



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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**Committee on the Elimination of Discrimination
against Women**

**Consideration of reports submitted by States parties under
article 18 of the Convention on the Elimination of All Forms
of Discrimination against Women**

Sixth periodic report of States parties

Burkina Faso*

* The present report is being issued without formal editing.



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Acronyms and abbreviations

AEPS	Simplified Drinking Water Supply
AGRs	Income-Generating Activities
AI	Initial Literacy
ARV	Antiretroviral
AV	Village Midwife
CAMEG	Generic Drugs and Medical Goods Purchasing Centre
CAP	Knowledge, Attitudes and Practices
CEPE	Certificate of Primary Elementary Studies
CEDEF	Convention on the Elimination of All Forms of Discrimination Against Women
CFAF	CFA Franc
CHR	Regional Hospital
CHU	University Hospital
CIEFFA	International Centre for the Education of Girls and Women in Africa
CMA	Medical Centre with Surgical Unit
CM	Medical Centre
COBUFADE	Burkina Faso Coalition for Children's Rights
CONALDIS	National Commission to Combat Discrimination against Women
CP	Preparatory Course
CPE	Water Points Committee
CPN	Pre-Natal Consultation
CSLP	Strategic Framework to Combat Poverty
CSPS	Health and Social Promotion Centre
CVD	Village Development Council
CVGT	Village Land Management Council
DCSLP	Strategic Framework to Combat Poverty Document
DGRCEF	General Directorate for the Strengthening of Feminine Capacities and Expertise
DGPPDF	General Directorate for the Promotion and Protection of Women's Rights
DEP	Studies and Planning Directorate
DM	Micro Finance Directorate

EBCVM	Burkina Faso Survey of Households' Living Conditions
ECOCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
EPPS	Public Social Insurance Establishment
FAAGRA	Fund to Support Gainful Activities of Women Farmers
FAARF	Fund to Support Gainful Activities of Women
FCB	Supplementary Basic Training
HDI	Human Development Indicator
HIPC	Heavily Indebted Poor Countries
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IMF	Micro Finance Institution
INSD	National Institute of Statistics and Demography
LPDRD	Letter on the Policy of Decentralized Rural Development
MATD	Ministry of Territorial Administration and Decentralization
MDG	Millennium Development Goals
MDRI	Multilateral Debt Relief Initiative
MPF	Ministry for the Advancement of Women
NGO	Non-Governmental Organization
PADS	Health Development Support Programme
PA/FMR	Action Plan to Finance the Rural Economy
PANRJ	National Action Plan for Judicial Reform
PA/OPA	Action Plan / Professional Agricultural Organization
PAP	Priority Action Plan
PCIME	Comprehensive Care of Sick Children
PEEN	Northern Environment Water Programme
PEM	Modern Water Point
PF	Family Planning
PHIVES	Village Hydraulics and Education for Health Project
PM	Prime Minister

PMA	Minimum Activities Package
PNDS	National Health Development Plan
PN-PTF/LCP	National Multi-functional Platforms Programme to Combat Poverty
PNSFMR	National Policy on Land Security in Rural Areas
PTME	Programme for the Prevention of Mother-Child Transmission
PTF	Technical and Financial Partners
PRS	Regional Schools Programme
QUIBB	Uniform Questionnaire on Basic Well-being Indicators
SR	Reproductive Health
SONU	Emergency Obstetrical and Neonatal Care
SSRAJ	Sexual and Reproductive Health of Adolescents and Young People
TAP	Primary School Completion Rate
TBA-CP	Gross Rate of Admission to the Preparatory Course
TBSP	Gross Rate of Primary School Enrolment
TGI	County Court
TP-CP	Rate of Admission to the Preparatory Course
TR-CEP	Rate of Success in the Certificate of Primary Studies
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WAEMU	West African Economic and Monetary Union
WILDAF	Women In Law and Development in Africa

