Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: BURKINA FASO

Development of maturity model and assessment tools for harmful practices policies
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Desk Review, Assessment and Action Planning

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Acknowledgment

The maturity model and assessment tools for harmful practices policies for the Global Programme to End Child Marriage was produced by United Nations Children’s Fund (UNICEF) headquarters’ offices with support from Matthew Dalling (consultant). We would like to thank colleagues in the countries where the tool was field-tested, for their constructive feedback in enriching the tool.

For more information about the tool, please contact Joseph Mabirizi (jmabirizi@unicef.org).

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List of acronyms

CM       Child marriage
CPRA    Child Protection Rapid Assessment
CSO   Civil Society Organization
FGM    Female genital mutilation
GPECM   Global Programme to End Child Marriage
JPFGM   Joint Programme on the Elimination of Female Genital Mutilation
CNLPE  National Council to End FGM
SDG        Sustainable Development Goal
SNPEME National Strategy for the Prevention and Elimination of Child Marriage
SOP    Standard Operating Procedure
UNFPA United Nations Population Fund
UNICEF United Nations Children’s Fund

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I. Background

Child Marriage:
Child marriage is pervasive in Burkina Faso. In the absence of a new study conducted in 2021, existing data in the Continuous Multi-sectoral Survey (EMC) 2015 indicates that for women aged 20–24 years, 8.9 per cent were married before the age of 15 years, and more than half (51.3 per cent) were married before the age of 18 years.

The Government has ratified international and regional conventions against discrimination against women and girls and traditional harmful practices. Since 2015, it has had a national strategy against child marriage, accompanied by a budgeted three-year operational action plan, the last finalized covers the period 2022–2024. According to the evidence, the practice of child marriage continues in the context of the security crisis that Burkina Faso has been experiencing for several years now; a crisis that worsened in 2021. Indexes related to child/forced marriage accounted for 10 per cent of incidents of gender-based violence in 2020 and 7 per cent from January to September 2021. Moreover, according to a recent Child Protection Rapid Assessment (CPRA) report, with the loss of socio-economic capacities, more and more children are exposed to child marriage (23 per cent) or sexual violence (21 per cent).

Burkina Faso has been facing a humanitarian and security crisis since 2015. There’s been a sharp deterioration of the situation from 2019 due to an escalation of violence that resulted in recurrent deadly attacks until 2020. In 2021, the situation worsened further under the intensification of violence, which has a negative impact on the protective environment for women and children.

Poverty, social norms, weak law enforcement and inherent limitations to access education, reproductive health and adolescent participation are the main causes of child marriage. More than half of these child-wives were married at a very young age, resulting in early pregnancies and high-risk deliveries for the health of teenage mothers and their children. Despite the intensification of social communication actions against child marriage, in some communities, resistance remains. Most unions are celebrated in the traditional way and are therefore not registered in the official civil registers, making it difficult to take legal action against the spouse or parents of the bride.

Female Genital Mutilation (FGM): The practice of female genital mutilation and child marriage is a reality in Burkina Faso. Under FGM, 67.6 per cent of women aged 15–49 years and 11.3 per cent of girls aged 0–14 years have undergone female circumcision. Among girls aged 0–14 years, the prevalence is 11.3 per cent; it is 14.8 per cent among those aged 0–17 years. The highest prevalence is observed in the Cascades region with 89.8 per cent, followed by the Centre-Nord region (83.8 per cent). The Centre-West region is the one where excision is practised less (48.9 per cent). With the displacement of populations due to insecurity, the risks of increased child marriage and FGM are real. These displacements bring together populations that have abandoned FGM; communities that are committed to abandoning it or do not practice it and people who are not yet convinced to abandon it, thus creating a new dynamic that contributes to its perpetuation.

Purpose
This document aims to accelerate change to achieve the 2030 Sustainable Development Goals (SDGs) elimination of harmful practices goals. A draft maturity model or framework for harmful practices with articulated benchmarks has been developed and populated for review and feedback from country-level stakeholders. The model aims to provide an integrated strategy on measuring processes, systems and services and information based on a Public Policy Management approach, the GPECM framework, and the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (UPFGM).

Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries to measure their level of maturity of their processes, systems and services to eliminate harmful practices. Draft Action Plans were developed based on identified actions (short, medium and long term), to inform existing national action plans and advocacy strategies.

