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United Nations Population Fund

Country programme document for Burkina Faso

Proposed indicative UNFPA assistance: \$22.8 million: \$6.4 million from regular resources and \$16.4 million through co-financing modalities and/or other resources, including regular resources

Programme period: Three years (2018-2020)

Cycle of assistance: Eighth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.4	10.2	13.6
Outcome 2	Adolescents and youth	1.0	4.0	5.0
Outcome 3	Gender equality and women's empowerment	1.0	2.2	3.2
Programme coordination and assistance		1.0	-	1.0
Total		6.4	16.4	22.8

I. Programme rationale

1. The population of Burkina Faso was estimated at 19 million in 2016, with an annual growth rate of 3.1 per cent. Over the past decade, the average annual economic growth has been around 5 per cent. The poverty rate declined from 46.7 per cent in 2009 to 40.1 per cent in 2014. The dependency ratio was 140 per cent in 2009, which represented at least 68 per cent of the population. In 2016, the youth unemployment rate was 34.5 per cent among those with tertiary level education, and 17.2 per cent for those with a secondary level. If the current demographic trend continues more investment in development will be needed to reduce poverty.

2. Burkina Faso is facing a potential increase in demand for family planning services. In 2016, 93.9 per cent of service delivery points were offering five modern contraceptives. The contraceptive prevalence rate increased from 16.2 per cent in 2010, to 24 per cent in 2015; 11.1 per cent in the Sahel region and 46.3 per cent in the centre. The unmet need among married women is estimated at 19 per cent due to sociocultural perceptions and misconceptions about modern contraceptive methods and their potential side effects. The total fertility rate has declined from 6.9 children per woman in 1993 to 5.4 in 2015.

3. The maternal mortality ratio fell between 2010 and 2015 from 341 to 330 per 100,000 live births. The adolescent birth rate was 14 per cent in 2015. Maternal mortality is largely due to: (a) an insufficient number of skilled health care providers, especially in hard-to-reach areas (in 2014 only 47 per cent of health centres had a midwife and in rural areas that figure was 16 per cent); (b) a limited number of health facilities equipped to provide comprehensive emergency obstetric care. Obstetric fistula remains a challenge for the health system.

4. The HIV/AIDS prevalence is 0.90 per cent, with 50 per cent of new sexually transmitted infections affecting adolescents and youth. Among the 15-24 year age group, comprehensive knowledge about HIV/AIDS is 31.1 per cent for women and 35.8 per cent for men, while 31.6 per cent of sexually active women reported condom use at last sexual encounter, compared to 75.9 per cent of men.

5. Despite the conducive environment for gender empowerment, social customs favour males over females, and Burkina Faso was ranked 123 out of 144 countries in the 2016 Global Gender Gap Index. The 2014 demographic dividend profile reveals that among young people, dependency differs according to gender: for women, dependency continues until the age of 26 and for men until the age of 35. The prevalence of female genital mutilation among girls aged 0-14 years decreased from 13 to 11.3 per cent between 2010 and 2015, with disparities in the regions bordering Mali: Hauts Bassins (22.5 per cent); Boucle du Mouhoun (25.3 per cent), and Cascades (27.4 per cent). In 2015, 23.3 per cent of girls aged 15-19 years were married: 40.5 per cent in Sahel and 37.6 per cent in Eastern region. School dropout affects girls twice as much as boys. Only 11 per cent of parliamentarians are women and 24 per cent of ministerial posts are held by women.

6. Burkina Faso hosts 33,000 refugees from Mali. Recurrent floods affect 10 out of 13 regions, particularly in the capital Ouagadougou, where more than 25 per cent of the urban population is concentrated. Since 2015, the country has faced multiple terrorist attacks, particularly along its border with Mali and Niger.

7. Despite regular collection of sociodemographic and routine data, the lack of data disaggregated at local levels affects equity in addressing development gaps, especially for women and youth.

