

BURKINA FASO

Young Child Survival and Development

Sectoral and OR+ (Thematic) Report

January – December 2018



A community health worker in a chat session with a pregnant woman Nioko Village, Kaya Health District, North Central Region
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Abbreviations and Acronyms

ANC	Antenatal Care
ACT	Artemisinin Combination Therapy
C4D	Communication for Development
CHW	Community Health Worker
CO	Country Office
CPAP	Country Programme Action Plan
CPD	Country programme Document
CSD	Child Survival and Development
eMTCT	Elimination of mother-to-child transmission
EPI	Expanded Programme on Immunization
GAVI	Global Alliance for Vaccines and Immunization
RSS3	Renforcement du système de santé Round 3
GDP	Gross domestic product
HIV	Human Immunodeficiency Virus
iCCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illnesses
KAP	Knowledge, attitudes and practices
LLIN	Long Lasting Insecticidal-treated Net
MoH	Ministry of Health
MNCAH	Maternal, new-born child and adolescent health
MNH	Maternal and neonatal health
NGO	Non-Governmental Organization
NHDP	National Health Development Plan
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OEmC	Obstetrical Emergency Care
OR	Other Resources
ORE	Other Resources - Emergency
ORS	Oral Rehydration Salts
PMTCT	Prevention of Mother To Child Transmission
PNDES	Programme national de développement économique et social
PNDS	Programme national de développement sanitaire
RR	Regular Resources
SBCC	Social and behaviour change communication
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

A. Executive Summary

The year 2018 was a particularly challenging for Burkina Faso, in terms of security concerns countrywide and the persistence of social unrest. According to the 2018 IMF¹ report, the Gross domestic product has dropped to 6.0 per cent compared to 6.3 per cent in 2017. Significant strides were made to improve the health of the population and the quality of health care.

This year was the first year of implementation of the Cooperation Programme² (CP) between Burkina Faso and UNICEF for the period between 2018-2020.

Within the CP 2018-2020, UNICEF's Health programmes refers to:

- the National Programme for Economic and Social Development ([PNDES 2016-2020](#))³ adopted by the government and thus constitutes the premium reference for all planning in Burkina Faso, on the axis 2 (Developing Human Capital) and particularly in its strategic objective 2.1: Promote the health of populations and accelerate the demographic transition;
- The National Health Development Programme ([PNDS 2011-2020](#))⁴ was reviewed to make a strategic alignment for the 2nd phase (2016-2020) with the PNDES. This strategic document allows the country to improve its results-based planning in health along with the three outcomes: i) Outcome 1: Steering and support to the health system are strengthened, ii) Outcome 2: Provision of quality health services is improved and iii) Outcome 3: Access to health services for populations, particularly specific groups;
- The United Nations Development Assistance Framework (UNDAF) on its Pillar 2: Quality of life and equitable access to social rights, especially for the Outcome 2.2: By the end of 2020, every man, woman of childbearing age, new-born, child and adolescent has equitable access to and increased use of quality health services.

UNICEF's key health achievements in 2018 to which the thematic fund has contributed can be summarised as follows.

- **Maternal and Neonatal Health (MNH):** Approximately 48,000 pregnant women and 33,000 new-borns received home visits by trained and well-equipped Community Health Worker (CHWs). UNICEF's contribution was support for building capacity of 44 per cent of community health workers (CHWs) on the home-based care for pregnant women and new-borns, provision of key supplies to them and equipment of 75 per cent of basic health facilities with new-born resuscitation material.
- **Child health:** Burkina Faso maintained an impressive immunization coverage at 100 per cent for Penta 3 and RR1. A total of 169,394 disease episodes for children under five were managed by CHWs and 78 per cent of sick children were treated through the Integrated Management of Childhood Illnesses (IMCI) strategy in five priority regions. UNICEF supported this results through the dotation of CHWs in 28 districts of the five target regions with essential drugs technical equipment and tools. In total, 52,950 packets of Amoxicillin and 37,817 ORS +Zinc were procured and distributed to support the program. In the context of implementation of the free health care at community level, UNICEF supported the availability of tools and capacity development of CHWs.
- **HIV:** The country prioritized the elimination of the Mother to Child Transmission (eMTCT) of residual HIV by 2020 (at-most to 2 per cent), particularly in the Northern region by the end of 2018. The percentage of HIV-infected pregnant women receiving full treatment under the Prevention of Mother to Child Transmission (PMTCT) programme reached 100 per cent in some

¹ <https://www.imf.org/en/News/Articles/2019/01/07/pr1901-burkina-faso-imf-executive-board-concludes-the-2018-article-iv-consultation>

² <https://icon.unicef.org/apps02/cop/Programme%20Documents/CPD-2018-2020.pdf>

³ http://www.finances.gov.bf/index.php?option=com_edocman&task=document.viewdoc&id=468&Itemid=

⁴ https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/Country_Pages/Burkina_Faso/Burkina_Faso_National_Health_Strategy_2011-2020_French.pdf

health districts through the country according routine data of the MoH. UNICEF's support to eMTCT focused on the North region in terms of

- **Health system strengthening:** UNICEF supported the Ministry of Health with monitoring of the implementation of free health care strategy. Over 3.6 million children under five and one million pregnant women nationwide received free health care, including more than 874,800 deliveries and 21,125 caesarean deliveries.
- **Communication for Development (C4D):** Through UNICEF-supported communication for development interventions, knowledge and practices on new-born and child health among pregnant and lactating women, families and communities was improved through the capacity building of 159 health workers, 983 community relays and 48 radio workers, advocacy for 628 community leaders and delivery of messages to 1.2 million men, women and children.

