Meeting the challenges and fulfilling the promises for Burkina Faso’s children
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What is life like for a child growing up in Burkina Faso today? By way of an answer it’s possible, easily and rapidly, to line up an array of important challenges. We only need a glance at the statistics telling us that, despite all efforts and progress, rates for school attendance and literacy are still amongst the lowest in the world, for example - or those showing one child out of five will not live beyond his or her fifth birthday and one third of the same age group suffers chronic malnutrition - to see the nature of the obstacles a Burkinabé child faces in enjoying childhood, and later developing into a healthy, literate, employable adult.

Burkina Faso is classified as among the poorest countries in the world, and we know that still around 46 percent of the 13.7 million population lives below the poverty threshold. Such a level of poverty inevitably implies deprivation and marginalisation for a number of vulnerable groups, families and children. It makes the question of poverty reduction and equity central to harmonious and sustainable development for all.

Despite steady recorded progress over the last years, notably in immunization of children and girls’ enrolment in school, access for numbers of Burkina Faso’s most vulnerable children to primary health care or basic education is non-existent, very limited – or comes too late.

Such children may also suffer from lack of safe drinking water or adequate sanitation and may be exposed to exploitation or abuse, or be trafficked and forced into doing punishing hours of hazardous work. The prevalence of HIV and AIDS is an increasing concern. Adolescents are severely affected, with over 50 percent of new infections reported as being from this age group.

Within this context, scaling up and speeding the pace are crucial in planning for development that will deliver progress towards achieving the Millennium Development Goals.

But with the negatives there are many positives to consider too. Burkinabés themselves do not speak of their situation with pessimism. As described in this brochure, whether you talk to a teacher, a hospital administrator, an AIDS counsellor or an adolescent youth group leader, you will hear how they are managing to overcome difficulties or to dispel fears and innovate.

The spirit of cooperation and mutual help
visibly flourishes in urban and rural communities alike, organizations and committees of all kinds actively involving individuals in tackling social problems with zest and resourcefulness. The concept of society overall as an extension of the extended family is current. This means that, from the household level up, actions taken in pursuit of equity and solidarity can, while aiming for growth and development, result in a tangible and sustainable reduction of poverty.

A good example of the ethic of dedication to communal goals is the lively UNICEF-assisted childcare facility run on a voluntary cooperative basis which has been set up next to the stone quarry at Pissy, a Ouagadougou suburb. It significantly contributes to reducing children’s exposure to the danger-filled work environment, while helping the women workers organize themselves.

Communication in general is strength. A network of 60 rural radio stations beaming broadcasts across the country means that many communities are reached with information and messages in relation to civil rights, health and welfare. They are encouraged too, to treat the medium as interactive and air views and opinions on current affairs and the issues concerning them.

In this context UNICEF Burkina Faso, in its Programme of Cooperation with the government, prioritises the optimum ways children can be helped to survive and thrive. This is done through working with partners across the field, whether government ministries, UN agencies, bilateral and multilateral partners, or the range of community-based organisations and associations emerging from the country’s vibrant civil society.

Three major thrusts steer UNICEF activities, often reinforcing each other, in an integrated programme designed to achieve accelerated child survival and development, education for all. The Programme also helps to combat HIV and AIDS, focussing on the prevention of mother-to-child transmission, paediatric care, and primary prevention among young people and protection of orphans. Providing clean water and sanitation and promoting hygiene education, particularly in school locations and households, is also entailed.

In the area of protection the emphasis is on mitigating the impact of poverty on vulnerable groups and children, such as young girls with no education, who are often exploited. Programmes offering them a second chance for becoming literate and learning a trade bring these marginalized young people back from the brink and allow them to take charge of their own futures. Emphasis is also being placed on action to help children with disability and for those exposed to the worst forms of child labour.

In Burkina Faso the potential and the will for people to move to a higher level of participation in development and engagement in the processes of society is being clearly demonstrated as the country’s de-centralization rolls out.

Dedicated to accelerating the survival, the development, the protection and the participation of children, UNICEF is committed to helping with this, retaining its clear focus on the specifics of the children’s agenda and,
through strengthened partnerships, ensuring it delivers on its mission. This brochure highlights some of the interventions which are currently delivering results.

Our ambitious Programme of Cooperation with Burkina Faso is based on the commitment of our multiple partners and the contributions of our donors.

Speaking on behalf of the children of Burkina Faso, we would like to extend our heartfelt appreciation to all of them. We are convinced that, together, we will succeed in contributing significantly to improving every Burkinabé child's life.

On behalf of the UNICEF Burkina Faso team I wish you enjoyable reading!

Hervé Périès
Representative, UNICEF Burkina Faso
HEALTH AND NUTRITION

Health and Nutrition-related Millennium Development Goals (MDGs):

MDG 1: Eradicate extreme poverty and hunger
MDG 4: Reduce child mortality
MDG 5: Improve maternal health
MDG 6: Combat HIV and AIDS, malaria and other diseases

Basic Indicators:

1. Under-five mortality rate: 184 per 1,000 live births (DHS 2003)
2. Maternal mortality rate: 484 per 100,000 live births (DHS 1998)
4. DPT3 coverage (0-11 months): 77% (MICS 2006)
5. Under-five sleeping under an insecticide-treated net: 10% (MICS 2006)
6. Percentage of skilled attendant at delivery: 54% (MICS 2006)
7. Vitamin A supplementation coverage (6-59 months): 67% (MICS 2006)
8. Exclusively breastfed (less than 6 months): 19% (DHS 2003)

Major UNICEF-supported interventions:

In order to accelerate the reduction of infant mortality the programme has the key objectives of improving women’s health and nutrition during pregnancy and providing appropriate care for the mother and newborn at the time of delivery. A further programme focus is reaching all children with a package of preventive and curative interventions, including nutrition. UNICEF aims to strengthen partnerships with all actors, supporting Government and community-based structures in implementing the following major interventions:

1. Advocating for and assisting in developing Health and Nutrition policy and strategies, including low-cost high-impact interventions to reduce infant and maternal mortality
2. Accelerating implementation of these interventions, including prevention of and care for major killer diseases of children
3. Immunizing against preventable diseases
4. Preventing malaria through use of insecticide-treated nets and intermittent preventive treatment
5. Preventing micronutrient deficiencies and undernutrition of young children and pregnant and lactating women
6. Managing cases of severe acute malnutrition among children, pregnant and breastfeeding women
On a mat on the ground, the grandmother, Mariam Diallo, sits with the 2 year old twin girls and waits for the doctor who will say they can go home. The twins’ mother has younger children to care for at home so Mariam offered to stay with Djamila and Faridatou throughout their time at the Centre de Rehabilitation et de Nutrition (CREN) at Ouahigouya hospital.