It is against this background that a desk review was conducted, the draft maturity model was completed and prototyped, and the draft findings of this country level report are shared. This reflects the inception stage of sensitizing country-level stakeholders on the potential utility of a comparable maturity model to accelerate action for change across 12 countries.
II. Methodology

The desk review comprises core documents shared by the country including various documents such as laws, policies, strategies, guidance and standards, monitoring and evaluation reports which touch on the topic of harmful practices. Furthermore, competency frameworks from other countries are included to provide insight into the format, methodology and content of harmful practices frameworks that have been developed in other contexts. The findings of the review will be included in an Appendix to complement the findings of this desk review and will help to inform the strengths and gaps in harmful practices programming.

The desk review was completed by using several key questions or ‘lenses’ defined by the six operational/functions areas and sub-domains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

1. What is the effectiveness of government structures, including coordination across government departments, between centralization levels, and between formal and informal actors?

2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?

3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?

4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?

5. What is the availability and access to prevention and response services for women and children most-at-risk of harmful practices?

6. What is the effectiveness of data collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and draft completed maturity model are organized in terms of the questions we aimed to answer. Where information was limited, or gaps were identified, this is included under each question. Each Operational/functional area (Intermediate outcome) comprises benchmarks or ‘Sub-domains’, so for example for the Intermediate outcome on “Governance and Coordination Structures” there are three sub-domains – namely Political commitment, Coordination structures and National Action Plans. Each is rated in the maturity model between 1–4.
**Goverance & Coordination**  

**A1: Political commitment**: In Burkina Faso, there is a strong political commitment to eliminate harmful practices. Specifically, a public declaration has been made at senior level; the programme to end child marriage was launched by the Government in 2016, after which it issued a Government action plan and contributed financially. There is also a public declaration on FGM and the former president is a champion on ending FGM in Africa. He has globally supported resolutions in the Human Rights Council in Geneva to end FGM and child marriage. The strategies clearly articulate commitments to eliminate harmful practices with high level declaration spelling out its commitments; there is a national multi-sectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a Plan of Action (NPA) with clearly defined targets aligned to national statistics frameworks.

**A2: Coordination structures**: Both FGM and Child Marriage coordination forums are led by the Ministry of Social Affairs as statutory authority, formally established. The political crisis and coup d’etat in January and September 2022 led to disruption in services provision and coordination. It also resulted in a change in government structure, impacting on ending FGM coordination: there was a national lead, but the Permanent Secretary was recently replaced, and the leadership was moved to a national Directorate.

There is coordination at community and national levels. The Government before cancelling the permanent secretariat for FGM had dedicated human and financial resources for coordination at community and central levels. Despite the political instability, coordination mechanisms are established and functioning, with many actors in support and participating in sessions and following up on initiatives. Decentralized coordination is available and formally established, although there is no dedicated government budget available to support their functioning.

**A3: National Plan of Action**: There are two costed plans to end FGM and child marriage (CM): these are the National Strategy to End Child Marriage 2016–2025, and National Zero Tolerance Strategic Plan to Eliminate FGM 2022–2030. The plans provide limited breakdown of available resources in each area; and estimated targets are not realistic, clear or measurable and are not routinely monitored by actors. There are plans to conduct a baseline study to define the indicators and targets around harmful practices. The statistics are collected within the Ministry of Social Affairs and partially for coordination at community and central levels. Despite the political instability, coordination mechanisms are established and functioning, with many actors in support and participating in sessions and following up on initiatives. Decentralized coordination is available and formally established, although there is no dedicated government budget available to support their functioning.

**Policy and Legislation**

**B1 Legislation, policies and implementation mechanisms for harmful practices**: There is a strong enabling legislation and policy environment for the elimination of harmful practices. There are enacted laws and policies which specifically protect women and girls, including the most-at-risk from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and sub-national levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

- There are also 26 courts which ensure that the law is enforced throughout the country. The minimum age at which a girl can marry of her own accord is 20 years of age, with permission from a parent she can marry at 17 years of age, and with judicial authorization she can marry at 16 years of age. In the Family Code Article 238 indicates the minimum age at marriage for girls is 17 years of age, and in Article 241 it says that minors may not marry without permission from their parents.

