeding, sleeping under insecticide-treated mosquito nets, hand washing with soap, treatment of diarrhoea using ORS, PMTCT of HIV, and complementary infant feeding) for child survival and development, with at least a 30 per cent increase in each practice nationwide.

**Progress:** Behaviour change interventions were strengthened through an update of the national communication plan for Accelerated Child Survival and Development (ACSD), incorporating the results from the 2012 Knowledge, Attitudes and Practice (KAP) study on the six Key Family Practices (KFP) and the 2012 survey on the most effective communication channels. Some 1,816 people in seven areas were reached through the survey on the most effective communication channels and 3,471 households in 13 regions were reached through the KAP study. Evidence-based progress made in acquiring knowledge and achieving behaviour change in the six KFP will be measured through a KAP in 2014.

**On-track**

**IR 4590/A0/04/607/004** By 2013, at least 50 per cent of stakeholders (local authorities, CBOs, opinion leaders, young men/women, and the media) commit to promoting the six key family practices.

**Progress:** UNICEF took the lead organizing commemorative events for the Day of the African Child on 16 June, in collaboration with the Ministry of Social Action. More than 300,000 people in three regions (Centre-West, Central Plateau and Centre) participated. Fifty high level political figures, including the First Lady of Burkina Faso, committed to promoting child rights. More than 120 traditional leaders from 45 provinces launched messages and appeals to their communities on the need to adopt the six KFP and strengthen a culture of peace, a significant increase from the 80 leaders in 22 provinces who promoted the six KFP in 2012.

An advocacy campaign on total sanitation and an end to open air defecation led by traditional and religious leaders in the North, Centre and Centre-North regions was initiated. UNICEF provided technical and financial support for the campaign. Some 380 latrines were built by the population in symbolic locations around their villages, with commitment from leaders to boost discussions and action around the need for latrines, and to work towards progressive latrine usage among communities and families.

Advocacy activities made steady progress through the campaign to take action against malnutrition in children, targeting 127 parliamentarians. UNICEF’s advocacy efforts resulted in the President of the National Assembly accepting the role of national patron of the campaign to reduce malnutrition. The Parliamentary Network for the Rights of the Child (REPRODEN) was active through workshops, strategic reflection and dialogue with the Government on malnutrition.

**On-track**

**IR 4590/A0/04/607/005** By 2013, at least 30 per cent of girls and boys, adolescents, and young men and women acquire life skills (HIV, reproductive health, hygiene and sanitation, civic responsibility) and participate in decision-making in the regions with weak indicators.

**Progress:** The results of the 2012 study on the Needs and Aspirations of Young People were taken into account in the Ministry of Youth’s action plan in 2013. Young people and adolescents had their life skills enhanced through sensitization and training sessions on the six KFP. Young women were sensitized and mobilized on issues including sexual and reproductive health, hygiene and sanitation, HIV and AIDS and violence against girls. In 2013, more than 4,000 students participated in educational sessions on promoting knowledge and safe hygiene practices on the six KFP in schools.
**PCR 4590/A0/04/601 Economic and social policies and programs are monitored, results based and contribute to the reduction of disparities, vulnerabilities and poverty of children and women**

**Progress:**

In 2012, UNICEF supported the Ministry of Economy and Finance (MEF) to design, develop and roll out a Sectoral Policy Information System (SIPS) to monitor achievement of outcomes and indicators of different sectoral policies. In 2013, information on indicators from 2011 and 2012 was uploaded, and the SIPS was posted online and officially launched in December 2013. This tool will also optimize the monitoring of MDGs and Strategy for Accelerated Growth Sustainable Development (SCADD) 2011-2015 indicators.

The National Social Protection Policy (NSPP) was adopted in September 2012. In 2013, UNICEF provided financial and technical support to develop and validate the institutional mechanism for the monitoring and evaluation of the NSPP. Advocacy by UNICEF helped to set up the Permanent Secretariat of the National Social Protection Policy (PS/NSPP) and in November 2013 the first session of the National Council on Social Welfare was held, effectively putting into operation the monitoring and evaluation of the NSPP.

UNICEF provided technical support and advocacy to the NSPP, which aims to reduce inequities and reach the most vulnerable people. In 2013, progress was made in the health sector toward providing health care fee exemptions for the treatment of children under 5. The Government adopted a national strategy on free health for children under 5. UNICEF will continue to advocate for the effective implementation of this strategy in 2014. A new 5-year World Bank (WB) social safety net project (budget: US$50 million) provided opportunities for a deeper partnership between the WB and UNICEF on social protection for the most disadvantaged. UNICEF supported the WB on ways to target beneficiaries and to promote behaviour change and adoption of best practices. The project has two components: a cash transfer programme to reduce rates of child malnutrition, targeting 40,000 to 50,000 households in eight districts in the North, East and Centre East regions (which show the highest rates of poverty, insecurity food and chronic malnutrition), and the implementation of operational tools to build a national system of social safety nets and capacity building institutional (e.g. a database of the poorest areas and groups, information and monitoring and evaluation systems).

