

2016 Country and Regional Sectoral Reports

Burkina Faso

WASH Thematic Report SC149903

January - December 2016



(Girls in front of a school's borehole in the Sahel region ©UNICEF/Burkina Faso/2016/Sodano)

Prepared by:
UNICEF Burkina Faso
March 2017

Contents

1. ABBREVIATIONS AND ACRONYMS	3
2. EXECUTIVE SUMMARY	4
3. STRATEGIC CONTEXT OF 2016	5
4. RESULTS IN THE OUTCOME AREA	6
5. FINANCIAL ANALYSIS	12
6. FUTURE WORK PLAN	15
7. EXPRESSION OF THANKS.....	15
8. ANNEXES: HUMAN INTEREST STORIES AND DONOR FEEDBACK FORM.....	16
Annex 1: Human Interest Story on Women's work to stop Open Defecation	16
Annex 2: Human Interest Story on CLTS's Junior Committee and children.....	18
Annex 3: Donor Feedback Form	19

1) Abbreviations and Acronyms

ARFA	Association pour la Recherche et la Formation en Agro-écologie
APS	Association pour la Paix et la Solidarité
CATS	Community Approach to Total Sanitation
CLTS	Community-Led Total Sanitation
ECD	Early Childhood Development
HNO	Humanitarian Need Overview
HSRP	Humanitarian Strategic Response Plan
IR	Intermediate Results
JMP	Joint Monitorin Programme
MDG	Millennium Development Goal
NATCOM	UNICEF National Committee
NGO	Non Governmental Organisation
ODF	Open Defecation Free
PN-AEPA	Programme National D'approvisionnement et Eau Potable et Assainissement 2007-2015 (National Drinking Water and Sanitation Programme)
PN-AEP	Programme National D'approvisionnement et Eau Potable 2016-2030 (National Drinking Water Programme)
PN-AEUE	Programme National d'Assainissement, des Eaux Usées et Excréta 2016-2030 (National Programme for Sanitation)
SAM	Severe Acute Malnutrition
SDGS	Sustainable Development Goals
SNV	Netherlands Development Organisation
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

2) Executive Summary

Burkina Faso has made significant progress in water supply over the past years and has met the MDG target in term of access to drinking water. More than four out of five households have now access to an improved water source (82%), although inequities remain persistent between urban (with 97% access rate) and rural areas (76%)¹.

Important challenges remain in the quality of water service delivery, such as the limited communal water authority's capacity for supervision and control and local private sector capacity, and lack of availability for water treatment products. In addition hydrogeological challenges in certain regions results in a high rate of negative or failed attempt of building boreholes (especially in the Sahel and East regions). The quality of new boreholes is often below the standards, so that boreholes require rehabilitation after a short period of time. An initiative to professionalise the drilling sector was initiated by UNICEF in 2016, and a first evaluation mission took place in February 2017. An action research project that intends to find innovative ways of managing rural water points in partnership with the enterprise Vergnet started in 2016 and will continue until 2018 to test the feasibility of improved water supply in rural areas through Public-Private Partnerships.

While there has been a steady gain in accessing basic water services, there are considerable barriers for households' access to sanitation facilities. Only 20% of the population in Burkina Faso access to improved sanitation facilities, with only 16% of the population having gained access to sanitation since 1990. Disparities between urban and rural areas are still huge: 8 out of 10 rural families are still practicing open defecation. 50% of the urban population access to improved sanitation nowadays against only 7% in rural areas.²

The main challenges for rural sanitation in Burkina Faso include: negative social norms, the limited scope of demand driven approaches, and the limited capacity of households to build, use and maintain toilets. Burkina Faso has a long history of subsidy-driven sanitation projects while demand-driven approaches are new and not yet fully accepted by the Government. In addition, another major challenge is the lack of funding to the WASH sector and the ineffective application of the decentralisation reform policy.