- There is no mechanism to record, document and address cases of discrimination experienced by girls and women most-at-risk for harmful practices. The Family Code is under review to better align it with international law and standards. Amendment of the legal age of marriage for girls and boys is part of the proposed changes. While there is no specific safeguarding policy for children, nor a FGM policy in place, there are various provisions under diverse laws which do provide safeguards.

**Measurement standard for mature rating**: The country has strong political commitment to eliminate harmful practices with high level declaration spelling out its commitments; there is a national multi-sectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a Plan of Action (NPA) with clearly defined targets aligned to national statistics frameworks.

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance &amp; Coordination</td>
<td>3.2</td>
<td>A1: Political commitment</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A2: Coordination structures</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A3: National Action Plans</td>
<td>3.6</td>
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<thead>
<tr>
<th>Name of Country</th>
<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and Legislation</td>
<td>3</td>
<td>B1: Legislation, policies and implementation mechanisms for harmful practices</td>
<td>3</td>
</tr>
</tbody>
</table>
### Engagement and participation

Measurement standard for mature rating: There is an independent complaints mechanism that accepts complaints by or on behalf of women refused or receiving harmful practices services which replies within a stipulated timeframe; civil society are extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with Government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

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<thead>
<tr>
<th>Name of Country</th>
<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement and participation</td>
<td>2.4</td>
<td>C1: Independent complaint mechanism exists for children and women</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C2: Civil society engagement, including women and children</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C3: Community-based mechanisms for harmful practices prevention</td>
<td>3</td>
</tr>
</tbody>
</table>

### Financing and human resources

Measurement standard for mature rating: Adequate financial resources have been allocated by government and partners, with government meeting the majority of the costs; the funding is realized on time and is accessible to the relevant sectoral Ministry(s), with regular reviews of allocation taking place. Routine capacity-building is provided to key stakeholders with supportive supervision services on harmful practices and with significant sustained coverage.

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<thead>
<tr>
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<th>Sub-Domains</th>
<th>Specific Score</th>
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</thead>
<tbody>
<tr>
<td>Financing &amp; HR</td>
<td>2.6</td>
<td>D1: Financing of harmful practices services</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D2: National budget establishment</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D3: National budget execution</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D4: National budget amount</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D5: National budget monitoring and review</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D6: Human resources</td>
<td>3.3</td>
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</tbody>
</table>
## Access to Services

### Measurement standard for mature rating:

There are clearly defined and gender-responsive SOPs or protocols for the elimination of harmful practices, which are regularly reviewed and revised to adapt to emerging situations. There is an excellent awareness of harmful practices among policymakers, with Government-led and funded national-level scale-up prevention and response-related services including integrated case management and referral services, which are accessible at national and sub-national levels. These are user-friendly and gender responsive.

**E1 Availability of Standard Operating Procedures (SOPs) and/or protocols**

- **Specific Score**: 3

**E2 Understanding and articulation of harmful practices system**

- **Specific Score**: 3.5

**E3 Modelling testing and scaling of harmful practices services**

- **Specific Score**: 2

**E4 Availability of harmful practices services, case management and referral systems**

- **Specific Score**: 3.3

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## Data collection, monitoring and evaluation

### Measurement standard for mature rating:

There are administrative data systems as part of a broader national statistics system, which at regular intervals generates gender and age disaggregated data on harmful practices and includes information on hard-to-reach populations; data is regularly used for policy, planning and monitoring of programmes, and there are data security and governance mechanisms, such as legislation, in place which ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys and inform design of prevention and response service interventions. There is also centralized coordination of the data by the national statistics offices with relevant ministries and agencies.

**F1 Administrative data systems and monitoring to routinely generate data on harmful practices**

- **Specific Score**: 2.5

**F2 Data security and governance**

- **Specific Score**: 4

**F3 Research and surveys**

- **Specific Score**: 2

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### Access to Services

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<tr>
<th>Name of Country</th>
<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E1</strong>: Availability of Standard Operating Procedures (SOPs) and/or protocols for harmful practices services</td>
<td>2.9</td>
<td><strong>E1</strong>: Availability of Standard Operating Procedures (SOPs) and/or protocols for harmful practices services</td>
<td>3</td>
</tr>
<tr>
<td><strong>E2</strong>: Understanding and articulation of harmful practices system</td>
<td></td>
<td><strong>E2</strong>: Understanding and articulation of harmful practices system</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>E3</strong>: Modelling testing and scaling of harmful practices services</td>
<td></td>
<td><strong>E3</strong>: Modelling testing and scaling of harmful practices services</td>
<td>2</td>
</tr>
<tr>
<td><strong>E4</strong>: Availability of harmful practices services, case management and referral systems</td>
<td></td>
<td><strong>E4</strong>: Availability of harmful practices services, case management and referral systems</td>
<td>3.3</td>
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### Data collection, monitoring and evaluation

