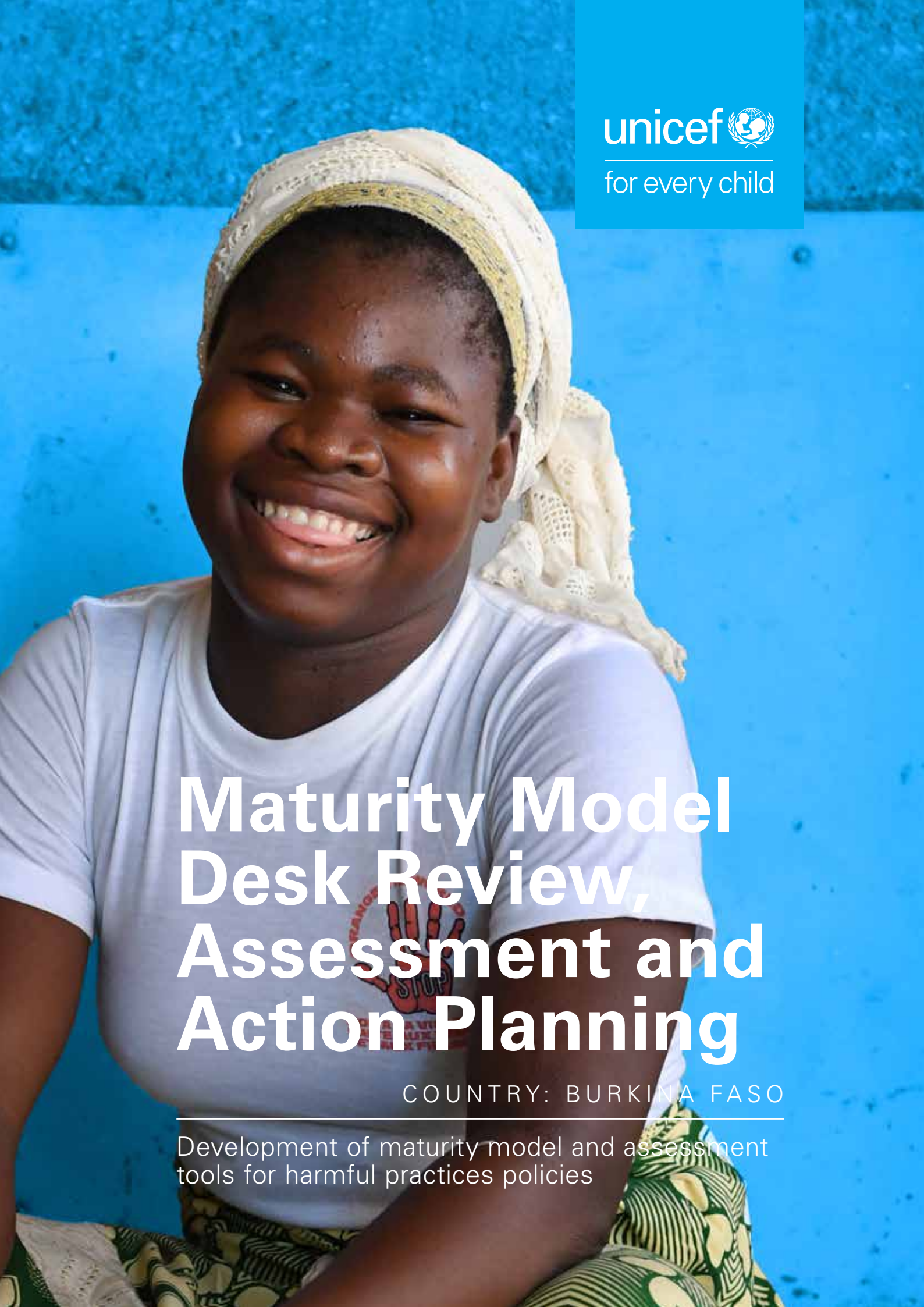

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: BURKINA FASO

Development of maturity model and assessment tools for harmful practices policies

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: BURKINA FASO

Development of maturity model and assessment tools for harmful practices policies

Acknowledgment

The maturity model and assessment tools for harmful practices policies for the Global Programme to End Child Marriage was produced by United Nations Children's Fund (UNICEF) headquarters' offices with support from Matthew Dalling (consultant). We would like to thank colleagues in the countries where the tool was field-tested, for their constructive feedback in enriching the tool.

For more information about the tool, please contact Joseph Mabirizi(jmabirizi@unicef.org)

The Global Programme to End Child Marriage is generously funded by the Governments of Belgium, Canada, Italy, the Netherlands, Norway, and the United Kingdom, the European Union through the Spotlight Initiative, and Zonta International

List of acronyms

CM	Child marriage
CPRA	Child Protection Rapid Assessment
CSO	Civil Society Organization
FGM	Female genital mutilation
GPECM	Global Programme to End Child Marriage
JPFGM	Joint Programme on the Elimination of Female Genital Mutilation
CNLPE	National Council to End FGM
SDG	Sustainable Development Goal
SNPEME	National Strategy for the Prevention and Elimination of Child Marriage
SOP	Standard Operating Procedure
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

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I. Background

Child Marriage:
Child marriage is pervasive in Burkina Faso. In the absence of a new study conducted in 2021, existing data in the Continuous Multi-sectoral Survey (EMC) 2015 indicates that for women aged 20–24 years, 8.9 per cent were married before the age of 15 years, and more than half (51.3 per cent) were married before the age of 18 years.

The Government has ratified international and regional conventions against discrimination against women and girls and traditional harmful practices. Since 2015, it has had a national strategy against child marriage, accompanied by a budgeted three-year operational action plan, the last finalized covers the period 2022–2024. According to the evidence, the practice of child marriage continues in the context of the security crisis that Burkina Faso has been experiencing for several years now; a crisis that worsened in 2021. Indexes related to child/forced marriage accounted for 10 per cent of incidents of gender-based violence in 2020 and 7 per cent from January to September 2021. Moreover, according to a recent Child Protection Rapid Assessment (CPRA) report, with the loss of socio-economic capacities, more and more children are exposed to child marriage (23 per cent) or sexual violence (21 per cent).
Burkina Faso has been facing a humanitarian and security crisis since 2015. There's been a sharp deterioration of the situation from 2019 due to an escalation of violence that resulted in recurrent deadly attacks until 2020. In 2021, the situation worsened further under the intensification of violence, which has a negative impact on the protective environment for women and children.

