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United Nations Population Fund

Country programme document for Burkina Faso

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| Proposed indicative UNFPA assistance: | \$84.5 million: \$11.0 million from regular resources and \$73.5 million through co-financing modalities or other resources |
| Programme period: | Four years (2027-2030) |
| Cycle of assistance: | Ninth |
| Category: | Tier I |
| Alignment with the UNSDCF cycle | United Nations Sustainable Development Cooperation Framework, 2027-2030 |

I. Programme rationale

1. Situated at the heart of West Africa, the population of Burkina Faso was estimated at 24.1 million in 2025, of which 26.1 per cent lived in urban areas. According to the 2019 census, the annual growth rate was 2.9 per cent while the population is projected to double by 2043. Women represent 51.7 per cent of the population, and in 2019 16 per cent of women were heads of household. The population is predominantly young (45.3 per cent are under 15 years old). The total fertility rate was 4.4 children per woman in 2021 and remains well above the target of 3.6 children per woman set for 2030 in the national population policy. The working-age population (aged 15–64 years) represents 51.4 per cent of the population. This youthful demographic structure constitutes a strategic asset. Harnessing its potential is key to ensuring that every young Burkinabè is positioned as a productive actor in the country's socioeconomic development and long-term stability. In addition, migration data shows that nearly 34 per cent of the workforce consists of migrants (primarily from neighbouring countries), 93 per cent of whom are occupied. The human development index was 0.459 in 2024, according to the *Human Development Report 2024*.

2. The country's economy has experienced fluctuating growth over the past decade, driven by agriculture, services and the booming mining sector, in particular gold. Economic activity saw its growth rate decline to 2 per cent due to the COVID-19 crisis in 2020 but rebounded significantly with a gross domestic product (GDP) growth rate of 6.9 per cent in 2021. However, this growth was followed by a decline to 3.6 per cent in 2023 due to the security and geopolitical crisis. A recovery has been observed since 2024, characterized by a growth rate of 5.1 per cent, driven by improvements in the security situation and economic reforms, according to 2025 African Development Bank data¹ Furthermore, GDP per capita was \$982 in 2024, according to the World Bank.²

3. The poverty rate fell from 40.1 per cent in 2014 to 36.2 per cent in 2018, then increased due to a worsening security context to 43.2 per cent³ with a Gini index of 35.3.⁴ It varies considerably depending on place of residence, with 52.7 per cent in rural areas compared to 16.6 per cent in urban areas.⁵ The regions with a high level of poverty rate include Liptako (76.1 per cent), Yaadga (67.5 per cent), Goulmou (53.9 per cent), Bankui (56.1 per cent), Koulisé (49.6 per cent), Nazinon (44.4 per cent) Guiriko (37.4 per cent), Tannounyan (36.9 per cent), Nakambé (34.7 per cent) and Kadiogo (8.0 per cent). Addressing disparities is a priority for reinforcing national cohesion. By expanding social infrastructure in these areas, the Government is ensuring that the fruits of national growth are equitably shared across all regions. However, the employment situation for young people aged 15 to 35 years remains concerning, with 38 per cent of young people not in education, training or employment.⁶ Furthermore, young people (aged 15–35 years) represent 66.4 per cent of the working-age population.⁷ According to the results of the 2006–2007 agricultural census, women are more active in the informal sector (over 95 per cent) and account for more than 60 per cent of production activities.

4. The country's demographic structure presents a significant opportunity to develop human capital. While the economic dependency rate is currently estimated at 325 per cent,⁸ the Government is committed to reversing this trend by aggressively scaling up vocational training beyond the current 14.1 per cent. By prioritizing youth (aged 20–24 years) as the primary drivers of national development, the State is integrating entrepreneurship support, leadership development and universal access to family planning and maternal health services into its core development strategy, ensuring the full capture of the demographic dividend for sustainable, endogenous growth dividend.

5. Climate change has been exacerbating food insecurity, which affected approximately 2.7 million people, with more than 423,000 people in emergencies, according to the Integrated Food Safety

¹ 2025 African Development Bank.

² World Bank.

³ National Institute for Statistics and Demography, 2021.

⁴ World Bank, 2018.

⁵ National Institute for Statistics and Demography, 2021.

⁶ National Institute for Statistics and Demography, 2018.

⁷ Census, 2019.

⁸ Ibid.

Classification Framework.⁹ Burkina Faso had 2,062,534 internally displaced persons.¹⁰ By the end of October 2025, more than 1.1 million internally displaced persons had returned to their places of origin, according to the Government, which has made the gradual return of forced populations a national priority. These important efforts are voluntary, safe, informed and dignified. Furthermore, as a result of successes in the fight against terrorism in affected zones, several socioeconomic infrastructures have become functional again but require support for stabilization and upgrading (424 health facilities closed and 309 functioning at a minimum).¹¹

6. Modern contraceptive prevalence increased from 15 per cent in 2010 to 32 per cent in 2021, and 15 per cent of women in unions reported unmet needs.¹² Furthermore, 69 per cent of the demand for family planning services is met. It is estimated that only 10.6 per cent of women have the final say in decisions related to their health concerns due to social norms and culture. The percentage of adolescents and young people aged 15 to 19 years who have begun their reproductive lives decreased from 23.2 per cent in 2010 to 20.1 per cent in 2021. Despite this progress, the gap in achieving the International Conference on Population and Development (ICPD)+25 national voluntary commitments is 20 percentage points for contraceptive prevalence. The country is classified as ‘mixed epidemic’, characterized by an HIV prevalence of 0.5 per cent in the general population, with pockets of high prevalence among certain specific groups, particularly adolescents and young people, and people with disabilities.