Despite these significant achievements in 2018, challenges such as insufficient resources, security concerns and essential drugs stockouts have hampered the smooth implementation. These concerns will remain challenging in 2019.

B. Strategic context of 2018⁵

UNICEF Country Office began implementing its [Country Programme 2018-2020](#) in January 2018, as approved by the Executive Board's regular session in September 2017.

Burkina Faso is a low-income, landlocked country in West Africa. According to the report of the United Nations Office of the High Representative for the Least Developed Countries, in 2017, its gross income per capita was US\$615. The population, growing at an average annual rate of 3 per cent, was estimated at 18.11 million inhabitants. The economy is heavily reliant on agricultural production, with close to 80 per cent of the active population employed in the sector. Cotton is the country's most important cash crop, but gold exports have gained importance in recent years. Acute poverty and social exclusion are extensive and structurally ingrained.

The country's economic development continued to be affected by socio-political crisis, persistent insecurity, price increases dependent on rainfall and low international market prices of gold and cotton. According to the 2018 IMF report economic growth has dropped to 6.0 per cent of GDP compared to 6.3 per cent in 2017, despite expansion of the gold mining sector and increased investments in infrastructure. This reflects the strain on the economy from the security situation, the adverse impact of public sector strikes on private sector economic activity, and fiscal consolidation.

Although often considered an extension of insecurity in Mali, jihadist attacks have become increasingly local in origin and aim to disrupt the social order. The situation remained unpredictable as security risks related to armed groups in the Sahel region have become more frequent, rapidly expanding to other regions such as the Est and Nord. Attacks in these areas, ranging from targeted killings, assassination attempts, invasions of villages and schools, to complex attacks against army or police posts, lead to multiple negative repercussions. Risks have been building up, such as attacks against the General Command Office of Armed Forces and the French embassy in Ouagadougou in March 2018. Since January 2018, the number of security incidents almost doubled compared to the same period in 2017. As of 20 December 2018, OCHA reported 193 security incidents that resulted in more than 180 deaths.

Persistent insecurity in neighbouring countries continues to hamper national efforts towards sustainable peace, calling for robust early warning mechanisms and coordinated responses.

⁵ Country office annual report 2018, UNICEF Burkina Faso

Intimidation of individuals, kidnappings and targeted killings of people suspected of collaborating with the Forces de défense et de sécurité (FDS) continue to pose threats in border areas.

The security crisis primarily prevailing in the Sahel, Nord, and Est regions resulted in temporary closures of 4 health facilities, 10 not functionally fully and 20 at risk of closure as of December 2018. Access to health services is therefore hampered, including severe acute malnutrition (SAM) screening and treatment. This is particularly worrisome as the nutrition situation among children in Burkina Faso remains very fragile. More than one million children aged under five are affected by acute malnutrition each year. The rate of micronutrient deficiencies among children is also high.

As a result, socio-economic conditions at community level has further weakened, with a greater negative impact on women and girls. Indeed, surveys show that men and community leaders are targets for armed groups resulting in increased responsibilities for livelihood mobilization for women and girls. Against these backgrounds, UNICEF is strengthening the community-based interventions to build resilience among communities, while accelerating the emergency responses to satisfy the growing humanitarian needs.

C. Results in the Outcome area

The health programme's results in 2018 built on the achievements from the Country Program 2011-2017. Maintaining the gains especially in terms of immunization with more than 100% coverage, xxxx was a priority while strengthening and improving quality and scaling up the interventions such as iCCM of diarrhoea, pneumoniae and malaria on children under five years old, pregnant women and new-born care at home and the free health care policy.

In 2018, UNICEF support was based on five program outputs: (i) building and strengthening the capacity of health workers on maternal and new-born health, (ii) improving the quality of child health services, (iii) HIV prevention and care, (iv) behavioural change communication, and (v) strengthening the maternal, new-born child and adolescent health (MNCAH) system.

The nation-wide scale up of the free health care policy since 2017 has allowed better access to health services for pregnant women and children under five. However, the deteriorating security in some regions has reduced the access to health services affecting the implementation of this policy. To create a conducive implementation environment, UNICEF supported the development of MNCAH strategic documents, norms and standards, and tools.

