United Nations E/ICEF/2026/P/L.24

Economic and Social Council

Distr.: Limited
28 July 2026
English
Original: French
English, French and Spanish only

United Nations Children's Fund
Executive Board
Second regular session of 2026
1–4 September 2026
Item 4 (a) of the provisional agenda*

Country programme document

Burkina Faso

Summary

The country programme document (CPD) for Burkina Faso is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $68,080,000 from regular resources, subject to the availability of funds, and $134,659,000 in other resources, subject to the availability of specific-purpose contributions, for the period January 2027 to December 2030.

* E/ICEF/2026/25.
Note: The present document was processed in its entirety by UNICEF.

26-11115 (E) 310726

Programme rationale

1. Burkina Faso, a country in the Sahel region, is facing a geopolitical context marked by major security challenges. Its economy has undergone significant changes over the past decade. Despite security, health and climate shocks, the country's economic growth over 2020–2025 showed resilience, including a post-COVID rebound. After slowing to 2 per cent in 2020 due to the COVID-19 health crisis, it rebounded to 6.9 per cent in 2021. This dynamism stalled in 2022, when growth slowed to 1.6 per cent due to an exceptional inflationary shock characterized by a 14.1 per cent rise in prices. Since 2023, growth has gradually improved, reflecting a moderate recovery in economic activity. From 3 per cent in 2023, economic growth reached 4.8 per cent in 2024 and 5.3 per cent in 2025,[1] driven by the primary and tertiary sectors.

2. On the political front, Burkina Faso, Mali and Niger withdrew from the Economic Community of West African States (ECOWAS) in January 2024 and from the Organisation Internationale de la Francophonie in March 2025, after creating the Alliance of Sahel States (AES) in September 2023. AES now serves as the main framework for security, political coordination and regional cooperation between the three countries. AES gives increasing priority to economic sovereignty, endogenous development and the promotion of local resources.

3. Given that the country's population of 24 million (2025)[2] is mostly made up of children (52 per cent under 18 years of age) and young people (78 per cent under 35 years of age),[3] the demographic dividend presents a genuine opportunity and should serve as a powerful catalyst for development. However, population growth is 2.3 per cent annually, and 43.2 per cent of the population live below the poverty line, which underscores the need to invest in education, health, youth employment and women's empowerment. Poverty is also unevenly distributed. Women and children in both rural and urban areas are the most affected groups, with 45.3 per cent of children living in poor households.[4] The determinants of child poverty are place of residence (90 per cent in rural areas), household size (70 per cent in households with at least nine members) and the level of education of heads of household (90 per cent with no schooling).[5]

4. The human capital index score of 0.38 in 2024[6] suggests that a child born today in Burkina Faso will achieve only 38 per cent of their health, education and nutrition potential by adulthood. Chronic poverty and reduced access to basic services for the poorest groups are the main barriers to achieving national development objectives and the Sustainable Development Goals, particularly those relating to health, development and social protection.

5. Since 2015, the country has been facing a multidimensional security crisis. The number of people in need as a result of insecurity remains high, at nearly 4.5 million, including 2.9 million children, with just over 2.5 million displaced

[1] Directorate General of the Economy and Planning (DGEP)/Directorate of Forecasting and Macroeconomic Analyses (DPAM), based on the Automated Forecasting Tool (IAP) data, March 2026.
[2] Demographic projections 2020–2035.
[3] Burkina Faso Open Data, "General population and housing census projections 2019", Burkina Faso data portal. Available at: https://burkinafaso.opendataforafrica.org/fgqejcc/projections-de-population?lang=fr.
[4] Burkina Faso, National Institute of Statistics and Demographics and UNICEF, *Analyse de la pauvreté multidimensionnelle des enfants au Burkina Faso* [Analysis of multidimensional child poverty in Burkina Faso] (2024).
[5] Ibid.
[6] www.databankfiled.worldbank.org.

people.[7] Moreover, acute food and nutrition insecurity affects over 3 million people, including 600,000 children under 5 years of age. The closure of basic social service infrastructure affects people's access to these services. By 2024, more than 6,000 schools and 17.7 per cent of health facilities were closed,[2] particularly affecting the Sahel and Est regions.

