

**BURKINA FASO**

**Young Child Survival and Development**

**Sectoral and OR+ (Thematic) Report**

**January – December 2016**



@UNICEF/BURKINA FASO, March 2017/Denis MUHOZA

**Prepared by**

**UNICEF Burkina Faso**

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**Photo on the cover page:**

Caption: Mothers with their U-5 children at a community iCCM site undergoing social mobilization session.  
Photo credit: @UNICEF/BURKINA FASO, March 2017/Denis MUHOZA

## A. Abbreviations and Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante Natal Care
ARV	Antiretroviral drugs
C4D	Communication for Development
CCM	Community Case Management
CHW	Community Health Worker
CPAP	Country Programme Action Plan
CSD	Child Survival and Development
ECD	Early Childhood Development
EMC	Enquete Multisectorielle Continue
EPI	Expanded Programme on Immunization
FPD	Foetal Pelvic Disproportion
GAVI	Global Alliance for Vaccines and Immunization
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
iCCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illnesses
IYCF	Infant Young Child Feeding
KFP	Key Family Practices
LLIN	Long Lasting Insecticidal-treated Net
MDG	Millennium Development Goal
MoH	Minister of Health
NGO	Non-Governmental Organization
NHDP	National Health Development Plan
NIDs	National Immunization Days
OEmC	Obstetrical Emergency Care
OR	Other Resources
ORE	Other Resources - Emergency
ORS	Oral Rehydration Salts
PBA	Programme Budget Allotment
PCR	Programme Component Result
PRSP	Poverty Reduction Strategic Plan
RR	Regular Resources
RUTF	Ready to Use Therapeutic Food
SAM	Severe and Acute malnutrition
SCADD	Stratégie de Croissance Accélérée et de Développement Durable (Accelerated Growth and Sustainable Development Strategy)
SDG	Sustainable Development Goals
SMC	Seasonal Malaria Chemoprevention
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNHCR	United Nations High Commission for Refugees
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID/FDA	United States Agency for International Development/ Foreign Disaster Assistance
WHO	World Health Organization

## B. Executive Summary

After the socio-political turbulence in late 2014 to 2015, Burkina Faso made good development progress characterised by the first successful presidential and legislative elections. New authorities at central and local levels were installed by mid-2016 and the Government adopted the new National socio-economic development plan 2016-2020 in August 2016. However, the country continues to battle with challenging context including regional insecurity and potential epidemics, the Malian refugee crisis, ever-rising food prices and food insecurity. The programming environment was anchored with the country context; the Country programme document (CPD) 2011-2015 was extended for two years until the end of 2017.

Throughout 2016 UNICEF continued its support to nationwide scale up of high-impact interventions while maintaining efforts to strengthen resilience in the Northern, Eastern and Sahel regions with highest poverty incidence through community-based interventions. UNICEF's Health and Nutrition program sought to contribute to the attainment of the United Nations Development Assistance Framework (UNDAF) results and the National Health Strategic Plan 2011-2020 by achieving the following national targets by 2017:

- Under five mortality is reduced from 166 per 1,000 in 2009 to 62.3 per 1,000;
- Maternal mortality is reduced from 484 deaths per 100,000 live births in 1998 to 142 deaths;
- The prevalence of underweight among children under the age of five is reduced from 26% in 2009 to 20%;
- Transmission of HIV to new-borns decreased by ensuring that 80% of infected pregnant women receive a complete treatment of antiretroviral drugs;

The Health and Nutrition program maintained strategic focus on equity as clearly articulated in the extended CPD/CPAP 2011-2017 and thus, focused on the poorest areas of country. The main strategies included: i) supports to the scale up high impact interventions for health and nutrition aligned with the National Health Strategic Plan 2011-2020; ii) advocacy and support to resultant nationwide implementation of the exemption of user fees for pregnant women and children under five years; iii) scaling up of community-based health and nutrition interventions as a means to ensure equitable access to services; iv) strengthened NGO capacity in health, nutrition and HIV/AIDS to reach most vulnerable communities; and v) improved monitoring and supportive supervision to ensure the quality of health services.

Substantial UNICEF contribution was made in 2016 to improvement of outcome indicators of the CSD programme, especially with support to interventions at community level, service delivery for immunization and iCCM, scaling up of curative and preventive nutrition interventions, as well as some demonstration or pilot projects to improve the quality of health services. Overall, on track towards the achievement of most of the targeted indicators.