Poverty, social norms, weak law enforcement and inherent limitations to access education, reproductive health and adolescent participation are the main causes of child marriage. More than half of these child-wives were married at a very young age, resulting in early pregnancies and high-risk deliveries for the health of teenage mothers and their children. Despite the intensification of social communication actions against child marriage, in some communities, resistance remains. Most unions are celebrated in the traditional way and are therefore not registered in the official civil registers, making it difficult to take legal action against the spouse or parents of the bride.

Female Genital Mutilation (FGM): The practice of female genital mutilation and child marriage is a reality in Burkina Faso. Under FGM, 67.6 per cent of women aged 15–49 years and 11.3 per cent of girls aged 0–14 years have undergone female circumcision. Among girls aged 0–14 years, the prevalence is 11.3 per cent; it is 14.8 per cent among those aged 0–17 years. The highest prevalence is observed in the Cascades region with 89.8 per cent, followed by the Centre-Nord region (83.8 per cent). The Centre-West region is the one where excision is practised less (48.9 per cent).[1] With the displacement of populations due to insecurity, the risks of increased child marriage and FGM are real. These displacements bring together populations that have abandoned FGM; communities that are committed to abandoning it or do not practice it and people who are not yet convinced to abandon it, thus creating a new dynamic that contributes to its perpetuation.

Purpose

This document aims to accelerate change to achieve the 2030 Sustainable Development Goals (SDGs) elimination of harmful practices goals. A draft maturity model or framework for harmful practices with articulated benchmarks has been developed and populated for review and feedback from country-level stakeholders. The model aims to provide an integrated strategy on measuring processes, systems and services and information based on a Public Policy Management approach.[2] Global Programme to End Child Marriage (GPECM) framework, and the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (JPFGM).

Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries[3] to measure their level of maturity of their processes, systems and services to eliminate harmful practices. Draft Action Plans were developed based on identified actions (short, medium and long term), to inform existing national action plans and advocacy strategies.

It is against this background that a desk review was conducted, the draft maturity model was completed and prototyped, and the draft findings of this country level report are shared. This reflects the inception stage of sensitizing country-level stakeholders on the potential utility of a comparable maturity model to accelerate action for change across 12 countries.

II. Methodology

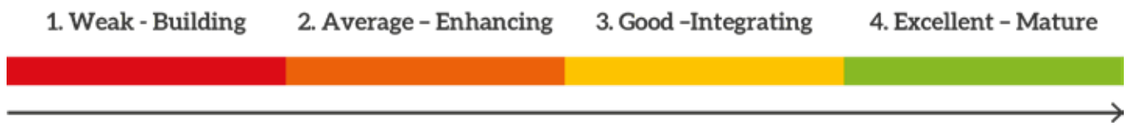
The desk review comprises core documents shared by the country including various documents such as laws, policies, strategies, guidance and standards, monitoring and evaluation reports which touch on the topic of harmful practices. Furthermore, competency frameworks from other countries are included to provide insight into the format, methodology and content of harmful practices frameworks that have been developed in other contexts. The findings of the review will be included in an Appendix to complement the findings of this desk review and will help to inform the strengths and gaps in harmful practices programming.

The desk review was completed by using several key questions or 'lenses' defined by the six operational/ functions areas and sub-domains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

- 1. What is the effectiveness of government structures, including coordination across government departments, between centralization levels, and between formal and informal actors?
- 2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?
- 3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?
- 4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?
- 5. What is the availability and access to prevention and response services for women and children most-at-risk of harmful practices?
- 6. What is the effectiveness of data collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and draft completed maturity model are organized in terms of the questions we aimed to answer. Where information was limited, or gaps were identified, this is included under each question. Each Operational/functional areas (Intermediate outcome) comprises benchmarks or 'Sub-domains', so for example for the Intermediate outcome on 'Governance and Coordination Structures" there are three sub-domains – namely Political commitment, Coordination structures and National Action Plans. Each is rated in the maturity model between 1–4.



Governance and coordination structures

Measurement standard for mature rating:

The country has strong political commitment to eliminate harmful practices with high level declaration spelling out its commitments; there is a national multi-sectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a Plan of Action (NPA) with clearly defined targets aligned to national statistics frameworks.

A1 Political commitment: In Burkina Faso, there is a strong political commitment to eliminate harmful practices. Specifically, a public declaration has been made at senior level; the programme to end child marriage was launched by the Government in 2015, after which it issued a Government action plan and contributed financially. There is also a public declaration on FGM and the former president is a champion on ending FGM in Africa. He has globally supported resolutions in the Human Rights Council in Geneva to abandon FGM. There is widespread awareness with flyers distributed widely. All harmful practices sessions are chaired by the Ministry of Social Affairs and the First lady who is regularly present. While Government does make a financial contribution, the budget is usually disbursed late.

A2 Coordination structures: Both FGM and Child Marriage coordination forums are led by the Ministry of Social Affairs as statutory authority, formally established. The political crisis and coup d'état in January and September 2022 led to disruption in services provision and coordination. It also resulted in a change in government structure, impacting on ending FGM coordination: there was a national lead, but the Permanent Secretary was recently replaced, and the leadership was moved to a national Directorate.

There is coordination at community and national levels. The Government before cancelling the permanent secretariat for FGM had dedicated human and financial resources for coordination at community and central levels. Despite the political instability, coordination mechanisms are established and functioning, with many actors in support and participating in sessions and following up on initiatives. Decentralized coordination is available and formally established, although there is no dedicated government budget available to support their functioning.

A3 National Plan of Action: There are two costed plans to end FGM and child marriage (CM): these are the National Strategy to End Child Marriage 2016–2025, and National Zero Tolerance Strategic Plan to Eliminate FGM 2022–2030. The plans provide limited breakdown of available resources in each area; and estimated targets are not realistic, clear or measurable and are not routinely monitored by actors. There are plans to conduct a baseline study to define the indicators and targets around harmful practices. The statistics are collected within the Ministry of Social Affairs and partially with the Ministry of Health. The strategies clearly articulate the FGM and child marriage are a violation of fundamental human rights.

Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	3,2	A1: Political commitment	3
		A2: Coordination structures	3
		A3: National Action Plans	3,6

Policy and legislative framework

Measurement standard for mature rating: There are enacted laws and policies which specifically protect women and girls, including the most-at-risk from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and sub-national levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

B1 Legislation, policies and implementation mechanisms for harmful practices: There is a strong enabling legislation and policy environment for the elimination of harmful practices. The Penal Code prohibits FGM and CM and provides severe penalties for offenders (Article 513).

There are also 26 courts which ensure that the law is enforced throughout the country. The minimum age at which a girl can marry of her own accord is 20 years of age, with permission from a parent she can marry at 17 years of age, and with judicial authorization she can marry at 15 years of age. In the Family Code Article 238 indicates the minimum age at marriage for girls is 17 years of age, and in Article 241 it says that minors may not marry without permission from their parents.