In 2016 UNICEF and its partners continued to focus their efforts on supporting rural communities, primary schools and health facilities in 6 out of 13 regions of Burkina Faso (Sahel, North, East, Haut Bassins, Cascades, Centre West) for access to basic water supply and sanitation, and for behavioural change for sanitation and hygiene practices. Over 170 schools, 26 health centres and 239 villages were supported with water or sanitation interventions carried out by UNICEF whereby 33,058 persons are now living in "Open Defecation Free" villages.³ Overall, the ongoing activities are on track compared to the annual work plan objectives. However, persistent challenges need to be highlighted and addressed, especially in the area of sanitation.

¹ UNICEF/WHO, JMP 2015

² UNICEF/WHO, JMP 2015

³ UNICEF's Country Office Annual Report Strategic Monitoring Questions, 2016

3) Strategic Context of 2016

The UNICEF Country Programme (and UNDAF) which covered the period 2011-2015 was extended until 2017 in order to be aligned with the National Socio-Economic Development Plan 2017-2020. Concerning the National Programme for Water Supply and Sanitation, the PN-AEPA, which was due to end in 2015, new programs⁴ should have started in 2016. However, by the end of 2015, these new programs were still under the development, pending their adoption and start-up. Given the situation, the government decided to extend the PN-AEPA until the end of 2016 as an interim phase. In late 2016 the PN-AEP and the PN-AEUE were adopted by the government and their implementation is now underway by all actors involved in the water and sanitation sector. Both programs aim at achieving universal access to safe drinking water and sanitation by 2030 in line with the SDGs.

During 2016, UNICEF Burkina Faso continued contributing to improve the Enabling Environment and implement WASH projects through strategic support. Its activities varied from leading the sectorial WASH Emergency group (ex-cluster), to advocating for the improvement of services and the mobilisation of resources, coordinating initiatives and strengthening the capacities of the NGOs and state actors. The WASH programme also directly funded activities from the central and regional Directorates' action plans by covering the cost for rehabilitation and construction of water and sanitation infrastructure and technical quality assurance missions.

In the humanitarian domain, UNICEF led the WASH Emergency group (consisting of 20 international and national NGOs) to finalise the 2016 HNO (Humanitarian Need Overview) and the HRP (Humanitarian Response Plan) as well as the Contingency Plan. Of the 120,000 people in need of WASH humanitarian support identified in 2016, due to a lack of funding, only 23,128 received effective, continuous and sustainable WASH packages (water sources, toilets, hygiene kits, hand washing devices services).

Given its experience and positioning in the country context, UNICEF Burkina Faso's WASH component decided to continue focusing all its support to rural communities because it is where it has a greater added value and where the access rates are the lowest. Given the low rates for access to sanitation compared to water, in 2016 priority was given to the implementation of sanitation projects, specifically CLTS, which has as main objective the end of Open Defecation, in line with the SDGs and the national priorities.

Experiences in the previous years highlighted important lessons learned and recommendations: 1) household latrines' subsidies are counter-productive for the elimination of open defecation in many contexts because they do not promote community accountability; 2) the importance of professionalizing the construction of boreholes requires an in-depth study in 2017 with a view to develop a Code of Conduct for the drilling sector; 3) innovative management models should be explored to ensure the sustainable management of boreholes and 4) the importance of promoting menstrual hygiene management in order to eliminate barriers to girls' school attendance.

Based on this reflection, the WASH programme's strategic areas for 2016- 2017 are the following: (1) implementation and evaluation of Community Approaches to Total Sanitation (CATS) at community level; (2) development and implementation of approaches for improved construction quality for boreholes (Drilling Professionalization) and management of water points in rural areas; and (3) supports to improved enabling environment through advocacy for prioritization of the WASH sector by the Government, capacity building of central and regional level for better implementation of the WASH services as well as reinforcing the right holder's capacity to claim better services.

⁴ The PN-AEP, the national programme for drinking water 2016-2030, and the PN-AEUE, the national programme for sanitation 2016-2030

4) Results in the Outcome Area

In relation to UNICEF's WASH Outcome as outlined in the 2014-2017 strategic plan ("**Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices**"), the WASH programme of the UNICEF Burkina Faso Country Office aimed at contributing to the increased access to improved water and sanitation in rural areas. Specifically, in 2015 the following intermediate results have been defined:

- By the end of 2017, at least 100,000 new people in communities, schools, and health centres have access to basic sanitation and handwashing.
- At least 75,000 new people in communities, schools, and health centres have access to safe drinking water and use good quality water.
- UNICEF's contribution to improving the enabling environment of the drinking water, hygiene and sanitation sector in Burkina Faso is increased.