**On-track**

**IR 4590/A0/04/601/004 By 2014, the research, analysis and advocacy on poverty, social protection, public expenditures and financial access to social services contribute to the elaboration, implementation and monitoring and evaluation of social and economic policies for achieving the rights of women and children**

**Progress:** In 2013, UNICEF continued to play a leading role in supporting the Ministry of Economy and Finance and the Prime Ministry to operationalize the National Social Protection Policy and the Action Plan adopted in 2012. Advocacy by UNICEF helped to set up the Permanent Secretariat of the National Social Protection Policy (PS/NSPP) and in November 2013 the first session of the National Council on Social Welfare was held, effectively putting into operation the monitoring and evaluation of the NSPP. Despite delays of almost one year in setting up the Permanent Secretariat, the existence of an institutional mechanism for monitoring and evaluation that can cover all the initiatives of social protection in an integrated way allows for better monitoring and proper coordination of interventions. The NSPP now offers opportunities to mobilize actors and to enhance policy dialogue and advocacy around social protection. UNICEF also enabled civil society organizations to participate in this policy development by supporting a platform for monitoring and evaluation under the auspices of the Permanent Secretariat of NGOs. The third phase of the survey of the Community-based Poverty Tracking System was launched in 2013. When completed, the survey will enhance effectiveness of social safety net programmes for social protection and poverty reduction for the most vulnerable populations in Burkina Faso.

UNICEF’s partnership efforts with the World Bank (WB) in favour of the integration of a cash transfer programme in the next national IDA programme continued in 2013. They resulted in an evaluation mission with the WB and the Government in November 2013 for a new cash transfer programme of US$50 million over three years to support the fight against malnutrition. UNICEF supported the WB mission and donor coordination in the area of social protection as the lead for the Technical and Financial Partners. The project will be submitted for approval at WB headquarters in April 2014.

The Public Expenditure Tracking Survey (PETS) was adopted in the Council of Ministers in March 2013. UNICEF supported the Ministries of Education and Economy in developing an operational plan to ensure optimal implementation of the PETS recommendations. To strengthen national ownership of the PETS process and its institutional mechanism, an Inter-ministerial Committee under the chairmanship of SG/MEF was set-up with UNICEF assistance to monitor and ensure effective implementation of the PETS recommendations, strengthen upstream policy advocacy and foster links between the local and central level on the improved efficiency and effectiveness of public spending on basic education. UNICEF, in collaboration with two national NGOs, also established a programme to strengthen citizen control and accountability of public expenditure in education in 49 rural communes with the lowest education indicators. UNICEF aims to scale up the programme to other provinces/regions and types of services (WASH, health and child protection) in the remainder of the country programme.

UNICEF conducted a long-term analysis of Government budget allocations and public spending on food security, nutrition and literacy (2006-2011). An additional analysis focused on the 2014 Finance Law with regard to health, education and sanitation. Both analyses were used for policy advocacy on increasing fiscal space for children, with leading Government institutes (such as the National Assembly) and international agencies (such as WB, IMF).

**On-track**

**IR 4590/A0/04/601/005 By the end of 2014, (disaggregated) quality data and analyses on the evolution of the situation of women and children are available, used and regularly updated**
**Progress:** The 2012 poverty analysis of children and women conducted by UNICEF in partnership with the National Institute of Statistics and Demography (INSD) and the University of Laval was used to inform the mid-term review (MTR) of UNICEF’s 2010-2015 country programme, which was held in June 2013. Other key studies and evaluations conducted over the past 2-3 years with evidence on the situation and needs of disadvantaged groups used for the MTR were: the Status of Inclusive Education in Burkina Faso, a study on child labour in mines in five regions of Burkina Faso, the PETS, a survey of water quality along the supply chain in 10 villages in Ganzourgou, a bottlenecks analysis of the health sector and a study of the needs and aspirations of young people in Burkina Faso.

To strengthen national monitoring mechanisms, UNICEF provided technical support to the Ministry of Economy and Finance (MEF), Ministry of National Education and Literacy (MENA), Ministry of Health (MOH) and the Ministry of Action Social and National Solidarity (MASSN) to conduct five studies, two surveys and two evaluations. Those studies, surveys and evaluations were shared and disseminated through email, websites (including UNICEF’s) and databases. Significant efforts were made to promote the use of the results and recommendations of these studies, surveys and assessments. For example, following the study on inclusive education, two cooperation agreements with specialized NGOs were developed to promote the education of children with disabilities. The analysis of budget allocations was submitted to the National Assembly to support advocacy in favour of expanding the fiscal space for social spending. In 2013, UNICEF also supported MASSN in the production of its statistical yearbook.

UNICEF and the INSD collaborated on advocacy efforts for the availability of data on the health, education, WASH and child protection indicators of the Millennium Development Goals (MDGs)/SCADD by the end of 2014 through the inclusion of a demography and health module in a multi-sectoral survey that is planned for 2014. The advocacy document was developed with support from UNFPA and forwarded to the Directorate General for Development Cooperation (DGCP) to mobilize key bilateral and multilateral organizations on this project.