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F1</strong>: Administrative data systems and monitoring to routinely generate data on harmful practices</td>
<td>2.8</td>
<td><strong>F1</strong>: Administrative data systems and monitoring to routinely generate data on harmful practices</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>F2</strong>: Data security and governance</td>
<td></td>
<td><strong>F2</strong>: Data security and governance</td>
<td>4</td>
</tr>
<tr>
<td><strong>F3</strong>: Research and surveys</td>
<td></td>
<td><strong>F3</strong>: Research and surveys</td>
<td>2</td>
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</table>
### Governance & Coordination

**A1 Political commitment.**

<table>
<thead>
<tr>
<th>Rating</th>
<th><strong>Short Term (1-2 yrs)</strong></th>
<th><strong>Medium Term (2-5 yrs)</strong></th>
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<tbody>
<tr>
<td>3</td>
<td>Ongoing work needed to raise awareness on HPs with new Government following coup d'état. Discuss with Government to identify who will be focal point to advance work on FGM.</td>
<td>Strengthen capacity of the new coordination team to support coordination and actors.</td>
</tr>
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</table>

**A2 Coordination structures.**

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<thead>
<tr>
<th>Rating</th>
<th><strong>Short Term (1-2 yrs)</strong></th>
<th><strong>Medium Term (2-5 yrs)</strong></th>
<th><strong>Long Term (5+ yrs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Designate a focal point for the secretary of the National Council to End FGM (CNLPE) following Government change.</td>
<td>Support the organization of sessions of regional committees to fight against the practice of excision.</td>
<td>To avoid the impact of institutional changes on the functioning of the coordination system, it is necessary to advocate for the revision of the texts by designating the administrative entities according to functions and not only official titles that change all the time.</td>
</tr>
</tbody>
</table>

**A3 National Action Plans.**

<table>
<thead>
<tr>
<th>Rating</th>
<th><strong>Short Term (1-2 yrs)</strong></th>
<th><strong>Medium Term (2-5 yrs)</strong></th>
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<tbody>
<tr>
<td>3.6</td>
<td>Support implementation of the actions plan to end FGM and CM.</td>
<td>A new strategy and actions to end CM need to be adopted by 2025 (end of the actual strategy in this thematic area).</td>
</tr>
</tbody>
</table>

### Policy and Legislation

**B1 Legislation, policies and implementation mechanisms for harmful practices.**

<table>
<thead>
<tr>
<th>Rating</th>
<th><strong>Short Term (1-2 yrs)</strong></th>
<th><strong>Medium Term (2-5 yrs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Support HNO and HRP process to include analysis and actions on harmful practices.</td>
<td>Support capacity building of CPAoR actors on FGM and CM in nexus.</td>
</tr>
</tbody>
</table>

**Engagement and participation**

**C1 Independent complaint mechanism exists for children and women.**

<table>
<thead>
<tr>
<th>Rating</th>
<th><strong>Short Term (1-2 yrs)</strong></th>
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<tbody>
<tr>
<td>2</td>
<td>Support GALOP to draft an advocacy note for independent complaints procedure.</td>
</tr>
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</table>

**C2 Civil society engagement, including women and children.**

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<thead>
<tr>
<th>Rating</th>
<th><strong>Short Term (1-2 yrs)</strong></th>
<th><strong>Medium Term (2-5 yrs)</strong></th>
<th><strong>Long Term (5+ yrs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4</td>
<td>Organize session of the National Council for the second half of the year.</td>
<td>Support scale-up of community-based child protection mechanism.</td>
<td>Support information management training session for local actors.</td>
</tr>
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</table>

