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COUNTRY PROGRAMME— BURKINA FASO 10399.0 (2006–2010)



NOTE TO THE EXECUTIVE BOARD

This document is submitted for approval on a no-objection basis.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Burkina Faso is a least-developed country with a population of 12.7 million in 2004. It is 175th out of the 177 countries listed in the United Nations Development Programme (UNDP) 2004 Human Development Report. An estimated 46.4 percent of the population live below the poverty line, mostly in rural areas.

Food insecurity affects 49 percent of the rural population. Malnutrition is chronic among 38.7 percent of children under 5; 40.3 percent are underweight and 18.6 percent are wasted. The gross school enrolment rate was 52.2 percent in 2003–2004, meaning that roughly one child out of two did not go to school. The literacy rate is estimated at 21.8 percent. Prevalence of HIV among pregnant women was 4.4 percent in 2002, making Burkina Faso one of the hardest-hit countries in West Africa.

The country programme for 2006–2010 is consistent with the Poverty Reduction Strategy adopted by the Government of Burkina Faso and with the United Nations Development Assistance Framework; it will contribute to achieving four of the seven UNDAF objectives by 2010: (i) to improve access to quality health care – curative, preventive and promotional – in particular for women and children; (ii) to improve access to basic education by children, adolescents and women; (iii) to improve the food security of vulnerable groups and the management of natural resources; and (iv) to strengthen and intensify the nation's response to HIV/AIDS.

In accordance with the Board's decision 1999/EB.A/2, WFP's development activities focus on five objectives, of which the present country programme addresses three: (i) contribute to the promotion of education and to satisfying the nutritional needs of vulnerable groups; (ii) make it possible for poor families to gain and preserve assets and; (iii) contribute to mitigating the effects of natural disasters.

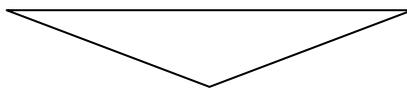
The country programme also focuses on Strategic Objectives 2, 3 and 4 as defined in WFP's Strategic Plan 2006–2009: (2) protect livelihoods in crises and enhance resilience to shocks; (3) support improved nutrition and health of children, mothers and other vulnerable people; and (4) support access to education and reduce gender inequity.

The components will focus essentially on adult literacy and on promoting access to basic education, especially for women and girls. They will also address improving the nutrition and health status of undernourished children aged between 6 months and 5 years and of pregnant and lactating women and people infected and/or affected by HIV/AIDS. They will also enable sustainable livelihoods for rural populations and to reduce their vulnerability to natural disasters and food insecurity.

WFP assistance will reach an average of 373,000 beneficiaries a year. The components will focus on the geographic areas identified in the 2003 vulnerability analysis and mapping survey, characterized by structural food insecurity, particularly high rates of chronic malnutrition, low school enrolment and low literacy and attendance of health structures.



DRAFT DECISION*



The Board approves country programme Burkina Faso 10399.0 (2006–2010) (WFP/EB.2/2005/7-A/2), on a no-objection basis, for which the food requirement is 66,652 mt at a cost of US\$29,925,511 covering all basic direct operational costs.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



SITUATION ANALYSIS

1. Burkina Faso is a least-developed country with a population in 2004 of 12.7 million,¹ of whom 58 percent are under the age of 20. It is 175th out of the 177 countries listed in the United Nations Development Programme (UNDP) 2004 Human Development Report.² The rural sector employs 86 percent of the total population and provides 32 percent of gross domestic product (GDP).³
2. Burkina Faso has made considerable progress in terms of macroeconomic stabilization. Nonetheless, despite an average GDP growth of 5.8 percent between 1994 and 2003 compared to population growth of 2.5 percent, the country remains vulnerable to shocks, which include drought, declines in world cotton prices and political instability in neighbouring countries. Despite economic growth, inequities have increased, as evidenced by the rapid rise in spending by richer households as compared with poorer ones (Gini index of 0.35 in 1998 compared with 0.38 in 2003).⁴
3. Food security in Burkina Faso is precarious for the poorest households. According to the National Survey on Household Living Conditions (*l'Enquête burkinabé sur les conditions de vie des ménages*, EBCVM) conducted in 2003, 4.9 million people in rural areas, 49 percent of the rural population, have problems in meeting their food requirements. Although gross cereal production rose 6 percent between 1993 and 2005, during the same period the nutritional situation has deteriorated.⁵ In 2003, 40.3 percent of children in rural areas were underweight compared with 31.3 percent in 1993.⁶ The Millennium Development Goals (MDGs) for Burkina Faso include a 30 percent reduction in these rates by 2015. Achieving this goal presents a real challenge.
4. Analysis of the data in the 2003 Demographic and Health Survey (DHS) shows a worrying nutritional situation: 38.7 percent of Burkinabé children suffered from stunting in 2003 compared with 29.4 percent in 1993, a 9.3 percent increase in 10 years. Chronic malnutrition affects children more in rural areas (41.6 percent) than in urban centres (20.2 percent). It is particularly widespread in the regions of the East (58.6 percent) and the Sahel (49.4 percent). Wasting affects 18.6 percent of children in Burkina Faso. Such figures constitute what is considered an “alarming” situation by the World Health Organization. Micronutrient deficiencies, especially iron, affect 92 percent of children and 54 percent of women.
5. Problems arising from iodine deficiency are also common and exist mainly because less than 50 percent of the population has access to iodized salt. Only 33 percent of children under 5 and only 16 percent of nursing mothers receive vitamin A supplementation.
6. Burkina Faso is one of the West African countries hardest hit by HIV/AIDS. The rate of HIV incidence among pregnant women in 2003 was 4.4 percent. The country has

¹ Official projection based on the 1996 population and habitat census.

² The Human Development Index does not include all the countries in the world; among them are some of the world's poorest countries such as Somalia and Liberia.

³ Strategic Framework for Poverty Reduction document, 2003.

⁴ World Bank. 2004. *Reducing Poverty through Sustainable Balanced Growth*. Washington DC.

⁵ Permanent agricultural survey, 1997–2003.

⁶ Demographic and health survey, 2003.



370,000 people living with the disease and 470,000 orphans. According to estimates by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the number of people becoming infected by HIV every year is still high.

