Meeting the challenges and fulfilling the promises for Burkina Faso's children

What is life like for a child growing up in Burkina Faso today? By way of an answer it's possible, easily and rapidly, to line up an array of important challenges. We only need a glance at the statistics telling us that, despite all efforts and progress, rates for school attendance and literacy are still amongst the lowest in the world, for example - or those showing one child out of five will not live beyond his or her fifth birthday and one third of the same age group suffers chronic malnutrition - to see the nature of the obstacles a Burkinabé child faces in enjoying childhood, and later developing into a healthy, literate, employable adult.

Burkina Faso is classified as among the poorest countries in the world, and we know that still around 46 percent of the 13.7 million population lives below the poverty threshold. Such a level of poverty inevitably implies deprivation and marginalisation for a number of vulnerable groups, families and children. It makes the question of poverty reduction and equity central to harmonious and sustainable development for all.

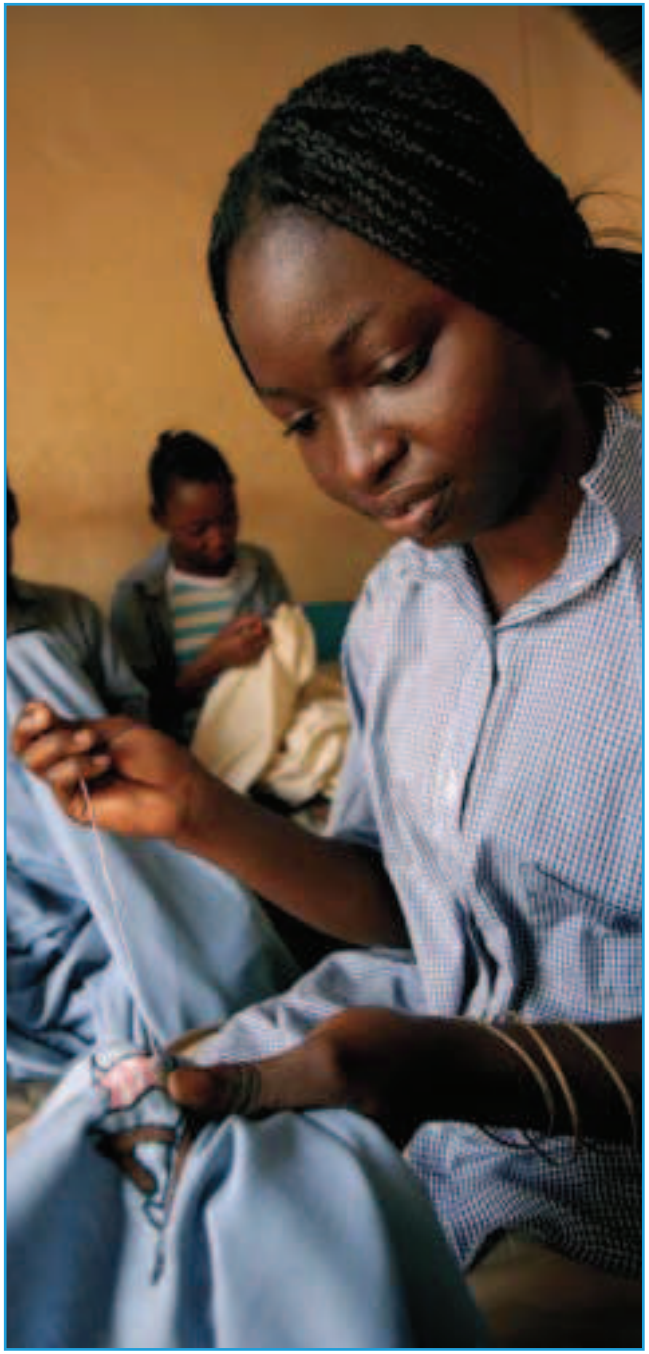
Despite steady recorded progress over the last years, notably in immunization of children and girls' enrolment in school, access for numbers of Burkina Faso's most vulnerable children to primary health care or basic education is non-existent, very limited – or comes too late.