6. Burkina Faso has nevertheless made considerable progress on social issues as a result of the existence of strategic and regulatory frameworks, alongside significant and sustained investment in the social sectors. Between 2010 and 2021, maternal mortality fell from 341[8] to 198 deaths per 100,000 live births and the infant mortality rate dropped from 65[9] to 30 deaths per 1,000 live births.[10] Neonatal mortality likewise fell from 28 to 18 deaths per 1,000 live births.[11] Access to an improved water source rose from 76.2 per cent to 78.5 per cent between 2021 and 2024.[12] The rate of female genital mutilation among girls aged 0–14 years fell from 13.3 per cent to 9.4 per cent, with rates of 10.5 per cent in rural areas and 12.1 per cent among the poorest groups. The proportion of children involved in child labour decreased only slightly, from 41 per cent in 2006 to 40.3 per cent in 2022, and has a strong female (44 per cent) and rural (46 per cent) bias.[13] Birth registration rose from 76.9 per cent in 2010 to 84.8 per cent in 2022, with rates of 95 per cent in urban areas and 81 per cent in rural areas. Significant progress has been made on handwashing, with an overall rate of 48.4 per cent (65 per cent in urban areas versus 38 per cent in rural areas). The national rate of access to sanitation rose from 26.8 per cent in 2021 to 28.6 per cent in 2024,[14] but remains low in rural areas. Open defecation has declined significantly, and is now practised by only 22.6 per cent of the population.

7. Despite clear progress at the national level, children in Burkina Faso still experience multiple overlapping deprivations that significantly affect their development. A key factor behind this discrepancy is the high concentration of spending at the central level (89 per cent) compared with the decentralized level (11.38 per cent). The high dependence of programmes on external aid (55 per cent) makes interventions in areas such as vaccination, community-based care and nutrition vulnerable.

8. The nutrition situation continues to be a cause for concern. Nationally, acute malnutrition affects 9.9 per cent of children under 5 years of age, while chronic malnutrition affects 19 per cent.[15] The prevalence of acute malnutrition is higher in hard-to-reach areas, in particular the Sahel and Est regions. With regard to infant and young child feeding practices, some 72.5 per cent of the country's children under 6 months are exclusively breastfed. Only 28.9 per cent of children aged 6–23 months

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[7] United Nations Office for the Coordination of Humanitarian Affairs, *Burkina Faso: Besoins humanitaires et plan de réponse des partenaires* [Burkina Faso: Humanitarian Needs and Response Plan] (OCHA, 2026).

[8] Burkina Faso, National Institute of Statistics and Demographics, *Enquête Démographique et de Santé et à Indicateurs Multiples* (EDSBF-MICS IV) 2010 [Demographic and Health and Multiple Indicator Cluster Survey (BFDHS-MICS IV) 2010] (Ouagadougou, 2012).

[9] Ibid.

[10] Burkina Faso, National Institute of Statistics and Demographics, *Enquête Démographique et de Santé (EDSBF-V) 2021* [Demographic and Health Survey (BFDHS-V) 2021] (Ouagadougou, 2023).

[11] National Institute of Statistics and Demographics, *BFDHS-MICS IV 2010*.

[12] Burkina Faso, *Plan national de développement (PND) 2026–2030* [National Development Plan (NDP) 2026–2030] (2026).

[13] International Labour Organization, United Nations Children's Fund and National Institute of Statistics and Demographics, *Enquête nationale sur le travail des enfants au Burkina Faso 2022* [National Survey on Child Labour in Burkina Faso 2022] (Geneva, ILO; New York, UNICEF; Ouagadougou, MEF, 2024).

[14] Burkina Faso, *NDP 2026–2030*.

[15] Burkina Faso, SMART survey 2024.

benefit from minimum dietary diversity in support of their development, resulting in 71 per cent of young children living in food poverty.[16] Anaemia affects 56 per cent of women aged 15–49 years, 59.9 per cent of pregnant women and 72 per cent of children under 5.[17]

9. Regional inequalities and significant disparities between rural and urban areas persist. There are also significant gaps in access to and the quality of drinking water, and access to latrines and sanitation services. Moreover, the absence or poor maintenance of latrines in 55 per cent of schools and 60 per cent of health centres remains a major challenge that worsens absenteeism, particularly among girls, and aggravates social and health inequalities. The lack of accessible infrastructure exacerbates the exclusion of children with disabilities, limiting their autonomy and access to school.