7. Maternal mortality declined from 341 to 198 maternal deaths per 100,000 live births between 2010 and 2021.¹³ The United Nations maternal mortality estimates support this declining trend, where mortality dropped significantly from 404 to 242 deaths per 100,000 live births between 2010 and 2023. However, progress is hindered by severe staffing and infrastructure gaps. While the national ratio of one midwife per 4,000 people appears satisfactory, staff are concentrated in urban areas such as Kadiogo and Guiriko, leaving rural regions underserved. The current challenge is to maintain progress and strive towards the target of 168 deaths per 100,000 live births by 2030, in line with national health development strategy, 2026–2030.

8. Gender inequalities remain pronounced despite the gender inequality index having decreased from 0.631 in 2014 to 0.555.¹⁴ Participation in public life remains limited, with women holding only 18 per cent of the seats in the People’s Legislative Assembly and 16 per cent in the Government. The low participation of young people in decision-making and governance bodies is also noteworthy due to the low level of literacy (29 per cent) for people aged up to 15 years. Harmful practices persist, with 56 per cent of women aged 15 to 49 years having undergone female genital mutilation (FGM) and 40 per cent having been married before the age of 18.¹⁵ The percentage of women aged 15–49 years who have experienced violence since the age of 15 remained unchanged at 20 per cent between 2010 and 2021, and 5 per cent have experienced sexual violence due partially to under-notification. In humanitarian regions, reported cases of gender-based violence nearly doubled between 2021 and 2022 alone, as displacement and the breakdown of social protection systems leave women and girls increasingly exposed to exploitation and abuse. Mental health concerns among adolescents and young people are emerging as a critical but under-documented challenge, particularly in conflict-affected regions.

9. With a score of 77/100, the national statistical system continues to face significant structural challenges.¹⁶ These include insufficient disaggregated data in the national surveys, both anticipatory and recent, at the subnational level, particularly for vulnerable populations such as fistula, amid multidimensional crises. It is important to note that despite these challenges, the availability of data provided by the national statistical system allows the country to improve evidence-based programming.

⁹ Integrated Food Safety Classification Framework, 2024.

¹⁰ Conseil National de Secours d’Urgence et de Réhabilitation, March 2023.

¹¹ Health Cluster, 2024.

¹² Demographic and Health Survey, 2021.

¹³ National Institute for Statistics and Demography, 2021.

¹⁴ *Human Development Report 2023*, UNDP

¹⁵ Demographic and Health Survey, 2021.

¹⁶ Open Data Inventory report, 2024.

By 2026, only 70 per cent of the Sustainable Development Goals (SDG) indicators will have data less than five years old, limiting the effectiveness of public policies.

10. The 2024 policy statement identified challenges to social cohesion and conflict prevention, citing relations between farmers and herders, rural land issues, and the coexistence of mining operators with host communities. The empowerment and employability of women and young people, particularly those living in rural areas, are a priority for public policy. Young people, constituting the majority of the population in these areas, are particularly vulnerable to recruitment and radicalization, making it essential to find local and sustainable solutions. Furthermore, disinformation and hate speech on social media undermine social harmony and peace. The Internet penetration rate, estimated at 22.4 per cent,¹⁷ offers new opportunities for accessing information, social mobilization and service delivery through the humanitarian-development-peace continuum.

11. At the regional level, Burkina Faso has redefined its strategic partnerships, withdrawing from the Economic Community of West African States (ECOWAS) and the G5 Sahel to co-found the Alliance of Sahel States with Mali and Niger in 2023. This historic realignment is centred on a vision of mutual defence, strengthened security cooperation, and greater sovereignty in strategic choices to accelerate sustainable development.

12. The eighth programme delivered transformative, measurable results across health, protection and empowerment in collaboration with the Government, civil society, donors and United Nations partners that included: (a) the 2019 adoption of the 2018 penal and free family planning services; (b) achieving 7.4 million couple-years of protection, reaching 768,000 new contraceptive users (70 per cent adolescents and youth), directly contributing to averting over 6,000 maternal deaths; (c) avoided 3 million unintended pregnancies and 1.2 million abortions; (d) strengthening the capacity of the emergency obstetric and newborn care network, with 58 per cent of health facilities upgraded and more than 2,000 fistula survivors treated and reintegrated; (e) 1.2 million women and girls accessing essential services, and 11,396 gender-based violence survivors receiving care; (f) evidence generation, including the 2019 census, informing national planning and flagship initiatives, such as the Sahel Women's Empowerment and Demographic Dividend (SWEDD) programme; (g) 1,326 communities of villages abandoning FGM and child marriage; (g) nearly 9,000 women and youth benefited from economic empowerment initiatives; and (h) 1,239 savings groups were established, and 360 women and youth groups were restructured and provided with credit.