Such children may also suffer from lack of safe drinking water or adequate sanitation and may be exposed to exploitation or abuse, or be trafficked and forced into doing punishing hours of hazardous work. The prevalence of HIV and AIDS is an increasing concern. Adolescents are severely affected, with over 50 percent of new infections reported as being from this age group.

Within this context, scaling up and speeding the pace are crucial in planning for development that will deliver progress towards achieving the Millennium Development Goals.

But with the negatives there are many positives to consider too. Burkinabés themselves do not speak of their situation with pessimism. As described in this brochure, whether you talk to a teacher, a hospital administrator, an AIDS counsellor or an adolescent youth group leader, you will hear how they are managing to overcome difficulties or to dispel fears and innovate.

The spirit of cooperation and mutual help



visibly flourishes in urban and rural communities alike, organizations and committees of all kinds actively involving individuals in tackling social problems with zest and resourcefulness. The concept of society overall as an extension of the extended family is current. This means that, from the household level up, actions taken in pursuit of equity and solidarity can, while aiming for growth and development, result in a tangible and sustainable reduction of poverty.

A good example of the ethic of dedication to communal goals is the lively UNICEF-assisted childcare facility run on a voluntary cooperative basis which has been set up next to the stone quarry at Pissy, a Ouagadougou suburb.
It significantly contributes to reducing children's exposure to the danger-filled work environment, while helping the women workers organize themselves.

Communication in general is strength.
A network of 60 rural radio stations beaming broadcasts across the country means that many communities are reached with information and messages in relation to civil rights, health and welfare. They are encouraged too, to treat the medium as interactive and air views and opinions on current affairs and the issues concerning them.

In this context UNICEF Burkina Faso, in its Programme of Cooperation with the government, prioritises the optimum ways children can be helped to survive and thrive. This is done through working with partners across the field, whether government ministries, UN agencies, bilateral and multilateral partners, or the range of community-based organisations and associations emerging from the country's vibrant civil society.

Three major thrusts steer UNICEF activities, often reinforcing each other, in an integrated programme designed to achieve accelerated child survival and development, education for all. The Programme also helps to combat HIV and AIDS, focussing on the prevention of mother- to-child transmission, paediatric care, and primary prevention among young people and protection of orphans. Providing clean water and sanitation and promoting hygiene education, particularly in school locations and households, is also entailed.

In the area of protection the emphasis is on mitigating the impact of poverty on vulnerable groups and children, such as young girls with no education, who are often exploited.
Programmes offering them a second chance for becoming literate and learning a trade bring these marginalized young people back from the brink and allow them to take charge of their own futures. Emphasis is also being placed on action to help children with disability and for those exposed to the worst forms of child labour.

In Burkina Faso the potential and the will for people to move to a higher level of participation in development and engagement in the processes of society is being clearly demonstrated as the country's de-centralization rolls out.

Dedicated to accelerating the survival, the development, the protection and the participation of children, UNICEF is committed to helping with this, retaining its clear focus on the specifics of the children's agenda and,