Financial and technical support was provided to three directorates of the Ministry of Health (MOH) for the procurement of critical equipment, materials and other supplies for effective service delivery such as vaccines and vaccine consumables, cold chain equipment and expanded program on immunization (EPI) logistics (fridges, motorcycles etc.) and CHWs materials and tools. Strong focus was also put on human capital through strengthening the capacity of health services providers at both health facility and community levels.

UNICEF remained a trusted partner for major donors such as the Global Fund (GF) and the Global Alliance for Vaccines and Immunization (GAVI). These partnerships have grown strong in 2018 and much of the funding to the Government from these donors for procurement services was channelled through UNICEF.

With the above strategies and interventions, commendable progress has been made towards achieving several results although there are still a lot of effort to make in some areas to achieve the targeted results in the CP 2018-2020.

Scaling up the national strategy on home-based care for pregnant women and new-borns

Regarding MNH, there is still a slow progress towards the achievement of target indicators. By the end of quarter 3 of 2018, only 27.4 per cent of pregnant woman attended the recommended antenatal care visits (ANC4) in the five target regions. The low coverage of ANC4 is partly due to low proportion (40 per cent) of women who attended ANC consultation services at health facilities in the first quarter of their pregnancy. This is linked to the low coverage of deliveries assisted by a qualified health professional, 63.4 per cent in the five target regions, which is below the national coverage of 66.7 per cent.

To address this challenge, the focus of UNICEF's support in 2018 has been placed on building the capacities of health workers and community health workers to improve the quality of care and reinforce community mobilization. This action aimed to ensure behaviour and social change of the beneficiaries and therefore improving the low coverage rate of early ANC1 and ANC4 as well as facility delivery. Through community based MNH services, 47,967 pregnant women and 32,991 new-borns received professional care at home by CHWs and 13,974 pregnant women and 1,044 new-borns were referred by CHWs for professional care.

Strengthening community health

UNICEF supported and equipped CHWs in five target regions (28 districts) for community case management of diarrhoea and pneumonia with drugs (oral rehydration salts (ORS)/Zinc, Amoxicillin DT), equipment and tools. Ninety percent of these CHWs have also been trained to offer the integrated community case management (iCCM) to children. As a result, 169,394 children were managed by the CHWs for malaria (64,024), diarrhoea (41,770) and pneumonia (63,600) cases. Through the mHealth project, a SMS-based real-time reporting tool supported by UNICEF, 66,940 cases of under-5 children treated were reported by CHWs in the Nord region.

Communication for development (C4D)

UNICEF supported the implementation of the communication plans by health directorates of the Ministry of Health, especially through community radio programs and interpersonal communication activities in the Sahel, Est, Centre-Nord and Nord Regions. The plans aimed at increasing caregivers' knowledge, practices and community engagement for new-born health, immunization and eMTCT. The capacity of 1,659 journalists, community relays and leaders were strengthened on new-born health. They now deliver relevant messages to caregivers and communities using radio programs, door-to-door visits, video shows and community dialogues.

In the Nord region, UNICEFs focused in communication interventions on the eMTCT. In the Est, Sahel and Centre-Nord regions, social and behaviour change communication (SBCC) activities on new-born health reached over 184,191 people including 71,358 women and 56,748 children directly engaged in discussions on key messages to improve neonatal health. More parents/caregivers at community level developed the reflex of going for a consultation after recognizing danger signs in new-born and pregnant women. Reports from field visits (UNICEF and partners) showed evidence that a growing number of women give colostrum - also called "dirty-milk" - to newborn and advocated to change the name "dirty-milk" into something more positive in many communities. UNICEF supported Social and behaviour change communication (SBCC) activities at community level in the North region revealed the existence of a strong social norm called "senegueno", - a ritual before a woman can reveal her pregnancy - which is having a negative impact on prenatal consultations. This will undoubtedly improve the number of women that will attend ANC consultation during the first quarter of their pregnancy the coming years.

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Health system strengthening through program monitoring

UNICEF continued to support the Ministry of Health in result-based planning and monitoring within the health system strengthening. In the Sahel region, the Ministry of Health with UNICEF's technical and financial supports developed the Regional Health Development Plan (PDSR) and the District Health Development Plans (PDSD) for Dori and Sebba health districts.

In the five UNICEF targeted regions (Boucle du Mouhoun, East, Centre-North, North and Sahel), UNICEF provided support to the health sector's technical inspectors for supervisions of implementation of the Free health policy. Recommendations issued from the inspections/supervisions were sent to the Minister of Health for improvement. Corrective actions were also locally undertaken by each health facility inspected.

In the area of monitoring, 187 health providers from five districts were trained on equity-based performance monitoring by 31 December 2018. The 28 health districts conducted performance and equity-based monitoring for their respective health centers, district hospitals and communities. Bottlenecks were clearly identified, and the corrective measures implemented.