**On-track**

**IR 4590/A0/04/601/006 By 2014, programme partners at central and decentralised levels apply results based management, human rights based approach, gender and emergency response preparation for planning, implementing and monitoring policies and programmes**

**Progress:** UNICEF and other partners supported a capacity-building programme for technical stakeholders in charge of implementing the National Gender Policy (NGP). The capacity-building programme was derived from the organizational and operational audit of the Ministry for the Promotion of Women, which provided key recommendations for the successful implementation of the NGP. One of the tangible results is the functionality of ‘gender cells’ within institutions and Ministries which are in most cases attached to the Directorate of Studies and Planning. In the case of the Prime Ministry to the General Secretariat there is considerable importance given to the issue of gender in a cross-cutting manner. The involvement of UNICEF in the development of the UN Joint Programme on Gender (the “Programme against Violence against Women and Girls”) supported the inclusion of girls and their specific needs in the Joint Programme, which was being signed at the years’ end.

UNICEF’s support for implementation of the NGP and the Common Funds for Gender contributed to the implementation of 14 projects by civil society organizations and Government. Of those projects, the innovative “masculinities” approach is resulting in behaviour change of men and boys towards women and girls. An exercise in lessons learned in the approach is underway with the support of UNICEF. The results will be validated and disseminated and it is expected they will provide a basis for UNICEF’s sectoral programs for sustainable behaviour change within the framework of social norms change.

A mid-term review (MTR) of the 2010-2015 programme of cooperation between the Government and UNICEF was conducted in 2013, allowing both sides to measure achievements, and to make the necessary adjustments to intervention strategies. The MTR built on UNICEF’s previous efforts to mainstream a human rights-based approach to programming, combined with a gender-sensitive lens and equity focus. It served as a framework to design enhanced strategies related to poverty targeting, new strategic orientations and objectives in relation to disadvantaged groups, reduction of bottlenecks in access to basic services and monitoring of equity-focused results. The recommendations and conclusions of the MTR were taken into consideration in planning the remaining period of the program of cooperation (2014-2015), and will aid in developing the next UNICEF five-year programme (2016-2020). They will also feed into the mid-term evaluation of the UNDAF and SCADD planned for early 2014.

For the first time for the Sahel, UNOCHA and other UN agencies as Cluster leads, including UNICEF, have prepared a regional humanitarian response plan and consolidated appeal, to which Burkina Faso has contributed. UNICEF worked with its partners from the Government, civil society and community-based organizations so that 2014 annual work plans reflect this strategy, especially within Goal 3 (“Humanitarian and development plans and interventions are integrated to build long-term resilience”). UNICEF designed a strategic programme for the Sahel Region of Burkina Faso for 2014-2016 that consolidates support to refugee operations and integrates sector components to address prevailing community vulnerabilities. The strategy calls for opening a zone office in Dori to serve the Sahel region. The structure of this zone office will be submitted to the next Regional Programme and Budget Review in 2014.

**PC 7 - Cross-sectoral costs**

**PCR 4590/A0/04/608 Ensure efficient and effective programme management and operations support to programme delivery**

**On-track**

**IR 4590/A0/04/608/005 Effective and efficient Governance and Systems: The governance structure and management systems are adequately defined to take into account the risk management.**
**Progress:** To ensure oversight and accountability of deliverables, clear roles were assigned to staff. Performance indicators and reporting mechanisms were established and monitored through the Country Management Team (CMT). Despite the wide range of challenges faced in implementing the new Vision system in 2013, the Office managed quite well to take advantage of the programme inputs throughout the year and ensured a smooth year-end closure.

- **On-track**

**IR 4590/A0/04/608/006**. Ensure effective and efficient management of human resources including the development of the capacity, security and well-being of personnel to enable the implementation of the results of the Programme

**Progress:**

Human resources capacity has been strengthened through the recruitment of 8 new "Fixed Term" posts since the beginning of the cycle, in addition to recruitment of staff turn-over. During each recruitment, the office takes into account gender and diversity in order to have the broadest possible profiles within the office. A close monitoring of the performance management system is carried out, allowing the whole of the staff to have a SMART and effective performance planning as well as for mid-term reviews that have been done for more than half of the office.

In the field of capacity building, the office has focused on group training. Within this framework, in addition to the mandatory training on VISION, the office offered courses in English to enhance their knowledge in this area. Furthermore training in conflict management was offered by a group of resource persons and training on performance management is being organized for all staff.

For better integration of new staff, a programme is organized for each new staff member, followed by a meeting with HR to identify any issues. A welcome kit is being finalized, and will be used to better integrate international staffs.

Concerning staff well-being, several actions have been implemented. Staff retreats have focused on this issue, and an action plan takes into account the results of the staff survey. In addition a group of resource people were created to help cope with conflict situations.