There is no mechanism to record, document and address cases of discrimination experienced by girls and women most-at-risk for harmful practices. The Family Code is under review to better align it with international law and standards. Amendment of the legal age of marriage for girls and boys is part of the proposed changes. While there is no specific safeguarding policy for children, nor a FGM policy in place, there are various provisions under diverse laws which do provide safeguards.

Name of Country	Overall Score	Sub-Domains	Specific Score
Policy and Legislation	3	B1: Legislation, policies and implementation mechanisms for harmful practices	3

Engagement and participation

Measurement standard for mature rating: There is an independent complaints mechanisms that accepts complaints by or on behalf of women refused or receiving harmful practices services which replies within a stipulated timeframe; civil society are extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with Government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1. Independent complaint mechanism: There are existing helplines (FGM: 80001112, Violence Against Children (VAC): 116; Gender-based Violence (GBV): 80001287) which makes it possible for victims to complain directly in front of legal authorities and social workers. There are also sub-national GBV referral pathways to guide appropriate responses to complaints.

C2 Civil society engagement, including women and children: There are established forums that enable active participation of civil society groups. For instance, in April 2022, national stakeholders discussed contextualizing the global programme FGM Phase IV. CSOs and women-led groups are active in elimination of harmful practices and have had a positive impact both in terms of legal reform and community empowerment initiatives. There are documented processes available to support community engagement involving relevant stakeholders at local level. This includes adolescents, women, youths, men and community leaders (religious and traditional). Information management is one of the weak points of civil society organizations, especially local or community-based organizations where data is not incorporated into national statistics. Follow-up actions are needed to strengthen and support engaged communities.

C3 Community-based mechanisms for harmful practices prevention: There are no country level journalist reporting guidelines although journalists have received training on FGM and other harmful practices. Burkina Faso is currently scaling up Community Based Child Protection units as a local platform to support child protection interventions.

Name of Country	Overall Score	Sub-Domains	Specific Score
Engagement and participation	2,4	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	3,4
		C3: Community-based mechanisms for harmful practices prevention	3

Financing and human resources

Measurement standard for mature rating: Adequate financial resources have been allocated by government and partners, with government meeting the majority of the costs; the funding is realized on time and is accessible to the relevant sectoral Ministry(s), with regular reviews of allocation taking place. Routine capacity-building is provided to key stakeholders with supportive supervision services on harmful practices and with significant sustained coverage.

D1 Financing of harmful practices services: There is reasonable availability of financial resources to support a national response to prevent and eliminate harmful practices. There are dedicated services available for victims funded by government and NGOs, as well as for coordination. Donors mainly support child marriage services, with the Government mainly funding coordination and human resources. Government does need support at times including to fund community-level work. There is a costed action plan for FGM and CM.
The government additionally supports the provision of care, in particular free health care for children and pregnant women is in place, including when required in response to harmful practices. Generally, community empowerment and prevention services are mainly funded by donors. There is limited information on available funding disaggregated by type (Government, CSO and donor) although the Government ensures there are coordination mechanisms in place.

D2 National budget establishment: There is good Government commitment to prioritize interventions for the benefit of children and women most at risk of harmful practices. However, costed actions plans are generally not included in national public finance budgeting processes, although there are efforts to align with national policies. Prevention and response interventions are budgeted separately with Government generally meeting response, and donors meeting prevention interventions. There is limited information on amount and proportion of harmful practices meet by respective funding structures.

D3 National budget execution: National budgets are at times delayed with the result that budgeting is closely aligned with donor funding channels.

D4 National budget amount: It is roughly estimated that around 30–40 per cent of harmful practices prevention and response costs are met by Government by providing qualified human resources, although as there is limited resource tracking this is difficult to verify.

D5 National budget monitoring and review: There is some resource tracking during the review of the action plans but it can be better organized and linked to reporting.

D6 Human resources: A social service workforce is in place including health, social workers, judges, community animators and leaders to support prevention and care activities in the field. Guidance has been issued to support this work. There are also training curricula for social workers, and modules were developed for teachers and health workers to promote the elimination of FGM. The actors trained in the accredited institutions are well equipped to support prevention and response interventions. There are also many training sessions available for judicial actors on FGM and CM, including on conducting investigations with children and women. There have also been awareness-raising sessions on the elimination of harmful practices in communities.

Name of Country	Overall Score	Sub-Domains	Specific Score
Financing & HR	2,6	D1: Financing of harmful practices services	2,4
		D2: National budget establishment	3,4
		D3: National budget execution	2,5
		D4: National budget amount	2
		D5: National budget monitoring and review	2,5
		D6: Human resources	3,3

Access to services

Measurement standard for mature rating:

There are clearly defined and gender-responsive SOPs or protocols for the elimination of harmful practices, which are regularly reviewed and revised to adapt to emerging situations. There is an excellent awareness of harmful practices among policymakers, with Government -led and funded national-level scale-up prevention and response-related services including integrated case management and referral services, which are accessible at national and sub-national levels. These are user friendly and gender responsive.

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services: There are gender responsive and inclusive SOPs/protocols in place: victims' assistance is managed by the national case management guidance and tools. Community empowerment is also directed by a guide for adolescent clubs' animation. There is a need to ensure that national case management SOPs take harmful practices into consideration.

E2 Understanding and articulation of harmful practices system: Harmful practices prevention and elimination are clearly defined and agreed upon in national policy and plans. All harmful practices interventions (prevention and response) within the broader multi-sectoral responses are led/ coordinated by the recognized national/sub-national system. There are also formal tools available to support harmful practices awareness-raising sessions.

E3 Modelling testing and scaling of harmful practices services: The government mainly invests in response services, with donors supporting prevention services. Harmful practices services are subject to audits and external evaluations, and services often see changes based on findings of audits and external evaluations. Audits and evaluation need to be more periodic and predictable.

E4 Availability of harmful practices services, case management and referral systems: There are SOPs in place for harmful practices case management and multi-sectoral referrals. Case management guide and tools are in place, though SOPs are yet to be finalized. There are referral pathways in place at sub-national level. There is a specialized court available for children, with a special judge for family-related issues and training for investigators. There are dedicated harmful practices services provided by Government as well as CSOs, and the coverage is national and reaching to sub-national levels. However, more effort is needed to reach all victims and leave no one behind. There are challenges in terms of humanitarian access in conflict affected areas.