**C3 Community-based mechanisms for harmful practices prevention.**

<table>
<thead>
<tr>
<th>Rating</th>
<th><strong>Short Term (1-2 yrs)</strong></th>
<th><strong>Medium Term (2-5 yrs)</strong></th>
<th><strong>Long Term (5+ yrs)</strong></th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Discuss the feasibility of introducing journalist reporting guidelines for harmful practices.</td>
<td>Contribute to strengthening the capacities of the umbrella organization of CSOs active in promoting the elimination of FGM, including through support for holding coordination sessions.</td>
<td>Assess the impact of the community-based Child Protection units to prevent, report and respond to HP.</td>
</tr>
</tbody>
</table>
### Financing & HR

**D1 Financing of harmful practices services.**  
**Rating:** 2.4

**Short Term** (1-2 yrs)  
- Need to conduct an assessment to understand financial commitments, i.e. to work out who are the main contributors. Help Government to assess financial status for harmful practice service provision. Support Government to develop a tool to follow up financing status while implementing the action plans.

**Medium Term** (2-5 yrs)  
- Strengthen gender- and human rights-based budgeting for central and local administration.

**Long Term** (5+ yrs)  
- Advocacy for the inclusion of harmful practices in the budgets of municipalities and regions, particularly through local development plans.

**D2 National budget establishment.**  
**Rating:** 3.4

**Short Term** (1-2 yrs)  
- Continue capacity building of partners on gender budgeting.
- Advocate for inclusion of costed harmful practices action plans in national public finance budget.
- Support annual session of CNLPE.

**D3 National budget execution.**  
**Rating:** 2.5

**D4 National budget amount.**  
**Rating:** 2

**D5 National budget monitoring and review.**  
**Rating:** 2.5

**Medium Term** (2-5 yrs)  
- Advocacy to include harmful practices in the yearly review of public finance and expenditures.

**D6 Human resources.**  
**Rating:** 3.3

**Short Term** (1-2 yrs)  
- Support formative supervision of social workers.

### Access to Services

**E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services.**  
**Rating:** 3

**Short Term** (1-2 yrs)  
- Ensure the national case management SOPs take into consideration harmful practices.

### E2 Understanding and articulation of harmful practices system.  
**Rating:** 3.5

**Short Term** (1-2 yrs)  
- Secondary data review on the impact of the insecurity and displacement of population on CM.

**Medium Term** (2-5 yrs)  
- Mid-Term Actions: Socio-anthropology assessment to understand FGM drivers within specific communities.

### E3 Modelling testing and scaling of harmful practices services.  
**Rating:** 2

**Short Term** (1-2 yrs)  
- Advocate that audits and evaluation need to be more periodic and predictable.

### E4 Availability of harmful practices services, case management and referral systems.  
**Rating:** 3.3

**Short Term** (1-2 yrs)  
- Finalize the child protection case management SOPs and ensure integration on harmful practices survivors.

**Medium Term** (2-5 yrs)  
- Support adoption of referral pathway in the remaining communes and provinces.
- Support capacity building.

### Data collection, M&E

**F1 Administrative data systems and monitoring to routinely generate data on harmful practices.**  
**Rating:** 2.5

**Short Term** (1-2 yrs)  
- Advocacy for the new secretary to pursue using of the tool and ensure data from other relevant actors are captured. Assessment of the data collection and availability system.
- Support building a national social information system.

**Medium Term** (2-5 yrs)  
- Support building a national social information system.

**F2 Data security and governance.**  
**Rating:** 4

**F3 Research and surveys.**  
**Rating:** 2
Appendix A: Desk review

No. 1 Annual Report

Name of document:

Includes an update on the programme status reflecting on the country context, three significant achievements in 2021, any changes to the country’s programme strategy and components, and includes a section on innovative approaches. Also identifies partnerships and Joint UNFPA-UNICEF work and a reflection on how key principles are being applied—such as a human rights approach, ‘Leave No One Behind’ and gender transformative approaches. The document also highlights key programme challenges and support needed before going into detail by Outcome and Output level on specific achievement of results.

Programme performance is measured around the Global Partnership output and outcome performance metrics based on the immediate outcome categories in the results framework.

Immediate outcomes include:
- Empowerment of adolescent girls: Enhanced knowledge, education and life-skills, and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health and financial literacy, including in humanitarian contexts.
- Community engagement and transformation: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender-equitable attitudes and support for girls’ rights.
- Strengthening systems: Increased capacity of education, health, child protection and gender-based violence systems to deliver coordinated, quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.
- Social protection and partnerships: Increased capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts.
- Policies and legislation: Enhanced capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage.
- Data and evidence generation and use: Increased capacity of governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons.
- Programme effectiveness and efficiency.