At the national level, UNICEF also supported the government to monitor the implementation of the free healthcare policy through the multiplication of implementing tools and funds for the organization of the orientation of stakeholders at regional, district and community level. Thanks to the support provided to the implementation of this policy, over 3.6 million children under five and a million pregnant women nationwide received free healthcare. This included more than 874,800 normal deliveries and 21,125 caesarean deliveries. UNICEF also provided technical and financial supports to train 60 senior staff of the MoH on results-based planning/management. UNICEF provided support to the government to monitor implementation of the free healthcare policy in the five targeted regions. As a mean to strengthen the free health care policy, UNICEF also provided support to the health sector's technical inspectors for supervisions of the free health care in five UNICEF-supported regions. Recommendations issued from the inspections (supervisions) were sent to the Minister of Health for improvement. Corrective actions were also locally undertaken by each health facility inspected.

Program support

Strategic support was provided at different levels of the Health system to enhance program coordination, monitoring and decision making as well as leverage of partnership. This contributed to the achievement of the Country Programme Document (CPD)'s objectives and the national health targets. Furthermore, UNICEF reinforced its partnership with strategic partners such as GAVI, USAID/Centers for Disease Control (CDC), President's Malaria Initiative (PMI), the World Bank (WB), the Malaria Consortium and the GF, with the main objective of leveraging resources for children.

i. Results assessment framework

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

Table I: Results Assessment Framework with indicators achievement in 2018/Burkina Faso

Results Assessment Framework				
Measurable indicators and targets	Baseline 2016	Targets 2020	Achievement 2018	Source
New curative contacts for under five child per year	2.5	>2	3,2	National routine data, annuaire statistique 2018

Percentage of deliveries by trained personnel	80.9%	90%	85,5%	idem
ANC 4 coverage rate	34.5%	60%	39,25%	idem
Under five lethality rate due malaria	1.5%	<1%	1,5%	idem
% of under five children treated using IMCI approach	32.9%	60%	61,4 %	idem
Pentavalent 3 coverage	103%	100%	100%	idem
RR2 coverage	100%	100%	86%	idem
Percentage of HIV+ pregnant women receiving ARVs for PMTCT	89%	100%	96,33%	idem
Children born from HIV+ mothers benefit from early HIV diagnosis	54,3%	80%	57,95%	idem

ii. Measuring progress

Monitoring of results has been an integral part of the UNICEF Health Programme along with the Result matrix of the CPD 2018-2020 and the office's Integrated monitoring and evaluation plan. In collaboration with the MoH, UNICEF assessed the work plans progress through joint visits, bi-annual reviews, regular reporting by government and NGO partners, and internal office reports (annual reports, etc). The harmonized approach to cash transfer (HACT)⁶ assurance activities (programmatic visits, micro-evaluations and audits) remained to be the office's top priority to monitor both technical and financial results reported by the implementing partners. The programmatic monitoring activities also contributed to the UNDAF's joint annual work plan review, together with other UN agencies involved in the pillar 2.

At the sector level, UNICEF continued to participate in the mid-year and the annual performance reviews through the sectoral commission of dialogue (cadre sectoriel de dialogue) of government with the objective of monitoring the implementation of the national economic and social development program (PNDES 2016-2020). Results from these reviews were used to monitor the health sector performance and the future strategic planning for the year 2019.

iii. Equity approach in supporting CSD interventions

To ensure an effective and efficient implementation of the free health care strategy⁷, UNICEF provided technical and financial support to the MoH to monitor the implementation of the strategy in five targeted regions.

While the Government has scaled up the free healthcare for pregnant women and children under 5 since 2017, the CO further supported the expansion of this policy to the community level that will be rolled out in 2019. UNICEF's support consisted of the development of tools, the provision of starter kits, and CHW capacity building.

UNICEF provided dedicated support to the MoH to ensure effective utilization of the Global Fund contribution for health system strengthening by facilitating timely procurement and distribution of equipment, tools, and supplies for CHWs.

As part of the equity-based monitoring system, the CO also provided support to the Ministry of Health with strengthened performance monitoring and bottlenecks analysis at the institutional level

⁶ HACT is an UN-wide approach (excom agencies) to risk-based management of cash transfer. The approach mandates the implementation of several types of assurance activities based on the implementing partners' risk level and the amount of cash transferred.

⁷ adopted by the government in March 2016

bi-annually. At the community level, performance monitoring and analysis was conducted annually in 28 health districts in five targeted regions with UNICEF's support. The performance monitoring consisted of routine desk data review and analysis, as well as participatory working groups to deepen the bottleneck analysis.

iv. Theory of change and value for money

The global thematic fund provided much needed support to strengthen and scale up quality health interventions. The flexibility of this fund allowed the country office to fill the funding gaps in key interventions which were previously underfunded (e.g. scaling up of iCCM, the national strategy on home-based care for pregnant and new-borns and health system strengthening). This fund also permitted to strengthen the coordination of health interventions as well as the leverage of partnership and resource mobilisation for the health sector in Burkina Faso.

In a nutshell, the thematic fund contributed to the CO successful achievement of key strategic results for child survival as highlighted in this report. The reporting period encountered 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.

v. Constraints and challenges

Constraints affecting the implementation of CSD's interventions are numerous and remain the same for some years. The major constraint encountered in 2018 was the situation of insecurity and the delay in the operationalization of the new organizational chart of the MoH causing a slowdown in the implementation of activities, both at central and decentralized levels of the health system.