Name of Country	Overall Score	Sub-Domains	Specific Score
Access to Services	2,9	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	3
		E2: Understanding and articulation of harmful practices system	3,5
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	3,3

Data collection, monitoring and evaluation

Measurement standard for mature rating:

There are administrative data systems as part of a broader national statistics system, which at regular intervals generates gender and age disaggregated data on harmful practices and includes information on hard-to-reach populations; data is regularly used for policy, planning and monitoring of programmes, and there are data security and governance mechanisms, such as legislation, in place which ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys and inform design of prevention and response service interventions. There is also centralized coordination of the data by the national statistics offices with relevant ministries and agencies.

F1 Administrative data systems and monitoring to routinely generate data on harmful practices: There is effort to integrate administrative data as part of the social affairs statistical year book, but this does not capture data from all actors. Data is largely incomplete and irregular. There is an initiative to register FGM cases based on referrals but data capture is partial. Data is partially collected from biomedical observation data from health system on women regarding their FGM status. The Ministry of Social Affairs is conducting an assessment of the data collection system towards building a national social information system.

F2 Data security and governance: There is legislation in place which governs the collection, transfer, and usage of personal data. A national ethics committee also approves research protocols.

F3 Research and surveys: Harmful practices are captured through population-based surveys such as the national census, Multiple Indicator Cluster Survey (MICS) and EMC but there are delays experienced.

Name of Country	Overall Score	Sub-Domains	Specific Score
Data collection, monitoring and evaluation	2,8	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,5
		F2: Data security and governance	4
		F3: Research and surveys	2

IV. Prioritization of actions for Burkina Faso

Governance & Coordination

A1 Political commitment.

Rating: 3

Short Term (1-2 yrs)
- Ongoing work needed to raise awareness on HPs with new Government following coup d'état. Discuss with Government to identify who will be focal point to advance work on FGM.

Medium Term (2-5 yrs)
- Strengthen capacity of the new coordination team to support coordination and actors.

A2 Coordination structures.

Rating: 3

Short Term (1-2 yrs)
- Designate a focal point for the secretary of the National Council to End FGM (CNLPE). following Government change.
- Support the organization of sessions of regional committees to fight against the practice of excision.
- Support a session of the FGM National Council and a session of the National Platform to End Child Marriage by the End of 2022.

Medium Term (2-5 yrs)
- Strengthen capacity of the new coordination team to support coordination and actors.
- Pursue advocacy for national, regional and communal allocation of fund for the coordination.
- Advocacy with new authorities to keep coordination among top priority.
- Revision of the legal act establishing the National Council to End FGM

Long Term (5+ yrs)
- To avoid the impact of institutional changes on the functioning of the coordination system, it is necessary to advocate for the revision of the texts by designating the administrative entities according to functions and not only official titles that change all the time.
- Analyze the impact of the abolition of the permanent secretariat on the coordination of interventions and community dynamics in the area of FGM.

A3 National Action Plans.

Rating: 3.6

Short Term (1-2 yrs)
- Support implementation of the actions plan to end FGM and CM.
- A new strategy and actions to end CM need to be adopted by 2025 (end of the actual strategy in this thematic area).

Medium Term (2-5 yrs)
- Support national review of the implementation of each action plan (mid-term, end review).
- Support advocacy with donors and actors for accountability and value for money.
- Develop result framework to support coordination.
- Advocacy with Ministry of Health to routinely collect data on FGM by biomedical observation.

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices.

Rating: 3

Short Term (1-2 yrs)
- Support HNO and HRP process to include analysis and actions on harmful practices.
- Pursue advocacy for the revision of the Penal Code to better protect girls from underage marriage.
- Include safeguarding policy in the case management SOPs and support its adoption by actors as national policy.
- Discuss feasibility of advocating for a policy to ensure critical services are in place for women and girls at risk of FGM.

Medium Term (2-5 yrs)
- Support capacity building of CPAoR actors on FGM and CM in nexus.
- Support dissemination of the law among actors and community if enacted by Parliament.

Engagement and participation

C1 Independent complaint mechanism exists for children and women.

Rating: 2

Short Term (1-2 yrs)
- Support GALOP to draft an advocacy note for independent complaints procedure.

C2 Civil society engagement, including women and children.

Rating: 3.4

Short Term (1-2 yrs)
- Organize session of the National Council for the second half of the year.
- Support scale-up of community-based child protection mechanism.

Medium Term (2-5 yrs)
- Contribute to strengthening the capacities of the umbrella organization of CSOs active in promoting the elimination of FGM, including through support for holding coordination sessions.

Long Term (5+ yrs)
- Support information management training session for local actors.

C3 Community-based mechanisms for harmful practices prevention.

Rating: 2

Short Term (1-2 yrs)
- Discuss the feasibility of introducing journalist reporting guidelines for harmful practices.
- Pursue the setting up of CBCP units in the engaged villages.

Long Term (5+ yrs)
- Assess the impact of the community-based Child Protection units to prevent, report and respond to HP.

Financing & HR

D1 Financing of harmful practices services.

Rating: 2.4

Short Term (1-2 yrs)
- Need to conduct an assessment to understand financial commitments, i.e. to work out who are the main contributors. Help Government to assess financial status for harmful practice service provision. Support Government to develop a tool to follow up financing status while implementing the action plans.

Medium Term (2-5 yrs)
- Strengthen gender- and human rights-based budgeting for central and local administration.

Long Term (5+ yrs)
- Advocacy for the inclusion of harmful practices in the budgets of municipalities and regions, particularly through local development plans.

D2 National budget establishment.

Rating: 3.4

Short Term (1-2 yrs)
- Continue capacity building of partners on gender budgeting.
- Advocate for inclusion of costed harmful practices action plans in national public finance budget.
- Support annual session of CNLPE.

D3 National budget execution.

Rating: 2.5

-

D4 National budget amount.

Rating: 2

Short Term (1-2 yrs)
- Review Terms of Reference with Monitoring and Evaluation team for specialized public finance review including HP.

D5 National budget monitoring and review.

Rating: 2.5

Medium Term (2-5 yrs)
- Advocacy to include harmful practices in the yearly review of public finance and expenditures.

D6 Human resources.

Rating: 3.3

Short Term (1-2 yrs)
- Support formative supervision of social workers.

Access to Services

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services.

Rating: 3

Short Term (1-2 yrs)
- Ensure the national case management SOPs take into consideration harmful practices.

E2 Understanding and articulation of harmful practices system.

Rating: 3.5

Short Term (1-2 yrs)
- Secondary data review on the impact of the insecurity and displacement of population on CM.

Medium Term (2-5 yrs)
- Mid-Term Actions: Socio-anthropology assessment to understand FGM drivers within specific communities.

E3 Modelling testing and scaling of harmful practices services.

Rating: 2

Short Term (1-2 yrs)
- Advocate that audits and evaluation need to be more periodic and predictable.

E4 Availability of harmful practices services, case management and referral systems.