GENERAL INTRODUCTION

1. This report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has been prepared by the Burkina Faso authorities with the support of UNICEF/Burkina Faso. It covers the period from 1993 to 2001.
2. It will be recalled that Burkina Faso ratified the Convention without reservations on 28 November 1984 by decree No. 84-468/CNR/PRES/REC of 28 November 1984 and its accession took effect on 14 October 1987. By this act, Burkina Faso committed itself to work to improve the situation and standard of living of women under its jurisdiction.
3. Burkina Faso honoured its commitments under article 18 of the Convention by submitting its initial and combined second and third periodic reports for the period 1987-1993, which were considered in 2000, and the fourth and fifth reports for the period 1993-2001, which were submitted for consideration by the Committee on the Elimination of Discrimination against Women at its thirty-third session in July 2005. Following the consideration of Burkina Faso's report, a number of recommendations were made; the present report, the sixth of its kind, will endeavour to set out the efforts made during the period 2001-2006 to give effect to those recommendations and the results achieved in implementing the Convention. It also describes Burkina Faso's international commitments in relation to the achievement of gender equality, in particular under the International Conference on Population and Development (ICPD), the Beijing Conference and Platform for Action, the Millennium Development Goals (MDGs), the Dakar Declaration on Education for All, etc.
4. The report has been drawn up by two consultants (a lawyer and a statistician) under the supervision of the National Committee to Combat Discrimination against Women (CONALDIS). The first and second drafts were submitted to CONALDIS and a committee of referees for amendment. The final document was adopted at the end of a national validation workshop attended by members of the Follow-up Committee and referees, women's associations and NGOs and Technical and Financial Partners (PTF).
5. With respect to the dissemination of the results, the report was reviewed by the Council of Ministers, considered at a publicity seminar, discussed in the press, and subjected to detailed study by several national institutions.

PART I

GENERAL CONTEXT

1. DEMOGRAPHIC SITUATION OF THE COUNTRY

6. According to data from the general population and housing census carried out in 2006 by the National Institute of Statistics and Demography (INSD), the population of Burkina Faso is 13,730,258, against 10,312,609 in 1996.

7. Women represent 51.7 % of the population, against 48.3% for men, or a ratio of 94 men for 100 women. The only exception is the Centre region, which has 101 men for every 100 women. This numerical superiority of women has remained constant since the censuses of 1985 (51.9%) and 1996 (51.8%).

8. The vast majority of the population (79.7%) live in rural areas. There are nevertheless high urbanization rates in the capital Ouagadougou (77.5%) and Bobo (34.7%), against only 6.5% and 6.3 percent in the Sahel and Est regions. The national urbanization rate is 20.3% - 21% for men and 19.5% for women.

9. According to the Demographic and Health Survey carried out in 2003, the country is characterized by great fertility. The proportion of women of childbearing age who are pregnant is 10.5%. Like that in other poor countries, this fertility is apparent at a very young age: the fertility rate of women aged 15-19 is 131 per thousand, increasing very rapidly to 275 per thousand for women between the ages of 20 and 24.

10. If the trends recorded in 2003 remain constant, it is estimated that a Burkina Faso woman will have given birth to an average of 6.2 children by the end of her fertile life. The strong propensity to give birth is more pronounced in rural areas, the estimated average difference between the two areas of residence being three children.

11. This high level of fertility, which leads to a high birth rate, is unfortunately accompanied by high mortality. Of 1,000 live births, almost 81 do not reach their first birthday and 184 risk dying before they are five, or one fifth of live births. The overall mortality rate of adults aged 15-49 is also high: 4.5 per thousand for all women and 5.4 per thousand for all men, or male excess mortality of 19%. The annual rate of population increase was 2.38% and life expectancy at birth 53.8 years in 2003.

2. ECONOMIC SITUATION

12. Burkina Faso is a Sahelian country, land-locked and lacking natural resources. Its economy is based essentially on agriculture and animal husbandry, which account for more than 40% of GDP. More than 80% of the rural population depend on cultivating the land and other natural resources of the environment (water, forests, pastureland). These resources are thereby subjected to environmental degradation and demographic pressure.

13. Cotton accounts for at least 60% of export earnings. This dependency makes the Burkina Faso economy fragile and vulnerable to fluctuations in commodity prices and rainfall deficits.