The present report covers the results of the Health component. The key health achievements in 2016 to which the thematic fund has contributed can be summarised as follows:

- i. The national scale up of the Free health care strategy by the new that assures equitable access and improved demand and utilization of health services among children and pregnant women. The CO provided a support the Ministry of Health since the pilot phase in two districts, reaching 67,020 under five children and 17,660 pregnant women with free health services.
- ii. **Scaling up and strengthening community-based integrated care for major child killer diseases:** The contribution from the Global Thematic Funds complemented other available resources to develop the guidelines for the recruitment of new community health workers (CHWs) in accordance with the national CHWs' profile. This led to a new cadre of 17,668 CHWs (two CHWs per village) who have a better profile to develop strong competencies to implement quality community health interventions.
- iii. **Health system strengthening:** Building on the achievement of 2015, continuous support was provided to strengthen further the enabling environment for health interventions such as a clear vision on how the health sector can be funded, a results-based planning with a clear monitoring system and a mutual accountability among partners including the Ministry of Health.. During the reporting period, the grant was used to support the monitoring of the implementation of child interventions.
- iv. **Program support:** In order to ensure effective coordination and adequate support to the government and partners, the grant was used to support competent human resource to provide program support.

Based on the lessons learned from the country programme 2011-2017, UNICEF Burkina Faso is currently elaborating the new CPD for the 2018-2020 period.

## C. Strategic context of 2016

Following the socio-political turbulence between 2014 and 2015, the democratic presidential and legislative elections successfully took place at the end of 2015, and Burkina Faso walked on its feet again on the development path. However, the country continues to battle with challenging context including insecurity linked to terrorist threats, potential epidemics, prolonged stay of Malian refugees and food insecurity. Burkina Faso's economy remains vulnerable to climate conditions and fluctuations in the international prices of raw materials.

Poverty continued to particularly affects children, who represent 53 % of the population in Burkina Faso: 45.3% of children are poor compared to 41.9% of adults (INSD, EMC 2015). Almost one out of three Burkinabe lives below the poverty line especially in rural areas, where the majority of the poor population reside (44% of the rural population is poor as opposed to 18% in urban areas) and continue to lag behind urban areas in terms of unequal access to basic services which remained as major bottlenecks for child survival and development.

Burkina Faso achieved significant progress in improving the coverage of child and maternal health care, and reducing severe malnutrition and HIV prevalence (2015 MCS/EMC). This has been mainly through government's efforts geared towards scaling up high impact interventions for maternal and child health. The under-five mortality rate, estimated at 82 per 1,000 live births (EMC 2015), has significantly declined (from 184 in 2003), but with persisting disparities between wealth quintiles; children from the poorest families have a 50 per cent higher risk of dying before the age of five than those in the richest households.

Although the country did not attain the MDG targets for maternal and child health, it has set ground for effective achievement of the Sustainable Development Goals (SDGs). Strategies are underway, as spelled in the revised National Health Development Plan, to accelerate the combat against main causes of under-five mortality, mainly the acute respiratory infections, malaria, diarrhoea and neonatal infections. Malnutrition, which is an underlying cause of up to 45% of the total burden of under-five deaths, is also a priority target in the SDG agenda.

In the above country context, UNICEF Burkina Faso's Child Survival and Development (CSD) Programme continued to focus on supporting the nationwide scale up of high-impact interventions whilst promoting the increased resilience in five priority regions with the highest poverty incidence: Boucle du Mouhoun, Centre Nord, Nord, Est and Sahel. The programming environment is anchored to the country program document (CPD) 2011-2017<sup>1</sup> and its action plan (CPAP) which contribute to the UN Development Framework (UNDAF), the National Health Strategic Plan 2011-2020 and the National Socio-economic Plan 2016-2020. Specifically the programme sought for contributing to the following national targets set for 2020:

- Under five mortality is reduced from 166 per 1,000 in 2009 to 62.3 per 1,000;
- Maternal mortality is reduced from 484 deaths per 100,000 live births in 1998 to 242 deaths;
- The prevalence of underweight among children under the age of five is reduced from 26% in 2009 to 20;
- Transmission of HIV to new-borns decreased by ensuring that 80% of infected pregnant women receive a complete treatment of antiretroviral drugs;

Within the SGD pillars, the UNICEF's CSD program continues to support the SDG 3 by contributing to increased access to health and nutrition for the most vulnerable children and women, with a particular focus on gender equality. Below is a snapshot of the strategies applied to achieve the set results and planned objectives:

- ❖ Support to scale up high impact interventions for health and nutrition aligned with the National Health Strategic Plan 2011-2020;
- ❖ Advocacy and support to resultant nationwide implementation of the exemption of user fees for pregnant women and children under five years, among others;
- ❖ Scaling up of community based health and nutrition interventions as a means to ensure equitable access to services;

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<sup>1</sup> CPD, CPAP and UNDAF were originally for 2011-2015 but extended until 2017 due to socio-political instability and transition periods.