10. The net primary school enrolment rate was 65.8 per cent in 2025, but the retention rate drops to 16.1 per cent in the final year of secondary school, resulting in 2.9 million school-age children out of school, of whom 1.9 million are aged 6–11 years and 1 million are aged 12–16 years. Most of these children (2.5 million) live in rural areas. Late enrolment, school dropout, low learning outcomes, poor-quality teaching and a lack of alternatives to keep children in school until at least age 16 are just some of the factors affecting the sector's performance. Some 76.3 per cent of children are affected by various forms of violence (child marriage, female genital mutilation and gender-based violence).[18]

11. The main determinants of these vulnerabilities relate to: (a) weaknesses in the political and legal framework, and in national budget allocation and coordination systems; (b) limited provision of quality social services; (c) the persistence of harmful social norms that particularly affect girls and children with disabilities; and (d) the latent conflict that the country has been experiencing for years.

12. Recent evaluations recommend a stronger geographic focus and the systematic integration of social protection, public finance and social norms, a refocusing of health priorities around reducing neonatal mortality, and an emphasis on deprivations affecting girls, women and people living with disabilities.

13. Over the years, UNICEF has built strategic partnerships at all levels, including with Government, civil society, communities and donors. Its partners recognize its ability to support the generation of evidence and translate this evidence into policy dialogue and advocacy, with a view to better aligning its intervention targets with national priorities and accelerating their impact and coverage to reduce disparities.

Programme priorities and partnerships

Process of developing the 2027–2030 programme of cooperation

14. The programme was developed in line with the vision set out in the National Development Plan "Plan RELANCE 2026–2030", the United Nations Sustainable Development Cooperation Framework and the UNICEF Strategic Plan, 2026–2029. It takes into account the objectives of the three flagship transformative programmes agreed with the Government.[19] It draws inspiration from the priorities set out in the African Union's Agenda 2063, the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child, the Sustainable Development Goals

[16] Burkina Faso, SMART survey 2024.
[17] National Institute of Statistics and Demographics, *BFDHS-V 2021*.
[18] National Institute of Statistics and Demographics, *BFDHS-V 2021*.
[19] 1. Stabilization and cross-border cooperation; 2. Humanitarian-development-peace transition; and 3. Food systems transformation.

and the Convention on the Rights of Persons with Disabilities. It combines complementary strategies for strengthening social infrastructure, generating evidence for policy dialogue and advocacy, sharing knowledge and experience, horizontal cooperation, and monitoring and reporting on international commitments.

15. The programme aligns with the National Development Plan's vision of a sovereign and prosperous nation pursuing endogenous and sustainable development for the well-being of all. It seeks to ensure that by 2030, all children in Burkina Faso, especially those in the most vulnerable situations, enjoy equitable and continuous access to high-quality basic social services (health, nutrition, water and sanitation, education and protection) in a healthy, safe, protective and inclusive environment. In view of the evident disparities, the programme of cooperation will place particular emphasis on rural areas, areas with security challenges, urban poor populations, displaced people and returnees.

16. The programme of cooperation strategies – in the target regions and populations – will: (a) contribute significantly to the resilience of essential service delivery systems for children; (b) enable an equitable increase in the coverage of integrated health, nutrition, water and sanitation, and protection services; and (c) equitably raise the enrolment, retention and completion rates for basic education and technical and vocational training for children aged 3–16 years.

17. Building on the lessons learned from the previous programme, and to foster the creation of a local environment conducive to sustainable change, the programme of cooperation will focus on integrating interventions to guarantee sustainable and equitable access to inclusive, high-quality social services, while strengthening the coordination and optimization of existing infrastructure. Maintaining progress and strengthening community networks and approaches will also be at the heart of this strategy.

18. Based on the analysis of the situation of children, lessons learned and national priorities, the programme will contribute to reversing the deterioration of human capital by reducing health-related deprivations, in particular neonatal mortality and nutrition, while strengthening education as a lever for protection, resilience and social cohesion in a context of fragility and prolonged crisis. To this end, it is structured around two interconnected pillars: first, health and nutrition, and second, education and protection. Water, sanitation and hygiene (WASH), behaviour change, social protection and child protection are integrated into both the health and education pillars with the aim of improving supply and demand for each, to increase the coverage of basic needs on a scale capable of positively impacting children's lives.