Rating: 3.3

Short Term (1-2 yrs)
- Finalize the child protection case management SOPs and ensure integration on harmful practices survivors.

Medium Term (2-5 yrs)
- Support adoption of referral pathway in the remaining communes and provinces.
- Support capacity building.

Data collection, M&E

F1 Administrative data systems and monitoring to routinely generate data on harmful practices.

Rating: 2.5

Short Term (1-2 yrs)
- Advocacy for the new secretary to pursue using of the tool and ensure data from other relevant actors are captured. Assessment of the data collection and availability system. Advocacy to finalize discussion with health sector to capture information on women regarding their FGM status.

Medium Term (2-5 yrs)
- Support building a national social information system.

F2 Data security and governance.

Rating: 4

-

F3 Research and surveys.

Rating: 2

-

Appendix A: Desk review

No. 1 Annual Report

Name of document:

United Nations Population Fund-United Nations Children's Fund, '2021 Annual Results Report for Global Programme to End Child Marriage for Burkina Faso', UNFPA-UNICEF, 2021.

Includes an update on the programme status reflecting on the country context, three significant achievements in 2021; any changes to the country's programme strategy and components, and includes a section on innovative approaches. Also identifies partnerships and Joint UNFPA-UNICEF work and a reflection on how key principles are being applied – such as a human rights approach, 'Leave No one Behind' and gender transformative approaches. The document also highlights key programme challenges and support needed before going into detail by Outcome and Output level on specific achievement of results.

Programme performance is measured around the Global Partnership output and outcome performance metrics based on the immediate outcome categories in the results framework.

Immediate outcomes include:

- Empowerment of adolescent girls: Enhanced knowledge, education and life-skills, and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health and financial literacy, including in humanitarian contexts.
- Community engagement and transformation: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender-equitable attitudes and support for girls' rights.
- Strengthening systems: Increased capacity of education, health, child protection and gender-based violence systems to deliver coordinated, quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.
- Social protection and partnerships: Increased capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts.
- Policies and legislation: Enhanced capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage.
- Data and evidence generation and use: Increased capacity of governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons.
- Programme effectiveness and efficiency.

No. 2 Plan of Action

Name of document:

African Union. '"Initiative Saleema.
L'initiative de l'union Africaine pour l'elimination des mutilations genitales feminines, Programme et Plan d'Action 2019–2023', African Union, 2019,
https://au.int/sites/default/files/newsevents/workingdocuments/41106-wd-Saleema_Initiative_Programme_and_Plan_of_Action-ENGLISH.pdf.

The African Union (AU) Initiative on Eliminating Female Genital Mutilation – Saleema Initiative – is a continent-wide effort to accelerate action to end the practice. The AU Saleema Initiative was endorsed by and launched on the side-lines of the 32nd Session of the African Union Heads of State and Government Summit, February 2019. The African Union Heads of State and Government Assembly Decision Assembly/AU/Dec.737(XXXII) endorsed the implementation of the Saleema Initiative and named the President of the Republic of Burkina Faso, H.E. Mr. Roch Marc Christian Kaboré, as AU Champion on Eliminating FGM.

The number of young girls, particularly below 15 years of age, that are at risk of being subjected to this injurious harmful practice is too high. Africa, through all avenues, must amplify what is working. The goal must be to ensure we are not leaving any girl or any woman behind.

The document includes the following:

- Problem statement in the African context.
- Types of FGM.
- African Union's policies.
- Theory of Change.
- Strategic objectives and outcomes.
- Communication and advocacy strategy.
- Implementation arrangements.

No. 3 Research

Name of document:

Institut National de la Statistique et de la Demographie 'Mutilations Génitales Féminines et Mariage d'Enfants', 2019,
< https://www.insd.bf/sites/default/files/2021-12/Analyse_MGF_ME_Final_INSD.pdf>.

The results of this secondary analysis show that the practice of female genital mutilation and child marriage is a reality in Burkina Faso. Under FGM, 67.6 per cent of women aged 15–49 years and 11.3 per cent of girls aged 0-14 years have undergone female circumcision. Among girls aged 0–14 years, the prevalence is 11.3 per cent; it is 14.8 per cent among those aged 0–17. The highest prevalence is observed in the Cascades region with 89.8 per cent followed by the Centre-Nord region (83.8 per cent). The Centre-West region is the one where excision is less practised (48.9 per cent).

For the MOE, the analysis focused on the age at first union and the median age at first union according to socio-demographic characteristics of the 20–24 age group. The data show that the victims of child marriage are mainly girls. The prevalence of age at first union before the age of 15 is 8.9 per cent among girls, while no boys had contracted into marriage before that age.

Also, 51.3 per cent of the girls surveyed contracted their first union before the age of 18 years compared to 1.6 per cent of boys. The median age at first union remained stable over the period 2010–2015. It also revealed that prevalence varies according to the place of residence, region of residence, level of education and standard of living of the household.

No. 4 Community for Development Mobilization guide

Name of document:

United Nations Children's Fund,'Mobilisation communautaire pour mettre fin au mariage d'enfants, à l'excision et aux violences faites aux enfants au Burkina Faso. Guide pour l'animation dans les clubs'.

This is a training guide and includes under Session 11 on FGM (Excision) an explanation of what it is, the reasons why the practice takes oplace and the consequences.

No. 5 Declaration

Name of document:

'Declaration of religious leaders in favour of abandoning violence against women and children in Burkina Faso',2021, www.sig.gov.bf/details?tx_news_pi1%5Baction%5D=-detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=1077&cHash=bd21467f22cf-711499475764fec73305.

This is a public declaration which explains what the incidences of FGM are in Burkina Faso, and then lists various commitments by religious leaders to support the abandonment of the practice.

No. 6 Protocol guide

Name of document:

La Ministère de Femme, de la Solidarite Nationale, de la Famille et de l'Action humanitaire, 'Protocole d'intervention en cas d'excisionn au Burkina Faso', 2019.

The document explains the key concepts of FGM, identifies the institutional and organisational and frameworks for the elimination of FGM.

Key chapters include:

- Principles on reportiing and denunctiation in the event of FGM.
- Receipt and processing information.
- Case management.
- Summary of key inerventions in event of FGM.
- Outline of the excision case management process, including of serious risk.

No. 7 Strategic plan

Name of document:

La Ministère de Femme, de la Solidarite Nationale, de la Famille et de l'Action humanitaire, 'Plan Strategique National de promotion de l'elimination des mutilations genitales feminines au Burkina Faso, (PSN/MGF) 2022–2026', 2021."

This is the National Strategic Plan to promote the elimiination of FGM in Burkina Faso for 2022-2026.

