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**Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Burkina Faso**

Proposed UNFPA assistance:	\$18 million: \$14.5 million from regular resources and \$3.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2006-2010)
Cycle of assistance:	Sixth
Category per decision 2005/13:	A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	7.9	2.1	10.0
Population and development	3.0	0.7	3.7
Gender	2.0	0.7	2.7
Programme coordination and assistance	1.6	-	1.6
<b>Total</b>	<b>14.5</b>	<b>3.5</b>	<b>18.0</b>

## **I. Situation analysis**

1. Burkina Faso, with a per capita gross national product of \$268, is one of the poorest countries in the world. In 2004, the population was estimated at 12.7 million, with 80 per cent living in rural areas. Life expectancy at birth is 53.8 years. Women constitute 52 per cent of the population; women of reproductive age (15-49) account for nearly 23 per cent.

2. Thirty-two per cent of the population is between 10-24 years and 25 per cent is between 10-19 years. Young people face early and unwanted pregnancies, unsafe abortion, low levels of education, poverty and limited employment opportunities. According to the 2003 household survey, the proportion of the population living in absolute poverty increased from 45.3 per cent in 1998 to 46.4 per cent in 2003. Women have limited and unequal access to resources and factors of production.

3. The 2003 demographic and health survey (DHS) reported a total fertility rate of 6.2 children per woman, one of the highest in the world. There are approximately 130 births for every 1,000 adolescents (aged 15-19 years), and 274 births for every 1,000 women aged 20-24. Fifty-eight per cent of women aged 15-19 and 73 per cent of women aged 20-24 years want to space their births. The contraceptive prevalence rate (CPR) for modern methods among married women increased from 5 per cent in 1998 to 9 per cent in 2003, with wide disparities between rural and urban areas.

4. The infant mortality rate is 81 deaths per 1,000 live births. The maternal mortality ratio is also high, at 484 deaths per 100,000 live births reported in 1998. Only 57 per cent of births are assisted by trained health personnel. Haemorrhages and infections account for more than 70 per cent of maternal deaths. The utilization of health facilities is low.

5. The HIV/AIDS prevalence rate among pregnant women declined from 6.5 per cent in 2001 to 4.2 per cent in 2002, but still exceeds the

general epidemic level. The number of new infections continues to rise, especially among young people and women. Low condom utilization and the high prevalence of sexually transmitted infections (STIs) facilitate the spread of HIV.

6. Burkina Faso has experienced a high level of migration. Events in Côte d'Ivoire triggered the return of over 350,000 migrants, adding to the development challenges faced by the people, especially women and young people. Gender inequality and inequity are rooted in the high levels of illiteracy among girls and women, the limited role of women in decision-making and sociocultural factors. There are only four women at the ministerial level, and women account for only 12 per cent of the National Assembly. Gender disparities persist in education, particularly at the secondary level. Female genital mutilation/cutting has declined, but has not been eliminated.

7. The Government revised its poverty reduction strategy paper (PRSP) in 2003, in line with the Millennium Development Goals (MDGs). It places a high priority on access to basic social services and adheres to a results-based approach to planning, monitoring and evaluation. The Government also elaborated a national statistical programme for 2004-2010. In the last decade, media coverage has increased through community radio stations, which offer programmes in local languages.

## **II. Past cooperation and lessons learned**

8. The fifth country programme was implemented in three of the poorest regions – Sahel, Center East and East – which represent 25 per cent of the population. The programme strategies focused on decentralization; strengthening national capacity; research and data production; strengthening partnerships; and improving adolescent reproductive health. The programme achieved important results in the three regions, including increased demand for reproductive health services, especially by youth and adolescents. The proportion of assisted births increased from 24 per cent in

2001 to 41 per cent in 2003. Advocacy activities by youth for youth and the availability of behaviour change communication (BCC) materials encouraged young people to seek voluntary counselling and testing for HIV. Married adolescents in pilot areas now have access to information and reproductive health services in 61 health centres.

9. Integrated reproductive health services are available in at least 80 per cent of primary health care centres, and all nine referral centres offer emergency obstetric care services. Ninety per cent of the health centres offer the minimum package of contraceptives; specific youth centres offer 70 per cent of the minimum package of adolescent reproductive health services.

10. The Government adopted a national maternal health strategy that provides a framework for all development partners and also elaborated a strategic plan for adolescent health, emphasizing reproductive health. The Government is finalizing a reproductive health commodity security plan. The previous programme helped to establish databases and geographic information systems, thereby strengthening the capacity to monitor demographic and socio-economic variables.