After the three weeks they’ve been recuperating, supervised by the nurses and eating the right diet to boost their condition, the girls have stabilised. But Djamila, as the heavier one, has nevertheless only reached 8.9 kilos, while Faridatou, still hollow-eyed and listless, is a frail 6 kilos.

The scene in the Centre is distressing - as places always are where severely malnourished children are treated. On a bed at the end of the ward lies a tiny baby boy, Hadira Ouedraogo, who has just been brought in from a village 15 kms away from the town; he’s curled over, shrivelled and minute against the mattress, a feeding tube in his nose. At 13 months old he weighs only 5.7 kilos.
In UNICEF reports the chronic malnutrition in Burkina Faso is generally referred to as one of the country’s “hidden” emergencies (as opposed to the visibility of a flood or epidemic crisis) - but at the CREN the problem is all too plain to see. “This time of the year we get many, many cases because it’s nearing the end of the growing season. Food is scarce while farmers wait for the harvest,” explains Dr Dabiré Germain, chief paediatrician.

All the children staying here with their mothers have come from emergency admission at the hospital. “It’s the fever of an illness like malaria that decides them to bring the child usually, not the wasting or bloating that are obvious signs to us of malnutrition,” says Dr Germain. “First we treat the infections, with antibiotics if necessary. It could be HIV of course, so we would also take a blood test.”

Following the paediatric wards’ procedure, once the infection is under control the transfer to the CREN is made, where mother and child will then be resident for up to 4 weeks while an improved diet brings the weight closer to normal. At this stage special therapeutic feeding, comprising milk (F75 and F100) and a ready-to-use food such as Plumpy’Nut, comes into play. A cook prepares the optimally nutritious meals selected for each child’s needs.

Apart from healing the children, the CREN’s aim is to get mothers familiar with ways of cooking a nourishing meal with the foods available to
them at home. “I go myself on Friday mornings to see the mothers themselves cooking under instruction. There’s even a test they take before they leave to check they’ve understood,” says Dr Germain.

This bustling town in Burkina Faso’s north is the hub for a very poor region whose people largely survive on subsistence agriculture. “The mothers are being hit at from two sides,” says Dr Germain, “worrying about an ailing child in need of sustained care and also about what’s happening at home - because it’s their work in the fields that supports the family. Seldom do we see a husband here, except when he’s arrived to insist his wife returns to the village to work.”

The costs of being at this particular CREN mount up, at 2000 CFA (US $4) for the child’s stay, on top of paying another 2000 CFA for the consultation, laboratory analyses and treatment on admission. (Costs vary, depending on the level of funding the CREN receives from its partners.)

A child who’s found to be HIV positive is treated free. UNICEF is assisting the CREN by providing for free the drugs children need through the recuperation period, but the expense is still a steep one.

As Mariam and the twins still sit waiting, it’s a scenario that truly conveys the harsh face of Burkina Faso’s poverty. The sadness is that the financial strain suffered by being at the CREN won’t necessarily have prevented the twin girls from the mental impairment which undernutrition may have already resulted in. Or protect them, in their extra vulnerable state, from HIV infection.

And besides, what are the prospects for any of the women at the CREN when their children are discharged and they head home to the straitened circumstances – where there will be other hungry children waiting - that produced the malnourished child in the first place?

“It is pitiable,” agrees Dr Germain, lifting his hands in despair. “From our own pockets sometimes we try to make sure they leave here with foodstuffs to keep them going. It’s all we can do,” he adds, “Except that also, of course, we make sure they go with some knowledge to help them in caring for the child: things like the importance of hygiene and the essential childhood vaccinations.”
Odette Ouedraogo is ready to go home from the hospital today. She sits on the edge of her bed, the tiny hands of her daughter, one month old Ségolène, clutch at the air as she snuggles to the breast. Mother and baby are doing well, exactly four weeks after Odette was rushed in the middle of the night from her village 7 kms away for an emergency Caesarean section here at the regional hospital in Koupela, centre east region of Burkina Faso.

Odette is just 18, a slender girl. Her difficulty delivering normally may have stemmed simply from her youth and slight size. It may have been due to the fact she’s been excised, a fairly widespread practice in Burkina Faso that consists of a partial or total removal of the clitoris. Excised women often experience obstructed labour, among other health problems.

Whatever the cause of the crisis, the outcome is a happy one today. But a similar scenario only a few years ago could easily have resulted in a tragedy. As things were then it would have been an impossible notion that a young village woman, with only a few US cents as her daily disposable income, could pay for hospital treatment.

As she folds Ségolène’s clothes, packing up to leave, Odette gets a visit from the President and Secretary of the Comité de pilotage du système de partage de coûts pour la prise en charge des urgences obstétricales et chirurgicales (COPISPAC) – the steering committee for cost-sharing related to obstetric and surgical emergencies. It was these two, Gabriel Yougma and Grégoire Koalaga who, with the six other COPISPAC members, first decided to tackle the problem of the unaffordably high price of medical care, through initiating a community-based cost-sharing scheme.

This, through the subscriptions collected and by tapping into subsidies, was designed to open services to those otherwise denied them, and in turn, help to bring down costs. The price of a Caesarean and aftercare, for example, was reduced from over US $26 to just US $12.

It’s because of her village health centre’s involvement in the COPISPAC scheme that Odette was able to have transport to reach the hospital in time, safe in the knowledge she would be covered for the cost of the obstetric care she needed. Yougma explains, “By paying just 25 CFA (US .59 cents) to the health centre
every month she is effectively insured against threats to her health."

There are 27 communities in the scheme. Choosing the scheme as a way of bringing down the country's unacceptably high levels of maternal mortality, UNICEF support has seen it through its early stages, training personnel at all levels to plan and manage. Nationally, maternal mortality is lower now than in the 1990's but still worrying at 484 deaths per 100,000 live births. "The cause of death is often infection or haemorrhage, frequently a result of delaying seeking medical help during a problem delivery because of the cost implications," Yougma notes.

"These we have also been able to provide, thanks to the cost sharing," says Grégoire Koalaga as he points to his stock of drugs kits in a grey steel cupboard in COPISPAC’s office. Each contains painkiller, dressings, antibiotics, oral rehydration solution and surgical gloves. "Before, people would need to find money to purchase all this before the operation – now, we have everything ready for them as part of the scheme. Avoiding the delay, this could easily save lives, you know...."

Seeking to see the membership base broadened in the last three years, UNICEF has funded an ongoing campaign to publicise the scheme through monthly explanatory radio broadcasts. As well as hearing how the money they've paid is being used, villagers get health information from the programmes.