13. Lessons learned from thematic evaluations showed the need to: (a) strengthen political commitment to the demographic dividend; (b) support UNFPA decentralized offices; (c) promote mobile and community-based service delivery approaches, including self-injection contraception, establishment of the national emergency obstetric and newborn care service network, strengthen technical and operational capacities, and implement a life skills programme for adolescents for uptake of reproductive health; (d) reinforce community-based approaches, involving religious and traditional leaders, establishing spaces for dialogue between men and women and parents and children, creating savings and credit groups, financial education for women and young people, and financing income-generating activities to influence harmful gender and social norms; (e) integrate sexual and reproductive health and gender-based violence interventions within the humanitarian context to strengthen service delivery; and (f) empower economically adolescent girls and young women through the SWEDD programme.

14. The barriers that made these interventions challenging included security risks in trying to reach adolescents or rural populations and community resistance to abandoning child marriage and FGM. Compared to the seventh programme, which recorded 494,936 new family planning users, treated 3,103 obstetric fistula cases, and saw the communities of 500 villages abandon FGM and child marriage, the eighth programme placed greater emphasis on scaling up impact, strengthening systems and accelerating transformative results, particularly through integrated approaches, policy engagement and expanded population coverage.

15. In alignment with the national vision of “Burkina Faso, a sovereign and prosperous nation, building endogenous and sustainable development for the well-being of all”, as defined in the Plan RELANCE, 2026-2030, the ninth country programme is anchored in the United Nations Sustainable

¹⁷ Digital report 2025.

Development Cooperation Framework (UNSDCF), 2027–2030. The programme is aligned with the presidential initiative that considers maternal mortality a critical issue. Furthermore, it aligns with the vision of the heads of State of the Alliance of Sahel States for sovereign healthcare financing. Based on the findings of the Common Country Assessment, the programme strategically contributes to the three flagship themes: (a) stabilization and cross-border cooperation; (b) the humanitarian-development-peace transition; and (c) food systems transformation.

16. The UNSDCF adopts a co-creation approach to enhance the collaborative environment, aligning with the Government's strategic priorities and directions. It also integrates key aspects of the Programme of Action of the ICPD and the UNFPA Strategic Plan, 2026–2029, the Beijing Platform for Action and various agendas, including the African Union Agenda 2063; Security Council resolutions 1325 on women, peace and security) and 2250 on youth, peace and security. The overall context of the ICPD programme remains favourable in the country.

17. As part of the United Nations system, UNFPA has a comparative advantage on issues of demographic dynamics and evidence-based policy advocacy, improving women's health and rights and quality of care, youth empowerment, and addressing harmful gender and gender-based violence and social norms. In addition, UNFPA will lead on data generation through the development of strategic analysis on megatrends, policy briefs and investment cases to inform the development of public policies and legal frameworks to position its mandate.

II. Programme priorities and partnerships

18. The vision of the ninth cooperation programme envisions a Burkina Faso where women, girls and young people, particularly adolescents and young women, are empowered as agents of change, exercise leadership and meaningful participation in decision-making at all levels, benefit from economic empowerment, and freely exercise their sexual and reproductive health rights in a peaceful, inclusive and gender-based violence-free environment.

19. The programme was developed in collaboration with the Government, United Nations system organizations, development partners, civil society organizations, including those led by youth and women, persons with disabilities, customary and religious leaders, national and international non-governmental organizations, socioprofessional associations, research institutes and the private sector. It will contribute to national priorities and focus on reducing maternal mortality as the entry point of the programme, linked to the regional roadmap on maternal mortality. Furthermore, regional multisectoral approaches and the three flagship programmes linked to the six United Nations pathways of transition will guide the programme's interventions. It will be in line with the United Nations Pact for the Future and contribute directly to the SDGs 3, 4, 5 and 17, and indirectly to SDGs 1, 2, 8, 10, 11, 13 and 16.

20. The programme will cover the entire national territory for women's health, quality of care and services, and data production and prioritize the regions of Guiriko, Nazinon, Tannounyan, Bankui, Nakambé, Goulmou Yaadga, Liptako, Koulsé and Kadiogo for interventions related to gender and economic empowerment to preserve the achievements of previous programmes and other initiatives such as SWEDD.

21. The game changers to achieve the programme's objectives include integrated and multisectoral humanitarian development and peace; innovation and digitalization for sustainability; and climate and endogenous approaches, including sector-wide. The programme will implement a localization strategy relying on structured partnerships based on the principles of subsidiarity, human rights-based approaches, and leaving no one behind, with a particular focus on women-led, youth-led and persons with disabilities-led organizations. The key enablers include: (a) political commitment; (b) partnerships; (c) financing; and (d) community engagement. The programme will implement the five programming strategies (policy dialogue and advocacy, capacity development, service delivery, knowledge management, and South-South and triangular cooperation in the area of maternal health and census) in partnership with national and academic institutions. The eighth programme secured significant political capital, notably by contributing to the adoption of the 2018 Penal Code law and the Code of Persons and the Family and the political leadership on the resolution on female genital

mutilation at the 79th session of the General Assembly in 2024. These will serve as strong levers for accelerating the reduction of gender-based violence and harmful practices.