19. With this in mind, the programme seeks to tackle the root causes of poverty and social norms via two intrinsically linked strategic enablers: tackling household poverty and promoting behaviour change. Reducing financial barriers and promoting family practices essential for sustainable change are key focus areas. They aim to create a more protective environment for children, particularly against violence. The effective adoption of practices will rely on the use of endogenous social and behaviour change approaches to better understand the social and behavioural determinants of service use, guide the ongoing adaptation of interventions, build trust between communities and services, and support community participation and local accountability, particularly in security-challenged areas.

20. Social protection and behaviour change, which were previously sectoral components, now form the strategic foundation of the programme. Each programme component integrates social protection and behaviour change strategies and interventions, accompanied by specific performance indicators. The programme will prioritize support for the implementation of the National Social Protection Strategy

and the Assistance Programme for Poor and Vulnerable Households, as well as the extension of the Single Social Register to strengthen the strategic contribution of social protection interventions.

21. Each pillar of the integrated programme will work to strengthen community management capacities, encourage greater ownership of interventions and stimulate demand for the services offered. This will include adapted dialogue, feedback and complaint mechanisms, enabling marginalized populations to express their needs, influence programmes and stay informed about what has been done about any concerns they have raised.

22. Geographic and demographic targeting have been key factors in the development and implementation of the new programme of cooperation. There is a clear geographic focus to demonstrate tangible impact over the duration of the programme, with an emphasis on regions affected by the humanitarian situation with the lowest rates of service access. These are the Liptako, Soum, Goulmou, Sirba, Tapoa, Yaadga, Guiriko and Nakambe regions, and urban households in the lowest wealth quintiles.

Equitable access to health, nutrition, water, sanitation and hygiene services

23. Inequitable access to health, nutrition and WASH services is largely linked to place of residence, family socioeconomic class and continuity of supply. The Presidential Initiative for Health[20] and the guarantee of free healthcare for pregnant women and children under 5 years of age – a powerful lever for equity that has helped double paediatric consultations and reduce infant and maternal mortality – remains fragile, with reimbursement delays, frequent shortages of essential medicines and regional disparities. Access to drinking water and latrines in health centres is still limited, undermining the quality of services and disease prevention. Access to nutrition services remains insufficient and ineffective, given anaemia rates of 56 per cent in women of childbearing age and 72 per cent in children aged 6–59 months. Moreover, 37 per cent of children aged 12–23 months are not fully vaccinated.

24. The programme of cooperation will contribute to ensuring that, by 2030, **3.8 million** children (50 per cent of them girls), **1.65 million** pregnant women and **1 million** adolescents, particularly those living in contexts of displacement, return and fragility and those with disabilities, make **regular, equitable and resilient** use of **integrated and inclusive quality** health, nutrition and WASH services.

25. The programme strategies include: (a) strengthening national systems, in particular by strengthening community-based provision in hard-to-reach areas for vaccination, nutritious food and severe acute malnutrition management; and (b) integrating access to WASH services, behaviour change, social protection targeting and local management.

26. Regular analyses of social and behavioural barriers to service use will be integrated into these strategies as a cross-cutting action. To improve the quality and coverage of nutrition interventions, synergies will be strengthened with (a) community-led total sanitation, household water treatment, and the operationalization of the WASH and Nutrition Strategy; (b) early childhood development and adolescent nutrition; (c) the prevention of child marriage and early pregnancy; and (d) social safety nets.

27. This component also builds on the **First Foods Africa** initiative to strengthen the prevention of malnutrition through the transformation of nutrition-focused food

[20] The aim is to improve equitable access to quality healthcare, reduce maternal and infant mortality, strengthen the national health system and promote universal health coverage.

systems. This approach aims to significantly reduce food poverty among young children and improve the access of around 3 million children to a diverse diet. It is based on an integrated package of multisectoral interventions combining local production of nutritious food, enabling public policies and social protection for a lasting impact on the prevention of malnutrition. This component will strengthen partnerships with: (a) the United Nations Population Fund, the World Health Organization and the World Food Programme within the framework of the flagship programmes; (b) major donors for resource mobilization; and (c) civil society, to strengthen programme effectiveness, through local authorities, community stakeholders, women's organizations, youth organizations, organizations for people with disabilities and the private sector.