"Overall, this cost-sharing has proved a real source of relief to people," says Yougma. He and Koalaga are so convinced of its benefits they are constantly on the road, making village visits across the region, organising discussions with the chief and persuading communities to bring their health centre in under the scheme.
BASIC EDUCATION

Basic Education-related Millennium Development Goals (MDGs):
MDG 2: Achieve Universal Primary Education
MDG 3: Promote gender equality and empower women

Basic Indicators:
1. Pre-school enrolment rate: national: 1.45% (boys: 0.60%, girls 0.80%) (*DPEPE/MASSN, 2006*)
2. Primary school gross enrolment rate: national: 66.5% (boys: 71.7%, girls: 61.2%) (*INSD, 2007*).
3. Primary school gross admission rate: national: 78.3% (boys: 83.3%, girls: 73.2%) (*MEBA Statistics Yearbook, 2007*
4. Primary school completion rate: national: 36.4% (boys: 40.30%, girls: 32.40%) (*MEBA Statistics Yearbook, 2007*)
5. Primary school certificate success rate (CEP): national: 66.8% (boys: 70.25%, girls: 62.66%) (*MEBA Statistics Yearbook, 2007*)
6. Literacy rate: national: 23.6% (men: 31.5%, women: 16.6%) (*INSD, 2005*)

Major UNICEF-supported interventions:
Burkina Faso has made considerable progress in terms of access to primary education for boys and girls. However, keeping girls in school, in particular, is still cause for concern. Only three out of ten girls complete primary education. UNICEF supports the Government and other partners to move closer to the goal of Universal Primary Education through implementing the following major interventions:
1. Improving access to education: the development of educational infrastructure, social mobilization and advocacy for enhanced girls’ access to pre school structures, to formal education, literacy / non-formal education
2. Improving the quality of education: teacher training and mentoring, acquisition of play materials, teaching-learning materials for Early Childhood Development Centres (in suburban and rural settings), (referred to as “Bisongo”) bilingual community-based schools and centres for non-formal basic education
3. Improving systems management: strengthening institutional and community capacities
4. Supporting implementation of education reform with technical and material contributions
5. Participating in political dialogue on the education sector
Early childhood education - the ticket out of deprivation

It’s a bright morning at the Pissy quarry on the outskirts of Ouagadougou but the air is sullied with an acrid smoke that stings the eyes. Down in the quarry’s belly the drilling is deafening. Yellowish smoke drifts from the small fires burning while a row of men swing pick axes to crack apart the slabs of stone they’ve been heating. Up at the surface, a thick dust haze swirls and there’s a constant assault on the ears from the resounding noise of metal hitting on stone.

All around gravel is heaped high and women are sitting on it. All have the same stance: legs akimbo, a rough-hewn boulder at knee level, hands grasping a heavy adze tool. Again and again they bang down the tool to chip the chunk of granite into smaller pieces.

They’ll do this drudgery from 8 am till 5 pm, only breaking to eat a snack bought from one of the girls passing, a bowl carried on her head. Some have built little bivouacs with a few branches, trying to shelter from the hot wind which worries up the dust in swirls. The sun glares whitely, fragments fly from the adzes. This is unremittingly tough work for women, for sure - and definitely no place for a child.
These days, thanks to the Association des Enfants et Jeunes Travailleurs (Children and Young Workers’ Association) very few small children have to suffer exposure to the dangerous conditions. During the mothers’ working hours the children are to be found just down the road at the Bisongo (crèche) which opened here with UNICEF assistance three years ago. Push open the sturdy gate and the noise of 50 or so children aged from a few months to 5 years fills the ears.

They’ve been singing this morning and playing on the swings and slides, under the supervision of three helpers, but now it’s break time. Judging by the rim of gruel still on some top lips, they fed well on the broth and biscuits provided. There are twelve babies being taken care of. Coordinator Claude Francois Ouedraogo explains, “Their mothers leave the quarry at 2 hourly intervals to come for breastfeeding.”

He goes on, “Each month two or three of the mothers work here instead of at the quarry. Everyone pays 500 CFA (US $1.20) monthly for the care the crèche provides, and when they work with us they get a small salary; it’s beneficial for them to have the contact with the children - also they have their own projects,
such as soap making which they do here at the weekends - it all helps them with some income.”

Back at the quarry the Association’s President, Mariam Sawadogo, 67, grins as she brushes strands of hair out of her eyes and says, “I started working here when I was 17 – I shall probably die here!” Her husband has also always worked at the quarry. Neither is literate. Mariam describes how she and 3 other women clubbed together to get the crèche under way, knowing the children needed to be out of harm’s way and would benefit from the stimulation.

Mariam has seven grandchildren. Will they work in the quarry? “They’re all getting an education,” is the reply, with a definite shake of her head. Many of the crèche’s graduates have gone on to perform exceptionally well at primary school. At first there were only 30 children attending the crèche but word soon spread, and now there’s a waiting list. The advantages of the pre-primary lessons have become clear to parents who never had such opportunities themselves.

As Suzanne Yanogo bends to shovel the gravel she’s chipped so far today on to the scale for weighing, she sighs and says, “It’s much better for the children to be away from here.” Her second daughter, Lydie, 4, is at the crèche but so far, there’s no room for Sylvie, 15 months.

Sylvie’s on her mother’s hip while she talks, and clinging to her lap while she works. “I earn between 300 and 500 CFA (US $1 – 1.20) a day, depending on what I produce. With both hands free I’d certainly be bringing in more!” says Suzanne. “And I would willingly pay more than 500 CFA every month so that none of my girls has to do this work.”

Literacy in Burkina Faso is currently only 30 percent, primary school enrolment 53.14 percent, and pre-school attendance around 3 percent. Activities like those of the Pissy crèche exemplify the integrated development of early childhood education while contributing to boosting the country’s gross pre-school attendance rate.

Commitment of the kind demonstrated by Mariam and Suzanne - workers who themselves have had little choice of employment other than the grinding work of the quarries - shows there’s a growing understanding in Burkina Faso that education for the next generation is their ticket out of deprivation.
out-of-school youth get a second chance to gain sale-able skills

A blue motor bike takes pride of place in the centre of the classroom. It’s elevated on a plinth so the students can move round it and work with ease on dismantling the engine. Class teacher Belem Yassia, 28, regards it fondly. “My own training was as a mechanic so I know the importance of hands-on experience,” he says.

Yassia has 11 students studying mechanics, all boys aged from 17-21, in this second year class at the Centre d’Education de Base Non Formelle (CEBNF), a UNICEF-assisted training centre for out-of-school youth in Titao, Lorum Province. Most of the students have never attended school or dropped out early.

The CEBNF offers them a second chance explains government Education Officer, Amade Ouedraogo, although some may have chosen to leave formal education early because they see a future for themselves in having a sale-able skill.