Other constraints included:

- (i) Major delays in 2018 planning process at the Ministry of Health
- (ii) Limited capacity in terms of human resources and logistics within the health system
- (iii) Insecurity context impacting on the delivery of basic social services, especially in the Sahel, Est, Nord and Centre-Nord regions
- (iv) Delay in the remuneration of CHWs leading to demotivation and drop-outs
- (v) Weak health information system especially in the use of the national routine data
- (vi) Insufficient behaviour changes communication activities
- (vii) Insufficient support to operational activities by the central level to ensure the quality of services
- (viii) Frequent turnover of high-level management persons at every level of the MoH due to the restructuration at central and regional directorates.
- (ix) Supply disruptions (ORS/Zinc, amoxicillin, ACT) for the iCCM of diarrhoea, pneumoniae and malaria cases.

UNICEF support the Ministry of Health with actions to remove some bottlenecks, for instance, provision of essential drugs to health facilities and CHWs for the management of diarrhoea and pneumoniae in children under five years, capacity building of data managers of health district and regions on data collection and management advocacy for the payment of CHWs motivation. The MoH took also some actions in the improvement of the availability of drugs at the Central Purchasing Office for Generic Essential Drugs and Medical Consumables.

vi. Risk assessment and management

The reporting period was marked by serious challenges including insecurity linked to extremist violent groups in border communities and major cities, population movements and social unrest with many strikes of several ministries' civil servants. Crisis in the North-eastern part of the country has intensified throughout the year, with repeated attacks by violent extremist groups on one hand, and increased number of Internal displaced populations (IDPs) on the other hand. This constituted a major barrier to ensure the access of children and women to quality social services notably in education and health. The recent inter-ethnic clashes in the Centre-Nord region (early January 2019) has given a new dimension to the prevailing insecurity. The CO refined its risk assessment providing a clear mapping of risks along with mitigation strategies to continue UNICEF's support to the most vulnerable populations. As a mitigation strategy, UNICEF and the partners are exploring alternative strategies to ensure the community-level interventions in emergency-affected zones through involving community-health workers, religious leaders and inter-religious associations.

vii. Lessons learned

Despite a difficult socio-political context, access to care for pregnant women and under-five children continues to improve thanks to the scaling up of the Free health care strategy. In 2018, there were 11,518,560 consultations for under five children while they were 10,929,636 in 2017. The attendance of health facilities increased from 3.1 contacts/U5 child/year in 2017 to 3.2 in 2018. Over 3.6 million under-five children and a million pregnant women nationwide respectively were attended through the free health care program. However, since the humanitarian context is deteriorating, there is a risk to have a rapid and negative impact on the implementation of the strategy linked to lack of access to quality health services. UNICEF and other members of the Health sectoral group is working on the advocacy with the Government for continuous efforts to monitor the security situation and map out health centres which are not operational to take alternative strategies to provide access to emergency-affected populations.

In 2018 the MoH and its partners developed a Global investment case for maternal, new-born, infant and adolescent health to be used for advocacy and resource mobilisation efforts to increase investment in these areas. Within this initiative, UNICEF advocated for creating a stand-alone investment case for community health to showcase the results, challenges and opportunities. As a result, a strong community health component was included in the investment case document, with around 30% of the total costing.

D. Financial analysis

The financial analysis is made through the different tables below.

Table II : Thematic Contribution Received in 2018/Burkina Faso

Fund Hierarchy	(Multiple Items)
Year Hierarchy	2018
Business Area	Burkina Faso - 4590
Thematic or Non-Thematic	Thematic
FI Fund Group	Other Resources Regular
Row Labels	Funds Received Exclu Refunds US\$
Child Protection	
Canadian UNICEF Committee	
SC1899050021	22,400
Education	

Denmark	
SC1899040095	2,383,809
UNICEF-Croatia	
SC1899040003	71,131
Health	
Denmark	
SC1899010010	1,325,601
WASH	
United Kingdom Committee for UNICEF	
SC1899060011	381,752
Grand Total	4,184,692

Table III : Non-Thematic Contribution Received in 2018/ Burkina Faso

Fund Hierarchy	(Multiple Items)
Year Hierarchy	2018
Business Area	Burkina Faso - 4590
Thematic or Non-Thematic	Non-Thematic
FI Fund Group	Other Resources Regular
Row Labels	Funds Received Exclu Refunds US\$
Child Protection	
European Commission/EC	
SC180579	1,683,124
Swiss Committee for UNICEF	
SC180561	362,437
Spanish Committee for UNICEF	
SC180993	116,962
Cross-Sectoral (two or more outcome areas)	
Norway	
SC170576	952,721
Education	
Japan Committee for UNICEF	
SC180269	2,248,953
Switzerland	
SC181154	2,000,000
French Committee for UNICEF	
SC180678	173,611
Gender Equality and the empowerment of girls and women	
Austria	
SC181050	967,008
HIV and AIDS	
UNAIDS	
SC180207	50,000