7. The results of DHS survey revealed that the rate of mother and child mortality was also very high. The number of women dying in childbirth was 484 per 100,000 live births in 1998; the infant mortality rate was 83 per 1,000 in 2003; and the under-5 mortality rate was 184 per 1,000 in 2003. However Burkina Faso's efforts with regard to the MDG of reducing the rate of mortality among children under 5 by two thirds appear sufficient to reverse the trend. Under five mortality in fact fell from 219.1 per 1,000 in 1999 to 184 per 1,000 in 2003, a 16.0 percent decline in four years. These encouraging results were obtained after implementing large-scale vaccination programmes and epidemiological surveillance.
8. Such high rates of poverty and illiteracy, especially among women, also contribute in large measure to the prevalence of malnutrition. Despite efforts deployed on behalf of informal education, the national literacy rate remains among the lowest in the world. The Household Living Conditions survey indicated a literacy rate of 21.8 percent in 2003 compared to 18.4 percent in 1998; only 15.2 percent among women. In the areas targeted by the country programme, identified in the vulnerability analysis and mapping (VAM) survey, the literacy rate for women varied between 9.5 percent and 14 percent.
9. Despite significant advances over the last few years, access to basic education is still limited in Burkina Faso. The gross school enrolment rate, which was 42.7 percent in 2000–2001, rose to 52.2 percent in 2003–2004, implying that approximately one child in two did not go to school. Wide disparities remained in terms of gender, geographical areas and places of residence. In 2003–2004, the gross national enrolment rate was 58.1 percent for boys but only 46.2 percent for girls. In areas targeted by the country programme, identified by the VAM survey, the gross enrolment rate for girls varied between 17 percent and 21 percent.⁷
10. The Government of Burkina Faso has just finished revising and updating the Poverty Reduction Strategy Paper (PRSP) it launched in 2000. When the PRSP was evaluated in 2003, it was observed that the total number of poor among the population had increased from 45.3 percent in 1998 to 46.4 percent in 2003, a deterioration of 1.1 percent. In the same year, the DHS and the Household Living Conditions Survey confirmed that poverty remained largely a rural phenomenon. Rural areas accounted for 92.2 percent of national poverty. In its updated PRSP, the Government identified four principal obstacles to balanced growth: (i) weakness of human capital; (ii) lack of infrastructures for economic development; (iii) lack of national capacities; and (iv) the relatively closed economy.
11. Regarding crisis prevention and management, the Government has set up a National Food Security Council (*Conseil national de sécurité alimentaire*, CNSA), with WFP as a technical partner. CNSA, a steering committee, supervises implementation of the National Strategy on Food Security. To that end it relies on specialized structures such as: (i) the General Directorate for Agricultural Statistics and Forecasts (*Direction générale des prévisions et des statistiques agricoles*, DGPSA), which is charged with monitoring agricultural production and implementing the early-warning system; (ii) the National Society for the Management of the Security Stocks (*Société nationale de gestion du stock de sécurité*, SONAGESS), which is also charged with managing data on markets; and

⁷EBCVM (2003).



(iii) the National Committee on Emergency Response and Rehabilitation (*Comité national de secours d'urgence et de réhabilitation*, CONASUR), which is responsible for implementing emergency operations. WFP collaborates with these specialized structures, participates in meetings of the anti-locust technical committee, created in 2004, and provides financial and technical assistance to the Food Security Information System. Within the United Nations system, WFP is the lead agency for the Emergency and Humanitarian Aid sub-committee, which is the body responsible for coordinating the United Nations emergency response plan. Together with the Food and Agriculture Organization of the United Nations (FAO), it also chairs a thematic group on rural development and food security.

12. The most vulnerable zones in terms of food insecurity were identified in 2003 by a number of studies, including the WFP VAM survey financed by the United Kingdom's Department for International Development (DFID) and with contributions from France and the United Nations Children's Fund (UNICEF), the Household Living Conditions Survey, and a complementary study authored by the DGPSA, which included data from annual agricultural surveys. These studies demonstrate that the lack of human, physical and natural capital was the principal cause of food insecurity, and that more than 80 percent of household revenue in rural areas was spent on food. Two geographical areas considered vulnerable to food insecurity were identified: the eastern part of the country, where vulnerability is linked to structural poverty, and the north, where vulnerability is aggravated by drought and economic variables such as the dependence on transfers and/or markets for food purchases. In the targeted zones, 40 percent to 50 percent of households do not produce enough food or earn enough income to meet their food needs regularly.

PAST COOPERATION AND LESSONS LEARNED

13. An external evaluation of country programme (CP) Burkina Faso 10000.0 (2000–2005) in January/February 2003 concluded that the CP's strategic focus had targeted the most vulnerable zones and groups, was coherent and respected the major strategic focus of the PRSP, which should guide development efforts. The CP conformed to the second and third priority objectives identified in the Common Country Assessment (CCA), gave an important role to women as prescribed in the Enhanced Commitments to Women (ECW) and its objectives corresponded to five of the objectives of WFP's Enabling Development policy.
14. However, the evaluation noted a lack of coherence between the CP and its basic components in terms of their nature, objectives, target populations and expected outcomes. Because the CP and its components lacked a logical framework agreed to by all parties concerned, it was difficult if not impossible to determine how and to what extent the basic components could contribute to realizing the objective of the CP. For that reason, the synergy between components, which should be the core of any programme, remained slight.
15. The nature and scope of the planned components appeared, however, to have been decided on the basis of well-defined technical objectives: creation of productive assets at the household and village levels, development of human resources and improvements in nutrition and utilization of health services. All the components were potentially complementary, but no measures seemed to have been taken at the time of programme formulation to exploit and make use of this complementarity. The mission consequently proposed that the second CP should be drawn up according to the programme approach, and not as a simple combination of separate projects. Lastly, a common and collegial



process of reflection should be initiated to draw up a logical framework identifying the links between WFP-supported components and those of other national development programmes supported by other partners, as well as any joint programming.