28. To ensure effective coordination and optimize complementarity of efforts, partnerships will be organized by level of intervention: strategic and political, for strategic consultation and advocacy with national authorities, the United Nations system, and technical and financial partners; institutional, for capacity-building and joint planning and monitoring of commitments with line ministries and decentralized institutions; and operational, for implementation and innovation at the local level, through local authorities, civil society, community platforms, young people and the private sector. UNICEF will continue to strengthen its partnerships and policy dialogue through the technical and financial partners group and the Scaling Up Nutrition network, as well as within the framework of the Global Alliance for Resilience Initiative (AGIR).

Equitable access to protective and high-quality education and vocational training

29. The main barriers to children accessing and succeeding at school include starting school late, inconsistent attendance, high dropout rates at primary level, negligible or inadequate non-formal education provision, marked inequalities linked to place of residence, family socioeconomic status, gender norms, low school performance levels due to high poverty levels, inadequate preparation of children before they start primary school, low curriculum relevance and ineffective teaching methods. Other determinants include social factors such as the perceived value of school, low family involvement in school decisions, feeling unsafe in the learning environment and discrimination against children with disabilities and displaced children.

30. To tackle this situation, the programme will support: (a) promoting preschool education; (b) ensuring systematic entry to school from 6 years of age, with better control of school flows through the use of alternative solutions emphasizing the optimal use of infrastructure, equipment and staff; (c) accelerating the emergency education response, improving access to and the quality of technical, vocational and apprenticeship training, and strengthening the governance, accountability and financing of education and protection; (d) supporting the operationalization of technology for development in all sectors of the education system, scaling up remedial approaches and promoting innovative initiatives such as RAPID,[21] Foundational Literacy and Numeracy (FLN) and Teaching at the Right Level (TaRL); and e) including groups that remain on the margins of the school system, such as children with disabilities and in regions with low enrolment rates, with support for inclusive social protection.

[21] RAPID was launched in September 2022 and stands for: Reach every child and keep them in school; Assess learning levels regularly; Prioritize teaching the fundamentals; Increase the efficiency of instruction including through catch-up learning; Develop psychosocial health and well-being.

31. These priority action areas will ensure that around **3 million** school-age children (50 per cent of them girls) and out-of-school youth – particularly the most vulnerable and those at risk of exclusion – equitably access and complete their education, including ICT and high-quality vocational training, in a healthy and protective environment.

32. At the regional level, the programme will aim to build a national integrated child tracking system (SNISE) that will support the roll-out of the unique student identifier, promote interoperability between the Education Management Information System, the civil registry and social registries to ensure school enrolment at 6 years of age, reverse the learning crisis and make adjustments to non-formal education. Particular emphasis will be placed on strengthening inclusive local governance by supporting social accountability and citizen participation mechanisms. Cross-sectoral collaboration will focus on advocacy for the development of local community resilience mechanisms to respond to shocks and adversities stemming from the physical, social and human environment.

33. Finally, UNICEF is committed to accelerating the emergency education response through a minimum resilience package to speed up the implementation of the humanitarian-development-peace nexus approach and strengthen community-based platforms, ensuring educational continuity and providing early warning and feedback that enable the timely adaptation of programme approaches to local contexts.

Programme effectiveness

34. In addition to effective programme management and coordination, this component will focus on: (a) promoting programme integration in the eight regions through a convergent approach; (b) supporting upstream social protection work to ensure integrated targeting of children (girls and boys) from the lowest wealth quintiles; and (c) cocreating local adaptive solutions with the community and changing harmful social norms.

35. This component will support advocacy for children's rights, focusing on the importance of equitable public investment in children. It will promote the systematic integration of a gender-sensitive and inclusive approach into all components, in line with UNICEF policy. Specific indicators will be used to track progress on closing gender gaps, promoting women's participation and ensuring equitable access to services for children with disabilities.

36. In social policy, UNICEF will facilitate capacity-building at the national level and promote the use of existing mechanisms to guide policy dialogue in order to enable the collection of data on multidimensional poverty and inequalities with a view to ensuring the most vulnerable groups are not left behind.