8. The seventh country programme has contributed to improving the quality of life of the population through implementation of high impact innovations. UNFPA fully supported interventions contributed to achieving 452,836 new family planning users. The vulnerability of 2,400 fistula survivors was transformed through successful surgery. The capacity to provide comprehensive emergency obstetric care was strengthened for 25 per cent of health facilities. Overall, 617 villages reported abandonment of female genital mutilation and child marriage. Eighty-three girls aged 10-14 years were rescued from child marriage. The life skills component of the programme reached 2,500 adolescent girls, which helped in the prevention of child marriage. Thirteen integrated regional databases on demographic dynamics are now operational.

9. Lessons learned from the programme include: (a) the combination of high-impact strategies (outreach strategy, community-based distribution, mobile clinics, campaigns) led to a significant (1,411,344) increase in new family planning users; (b) evaluation of emergency maternal and obstetric care gaps fostered better distribution of skilled health care providers and other resources, especially in hard-to-reach areas; (c) holistic approaches, including use of technology, has improved access for adolescents to sexual and reproductive health and reproductive rights and HIV prevention material; (d) institutionalization of key training and mentoring in reproductive health and maternal death audits are viable, cost-effective and sustainable strategies; (e) a social norms approach contributed to enhancing awareness for abandonment of harmful practices at the community level.

10. The independent programme and thematic evaluations emphasized the need to: (a) enhance the effectiveness of family planning to avoid unintended pregnancies, particularly for girls aged 12-19 years; (b) reinforce the policy dialogue and technical assistance to increase the strategic investments to harness the demographic dividend; (c) reduce the coverage areas for greater impact of the interventions. The United Nations Common Country Analysis revealed that women and girls, and youth are the most vulnerable sections of the population, and the Sahel, the most vulnerable region.

11. Through the adopted economic and social development plan (2016-2020) the Government has committed to accelerating the demographic transition and harnessing the demographic dividend by investing in universal access to reproductive health, including improving access to contraceptive and family planning, maternal health care, gender and youth empowerment, and data for development.

12. The eighth country programme is justified by the necessity and the opportunities to mobilize additional resources to address the above gaps and challenges.

II. Programme priorities and partnerships

14. Aligned to the national economic and social development plan 2016-2020, proposed country programme (2018-2020) will focus on the transformative 2030 Agenda for Sustainable Development and provide strategic and catalytic support to the country for the acceleration of the demographic transition and for harnessing the demographic dividend.

15. The programme, anchored in the principles of universality, human rights-based inclusiveness, equity and leaving no one behind, will contribute to three outcomes of the Burkina Faso United Nations Development Assistance Framework (2018-2020), including humanitarian preparedness and response, with a focus on resilience and integrating humanitarian goals with development. Direct beneficiaries are those furthest left behind: women, young people and adolescent girls. The programme will focus on five regions and cross-border and peri-urban areas where the gaps are most prevalent.

A. Outcome 1: Sexual and reproductive health

16. Output 1: Strengthened national capacities, civil society and private-sector organizations to increase the demand for and availability of modern contraceptive methods, including in humanitarian settings. The programme will increase access to high quality family planning services which will include access to contraceptives for women, adolescents and young people without constraint, discrimination or violence through: (a) implementation of free post-partum family planning measures and integrated community-based initiatives, including local community engagement; (b) improving the quality of support services for vulnerable and marginalized groups, particularly young people, and hard-to-reach communities; (c) strengthening supply chain management and product quality assurance; (d) providing technical assistance for the development and implementation of cultural and human rights sensitive family planning protocols and behaviour change communication for the uptake of modern contraception; (e) evidence-based advocacy to influence the family planning budget allocation and FP2020 commitments; and (f) increasing accountability in family planning data collection, management, reporting, and documentation of evidence-based practices.