14. The country has to face a situation in which its population is becoming increasingly poor. The survey of household living standards carried out in 2003

shows that 46.4% of the population live below the absolute poverty line, estimated at CFAF 82,672 per annum, against 45.3% in 1998. This poverty is much more marked in women (47.1%) than in men (45.7%).

15. The year 2006 saw the implementation of the Multilateral Debt Relief Initiative, which enabled the national debt to be reduced to CFAF 533.1 billion. This initiative considerably improved debt viability ratios, with total indebtedness representing about 16.9% of GDP at the end of 2006. Total debt servicing amounted to about 10.1% of budgetary income. The ratio of external debt servicing in relation to exports of goods and services was 13.1%.

16. This initiative, together with the healthy state of economic activity, particularly the continuing infrastructure work and the upturn in mining, made it possible to record an exceptional balance-of-payments surplus of CFAF 50.7 billion. In particular, the outstanding trade balance, though still structurally in deficit, improved in 2006 by 13.3% compared with 2005, to CFAF 254.5 billion. This improvement follows a greater increase in exports (+24.5%) than in imports (+4%).

17. The increase in public and private investment can be attributed to all the reforms relating to budget management and the strengthening of the business climate. Because of these reforms, Burkina Faso improved its position in the overall category “Ease of doing business” of the 2006 report “Doing Business”. It rose from 171st in the world ranking in 2005 to 163rd in 2006, an advance of eight points. In the category “Starting a business”, the country’s ranking rose from 154th to 131st, a gain of 23 points.

18. Real GDP growth averaged 6.2% over the past five years, against an average growth of 2.8% for the ECOWAS region as a whole. This economic performance can be seen in the high level of GDP growth in 2006 and underlies the vigorous activity recorded in all sectors.

19. Despite this proven performance, work still remains to be done, as Burkina Faso is in 175th position out of 176 in the UNDP Human Development Indicator (HDI) table.

3. SOCIAL AND CULTURAL SITUATION

20. Despite the adoption of a personal and family code that is relatively favourable to gender equality, Burkina Faso’s social and cultural context is still characterized by a predominance of rules of custom and religion whose application or interpretation are very often unfavourable to women, especially in rural areas. In practice, many women continue to have a status of major incapacity, reflecting their social inferiority to men.

21. This situation is confirmed by a recent UNICEF analysis¹ carried out in June 2006 in all regions of the world, both rich and poor, which shows that in the region south of the Sahara, Burkina Faso is high on the list of countries in which women have little power of decision over their lives. In fact, it is in first place with 74% of women stating that their husbands alone decide matter relating to their health (for example, whether to consult a doctor when they are ill), in fourth place with 55.9% of women for whom the husband alone decides daily family expenditure and in

¹ UNICEF – Calculations based on the data derived from Demographic and Health Surveys, 2006.

second place with 61.5% of women for whom the husband alone decides when they should visit their parents or friends.

22. In the sphere of education, and despite the important progress made in recent years, access to basic education in Burkina Faso remains limited. The gross rate of school enrolment, which was estimated at 42.7% in 2001, rose to 57.2% in 2005, but this also means that a significant number of children (43%) did not go to school. Great disparities based on sex, geographical areas and residence still exist in the educational system. In 2003-2004, the gross rate of school enrolment at the national level was 58.1% for boys, against 46.2% for girls. The quality and relevance of the educational system remain issues of constant concern. The literacy rate rose from 29% in 2001 to 32% in 2004.

23. In the field of health Burkina Faso has one of the weakest profiles in the West African subregion. Overall morbidity and mortality rates remain high. As well as child mortality (184 per thousand) and maternal mortality (484 per 100,000 live births), there has been a relatively high prevalence of HIV/AIDS (although it has been falling continuously –from 4.2% at the end of 2002 to 2% in 2006, according to UNAIDS data), which places Burkina Faso among the most affected countries in the subregion. The epidemiological data provided by the various Demographic and Health Surveys (1998 and 2003) show that malnutrition in all its forms and at all stages of severity has increased continuously over the past decade and is quite pronounced among women and children: 21% of women of childbearing age suffer from energy deficit, 63% have hyporetinolemia and more than half are anaemic. Some 7% of pregnant women suffer from nocturnal blindness due to vitamin A deficiency and 68.3% are anaemic, 2.3% of them to a severe degree (Demographic and Health Survey, 2003).