Management	
Netherlands	
SC180513	172,081
Belgium	
SC160311	167,791
Japan	
SC170043	162,407
Nutrition	
United States Fund for UNICEF	
SC180465	537,875
SC1806230001	277,000
SC181056	475,295
UNICEF-Chile	
SC1806230005	100,000
UNICEF-Argentina	
SC1806230003	100,000
UNICEF-Mexico	
SC1806230006	10,000
UNICEF-Brazil	
SC1806230004	10,000
German Committee for UNICEF	
SC1806230002	3,000
Special Purpose	
SIDA - Sweden	
SC181121	1,785,793
Unknown	
Italy	
SC117532	-15,172
WASH	
Japan Committee for UNICEF	
SC180271	1,200,000
Spanish Committee for UNICEF	
SC180073	301,178
SC180144	58,548
Grand Total	13,900,612

Table IV : Expenses by RA in 2018/Burkina Faso

Fund Category	All Programme Accounts
Year	2018
Business Area	Burkina Faso - 4590
Prorated Goal Area	21 Survive and Thrive

Row Labels	Expense
Other Resources - Emergency	5,835,915
21-01 Maternal and newborn health	232
21-02 Immunization	6,432
21-03 Child Health	92,128
21-04 Prevention of stunting and other forms of malnutrition	1,069,370
21-05 Treatment of severe acute malnutrition	4,667,473
21-06 Treatment and care of children living with HIV	96
21-07 HIV prevention	173
21-09 Adolescent health and nutrition	11
Other Resources - Regular	2,287,353
21-01 Maternal and newborn health	116,769
21-02 Immunization	628,965
21-03 Child Health	798,126
21-04 Prevention of stunting and other forms of malnutrition	582,075
21-05 Treatment of severe acute malnutrition	71,701
21-06 Treatment and care of children living with HIV	6,633
21-07 HIV prevention	82,769
21-09 Adolescent health and nutrition	315
Regular Resources	5,495,518
21-01 Maternal and newborn health	510,777
21-02 Immunization	1,134,470
21-03 Child Health	1,657,025
21-04 Prevention of stunting and other forms of malnutrition	1,285,939
21-05 Treatment of severe acute malnutrition	241,188
21-06 Treatment and care of children living with HIV	262,050
21-07 HIV prevention	375,164
21-09 Adolescent health and nutrition	28,906
Grand Total	13,618,786

Table V : Thematic Expenses by RA in 2018/Burkina Faso

Fund Category	All Programme Accounts
Year	2018
Business Area	Burkina Faso - 4590
Prorated Goal Area	21 Survive and Thrive
Donor Class Level2	Thematic
Row Labels	Expense
Other Resources - Emergency	2,924
21-01 Maternal and newborn health	118
21-02 Immunization	354
21-03 Child Health	494

21-04 Prevention of stunting and other forms of malnutrition	623
21-05 Treatment of severe acute malnutrition	1,194
21-06 Treatment and care of children living with HIV	48
21-07 HIV prevention	87
21-09 Adolescent health and nutrition	5
Other Resources - Regular	821,721
21-01 Maternal and newborn health	107,803
21-02 Immunization	19,015
21-03 Child Health	617,165
21-04 Prevention of stunting and other forms of malnutrition	1,240
21-06 Treatment and care of children living with HIV	3,069
21-07 HIV prevention	73,429
Grand Total	824,645

Table VI : Expenses by SIC in 2018/Burkina Faso

Fund Category	All Programme Accounts
Year	2018
Business Area	Burkina Faso - 4590
Prorated Goal Area	21 Survive and Thrive
Fund Sub-Category	(Multiple Items)
Row Labels	Expense
21-01-01 Community and home based maternal and newborn care	90,857
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	125,395
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	23,624
21-01-99 Technical assistance - Maternal and newborn health	234,024
21-02-02 Immunization supply chain, including cold chain	521,367
21-02-05 Immunization operations	67,598
21-02-11 Polio social mobilization for campaigns	837,792
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	505,100
21-03-02 IMNCI facilities	66,229
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	1,395
21-03-06 Malaria (diagnosis, care and treatment)	356,482
21-03-10 HSS - Health systems procurement and supplies management	39,204
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	164,170
21-03-16 HSS - Management Information Systems	135,699
21-03-17 HSS - Health real time monitoring	171,151
21-03-98 Technical assistance - HSS	344,532
21-03-99 Technical assistance - Child health	210,088
21-04-01 Breastfeeding protection, promotion and support (including work on	565,755