All Strategic Programme Areas including Hygiene, Sanitation, Water Supply, WASH in Schools and ECD centres are addressed by UNICEF Burkina Faso's interventions. Moreover, UNICEF's WASH programme contributed to the UNDAF 2011-2017 outcome 2: "The quality of human capital is improved".

UNICEF greatly contributed to the development of the Post-2015 national documents, especially the National Water and Sanitation programs documents. As a Technical and Financial partner of the government, UNICEF contributed also to the advocacy that led to the recognition of the right to water in the national constitution and the creation of a dedicated Ministry of water and sanitation in January 2016.

The thematic funding received contributed to the following activities and results:

Summary of main activities

Activity	Target	Results	Regions	Implementing partner
<u>Hygiene and Sanitation</u>	100 villages (triggering of 87 new villages and monitoring and follow-up of 13 villages in the provinces of Sanguié and Sissili)	4,193 latrines constructed. Two villages certified Open Defecation Free (ODF) and 61 villages are eligible to be declared ODF	Centre West region	Association for Peace and Solidarity (APS)
<u>Hygiene and Sanitation</u>	13 villages	1,358 family latrines constructed following CLTS triggering of communities.	Sahel region (3 municipalities in the province of Seno)	OXFAM
<u>Hygiene and Sanitation</u>	Triggering of 37 villages in the Kompienga (Est Region	2,907 latrines constructed following CLTS triggering of communities.. 15 villages declared Open Defecation Free (ODF)	East	SNV
<u>Hygiene and Sanitation</u>	19 villages	3,626 household latrines constructed following CLTS triggering of communities.	Sahel region (province of Soum)	Danish Refugee Council (DRC)

<u>Hygiene and Sanitation</u>	55 schools	11 schools equipped in new latrines. 660 schoolchildren and 260 teachers from 55 schools participated in hygiene promotion activities	East region	Association pour la Recherche et de Formation Agro-écologique (ARFA)
<u>Hygiene and Sanitation</u>	WASH actors trained in the CLTS approach	2 UNICEF staff participated in hands-on training in Dakar with Kamal Kar, the inventor of CLTS approach; 43 persons from NGOs, regional and national directorates for sanitation trained in Ouagadougou in March 2016 through a workshop facilitated by Kamal Kar	All	Directorate General for Sanitation
<u>Water provision</u>	23 schools	13 boreholes, 20 water harvesting systems constructed to provide water to school children	Sahel, and East regions	ARFA in the East and Sahel
<u>Water provision</u>	32 communities	18 boreholes rehabilitated and 14 newly constructed	Sahel	Private sector
<u>Enabling environment</u>	3 municipalities	230 hand pumps (serving a population of 70,000 people) equipped with a new pump technology and managed by a private company to test a new PPP model of water delivery	Centre West and Cascades regions	Private sector
<u>Enabling environment</u>	3 international fora on WASH Financing (Sanitation and Water for All), the Stockholm Water Week and the Africa Water Week	Capacity building and international engagements taken	Centre	Ministry of Water and Sanitation and DGs
<u>Enabling environment</u>	3 published WASH disseminated research findings, innovations and evidences at sector level EA	2 knowledge management and sector learning documents finalized and published 1 MHM guidance document for teachers finalized	Country level	MEA, ME

More specifically, the thematic grant enabled UNICEF and its partners⁵ as well as the private sector's construction enterprises, to implement activities towards increased access to safe drinking water, and construction and effective use of sanitation facilities as well as promotion of good hygiene practices in rural communities, primary schools and health centres in 6 regions in Burkina Faso.

The focus was on building the capacity of government authorities and systems, both at central and regional level, to improve the assessment, planning, monitoring and evaluation of WASH situation and programme implementation at community and regional level, and strengthening capacities of families and communities to cope with shocks and humanitarian crises and to build their resilience.