Concerning staff security, a security consultant was recruited temporarily to advise staff and ensure MOSS compliance.

**IR 4590/A0/04/608/007** Effective and efficient Management and Stewardship of Financial Resources:

**IR 4590/A0/04/608/008** IR 4. Cross-cutting themes are reinforced and integrated throughout the program

**PCR 4590/A0/04/800** Effective and efficient programme management and operations support to Country Programme delivery

**IR 4590/A0/04/800/001** Systems of governance are effective

- **On-track**

**IR 4590/A0/04/800/002** An effective and efficient resource management is provided

**Progress:** In 2013, 98 per cent of Regular Resources (RR), 99.9 per cent of Other Regular Resources (ORR) on existing grants, and 99 per cent of Other Resources Emergency (ORE) were spent. The Office made every effort to keep the outstanding DCT over nine months below a limit of 5 per cent throughout 2012.

- **On-track**

**IR 4590/A0/04/800/888** Human Resources

**Progress:** The Office invested US$113,684 to implement a staff learning and development plan established based on preferences expressed by staff in consultation with their supervisors as well as corporate training activities initiated by management. Ninety one per cent of the staff completed their mid-year review by the deadline. A briefing kit was being finalized at year end and will be used to give useful information on the country and the Country Programme to new staff. Thirty eight per cent of National staff spent more than ten working days on learning activities, and several staff were given opportunities to provide support to other Offices.
Effective Governance Structure

To ensure efficient and effective operations and programme implementation in 2013, with high performance standards toward achievement of planned results and targets, the Office agreed to implement five key management priorities, which were defined in the Annual Management Plan (AMP):

1. Enhance quality oversight and monitoring of programme delivery by establishing minimum annual trip benchmarks by professional staff to streamline field visits and to systematically monitor the implementation of recommendations from field visits;
2. Shorten response time to emergency situations by strengthening the capacity of the emergency response team and making systematic use of Emergency Supplies Calculator tools developed by UNICEF’s Supply Division to maintain an appropriate stock of emergency supplies based on updated demographic data regularly collected by the Office;
3. Leverage ORR and ORE to fulfil the CP funding requirements by developing bold fundraising strategies and seeking feedback on satisfaction from donors;
4. Pursue the measures taken in 2012 to simplify business processes, to reduce delays in processing VISION transactions and to ensure better implementation of Harmonized Approach to Cash Transfers (HACT) quality assurance activities; and
5. Implement the remaining recommendations from the 2011 staff retreat toward improvement of performance management and the work environment in UNICEF Burkina Faso.

To fulfil its oversight role, the CMT held ten monthly meetings in 2013 to analyse the achievements reported against established targets and take necessary actions to overcome bottlenecks to reaching agreed performance levels.

An Annual Management Plan (AMP) review held in December 2013 to assess the success in achieving agreed priorities showed that the Office has achieved remarkable results, including: 1) all IR indicators and targets were on track thanks to the intensification of programme field visits to identify and address bottlenecks; 2) 122 per cent and 101 per cent, respectively, leveraged for Education and Protection programme components;
3) Prepositioned emergency stock was reduced to an acceptable level and was better controlled;
4) Two databases are in place to monitor the implementation of end-user monitoring field visits, recommendations and the implementation of the HACT quality assurance recommendations;
5) Staff moral greatly improved thanks to the full implementation of recommendations from the staff retreat.

The Office invited one donor representative, one Government counterpart representative and one NGOs representative to provide staff with independent and unbiased feedback on the quality of UNICEF’s partnerships and work in Burkina Faso. These individuals recognized the key role played by UNICEF to improve the lives of children in Burkina, and strongly recommended that:
1) UNICEF needs to spend less time on routine programme administration and conduct more frequent field visits, not mainly for the distribution of the inputs, but to keep contact with realities on the ground, to support partners and to ensure that the activities are properly implemented and planned results are being achieved; 2) UNICEF should be more proactive in responding to emergencies; and
3) UNICEF should enhance its communication with donors through the use of feedback mechanisms and greater joint visibility.

Strategic Risk Management

In response to the new enterprise risk management (ERM) guidelines on risk assessment and reporting disseminated in March 2013 by the UNICEF Deputy Executive Director, Management, the Office updated its risk profile and control library by mapping out the greatest risks with adequate built-in risk mitigation measures using available resources. The Regional Office facilitated a business continuity plan (BCP) simulation exercise, including the testing of emergency readiness, in March 2013. The Office then tied together the ERM and BCP processes, led by the same working group (taking into consideration that risk
management covers several areas that are vital for the BCP process). The ERM/BCP working group was given the responsibility to: identify and update the risk events on a continuous basis; assess their likelihood and impact on programme implementation and staff safety and security; and periodically re-assess risks that could impair the delivery of the operational results and damage the reputation of the Office. The major high risks identified were in the area of natural disasters, staff kidnapping due the situation in Mali, civil unrest, and fire in the building. A simulation exercise structured on those four incidents simultaneously unfolding was conducted and based on lessons learned, the Office refined its risk assessment and business impact analysis matrix, which provides a clear mapping of risk along with agreed mitigation strategies to recover from any crisis event that disrupts UNICEF operations. As key mitigation measure, a new Business Continuity Site was established and adequately equipped with the facility requirements to provide good working conditions for staff. Within its ERM approach, the Office also focused on HACT.