16. The mission recommended, among other things, that during formulation of the 2006–2010 CP:
- the general strategy of the CP should remain unchanged, but that greater emphasis should be placed on the rural development activity, consistent with the dimension of the problems of environmental conservation, soil rehabilitation and developing water resources; activities in the health sector should also be reviewed;
 - WFP should maintain and if possible increase support to the education/training sector up to the end of the next CP;
 - WFP assistance to people infected and/or affected by HIV/AIDS should be continued and reinforced in the context of a long-term programme integrated with the other components of the CP; and
 - WFP support to cereal banks should be suspended because of management problems, especially those arising from restocking and price fluctuations, prevented the various banks from achieving expected outcomes, that is “insuring a reserve stock during the lean period for villages facing weather-related hazards or limited access to markets”.

JOINT PROCESS OF FORMULATION OF THE COUNTRY PROGRAMME

17. Formulation of the CP benefited from the extensive participation of the Government and of United Nations agencies, bilateral partners and civil society. The CP takes into account the conclusions of the CCA and the United Nations Development Assistance Framework (UNDAF), whose formulation processes were also participatory. The CCA document is essentially based on the PRSP, the conclusions of the round table held in March 2004 and the national report on the achievement of the MDGs, which helped the Government to define its future priorities and development strategies. Following the production of the CCA, the UNDAF was formulated at a workshop bringing together representatives of line ministries, resident and non-resident organizations of the United Nations and representatives of civil society. The country team identified five priority sectors and seven outcomes defined in the PRSP to which the United Nations could contribute, including three joint United Nations programmes in the fields of girls' education, HIV/AIDS and promoting the “culture of peace”. Following adoption of the UNDAF, an inter-agency team of UNDP, UNICEF, the United Nations Population Fund (UNFPA) and WFP was created to ensure coherence between the final UNDAF documents and to harmonize the four country programmes with each other and with the UNDAF. The CP for Burkina Faso was examined and validated in January 2005 during a national workshop.

STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

18. The CP focuses on seven of the eight MDGs. Emphasis is placed on the following objectives: 1) eradicate extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; and 5) improve maternal health. The CP also contributes to the achievement of objective 6) combat HIV/AIDS and other diseases and objective 7) ensure environmental sustainability.



19. The CP is consistent with the 2006–2010 UNDAF, which aims to help to reduce poverty in a synergistic and harmonized manner. The CP components focus on four of the seven outcomes expected in the UNDAF: by 2010 (i) access to quality health care (curative, preventive and promotional services) is improved, particularly for women and children; (ii) access by children, adolescents and women to basic education is improved; (iii) the food security of vulnerable groups and management of natural resources is improved; and (iv) national response to HIV/AIDS is reinforced and intensified.
20. The CP also corresponds to WFP's objectives as defined in its Enabling Development policy and in its Strategic Plan (2006–2009). The Support to Rural Development component corresponds to the second Strategic Objective (SO); the components related to health and mother-and-child nutrition and Support to Basic Education refer respectively to SO 3 and SO 4. The CP also takes into account WFP's Enhanced Commitments to Women (ECW). Its overall objective is to allow poor households, especially women and children, to contribute to their own development and to improve their resistance to drought and other natural calamities. The CP (2006–2010) was formulated with the help of a group of inter-disciplinary experts – FAO, WFP and the United Nations Educational, Scientific and Cultural Organization (UNESCO) – and benefited from the services of experts from outside the United Nations.
21. Expected outcomes are as follows:
- By 2010, access to primary education and children's continued attendance at school, especially girls, are improved, as is access by poor households, especially women, to training and literacy; families benefiting from literacy courses increase their appreciation for education, specifically by sending their own children to school.
 - By 2010, the nutritional status of children under 5 and of pregnant and lactating women is improved.
 - The impact of HIV/AIDS on the food security of infected and/or affected individuals targeted by WFP is reduced, and adherence to treatment regimes by tuberculosis (TB) patients, HIV-positive patients receiving anti-retroviral (ARV) treatment and by mothers participating in the prevention of mother-to-child transmission (PMCT) programme is improved.
 - By 2010, availability of food is improved due to an increase in farm production in intervention areas resulting from restored or improved soil fertility.

The results and resources matrix in Annex II sets out expected results, performance indicators and risks.

22. Components of the CP 2006–2010 will be geographically concentrated in the areas identified by the VAM survey and by the formulation mission (23 provinces) in consultation with key partners (see map in Annex IV). In the social sector they will, apart from the HIV/AIDS intervention, focus on the Sahel, the North, Centre-North, Central Plateau, Centre-East and Eastern regions of the country, where health indicators are weakest in 11 provinces and education indicators are weakest in 21 provinces. As far as the HIV/AIDS activity is concerned, prevalence of the disease and the presence of reliable partners will be considered the most important criteria in selecting intervention zones. The rural development activity will be implemented in the 18 provinces most exposed to climate hazards and natural disasters and therefore to chronic food insecurity. The regions are the Sahel, the North, Centre-North and Central Plateau and the provinces of Bazèga, Sanguié and Boulkiemdé. The last two provinces are a new zone of intervention for WFP. Except for activities in the health and education sectors, WFP is phasing out of the East region, where the comparative advantage of food aid is less when compared to other



available development resources, particularly given increases in local food production in the last decade. Creation of synergies between the various components will be encouraged in provinces where more than one activity is implemented.

23. Resources will be divided between the various intervention sectors as in the previous CP: 80 percent will be dedicated to education and health and 20 percent to rural development. Overall, food aid will benefit an annual average of 373,000 people at risk of food insecurity, of whom 57 percent will be women. Figures on beneficiaries, food needs and rations are given in Annex I.