11. In collaboration with the United Nations Children's Fund (UNICEF) and the World Bank, UNFPA supported the publication of the results of the 2003 DHS. UNFPA was also active in the donor consortium that assisted the Government in finalizing the national policy on women. Information on population and on gender and development, combined with advocacy and social mobilization strategies, contributed to a sociocultural and institutional environment conducive to implementing the national population programme of action. The National Assembly is currently reviewing the reproductive health law.

12. Lessons learned include the need to promote a programme approach; the importance

of developing youth-friendly strategies and tools to support adolescent reproductive health programmes; and the need to involve men and parents in efforts to reach young people, particularly married adolescents. Further decentralization to the district level will improve access for the poor. Evidence-based interventions developed through a participatory approach are key to ensuring local ownership, improving maternal health and increasing the use of reproductive health services.

13. National execution must be strengthened through capacity assessment and development, better accountability systems and enhanced teamwork. The role of the national population council should be reviewed in order to take better account of gender and human rights dimensions and the national programming context.

### **III. Proposed programme**

14. The new programme will support government efforts to reduce poverty by promoting equity, guaranteeing access to basic social services, and protecting the poor. The programme takes into account the findings of the common country assessment (CCA) and the priorities of the United Nations Development Assistance Framework (UNDAF) as well as the conclusions of the midterm and annual reviews of the previous programme. The programme is aligned with the MDGs, the ICPD Programme of Action, the New Partnership for Africa's Development and the UNFPA multi-year funding framework (MYFF), 2004-2007.

15. The Government and UNFPA developed the programme in close consultation with other United Nations agencies. The proposed programme encourages close partnerships within the United Nations system and with other development partners, including non-governmental organizations (NGOs). The UNFPA programme will contribute to the UNDAF outcomes of: (a) improved access to high-quality health care by the population, particularly women and children; (b) a strengthened and intensified national response

to HIV; (c) improved access to basic education by children, adolescents and women; (d) strengthened good governance (political, economic and local) in conformity with human rights; and (e) a strengthened peace-building culture. It seeks to: meet the reproductive health needs of women, men and young people; take account of the relationship between population dynamics, including the impact of HIV/AIDS, and sustainable development; and promote gender equality and women's empowerment.

16. The programme will focus on improving sexual and reproductive health, particularly among mothers, adolescents and youth; preventing HIV/AIDS; integrating population, gender and human rights dimensions into development policies and programmes; and promoting gender equality and women's empowerment. The main strategies of the programme are to: (a) pursue a decentralized approach in the targeted regions; (b) reinforce the capacities of national institutions and systems; and (c) strengthen gender, cultural and human rights approaches. The programme will consist of three components: reproductive health; population and development; and gender.

#### *Reproductive health component*

17. The expected outcome of this component is increased utilization of integrated reproductive health services, including family planning, maternal care, STIs and HIV/AIDS. The programme will pay particular attention to decentralization; social mobilization; couples, men, women and young people; and joint United Nations programming in maternal health, STIs and HIV/AIDS. The programme will strengthen partnerships with UNICEF and the World Health Organization (WHO) to develop and implement a national road map for accelerating the attainment of MDGs related to maternal and newborn health.

18. Output 1: Increased availability of a high-quality, integrated reproductive health service

package, including family planning, adolescent reproductive health, emergency obstetric care and obstetric fistula repair in intervention areas. Promoting and monitoring implementation of the national reproductive health policy will help to achieve this output. The programme will strengthen health centres, including youth centres, and will develop standards to improve the quality of services. The programme will build national capacity and strengthen advocacy efforts to increase the number of births assisted by qualified health workers. UNFPA will also strengthen government capacity in reproductive health commodity security and promote the development of alternative financing mechanisms.

19. Output 2: Increased availability of high-quality services and information to prevent STIs and HIV/AIDS, including condom programming, particularly for young people, commercial sex workers, the armed forces and pregnant women. This output will be achieved by: (a) strengthening the capacity to plan, manage and coordinate an advocacy campaign and peer-education strategy; and (b) strengthening condom programming for males and females as well as advocacy and sensitization activities that dispel negative perceptions about condoms and increase awareness of HIV/AIDS.

20. Output 3: Increased availability of high-quality information on reproductive health, including family planning and obstetric care, incorporating positive sociocultural practices, reproductive rights and gender, for men, women and young people. This output will be achieved by strengthening the capacity to plan, manage and coordinate an advocacy campaign and a peer-education strategy.