22. The programme will be anchored in three core drivers of change: (a) strengthened data, analysis and foresight; (b) gender transformative approaches; and (c) improved quality of care and services, aligned with the four interdependent outcomes of the UNFPA Strategic Plan and the three UNSDCF outcomes. These drivers will be enabled through complementary strategies, including policy dialogue, advocacy and accountability; humanitarian action and preparedness; and the mobilization of sustainable financing based on the existing investment cases of the four interconnected Strategic Plan outcomes, innovative blended financing mechanisms, strategic investments, and South-South and triangular cooperation. Particular emphasis will be placed on influencing national and regional budget processes to increase and optimize allocations for high-impact interventions and on engaging international financial institutions – the African Development Bank, the International Monetary Fund and the World Bank – to prioritize investments that accelerate progress towards the four interconnected Strategic Plan outcomes.

23. In terms of mixed and innovative financing mechanisms, the programme will support health sovereignty in terms of political commitment, endogenous financing, the mobilization of national resources through taxes, the private sector, the diaspora, digitalization for efficiency and support for universal health coverage to prevent catastrophic expenditures, notably through universal health insurance.

24. Prevention of sexual exploitation and abuse will be integrated as a crosscutting component throughout all outputs, ensuring that EAS risk mitigation and survivor-centred approaches are systematically embedded throughout programme design and implementation.

25. The programme therefore aims to create a favourable political environment that enables women, adolescents and young people, especially adolescent girls and the most disadvantaged, to fully enjoy their rights, particularly in the area of sexual and reproductive health, both in the development and humanitarian contexts. The programme will adopt differentiated strategies and targets for each age group, with particular attention to adolescent girls who face compounded vulnerabilities across all age bands. The programme's approach to women's health is part of a life-course and multisectoral approach. It will address empowerment and protection, ensuring a continuum of care encompassing mental health, pregnancy prevention, access to contraception and prenatal care, safe delivery, the prevention of and response to gender-based violence, and the well-being of women of advanced age.

A. Output 1. Quality of care and services. By 2030, women, adolescents and young people – especially the most vulnerable – have equitable access to quality, integrated, rights-based sexual and reproductive health services, including prevention of and response to gender-based violence and harmful practices, in a humanitarian-development-peace continuum approach

26. This output will contribute to outputs 5, 6 and 2 of the Strategic Plan, UNSDCF outcome 2 (output 2.1), and pillar 3 (developing human capital) of the national RELANCE plan. The aim is to scale up access to and uptake of quality sexual and reproductive health and family planning services, advocate for improved funding and financing of sexual and reproductive health programmes, and focus on building climate-resilient health system facilities and pathways that guarantee service continuity during environmental shocks. This will be achieved through by: (a) supporting national institutions, including the People's Legislative Assembly, to improve policy, legal and regulatory frameworks that promote sexual and reproductive health and rights, mental health and the transformation of social norms; (b) improving the supply chain for greater availability of quality-assured reproductive health products, labile blood products, and sexual and reproductive health kits to the last mile through innovative solutions; (c) strengthening referral systems and promoting respectful care for sexual and reproductive health and rights and gender-based violence; (d) strengthen the capacity of health facilities through the deployment of midwives, other obstetric personnel, psychosocial and psychologist, short-term training for reproductive health managers in health regions and districts, and for health logisticians, including the progressive expansion of integrated clinical mentoring, formative supervision, task shifting, telemedicine and the referral and counter-referral system for obstetric and neonatal emergencies and mental health care, especially in hard-to-reach areas, with an emphasis on

human rights and cultural sensitivity; (e) strengthen the prevention and scaling up of surgical and psychosocial care for obstetric fistula and the sequelae of FGM, including rehabilitation and social reintegration services, through sustainable financing mechanisms; (f) make the emergency obstetric and neonatal care network operational, and ensure follow-up of maternal and neonatal deaths with response action; (g) support the integration of sexual and reproductive health services, including the management of infertility, gender-based violence, mental health, HIV/hepatitis/syphilis, gynaecological cancers and malnutrition of women throughout their life course, especially pregnant and adolescent women, through innovative and digital solutions; (h) support the health system's preparedness and ability to provide quality integrated sexual and reproductive health, gender-based violence and mental health services in humanitarian situations (mobile clinic, reproductive health kits, dignity kits), including developing contingency plans; (i) strengthen community engagement through community workers to improve demand, integrated supply and use of sexual and reproductive health and gender-based violence services by communities; and (j) improve inclusive access to sexual and reproductive health services tailored to the needs of adolescents and young people through support for youth centres, school health centres, and public and private health facilities in line with government and World Health Organization (WHO) standards.