17. Output 2: Enhanced national capacities to provide the continuum of high-quality essential and emergency, obstetric and neonatal care, including in humanitarian settings. The programme will contribute to: (a) identifying and addressing bottlenecks in the

implementation of maternal health care measures, including for fistula and female genital mutilation; (b) enhancing the effectiveness of the referral system for obstetric and neonatal emergencies, especially in hard-to-reach areas; (c) supporting the health care management for victims of gender-based violence; (d) supporting the implementation of the minimum initial service package during the preparedness and response to humanitarian emergencies; (e) strengthening the national midwifery programme including progressive scaling up of integrated mentoring, with a focus on human rights and cultural sensitivity; and (f) strengthening data collection and the analysis system to facilitate the availability of disaggregated data on maternal mortality to guide and to monitor policy and programme.

B. Outcome 2: Adolescents and youth

18. Output 1: Strengthened capacities of adolescents and young people in informed decision-making on sexual and reproductive health and reproductive rights, and adequate life skills for development. The programme will: (a) support advocacy to increase budget allocation and strategic investments for youth, including employment opportunities, to harness the demographic dividend; (b) advocate for active engagement and participation of young people, especially young girls in the planning processes of policies and programmes related to their sexual and reproductive health and reproductive rights, including in humanitarian settings; (c) advocating and providing technical assistance for the reintegration of comprehensive knowledge and sex education and HIV prevention in school and out-of-school programmes, including life skills and youth empowerment initiatives; (d) advocate for and promote a comprehensive package of youth-friendly integrated services including use of technologies; (e) strengthen the capacity of parents, youth organizations and communities to uphold the sexual and reproductive health and rights of young people with a focus on the most vulnerable, including first-time parents and young mothers; (f) provide technical assistance for the implementation, follow-up and evaluation of the national strategy to prevent adolescent pregnancies; and (g) identify the most vulnerable and marginalized youth and adolescents through promoting the collection, analyses and disaggregation of data such as the 2017 census and demographic dividend observatory data.

C. Outcome 3: Gender equality and women's empowerment

19. Output 1: Strengthened capacities of national institutions, civil society organizations and communities to prevent, manage and respond to gender-based violence and harmful traditional practices, and to promote empowerment of women and girls. Key interventions include: (a) advocacy for the adoption and implementation of laws and policies that promote gender equality (the family code) and reduce harmful practices (such as child marriage); (b) capacity-building for updating legal and policy reforms on human rights protection; (c) advocacy and capacity-building for implementation of gender-transformative approaches that improve women and girls empowerment and resilience; (d) advocacy and capacity-building through cross-border policy and programme initiatives to address social customs in order to accelerate the abandonment of harmful practices, especially female genital mutilation and child marriage; (e) advocacy and capacity-building for the production and use of gender-based disaggregated data for vulnerability and risk reduction; and (f) technical assistance to civil society organizations for prevention and holistic management of gender-based violence, including in humanitarian settings.

20. The United Nations in Burkina Faso has adopted the Delivering as One approach to enhance opportunities for joint programming, especially in the Sahel region where social indicators are challenging. UNFPA will reinforce its strategic partnership with: (a) the World Bank for the implementation of the Sahel women's empowerment and demographic dividend initiative, and reproductive health performance-based financing; (b) the Governments of Belgium and Luxembourg for improving women's and youth sexual and reproductive rights; (c) other partners on development of statistics including census data. In addition, strategic partnerships will be forged with, among others, the European Union, the African Development Bank, the Government of Japan, the private sector, research institutions and civil society organizations, including women's, youth, religious and traditional associations and networks to accelerate the demographic transition. A partnership and resource mobilization plan has been developed based on past experiences and new opportunities, which will be implemented, monitored and evaluated.

21. Programme risks include: (a) deterioration of the socio-political and security situation in the country due to the situation in northern Mali; (b) inequitable distribution of resources due to the absence of disaggregated data and lack of analysis on inequality; (c) lack of funding; (d) limited youth job opportunities, and (e) weak capacity of beneficiaries to absorb programme activities.