Basic Component 1: Support for Basic Education

24. This component continues and expands support to basic education provided under the previous CP. It contributes to the Ten-year Basic Education Development Plan (*Plan décennal de développement de l'éducation de base*, PDDEB) and the Alliance for School Feeding, Health and Basic Education in the Sahel, a multi-sector regional programme in which Burkina Faso is a signatory. The activity will be aimed at promoting access to basic education, particularly for women and girls, through formal primary education and informal literacy courses.
25. Two activities will support (i) canteens in primary schools, helping to increase school enrolment and attendance rates and reduce gender inequity in schools, and (ii) literacy courses and training for adults to help them improve their standards of living, obtain employment or engage in income-generating activities. In a linkage with the CP health component, students will be screened for parasites in all targeted schools. Nutritional education and HIV/AIDS prevention and information activities will represent cross-cutting programme components linking health and education.
26. An annual average of 55,000 schoolchildren and 205,000 beneficiaries in literacy centres will receive WFP aid; 32,654 mt of food will be distributed, 50 percent of the total planned for the CP. During the last two years of primary education, girl students with an attendance rate of at least 80 percent will receive dry monthly rations to encourage them to continue schooling; a ration of 10 kg of cereals for the families of every qualifying schoolgirl.
27. General coordination of the component will be provided by a technical committee under the authority of the General Secretary to the Minister of Basic Education and Literacy. Modalities for delivering food aid to the education sector reflect the conclusions of the national forum on school canteens, which was organized by the Ministry, WFP and Catholic Relief Services (CRS)/Cathwell in January 2005, and also consider activities to be organized under the national plan for the implementation of the Alliance for School Feeding, Health and Basic Education in the Sahel.
28. UNICEF and WFP Representatives in Burkina Faso signed a Letter of Agreement in 2003 which formed the basis of their collaboration in the basic education sector. Currently, schools benefiting from UNICEF assistance, which includes provision of drinking water, toilets and teaching materials, also benefit from WFP food assistance. This collaboration will continue and will be strengthened through the new cycle 2006–2010 through targeted implementation, joint monitoring and evaluation of the United Nations Girls' Education Initiative (UNGEI). In addition to UNICEF, FAO, UNFPA, United Nations Volunteers (UNV), UNESCO, the World Bank and the United Nations Human Settlements Programme (UN-Habitat) will either directly or indirectly contribute to the joint programme through their involvement in the basic education sector.
29. In the framework of the CP 2000–2005, WFP supported the national programme for the promotion of literacy wherein WFP collaborated with more than 80 non-governmental



organizations (NGOs). This partnership will be broadened, giving preference to NGOs covering all three literacy stages: (i) basic literacy; (ii) complementary basic training; and (iii) the third stage of basic and functional French instruction, scientific and technical culture and technical training. Preference will also go to collaborating NGOs that integrate other development activities together with literacy courses.

Basic Component 2: Nutritional Support to Vulnerable Groups and to People Living with HIV/AIDS

30. The Government's National Health Development Plan (*Plan national de développement de la santé*, PNDS) aims in general to reduce morbidity and mortality, giving priority to increased national health coverage, improved quality and utilization of health services, reduced HIV/AIDS transmission and improved measures to combat both transmittable and non-transmittable diseases, including malnutrition.
31. The few means available for mother-and-child health care, together with high levels of poverty and illiteracy, especially among women, are important factors contributing to malnutrition. Emphasis will therefore be placed on the development of health and nutrition education activities at the community level (advanced strategy or *stratégie avancée*) as defined in the PNDS. To achieve its nutrition objectives, the component will rely both on health centres offering the minimum healthcare package and community organizations offering complementary services. Under this component, 21,293 mt of food will be distributed, about 30 percent of the total planned for the CP over five years.
32. In village health centres, food aid will contribute to the nutritional rehabilitation of children suffering from moderate acute malnutrition and of vulnerable pregnant and lactating women. Assistance will also contribute to preventing severe malnutrition and low birthweight. Food aid to children suffering from severe acute malnutrition will depend on the availability of complementary resources from other partners. Food assistance will complement activities aimed at promoting responsibility for the malnourished child at the village level, encouraging community participation in complementary development activities. Assistance will also help to disseminate information concerning HIV/AIDS prevention and nutrition and health education. A ration equivalent to 1,337 kcal per day will be provided to 49,800 women and children for six and three months respectively, for a total of 9,197 mt of food over five years.
33. In addition to mother-and-child health and nutrition activities, food assistance will be provided to people infected and/or affected by HIV/AIDS and suffering from nutrition problems associated with food insecurity. The assistance will encourage patients undergoing treatment to continue their therapies, including ARV, direct observation therapy system (DOTS) for TB, and PMCT as well as support a limited number of chronically ill persons. Of the CP's planned food resources, 18 percent or 12,096 mt of commodities will be distributed under this activity. The daily ration will provide 2,100 kcal for the duration of treatment. About 13,000 people infected and/or affected by HIV/AIDS will benefit from the nutrition support every year.
34. WFP will join an existing partnership in nutrition between the Ministry of Health, UNICEF and the NGOs Helen Keller International and Africare. With regard to HIV/AIDS activities, leading partners supporting or intending to support complementary programmes include the Permanent Secretariat of the National Council for the Fight against AIDS, UNDP's Support Programme for Associations and Communities, the World Bank's Accelerated Treatment Programme, the tuberculosis component of the Global Fund financed by the French Ministry of Development, UNAIDS and UNICEF for the PMCT programme. In fact, UNICEF plans to significantly expand their activities in the health and



nutrition sectors and will participate with WFP, in the United Nations Joint Programme on HIV/AIDS (UNAIDS).

Basic Component 3: Support for Rural Development

35. The component reorients support to rural development provided under the previous CP. The component is being implemented in the framework of the National Food Security Strategy and of the Letter of Intent on Sustainable Human Development. The component's long-term objective is to support the Government's efforts to mitigate the effects of natural disasters and improve agricultural self-sufficiency while assisting efforts aimed at creating profitable and sustainable production systems. The short-term objectives are to contribute to mitigating ongoing soil degradation in arable or potentially arable lands and to support initiatives aimed at settling or farming highly productive farmlands – market gardening on reclaimed land or with small-scale irrigation.
36. The WFP intervention will contribute to the restoration or improvement of soil fertility on a sustainable basis through the introduction of a series of soil and water conservation and defence measures. It will allow poor families to increase the yields of crops on the land they farm. Food aid will also be used as an incentive to carry out labour-intensive community works such as small anti-erosion dykes and embankments, or work whose results are only apparent after a year or so, such as swamp drainage and dykes. Technical training will be given to producers through the Support to Basic Education component to help them to learn and use appropriate farming practices. The component will benefit 50,000 people a year, including a significant proportion of women participating in the promotion of market produce. In total, 12,705 mt of food products will be distributed, 20 percent of the total volume planned for the CP.
37. Large national or regional programmes exist in support of rural development focusing on safeguarding natural resources and intensifying farming. Generally speaking, bilateral and multilateral donors intervening in the targeted area believe that maintenance or improvement of soil fertility and increased water usage for agricultural purposes are of extreme importance and urgency. A substantial part of their resources is therefore being allocated for those purposes. A large number of associations and NGOs also share these priorities.⁸ WFP assistance will complement their ongoing activities in order to optimize the effects of the limited resources available for this CP component.
38. Activities planned in the framework of rural development will benefit from the support of technically and financially strong partners. The main partners include the International Fund for Agricultural Development (IFAD), the Programme in Support of Local Development run by the French Development Agency and the World Bank and partners' National Programme for the Management of Local Resources, to name the most important.