- ❖ Strengthened NGO capacity in delivering health, nutrition and HIV/AIDS interventions to reach most vulnerable communities;
- ❖ Strengthening integrated program monitoring and supportive supervision to ensure good quality service provision.
- ❖ Systematic integration of Communication for Development interventions in key areas of health, such as immunization and child health

In 2016, UNICEF collaborated with a number of partners including: WHO, UNFPA, the Roll Back Malaria Initiative, the Bill and Melinda Gates Foundation, Global Fund, H6 partnership, the Micronutrient Initiative (MI), the international iCCM Task Force, USAID and other NGOs to provide effective support to the Ministry of Health.

## **D. Results in the Outcome area**

### **i Planning by outcome area**

During the reporting year UNICEF Burkina Faso's Child Survival Programme was aligned to national development strategies and plans for the sectors, in particular the Health Development Strategic Plan 2011-2020 and its related thematic strategic plans aimed at accelerating maternal and child health.

As such, the CSD programme, which has several components including Health, HIV, Nutrition, Water, Sanitation and Hygiene (WASH) and Communication for Development (C4D), is complemented by the Programme's work on Social Policy thus contributing to the achievement of national objectives and to the SGD 3. The CSD program aligned with and focused on five out of seven strategies as outlined in UNICEF Strategic Plan 2014-2017 which are: Capacity Development, Program monitoring for evidence generation and evidence-based policy dialogue and advocacy, Partnerships, Support to integration and cross-sectoral linkages and Service delivery.

In 2016 the main program area of the UNICEF strategic plan 2014-2017 targeted by the CSD program for thematic funding was health, with particular focus on strengthening community health program. During the reporting period, some work was done on the remaining two strategies of South-south and triangular cooperation and Identification and promotion of innovation in which two innovative approaches of mHealth and U-report were introduced and enhanced in preparation for scaling up. South to south cooperation was also established between Burkina Faso and Rwanda on strengthening community health systems. On top of these UNICEF continued to align with the global strategic plan by providing strategic support in preparedness for response to emergency situations.

### **ii Results by outcome area**

In 2016 UNICEF Burkina Faso used the thematic funds to support, among others, the following key interventions for maternal and child survival: (i) development of guidelines for the recruitment of new community health workers (CHWs) according to the national CHWs profile in preparation for scaling up community based integrated care for major child killer diseases (ii) health system strengthening through strengthening monitoring and supportive supervision as well as use of data for decision making, (iii) Program support to ensure effective coordination and strategic program orientation and guidance. These efforts were accompanied by many other efforts, through complementary funding, to improve the health of women and children of Burkina Faso.

#### **Development of guidelines for the recruitment of new CHWs**

Following the political decision by the government to recruit new CHWs who respond to the official national CHWs profile, a need arose to develop the guideline which would guide the local authorities and other stakeholders in the recruitment process. These clearly spelled out the criteria for merits of a successful candidate for a CHW job. Through this fund and contribution from other available resources over 17,668 CHWs were recruited, 2 per administrative village over 8,800 villages countrywide. This laid ground for subsequent capacity building of CHWs to offer iCCM services to children under-5 years, especially the ones in hard to reach and vulnerable situation.

## Health system strengthening through program monitoring

Support was also provided to strengthen monitoring of the implementation process at different levels of the health system but with special emphasis on community health interventions. Through this strategic intervention, UNICEF provided effective support to the Ministry of Health to strengthen health information system capacity through monitoring high impact interventions at all levels of the health system (at health centres, hospitals and community level). A forum was created where by health facility management teams met with service providers and community health workers to review the progress and then reorient the strategies if necessary.