No. 2 Plan of Action

Name of document:

The African Union (AU) Initiative on Eliminating Female Genital Mutilation – Saleema Initiative – is a continent-wide effort to accelerate action to end the practice. The AU Saleema Initiative was endorsed by and launched on the sideline of the 22nd Session of the African Union Heads of State and Government Summit, February 2019. The African Union Heads of State and Government Assembly Decision Assembly/Dec.737(XXXII) endorsed the implementation of the Saleema Initiative and named the President of the Republic of Burkina Faso, H.E. Mr. Roch Marc Christian Kaboré, as AU Champion on Eliminating FGM.

The number of young girls, particularly below 15 years of age, that are at risk of being subjected to this injurious harmful practice is too high. Africa, through all avenues, must amplify what is working. The goal must be to ensure we are not leaving any girl or any woman behind.

The document includes the following:
- Problem statement in the African context.
- Types of FGM.
- African Union’s policies.
- Theory of Change.
- Strategic objectives and outcomes.
- Communication and advocacy strategy.
- Implementation arrangements.

No. 3 Research

Name of document:

The results of this secondary analysis show that the practice of female genital mutilation and child marriage is a reality in Burkina Faso. Under FGM, 67.6 per cent of women aged 15–49 years and 11.3 per cent of girls aged 0–14 years have undergone female circumcision. Among girls aged 0–14 years, the prevalence is 11.3 per cent; it is 14.8 per cent among those aged 0–17. The highest prevalence is observed in the Cascades region with 89.8 per cent followed by the Centre-Nord region (83.8 per cent). The Centre-West region is the one where excision is less practised (48.9 per cent).
No. 4 Community for Development Mobilization guide

This is a training guide and includes under Session 11 on FGM (Excision) an explanation of what it is, the reasons why the practice takes place and the consequences.

Name of document:

No. 5 Declaration

This is a public declaration which explains what the incidences of FGM are in Burkina Faso, and then lists various commitments by religious leaders to support the abandonment of the practice.

Name of document:

No. 6 Protocol guide

This document explains the key concepts of FGM, identifies the institutional and organisational frameworks for the elimination of FGM.

Name of document:

Key chapters include:
- Principles on reporting and denunciation in the event of FGM.
- Receipt and processing information.
- Case management.
- Summary of key interventions in event of FGM.
- Outline of the excision case management process, including of serious risk.

No. 7 Strategic plan

This is the National Strategic Plan to promote the elimination of FGM in Burkina Faso for 2022-2026.

Name of document:

Based on international, regional and national standards, the PSN/FGM 2022–2026 has set itself the following vision: “By 2026, Burkina Faso is a model nation that provides women and girls with optimal protection against female genital mutilation.”

The process of developing this new National Strategic Plan for the elimination of FGM 2022–2026 followed a participatory approach involving all stakeholders through a steering committee chaired by the SP/CNLPE.

This National Strategic has four parts:
- Part I: Diagnostic Analysis.
- Part II: Elements of the National Strategy to Promote the Elimination of Female Genital Mutilation.
- Part IV: Risk Analysis and Management.
The Ministry of Social Action and National Solidarity (MASSN) has been developing various actions to abandon child marriage for many years. To this end, this National Strategy for the Prevention and Elimination of Child Marriage (SNPEME) in Burkina Faso 2016–2025 and a three-year National Action Plan 2016–2018 have been developed. This national strategy serves as a reference to guide and channel all interventions in Burkina Faso. The operational action plan, meanwhile, will allow implementation of the various actions of the SNPEME.

Its vision is to “make Burkina Faso, by 2025, a country where child marriage in all its forms is eliminated”.

Its foundations are inspired by the National Prospective Study (ENP) ‘Burkina 2025’, the Accelerated Growth and Sustainable Development Strategy (SCADD), the Code of Persons and the Family (CPF) and the National Social Protection Policy (PNPS). Its underlying principles essentially focus on the community and children as agents of change based on community and holistic intervention, gender approach, community dialogue, human rights-based approach, results-based management and partnership.