In Burkina Faso, FGM still affects 67.6 per cent of women aged 15 – 49 years and 11.3 per cent of girls under the age of 15 years according to the 2015 EMC and all 13 regions and 45 provinces of the country are affected to varying degrees.

It is part of a dynamic of consolidation of the achievements of the previous plan by setting itself as major challenges:
1) strengthening the prevention of the practice of FGM and the repression of its perpetrators and accomplices;
2) improving the care of victims with sequelae of FGM;
3) strengthening the support and steering system for the strategy to combat FGM.

Based on international, regional and national standards, the PSN/FGM 2022–2026 has set itself the following vision: "By 2026, Burkina Faso is a model nation that provides women and girls with optimal protection against female genital mutilation".

The process of developing this new National Strategic Plan for the elimination of FGM 2022–2026 followed a participatory approach involving all stakeholders through a steering committee chaired by the SP/CNLPE.

This National Strategic has four parts:

- Part I: Diagnostic Analysis.
- Part II: Elements of the National Strategy to Promote the Elimination of Female Genital Mutilation.
- Part III: Implementation, Monitoring, Evaluation and Funding Provisions.
- Part IV: Risk Analysis and Management.

No. 8 National strategy

Name of document:

La Ministère de Femme, de la Solidarite Nationale, de la Famille et de l'Action humanitaire, 'Strategie Nationale de Prevention et d'Elimination du Mariage d'Enfants 2016–2025', 2015 <https://drive.google.com/file/d/1KDJnWddODFl-L7AB2taBhe6ZhJZkQ_Z22/view>.

The Ministry of Social Action and National Solidarity (MASSN) has been developing various actions to abandon child marriage for many years.

To this end, this National Strategy for the Prevention and Elimination of Child Marriage (SNPEME) in Burkina Faso 2016 – 2025 and a three-year National Action Plan 2016–2018 have been developed. This national strategy serves as a reference to guide and channel all interventions in Burkina Faso. The operational action plan, meanwhile, will allow implementation of the various actions of the SNPEME.

Its vision is to "make Burkina Faso, by 2025, a country where child marriage in all its forms is eliminated".

Its foundations are inspired by the National Prospective Study (ENP) 'Burkina 2025', the Accelerated Growth and Sustainable Development Strategy (SCADD), the Code of Persons and the Family (CPF) and the National Social Protection Policy (PNPS). Its underlying principles essentially focus on the community and children as agents of change based on community and holistic intervention, gender approach, community dialogue, human rights-based approach, results-based management and partnership.

Although remarkable gains are being made on the ground, the current system of intervention needs to be coordinated for greater efficiency and synergy, and to eventually allow for a transition to scale-up. This is what justifies the development of the current SNPEME which aims to be the national reference for the promotion of the abandonment of child marriage in Burkina Faso and the manifestation of the commitment of the State.

No. 9 National strategy

Name of document:

La Ministère de Femme, de la Solidarite Nationale, de la Famille et de l'Action humanitaire , '"Strategie Nationale de Protection de l'Enfant au Burkina Faso SNPE 2019–2023', 2019.

The National Strategy expresses the will of the Government and its partners to put children at the centre of through several concrete legal, administrative and technical measures.

No. 10 Evaluation

Name of document:

United Nations Population Fund-United Nations Children's Fund, 'Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating change Phase III', UNFPA-UNICEF, 2021 www.unfpa.org/joint-evaluation-unfpa-unicef-joint-programme-elimination-female-genital-mutilation-accelerating.

The Joint Evaluation assesses the programme contributions to outputs and outcomes during Phase III of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (2018–2021) (the Joint Programme). It supports evidence-based decision-making and informs programming beyond 2021, including the strategic direction, gaps and opportunities for the Joint Programme in addressing gender and social norm change.

Key conclusions include:

- The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM implementing across 17 countries.
- Phase III design appropriately recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
- There has been progress in the development of both costed national action plans and monitoring functions, although lower than planned. The Joint Programme has appropriately recognized the need for dedicated budgets and has advocated as such.

Key recommendations include:

- Continue to strengthen global policy and advocacy strategies.
- Strategically strengthen and support implementation of accountability systems. The Joint Programme should also advocate for fully funded national legal and policy frameworks.
- In countries where national governments are tackling complex situations around FGM, the Joint Programme should continue to build on its achievements to date.
- Strengthen links with other streams of work towards enhanced access to quality services for FGM prevention, protection and care.
- Accelerate use of the ACT Framework to generate data on social norm change.
- Build the post-Phase III Joint Programme to be gender transformative.
- Continue considered use of public declarations of abandonment as an indicator.

Incorporate a humanitarian approach within the post-Phase III Joint Programme design.

No. 11 Evaluation Report

Name of document:

United Nations Population Fund-United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage', UNFPA-UNICEF, New York, May 2019 <www.unicef.org/sites/default/files/2019-06/GP-2019-Evaluation.pdf>.

The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF). The programme is implemented in 12 countries in 4 regions with multiple partners and stakeholders at the national, regional and global levels.

Key findings and conclusions include:

- The programme is well aligned to global and regional frameworks and commitments to end child marriage.
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, although only a few countries have formally adopted the Theory of Change.
- The widespread acknowledgment that child marriage impinges on children's rights and welfare provides a strong foundation and rationale for the ending child marriage agenda.
- Despite efforts to target high prevalence areas and reach the most vulnerable, in many instances, interventions have not yet reached the most remote areas, including many of those that are furthest behind.
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities under Output 1.1, having reached nearly 5.5 million girls by mid-2018, far exceeding the programme's objective to reach 2.5 million girls by the end of 2019.
- Outcome 2 – Country offices have significantly expanded community outreach (Output 2.1) and the GPECM shows signs of scaling up, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined.
- Outcome 3 – Country offices have increased targets for girls' access to health and protection services every year of the GPECM and have collectively exceeded targets each year.
- Outcome 4 – UNFPA and UNICEF have worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage.
- Outcome 5 – GPECM investments in research and data have contributed to building a stronger evidence base on child marriage, although tracking has not offered an indication of data quality and usability to date.

Key recommendations include:

- Prioritize normative leadership.
- Expand framework for country contextualisation (Theory of Change).
- Consolidate and strengthen the evidence-based-knowledge management.
- Define and monitor jointness, convergence and complementarity.
- Strengthen and contextualize monitoring and reporting systems.
- Invest in human resources.
- Strengthen the programme.
- Find funds.

No. 12 Benchmarking Child Protection Systems Strengthening Assessment Tool

Name of document:

United Nations Children's Fund, 'Child Protection Systems Strengthening: Approaches, benchmarks and interventions', UNICEF, 2021 <www.unicef.org/documents/child-protection-systems-strengthening>.