**Evaluation**

To enhance learning and generate sound evidence for accountability, upstream advocacy and programming, UNICEF developed an up-to-date Integrated Monitoring and Evaluation Plan (IMEP) with Government partners. The IMEP included seven studies, two surveys and two evaluations, was monitored quarterly, and was 85 per cent implemented. The Evaluation Specialist conducted overall technical guidance and quality control of the research and evaluation process. All completed studies and evaluations (including management responses) were uploaded onto UNICEF’s Global Database and publicly presented and disseminated through electronic mailing lists, the CO website, or publications to promote utilisation.

At the programme level, the CO facilitated two corporate and regional evaluations in an impartial manner with support from independent consultants. The first evaluation focused on the joint regional UNFPA-UNICEF programme on female genital mutilation (FGM), 2008-2012. It demonstrated the programme’s effectiveness in improving the political, institutional and organisational framework and in changing people’s attitudes in favour of abandoning FGM in the two intervention zones. The evaluation also noted that challenges remain in terms of ensuring better synergies between both agencies, applying holistic strategies, strengthening the production and use of reliable decentralised data on FGM, consolidating programme impact and scaling up the interventions to other regions. UNFPA and UNICEF have started planning the second programme phase (2014-2017) to tackle those challenges. Several follow-up actions were undertaken based on the evaluation recommendations, including extension of the programme to the Sahel region and reinforcement of local citizen-led surveillance panels in villages that have publicly declared to abandon FGM.

A second evaluation assessed UNICEF’s response to the 2012 nutrition crisis in Burkina Faso. It revealed that UNICEF played an instrumental role in improving the coordination and harmonisation of partner interventions, proactive response planning, and proper targeting of areas affected by the crisis, timely provision of therapeutic food and essential medicines, and facilitating field monitoring visits with the Directorate of Nutrition. It recommended corrective measures that have since been put into practice, including updating the national protocol for management of acute child malnutrition, enhancing monthly data on new admissions of acutely malnourished children, and executing formative supervisions of health staff with NGO support. The evaluation also addressed the application of an integrated approach for malnutrition management (with C4D, WASH, Child Protection and Education) and the mobilisation of additional resources for preventive actions such as the promotion of optimal child feeding practices. Those issues will require further attention.

The CO pursued its efforts to strengthen in-country evaluation capacities, particularly with regard to MDG evaluation. Despite progress in research and evaluation quality and consistency over the last three years, the Office still faces important challenges in recruiting highly qualified national evaluators and promoting the utilisation of evaluation findings for programming.

**Effective Use of Information and Communication Technology**

The ICT unit’s major achievements in 2013 were: the introduction of the required tools for remote access to ICT resources and services; the move from static to dynamic IP addressing, which increased the
independence of users when they travel from one office to another; and the introduction of Veeam backup technology, which reduced the required time for a backup by about 30 per cent and improved restore time by about 40 per cent compared to previous technologies. Backup restores were tested successfully and ensured that the backups available are reliable. With the introduction of BYOD (Bring Your Own Device), mobile/personal devices have become an alternate tool for remote access to Office and ICT services.

The move from Blackberry services to other options has been a challenge for many users, owing to incompatibility issues with current infrastructures. The multiplication of types of devices and the absence of standards created additional burdens on ICT staff, who were obliged to research solutions to solve issues on different platforms and technologies they were not adequately prepared to handle.

The ICT unit released two locally developed softwares: a Payments Tracking System (PTS) was put in place to provide timely communication with partners when a wire transfer or cheque is made, and a Courier Management System (CMS) was developed to support the tracking and updates of incoming and outgoing mail.

**Fund-raising and Donor Relations**

By the end of 2013, the Programme budget stood at US$54,149,999 against US$37,099,000 Country Programme Document (CPD) approved ceiling. That amount included: US$17,079,040 of RR; US$21,580,222 of ORR; and US$15,087,607 of ORE.

UNICEF Burkina Faso actively kept up its resource mobilization efforts and maintained constructive relationships with donors. Because of the security issues in the Sahel, the CO did not receive any field visit in 2013. Nevertheless, quality information for the fund-raising activities of the National Committees (Natcoms) continued to be provided. The YSCD and Education private fundraising and donor partnership (PFP) donor toolkits were updated for potential and current donors.

A Resource Mobilization Committee is in charge of quality assurance for donor reports and funding proposals produced by the CO. There were 47 donor reports due in 2013, all of which were sent on time, shared with donor focal points and posted in VISION. One donor focal point asked for more details on some issues; all others expressed appreciation for the high quality and the timeliness of reports.