B. Output 2. Social and gender norms. By 2030, women, adolescents and young people – together with their families and communities – are empowered, more economically self-reliant, improving their productivity and incomes, and resilient to shocks, actively prevent gender-based violence and harmful practices, support social protection and fully exercise their rights in a peaceful, inclusive and sustainable society

27. This output will contribute to Strategic Plan outputs 4 and 2, UNSDCF outcome 3 (output 3.1), and pillar 4 (develop infrastructure and sustainably transform the economy) of the national RELANCE plan. It aims to support social protection, the transformation of harmful practices and social norms, promote gender equality through the empowerment of women, and strengthen systems and communities' capacities to prevent and respond to gender-based violence and harmful practices, with a focus on reaching marginalized women, including women living with disabilities. It will be achieved through by: (a) establishing/rehabilitating centres, safe spaces and access points for women, adolescents and young people for the implementation of an integrated sexual and reproductive health/gender-based violence/nutrition/mental health and skills package through transformative approaches that combat discriminatory norms; (b) strengthening coordination, prevention, mitigation and response mechanisms and systems to address gender-based violence and harmful practices and ensure their sustainability, including through the use of digital tools; (c) strengthen the capacities of government structures, United Nations organizations, non-governmental organizations, organizations led by women, youth and person with disabilities organizations, families, and community associations to prevent gender-based violence/harmful practices, substance use disorders and other addictions, and adapt to demographic dynamics; (d) implement social communication interventions for behaviour change, including through the use of digital tools; (e) implement a localization strategy, including strategic partnerships with women-led, youth-led and disability-led organizations to create alliances and amplify interventions; (f) support programmes promoting science, technologies, mathematics, digital careers, innovative initiatives, green jobs and agro-sylvo-pastoral and fisheries activities for young people, including forcibly displaced people, returnees and migrants, to boost job creation and professional integration through innovative financing methods, including with the private sector; (g) support the development and implementation of leadership and mentoring programmes for women, adolescent girls, young people and people with disabilities; (h) strengthen programmes supporting the financial autonomy of women, adolescent girls and young people, aligning with national priorities within the humanitarian-development-peace continuum framework, including adolescent girls (aged 15–19 years) who face specific barriers to financial inclusion; (i) promote civic engagement, citizenship and endogenous mechanisms for preventing radicalization and violent extremism and for promoting social cohesion by ensuring the meaningful participation of women, adolescents and young people as peace actors in alignment with United Nations Security Council resolution 2250 on youth, peace and security; (j) strengthen the institutional and technical capacities of national structures for the development and implementation of laws, policies, strategies and guidelines for the promotion and

protection of human rights, access to justice and interventions to address gender-based violence and harmful practices, substance use and addictions.

C. Output 3 Data, analysis and foresight. By 2030, national statistical systems have strengthened capacities to produce and use disaggregated data on population dynamics, including sexual and reproductive health and gender-based violence, for evidence-based advocacy, planning and decision-making at all levels, and for monitoring progress towards the ICPD Programme of Action and the SDGs

28. This output will contribute to outputs 1 and 2 of the Strategic Plan, UNSDCF outcome 1 (output 1.4), and pillar 1 (consolidating security, social cohesion and peace) and pillar 2 (rebuilding the State and improving governance) of the national RELANCE plan. It is a strategic lever for evolving the system towards statistics geared towards demographic intelligence, resilience and anticipation, through the adoption of innovative methods aiming at demography-informed policies. This is an essential condition for monitoring transformative results and capturing the demographic dividend by 2030, in line with the national RELANCE plan. It will be achieved through by: (a) strengthening the capacity of national structures, women-led organizations, youth-led organizations, people with disabilities and research institutes to produce quality, disaggregated and up-to-date population data, particularly in the areas of preparedness, early intervention and response to crises and climate change; (b) empowering local actors and institutions to lead in developing sectoral tools and databases for thematic and long-term prospective analyses on sexual and reproductive health and rights, gender-based violence, and other harmful practices, and population dynamics; (c) strengthening the national data collection and analysis system, including the use of digital technologies and geospatial techniques to facilitate the availability of disaggregated data on unmet need for family planning, maternal mortality, gender-based violence and other harmful practices, including socioeconomic vulnerabilities and inequalities to inform decision-making and monitor development policies and programmes; (d) supporting the implementation of the national strategy for civil registration, 2023–2027, to strengthen the production of high-quality, granular vital statistics needed to track progress towards achieving the transformative results, objectives of the ICPD Programme of Action and the SDGs; (e) supporting implementation of the 2030 census, socioeconomic household surveys (demographic and health survey, household living standards survey) and the rapid emergency obstetric and neonatal care assessments; (f) supporting national initiatives and mechanisms aimed at capturing the demographic dividend, including through forward-looking analysis, with an emphasis on the contribution of women, adolescents and young people in the different socioeconomic sectors; (g) developing partnerships with national structures and research institutes to conduct and disseminate in-depth studies and analyses on population and development issues and megatrends that take into account internally displaced persons, returnees, refugees, migrants, persons with disabilities and older persons; (h) supporting research and data analysis on barriers to access sexual and reproductive health and rights services, mental health, gender-based violence care, sequelae of excision as well as on the factors and incidence of maternal mortality, gender-based violence, harmful practices and adolescent pregnancies; (i) prioritizing the generation of evidence on youth mental health and integrating youth-friendly mental health and psychosocial support services into sexual and reproductive health response and gender-based violence platforms, including through peer support mechanisms and linkages with specialized services where available.