MANAGEMENT, MONITORING AND EVALUATION

39. The consultative framework of the Government and partners set up to monitor implementation of PRSP will also be the senior body in charge of monitoring the UNDAF. It will facilitate consultations and dialogue between the Government, the United Nations and other technical and financial partners. The UNDAF will be the subject of an annual

⁸ The main ones are SG 2000, ADRA, AFRICARE, *Association génération montante*, *Association 6S* and *Fédération des groupements NAAM*.



review, which will take place under the auspices of the Minister of the Economy and Development and the Minister of Finance and Budget, and will group all the ministries involved in UNDAF and heads of the United Nations agencies.

40. At a technical level, an UNDAF National Coordination Committee (NCC) will be set up and will operate under the joint management of the Director General for Economics and Planning and the Director General for Cooperation. It will include the Director of the National Statistics and Demography Institute, the Technical Secretary in charge of coordination of the Economic and Social Development Programme, the directors of the studies and planning departments of the ministries involved in the UNDAF and the United Nations, specifically the Programme Sub-Committee, the Coordination Unit and representatives of thematic groups. The NCC will be responsible for: (i) monitoring the execution of the UNDAF; (ii) ensuring that synergies develop between the four CPs of UNICEF, UNDP, UNFPA and WFP and their integration into national development programmes; (iii) examining operational questions; and (iv) formulating recommendations aimed at solving problems. The NCC will also prepare annual reports on the implementation of the UNDAF to serve as the basis for annual reviews.
41. For the CP, a technical coordination committee will be set up. It will include the technical directorates of the ministries involved in the CP, the National Directorates of the three components of the CP and WFP. The committee will be responsible for defining mechanisms for executing, monitoring and evaluating the CP and integrating it with national development programmes. It will ensure that synergies develop between programme components, formulate an action plan and draft annual CP work plans for submission to the NCC.
42. With regard to the National Directorates, the ministries concerned – education, health and agriculture – have appointed a national activity director and a team responsible for technical and administrative management and monitoring and evaluation (M&E) of individual components. Annual work plans and progress reports of the three components of the CP will be drawn up by the national activities directors in collaboration with WFP. Programme logistics will be managed jointly by WFP and the Permanent Secretariat for WFP assistance, which is part of the Ministry for Agriculture, Water and Fisheries.
43. WFP will provide experts to manage programmes and consultants specialized in public health, nutrition, education and rural development to collaborate with the technical ministries in planning, coordinating and monitoring activities. A results-based monitoring and evaluation system will be set up to allow the WFP office in Burkina Faso to fulfil its obligations regarding management, evaluation and advocacy. To promote effectiveness, WFP will organize training courses on (i) results-based M&E systems, (ii) WFP's environmental directives and livelihoods, (iii) logical framework analysis, (iv) participatory approaches empowering women and (v) administrative and financial procedures. Complementary training will be provided by WFP and its partners on cross-sectoral themes such as gender equity and the impact of HIV/AIDS on development. Preparation of baseline surveys on nutrition, education and illiteracy and of more detailed situation analyses will be decided in consultation with other United Nations agencies.
44. In collaboration with the Ministry of Economics and Development, WFP will organize a series of workshops at which logical framework analyses of the CP components will be set out and validated at the regional and national levels, in consultation with all the parties involved – the Government, local associations, donors, United Nations agencies and NGOs. Moving towards results-based monitoring, WFP will focus on the expected outcomes of the CP. Realistic indicators corresponding to precise periods will be put in place at various levels for every activity in the logical framework to record progress.



45. In the current context of gradual decentralization initiated by the Government, effective implementation of WFP-supported activities will depend on having development partners and operators willing to invest in the same fields of intervention and being able to count on their technical competence and complementary resources. This will create an additional workload for the country office, especially as regards to M&E. Management and support personnel will therefore need to be strengthened.
46. The 2003–2004 period was characterized by a large increase in triangular operations involving the purchase of cereals and beans. The country could play a major role in regional purchases, which will be encouraged during the next cycle. The country office will continue its flexible purchasing policy, which consists of the local purchase of part of the cereals and beans when funds and surpluses are available and prices are competitive, and in importing the required commodities in times of shortages.
47. A mid-term evaluation of the components will take place in 2008 in collaboration with partners and the WFP regional office. Its purpose will be to determine how far the CP has gone to achieve its objectives.



ANNEX I A

BENEFICIARY COVERAGE BY COMPONENT AND FOOD ALLOCATION						
CP component	Total quantity of commodities (mt)	Distribution by component (%)	Number of beneficiaries men/women/total (annual average)			Women beneficiaries (%)
			Men	Women	Total	
Component 1: Basic education						
Component 1a: Literacy	16 913	25	82 000	123 000	205 000	60
Component 1b: School canteens	14 504	22	27 500	27 500	55 000	50
Component 1c: Dry rations for girls	1 237	2	0	2 750	2 750	*
Sub-total: education	32 654	49	109 500	150 500	260 000	58
Component 2: Nutritional support to vulnerable people and to people living with HIV/AIDS						
Component 2a: Mother-and-child Health	9 197	14	15 000	34 800	49 800	70
Component 2b: People living with HIV/AIDS	12 096	18	4 500	8 500	13 000	55
Sub-total: health	21 293	32	19 500	43 300	62 800	69
Component 3: Support for rural development						
Component 3a: Food for assets (FFA)	12 705	19	30 000	20 000	50 000	40
Total	66 652	100	159 000	213 800	372 800	57

* Girls benefiting from dry rations and school canteens will not be counted as beneficiaries twice.