2016 was marked by numerous projects carried out by different partners, like Oxfam and DRC in the Sahel, and by APS in the Centre West Region. UNICEF received approval from the Government to carry out a demand-driven, no-subsidy CLTS project in two regions starting in early 2016. In the Eastern region, CLTS was implemented with SNV and in the Centre West region with APS, targeting a total of 200 villages. Out of the 200 villages, 76 were able to attain the Open Defecation Free status (as of February 2017).

In addition 39 villages in the Sahel region also applied CLTS; in some communities subsidised latrines were built and in others the non-subsidised approach was tested. These activities were meant to motivate communities to construct and use their own latrines in order to prevent sanitation related diseases, help communities change behaviours and to keep themselves and their environment clean.

Through the contribution from the thematic funds an estimated total population of 68,601 inhabitants⁶ in the provinces of Sanguie, Sissili, Soum, Seno and Kompienga gained access to a latrine through self-construction.

Sensitisation campaigns have also been carried out to promote handwashing with soap in 85 communities and schools (through DRC in the Sahel and ARFA in the East), reaching 6,592 people (including 2,782 women and 730 children). Demonstration activities were carried out to teach 2,271 community members (of which 2,177 were children and 43 women) how to build a low cost handwashing facility (tippy tap). At the school level, much progress has been made in setting up school clubs and training teachers to support children in developing the WASH in School activities.

The challenge of high rate of negative boreholes especially in the Sahel region, was faced by the palliative measures of distributing chlorine produced in the health centres (through projects funded in the past years in collaboration with Oxfam) equipped with the WATA kits for the disinfection of drinking water.

Enhancing an enabling environment for the WASH sector was another key action for the country programme. UNICEF provided substantial support to the Government and its partners during the development and implementation of the PN-AEPA. In partnership with IRC and the Minister for Water and Sanitation, UNICEF supported a study and subsequent budgeted action plan to enhance Knowledge Management and Sector Learning (KMSL) for the WASH Sector.

UNICEF's WASH programme also supported the effective participation and representation of the government in numerous national and international fora like the national water forum, two international meeting of the SWA, and the Africa Water Week event, where commitments toward prioritizing the national WASH sector, creating a dedicated ministry for water and sanitation, universal access to water and sanitation and ending open defecation by 2030 have been made. UNICEF also supported trainings and participation in other events like the Rural Water Supply Network (RWSN) meeting which took place in Abidjan in December 2016, a training on CLTS for all WASH actors at the national level in March 2016 and the participation of two UNICEF officers to a hands-on training on CLTS with Kamal Kar in Senegal. Following their return to Burkina, these two colleagues played a crucial role in strengthening the Government's and civil society partner's capacity to plan and implement CLTS, and a one-week training was held in February 2017 on CLTS.

⁵ Main partners are: national and Regional Directorates for Water and Sanitation and NGOs: Oxfam, Association pour la Paix et la Solidarité -APS, Association pour la Recherche et la Formation en Agro-écologie – ARFA, SNV and the Danish Refugee Council – DRC.

⁶ Final and intermediate reports of DRC, Oxfam and APS

The contribution from the Thematic Funds also partially contributed to the public private partnership (PPP) action research that UNICEF Burkina Faso initiated in 2016 in partnership with UNICEF's Headquarters, on the subject of hand pump management in rural areas, with the private company Vergnet Hydro. The objective is to test the feasibility of a PPP when it is applied to the hand pump management in rural areas. If successful, this model could be replicated in the future in other areas of Burkina Faso and of Africa.

In order to improve the quality of the water service delivery, UNICEF is supporting the professionalization of the drilling sector by supporting the government in implementing a series of actions, which started by a study visit to Chad, and continued with a mapping study on the identification areas favourable for manual drilling. In February 2017 an expert study has taken place to make recommendations that will lead to the development of a Code of Conduct for the Drilling sector; this code of conduct will include elements of institutional reform, capacity strengthening, improving the hydrological knowledge management, and contractual incentives for companies, among others.