The Office achieved 72 per cent of the 2013 AMP target for ORR and ORE, with a total of US$27,899,313 mobilized -- US$15,255,566 was achieved in ORR against US$21.8 million expected from the CPD, and US$12,643,747 in ORE. The CO requested US$19,476,127 through the 2013 Consolidated Appeal Process (CAP) and Humanitarian Action for Children (HAC) to respond to nutrition emergency related needs and to the needs of Malian refugees, but only US$9,312,680 was mobilized (48 per cent). The Humanitarian Aid and Civil Protection department of the European Commission (ECHO) continued to be the major donor for the nutrition-related emergency, and Japan was the major donor for the Malian refugee crisis.

The status of financial programme implementation, donor reporting, and expiring programme budget allocations (PBAs) are monitored monthly at the Programme Team meetings and Country Management Team meetings. The CO allocated US$8,469,975 for grants expiring in 2013. Of that amount, US$8,121,240 was utilized (or 95.88 per cent).

**Management of Financial and Other Assets**

In 2013, the Office paid particular attention to the implementation of eight recommendations of the internal audit carried out in July 2012. Thanks to the team effort in taking appropriate actions, the Office was able to secure the closure of five recommendations out of eight as of 18 October 2013. The Office submitted additional evidence requested by the Office of Internal Audit (OIA) in November 2013 for the closure of the three remaining recommendations and no feedback was received by years’ end.
The CMT continues to ensure appropriate matching of planned resources to planned results and to re-allocate funds where necessary between programme components. The practice of reallocating funds at the mid-year point based on the absorption capacity of sections enabled the Office to achieve good performance on key indicators, with 99.3 per cent expenditure on Regular Resources (RR); 87.64 per cent on Other Regular Resources (orr) and Other Resources Emergency allocated in 2013 and 98 per cent on Support Budget (SB) as of 31 December 2013.

The Office has a set of standard operating procedures in place to comply with UNICEF financial rules and regulations in terms of budget control, bank reconciliations, accounting and liquidation of cash assistance. The Office is up to date in submitting all financial reporting obligations to the Division of Fiancial and Administrative Management (DFAM). The outstanding direct cash transfers (DCTs) over nine months were kept below 5 per cent throughout 2013, and dropped to one per cent in December 2013. This remarkable performance was reached thanks to the proactive role of the VISION Taskforce established in 2013 and to the reminder letters systematically sent to partners with outstanding DCTs over six months. With the Office took the lead in developing and sharing with UNDP and UNFPA a joint HACT assurance activities plan for implementation in 2013. Subsequently, the Office completed the micro-assessment of 59 Government and civil society organizations with support from an audit firm, and conducted 17 spot checks and 3 end-user monitoring missions. The results of micro assessments and the assurance activities were recorded in VISION. The Office also developed a range of training materials and tools to upgrade the knowledge of implementing partners on UNICEF and HACT procedures. Twelve staff from both programme and operations were trained on how to conduct spot-checks and report findings.

### Supply Management

The supply unit provided significant support to the implementation of programme activities in 2013. Despite the difficulties in completing the supply planning on time, significant efforts were made to implement the supply plan with due diligence and to ensure distribution of supplies to the beneficiaries. As a result of those efforts, the implementation rate of the supply plan reached 92.89 per cent of the total of supplies as of 31 December 2013. The total amount spent on procurement of supplies amounted to US$13 million. The office received US$6.2 million of supplies from the Regional Office. Procurement services for GAVI-funded items were managed for US$15.5 million, which represents 77.6 per cent of the overall procurement services in 2013.

The Office implemented four long term agreements (LTAs) for local procurement of emergency programme items, which was very cost-effective in managing the emergency stock. Four other LTAs were signed with private transport companies and three LTAs with freight forwarders. Those arrangements helped to improve the distribution of supplies to beneficiaries across the country.

Assistance to Malian refugees and support provided to children in mines also were strengthened through timely provision of WASH kits, child protection kits, school supplies and learning materials. A local production plant for RUTF was created by a local business with the support of UNICEF Copenhagen and the Regional Office. Despite start-up difficulties, the opening of this plant enabled savings of US$258,656 in 2013, representing 18.76 per cent of the offshore importation costs of RUTF.

End User Monitoring missions were conducted for WASH kits, for the monitoring of insecticide-treated bed nets in the health programme, RUTF in Nutrition, and to monitor school furniture and construction materials in Education. Those missions made recommendations to improve the management of inputs on the ground.

In the context of inter-agency collaboration, the Office shared its quality assurance plan with other UN agencies.

### Human Resources

A comprehensive review of the staffing structure conducted following the internal audit recommendation led to the creation of eight new positions. The Office successfully completed the recruitment processes to fill
vacant posts as well as for some of the newly-created positions to be effective as of January 1, 2014. Gender and geographic diversity were taken into account when recruiting qualified staff. Subsequently, the Office has substantially increased its overall gender ratio. The Office conducted a “Managing People for Results” workshop for all staff, which enabled a better understanding of performance management as well as improved the quality of performance evaluation reviews (PERs) with Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) outputs. A PER week was instituted to improve ePAS/PAS completion rate. The close monitoring of the completion of performance discussions by the CMT boosted the completion rate to 88 per cent at mid-year review.