#### *Population and development component*

21. The expected outcome of this component is better integration of population, gender and human rights issues, including the impact of HIV/AIDS, into poverty-reduction policies, plans and

programmes. The strategies include improving the content of formal and non-formal education; encouraging disaggregated data collection and analysis; and reviewing the national population programme of action to ensure that it is consistent with the PRSP and sectoral programmes.

22. Output 1: Improved availability of updated and timely population data, disaggregated by sex and age, at national and subnational levels. This output will be achieved by providing support to the national statistical plan (2004-2010), including technical assistance to the 2006 population census, the 2008 DHS and the birth registration campaign. UNFPA will strengthen the technical capacity for rapid data collection in emergency situations.

23. Output 2: Improved technical capacity of institutions to use population variables for policies, plans and programmes. UNFPA will provide technical support to better integrate population, gender and human rights into national and regional poverty-reduction strategies. The programme will also help to develop a migration policy and to improve population education curricula in addressing gender, sexual violence and STI/HIV issues.

#### *Gender component*

24. The expected outcome of the gender component is: improved institutional mechanisms and sociocultural practices to promote and protect women's and girls' rights and to advance gender equity and equality. Output 1: Strengthened technical capacity of national institutions to take into account gender dimensions, including women's rights, women's empowerment and gender-based violence, in development programmes. This output will be achieved by: (a) supporting the elaboration of a gender policy; (b) providing technical support to national institutions to improve the legal and social conditions of women and girls and to integrate gender into programming, planning and advocacy activities; and (c) promoting national partnerships and networks with youth, the media, religious leaders and opinion leaders.

#### **IV. Programme management, monitoring and evaluation**

25. The monitoring, evaluation and management of the country programme are aligned with the monitoring plan and coordination mechanism of the UNDAF and are within the framework of the PRSP consultative forum, led by the Ministry of Finance and Budget and the Ministry of Economy and Development. United Nations partner agencies will give priority to joint programming in order to facilitate the monitoring of the goals and objectives of the PRSP, the ICPD Programme of Action and the MDGs.

26. The Government, UNFPA, national NGOs and civil society organizations will collaborate on national execution, which will be the norm. The Ministry of Economy and Development will be responsible for programme coordination. Key implementing partners include ministries, the permanent secretariat of the national council on AIDS, national NGOs and civil society organizations. Resource mobilization efforts to support the population census, reduce maternal mortality and meet contraceptive needs are under way. UNFPA and the Government will continue such efforts with other donors and the private sector.

27. The UNFPA country office in Burkina Faso consists of a representative, an assistant representative, an operations manager, a national programme officer and support staff. Programme funds will be earmarked for three national programme posts and three support posts, within the framework of the approved country office typology. A request has been made for a deputy representative post and two national programme officer posts. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Dakar, Senegal, will provide technical support.

**RESULTS AND RESOURCES FRAMEWORK FOR BURKINA FASO**

<p><b>National priority:</b> guarantee access to basic social services by the poor  <b>UNDAF outcome:</b> (a) by 2010, improved access to high-quality health care by the population, particularly women and children; and (b) by 2010, a strengthened and intensified national response to HIV</p>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health	<p><u>Outcome 1:</u> Increased utilization of integrated reproductive health services, including family planning, maternal care, STIs and HIV/AIDS</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• By 2010, at least 20% of the target population in the intervention areas has undergone voluntary counselling and testing for HIV/AIDS</li> <li>• By 2010, the proportion of young men (15-24) using condoms during their last intercourse increases from 67% to 80%</li> <li>• By 2010, the CPR increases by 50% in the intervention areas</li> <li>• By 2010, the proportion of births assisted by trained health personnel increases from 57% to 70% in intervention areas</li> <li>• Caesarean section rate reaches at least 1% by 2010</li> </ul> <p><u>Baseline:</u> CCA/UNDAF, 2006-2010; health statistics; PRSP</p>	<p><u>Output 1:</u> Increased availability of a high-quality, integrated reproductive health service package, including family planning, adolescent sexual and reproductive health, emergency obstetric care and obstetric fistula repair in intervention areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• 100% of health centres offer integrated reproductive health services</li> <li>• 100% of identified fistula cases are treated</li> <li>• 10% of villages offer community-based services</li> <li>• 100% of health centres offer reproductive health services according to norms and protocols</li> <li>• 80% of health centres have no stock-outs in reproductive health commodities</li> </ul> <p><u>Baseline:</u> CCA/UNDAF, 2006-2010; health statistics; PRSP</p> <p><u>Output 2:</u> Increased availability of high-quality services and information to prevent STIs and HIV/AIDS, including condom programming, particularly for young people, commercial sex workers, the armed forces and pregnant women</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• At least one voluntary counselling and testing centre is operational in every health district in intervention areas</li> <li>• Information on STIs and HIV/AIDS prevention is integrated into prenatal consultations in at least 50% of health centres in intervention areas</li> </ul> <p><u>Baseline:</u> CCA/UNDAF, 2006-2010; health statistics; PRSP</p> <p><u>Output 3:</u> Increased availability of high-quality information on reproductive health, including family planning and obstetric care, incorporating positive sociocultural practices, reproductive rights and gender, for men, women and young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• At least one evidence-based BCC by reproductive health theme, incorporating culture, reproductive rights and gender, is organized annually</li> <li>• Population and development journalists' network organizes an annual campaign on themes such as reproductive health, family planning, adolescent sexual and reproductive health and gender</li> </ul> <p><u>Baseline:</u> PRSP, UNDAF, national health development plan</p>	<ul style="list-style-type: none"> <li>• Joint United Nations Programme on HIV/AIDS; UNICEF; WHO</li> <li>• World Bank</li> <li>• United States Agency for International Development</li> <li>• Governments of Denmark and Italy</li> <li>• European Union</li> </ul>	<p>\$10 million (\$7.9 million in regular resources and \$2.1 million in other resources)</p>