37. The programme will advance advocacy efforts and provide evidence-based advice to expand fiscal and budgetary space for priority social programmes, steer public governance and investment in children, and promote public policy reforms for their benefit. The development of strategic and innovative partnerships with international financial institutions, as well as with public and private actors, will be encouraged with a view to leveraging adequate financing of children-sensitive programmes at scale.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular[*] *resources*	*Other resources*	*Total*
Equitable access to health, nutrition, water, sanitation and hygiene services	34 992	62 728	97 720
Equitable access to protective and high-quality education and vocational training	23 576	64 043	87 619
Programme effectiveness	9 512	7 888	17 400
Total	**68 080**	**134 659**	**202 739**

[*]This does not include an annual estimate of $168 million from other resources (emergency funds), based on the 2026 Humanitarian Action for Children appeal.

Programme and risk management

38. The programme will be coordinated with the Ministry of Economy and Finance. UNICEF will continue to chair the partner groups on education, social inclusion and nutrition. Within the framework of the flagship programmes, United Nations thematic groups will facilitate joint programming and technical reviews.

39. Insecurity, financial risks and natural disasters are the main anticipated risks. The primary strategy for mitigating these risks is to increase population resilience through interventions at the community and institutional level, and to strengthen the consideration of risk in programming. A risk management matrix will support programme implementation. This matrix will specify the probability, impact, mitigation measures, staff member responsible and monitoring status for each identified risk (security, climate, financial and programmatic). This systematic approach will facilitate continuous monitoring and adaptation to changing contexts, as well as last-mile supply monitoring to prevent the diversion of aid.

40. UNICEF will continue to play an advisory role within the humanitarian country team and the emergency nutrition, education and WASH clusters. Through its area offices, UNICEF will continue to strengthen planning, monitoring and evaluation, local-level monitoring and early warning mechanisms in targeted regions.

41. To mitigate the risk of programme funding shortfalls, UNICEF will focus on donor retention and diversification through greater visibility, quality reporting and knowledge-sharing. Emphasis will be placed on cooperation at decentralized level, the generation of evidence on emerging themes (climate change and urbanization) and innovation, as well as increased and targeted resource mobilization for the benefit of children. A new engagement will be established with the private sector to mobilize resources and promote innovative local solutions.

42. The Harmonized Approach to Cash Transfers (HACT) is a key tool for transparent and efficient resource management. To ensure the quality and speed of implementation, UNICEF will continue to build the capacity of its partners in line with HACT. The use of electronic tools will support consolidation, help build partner trust, optimize the impact of interventions and enable the effective monitoring of HACT quality assurance recommendations.

43. This country programme document provides an overview of the UNICEF contribution to national outcomes for children and is the main tool for reporting to the Executive Board on the alignment between the outcomes achieved and the

resources allocated to the programme at the country level. The responsibilities of managers at national, regional and headquarters levels in relation to country programmes are set out in the UNICEF programmatic and operational policies and procedures.

Monitoring, learning and evaluation

44. The Children's Agenda will be monitored and evaluated using a results- and rights-based approach, with particular emphasis on equity and gender. The programme will monitor child-focused outcome indicators to assess progress on removing bottlenecks in the supply of and demand for social services. A midterm review of the programme will make it possible to identify success factors and the challenges encountered, and to make any necessary strategic adjustments.

45. An integrated monitoring, evaluation and research plan will guide the development of the national monitoring and evaluation system's capacity in relation to children's rights, to ensure the strategic use of data generated in collaboration with research centres, the National Institute of Statistics and Demographics (INSD) and the departments responsible for the production of routine statistics. The costed evaluation plan 2027–2030 has identified strategic evaluations that will optimize organizational learning, strengthen accountability, inform strategic decision-making and build national capacity. Planned evaluations include: (a) a country programme evaluability study, and midterm and final evaluations; (b) an evaluation of the contribution to community resilience; and (c) an evaluation of programmes focused on adolescents, young people and vulnerable groups.

Annex

Results and resources framework

Burkina Faso – UNICEF country programme of cooperation, 2027–2030

Convention on the Rights of the Child: 2–3, 5–8, 12–13, 18–20, 23–28; 32–40

National Development Policy (Plan RELANCE) 2026–2030: Pillar 3 – Human capital development

Sustainable Development Goals: 1–6, 10, 16

UNSDCF outcomes:
By 2030:
Outcome 1*: By 2030, the people of Burkina Faso, in particular young people, women, children and people in situations of vulnerability living in border areas and areas affected by insecurity, benefit from inclusive, accountable and rights-based governance, security and justice systems that sustainably strengthen peace and social cohesion.*

1.3: Inclusive local governance and citizen participation, particularly of women and young people, strengthen conflict prevention, social cohesion and trust.
1.4: Disaggregated data and accountability systems are strengthened to inform decision-making and the monitoring of inequalities and conflict dynamics.