The Office developed a learning plan consisting of several group trainings, corporate training offered by UNICEF’s Organizational Learning and Development Section (OLDS) or the Regional Office, JPO training, English training, external individual training, IT training, staff exchanges as well as capacity building need identified through PAS development plans. The plan was closely monitored and 100 per cent of planned training events were successfully completed. All newly-recruited staff were offered an induction programme. An induction briefing kit has being finalized to provide useful information to all new staff and facilitate their integration.

In order to provide peer support to staff, three peer support volunteers were designated, two staff were identified to help in detecting and dealing with conflict, and a UN stress counsellor was available. The Office implemented the UN Cares programme by distributing the leaflet “Living in a world with HIV” to all new staff, who were encouraged to share the contents with their family members. The list of health facilities offering HIV testing was shared with all staff, as well as the ten basic facts on HIV. Female and male condoms are available in staff toilets to comply with the HIV standard.

The action plan to improve staff well-being and motivation developed following the staff survey and staff retreat was followed up on throughout the year and actions were taken accordingly. Flexible work arrangements put in place so that staff can choose their daily start and end time according to their family commitments were highly appreciated by all staff, raising morale. The Office put in place a buddy system that helped guide new staff to be better integrated in the Office. Open conflicts have decreased in 2013, with the help of dedicated staff, and all staff were trained on conflict resolution in November 2013. Career and professional development opportunities improved, with US$248,736 spent on staff learning and development, including three staff who benefited from staff exchanges and three from support missions to other Offices.

### Efficiency Gains and Cost Savings

The Office continued to participate in the cost sharing of various outsourced services initiatives managed and monitored by the UN Operations Management Team (OMT). The OMT maintained accurate expenditure data in 2013 that will be used as baseline for calculations of savings in future years. Internally, the Office continued to work toward tightening its travel expenses.

### Changes in AMP & CPMP

The 2013 MTR process was used to revisit strategies defined three years ago and to refine them taking into account the current context of the Sahel region of West Africa, where children and their families are vulnerable due to recurrent humanitarian crises exacerbating extreme poverty, insufficient or weak basic social services, and other barriers due to social norms. Within this context, and in line with the United Nations Strategy for the Sahel which requires "humanitarian and integrated development planning and interventions to build long-term resilience," UNICEF priorities in 2014 will aim to strengthen existing results from high impact interventions in health, nutrition, water/sanitation and hygiene, education and protection, while providing adapted social services to the most vulnerable children, with focus on the geographic regions of Sahel, North and East, where social indicators are the worst in the country. Major priorities include:

1. Strengthening the link between humanitarian programming and development through a strategy of resilience by targeting interventions based on an analysis of risks and vulnerabilities, and an integrated program of different sectors and based on the real needs of communities;
(2) Strengthening the capacity of communities and decentralized Government structures providing basic services in the preparation and response to emergencies;
(3) Strengthening systems for collecting and analysing data at decentralized and local levels to provide evidence on issues of vulnerability of children and their families, monitoring for equity and for better informed programming and advocacy, and using those data for strategies to remove bottlenecks;
(4) Strengthening the inclusion of social norms through promotion of community-based approaches, decentralized monitoring, participation and community dialogue for behaviour and social change; and
(5) Ensuring that outputs and deliverables are timely and that they effectively reach intended beneficiaries, including response to emergencies.

In order to be more efficient and more effective in delivering results for children and women in the north of Burkina, in line with the UN Strategy for the Sahel, the Office intends to establish a zonal office in Dori and will update its CMP/AMP to reflect the changes in its programme and Office structures.

The programme priorities will be supported by consistent risk assessment and management, and implementation of HACT, including assurance activities, as well as by addressing capacity development of partners.