The contribution from the Global thematic funds was fundamental for UNICEF Burkina Faso to achieve these results, because it allowed the flexibility and complementary with other funds for delivering multisector and multiannual interventions. The funds also allowed UNICEF to ensure the technical assistance to relevant ministries through human resources and the operation supports which ensured monitoring and financial control of the implementation of WASH activities.

RESULTS ASSESSMENT FRAMEWORK				
Measurable indicators and targets	Baseline (2015)	2017 targets (AWP)	2016 Achievement	Source
Percentage of the population using a safe water source for drinking water	76%	80%	Every 2 years	National Household Survey; PNEA annual reports; UNICEF / WHO
Percentage of households using improved sanitation facilities	7%	11%	Every 2 years	National Household Survey; PNEA annual reports; UNICEF / WHO
Percentage of the population practicing open defecation	75%	70%	Every 2 years	National Household Survey; PNEA annual reports; UNICEF / WHO
Number of villages declared ODF (open defecation free) in the area of intervention	0	At least 200	69	Gouvernements report
Number of new latrines (induced and self-constructed) by populations	0	At least 14.500	4,193	Partners' reports
Percentage of households that declare practicing handwashing at key moments	14%	5 more points	35%	Partners' reports (see PN-AEPA report 2016)
Number of health centers and schools newly equipped with latrine and water points (new or rehabilitated)	0	250	196	Annual review report
Number of new people with access to drinking water	0	> 75.000	39,000	Partners' reports ; Reception reports
Number of trainings in planning, management of WASH services and development of accountability mechanisms for central and regional structures	0	6	4	Reports from learnings visits in Chad, Senegal, Ivory Coast (RWSN), Burkina Faso
Number of sectoral dialogue frameworks at national and international level where Burkina Faso active participates	0	4	6	Reports of participation to SWA (Istanbul), African Water Week (Tanzania), 58th Session of the UN Committee on Economic, Social and Cultural Rights (Geneva), Conference on Financing of ODD (Addis Ababa), Water Week (Stockholm) and RWSN in Abidjan.

Number of published WASH disseminated research findings, innovations and evidences at sector level EA	0	3	3	Published Documents / projects' reports (KMSL information note, KMSL action plan, MHM)
Existence of a preparedness plan and emergency response WASH maintained	1	1	1	Document / WASH contingency plan; Emergency WASH meetings' reports

5) Financial Analysis

The Planned target for the Programme Area 3 (WASH) was at 10,285,640 USD; this target was not fully met, with a total expenditure of 6,096,286 USD (59%). However, approximately \$ 2m were engaged in construction contracts in 2016; when taking into account these figures, the implementation rate is at 79%.

Out of the total expenses, 1,965,569 USD (21%) was covered through Regular Resources (RR), 3,636,211 USD (59.64%) from Other Regular Resources (OR-R), and 494,506 USD (8.11%) through Other Resources – Emergency (OR-E).

Although new Thematic Funding received in 2016 was at only 743,471 USD, from both Netherlands' and United Kingdom National Committees, thematic contributions received in previous years allowed to have a Thematic Funding share of the total expenditure in 2016 at 1,582,567 USD, or 26%.

As for intervention areas, the most important areas were 'Improved sanitation and the elimination of open defecation in rural areas' (2,248,171 USD), followed by 'Rural water supply' (1,310,760 USD). This is in line with UNICEF's and Burkina Faso's Government's priorities.

Table 1: Planned budget by Programme Area

**Outcome Area 4: WASH
Burkina
Planned and Funded for the Country Programme 2016 (in US Dollar)**

Intermediate Results	Funding Type ¹	Planned Budget ²
04-01 Access to sanitation	RR	\$ 1,045,934
	ORR	\$ 3,317,040
04-02 Access to water	RR	\$ 1,030,000
	ORR	\$ 2,730,408
04-03 WASH in institution	RR	\$ 500,000
	ORR	\$ 1,662,258
Total Budget		\$ 10,285,640

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

**Outcome Area 4: Water and sanitation
Thematic Contributions Received for Outcome Area 4 by UNICEF Burkina in 2016 (in US Dollars)**