III. Programme and risk management

29. The Ministry of Economy and Finance will oversee the execution of the programme, which will be implemented in collaboration with sectoral ministries and national and international non-governmental organizations as implementing partners. This will include collaboration with the Ministry of Foreign Affairs, the Ministry of Family and Solidarity, the Ministry of Health, the Ministry of Sports, Youth and Employment, the Ministry of Agriculture, Water, Animals and Fishery Resources, the Ministry of Secondary Education and Vocational and Technical Training, the Ministry of Territorial Administration and Mobility, the Ministry of War and Patriotic Defence, the Ministry of Justice and the Ministry of the Servants of the People. Non-governmental implementing partners will be selected

based on their strategic relevance and ability to deliver high-quality interventions. Implementation by national and local actors will be prioritized to strengthen institutional ownership and the sustainability of the interventions. The operational implementation will be also supported by decentralized offices.

30. Collaboration with United Nations organizations will be harnessed through joint and complementary programmes, in line with the delivering-as-one approach and achieving collective results for the UNSDCF and with neighbouring countries. An analysis of pooling expertise with other United Nations organizations is planned, including the development of a strategy for volunteerism and the direct involvement of youth, women and people with disabilities. The programme will promote national leadership and ownership and strengthen partnerships with women-led and youth-led groups and non-traditional partners, philanthropists, the Chamber of Commerce and the private sector. It will also leverage a wide range of partnerships across government, civil society, the United Nations, international development partners, the private sector, and academic institutions to support the achievement of outcomes. South-South and triangular cooperation will be promoted for capacity building, knowledge exchange and learning.

31. All implementing partners will apply the principles of results-based management, transparency, accountability and protection from sexual exploitation and abuse. They will comply with the provisions of the harmonized approach to cash transfers modality, including micro-assessments, periodic reviews and audits. The committee for this modality will support the ongoing capacity-building of partners and staff to strengthen financial management and compliance with international standards to implement 2025 audit recommendations and management commitments.

32. In collaboration with the regional office, the UNFPA country office will analyse human resource capacities and needs to ensure the appropriate skills mix to deliver programme outputs effectively. The interlinked theory of change developed for each output analysed root causes, objectives and solutions to achieve the targets. The programme will benefit from technical, operational and programmatic support from UNFPA headquarters and the regional office. This support will focus on resource mobilization, forward-looking analysis of megatrends, the strengthening of technical capacities to deliver the integrated sexual and reproductive health and gender-based violence services in the humanitarian context, integrating innovative and monitoring approaches and the promotion of UNFPA Strategic Plan, 2026-2029.

33. In addition to UNFPA resources, innovative and sustainable financing will be mobilized from the Government, the private sector, and bilateral and multilateral partners. Strategic advocacy and institutional communication are essential tools for diversifying funding sources and strengthening the sustainability of interventions. The estimated budget based on expected results and risk analysis will enable the achievement of the targets.

34. Programme implementation is exposed to several risks – identified in the 2026 national humanitarian response plan – that disproportionately affect women and children. Climate risks, characterized by recurring droughts, floods, strong winds and heat waves in certain areas, severely impact populations, especially vulnerable groups, including women, girls and the elderly. They also affect livelihoods, agricultural systems, access to water, health and infrastructure. Security risks also pose a major challenge, with nearly one million people living in areas with limited access, often supplied only by secure convoys or humanitarian flights, which undermines access to essential social services. Furthermore, health emergencies, such as epidemics and pandemics, continue to disrupt health systems and increase the vulnerability of populations. Finally, the gradual reduction of international funding would be a significant constraint on the continuity and expansion of interventions; therefore, it is important to move from funding to financing. Beyond these risks, it is important to consider the global and regional geopolitical environment, such as the transition from ECOWAS to the Alliance of Sahel States, entails both a strategic opportunity (mobilization of endogenous resources, improvement of security) and programmatic risk, as well as technological risks and various internal and external shocks, which could further impact resource mobilisation and cross-border programming.

35. To mitigate the impact of these risks, the programme will develop a risk framework, contingency plan, minimum preparedness action plan, business continuity plan and scenario planning, with an integrated and proactive approach based on several complementary strategies. It will ensure that the programme: (a) promotes interventions that foster social cohesion, environmental protection and

respect for human rights, with a focus on the needs of adolescents, young people, women, forcibly displaced persons, returnees, migrants and persons with disabilities; (b) strengthens the mobilization of innovative, endogenous and diverse resources to secure its funding; (c) reinforces ownership and the resilience of national systems and communities to humanitarian crises and climate shocks by working together on disaster preparedness, humanitarian response and recovery interventions; (d) safeguards the continuity of the reproductive health supply chain to the last mile by reinforcing national and subnational distribution systems and the pre-positioning of strategic stocks as part of advanced preparedness actions; (e) establishes robust policies and procedures against fraud and corruption for better risks management; (f) ensures the security of information systems and the protection of sensitive data; (g) adopts a flexible and adaptive management approach, including risk analysis, by taking advantage of artificial intelligence; and (h) mitigates risks of youth exclusion by adopting meaningful youth engagement standards aligned with United Nations Youth 2030 guidance. The programme will also establish confidential feedback and reporting mechanisms accessible to adolescents and young people and adapted for persons with disabilities and those with low literacy levels to surface concerns about the quality of participation or exclusion.