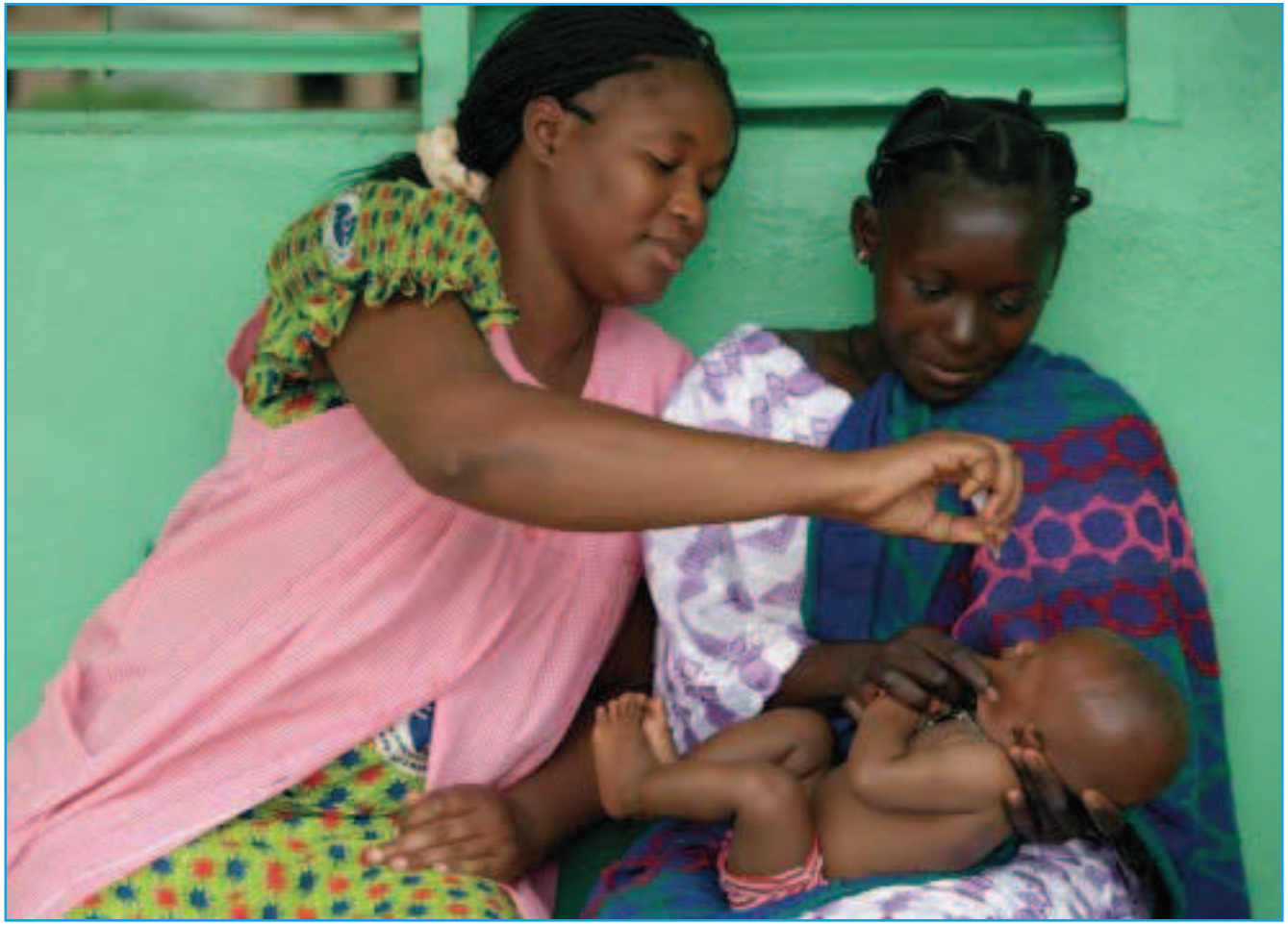
through strengthened partnerships, ensuring it delivers on its mission. This brochure highlights some of the interventions which are currently delivering results.

Our ambitious Programme of Cooperation with Burkina Faso is based on the commitment of our multiple partners and the contributions of our donors.

Speaking on behalf of the children of Burkina Faso, we would like to extend our heartfelt appreciation to all of them. We are convinced that, together, we will succeed in contributing significantly to improving every Burkinabé child's life.

On behalf of the UNICEF Burkina Faso team I wish you enjoyable reading!

Hervé Périès
Representative, UNICEF Burkina Faso



HEALTH AND NUTRITION

Health and Nutrition-related Millennium Development Goals (MDGs):

MDG 1: Eradicate extreme poverty and hunger
MDG 4: Reduce child mortality
MDG 5: Improve maternal health
MDG 6: Combat HIV and AIDS, malaria and other diseases

Basic Indicators:

1. Under-five mortality rate: 184 per 1,000 live births (*DHS 2003*)
2. Maternal mortality rate: 484 per 100,000 live births (*DHS 1998*)
3. Wasting prevalence among children under 5: 19% (*DHS 2003*)
4. DPT3 coverage (0-11 months): 77% (*MICS 2006*)
5. Under-five sleeping under an insecticide-treated net: 10% (*MICS 2006*)
6. Percentage of skilled attendant at delivery: 54% (*MICS 2006*)
7. Vitamin A supplementation coverage (6-59 months): 67% (*MICS 2006*)
8. Exclusively breastfed (less than 6 months): 19% (*DHS 2003*)

Major UNICEF-supported interventions:

In order to accelerate the reduction of infant mortality the programme has the key objectives of improving women's health and nutrition during pregnancy and providing appropriate care for the mother and newborn at the time of delivery.
A further programme focus is reaching all children with a package of preventive and curative interventions, including nutrition.
UNICEF aims to strengthen partnerships with all actors, supporting Government and community-based structures in implementing the following major interventions:

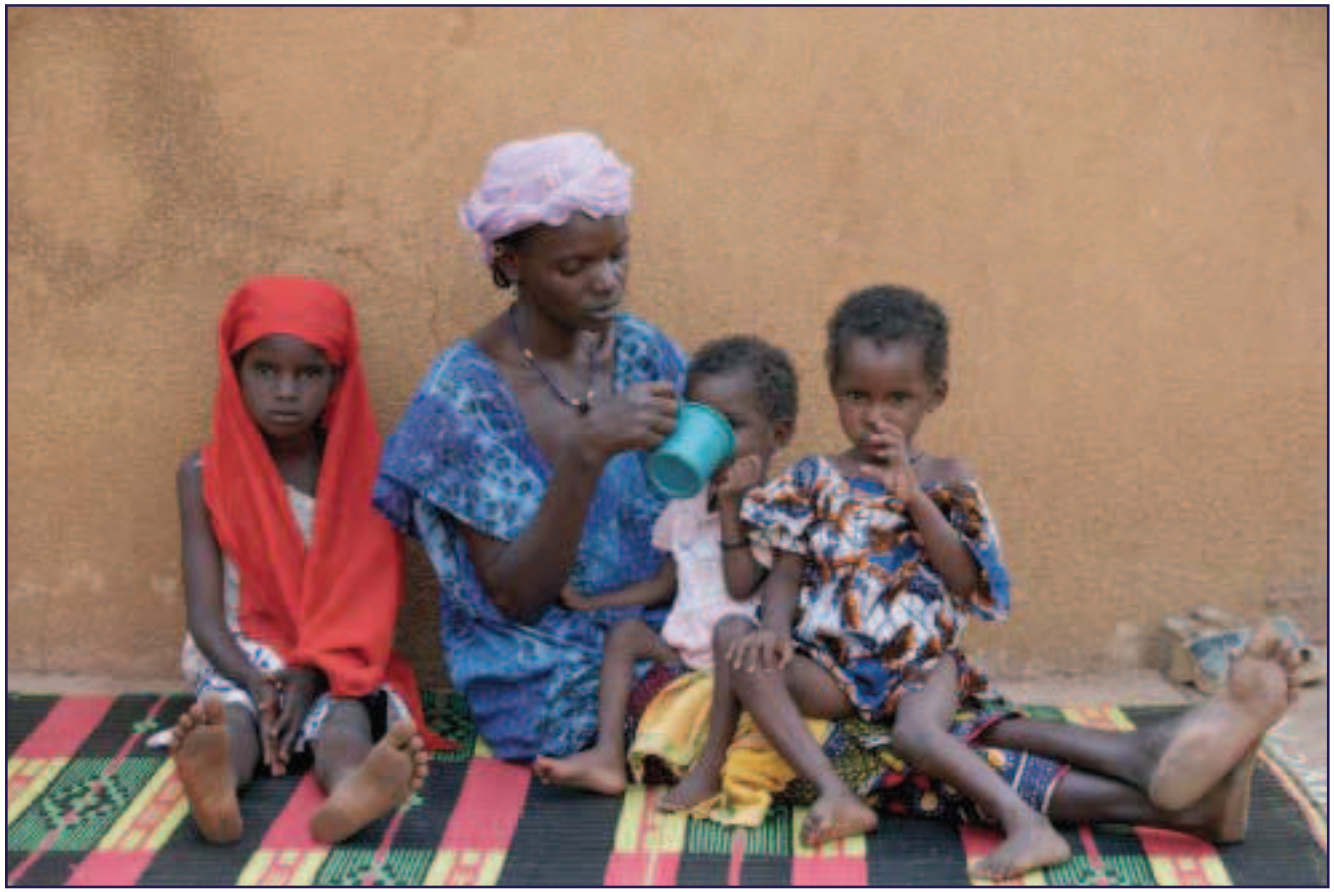
1. Advocating for and assisting in developing Health and Nutrition policy and strategies, including low-cost high-impact interventions to reduce infant and maternal mortality
2. Accelerating implementation of these interventions, including prevention of and care for major killer diseases of children
3. Immunizing against preventable diseases
4. Preventing malaria through use of insecticide-treated nets and intermittent preventive treatment
5. Preventing micronutrient deficiencies and undernutrition of young childen and pregnant and lactating women
6. Managing cases of severe acute malnutrition among children, pregnant and breastfeeding women