ANNEX I B

COMMODITY TYPE AND RATION SIZE			
CP component	Food commodity	Size of individual ration (per person per day) (g)	Nutritional value (kcal, % of protein)
Component 1: Basic education			
Component 1a: literacy	cereals	200	1 045 kcal, 11.5 %
	beans	50	
	vegetable oil	20	
	salt	5	
Component 1b: school canteens			
Breakfast	maize meal	40	1 139 kcal, 12.4 %
	blend	60	
	sugar	10	
Lunch	cereals	120	(see below)
	beans	40	
	vegetable oil	20	
	salt	3	
Component 1c: dry rations for girls	cereals	10 kg	
Component 2: Nutritional support to vulnerable people and to people living with HIV/AIDS			
Component 2a: mother-and-child health	maize meal	200	
	blend	100	1 337 kcal, 11.4 %
	vegetable oil	20	
	salt	5	
	sugar	20	
Component 2b: fortified porridge	maize meal	100	640 kcal, 13.8%
	beans	60	
	vegetable oil	10	
Component 2c: People living with HIV/AIDS	maize meal	400	
	beans	60	2 092 kcal, 11.7%
	vegetable oil	25	
	blend	50	
	salt	5	
	sugar	20	
Component 3: Support to rural development			
Component 3a: FFA	cereals	300	
	vegetables	60	1 472 kcal, 11.4%
	vegetable oil	25	



ANNEX II: RESULTS MATRIX OF CP BURKINA FASO (2006–2010)

Results hierarchy	Performance indicators	Risks and assumptions	Resources required
Impact at national level: Substantial reduction of poverty.	Impact indicators at national level: Percentage of population living below absolute poverty line (46.4% in 2003 to 23.2% in 2015); ⁹		
UNDAF outcomes	UNDAF outcomes indicators		
1. By 2010, access of children, adolescents and women to basic education is improved.	1a) Gross rate of enrolment in primary education (52.2% in 2003 to 70.0% in 2015); ⁹ 1b) Ratio of girls to boys enrolled in primary education (0.77 in 2003 to 1.0 in 2015); ⁹ 1c) Literacy rate (30.3% in 2003 to 40.0% in 2010).		
2.1 By 2010, access to quality health care (curative, preventive and promotional) of populations, in particular women and children, is improved. 2.2 By 2010, national response to HIV/AIDS is strengthened and intensified.	2.1a) Prevalence of underweight children under 5 (from 40.3% in 2003 to 27.0% in 2015); ⁹ 2.1b) Proportion of low birth-weight children in all newborns (44.5% in 2003 to 22.0% in 2015); ⁹ 2.2a) Prevalence of HIV/AIDS among pregnant women (stabilized at 4.2%).		
3. By 2010, the food security of vulnerable groups and the management of natural resources is improved.	3a) Proportion of the population failing to reach the minimum calorie intake (2 500 kcal/day) (46.4% in 2003 to 30.0% in 2015); ⁹ 3b) Coverage rate of cereals produced per inhabitant ¹⁰ (105% in 2004, stabilized at 100%); 3c) Agricultural production growth rate (9% between 1994 and 2003 (maintained at least 5% per annum).		



⁹ National objective.

¹⁰ Ratio between the quantity of cereals produced and the cereal needs of inhabitants.

ANNEX II: RESULTS MATRIX OF CP BURKINA FASO (2006–2010)			
Results hierarchy	Performance indicators	Risks and assumptions	Resources required
Direct outcomes of WFP CP	Direct outcomes indicators	Risks and assumptions	
<p>1.1 By 2010, access to primary education and school enrolment and attendance, especially girls, is improved.</p> <p>1.2 Access by poor households, especially women, to training and education is improved.</p> <p>1.3 The perception of education for children by literate populations is improved.</p>	<p>1.1a) Enrolment¹¹, attendance¹² and drop-out¹³ rates in primary schools benefiting from WFP aid, differentiated by gender.</p> <p>1.1b) Ratio between the number of girls and boys enrolled at schools benefiting from WFP aid.</p> <p>1.2a) Attendance rates¹⁴ and proportion of trainees obtaining a diploma¹⁵ in the three literacy levels at centres benefiting from WFP aid, differentiated by gender.</p> <p>1.3 Changes in attitudes towards schooling for children among people becoming literate at WFP-supported centres.</p> <p>1.4 Percentage of people becoming literate in WFP-supported centres participating in management committees of school canteens, health centres or productive assets (<i>synergies</i>).</p>	<ul style="list-style-type: none"> • WFP components are integrated into development efforts deployed at national level. • WFP-supported components are harmonized with the development plans of communities involved. • The national directorates of components are given the necessary human and material resources. • The Government and partners are able to provide complementary resources for the food supplied by WFP. • Education strategies and priorities at the national level are maintained. 	US\$14,467,671



¹¹ Proportion of children enrolled to school-age children in school catchment areas.

¹² Ratio between the number of days of attendance by enrolled children and the total number of school days.

¹³ Ratio of children dropping out to children enrolled.

¹⁴ Ratio between the number of days of attendance by trainees and the total number of days of training.

¹⁵ Ratio of trainees passing the course's final exam to those enrolled.

ANNEX II: RESULTS MATRIX OF CP BURKINA FASO (2006–2010)