## Program support

Strategic support at different levels of the system in order to enhance program coordination, monitoring and decision making as well as leverage of partnership has been vital to achieving the CPD objectives and national targets. Strategic partnership was established with important funding bodies and institutions for MNCH like the RMNCH Trust Fund, GFATM and GAVI. This was aimed at supporting the country to ensure effective and rational use of resources from these institutions including provision of procurement services. The thematic funds were used to ensure effective technical support of UNICEF to Ministry of Health and other partners.

### iii Results assessment framework

The following table gives a global overview of the main achievements using the key tracing indicators.

<b>Results Assessment Framework</b>				
<b>Measurable indicators and targets</b>	<b>Baseline (2015)</b>	<b>2020 targets</b>	<b>2016 Achievement</b>	<b>Source</b>
New curative contacts for under five child per year	1,8	>2	1.8	National routine data (annuaire statistique 2016)
Percentage of deliveries by trained personnel	83.4%	90%	80.8%	National routine data (annuaire statistique 2016)
ANC 4 coverage rate				
Under five lethality rate due malaria	1.4%	<1%	1.4%	National routine data (annuaire statistique 2016)
% of under five children treated using IMCI approach	37.2%	60%	32%	National routine data (annuaire statistique 2016)
Pentavalent 3 coverage	0	At least 14.500	4,193	National routine data (annuaire statistique 2016)

#### iv Measuring progress

The Health Programme was closely monitored as part of the extended Country Programme Action Plan 2011–2017 (CPAP) based on an integrated monitoring and evaluation plan, which defines key indicators and targets for all programme components and results. In collaboration with the ministries concerned, UNICEF assesses the work plans progress through joint visits, internal office reports (such as trip reports, micro-evaluations, audits, annual reports), and regular reporting by government and NGO partners. This monitoring contributes to the annual review of the UN Development Assistance Framework covering the programmes of all UN agencies.

At the sector level, UNICEF continued to participate in the annual as well as program reviews (2011-2015) of the key national strategic plans that had not been reviewed in 2015 due to the political transition, such as the reproductive health programs especially the National Roadmap for the Reduction of Maternal and Neonatal Mortality and Morbidity. Results from these reviews were used to monitor sector indicators published in the Statistical Yearbooks of the ministries of Health and in the National Institute of Statistics and Demography as well form a basis for future strategic planning for the year 2017 for the different programs.

Within the context of decentralisation, special attention was (and continues to be) paid to supporting the decentralised government and local authorities in designing and implementing monitoring systems on local service delivery, especially for children and women building on the work in 2015. In 36 out of 37 districts in seven regions targeted by UNICEF Burkina Faso, performance monitoring was conducted by MoH during 2016 jointly with communities, health centers and hospitals. Bottlenecks were clearly identified yet analysis remained weak and the corrective measures were not fully implemented. Moreover, the outputs of the monitoring exercise were not taken into account sufficiently in the MoH's situation analysis in the action plans for 2016.

#### v Equity approach in supporting CSD interventions

Similar to previous years, in 2016 some of the CSD interventions were implemented countrywide however, as highlighted above, a specific focus was given to over 1.3 million under-five children in the five most vulnerable regions of Burkina. As a major progress this year, UNICEF supported the new government's initiative for the **exemption of user fees for pregnant women and children under-5 years** as a means to ensure equitable access to health services. After a rigorous advocacy by UNICEF to promote the exemption of user fees, 2016 saw its national scale up for children under-5, pregnant women as well as the screening of cervical and breast cancer.

Noteworthy is the implementation of the Monitoring Results for Equity System at operational level (MoRES level 3) in some target health districts, using tracer indicators through analysis of coverage determinants. This monitoring system involves community level, health centres, district hospitals as well as regional and university referral hospitals, ensuring that the most vulnerable groups (particularly children under five, pregnant women and hard-to-reach population) have access to quality health services. In addition, the new mHealth tool that is being implemented at small scale at community level will have an added value, especially as it will be linked to the global district monitoring system.

#### vi Theory of change and value for money

The thematic funding provided funding supports at a crucial time where UNICEF needed resources to strengthen and scale up health interventions. Thanks to the flexibility in the use of the thematic funds within the framework of child survival and development, the country office was able to fill the funding gaps in key interventions which were previously underfunded such as: strengthening integrated community case management (iCCM) and health system strengthening (HSS). This fund also permitted to strengthen coordination of health interventions as well as leverage of partnership and resource mobilisation. In a nutshell, it contributed to the CO successful achievement of key strategic results for child survival in health as highlighted in this report. The reporting period was covered by serious challenges including funding shortfalls which slowed down the pace towards the desired results. However, thanks to the thematic fund in complementarity with other sources of funding, many of the set results were achieved.