Outcome 2: *By 2030, the people of Burkina Faso, in particular young people, women, children and people in vulnerable situations, have equitable access to high-quality basic social services, opportunities to rebuild and protection, thereby sustainably improving their resilience.*

2.1: Basic social policies and services are strengthened to ensure equitable, inclusive, high-quality and sustainable provision, even in times of crisis.
2.2: Social protection systems are integrated and strengthened to sustainably reduce vulnerability and ensure the realization of the rights of people in vulnerable situations, including internally displaced people, host communities and returnees.
2.3: People, especially women, young people and children, benefit from effective protection measures that guarantee the promotion and realization of their rights.

Outcome 3: *By 2030, the people of Burkina Faso, especially women, young people and those in the most vulnerable situations, participate in and benefit from climate-resilient agrifood systems, strengthening food and nutrition sovereignty, decent livelihoods and inclusive economic transformation.*

3.4: Food systems guarantee sustainable access to a varied and nutritious diet, particularly for the most vulnerable groups.

Related Impact Results of the UNICEF Strategic Plan, 2026–2029: 1–5

UNSDCF outcomes	*UNICEF outcomes*	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
						RR	*OR*	*Total*
Outcomes 1 to 3 **Outcome 1:** By 2030, the people of Burkina Faso, in particular young people, women, children and people in situations of vulnerability living in border areas and areas affected by insecurity, benefit from inclusive, accountable and rights-based governance, security and justice systems that sustainably strengthen peace and social cohesion. **Outcome 2:** By 2030, the people of Burkina Faso, in particular young people,	**Outcome 1** **3.8 million** children (50% girls), **1.65 million** pregnant women and **1 million adolescents** in the most vulnerable situations, particularly those living in contexts of displacement and fragility and those with disabilities, make **regular and equitable** use of **integrated, high-quality** services.	Percentage of children aged 12–23 months fully vaccinated: ***B (2025): 63%*** ***T: 80%***	National surveys DHIS2 / Health data hub (ENDOS)	**1.1**: Approximately **1.65 million** pregnant women, **675,000** newborns and **3.3 million** children under 5 years of age regularly use high-quality integrated **maternal, newborn and child health (MNCH)** services, including vaccination and integrated management of childhood illness (IMCI) services. **1.2**: **Systems** (health, nutrition, WASH, social protection) have **improved capacity** to plan, finance and deliver **equitable and resilient** services. **1.3**: Approximately **1.2 million** pregnant women and **3.8 million** children aged 0–59 months receive preventive/curative **nutritional services integrated** with health and social protection services.	Ministry of Health Ministry for Water Resources Technical and financial partners Sectoral dialogue unit for health United Nations Civil society Private sector	34 992	62 728	97 720
		Exclusive breastfeeding rate: 0–5 months ***B (2024): 72.5%*** ***T: 80%***	National Nutrition Survey (ENN) Demographic and Health Survey (DHS) Multiple Indicator Cluster Survey (MICS)					
		Percentage of children aged 6–23 months consuming a minimum number of food groups ***B (2024): 28.9%*** ***T: 38%***						
		Percentage of children under 5 years with severe acute malnutrition treated and cured ***B (2024): 92.9%*** ***T: 93%***	ENDOS Ministry of Health statistical yearbook DHS					
		Percentage of health centres with operational drinking water, sanitation and handwashing facilities ***B (2023): 74%*** ***T: 100%***	WASH surveys in health facilities DHIS2 / Sector reports Continuous					

UNSDCF outcomes	*UNICEF outcomes*	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
						RR	*OR*	*Total*
women, children and people in vulnerable situations, have equitable access to high-quality basic social services, opportunities to rebuild and protection, thereby sustainably improving their resilience. **Outcome 3:** By 2030, the people of Burkina Faso, especially women, young people and those in the most vulnerable situations, participate in and benefit from climate-resilient agrifood systems, strengthening food and nutrition sovereignty, decent livelihoods and inclusive		Percentage of pregnant women in rural areas attending four antenatal consultations ***B (2025): 55%*** ***T: 70%***	Multisectoral Survey (EMC)/ Harmonized Survey on Household Living Conditions (EHCVM) Joint Monitoring Programme (JMP) MICS	**1.4**: Approximately **1 million** people in priority areas access **operational, resilient and sustainably managed WASH services** in their communities and at health facilities.				