The Child Protection Systems Strengthening Maturity model developed by UNICEF elaborates priorities, processes and results to be achieved in each phase of child protection systems strengthening and provides comprehensive benchmarks to effectively manage investments and results in systems strengthening.[4] The benchmarks are defined by the Intermediate Outcomes, and defined by benchmarks or sub-domains. This tool was developed and later completed by 155 UNICEF country offices, including Burkina Faso, in December 2021. This serves to measure the level of maturity, or benchmark the status of child protection systems strengthening. UNICEF has developed both detailed and summary guides on the benchmarking tool, which will be adapted for Burkina Faso.

This tool will be used as the primary framework to benchmark the level of maturity of the Burkina Faso Child Protection System, with an addition added to identify priority actions needed to improve the ratings or level of maturity.

The intermediate outcomes identified in the tool include:

- Legal and policy framework.
- Governance and coordination structures.
- A continuum of services.
- Minimum standards and oversight mechanisms.
- Human, financial and infrastructure resources.
- Mechanisms for child participation and community engagement.
- Data collection and monitoring systems.

No. 13 Assessment report

Name of document:

United Nations Population Fund-United Nations Children's Fund, 'Joint assessment of adaptations to the UNFPA-UNICEF Global Programme to End Child Marriage in light of COVID-19', UNFPA-UNICEF, 2021 <www.unicef.org/media/111236/file/Child-marriage-COVID-19-assessment.pdf>.

The assessment was conducted from April 2021 to July 2021 and included all 12 programme countries and all implementation levels (global, regional, national and community). The assessment identified and analysed the Global Programme response, mitigation and protection measures adopted during the COVID-19 pandemic and considered the extent to which interventions were continued as planned, adjusted, or postponed. Opportunities and challenges related to programme adjustments to the COVID-19 situation were taken into consideration in the analysis and recommendations. The assessment questions were organized around three criteria: relevance, effectiveness and coherence.

Executive Summary findings include:

- Relevance: COVID-19 has reconfirmed the validity of the Phase II Theory of Change (ToC); there were no newly identified needs that were outside the scope of the global ToC, the drivers of child marriage were still relevant, although some of them had gained relevance.
- Effectiveness: Most country offices endeavoured to maintain contact with the adolescent girls targeted under the Global Programme through digital platforms or mass media and through community-based partners, committees, volunteers and networks. However, the adoption of virtual technologies raised concerns regarding the quality of these approaches and their ability to influence adolescent girls' agency or gender and social norms. Several learnings from the adjustments to the pandemic have the potential to shape future programming. This includes i) the use of virtual methods with beneficiaries, allowing larger reach (with some caveats); ii) the need for multi-pronged approaches in programmes aimed at changing in-gender norms or developing skills; and iii) flexibility in adjusting programming and in reallocating budgets.
- Coherence: Overall, the process of adjusting the Global Programme to COVID-19 restrictions was coherent both internally within agencies, and externally, between agencies.

Key recommendations include:

- The Global Programme should advocate with governments to continue developing aligned multi-sectoral policies, legal instruments and budgeted strategies contributing to ending child marriage, with a focus on addressing the various drivers of child marriage at national, sub-national and local levels, and to seek improved harmonization between sectors.
- The Global Programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming targeting them specifically.
- The Global Programme should continue to develop complementary multi-channel approaches to reach target populations based on country specificities and context.
- The Global Programme should continue advocacy and systems-strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crises.
- The Global Programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.
- While the Theory of Change remains valid, the Global Programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming.

No. 14 Global policy document

Name of document:

Organisation for Economic Co-operation and Development, 'Building Blocks for Policy Coherence for Development', OECD, 2009 www.oecd.org/gov/pcsd/44704030.pdf.

To meet the challenge of building strong child protection systems while building a global partnership for development, governments need to ensure that their policies are supportive or, at a minimum, do not undermine their development policies. In other words, there needs to be policy coherence for development (PCD). This aims to exploit positive synergies and spillovers across public policies to foster development – "it entails the systematic application of mutually reinforcing policies and integration of development concerns across government departments to achieve development goals along with national policy objectives".[5]

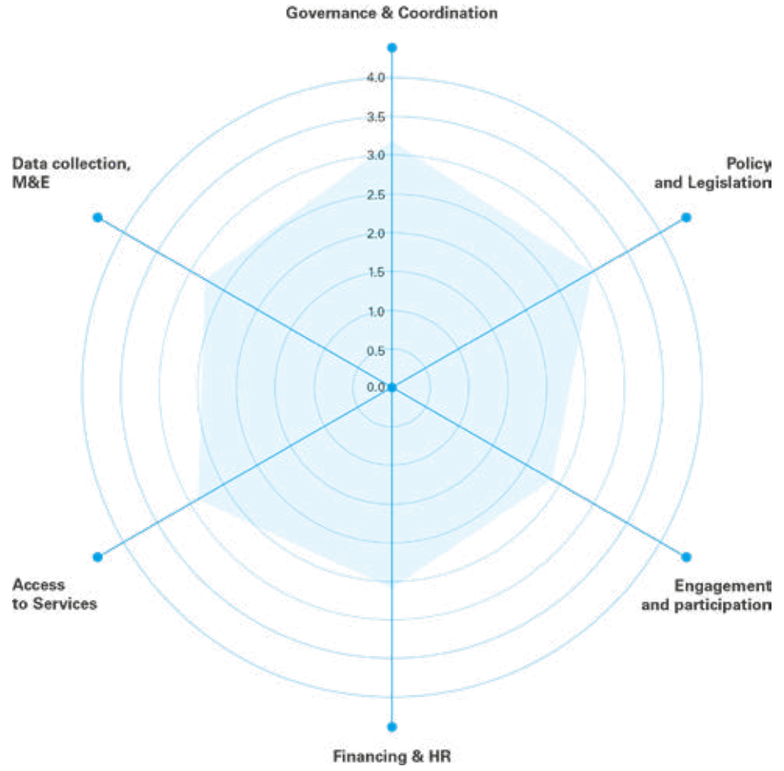
Progress towards policy coherence is understood as a three-phase cycle with each phase of the cycle supported by one of three building blocks. The PCD approach requires that all three building blocks are in place with sufficient weight given to each phase of the policy coherence cycle. These include three Phases: i) Setting and prioritizing objectives; ii) Coordinating policy and its implementation, and iii) Monitoring, analysis and reporting.