Donors	Grant Number*	Contribution Amount
Netherlands Committee for UNICEF	SC1499030029	189,710
United Kingdom Committee for UNICEF	SC1499030071	553,761
Total		743,471

Table 3: Expenditures in the Outcome Area

**Outcome Area 4: WASH
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
03-01 Access to sanitation	333,386	1,246,632	1,227,005	2,807,023
03-02 Access to water	88,742	1,351,777	586,804	2,027,323
03-03 Enabling environment	72,378	1,037,802	151,760	1,261,940
Total	494,506	3,636,211	1,965,569	6,096,286

Table 4: Thematic expenses by programme area

**Outcome Area 4: WASH
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)
03-01 Access to sanitation	212,702	582,016	794,718
03-02 Access to water	0	580,862	580,862
03-03 Enabling environment	0	206,987	206,987
Total	212,702	1,369,865	1,582,567

Table 5: Expenses by Specific Intervention Codes

**Outcome Area 4: WASH
Burkina Faso
2016**

Specific Intervention Code	Expense
03-01-01 Rural water supply	1,310,760
03-01-03 Water safety (including Household Water Treatment and Safe Storage)	15,515
03-01-04 Water Supply Sustainability	527,773

03-02-01 Open defecation elimination and improved sanitation: rural	2,248,171
03-04-01 WASH in Schools (general)	1,219,530
03-06-03 WASH # General	180,116
08-01-07 Humanitarian Planning (CAP/SRP, HAC) and review related activities	-342
08-02-01 Situation Analysis or Update on women and children	51,361
08-02-05 Other multi-sectoral household surveys and data collection activities	171,334
08-02-08 Monitoring # General	567,967
08-03-01 Cross-sectoral Communication for Development	286,770
08-03-02 Communication for Development at sub-national level	58,437
08-05-01 Supply # General	341,468
08-08-01 Gender programming not classifiable by sector	111,964
08-08-03 UNICEF support to programming and capacity development on gender	35
10-07-12 Management and Operations support at CO	1,594,940
7921 Operations # financial and administration	295,762
Total:	8,981,561

6) Future Work Plan

It is expected that, with the contribution of all partners, UNICEF will continue scaling up CLTS based projects, focusing on strengthening stakeholder's capacity and the existing coordination, monitoring and evaluation system, and the central government's commitment to develop the sector. 2017 focus will be to continue supporting rural communities, primary schools and health facilities in the regions of Sahel, East, Centre West, Cascades and Hauts Bassins by:

1. Contribution to the improvement of the Enabling environment in the sector WASH
2. Progressive scaling up of Community Approaches to Total Sanitation
3. Support for the fight against acute malnutrition through the implementation of the WASH in Nutrition strategy
4. Participation in the development of a favourable physical environment in school institutions through the implementation of WASH activities in primary schools
5. Professionalization of drilling with a view of developing a Code of Conduct for the drilling sector
6. Research and Innovation
7. Strengthening the management of WASH infrastructures at the municipal level
8. Emergency Preparedness and Response and maintaining UNICEF in the leadership in WASH (Emergency).

Table 6: Planned budget for 2017

Outcome Area 4: Water and Sanitation

Burkina Faso Planned Budget and Available Resources for 2017

Intermediate Results	Funding Type	Planned Budget	Funded Budget	Shortfall
04-01 Access to sanitation	RR	1,325,000	1,325,000	0
	ORR	1,695,000	1,345,000	350,000
04-02 Access to water	RR	1,440,000	1,440,000	0
	ORR	1,880,000	1,025,000	855,000
04-03 Enabling Environment	RR	180,000	180,000	0
	ORR	1,100,000	700,000	400.000
Total Budget		7,620,000	6,015,000	1,605,000

7) EXPRESSION OF THANKS

The contribution from the thematic fund in 2016 has helped more than 167,227 of the most vulnerable rural populations, primary school children and women in 6 regions of Burkina Faso to access and utilize safe water, stop open defecation and adopt good hygiene practices. UNICEF Burkina would like to pass on a special thank you from the children of Burkina Faso.