## **vii Constraints and challenges**

Constraints affecting the effective implementation of CSD interventions are numerous and remain the same as in previous years. The major challenge was the poverty and illiteracy levels within the population, especially among women. Others include the following constraints, and most of them are difficult to overcome:

- (i) Limited capacity in terms of human resources and logistics within the health system
- (ii) Weak health information system mainly when using the national routine data
- (iii) Insufficient behaviour change communication activities
- (iv) Insufficient support to operational activities by the central level in order to ensure the quality of services,
- (v) Weak capacity of the procurement management system at the national level, with an impact especially in the context of free health care
- (vi) Delay in the recruitment of CHWs causing difficulty in scaling up the community based health interventions. Also, there has been a CHW gender inequality and UNICEF is advocating to see how this could gradually change

UNICEF and other programme partners addressed some of these challenges through training and monitoring the activities implemented by social mobilisation agents. A lack of a systematic way to remunerate CHWs and the social mobilisation agents in the villages has had an effect on their mobility and consequently the number of people they can reach. UNICEF was also requested by major donors such as GAVI and Global Fund to provide the procurement services to the Ministry of Health for CHWs equipment, etc. UNICEF also provided a continuous technical support to the ministry of health in the area of communication for development (development and implementation of integrated communication plans) to increase the demand for preventive and curative interventions.

## **viii Risk assessment and management**

With regard to risk assessment and management, given the changing socio-political context that has affected the programming environment, the office continued map out the potential risks and took mitigation measures. Some of the major risks that are rated high in 2016 include the natural disasters, due the situation prevailing in Mali and sporadic attacks by extremist violent group, and moderate for civil unrest. The office refined its risk assessment and business impact analysis matrix which provides a clear mapping of risk along with agreed mitigation strategies to recover from any crisis event that disrupts UNICEF operations. As noted above, the reporting period was covered by serious challenges including funding shortfalls which slowed down the pace towards the desired results 2016 was also a year with two major events: (i) setting of new health authorities leading to a period of uncertainty and (ii) a long crisis within the National procurement central with impact on commodities supply at national level and worsening of stock outs at district and health facilities levels. There was also a drastic scaling up of the health care user free exemption with a high risk due to the limited capacity in offer and significant increased demand

## **ix Lessons learned and knowledge gained**

The main lesson learned during the implementation of the health programme in 2016 is related to the strong government decisions aimed at improving equitable access to health services. These decisions and measures were a testimony that ownership and leadership by the government has been key for the successful realisation/implementation of the exemption of users' fees and recruitment of CHWs. UNICEF's role was decisive in this regard: continuous support of pilots on exemption of users' fees in order not to interrupt the main tool of advocacy, a close technical support during the first months of free health care and the recruitment of the CHWs, with reluctance from some MoH senior staff and partners.

## E. Financial analysis

Table 1: Planned budget by Outcome area

**Outcome Area 1: HEALTH**  
**Burkina**  
**Planned and Funded for the Country Programme 2016 (in US Dollar)**

Intermediate Results	Funding Type <sup>1</sup>	Planned Budget <sup>2</sup>
01-01 Immunization	RR	\$ 187,758
	ORR	\$ 58,276
01-02 Polio eradication	RR	\$ 0
	ORR	\$ 127,772
01-03 Maternal and Newborn health	RR	\$ 171,604
	ORR	\$ 406,143
01-04 Child health	RR	\$ 610,912
	ORR	\$ 927,801
01-05 Health System strengthening	RR	\$ 656,865
	ORR	\$ 597,856
<b>Total Budget</b>		<b>3,744,987\$</b>

Table 2: Country-level thematic contributions to outcome area received in 2016

**Outcome Area 1: Health**  
**Thematic Contributions Received for Outcome Area 1 by UNICEF Burkina in 2016 (in US Dollars)**

Donors	Grant Number*	Contribution Amount
Netherlands Committee for UNICEF	SC1499010080	56,680
<b>Total</b>		<b>56,680</b>