22. Key programme assumptions are that there is: (a) peace and stability in Burkina Faso, allowing implementation of programme interventions in hard-to-reach areas; (b) a large international coalition against terrorism in the Sahel; (c) strong government engagement on harnessing the demographic dividend including commitments honoured to the allocation of budget funds for the procurement of contraceptives, and women's empowerment; (d) availability of sufficient and technically highly skilled human resources at the national and local level, including in the hard-to-reach areas; (e) cultural acceptance of adolescent access to contraception, and changes in social customs, and (f) mobilization of required funding.

III. Programme and risk management

24. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

25. Programme coordination will be integrated into the United Nations Development Assistance Framework. The Ministry of Economy, Finance and Development and UNFPA will jointly coordinate programme planning, implementation, monitoring and review. Ministries in charge of health, youth, women and development, civil society organizations, and research and training institutions will be the main implementing partners. They will apply results-based management and accountability principles, along with the harmonized approach to cash transfers (including micro-evaluation and regular spot checks). Partners will be selected based on their strategic relevance and ability to produce high quality results. National execution will be the preferable implementation modality.

26. The programme will be delivered with the support of the technical, operational and programmatic expertise of UNFPA staff, at country, regional and headquarter levels, and will leverage South-South cooperation. Recommendations based on human resource assessments will ensure that there is an appropriate skills mix for efficient programme delivery.

27. UNFPA will regularly evaluate the operational, socio-political and fraud risks associated with the programme, and implement a risk mitigation plan. UNFPA, in consultation with the Government, will conduct programme criticality assessment and may re-programme interventions in response to emerging issues, including unforeseen circumstances.

IV. Monitoring and evaluation

28. A budgeted monitoring and evaluation plan and appropriate tools will be developed to periodically monitor programme performance, including field visits, quarterly and annual reviews, and thematic evaluations.

29. Capacities of implementing partners will be strengthened through evidence and results-based management to increase programme effectiveness. Research findings as well as innovations and good practices will be documented and shared.

RESULTS AND RESOURCES FRAMEWORK FOR BURKINA FASO (2018-2020)

<p>National priority: Developing human capital, promoting population health and accelerating the demographic transition</p> <p>UNDAF outcome: By 2020, each newborn, child, adolescent and woman will have equitable access to, and are increasingly using, high quality health services (in the areas of reproductive health, and tackling communicable and non-communicable diseases).</p> <p>Indicators: Percentage of total live births attended by skilled health personnel. <i>Baseline: 83.4; Target: 90.</i> Fertility rate. <i>Baseline: 5.4; Target: 4.7.</i> Maternal mortality ratio <i>Baseline 330 per 100,000 live births; Target: 320 per 100,000 live births</i></p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Contraceptive prevalence rate <i>Baseline: 24; Target: 31.5</i> Unmet family planning needs <i>Baseline: 19.3; Target: 15</i> 	<p><u>Output 1:</u> Strengthened capacities of national, civil society and private-sector organizations to increase demand for and availability of modern contraceptive methods, including in humanitarian settings.</p>	<ul style="list-style-type: none"> Number of school health facilities in which adolescent and youth sexual and reproductive health services are introduced based on the national minimum standard <i>Baseline: 0; Target: 20</i> Number of additional users of modern contraceptive methods generated by the programme <i>Baseline: 452,836; Target: 752,836</i> 	<p>Ministries of Health; Education; Youth, Professional Training and Insertion; Economy, Finance and Development; Women, National Solidarity and Family; Marie Stopes international; Burkina Faso Association for Family Welfare; Burkina Faso Association of People with Disabilities; Regional administration; Burkina Faso Midwives Association; National statistics and research institutions; United Nations organizations; other bilateral and multilateral partners and civil society organizations</p>	<p>\$9.1 million (\$2.2 million from regular resources and \$6.9 million from other resources)</p>
	<p><u>Output 2:</u> Enhanced national capacities to provide the continuum of high-quality essential and emergency, obstetric and neonatal care, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of health facilities reporting on monitoring of obstetric and neonatal emergency care <i>Baseline: 0; Target: 190</i> Number of repaired obstetric fistula cases <i>Baseline: 2400; Target: 3000</i> Number of national humanitarian response plans integrating the minimum initial service package <i>Baseline: 1; Target: 2</i> 		<p>\$4.5 million (\$1.2 million from regular resources and \$3.3 million from other resources)</p>
<p>National priority: Developing human capital, promoting population health and accelerating the demographic transition</p> <p>UNDAF outcome: By 2020, more children, adolescents and youth, especially vulnerable girls and children, including those with disabilities, have access to and have completed high quality basic education and technical and professional training</p> <p>Indicators: HIV/AIDS prevalence rate. <i>Baseline: 0.90%; Target: 0.77%.</i> Economic dependency rate. <i>Baseline: 140; Target: 83</i></p>				
<p>Outcome 2: Adolescents and youth</p> <p><u>Outcome indicator(s):</u></p>	<p><u>Output 1:</u> Strengthened capacities of adolescents and young people on informed decision-making on sexual and reproductive health and</p>	<ul style="list-style-type: none"> Comprehensive sexual education competencies included in post-primary education curricula in accordance with 	<p>Ministries of Health; Education; Youth, Professional Training and Insertion; Information and Communications Technology;</p>	<p>\$5.0 million (\$1.0 million from regular resources and</p>