8) ANNEXES: HUMAN INTEREST STORIES AND DONOR FEEDBACK FORM

ANNEX 1: HUMAN INTEREST STORY ON WOMEN'S WORK TO STOP OPEN DEFECATION

Women united to meet the challenge of stopping Open Defecation

By Claude Tarpilga, UNICEF Burkina Faso

Since Community Led Total Sanitation (CLTS) was first introduced in the commune of Bieha, the population of the village of Konzio has drastically changed its behaviors to avoid open defecation practices. The courtyards of the whole village are now kept clean and latrines and handwashing facilities have been built by households within or around the households. The initiative actually triggered the spread of latrine construction throughout the village and messages on hygiene promotion are being written by villagers on their house walls. But before, that was not the case.

The commune of Bieha is 34km from Leo in the Centre-Ouest region of Burkina Faso, and Konzio is one of the villages of this commune. Its population, like in the other villages of the commune, almost everybody used to practice open defecation. Going into the nature to defecate was considered as "normal". No shame was felt except when one noticed that it was witnessed by someone nearby. Women were under the stress of hiding for fear of being seen by male community members, so they often waited for the night to defecate or had to walk for long distance in order to find a secure environment to do so. Children suffered constantly from diarrheal diseases. Waterborne diseases were common, given the contamination of water ponds. The smell of children feces disposed around the village invaded the houses. There was stools everywhere.

After 14th of April 2016, when the village of Konzio was triggered with the CLTS approach, everything started to change. On that day of triggering, the community realized that by defecating in the nature they were contaminating their environment. They decided it was not acceptable for them to keep putting their and their children's health at risk. They wanted to stop this "chain of contamination" and live in a hygienic environment. Facilitators of the UNICEF's NGO partner, APS, helped the community open their eyes, but all solutions came from the community members themselves. Their commitment has proved fundamental in gradually influencing all members into the decision of changing their behaviors and practices. And women stood up and played a crucial role.

Rahinatou, a 26 years old mother with a 3 year old girl, is an active member of the village women's association which was created to engage women into developing their community collectively. She has got a lot of knowledge on hygiene and sanitation since the CLTS process has began. She understood the importance of keeping her house and its surrounding clean in order to avoid the diseases created by open defecation and lack of hygiene. She has learnt how to use a plastic baby pot to collect her daughter's feces and then to empty it in the latrine's pit.

Rahinatou now knows the importance of hygiene, and that having a latrine is not enough if it is not kept clean. Therefore, every morning she cleans the latrine, she makes sure that water and ash are available for hand washing, and that the whole family washes their hands after having used the toilet. After sweeping the house, she goes to the water point which is located a few hundred meters from the house with her bucket and her broom to clean the water point and its surroundings.

Rahinatou is delighted to have a healthy and pleasant environment. But for her, it is absolutely necessary that the neighboring and even distant villages eliminate open defecation. She fears of contracting diseases because of the proximity with these villages. *"If we are clean at home but our neighbor is not, the risk of diseases remains because we are still not safe".*

This change of behavior and awareness has been achieved thanks to a close monitoring and follow-up done by the facilitators of the NGO "APS". They have regularly visited the village and supported all families until everyone had built their own family latrine and made hygiene a habit. But the latrine construction was done by the villagers themselves; and this is something that they are tremendously proud of.

Joséphine Kouhiba is a community worker and has been working with APS since 2011. She is a native of Bieha, and with her colleague, she covers five villages including Konzio. To date, all the five villages have been declared "Open Defecation Free" (ODF) thanks to the involvement of active women like Rahinatou, as well as children and traditional leaders. For her, the achievement and maintenance of the ODF status is a great challenge, but she is convinced that this is feasible if women are involved in all steps and made accountable for.

She realized that even if women were always present at the triggering, they used to participate very moderately in the discussions because they were shy to speak in public. But she found other ways of reaching out to them: *"We realized that home visits were more effective to create a dialogue with women. At home they felt free to express themselves. So we use these moments to collect their ideas, which are often very relevant and well-suited to better refine our awareness-raising approach."* says Joséphine.