Titao is a town caught in the dust bowl of northern Burkina Faso’s poorest and most arid region. Farmers are struggling against recurrent drought to grow potatoes and onions. Prospects
for well-paying work are few, and many youth have little option than to leave for the cities.

In the Government’s ten year plan, for the Development of Basic Education (known as PDDEB from its French acronym), initiated in 1999, designed to expand education opportunities across the country, UNICEF is a major partner. In line with the country’s de-centralization process, the aim for the period 2006-2010 is to establish 5 CEBNFs in each of the country’s 45 Provinces.

UNICEF supports this effort to provide pre-professional trainings and keep communities intact. The agency assists with construction of buildings and infrastructure, including waterpoints, and provides equipment. Local resource people are recruited as teachers and trained to use “learning by doing” techniques so that their students can gain practical skills.

The CEBNF targets out of school children aged 9-15. It is one of the strategies in Burkina Faso
designed to increase the school enrolment rate to 70 percent and literacy rate to 40 percent by 2010. In recent years great progress has been achieved. Having completed the 4 year CEBNF course students are able to read and write in French. Some are ready to continue their studies in secondary school, while others wish to hone their skills further at a specialized training college.

At Titao, across the yard there is one class where only girls are studying: the sewing and dressmaking course. Clarisse Belem, 15, wears the same light green suit as the other trainees, which they stitched themselves. “After that, we worked on clothes for children and moved on to simple dresses,” she says, continuing to explain how her parents got involved with the Parents’ Committee when she was enrolled at the CEBNF. This Committee plays an important role in managing the CEBNF, taking the decisions about which skills trainings will be offered.

“We used the radio to alert people to the possibilities,” says Ouedraogo. “Many applied to join as the benefits for the youth can be clearly seen. The parents like this initiative too – they have their own literacy classes here.” Ten women members of the parents’ committee have been contributing to the running costs of the CEBNF through selling vegetables and raising sheep.

In the dappled shade of a grove of young trees the masonry class can be heard before you see it, the sound of spades scraping the earth as water is mixed into cement. Surprisingly, girls outnumber boys here, by 7 to 6. Lisette Ouedraogo and Safieta Nyampa, both 18, have tied bandannas round their hair against the stone dust as they bend to shift heavy stone blocks.

Lisette explains she is set on masonry as a career, even though she’s already the mother of a baby girl. “I took a test and was glad to be accepted,” she recalls. Neither girl sees any problems in having chosen to train for work usually seen as a man’s job. Safieta says, “I like the idea of running my own enterprise one day.”

Teacher Belem Yassia says encouragingly, “By the time students finish the course every one of them will certainly have the knowledge to set out on their own.” UNICEF will be further supporting these hopeful entrepreneurs to get started on their chosen careers. The idea of providing a starter kit of basic tools for each graduate is being discussed.
There’s an orderly line of children marching, arms swinging, across the playground at the end of another school day in Tenko North. The national flag has been lowered and carefully folded. It’s time to go home. Standing outside a newly-constructed building where there are six classrooms, Mamata Kere and Abdou Diao, leading members of the school’s Parents’ Association, have watched the ceremony.

Head Teacher Senon Koudougou strides over to join them. With a wave of his arm, he indicates the three large shade trees spaced around the playground and announces, “Under these was where we had our classrooms until we got the tents from UNICEF.” With Kere and Diao he reminisces about how the children sat on the sandy earth to study, how the wind blew the dust and how, when it rained, no one came to school.

“We had reached our capacity limit at that time,” he explains, “11 classes, most with 80 children in double shifts - and simply nowhere to accommodate them in these old buildings. The parents had tried to re-do the straw roofs but the corrugated iron structure was all rusted away.” Was this long ago? “Oh no,” he replies, “There’s been a school in this neighbourhood of Tenkodogo since 1972 but the shortage of space in the classrooms has built up only in the last few years.”

To relieve the pressure UNICEF provided two tents in the 2007 school year which were positioned in the playground. “It was excellent, they had desks and chairs, they provided shade and kept out the dust,” recalls Koudougou. At the time this seemed like a long term solution to the overcrowded classes, but although by the end of the year the framework remained strong, the canvas had been shredded by Burkina Faso’s harsh climate of hot, dry winds.

By this time the school roster had reached 242 children, equally divided between boys and girls. With Government policy encouraging girls’ enrolment by waiving costs it was anticipated that the numbers could go even higher. “It was time for us as the Parents’ Association to redouble efforts,” says Abdou Diao. Help came in from a locally-based NGO, through donations from a retiree group in France, and from a
Government Minister who visited and promised some funds when she saw children using rocks to perch on as there were not enough benches.

“They do everything they can,” confirms Head Teacher Senon Koudougou, underlining how ensuring quality education for their children is the highest priority for Burkinabé families - no matter how difficult their circumstances - in these subsistence farming communities of the country's poor northern regions.

Evidence of their commitment is clearly seen in the buildings’ fresh concrete and the new paintwork of the just-completed classrooms. There is still work to be done to construct more
Un jour, en rentrant, il sentait des frissons lui parcourir le corps ; il était comme au mois de décembre.
latrines. As at the beginning of every school year, the parents will contribute labour to repair and refurbish benches and paint the classrooms. “While we were planning to expand and starting to build it became obvious to us that the need is really for a second school,” says Koudougou.

From now on there will be a Tenko North school “A” and a new school “B” right next to each other. The new teaching staff are already hired. “This way, the students will get the proper quality of education from our side,” Koudougou continues, “while the Parents’ Association has a more manageable task too.” And the old buildings: will they be abandoned? “Absolutely not,” he replies, “The adults don’t want to be left behind these days – it’ll be used as a centre for teaching literacy.”
HIV AND AIDS PREVENTION

HIV/AIDS-related Millennium Development Goal (MDG):

MDG 4: Reduce child mortality
MDG 6: Combat HIV and AIDS, malaria and other diseases

Basic Indicators:

1. HIV prevalence: 2% (National Council for the Fight against HIV/AIDS and STIs)
2. Number of children living with HIV: 10,000
3. Number of children orphaned by HIV/AIDS and those made vulnerable by the same: 120,000
4. Orphans and other vulnerable children from 0 to 17 years living in homes that have received external support for their free care: 5.1%
5. Young women and men (15 to 24 years) who have had sex before the age of 15 years: 5.5%
6. Young people aged 15-24 years with both accurate knowledge on how to prevent risk of sexual transmission of HIV and who reject major misconceptions concerning the transmission of the virus: 45.2%
7. Adults (15 to 49 years) who have had sex with more than one partner over the last 12 months: 7.2%
8. Adults (15 to 49 years) who used a condom during last high-risk sex over the last 12 months: 37.9%
9. School enrolment rate of orphans (aged 10-14 years): 48.8%