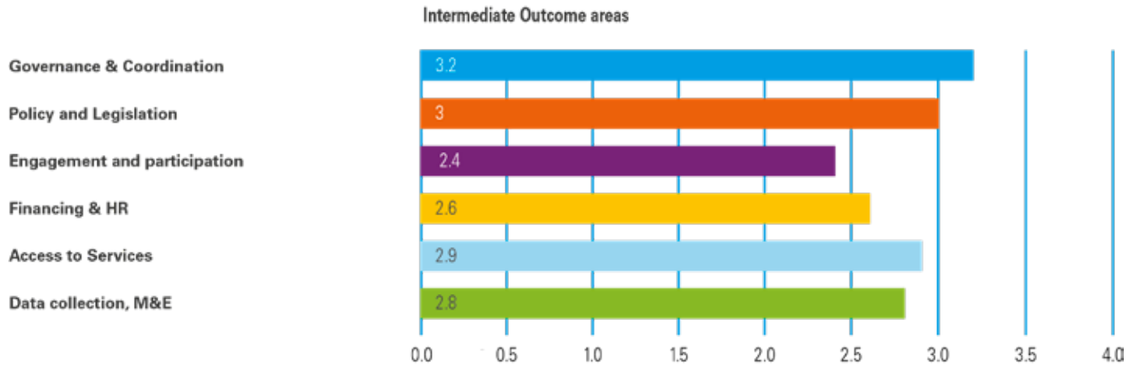
These three phases are also known as critical building blocks and there are nine lessons derived across the three phases of the cycle above to promote PCD.

Appendix B: Country data visualization Burkina Faso

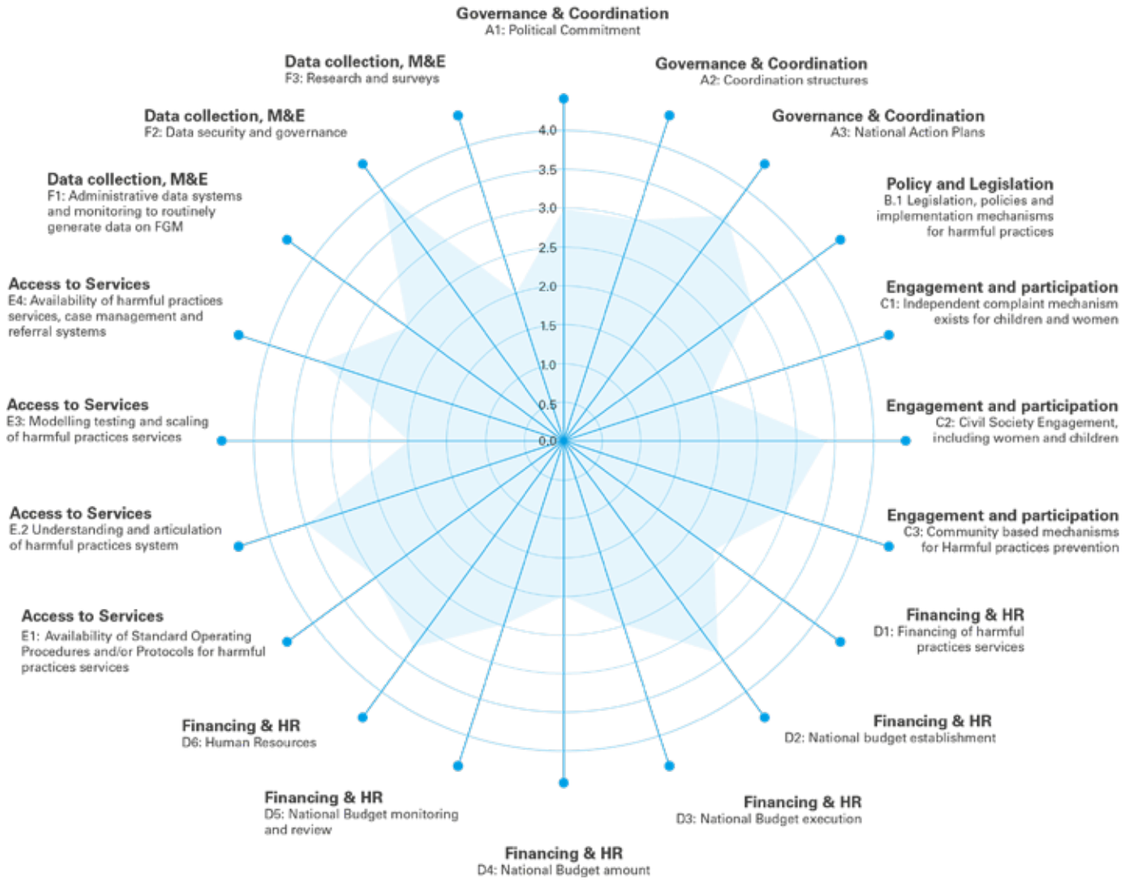
Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	3,2	A1: Political commitment	3
		A2: Coordination structures	3
		A3: National Action Plans	3,6
Policy and Legislation	3	B1: Legislation, policies and implementation mechanisms for harmful practices	3
Engagement and participation	2,4	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	3,4
		C3: Community-based mechanisms for harmful practices prevention	3
Financing & HR	2,6	D1: Financing of harmful practices services	2,4
		D2: National budget establishment	3,4
		D3: National budget execution	2,5
		D4: National budget amount	2
		D5: National budget monitoring and review	2,5
		D6: Human resources	3,3
Access to Services	2,9	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	3
		E2: Understanding and articulation of harmful practices system	3,5
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	3,3
Data collection, monitoring and evaluation	2,8	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,5
		F2: Data security and governance	4
		F3: Research and surveys	2

Intermediate Outcomes Summary





Sub-Domains Summary



Endnotes

1 Source: Institut National de la Statistique et de la Demographie, 'Mutilations Génitales Féminines et Mariage d'Enfants', 2019.

2 The PPM approach formulates and influences public policy through a public policy process or 'the policy cycle' consisting of five major stages – namely agenda setting; formulating and legitimation of goals and programmes; programme implementation, evaluation and implementation, decision about the future of the policy and programme. RIPLEY, Randall B., (1985), 'Stages of the policy process'. In: McCool, Daniel C., Public Policy Theories, Models, and Concepts: an anthology, Prentice Hall, 1995, https://perguntasaopo.files.wordpress.com/2012/02/ripley_19851995_stages-of-the-policy-process.pdf.

3 These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, the Niger, Sierra Leone, Uganda and Zambia.

4 United Nations Children's Fund, 'Child Protection Systems Strengthening: Approaches, benchmarks and interventions', 2021. Retrieved from: www.unicef.org/documents/child-protection-systems-strengthening

5 Organisation for Economic Co-operation and Development, 'Policy Framework for Policy Coherence for Development', OECD, 2012. Working paper 1

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: BURKINA FASO

Development of maturity model and assessment tools for harmful practices policies

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