24. Housing conditions are precarious: about 76.1% of households live in zones without amenities or in traditional houses (more than 46% of households). Roofing is generally of poor quality (58% of households have roofs of straw or soil) and enclosures are usually made from soil (80.6% of households), making these dwellings very vulnerable (several cases of collapse of these kinds of dwellings are reported or registered every year) and sometimes causing loss of human life or homelessness.

25. The national rate of unemployment in Burkina Faso in 2005 is estimated at 4%, with a rate of 1.1% in rural areas and 18.3% in urban areas. It is greater among women, for whom the rate is 26.2%, against 12.3% for men.

26. In the information and communication sector, it is clear that, despite the progress achieved in media penetration, 44% of women do not have access to any media (radio, television, press), compared with 25% of men, according to the 2003 DHS. Inequalities are even more significant in rural areas (54% of women against 32% of men without access to any media) because of poverty and illiteracy.

27. A recent study on the digital gender divide in French-speaking Africa² carried out by the Gender Network and TIC in six countries, including Burkina Faso, shows that women have a one-third less chance than men of benefiting from the advantages and opportunities of the information society. In rural areas, the digital gap is twice

² Réseau Genre et NTIC en Afrique francophone, *Fracture numérique de genre en Afrique francophone*.

as great as in urban areas. Women therefore find it hard to take advantage of advances in communication.

4. POLITICAL AND LEGAL SITUATION

28. The democracy which started in Burkina Faso in 1991 continued with the 2005 presidential election and the 2007 parliamentary elections. The democratization process is being consolidated with the passing of time and the country now has a relatively stable political environment, which has made a substantial contribution to positive and relatively sustained growth over the past five years.

29. The presence of women in the National Assembly has remained constant since the first legislature, although they are poorly represented in relation to their electoral weight. The number of women in the executive seems to have remained the same and for several years has rarely exceeded five.

30. In opting for the division of the entire country into communes, Burkina Faso took a highly significant step forward in terms of decentralization. This option became reality with the last municipal elections held on 23 April 2006, which finally endorsed the powers and possibilities afforded to local actors to manage their own affairs. The country comprises a total of 351 communes, of which 302 are rural and 49 are urban communes. For purposes of administration, there are 13 regions, 45 provinces and 350 departments. Local authorities offer many more possibilities for women to participate in urban management, and in practice their presence is more evident at that level.

31. In legal affairs, the implementation of the national plan for judicial reform during the period 2002-2006 strengthened the position of the judicial power in the State and society. It also made it possible to bring justice and those seeking it closer together through the creation of new jurisdictions, the number of which increased from 10 in 1990 to 20 in 2006, and through the recruitment and training of legal personnel. The number of magistrates increased from 155 to 344 in the same period. Nevertheless, women's access to justice still remains difficult due to illiteracy and the lack of legal assistance.

5. DESCRIPTION OF THE MAIN STRATEGIC AND POLITICAL FEATURES OF THE CAMPAIGN AGAINST POVERTY

32. The main challenge facing Burkina Faso is poverty. That is why the authorities have placed the campaign against poverty at the heart of development efforts. This realization has been reflected in the implementation of several policies and strategies, including:

- *The Letter of Intent concerning sustainable human development*

33. At the third Round Table Conference of Donors held at Geneva in October 1995, the Government of Burkina Faso expressed its adherence to the concept of sustainable development with a human dimension in its Letter of Intent concerning sustainable human development 1995-2005 (LIPDHD). The purpose is to focus national development more on human security, on making basic communities more responsible and on self-development. Five major areas of human security were identified as medium-term and long-term economic goals:

1. Economic security based on gainful employment;
2. Health security based on easy and less costly access to remedial and preventive medical care;
3. Food security based on access to drinking water and balanced and adequate basic food;
4. Environmental security based on the conservation of a healthy environment and the development of sustainable resources for life;
5. Individual and political security in accordance with constitutional provisions and the democratization process, one of the results of which is indubitably the individualization of collective responsibility (decentralization) that was started in 1991.