(Source: UNGASS Report 2008)

Major UNICEF-supported interventions:

The HIV prevalence rate in Burkina Faso has stabilized at around 2%. However, new infections are heavily concentrated among young people aged 15-24 years. The pandemic is strongly feminized in the country, in that six out of 10 adults living with HIV/AIDS are women. UNICEF supports the Government and other partners’ efforts to combat HIV/AIDS through implementing the following major interventions:

1. Preventing Mother-to-Child Transmission of HIV (PMTCT)
2. Providing pediatric care for infected children
3. Primary prevention among youth
4. Providing global care for children orphaned and made vulnerable by HIV/AIDS
The cots are standard size but the children in them are so tiny they are hard to see at first amongst the crumpled bedclothes. The shades are down in the small ward at the St Camille Medical Centre, closed against Ouagadougou’s fierce afternoon sun. Voices are hushed not to disturb the newborns, just days old.

They will be here for 15 days to begin treatment with anti-retroviral drugs (ARVs) - because these little ones are among the latest to join the numbers of HIV positive children in Burkina Faso. In one sense, they constitute a favoured few. The rate of seroprevalence in the country was estimated by UNAIDS to be 2 percent in 2006; out of this, infected children numbered 17000. ARV treatment for children started in 2004 - yet by 2007 only 630 Burkinabé children were receiving ARVs.

St Camille, set up by an Italian religious order, has been the pioneering facility in Burkina Faso for HIV and AIDS care since 2001. From providing testing and counselling to giving ARV treatment and helping people living with HIV and AIDS, the Centre’s services extended to the Prevention of Mother to Child Transmission (PMTCT), with its special need for addressing the anxiety and fear of stigma experienced by HIV positive mothers.

The door to the waiting room swings open and in a flurry of pink ruffles the President of the Association Aide-Moi a Etre Mere (Help me to be a mother) (AME) enters. She’s a buxom woman, handsome features emphasised by dark brows and lipstick to match her pagne (traditional wrap), gold jewellery gleaming at neck and wrists. Nothing about her suggests she might feel timid or suffer discrimination, but as she briskly begins her story it reveals there is both pathos and courage just behind the glossy exterior.

She says, “I was here in this waiting room, in despair… I knew I was HIV positive but I had kept silent. And then to my horror I learned I was pregnant. The councillors and nurse here helped me so much to understand how best
to protect the baby from infection. I took heart, I finally confided in my husband and realised I had his support.” Her baby was born; after the anxiety of tests, she learned the little girl was a healthy negative.

She continues, “I came for my consultations and one time, talking with others here, I could see they felt desolate and alone. One woman told me she was ready to die because she was totally without hope….We decided to form a self-help group.” AME grew from this encounter and today has 157 members.

They pay 1000 CFA (US $ 2.35) for a year’s membership; the group has monthly meetings and an active programme of house visits helping newly-diagnosed women through the first stages of acceptance of their status, including communal meals, and discussions centring around whether to breastfeed their infants.

UNICEF assistance has focussed on the increasing numbers of orphans and vulnerable children, building from 200 supported in 2005 (with food at needy family level) to a projected 5000 aged from 18 months to 24 years in the current programme, aiming to ensure holistic care incorporating the potential help proffered by family, community and government.

Dr Virginio Pietra, in charge of the St Camille Centre remarks, “We can't cure AIDS here but we remember always that information is an important social vaccine, the only one we have.” He recognises the back-up to the Centre's PMTCT work that the NGO delivers, saying, “AME members are right in the community, talking every day on this subject, giving the facts about the pandemic in a country where
still the true situation about what it means to be HIV positive and pregnant is not understood.”

Additionally, the true practical challenge now in Burkina Faso is to replicate and extend the St Camille initiative. The paediatric AIDS facility is straining to cope with the increasing number of children; an expanded ward is needed. To get their ARVs women and children have to travel long distances from rural centres to the capital as only two other centres are currently operational.

There remains much to be done. Stigma is still such in the country that the AME President, despite acknowledging the need to openly champion the HIV positive, prefers not to be named. Although on a challenging final note another AME member asks her, “Why not? It’s a disease just like any other.”
Sipping a cup of hot coffee or tea has taken on a new significance for the young peer educators working on HIV and AIDS prevention in Zorgho town. A short while ago the team had the idea of offering hot beverages to attract young people to their meetings. Once gathered, they found serving the drinks transformed the occasion into an informal social occasion – and that the conversation around sensitive topics flowed much more easily.

The team of peer educators is part of a network, Reseau Africain Jeunesse Santé et Developpement (RAJS), now with more than 1500 clubs across the country. UNICEF is a major supporter, endorsing its aim of creating a strong youth leadership cadre to confront the pandemic.

Today, at four prominent locations on Zorgho’s busy streets a Café Santé has been set up. Distinctively painted bright orange and yellow, the “café” is, in fact, a round booth with a few stools encircling it. The young customers lean casually chatting there, while behind the counter the peer educator team takes turns to be available for dispensing information and advice along with the steaming coffee.
One of the cafés is immediately outside the peer educators’ office. Inside in the library a few boys and girls are consulting the leaflets and books. Peer educator Bertrand Kaboré, 21, says, “There is a huge need for young people to have access to facts about HIV and AIDS and sexually transmitted infections (STIs.) You know, talking about these things is still mostly taboo – and before they had no-one to consult.”

Strengthening communication methods tops the list of UNICEF’s strategies for reaching young people with prevention information. Reducing transmission levels is urgent since in Burkina Faso it’s in the adolescent age group that 50 percent of new infections are now being reported.

“Once we get a conversation going then the young person realises they’re not alone with their worries – and we’re at their level so they can seek us out to talk one on one if necessary,” says Bernard. Trained in communication and life skills, as the team leader he has a scooter provided for his visits to schools and clubs.
Occasionally, he’ll call all the youth in a neighbourhood together. Today he’s at one of Zorgho’s primary schools.

It’s 3 o’clock and, laden with backpacks, the students are leaving classes as Bertrand sets up the refreshments. This time tea is the drink of choice. On one bench he has perched a brazier with two or three hot coals inside. Even as he lifts a small green teapot high in the air and an arc of liquid pours frothing into the waiting glasses, he engages the gathering group in conversation. The topic is “fidelity” and, cradling the tea glasses in their hands, the students exchange ideas.