Although remarkable gains are being made on the ground, the current system of intervention needs to be coordinated for greater efficiency and synergy, and to eventually allow for a transition to scale-up. This is what justifies the development of the current SNPEME which aims to be the national reference for the promotion of the abandonment of child marriage in Burkina Faso and the manifestation of the commitment of the State.

The National Strategy expresses the will of the Government and its partners to put children at the centre of through several concrete legal, administrative and technical measures.

Name of document:

No. 9 National strategy

Name of document:


Key conclusions include:
• The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM implementing across 17 countries.
• Phase III design appropriately recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
• There has been progress in the development of both costed national action plans and monitoring functions, although lower than planned. The Joint Programme has appropriately recognized the need for dedicated budgets and has advocated as such.

Key recommendations include:
• Continue to strengthen global policy and advocacy strategies.
• Strategically strengthen and support implementation of accountability systems. The Joint Programme should also advocate for fully funded national legal and policy frameworks.
• In countries where national governments are tackling complex situations around FGM, the Joint Programme should continue to build on its achievements to date.
• Strengthen links with other streams of work towards enhanced access to quality services for FGM prevention, protection and care.
• Accelerate use of the ACT Framework to generate data on social norm change.
• Build the post-Phase III Joint Programme to be gender transformative.
• Continue considered use of public declarations of abandonment as an indicator. Incorporate a humanitarian approach within the post-Phase III Joint Programme design.

No. 10 Evaluation
The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the United Nations Population Fund (UNFPA) and the United Nations Children’s Fund (UNICEF). The programme is implemented in 12 countries in 4 regions with multiple partners and stakeholders at the national, regional and global levels.

Key findings and conclusions include:

- The programme is well aligned to global and regional frameworks and commitments to end child marriage.
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, although only a few countries have formally adopted the Theory of Change.
- The widespread acknowledgment that child marriage impinges on children’s rights and welfare provides a strong foundation and rationale for the ending child marriage agenda.
- Despite efforts to target high prevalence areas and reach the most vulnerable, in many instances, interventions have not yet reached the most remote areas, including many of those that are furthest behind.
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities under Output 1.1, having reached nearly 5.5 million girls by mid-2018, far exceeding the programme’s objective to reach 2.5 million girls by the end of 2019.

Key recommendations include:

- Prioritize normative leadership.
- Expand framework for country contextualisation (Theory of Change).
- Consolidate and strengthen the evidence-based-knowledge management.
- Define and monitor jointness, convergence and complementarity.
- Strengthen and contextualize monitoring and reporting systems.
- Invest in human resources.
- Strengthen the programme.
- Find funds.

The Child Protection Systems Strengthening Maturity model developed by UNICEF elaborates priorities, processes and results to be achieved in each phase of child protection systems strengthening and provides comprehensive benchmarks to effectively manage investments and results in systems strengthening. The benchmarks are defined by the Intermediate Outcomes, and defined by benchmarks or sub-domains. This tool was developed and later completed by 155 UNICEF country offices, including Burkina Faso, in December 2021. This serves to measure the level of maturity, or benchmark the status of child protection systems strengthening. UNICEF has developed both detailed and summary guides on the benchmarking tool, which will be adapted for Burkina Faso.

This tool will be used as the primary framework to benchmark the level of maturity of the Burkina Faso Child Protection System, with an addition added to identify priority actions needed to improve the ratings or level of maturity.

The intermediate outcomes identified in the tool include:

- Legal and policy framework.
- Governance and coordination structures.
- A continuum of services.
- Minimum standards and oversight mechanisms.
- Human, financial and infrastructure resources.
- Mechanisms for child participation and community engagement.
- Data collection and monitoring systems.
Executive Summary findings include:

- **Relevance**: COVID-19 has reconfirmed the validity of the Phase II Theory of Change (ToC); there were no newly identified needs that were outside the scope of the global ToC, the drivers of child marriage were still relevant, although some of them had gained relevance.

- **Effectiveness**: Most country offices endeavoured to maintain contact with the adolescent girls targeted under the Global Programme through digital platforms or mass media and through community-based partners, committees, volunteers and networks. However, the adoption of virtual technologies raised concerns regarding the quality of these approaches and their ability to influence adolescent girls’ agency or gender and social norms. Several learnings from the adjustments to the pandemic have the potential to shape future programming. This includes i) the use of virtual methods with beneficiaries, allowing larger reach (with some caveats); ii) the need for multi-pronged approaches in programmes aimed at changing in-gender norms or developing skills; and iii) flexibility in adjusting programming and in reallocating budgets.