Code)	
21-04-03 Vitamin A supplementation in early childhood (children under 5)	644,277
21-04-05 Maternal nutrition, including information, supplementation and counselling	120,666
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	509,814
21-04-08 Data, research, evaluation, evidence generation, synthesis and use for prevention of stunting and other forms of malnutrition	581,584
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	91,373
21-05-01 Care for children with severe acute malnutrition	4,789,563
21-05-03 Nutrition humanitarian cluster/humanitarian sector coordination	25,366
21-06-02 Pediatric ART	98,005
21-06-99 Technical assistance - Treatment and care of children living with HIV	97,287
21-07-01 ART for PMTCT	218,550
21-07-06 HIV Prevention programs for adolescents including Key population such as condom programming, VMMC and PreP	4,544
21-07-08 Maternal HIV testing and counselling (PITC)	128,654
21-09-02 Prevention of undernutrition in adolescence (10 to 19 years)	21,130
26-01-01 Country programme process (including UNDAF planning and CCA)	178,258
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	2,874
26-02-01 Situation Analysis or Update on women and children	63,722
26-02-08 Programme monitoring	249
26-03-02 Capacity and skills development for social behavior change	142,484
26-03-03 Children, adolescent and youth engagement and participation	64,074
26-03-04 Community engagement, participation and accountability	124,447
26-03-99 Technical assistance - Cross - sectoral communication for development	6,287
26-06-04 Leading advocate	11,253
26-06-05 Leading voice	167,835
26-06-06 Supporter engagement	22,084
26-06-07 Leading brand	37,306
26-07-01 Operations support to programme delivery	788,121
28-07-04 Management and Operations support at CO	218,519
Grand Total	13,618,786

E. Future Work Plan

With the above strategies and interventions, commendable progress has been made towards achieving several results. However there are still a lot of effort to make in some areas.

In 2019, to accelerate the scaling-up of child survival activities, UNICEF's Health Program will continue to provide technical and financial assistance with a special focus on the following program priority areas:

- At the strategic level: (i) Strengthen multisectoral around opportunities for synergies based on clearly defined and unifying outcomes such as reduction in maternal, neonatal and child under-five years mortality, adolescent health, community health, with minimum packages of effective activities in collaboration with other United Nations system agencies (UNDAF-DAO) and in the

same intervention areas to maximize results; (ii) harmonize community strategies to implement child survival and development interventions in Health, HIV and C4D) starting with the efficient use of CHWs (iCCM strategy) ; (iii) Support routine immunization activities especially the implementation of the operational deployment plan of the Cold Chain Equipment Optimization Platform. (iv) Support malaria prevention and control through universal campaigns of long-lasting insecticide-treated nets distribution and chemo-prevention of seasonal malaria, (v) develop with UNFPA activities on adolescent girls' and boys' access to care and prevention of early pregnancy, (vi) Ensure scaling up of multisectoral, high-impact health interventions (vi) Ensure policy dialogue for high-level engagement in the scaling up of iCCM, Free health care and elimination of mother-to-child transmission of HIV(vii) Support the development and adoption of gender and equity-sensitive maternal and child health policies and strategies and support the effective implementation of the national health financing strategy and budget programmes, to achieve universal health coverage

- At the operational level: (i) Focus particularly on newborn health and primary prevention of HIV infection among adolescents as key priorities; (ii) strengthen the implementation of iCCM in areas beyond 5 km from health facilities, the comprehensive package of community-based health services by CHWs, ensure the availability of supplies in the five supported regions and support the implementation of the strategy of free care at the community level, strengthen the community health information system through the collection, entry and processing of community data on the ENDOS platform using among other things the mhealth tool; (iii) develop the capacities of providers on newborn care in health centres and referral structures and integrate some key interventions into the community care package; (iv) Focus on community mobilization to make progress towards the elimination of mother-to-child transmission of HIV in the North, Hauts-Bassins and Central West regions (viii) Support the conduct of equity-based performance monitoring and bottleneck analysis, the development of problem-solving plans and the integration of results into results-based planning; (ix) support strategic results-based planning, particularly at the regional (PDSR) and district (PDSD) levels, and the sustainability of the free measure through effective monitoring of its implementation and its integration into the Universal Health Insurance Scheme.

Also, in the context of increasing level of insecurity, UNICEF will adapt its implementation strategies, mainly focusing on partnerships with community-based organizations, reviewing the package of interventions to be provided by CHWs with and maintaining development interventions wherever possible while dealing with humanitarian context with lifesaving interventions.

F. Expression of Thanks

We sincerely thank the Global Health Thematic Fund for this contribution which allowed UNICEF to provide technical and financial support to the Ministry of Health (MOH). This generous contribution also allowed the organization of a meeting between the Administrative and Finance Directorate of the MoH and to support Sahel region and districts in their health development plans.

Thanks to the flexibility in the use of these funds within the framework of CSD, this support contributes to achieving key strategic results for child survival in health as highlighted in this report. All the parties (government, NGOs and other UN agencies) involved at implementing this assistance have directly and greatly contributed to the survival and development of the children, women and adolescents of Burkina Faso.

Annex 1: Human Interest Story

Follow-up of pregnant women and new-born babies by home visits: a pragmatic response to reduce maternal and neonatal mortality.