With some visual aids to help him Bertrand coaches the replies a little and makes sure everyone speaks. Girls and boys are in equal numbers. RAJS campaigned vigorously for girls to join the groups and they’re encouraged to air their views. After the session is over and Bertrand packs away his flip chart he says, “We’re a dedicated team and we enjoy our work - but really, once there are enough young people involved and aware, this thing will take off by itself.”
PROTECTION

Children’s and women’s rights to protection-related Millennium Development Goals (MDGs):

MDG 1: Eradicate extreme poverty and hunger
MDG 3: Promote gender equality and empower women
MDG 5: Improve maternal health
MDG 6: Combat HIV and AIDS, malaria and other diseases

Basic Indicators:

1. Birth registration rate: 63.7% (*MICS 2006*)
2. Female Genital Mutilation prevalence: 72.5%, including 59.7% among those aged 15-19 (*MICS 2006*)
3. Children aged 7-14 working in worst conditions: 51.7% (*ILO 1999*)
4. Child marriage: 52%, including 3.9% who were married before age 15 (*MICS 2006*)
5. Children who have experienced physical or psychological punishment: 83.3% (*MICS 2006*)
6. Children who have infringed the law: 223 (*Directorate for Prison Administration and Social Integration (DAPRS) report 2007*)

Major UNICEF-supported interventions:

In Burkina Faso, the extreme poverty of households - mostly in rural areas, the poor and inadequate educational opportunities, and some harmful socio-cultural practices seriously impact on children’s welfare.

Among the efforts to address the root causes of these problems awareness-raising in the population, improving women’s access to economic resources, and enhancing girls’ and boys’ access to education are making an effective contribution.

UNICEF is helping build a protective environment for children and provides technical and financial support to the Government and civil society organizations through implementing the following major interventions:

- Advocacy and raising awareness to combat child marriage, female genital mutilation and the worst forms of child labour, including child trafficking
- Supporting the proper care of Burkina Faso’s most vulnerable children and women, including
  - children and women who have infringed the law
  - children of the street
  - children who have suffered sexual violence
  - children who have experienced trafficking
  - female domestic workers
  - children working in goldmines and quarries
  - children with disabilities
  - vulnerable children and those orphaned by HIV/AIDS
As Pauline Guigma jumps off her bicycle outside her house the faces of the group of children waiting under the twisted tree light up. She throws them back a cheerful smile. Despite the midday heat she seems unfazed by the 5 km ride she’s just completed from Zorgho town. It’s as well she’s energetic, despite her mature years, since the children are totally dependent on her for food, shelter and nurturing.

Pauline, a widow, is a mother of eight children, 7 surviving. Pascal, her youngest boy is 16, the only one left at home. Her livelihood comes from the one field she cultivates, with a crop of beans, sorghum and peanuts. She has a donkey and a few goats. The five waiting children plus two girls at school, aged from 5 to 17, are all offspring of relatives in her extended family who are deceased, many as a result of HIV and AIDS.

Her smile may be wide, but Pauline’s on a precarious knife edge of poverty here. How does she put food into all those expectant mouths, help them plan their future? Did she offer willingly to act as carer for this brood - just when the long years of childcare for her own children were nearing their end?

“It doesn’t work like that,” explains Apollinaire Ouedraogo of Association African Solidarity (AAS), an NGO combating the impact of HIV and AIDS in Zorgho. “What happens is that the community elders assess the situation of vulnerable children, when they’re orphaned for example, consult and agree who’s best placed to take them on. Pauline was chosen and accepted the responsibility.”

AAS has been in Zorgho for five years, starting with counselling and testing for HIV, working with people living with HIV and AIDS, and giving information and combating stigma through radio broadcasts. Soon it added on support activities to families struggling with the burgeoning numbers of orphaned and vulnerable children. “The epidemic has severely aggravated the problems of poverty that were always here,” says Ouedraogo.
“The community coped well somehow before, but nowadays, families are overwhelmed, people are sick and there are just so many orphans who’ve nothing to eat, we’ve had to offer to help organize ways of tackling the crisis.” Pauline’s is one of 15 families the NGO works with. There are other NGOs helping numerous more.

In Pauline’s case, through funding from UNICEF, there is a cash payment of 20,000 CFA (US $ 47) every month plus 12 kilos of foodstuffs, including a powdered corn soya blend (CSB) used for making a porridge which serves for breakfast, and for supper, to accompany haricot beans with a sauce made from leaves.

Pauline hauls out the sack of CSB from her store and opening it, says “I got this 13 days ago only - and there’s just enough left to make three more meals.” The children giggle nervously as she checks a basin to see how many haricots are left. “I borrow from neighbours when we run out, otherwise, we are in the hands of God to manage”, she says.

With an apprenticeship in carpentry recently organised for Pascal, Pauline has some prospect of one child becoming self-sufficient, but the future is uncertain for the girls, particularly those who haven’t been to school – since the food/cash subsidy isn’t sustainable forever.

As one initiative in response, in Ouagadougou, the Thévenoud Centre is tackling head-on this special vulnerability of girls in Burkina Faso’s society today, where AIDS has shredded normal family support systems.

Evelyne Sawadogo, 15, is one of some 100 girls receiving a training at the Centre combining
basic education, with learning a skill with which they’ll be able to support themselves. The girls are encouraged to participate in decisions at Thévenoud and Evelyne explains how she selected embroidery out of the sewing, knitting, cookery, food production, soap-making and childcare opportunities also offered.

Sixty of the girls are boarders at the Centre. Funding from UNICEF has meant that, since 2000, it has been able to accept those from the remotest and poorest areas, offering some hope for those in situations as desperately difficult as Pauline Guima’s.
She made me walk in the streets to sell water. I had to carry a basin on my head filled with containers. If I didn’t sell them all, she beat me. But I was frightened being in the city with so many people about.” Awa Sawadogo looks at her hands and her voice is husky as she re-tells what happened when she left her village home outside Tougan, aged 16, to look for work and money in the big city. It took a day in the bus going south to reach Bobo and once there, she somehow got separated from the girls she travelled with.

“I slept three nights alone at the train station. I didn’t know what to do till she found me. She offered to help me, so I went with her – really, she only wanted to make me work like a slave for no pay.” Awa’s bad experience, the way she was harassed and how she escaped and turned up back home after three months is recalled as she moves around the secure surroundings of her workplace. She busies herself folding and patting the “pagnes” (traditional lengths of fabric for women’s clothing) which she has tie-dyed in subtle greens and blues, the result of her training in this craft at the UNICEF-assisted Training and Resource Centre.

Awa had fallen into a trap where many rural Burkinabé girls have been before her. Alexis Segueda, Provincial Director of Action Sociale, and Solidarité Nationale, and responsible for dealing with trafficking and exploitation of children explains, “Often the village girls aren’t happy at home: they feel they have to work too hard, going long distances to the well for water, feeling exposed and vulnerable. They try for something better elsewhere and then things go wrong.”