- ***The strategic framework for combating poverty (CSLP)***

34. Since 2000, Burkina Faso has had a strategic framework for combating poverty that sets out the Government's development priorities. This document focuses on four major areas:

Area 1: Accelerating growth and basing it on fairness;

Area 2: Guaranteeing access by the poor to basic social services;

Area 3: Expanding poor people's opportunities for employment and income-generating activities;

Area 4: Promoting good governance.

35. In order to continue the progress made, the Government revised the document in 2003. The major innovation in the revised version of the CSLP is that account is taken of the importance of the role of women in combating poverty through the integration of the gender dimension in policy formulation.

36. The preparation for each of the 13 administrative regions of a regional strategy for combating poverty (CSRLP) enables specific regional factors to be taken into account, with particular emphasis on the situation of women.

- ***The national good governance policy (PNBG)***

37. Good governance, as defined in the national policy, is seen in Burkina Faso as being the exercise of political, economic, administrative and social authority in the context of the management of public affairs. It covers all resources and systems that can be mobilized to optimize the public affairs management performance indicator and that promote, at the political, administrative, social and economic levels, the expression of their interests by individuals and groups, the exercise of their rights and obligations, and the settlement of disputes they may be involved in.

38. Thus defined, good governance is based on the following principles:

1. Participation of men and women in decision-making, either directly or through lawful and recognized institutions promoting their interests, implying freedom of expression, speech and association;
2. The primacy of law, reflected in the existence of fair legal structures, impartially applied laws and independent justice;

3. Transparency based on the free circulation of information, which is an essential condition for understanding and following up issues of general interest;
4. Fairness, which consists in conserving the political, economic and social environment so as to enable all men and women to improve, or at least maintain, their living standards;
5. Efficiency, by suiting institutions to needs and the optimal use of available resources;
6. Responsibility, meaning that holders of positions of responsibility at all levels (in politics, administration, the economy, civil society) are accountable and, as a corollary, that citizens are able to hold them to account.

- ***Decentralization and full communalization***

39. The implementation of decentralization and full communalization establishes an ideal framework for promoting women's participation in decision-making. It has been quite noticeable that women have become mayors, councillors and officials in village development committees. The documents establishing Village Development Councils (CVD) provide for the compulsory presence of at least two women. Awareness-raising campaigns are to be held to encourage equality for all elective posts.

PART II

CONSIDERATION IN RELATION TO SPECIFIC ARTICLES

1. DEFINITIONS AND GENERAL MEASURES TO COMBAT DISCRIMINATION AGAINST WOMEN (ARTICLES 1-3)

The Committee recommends that the State party should encourage the departments concerned to take women's rights to property into account and grant them the necessary loans.

1.1. POLICIES AND LAWS FOR ENDING DISCRIMINATION AND ENSURING THE DEVELOPMENT AND ADVANCEMENT OF WOMEN

40. During the period 2001-2006, the Ministry for the Advancement of Women, together with other ministerial departments, carried out reforms with a view to promoting women's rights and combating discrimination against them. These measures comprise:

- Adoption of a National Policy for the Advancement of Women (PNPF) in September 2004. This is a framework guideline for government action and for all its partners in the advancement of women. To this end, the Ministry has been restructured to take better account of the dimensions of women's advancement in Burkina Faso. Since June 2006, the Ministry's organizational chart has been reviewed to take into account the new strategies adopted by the Ministry in this sphere, creating:
 - ❖ a General Directorate for the Promotion and Protection of Women's Rights (DGPPDF), responsible for the preparation and implementation of strategies for the promotion and protection of women's and girls' rights;
 - ❖ a General Directorate for the Strengthening of Feminine Capacities and Expertise (DGRCEF), responsible for the preparation and implementation of appropriate strategies to enhance women's expertise. It includes a Directorate of Gender for Development (DGD) responsible, inter alia, for integrating the gender approach of Burkina Faso's policy directions and development plans and programmes, irrespective of the priority promoters and areas of action identified in the national gender policy.
- Adoption of a second action plan in 2003 and a follow-up organization, the National Coordinating Meeting of the Action Plan for the Advancement of Women (CNPAPF). This meeting is chaired by the Prime Minister, with the Minister for the Advancement of Women as Vice-Chairman. The meeting is held annually to review the implementation of the action plan. A Permanent Secretariat of the Action Plan for the Advancement of Women (SP/PAPF) is responsible for implementation. Objective 3 of the Millennium Declaration was taken into account in programme 5 of the plan of action, aimed at reducing inequality affecting women;
- Ratification of the protocol to the African Charter of Human and People's Rights (ACHPR) on the rights of women in Africa by presidential decree no. 2006-179/PRES/PM/MAECR/MPF/MFB of 24 April 2006 and the optional