36. This country programme document outlines the contributions of UNFPA to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of managers at the country, regional and headquarters levels with respect to this country programme is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

37. The Government and UNFPA, under the coordination of the Ministry of Economy and Finance, will implement a robust monitoring, evaluation and learning framework aligned with the UNFPA evaluation policy, results-based management standards and participatory UNSDCF guidance. A joint monitoring plan will ensure coordinated data collection, reporting and oversight, including field monitoring, data quality assessments, risk analysis and periodic reviews, such as annual reviews and a midterm review.

38. The United Nations system will combine routine monitoring with innovative approaches (remote monitoring, third-party verification, spot checks, geographic information system) to generate reliable, disaggregated data. UN-Info will support aligned reporting with the UNSDCF. An independent final evaluation, alongside the UNFPA contribution to the UNSDCF evaluation, will complement ongoing learning and adaptive management, ensuring evidence-based decision-making and accountability toward the four interconnected Strategic Plan outcomes.

RESULTS AND RESOURCES FRAMEWORK FOR BURKINA FASO (2027-2030)

| NATIONAL PRIORITY: Access to quality, person-centred healthcare services and pharmaceutical sovereignty are guaranteed. | | | | |
|---|--|--|---|--|
| UNSDCF OUTCOME: By 2030, the people of Burkina Faso, particularly young people, women, children and vulnerable individuals, will have equitable access to quality basic social services, recovery opportunities and protection, thereby sustainably improving their resilience. | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated. 2. By 2029, the reduction of preventable maternal deaths has accelerated. 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated. 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> Life expectancy at birth <i>Baseline: 61.9 (2025); Target: 68 (2030)</i> Human development index <i>Baseline: 0.459 (2024); Target: 0.5 (2030)</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of maternal deaths averted <i>Baseline: 6,789 (2025); Target: 10,789 (2030)</i> Percentage of women aged 15-49 years with a live birth that received antenatal care four or more times <i>Baseline: 49% (2024); Target: 58% (2030)</i> Proportion of births attended by skilled health personnel <i>Baseline: 89% (2024); Target: 94% (2030)</i> Unmet need for family planning <i>Baseline: 16% (2021); Target: 10% (2030)</i> Percentage of service delivery points report no stock-out of any contraceptives and key maternal | <p><u>Output 1.</u> By 2030, women, adolescents and young people – especially the most vulnerable – have equitable access to quality, integrated, rights-based sexual and reproductive health services, including prevention of and response to gender-based violence and harmful practices, in a humanitarian-development-peace continuum approach.</p> | <ul style="list-style-type: none"> Percentage of healthcare facilities in the emergency obstetric and neonatal care network that are functional <i>Baseline: 60% (2025); Target: 75% (2030)</i> Number of new users of modern contraceptive methods recruited (disaggregated by age, vulnerability) <i>Baseline: 1,474,964 (2025); Target: 1,874,964 (2030)</i> Number of fistula repair surgeries supported <i>Baseline: 5,273 (2025); Target: 6,273 (2030)</i> Number of people who received lifesaving services related to sexual and reproductive health, gender-based violence and harmful practices in humanitarian settings (disaggregated by sex, age, vulnerability) <i>Baseline: 1,117,404 (2025); Target: 1,357,404 (2030)</i> Number of adolescents and young people, both in and out of school, who have benefited from life skills and family life education programmes in line with international standards (disaggregated by sex, age, vulnerability) <i>Baseline: 140,970 (2025); Target: 340,970 (2030)</i> | <p>Ministry of Economy and Finance; Ministry of Foreign Affairs; Ministry of Family and Solidarity; Ministry of Health; Ministry of Sports, Youth and Employment; Ministry of Secondary Education and Vocational and Technical Training; Ministry of Territorial Administration and Mobility; Ministry of War and Patriotic Defence; Ministry of Justice; Ministry of the Servants of the People; civil society organizations; national and international non-governmental organizations; United Nations system organizations</p> | <p>\$48.3 million (\$5.0 million from regular resources and \$43.3 million from other resources)</p> |