Results hierarchy	Performance indicators	Risks and assumptions	Resources required
<p>2.1 Nutrition status of children under 5 and of pregnant and lactating women is improved in targeted regions.</p> <p>2.2 The number of new contacts per year and per inhabitant at targeted health facilities is improved by 2010.</p> <p>2.3 Impact of HIV/AIDS on the food security of infected and/or affected persons targeted by WFP is reduced.</p> <p>2.4 Continuation of therapy by patients being treated for TB, people living with HIV/AIDS treated with ARV and mothers targeted under the PMCT is improved.</p>	<p>2.1a) Rate of nutrition recovery of children under 5 who benefited from WFP assistance.¹⁶</p> <p>2.1b) Rate of nutrition recovery of pregnant and lactating women who benefited from WFP assistance.¹⁷</p> <p>2.1c) Ratio of low birth weight babies to babies born to mothers benefiting from WFP assistance.¹⁸</p> <p>2.2 Ratio between the number of new contacts and the population in the catchment areas of health and social promotion centres.</p> <p>2.3 Average proportion of target households' budget devoted to food.</p> <p>2.4a) Percentage of patients being treated for tuberculosis, people living with HIV/AIDS treated with ARV and mothers targeted under PMCT benefiting from WFP assistance and completing their treatment.</p> <p>2.4b) Attendance rates at TB centres and PMCT.</p>	<ul style="list-style-type: none"> The Government's commitment to reducing malnutrition and the rate of HIV/AIDS remains a national priority. Development and implementing partners will be ready and available to invest in WFP's intervention areas. They will have the technical capability and the required complementary resources to guarantee the best possible implementation of the WFP-supported components. 	US\$10,038,424
Direct outcomes of WFP CP	Direct outcomes indicators	Risks and assumptions	
<p>3. By 2010, availability of food in intervention areas is improved because of an increase in farm production obtained through restored or improved soil fertility.</p>	<p>3. Yields (per ha) of areas settled with WFP food support.</p>	<ul style="list-style-type: none"> Government policies and regulations encourage the economic component. Households, groups and service providers will apply the competence and skills acquired and needed to pursue the component. Adverse weather and other natural events have no effect on farm production. 	US\$5,419,416

¹⁶ Proportion of children included in the activity whose weight-for-height >-2 z-score after three months of being taken on.

¹⁷ Proportion of women included in the activity whose body mass index >18.5 after six months of being taken on.

¹⁸ Proportion of children whose birth weight < 2.5kg among children born to mothers taking part in the activity.



ANNEX II: RESULTS MATRIX OF CP BURKINA FASO (2006–2010)			
Results hierarchy	Performance indicators	Risks and assumptions	Resources required
Main outputs	Output indicators		
<p>1.1 32,600 mt of food will be distributed. Canteens in the primary cycle will account for 49 percent of the total volume of food in the component.</p> <p>1.2 An average 55 000 pupils will benefit from the school canteens component every year.</p> <p>1.3 All pupils, teachers and support staff at targeted schools will be screened for parasites every year.</p> <p>1.4 An average 205,000 people, half of them trainees,¹⁹ will benefit from the literacy component every year.</p>	<p>1.1a) Quantity of food distributed.</p> <p>1.1b) Quantity and kind of non-food items supplied.</p> <p>1.2 Number of beneficiaries of food aid by category and gender.</p> <p>1.3 Proportion of children/teachers/auxiliary personnel screened for parasites at least once during the year at targeted schools.</p> <p>1.4 Number of people becoming literate, by gender and cycle.</p>	<ul style="list-style-type: none"> • Implementing partners perform their tasks satisfactorily. • Qualified government officials are available to implement the project. • Local communities are able to fulfil their responsibilities in implementing school feeding activities. 	
<p>2.1 A total 21,300 mt of food will be distributed. Nutrition support to children under 5 and to pregnant and lactating women will account for 43 percent of commodities.</p> <p>2.2 An average 6,000 children benefiting from nutritional recovery at community level, 12,000 recovering in health structures, 18,000 pregnant and lactating women, 18,000 children receiving enriched blend and 400 volunteer auxiliary workers will benefit from the component every year; total – 54,000 beneficiaries.</p> <p>2.3 A total 85 health centres and 25 villages will participate in implementing nutrition recovery and prevention through improved nutrition practices improved through the training received by mothers.</p> <p>2.4 An average 12,000 patients infected and/or affected by HIV/AIDS undergoing TB or ARV treatment and/or included in a programme for prevention of mother-to-child transmission will benefit from the component every year.</p>	<p>2.1a) Quantity of food distributed.</p> <p>2.1b) Quantity and kind of non-food items distributed.</p> <p>2.2 Number of beneficiaries, by category and gender.</p> <p>2.3a) Number of health centres and partner villages.</p> <p>2.3b) Number of mothers of malnourished children receiving health care and nutrition training in health and social promotion centres at village level.</p> <p>2.4a) Number of beneficiaries infected and/or affected by HIV/AIDS, by category and gender.</p> <p>2.4b) Number of associations/structures participating in the HIV/AIDS component.</p>	<ul style="list-style-type: none"> • Implementing partners carry out the tasks assigned to them satisfactorily. • Qualified government officials are available to implement the project. • Local communities are able to fulfil their responsibilities in implementing nutritional and healthcare activities. 	



¹⁹ The other half will be composed of cooks, wet-nurses and babies and infants accompanying mothers to literacy centres.

ANNEX II: RESULTS MATRIX OF CP BURKINA FASO (2006–2010)

Results hierarchy	Performance indicators	Risks and assumptions	Resources required
<p>3.1 A total 12,700 mt of food will be distributed.</p> <p>3.2 An average 50,000 beneficiaries will receive assistance under the FFA component every year.</p>	<p>3.1a) Quantity of food distributed.</p> <p>3.1b) Quantity and kinds of non-food items distributed.</p> <p>3.2a) Number of participants and beneficiaries, by gender.</p> <p>3.2b) Number of filtering dykes built, hectares enclosed by stone retaining walls, gullies cleared, embankments and small water reservoirs created.</p>	<ul style="list-style-type: none"> ● Implementing partners carry out the tasks assigned to them satisfactorily. ● Qualified government officials are available to implement the project. ● Local communities are able to fulfil their responsibilities in implementing FFA activities. 	