The CREN – a response helping mothers cope with severe malnutrition

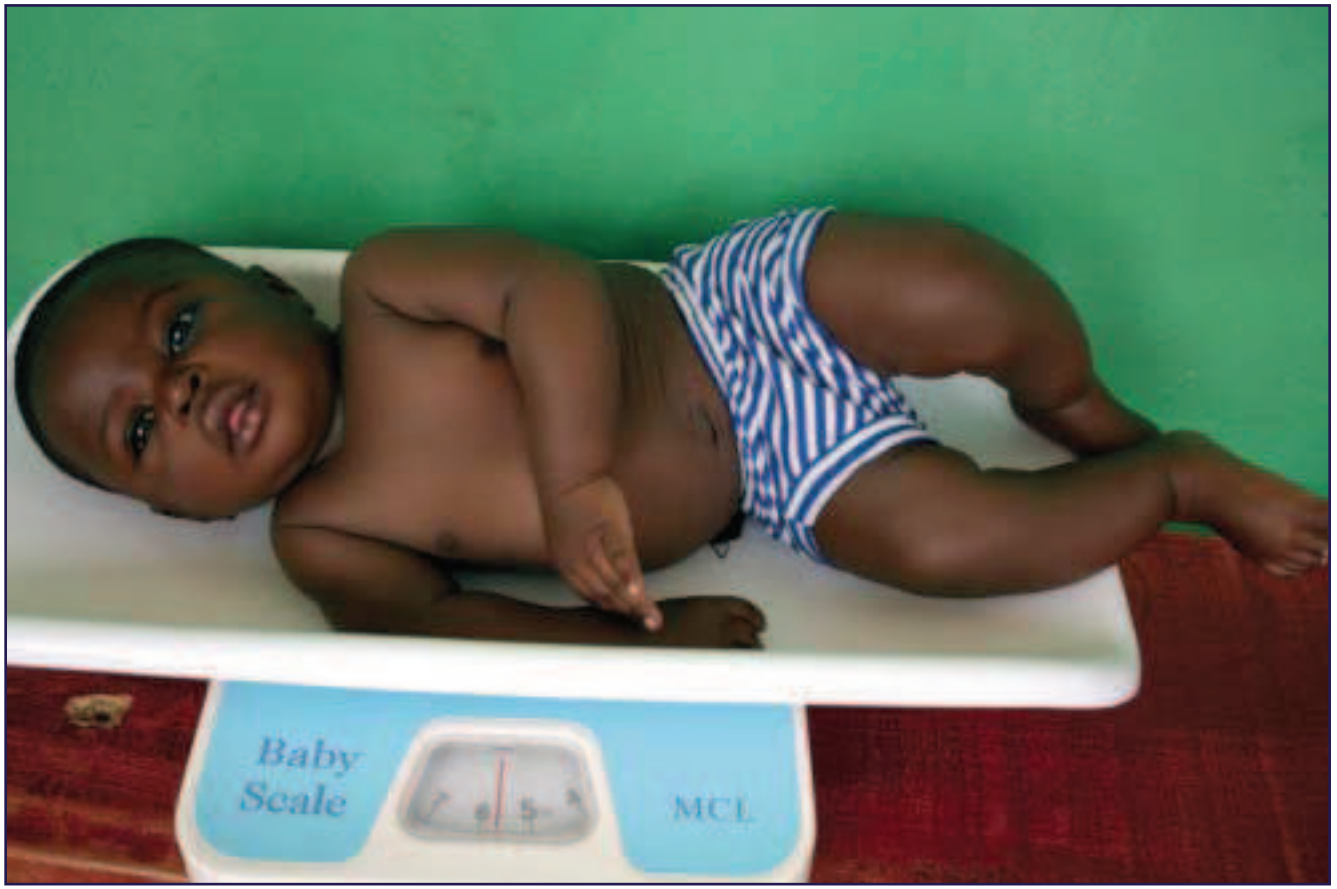
On a mat on the ground, the grandmother, Mariam Diallo, sits with the 2 year old twin girls and waits for the doctor who will say they can go home. The twins' mother has younger children to care for at home so Mariam offered to stay with Djamila and Faridatou throughout their time at the Centre de Rehabilitation et de Nutrition (CREN) at Ouahigouya hospital.