This southern region of Burkina Faso, arid, dusty and one of the country’s poorest, is notorious as a departing zone for trafficked children being taken into, out of and across the country for work in the mines, or on plantations for the cotton, tea and coffee harvests. Awa was fortunate not to have suffered a worse or more irreversible fate.

“Child domestic workers often have a bad time and are abused - but it doesn’t compare to what genuinely trafficked children undergo when
forced into the most hazardous forms of child labour. Once they are across one of our country’s many borders there’s a much reduced chance of tracing and getting them back,” says Segueda.

He describes the interceptions they can sometimes make at the frontier, working with the police, when they’ve been tipped off there’s an attempt at trafficking. A number of NGOs actively collaborate in these rescues. In 2007 they intercepted 48 children, 37 were girls.

In Burkina Faso for the past five years the law has prohibited employing under age children. “Action Sociale’s mounting a continuous campaign on radio and television against the traffickers themselves” says Segueda. This describes the penalties, while messages are also aimed at parents, hammering home how appalling are the conditions to which children get subjected when given over to travelling work gangs. Kidnapping of children into such gangs is also known to happen.

Awa’s parents were happy she returned and have been supporting her through the training she’s gaining at the Centre. Now 22, and agreeing she’d like to be married and have a family of her own, she says of them, “They’ve been so kind but it’s time now for me to earn my own money.” Each of her dyed and hand-printed pagnes sells for CFA 2000 (US $4.75)

For many of her fellow trainees, early drop outs from school, the literacy lessons - that go along with their months of instruction in weaving,
dyeing, soap-making etc – have been a second chance to get basic skills. Also supported by the Forum for African Women Educationalists (FAWE), the Centre staff helps the girls with the basic equipment for their chosen craft, to open a bank account and plan how their new skills can make them a living.

“Demonstrating it’s financially viable for girls to stay in the village environment is really important,” confirms Segueda. For Action Sociale, Centre graduates like Awa, representing successful social reinsertion for girls, are the brighter side of an entrenched child labour/trafficking problem in Burkina Faso, one which will demand a continuing concerted and up-scaled action by the government, supporting agencies and NGOs to resolve.
WATER AND SANITATION

Water and Sanitation-related Millennium Development Goals (MDGs):

MDG 2: Achieve Universal Primary Education
MDG 4: Reduce child mortality
MDG 5: Improve maternal health
MDG 7: Ensure environmental sustainability

Basic Indicators:

1. Population using improved sources of drinking water (94% in urban areas, as against 54% in rural areas) (JMP2006)
2. Population using improved sanitation facilities: 13% (42% in urban areas as against 6% in rural areas)
3. The prevalence of diarrhea among children under 5 years: 20.7% (urban: 21.1%; rural areas: 20.6%) (HDS 2003)
4. Eradication of Guinea worm disease (1992: 11,700 cases; 2007: 0 case)

Major UNICEF-supported interventions:

Between 1990 and 2006 the proportion of people using improved sources of drinking water increased from 38% to 68%. Between rural and urban areas there is an imbalance however, rural areas increasing from 34% to 54%, while urban areas increased from 61% to 94%. The use of improved sanitation is a concern; this has increased from the 1990 figure of 6% to only 13% by 2004, with again, a large gap between rural and urban usage rates. These factors contribute to the high risk of epidemics, hydro-faecal-related diseases and malnutrition which Burkina Faso faces.

With the aim of increasing the rate at which households access improved drinking water and sanitation, UNICEF collaborates with the Government, other technical and financial and civil society organisations, through implementing the following major interventions, among others:

1. Improving access to drinking water and improved sanitation facilities for family circles, community, schools and health centres
2. Monitoring and maintaining the water quality (bacteriology and chemistry)
3. Taking actions for the eradication of Guinea worm disease and certifying the eradication of the disease
4. Promoting individual and family-friendly hygiene, water and sanitation practices
5. Building the capacity of teachers, students and community structures (training, organization, equipment and monitoring)
A village community in the southern part of Burkina Faso consists of several circular family compounds set quite widely apart from each other amongst the long grass and scruffy trees of the Sahel landscape. Adama Ouedraogo is the head of a Muslim extended family living like this at Nobgtenga, Zorgho Province. Inside the mud brick walls five men with seven wives between them and their children, 30 people in all, have their houses and conical thatched grain stores.

From Ouedraogo’s entrance, three neighbouring compounds are in sight but are each some five minutes’ walk away. Updates on what’s new come through someone bicycling across or exchanges at the water pump. Or through a house visit made by one of the workers from the Chant des Femmes (Women’s Song) Association, an NGO promoting rural development at community level.

Yolande Dambelé has been with the UNICEF-assisted NGO for a year and explains how, after her training, she visits each Nobgtenga family for a chat “at least twice every month.” “There was only one borehole when I began,” she says “and it was way over there,” pointing across the

Communities contribute to clean water and sanitation as they make household hygiene their business
Yolande is visiting today to see the new latrine construction. Hamado Waogo shows her the brick built structure positioned next to an existing latrine, just outside the compound perimeter. “When there were trees here there was privacy to defecate in the bush,” he says “but now they’re gone we agreed we must have a toilet. As we are many, we’ve now built a second one.” Yolande adds, “With the rain and the floods every year, the bush turns swampy and so I’ve explained how the health risks of open defecation are even greater then.”

“We’ve done a lot of persuasion to get take-up for the latrines – so Ouedraogo’s household is a triumph for us,” she says. Latrines followed naturally on from the installation of a new community borehole with a pump assisted by UNICEF, easing the congestion on the closest one for the 400 people living nearby.
“Before, our women were spending all day walking there and back; even so, we never had enough water – now it’s a different matter,” says Waogo, watching Hassane 11, and Ablasse, 13, cupping their hands and drinking freely from the flowing tap of the standpipe.

There are costs involved for the community to buy into these innovations. For a latrine, for example, the slab, pipes and cement will be donated to a household through Chant des Femmes’ negotiation, but the labour for bringing sand, digging the hole, and the cost of putting up a brick superstructure (CFA 7000 or US $17 approx) and providing the roof (CFA 9000 or US $21) has to be a community contribution. These are significant amounts in Burkina Faso where most people in a rural community are surviving on less than US $1 a day.

Based on the success of a project in four of the poorest neighbourhoods in Ouagadougou, the capital, whereby UNICEF supported women’s associations with income-generating activities - and witnessed how health improved and hygiene behaviour changed as the linked education and empowerment activities took hold – Chant des Femmes is offering similar help to the women at Nobgtenga.