**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAADC:</td>
<td>Community Development Support Association</td>
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<td>AfDB:</td>
<td>African Development Bank</td>
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<td>AIDS:</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AMP:</td>
<td>Annual Management Plan</td>
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<td>ARI:</td>
<td>Acute Respiratory Infections</td>
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<td>BCP:</td>
<td>Business Continuity Plan</td>
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<td>BMGF:</td>
<td>Bill and Melinda Gates Foundation</td>
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<tr>
<td>BRICS:</td>
<td>Brazil, Russia, India, China and South Africa</td>
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<tr>
<td>BYOD:</td>
<td>Bring Your Own Device</td>
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<tr>
<td>C4D:</td>
<td>Communication for Development</td>
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<td>CAP:</td>
<td>Consolidated Appeal Process</td>
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<td>CATS:</td>
<td>Community Approaches to Total Sanitation</td>
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<td>CIFOEB:</td>
<td>Centre d'Information, de Formation et d'Etudes sur le Budget</td>
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<td>CLTS:</td>
<td>Community Led Total Sanitation</td>
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<td>CMS:</td>
<td>Courier Management System CMS</td>
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<td>CMT:</td>
<td>Country Management Team</td>
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<td>CO:</td>
<td>Country Office</td>
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<td>CPAP:</td>
<td>Country Programme Action Plan</td>
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<td>CPD:</td>
<td>Country Programme Document</td>
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<td>CPMP:</td>
<td>Country Programme Management Plan</td>
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<td>CPMS:</td>
<td>Child Protection Minimum Standards</td>
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<td>CRC:</td>
<td>Contracts Review Committee</td>
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<td>DCT:</td>
<td>Direct Cash Transfer</td>
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<td>DFAM:</td>
<td>Division of Financial and Administrative Management</td>
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<td>DHS:</td>
<td>Demographic and Health Survey</td>
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<td>ECA:</td>
<td>Economic Commission for Africa</td>
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<td>ECD:</td>
<td>Early Childhood Development</td>
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<td>ECR:</td>
<td>Electronic Consultation Register</td>
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<td>e-PAS:</td>
<td>Electronic Performance Appraisal System</td>
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<td>ERM:</td>
<td>Enterprise Risk Management</td>
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<tr>
<td>FGM:</td>
<td>Female Genital Mutilation</td>
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<td>GAVI:</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<td>GDP:</td>
<td>Gross Domestic Product</td>
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<td>HAC:</td>
<td>Humanitarian Action for Children</td>
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<td>HACT:</td>
<td>Harmonized Approach to Cash Transfers</td>
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<tr>
<td>HIV:</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICT:</td>
<td>Information and Communication Technology</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
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<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<td>IMF</td>
<td>International Monetary Fund</td>
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<td>IP</td>
<td>Internet Provider</td>
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<td>IR</td>
<td>Intermediate Result</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>JPO</td>
<td>Junior Professional Officer</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
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<tr>
<td>LLIN</td>
<td>Long Lasting Impregnated Nets</td>
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<td>LTA</td>
<td>Long Term Arrangement</td>
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<td>MAM</td>
<td>Management of severe Acute Malnutrition</td>
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<td>MASSN</td>
<td>Ministry of Social Action and National Solidarity</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MEF</td>
<td>Ministry of Economy and Finance</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OIA</td>
<td>Office of Internal Audit</td>
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<td>OLDS</td>
<td>Organizational Learning and Development Section</td>
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<td>ONATEL</td>
<td>L'Office National des Télécommunications</td>
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<tr>
<td>ORE</td>
<td>Other Resources Emergency</td>
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<td>ORR</td>
<td>Other Resources – Regular</td>
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<td>ORS</td>
<td>Oral Rehydration Salts</td>
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<td>PBA</td>
<td>Programme Budget Allocation</td>
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<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<td>PER</td>
<td>Performance Evaluation Reports</td>
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<td>PFP</td>
<td>Private Fundraising and Partnerships</td>
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<td>PTS</td>
<td>Payments Tracking System</td>
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<td>RUTF</td>
<td>Ready-to-Use Therapeutic Foods</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SB</td>
<td>Support Budget</td>
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<tr>
<td>SMART</td>
<td>Specific, Measurable, Achievable, Relevant and Time-bound</td>
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<tr>
<td>TdH</td>
<td>Terre des Hommes</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNICEF DED</td>
<td>United Nations Children’s Fund Deputy Executive Director</td>
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<tr>
<td>USD</td>
<td>United States Dollars</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YCSD</td>
<td>Young Child Survival and Development</td>
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## Evaluation

<table>
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<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
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<tr>
<td>Etat des lieux de l’éducation inclusive au Burkina Faso</td>
<td>2013/001</td>
<td>Study</td>
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<tr>
<td>Community case management of childhood illnesses in Burkina Faso: a policy analysis</td>
<td>2013/003</td>
<td>Study</td>
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<tr>
<td>Revue à mi-parcours du programme de pays entre le gouvernement et UNICEF Burkina Faso 2011-2015</td>
<td>2013/005</td>
<td>Review</td>
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<td>Analyse des allocations budgétaires de 2006-2011 dans le secteur de l’éducation, de la santé et de l’agriculture centrée sur le bien-être de l’enfant</td>
<td>2013/006</td>
<td>Study</td>
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<td>Evaluation de la réponse de l’UNICEF à la crise alimentaire et nutritionnelle au Sahel. Etude de cas au Burkina Faso</td>
<td>2013/007</td>
<td>Evaluation</td>
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## Other Publications

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<tr>
<td>1 Accélérer l'abandon des MGF au Burkina Faso</td>
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<td>2 Engagement politique contre les MGF au Burkina</td>
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<td>3 Et la loi fut appliquée</td>
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<td>4 Mobilisation sociale pour l'abandon des MGF/E</td>
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<tr>
<td>5 Une autre vie retrouvée</td>
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<tr>
<td>6 Rêve de trousseau de mariage</td>
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<td>7 Caravane stop excision 2013 (du 17 au 21 mai)</td>
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