By Claude Tarpilga et Estelle Lompo

Marie has just been 42 days of birth on this Tuesday, May 16, 2018. Nestled in the hands of her mother, Marie sleeps deeply despite the noise made by the children shouting and running here and there. *"She has just been breastfed,"* says Talato, her 35-year-old mother. *"When she is well breastfed, she spends more time sleeping. And it's good for me because I can calmly do my housework",* she adds.

Marie is only 42 days' old. However, from her appearance, she looks like a two-month-old baby. Since the return from the health centre to home Marie has shown no signs of illness. She is doing very well and is up to date with her vaccines.

When asked why Marie is so well cared for, Talato responds, *"I have benefited greatly from the advice and guidance of the village community-based health worker (CHW) during and after my pregnancy. Now I'm applying exclusive breastfeeding for Marie, as advised by the CBHW. That's why she's so beautiful and I'm proud of her."* she says.

Nioko is a small village of the municipality of Pissila, in Burkina Faso North-Central region. Since 2016, the authorities in the Nioko village, like the North and North-Central regions' villages, has been committed to increasing home and community-based coverage to reduce neonatal and maternal mortality.

Esther Ouedraogo is 44 years old. She is a community-based health worker in the village of Nioko. Known and appreciated for her fellow villagers, Ester goes from door to door to visit pregnant women, new-borns and their mothers. Equipped with a baby scale, a thermometer, a height gauge, an image box, tips flyers and a register, Ester is always on the hunt for an even slight sign of danger on pregnant women and new-borns. She educates and advises mothers and families and refers patients to the health centre when the situation requires it.

When Talato was seven months pregnant, she had a bleeding. Thanks Ester, she was quickly reassured and referred to the health center. *"From my previous pregnancies, I had never seen such a manifestation. I was very frightened. I would have put my pregnancy at risk, were it not Ester's help,"* she says.

Three days after her delivery, Talato received Ester's visit. She took the temperature, the weight and the size of her baby and checked the breathing. After these usual check-up, she talked with Talato for a long time about the warning signs after childbirth.

Today, Talato is sufficiently well aware of the danger signs that can occur before and after delivery. She knows and adopts good practices to promote development of her baby. She regularly goes to the Health Centre for weighing according to the dates indicated by the nurse. She practices exclusive breastfeeding. She does not purge or give to drink herbal decoctions to her child.

A hundred meters from Talato's house lives Madeleine Sawadogo. Aged 37, she is the mother of four children and is awaiting her fifth child. Madeleine is entering her sixth months of pregnancy. Today, she is at her third prenatal consultation and receives periodic visits from Esther, who provides her advice.

"When Ester, the community-based health worker came to visit me, she gave me a small health booklet and a flyer listing the various signs of danger after delivery. On the second visit, she showed

me how to take the medicines and talk with me about the signs of danger that can occur while pregnant. She told me insistently that if I came to see one of these signs, I should go quickly to the Health Center," says Madeleine.

Today Madeleine is happy and healthy. She is eager to return to the Health Center for the fourth prenatal consultation to reassure herself of the good progress of her pregnancy.

Poulallé Health and Social Promotion Centre covers a population of 13,953 inhabitants in five villages (including Nioko) where 12 community-based health workers are in duty. Eight of them are located more than 5 km from the CSPS and four are located less than 5 km. Since the implementation of the strategy of new-born care and home pregnancy follow-up in 2016, these villages have experienced a significant decline in neonatal and maternal mortality. In 2017, the cumulative number of pregnant women followed and delivered at Poulallé's Health center was 160 with almost zero new-born baby referred after birth. Thanks to the community-based health workers intervention at home and in communities, the number of prenatal consultations has increased significantly at Poulallé Health Center.

For Pauline Ouédraogo, the nurse Major of Poulallé's Health Center, the conclusion is clear: *"Since the community-based health workers started their work, we have seen a real positive change in the population and also in the Health Centre's key indicators. Women do not give birth at home, babies are no longer force-fed and purged. Pregnant women and mothers come to the health centre quickly when they see a small sign of danger, which was not the case before,"* she declares.

Since 2011, Burkina Faso has been committed in the process of increasing coverage in home- and community-based interventions to reduce neonatal and maternal mortality. In 2016, thanks to UNICEF support, training modules were developed to strengthen health workers' and community-based health workers' capacity to improve the quality of maternal and neonatal health services and to strengthen supervision on the field. UNICEF's support helped to equip Health Centres with medical equipment, and particularly those used for resuscitation of the newborn.

However, it should be noted that needs in communities far exceed available resources. In addition to regular resources, an additional 2 million USD would enable UNICEF to fill critical gaps in the maternal and newborn care program for 2019-2020.

Photos and captions

[Santé, Soins du nouveau-né et suivi de la femme enceinte à domicile, Nioko, Poulallé, District sanitaire de Kaya \(Health, Newborn care and home follow-up of pregnant women, Nioko, Poulallé, Kaya Health District\)](#)

<https://photos.app.goo.gl/dueu8PKmmfn6aXF38>

Annex 2: Donor feedback form

The CO appreciates any feedback on the donor report through the link ([English](#)).