ANNEX III

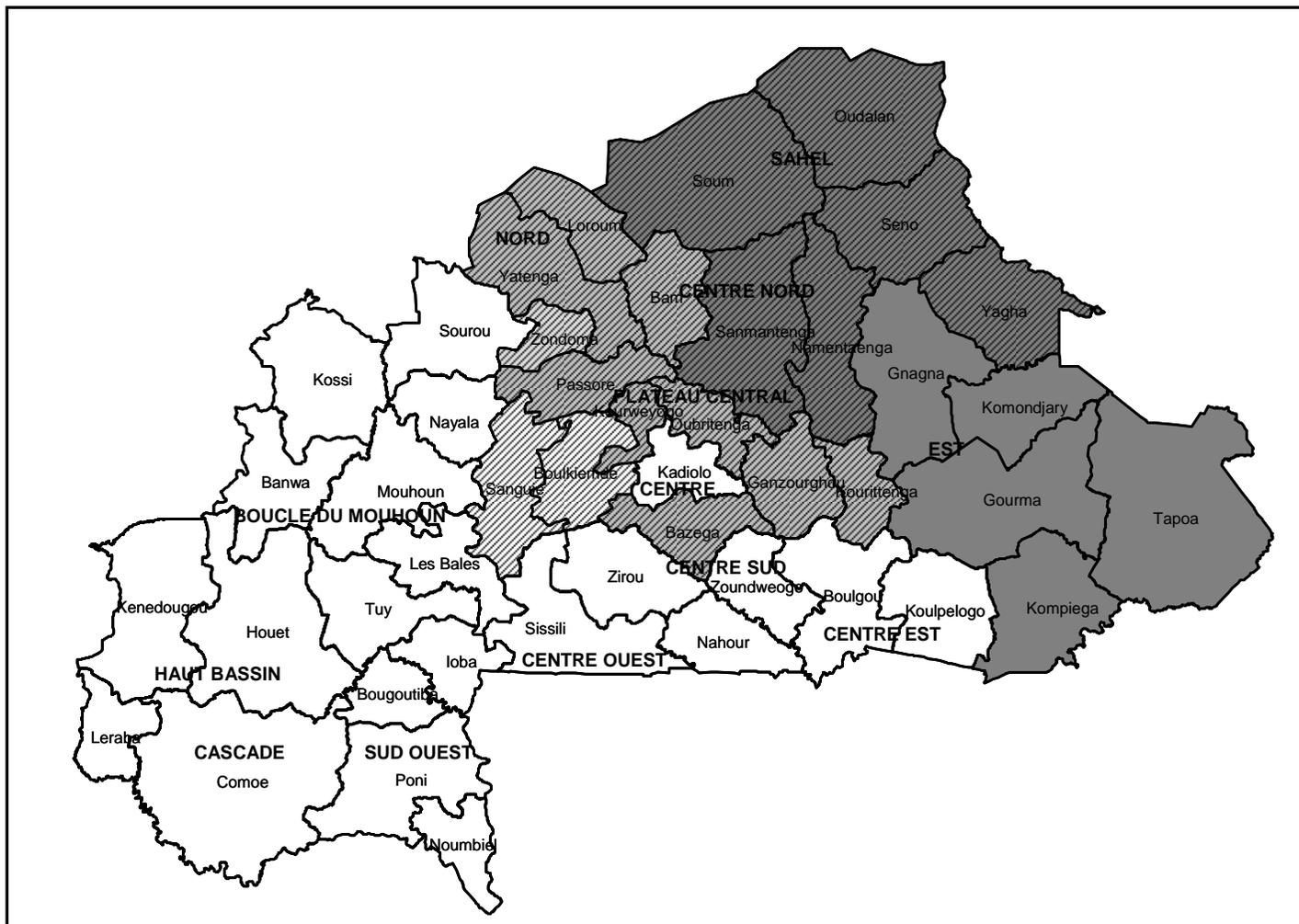
BUDGET PLAN FOR COUNTRY PROGRAMME BURKINA FASO 10399.0 (2006–2010)				
Basic Components				
	Component 1 Education	Component 2 Health	Component 3 Rural development	Total
Food commodities (mt)	32 654	21 293	12 705	66 652
Food commodities (value)	9 400 393	5 892 713	3 566 772	18 859 878
External transport	1 028 232	670 489	400 064	2 098 785
ITSH (total)	3 502 046	3 102 222	1 154 580	7 758 848
ITSH (cost per mt)	107.25	145.69	90.88	116.41
ODOC	537 000	373 000	298 000	1 208 000
Total DOC	14 467 671	10 038 424	5 419 416	29 925 511
DSC ¹				4 126 833
ISC ²				2 383 664
Total WFP costs				36 436 008
Government contribution				3 250 000

¹ The DSC amount is an indicative figure for information purposes. The annual DSC allotment for a CP is reviewed and set annually following an assessment of DSC requirements and resource availability.

² The ISC rate may be amended by the Board during the period covered by the CP.

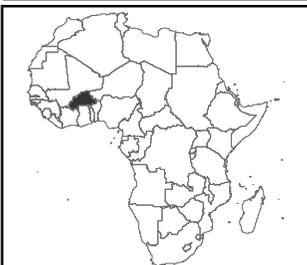


Country Programme Burkina Faso (2006-2010) Intervention areas



LEGEND

- Rural development
- Education and health
- Education and rural development
- Education, health and rural development



The designations employed and the presentation of material in this map do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

ARV	anti-retroviral
CCA	Common Country Assessment
CNSA	National Food Security Council (<i>Conseil national de sécurité alimentaire</i>)
CONASUR	National Committee on Emergency Response and Rehabilitation (<i>Comité national de secours d'urgence et de réhabilitation</i>)
CP	country programme
CRS	Catholic Relief Services
DFID	Department for International Development
DGPSA	General Directorate for Agricultural Statistics and Forecasts (<i>Direction générale des prévisions et des statistiques agricoles</i>)
DHS	Demographic and Health Survey
DOC	direct operational costs
DOTS	direct observation therapy system
DSC	direct support costs
EBCVM	National Survey on Household Living Conditions (<i>Enquête burkinabé sur les conditions de vie des ménages</i>)
ECW	Enhanced Commitments to Women
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
GDP	gross domestic product
HIV/AIDS	human immuno-deficiency virus/acquired immuno-deficiency syndrome
IFAD	International Fund for Agricultural Development
ISC	indirect support costs
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NCC	National Coordination Committee
NGO	non-governmental organization
ODD	West Africa Regional Bureau
PDDEB	Ten-year Basic Education Development Plan (<i>Plan décennal de développement de l'éducation de base</i>)
PMCT	prevention of mother-to-child transmission
PNDS	National Health Development Plan (<i>Plan national de développement de la santé</i>)
PRSP	Poverty Reduction Strategy Paper



SO	Strategic Objective
SONAGESS	National Society for the Management of the Security Stocks (<i>Société nationale de gestion du stock de sécurité</i>)
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
VAM	vulnerability analysis and mapping
WHO	World Health Organization