- **Coherence**: Overall, the process of adjusting the Global Programme to COVID-19 restrictions was coherent both internally within agencies, and externally, between agencies.

**Key recommendations include**:

- The Global Programme should advocate with governments to continue developing aligned multi-sectoral policies, legal instruments and budgeted strategies contributing to ending child marriage, with a focus on addressing the various drivers of child marriage at national, sub-national and local levels, and to seek improved harmonization between sectors.

- The Global Programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming targeting them specifically.

- The Global Programme should continue to develop complementary multi-channel approaches to reach target populations based on country specificities and context.

- The Global Programme should continue advocacy and systems-strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crises.

- The Global Programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.

- While the Theory of Change remains valid, the Global Programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming.

**Progress towards policy coherence** is understood as a three-phase cycle with each phase of the cycle supported by one of three building blocks. The PCD approach requires that all three building blocks are in place with sufficient weight given to each phase of the policy coherence cycle. These include three Phases: i) Setting and prioritizing objectives; ii) Coordinating policy and its implementation, and iii) Monitoring, analysis and reporting.

These three phases are also known as critical building blocks and there are nine lessons derived across the three phases of the cycle above to promote PCD.
# Appendix B: Country data visualization Burkina Faso

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance &amp; Coordination</td>
<td>3.2</td>
<td>A1: Political commitment</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A2: Coordination structures</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A3: National Action Plans</td>
<td>3.6</td>
</tr>
<tr>
<td>Policy and Legislation</td>
<td>3</td>
<td>B1: Legislation, policies and implementation mechanisms for harmful practices</td>
<td>3</td>
</tr>
<tr>
<td>Engagement and participation</td>
<td>2.4</td>
<td>C1: Independent complaint mechanism exists for children and women</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C2: Civil society engagement, including women and children</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C3: Community-based mechanisms for harmful practices prevention</td>
<td>3</td>
</tr>
<tr>
<td>Financing &amp; HR</td>
<td>2.6</td>
<td>D1: Financing of harmful practices services</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D2: National budget establishment</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D3: National budget execution</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D4: National budget amount</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D5: National budget monitoring and review</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D6: Human resources</td>
<td>3.3</td>
</tr>
<tr>
<td>Access to Services</td>
<td>2.9</td>
<td>E1: Availability of Standard Operating Procedures (SOPs) and/or protocols for harmful practices services</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E2: Understanding and articulation of harmful practices system</td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E3: Modelling testing and scaling of harmful practices services</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E4: Availability of harmful practices services, case management and referral systems</td>
<td>3.3</td>
</tr>
<tr>
<td>Data collection, monitoring and evaluation</td>
<td>2.8</td>
<td>F1: Administrative data systems and monitoring to routinely generate data on harmful practices</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F2: Data security and governance</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F3: Research and surveys</td>
<td>2</td>
</tr>
</tbody>
</table>

### Intermediate Outcomes Summary

- **Governance & Coordination**: 3.2
- **Policy and Legislation**: 3
- **Engagement and Participation**: 2.4
- **Financing & HR**: 2.6
- **Access to Services**: 2.9
- **Data Collection, Monitoring and Evaluation**: 2.8

![Graph of Intermediate Outcome areas]
Sub-Domains Summary

- **A1: Political commitment**
  - B1: Legislative, policies and implementation mechanisms for harmful practices
  - C1: Independent complaint mechanisms exist for children and women
  - D1: Financing of harmful practices services

- **A2: Coordination structures**
  - B2: Coordination mechanisms
  - C2: Civil society engagement, including women and children
  - D2: National budget establishment

- **A3: National Action Plans**
  - B3: National Action Plan on harmful practices
  - C3: Community-based mechanisms for harmful practices prevention
  - D3: National budget execution

- **A4: National budget amount**
  - E1: Availability of budgetary resources
  - E2: Understanding and articulation of harmful practices system

- **A5: Human resources**
  - F1: Administrative data systems and monitoring to routinely generate data on harmful practices
  - F2: Data security and governance
  - F3: Research and surveys


3. These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, the Niger, Sierra Leone, Uganda and Zambia.


Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: BURKINA FASO

Development of maturity model and assessment tools for harmful practices policies