The chugging noise of the donated maize grinder coming from a small hut with a group of women congregated outside reveals how the initiative is working here. The mill grinds maize or sorghum into the flour used for the staple Burkinabé meal of “tô”, each bucket load costing 35 CFA (83 US cents). A Committee, set up with Chant des Femmes’ assistance, decides where the money is directed to help with community improvements.

The discussions around managing this activity relate to just one part of what Yolande and other community workers learned when they joined the NGO. “We know how to communicate with the mothers about all aspects of children’s health now; we talk with them about their own health too: problems occurring after excision, sexually transmitted infections etc. But we are putting most effort right now on passing information about changing behaviour around hygiene and sanitation, especially hand washing with soap,” she says.

Glancing across the compound to where Mamounata, Ouedraogo’s 6 year old granddaughter, has taken a basin of water and is liberally lathering her hands with soap after exiting the latrine, it is self-evident how powerfully their persuasion is working on expanding these crucial aspects of families’ wellbeing.
Communication for Development-related Millennium Development Goals (MDGs):

MDG 1: Eradicate extreme poverty and hunger
MDG 2: Achieve Universal Primary Education
MDG 3: Promote gender equality and empower women
MDG 4: Reduce child mortality
MDG 5: Improve maternal health
MDG 6: Combat HIV and AIDS, malaria and other diseases
MDG 7: Ensure environmental sustainability

Basic indicators:
1. Radio coverage (National radio): 90% of the national territory
2. Number of functional radios from various sectors (state-owned, private, community-owned or church-owned radios): 75
3. Number of television channels: 1 state-owned television channel, 3 privately-owned channels
4. Number of rural radios: 1 rural radio - 3 rural radios with a regional coverage
5. Number of UNICEF-supported local radio broadcast networks: 25 covering 27 of the 45 provinces
6. Number of UNICEF-supported theatrical groups: 30
7. Number of community-based “noyaux relais” (hubs) in villages: 1200, entailing 6000 community members undertaking interpersonal communication (Council for Audiovisual Communication report 2006)

Major UNICEF-supported interventions:

Through a community-based approach the programme contributes to bringing about changes in behaviour, attitudes and practices which promote children and women’s welfare. The following programme support and advocacy activities are implemented as part of major UNICEF-supported interventions:

- Implementing the Integrated Communication Plan (PIC) supporting the Country Programme themes related to the Medium Term Strategic Plan (MTSP) priorities based on three main strategies (advocacy, social mobilization and communication for behaviour change)
- Reinforcing partnership with the local media
- Strengthening the capacity of communication channels
- Developing partnership with interpersonal communication channels
- Providing support to local media to raise awareness in emergencies
- Strengthening the commitment of decision-makers in taking measures for children and women
- Strengthening the involvement of children, young people and women in protecting their rights
- Developing advocacy to promote a culture of peace and tolerance
- Mobilizing resources
A  
s as the day fades in Bougouré village the 
 sun slips like a golden coin down behind 
 the silhouette of an enormous baobab 
 tree. Stars appear in an evening sky of blue-
 violet. And still the talking with the visitors 
 continues. Against a mud wall mats have been 
 spread and the group of elders have seated 
 themselves on the ground. Across from them is 
 the Chief, hunched on a low seat, leaning 
 forward, white-bearded, eyes screwed up in 
 concentration as he follows the discussion. 

“Before the radio, we did not know.....,” says the 
imam, prayer beads dangling from one hand, 
“There were many things we weren’t aware of.” 
He speaks directly to Issa Yampa and his team of 
broadcasters from Radio La Voix du Paysan, a 
community radio station based in Ouahigouya, 
25 kms away, which is making a first visit to 
Bougouré. 

Behind the team some fifty villagers have 
gathered. Standing or squatting, they murmur 
quietly, chickens squawk, a child cries and the 
sky slowly darkens. 

Now the Chief is speaking, “Since the radio 
came we have realised that a practice such as
excision is bad for our women. We have received the information and agreed it should stop. Now you won’t hear any talk of excision in this village.”

Two villagers, a man and a woman sitting together nearby, who have been identified as councillors, nod as he speaks. Excision (cutting of the female genital organs as a rite of passage, potentially extremely detrimental to girls’ reproductive health status) has been widespread in Burkina Faso.

Radio La Voix du Paysan is one of the 60 radio broadcast networks covering 90 percent of Burkina Faso. Community radio’s mix of information and announcements, music and messages is recognised as the most potent medium for communicating with the very remotest of the country’s 8000 villages. UNICEF supports La Voix du Paysan, advising on programme content and encouraging the outreach achieved by face to face visits like today’s to Bougouré, one of 1200 villages already reached.

After the audience with the Chief the radio team will fan out through the narrow high-walled alleys of the village, following the steps of the elected “noyaux relais” (hub) members as they call together a neighbourhood meeting or go door to door for discussions at household level.
The hub members are individuals with influence in the village, such as the councillors, the midwife, and the teacher. The person to person follow-on from the information beamed to the village about practices such as excision is a vital component of the radio's impact.

UNICEF in Burkina Faso is promoting an integrated communication strategy (known as PIC) designed to achieve behaviour change on topics important to children’s health and wellbeing, such as the eradication of excision and child trafficking. All actors in the communication field, government, local authorities and NGOs are implicated in its comprehensive approach to addressing how to achieve societal change.

The advocacy and dialogue with the Chief and elders, the mobilisation achieved through activities such as role plays, and the debate and discussion at individual level are closely monitored to see how they all come together to convince the community to leave behind harmful traditional practices or adopt new ways of doing things.

At Bougouré the hot topic today is birth registration for all children. Belem Madi, coordinator of the noyaux relais, says, “After the radio we know why papers like this are very important for our children’s future. So everyone is informed to register their child immediately after birth, or at least within a month. Then we check it’s been done.” Issa Yampa says, “Our job is to create the climate for the exchanges so the villagers take up the ideas. It’s not us dictating, it can only be between them to agree and act....”

The PIC strategy entails 4-5 visits to a village such as Bougouré over some 3 months, during which the advocacy discussions set the scene, the different interest groups in the village are gathered, a trial broadcast is done to assess impact. This is followed by a film show evening when the villagers can ask questions, then a theatre group performance. Finally a Quiz Day is organized, a fun occasion when knowledge levels on the newly-absorbed information are tested, albeit informally, aided by lots of jokes.

Eventually these stages, reported at individual village level, funnel into the bigger picture UNICEF and the Ministry of Information is building on the effectiveness across Burkina Faso of the behaviour change techniques being experimented with.

As the Radio La Voix du Paysan team get set to leave Bougouré, packing equipment into the vehicle under the arc light of a rising full moon, it can but be satisfied as to the invaluable way its work is contributing to an understanding of how to move forward on many critical social issues affecting the welfare of the coming generation of Burkinabé children.