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| health commodities <i>Baseline: 80% (2023); Target: 90% (2030)</i> | | | | |
| NATIONAL PRIORITY: The socioeconomic integration of the workforce, particularly young people and women, is improved. | | | | |
| UNSDCF OUTCOME: By 2030, populations, particularly young people, women and vulnerable individuals, will have increased access to food and nutritional sovereignty, and sustainable livelihoods, and will participate in an inclusive, climate-resilient economic transformation that generates decent and productive jobs. | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated. 2. By 2029, the reduction of preventable maternal deaths has accelerated. 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated. 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Incidence of poverty (%) <i>Baseline: 43.2 (2021); Target: 35 (2030)</i> GDP growth rate <i>Baseline: 6.5 (2025); Target: 7.1(2030)</i> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Percentage of youth (aged 15–24 years) not in education, employment or training <i>Baseline: 40% (2023); Target: 28% (2030)</i> Percentage of women aged 20–24 years who were married or in a union before age 18 years <i>Baseline: 38% (2021); Target: 30% (2030)</i> Percentage of girls and women aged 15–49 years who have undergone female genital mutilation/cutting <i>Baseline: 56% (2021); Target: 50% (2030)</i> | <u>Output 2.</u> By 2030, women, adolescents and young people – together with their families and communities – are empowered, more economically self-reliant, improving their productivity and incomes and resilient to shocks, actively prevent gender-based violence and harmful practices, support social protection and fully exercise their rights in a peaceful, inclusive and sustainable society. | <ul style="list-style-type: none"> Number of adolescents and youth benefiting from UNFPA-supported programmes that empower them with knowledge, life skills, assets and social networks (disaggregated by sex, age, vulnerability) <i>Baseline: 10,307 (2025); Target: 15,307 (2030)</i> Number of women-led coalitions and movements that advocate for gender equality and sexual and reproductive health and rights <i>Baseline: 2 (2025); Target: 5 (2030)</i> Number of strategic partnerships established with organizations of persons with disabilities for their empowerment <i>Baseline: 1 (2025); Target: 3 (2030)</i> Number of continuing education and youth development centres supported <i>Baseline: 12 (2026); Target: 32 (2030)</i> Number of gender-based violence survivors who received holistic care (disaggregated by sex, age, vulnerability) <i>Baseline: 6,853 (2025); Target: 8,853 (2030)</i> | Ministry of Economy and Finance; Ministry of Foreign Affairs; Ministry of Family and Solidarity; Ministry of Health; Ministry of Sports, Youth and Employment; Ministry of Agriculture, Water, Animals and Fishery Resources; Ministry of Secondary Education and Vocational and Technical Training; Ministry of Territorial Administration and Mobility; Ministry of War and Patriotic Defence; Ministry of Justice; Ministry of the Servants of the People; civil society organizations; national and international non-governmental organizations; United Nations system organizations | \$20.9 million (\$3.3 million from regular resources and \$17.6 million from other resources) |
| NATIONAL PRIORITY: Development planning and public policy evaluation are improved. | | | | |

| UNSDCF OUTCOME: By 2030, the people of Burkina Faso, particularly young people, women and vulnerable people living in border areas and facing security challenges, will benefit from improved security, equitable access to justice and public services, and will actively participate in inclusive local governance promoting peace and social cohesion. | | | | |
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| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated. 2. By 2029, the reduction of preventable maternal deaths has accelerated. 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated. 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> Community contribution in the implementation of community initiatives <i>Baseline: 33 (2025); Target: 41 (2030)</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Coverage of essential health services (universal health coverage service coverage index), disaggregated by categories of service coverage <i>Baseline: 22% (2018); Target: 70% (2030)</i> Percentage of population enumerated in the 2030 census round (2025-2034) <i>Baseline: 95% (2019); Target: 100% (2030)</i> | <p><u>Output 3.</u> By 2030, national statistical and accountability systems have strengthened capacities to produce and use disaggregated data on population dynamics for evidence-based advocacy, planning and decision-making at all levels, and for monitoring progress towards the ICPD Programme of Action and the SDGs.</p> | <ul style="list-style-type: none"> The country conducted analysis or reviews of the impact of population change and other megatrends in advancing sustainable development and acceleration of the four outcomes in the year of reporting to inform national policies and strategies <i>Baseline: No (2026); Target: Yes (2030)</i> The country produced population data outputs from either censuses, surveys, civil registration and vital statistics systems, or administrative records in the year of reporting for evidence-based programming <i>Baseline: No (2026); Target: Yes (2030)</i> The country conducted and applied futures analysis, or scenario planning, or anticipatory analysis to inform the development or updating of plans, policies and programmes related to the four outcomes <i>Baseline: No (2025); Target: Yes (2030)</i> Number of innovative financing models and mechanisms developed, piloted, or assessed <i>Baseline: 2 (2025); Target: 5 (2030)</i> | <p>Ministry of Economy and Finance; Ministry of Foreign Affairs; Ministry of Family and Solidarity; Ministry of Health; Ministry of Sports, Youth and Employment; Ministry of Agriculture, Water, Animals and Fishery Resources; Ministry of Secondary Education and Vocational and Technical Training; Ministry of Territorial Administration and Mobility; Ministry of War and Patriotic Defence; Ministry of Justice; Ministry of the Servants of the People; United Nations system organizations</p> | <p>\$15.3 million (\$2.7 million from regular resources and \$12.6 million from other resources)</p> |