Table 3: Expenditures in the Outcome area

**Outcome Area 1: Health**  
**Burkina Faso**  
**2016 Expenditures by Key-Results Areas (in US Dollars)**

Organizational Targets	Expenditure Amount*			
	Other Resources Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-01 Immunization	1,005	308,764	403,577	<b>713,346</b>
01-02 Polio eradication	150	1,563,028	1,109,880	<b>2,673,058</b>
01-03 Maternal and Newborn health	30	406,632	324,411	<b>731,073</b>
01-04 Child health	166,948	1,368,717	645,444	<b>2,181,109</b>
01-05 Health System strengthening	640,183	18,833	1,047,304	<b>1,706,320</b>
<b>Total</b>	<b>808,316</b>	<b>3,665,977</b>	<b>8,004,906</b>	<b>8,004,906</b>

**Table 4: Thematic expenses by programme area**

**Outcome Area 1: Health  
Burkina Faso  
2016 Thematic expenses by programme Area (in US Dollars)**

Organizational Targets	Expenditure Amount*		
	Other Resources Emergency	Other Resources – Regular	All thematic funding (ORR+OR-E)
01-01 Immunization	0	2,488	2,488
01-02 Polio eradication	0	0	0
01-03 Maternal and Newborn health	0		0
01-04 Child health	0	162,701	162,701
01-05 Health System strengthening	11,555	21,158	32,713
<b>Total</b>	<b>11,555</b>	<b>186,347</b>	<b>197,902</b>

**Table 5: Expenses by Specific Intervention codes**

Expenses by Specific Intervention Codes	
Fund Category	All Programme Accounts
Year	2016
Business Area	Burkina Faso - 4590
Prorated Outcome Area	01 Health
Row Labels	Expense
01-01-10 Logistics support for immunization	6,547
01-01-14 Immunization # General	543,420
01-02-05 Polio social mobilization for campaigns	2,360,300
01-03-04 Maternal and newborn care including Emergency Obstetric care	467,011
01-04-08 Malaria # General	279,511
01-04-09 IMNCI # community	595,082
01-04-10 IMNCI # facilities	590,225
01-04-13 Child health # General	557,413
01-05-02 Health # MIS	136,515
01-05-05 Health systems strengthening # General	1,279,284
08-01-01 Country programme process	30,132
08-01-06 Planning # General	109,670
08-01-07 Humanitarian Planning (CAP/SRP, HAC) and review related activities	-73
08-02-01 Situation Analysis or Update on women and children	11,836
08-02-05 Other multi-sectoral household surveys and data collection activities	39,485
08-02-08 Monitoring # General	130,890
08-03-01 Cross-sectoral Communication for Development	87,151
08-03-02 Communication for Development at sub-national level	5,837
08-05-01 Supply # General	67,485
08-08-01 Gender programming not classifiable by sector	24,589
08-08-03 UNICEF support to programming and capacity development on gender	8
10-07-12 Management and Operations support at CO	370,510
1041 Maternal/Neonatal tetanus elimination	14,022
7921 Operations # financial and administration	298,057
<b>Grand Total</b>	<b>8,004,906</b>

## F. Future Work Plan

In 2017, in order to accelerate the scaling-up of child survival activities, UNICEF's Health Program will continue to provide technical and financial assistance with the special focus on the following program priority areas:

- (i) Finalization of the strategic document such as Strategic Plan to accelerate the reduction of maternal and under-five morbidity and mortality.
- (ii) Strengthening the application of results-based planning and management at different levels of the health system.
- (iii) Acceleration and scale up of newborn survival interventions.
- (iv) Strengthening and scale up of community case management for the major child killer disease for children
- (v) Improving the health supplies procurement system for mother and child survival,
- (vi) Strengthening and scaling up innovative approaches to enhance system functioning and attainment of results
- (vii) Supporting to emergencies preparedness and response.
- (viii) developing the health financing systems taking into account equity and gender issues,
- (ix) Implementing monitoring especially the MoRES strategy at health centre, hospital and community settings. In order to lay ground for informed prioritization of interventions and successful implementation of high impact during the new country program (2018-2020), special focus will also be centered on documentation of best practices for leverage of partnership and resources for scale.
- (x) Support the process of the free health care for under five children towards the universal health insurance

Table 6: Budget requirements for 2017 for HEALTH (in US Dollars)