UNSDCF outcomes	*UNICEF outcomes*	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
						RR	*OR*	*Total*
economic transformation.								
Outcomes 1 and 2	**Outcome 2** **Approximately 3 million school-age children (50% girls)** and young people, especially those in the most vulnerable situations and those at risk of exclusion, equitably access and complete inclusive and resilient high-quality education and vocational training, in a healthy and protective environment.	Preschool gross enrolment rate ***B (2025): 8.2%*** ***T: 30%***	Preschool statistical yearbook	**2.1**: Approximately 1 million out-of-school children (girls and boys) aged 3–16 years, including internally displaced children, children with disabilities and those living in poor families, have equitable access to high-quality education and vocational training in safe, healthy, protective and inclusive learning environments. **2.2**: Approximately 2 million children at risk of exclusion	Ministry of National Education Ministry of Women, National Solidarity and the Family National and regional education directorates Education inspectorates Municipalities Ministry of Water Resources	23 576	64 043	87 619
		Primary school gross enrolment rate: ***B (2025): 78.7%*** ***T: 97.2%***	Primary education statistical yearbook					
		Primary school completion rate ***B (2025): 51.6%*** ***T: 79.3%***	Primary education statistical yearbook					

UNSDCF outcomes	*UNICEF outcomes*	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
						RR	*OR*	*Total*
		Post-primary completion rate ***B (2025): 28.6%*** ***T: 33%***	Primary education statistical yearbook	benefit from a continuous, resilient, high-quality education and training system focused on the development of basic skills and employment skills, both nationally and in priority areas. **2.3**: The national education system has greater capacity to effectively and efficiently plan, mobilize domestic and external resources, and implement and monitor high-quality education and training programmes in a clean school environment. **2.4**: 500 schools in priority areas are equipped with operational, inclusive, sustainable and resilient WASH services that are effectively maintained and managed. **2.5**: Integrated and inclusive national and community systems are strengthened to prevent and respond				

UNSDCF outcomes	*UNICEF outcomes*	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
						RR	*OR*	*Total*
				to violence, exploitation, abuse and harmful practices for 3 million children aged 3–16 years in the most vulnerable situations, especially those who are out of school or at risk of exclusion.				
		Percentage of primary schools with operational latrines that meet national standards ***B (2023): 57%*** ***T: 100%***	EMC Administrative statistics JMP		Ministry of Water and Sanitation, civil society organizations (CSOs)			
		Number of girls and boys covered by the social protection system ***B (2025): 950,000*** ***T: 3 million*** Percentage of women aged 20–24 years who were married <u>before 15 years of age</u> ***B (2021): 7.8%*** ***T: 2%***	EMC Permanent Secretariat of the National Council for Social Protection (SP/CNPS) annual report DHS MICS EMC		Ministry of Women, National Solidarity and the Family and other relevant ministries, technical and financial partners, National Assembly, United Nations, CSOs			

UNSDCF outcomes	*UNICEF outcomes*	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
						RR	*OR*	*Total*
		before 18 years of age ***B (2021): 38.2%*** ***T: 20%***						
Outcomes 1 and 3	**Outcome 3** The country programme is effectively designed, coordinated and supported to meet programme quality standards for the achievement of objectives for the most marginalized children.	Number of municipalities with child-sensitive development plans ***B (2025): 15*** ***T: 40*** Percentage of national budget allocated to social protection ***B (2025): 2%*** ***T: 5%***	Annual report	**3.1**: The UNICEF team and its partners are able to effectively plan and monitor programme implementation. **3.2**: The UNICEF team and its partners have guidelines, tools and resources for effective advocacy, external communication and partnership to promote children's rights. **3.3**: The UNICEF team and stakeholders have effective coordination mechanisms to strengthen cross-sectoral synergies.	Government, United Nations, bilateral and multilateral partners, CSOs	9 512	7 888	17 400
Total resources						**68 080**	**134 659**	**202 739**