<b>National priority:</b> (a) guarantee access to basic social services by the poor; and (b) promote good governance <b>UNDAF outcome:</b> (a) by 2010, improved access to basic education by children, adolescents and women; (b) by 2010, strengthened good governance (political, administrative, economic and local) in conformity with human rights; and (c) by 2010, a strengthened peace-building culture				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Better integration of population, gender and human rights issues, including the impact of HIV/AIDS, into poverty-reduction policies, plans and programmes</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Updated, reliable demographic indicators are integrated into policies, programmes and sectoral plans</li> <li>PRSP takes into account the population and gender dimension</li> </ul> <p><u>Baseline:</u> PRSP; national programme for socio-economic development; CCA/UNDAF, 2006-2010</p>	<p><u>Output 1:</u> Improved availability of updated and timely population data, disaggregated by sex and age, at national and subnational levels</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>A social and demographic gender-sensitive database, including 2006 population census results, is operational</li> </ul> <p><u>Baseline:</u> CCA/UNDAF, 2006-2010; national population policy; DHS; PRSP</p> <p><u>Output 2:</u> Improved technical capacity of institutions to use population variables for policies, plans and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Third plan of action in population is aligned with the PRSP and sectoral programmes</li> <li>Population and development human resource strategy is operational</li> <li>Population education curricula integrate gender, HIV/AIDS, STIs and human rights issues</li> </ul> <p><u>Baseline:</u> CCA/UNDAF, 2006-2010</p>	<ul style="list-style-type: none"> <li>UNDP; UNICEF; WHO</li> <li>World Bank</li> <li>European Union</li> </ul>	<p>\$3.7 million (\$3 million in regular resources and \$0.7 million in other resources)</p>
Gender	<p><u>Outcome:</u> Improved institutional mechanisms and sociocultural practices to promote and protect women's and girls' rights and thus advance gender equity and equality</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>National and subnational mechanisms established to monitor and reduce gender-based violence</li> <li>Gender-based discriminatory provisions removed from existing legislation</li> <li>Partnership with civil society established</li> </ul> <p><u>Baseline:</u> CCA/UNDAF, 2006-2010; PRSP</p>	<p><u>Output 1:</u> Strengthened technical capacity of national institutions to take into account gender dimensions, including women's rights, women's empowerment and gender-based violence, in development programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>All members of parliament trained on population, human rights and gender-related issues</li> <li>All gender focal points of line ministries are trained on gender issues, human rights and gender-based violence</li> <li>Number of public security staff, national police staff and army personnel trained to address gender-based violence issues</li> <li>Number of NGO and civil society organizations capable of assisting victims of gender-based violence</li> <li>Information on gender-based discriminatory legislation is available</li> <li>A guide to integrate gender issues in national and sector policies and programmes is available</li> </ul> <p><u>Baseline:</u> CCA/UNDAF, 2006-2010; PRSP</p>	<ul style="list-style-type: none"> <li>UNICEF; UNDP; ILO; WHO; WFP</li> <li>Governments of Canada, Denmark, the Netherlands and Switzerland</li> </ul>	<p>\$2.7 million (\$2 million in regular resources and \$0.7 million in other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.6 million from regular resources</p>