As key sanitation actors in the family, women are called upon to become involved at all levels of the CLTS process. This is why Josephine always encourages them to make their voices heard and taken into account.

Thanks to UNICEF's support with APS, most of the CLTS-triggered villages in the Centre-Ouest region of Burkina Faso have become 100% ODF, and 1,756 latrines have been built by the population, without receiving any subsidy. Through this accomplishment, 22,710 people in these villages have gained access to a toilet. The same project is also being piloted in the Eastern region, through a partnership with the international NGO, SNV.

Photos and captions: <https://goo.gl/photos/fjCGR1scJqeYDxb9>

ANNEX 2: HUMAN INTEREST STORY ON CLTS'S JUNIOR COMMITTEE AND CHILDREN

The sanitation junior committee of Konzio: a good example to follow.

By Claude Tarpilga and Marta Sodano, UNICEF Burkina Faso

Konzio is a small village in the Sissili province of Burkina Faso, not far from the border with Ghana. Through the implementation of a Community Led Total Sanitation (CLTS) project supported by UNICEF and a NGO "Association pour la Paix et le Solidarité (APS)", Konzio was declared as "Open Defecation Free (ODF)" in November 2016. The village is now in the process of obtaining its certification. In order to receive the certificate, the village must remain clean and maintain the ODF status- nobody has to ever defecate in the open anymore.

To make sure that this happens, children of the village decided they also wanted to do their part. A "triggering" meeting took place in April 2016 where facilitators of APS came and discussed with the population about their sanitation habits and the risks of continuing the practice of open defecation. As a result, the village took the collective decision to build toilets at each household to stop open defecation (OD). There was a separate meeting with children in order to find a fun activity where they could help adults in keeping the village clean and make sure nobody would defecate outside of latrines.

Many children in the village were enthusiastic about participating in the project and in order to let all the children take their part, they decided to form two committees: the "Comité d'éveil" (or "Awakening Committee") for children aged from 4 to 6 years who are not yet in the school; and the "Junior Committee", which gathers school children from the local primary school. The children of these two committees have a simple yet incredibly important role. Being equipped with whistles, they are responsible for warning the village when they catch people practicing open defecation. The little ones, who do not yet attend school, control the village during the day, while the older ones come to support them when they are not in class.

When the population hears their whistle, they mobilize to go find the person and talk to him or her. For example if it is someone from another village, they take the time to explain the danger of open defecation and the fact that their village has taken a collective decision to improve their sanitation and health situation. The "whistling trick" will make people feel ashamed because a practice that was normal in the past is not accepted anymore in this ODF village.

Bariou is 8 years old. He is in second grade and is a member of the Junior Committee for sanitation. He declared: *"I volunteered, like many of my classmates, to help keep our village healthy. Using my whistle, I alert the whole neighborhood if I catch someone defecating in the bush. I am sure that if we catch someone, he is never going to do it anymore"*.

For Sayirou Somda, the principal of Konzio's primary school, CLTS has led to significant changes in the habits of the village's inhabitants, especially among the children: *"Today, all the students use the latrines in schools and keep the school clean. Hygiene is now a priority for them and a visible change has happened due to people's awareness."*

At Konzio's primary school, classrooms are swept every morning and the habit of washing hands after using the toilet or before eating is now part of students' habits. *"Our task at school is facilitated by sensitization activities conducted by the APS (NGO)'s community worker within the CLTS project. Good practices that are taken up by children in the community are transferred and shared with parents, from the community to the school and vice versa"*, said the school principal.

Everyone is enthusiastic about how far they have come. *"Before, we were living with open defecation. Now we have come out of it and we can see that we are in better health. Our children are in better health. This makes us feel happy."* Says Omar, one of the leaders of the village.

Photos and captions: <https://goo.gl/photos/xaesXJgXXvwXyjH76>

ANNEX 3: DONOR FEEDBACK FORM

Title of Report/Project: Thematic Funds WASH SC149903

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: Mrs. Rinko Kinoshita

Email: rkinoshita@unicef.org

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!