After the three weeks they've been recuperating, supervised by the nurses and eating the right diet to boost their condition, the girls have stabilised. But Djamila, as the heavier one, has nevertheless only reached 8.9 kilos, while Faridatou, still hollow-eyed and listless, is a frail 6 kilos.

The scene in the Centre is distressing - as places always are where severely malnourished children are treated. On a bed at the end of the ward lies a tiny baby boy, Hadira Ouedraogo, who has just been brought in from a village 15 kms away from the town; he's curled over, shrivelled and minute against the mattress, a feeding tube in his nose. At 13 months old he weighs only 5.7 kilos.



In UNICEF reports the chronic malnutrition in Burkina Faso is generally referred to as one of the country's "hidden" emergencies (as opposed to the visibility of a flood or epidemic crisis) - but at the CREN the problem is all too plain to see. "This time of the year we get many, many cases because it's nearing the end of the growing season. Food is scarce while farmers wait for the harvest," explains Dr Dabiré Germain, chief paediatrician.



All the children staying here with their mothers have come from emergency admission at the hospital. "It's the fever of an illness like malaria that decides them to bring the child usually, not the wasting or bloating that are obvious signs to us of malnutrition," says Dr Germain. "First we treat the infections, with antibiotics if necessary. It could be HIV of course, so we would also take a blood test."

Following the paediatric wards' procedure, once the infection is under control the transfer to the CREN is made, where mother and child will then be resident for up to 4 weeks while an improved diet brings the weight closer to normal. At this stage special therapeutic feeding, comprising milk (F75 and F100) and a ready-to-use food such as Plumpy'Nut, comes into play. A cook prepares the optimally nutritious meals selected for each child's needs.

Apart from healing the children, the CREN's aim is to get mothers familiar with ways of cooking a nourishing meal with the foods available to

them at home. “I go myself on Friday mornings to see the mothers themselves cooking under instruction. There’s even a test they take before they leave to check they’ve understood,” says Dr Germain.

This bustling town in Burkina Faso’s north is the hub for a very poor region whose people largely survive on subsistence agriculture. “The mothers are being hit at from two sides,” says Dr Germain, “worrying about an ailing child in need of sustained care and also about what’s happening at home - because it’s their work in the fields that supports the family. Seldom do we see a husband here, except when he’s arrived to insist his wife returns to the village to work.”

The costs of being at this particular CREN mount up, at 2000 CFA (US $4) for the child’s stay, on top of paying another 2000 CFA for the consultation, laboratory analyses and treatment on admission. (Costs vary, depending on the level of funding the CREN receives from its partners.)

A child who’s found to be HIV positive is treated free. UNICEF is assisting the CREN by providing for free the drugs children need through the recuperation period, but the expense is still a steep one.

As Mariam and the twins still sit waiting, it’s a scenario that truly conveys the harsh face of Burkina Faso’s poverty. The sadness is that the financial strain suffered by being at the CREN won’t necessarily have prevented the twin girls from the mental impairment which undernutrition may have already resulted in. Or protect them, in their extra vulnerable state, from HIV infection.

And besides, what are the prospects for any of the women at the CREN when their children are discharged and they head home to the straitened circumstances – where there will be other hungry children waiting - that produced the malnourished child in the first place?

“It is pitiable,” agrees Dr Germain, lifting his hands in despair. “From our own pockets sometimes we try to make sure they leave here with foodstuffs to keep them going. It’s all we can do,” he adds, “Except that also, of course, we make sure they go with some knowledge to help them in caring for the child: things like the importance of hygiene and the essential childhood vaccinations.”