Intermediate results	Funding Type	Planned Budget	Funded Budget	Shortfall
01-01. Immunization	RR	176,707	176,707	0
	ORR	181,760	181,760	0
01-02. Polio eradication	RR	0	0	0
	ORR	127,772	0	127,772
01-03. Maternal and Newborn health	RR	175,894	175,894	0
	ORR	135,847	72,060	63,787
01-04. Child health	RR	623,835	623,835	0
	ORR	591,036	340,014	251,022
01-05. System Strengthening	RR	622,761	622,761	0
	ORR	84,720	84,720	0
<b>Sub-total regular resources</b>		<b>1,599,197</b>	<b>1,599,197</b>	<b>0</b>
<b>Sub-total other resources - regular</b>		<b>1,121,135</b>	<b>678,554</b>	<b>442,581</b>
<b>Total for 2017</b>		<b>2,720,332</b>	<b>2,277,751</b>	<b>442,581</b>

## **G. Expression of Thanks**

On behalf of the children and women of Burkina Faso, the UNICEF office would like to sincerely thank the Netherlands Committee for UNICEF for this pooled fund for Burkina Faso in 2016. This support has been given in a very strategic manner in order to support the Health & Nutrition program component concerning Child Survival and Development. Thanks to the flexibility in the use of these funds within the framework of CSD, this support enabled the country office to successfully contribute to achieving key strategic results for child survival in health as highlighted in this report. All the parties (government, NGOs, and other UN agencies) who have given their support to implement this assistance have directly and greatly contributed to the survival and development of the children and women of Burkina Faso.



## Annex 1: Human Interest Story

### **Community-based health worker and oral rehydration salts+zinc: a winning duo against children diarrheal diseases**

*By Claude Tarpilga*

Tanga is two years old. This morning, her mother brought her to the health center for a consultation. She is still fragile because she just came out of an episode of diarrhea that has weakened her, which made her mother worried. "Keep on giving her the water of oral rehydration salts and zinc tablet daily, then come back in three days" said the nurse to Tanga's mother before sending them back home.

Arlette Hien is the chief nurse at Lattou health center where she has been working since 2012. The health center covers a population of 3485 inhabitants including 632 children under five.

In Lattou, like in other villages in Burkina Faso, waterborne diseases are recurrent for children under five. But for a year thanks to the grant of Oral Rehydration Salt combined with zinc and the action of community-based health workers who ensure the distribution at Community level, the severity and repeated episodes of diarrhea are experiencing a significantly reduced.

Zoma Kouka is 20. She is a community-based health worker for more than 3 years. Together with her peers, she has been trained to use ORS + zinc for treatment of under five children suffering from diarrhea. Kouka is known as an experienced health worker in her community. With her bike, she cycles through the village to educate and intervene in households where children suffer from diarrheal diseases.

Equipped with her SRO+ zinc kits, Kouka carefully explains to patients' mothers how to apply the treatment in order to save their children. "The treatment is very effective if mothers strictly follow the prescription. After two days of treatment there is already good results. In addition, the child will be protected from certain diseases for some time." she said.

For Lamoussa, Kouka's teammate, the focus must be on community awareness on hygiene issues and adoption of good practices. "Often in households, we raise awareness about handwashing with soap and good behavior, for example conservation of drinking water and food," he said.

Lattou village has eight community-based health workers who are highly dynamic. The Health center receives an average of 25 donated ORS+zinc kits per month that are distributed among the health worker for action at Community level. A kit costs 200 CFA francs and it is sold at 100 CFA francs to community members. Each community-based health worker has a management logbook of his stock and meetings are regularly held to review progress with the Health center's chief nurse. "We are counting sold and remaining kits that we redistribute to the community-based health worker. The money raised is sent back to Koudougou Health District" reassures the chief nurse.

Despite all the efforts, challenges remain. For example, Lattou Health center and community-based health workers experienced disruptions of ORS + zinc kits. Despite the low cost of the kits some mothers cannot buy it to treat their children. CHWs often financially help mothers to buy the kit.

UNICEF, on behalf of the Ministry of Health, supported the purchase and procurement of ORS + zinc kits. The cost is subsidized through CAMEG, a national body responsible for drug procurement in Burkina Faso.

The project funded by the NGO Micronutrient Initiative (MI) with UNICEF support aims to significantly and sustainably increase the number of under five children suffering from diarrhea who properly receive zinc supplements and low-osmolality ORS. The project should benefit approximately 3,200,000 million children under five after three years of implementation.

**Photos and captions link**

<https://goo.gl/photos/F6sBNhTVRorAAtKM8>

## Annex 2: Donor feedback form

UNICEF Office: Burkina Faso

Date: March 2017

### Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Rinko Kinoshita (Deputy Representative)

Email: rkinoshita@unicef.org

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**SCORING:** 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

**Thank you for filling this form!**