<ul style="list-style-type: none"> Adolescent (15-19 years) birth rate <i>Baseline: 14; Target: 12</i> Percentage of young people (15-24 years) with comprehensive knowledge about HIV/AIDS <i>Baseline: 31.1 for women; 35.8 for men. Target: 35.3 for women; 39.2 for men.</i> Number of national observatories on the demographic dividend. <i>Baseline: 0; Target: 1</i> 	reproductive rights and adequate life skills for development	<p>international standards <i>Baseline: No; Target: Yes</i></p> <ul style="list-style-type: none"> Number of adolescents reached by life skills programmes <i>Baseline: 2,637; Target: 17,637</i> Existence of policy analysis framework to harness the demographic dividend <i>Baseline: No; Target: Yes</i> 	Economy, Finance and Development; Women, National Solidarity and Family; Burkina Faso Association of People with Disabilities; Regional administration; Burkina Faso youth-led organizations and networks National statistics and research institutions; United Nations organizations; other bilateral and multilateral partners and civil society organizations	\$4.0 million from other resources)
<p>National priority: Democracy, human rights, justice and peace are strengthened</p> <p>UNDAF outcome: By 2020, each child and woman in the most vulnerable groups at risk or affected by violence, exploitation and discrimination are better protected, within a strengthened family, community and institutional environment</p> <p>Indicators: Implementation rate of universal periodic review recommendations. <i>Baseline: 35; Target: 45.</i> Prevalence rate of excision of girls aged 0-14 years. <i>Baseline: 11.3; Target: 9</i></p>				
<p>Outcome 3: Gender equality and women's empowerment</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of women aged 20-24 years married before 18 years <i>Baseline: 51; Target: 49</i> Prevalence of excision of girls aged 0-14 years <i>Baseline: 11.3; Target: 9</i> 	<u>Output 1:</u> Strengthened capacities of national institutions, civil society organizations and communities to prevent, manage and respond to gender-based violence and harmful traditional practices, and to promote empowerment of women and girls	<ul style="list-style-type: none"> Number of new villages that have made a public declaration against child marriage and female genital mutilation <i>Baseline: 178; Target: 328</i> Existence of functional integrated management system on gender-based violence survivors and sentenced perpetrators <i>Baseline: no; Target: yes</i> Number of national statistics managers trained on data generation related to women and girls at risk of violence and child marriage <i>Baseline: 0; Target: 20</i> 	Ministries of Women, National Solidarity and Family; Youth, Professional Training and Insertion; Justice and Human Rights; Economy, Finance and Development; national statistics and research institutions; other bilateral and multilateral partners and civil society organizations; traditional leaders and faith-based organizations	<p>\$3.2 million (\$1.0 million from regular resources and \$2.2 million from other resources)</p> <p>Total for programme coordination and assistance: \$1.0 million from regular resources</p>