protocol for Burkina Faso by presidential decree no. 2005-408/PRES/PM/MAECR/MPF/MFB of 26 July 2005.

1.2. PROGRAMMES AND MEASURES IMPLEMENTED

41. The measures taken by the Government and non-governmental organizations to promote the rights of women and girls include the implementation of the programme covering sexual health and human rights, formerly sexual health, HIV/AIDS, human rights and combating trafficking in children and the worst forms of child labour; the first phase of the programme, which is supported by German cooperation, took place from 2004 to 2006.

42. This programme is being carried out in the South and South-West regions and supports the efforts of the Government and NGOs promoting women's rights and combating discrimination against them, including female genital mutilation, sexual and reproductive health, child trafficking and the worst forms of child labour (boys and girls) and combating HIV/AIDS.

43. Support for the promotion of women's rights and the elimination of violence against women, including female genital mutilation, is provided through studies and strengthening the capacity of actors, both male and female, to carry out high-quality IEC and BCC activities through training, supplementary support and the provision of educational material. In combating child trafficking and the worst forms of child labour, this support has also made it possible to carry out a basic study in order to understand the phenomenon better and strengthen the capacity of those involved.

44. So far as girls are concerned, a joint project was carried out in 2003 by a group of three associations: the Burkina Faso Coalition for Women's Rights (CBDF), the Burkina Faso Coalition for Children's Rights (COBUFADE) and WILDAF Burkina. The project consisted in the organization of activities aimed at raising awareness among the population, appealing to the authorities and forming associations on the social and economic rights of girls working as domestics.

45. At the end of 2006, COBUFADE carried out a diagnostic study on the living and working conditions of girls employed as servants in the Bogodo and Nongr-Mâasom districts of Ouagadougou. Its purpose was to ascertain the situation and make a detailed analysis of the work of girls working as servants in those districts. The study showed that their living and working conditions were not brilliant: no contract stipulating the employer's and employee's obligations, an average wage of CFAF 7,437.26, with more than half receiving less than CFAF 7,000, no health insurance, etc.

46. Given the extent of this phenomenon of working girls and its detrimental effects on them, COBUFADE agreed to organize an appeal to attract the attention of the authorities and the public to their difficult working conditions and an awareness-raising campaign aimed at employers, the public and the girls themselves. The programme, entitled "Comprehensive programme to promote the rights of girls working as servants", which is intended to prevent girls working as servants and improve their working conditions, is now being implemented.

47. Despite the efforts undertaken, the situation of women is relatively unfavourable in all areas, especially in rural areas. The implementation of measures under the Strategic Framework for Combating Poverty (CSLP), the adoption currently in progress of the National Gender Policy (PNG) and the implementation

of sectoral plans that take account of the gender dimension should in the long run make it possible to put into operation the concept of equality, to the benefit of both men and women. This of course requires the mobilization of civil society and the international community around the State.

2. VIOLENCE AGAINST WOMEN

Recommendations

The Committee made four recommendations:

- (i) to enact, as soon as possible, legislation on violence against women, including domestic violence, so as to ensure that violence against women constitutes a criminal offence, that women and girls who are victims of violence have access to immediate means of redress and protection and that perpetrators are prosecuted and punished.**
- (ii) also to implement educational and awareness-raising measures aimed at law enforcement officials, the judiciary, health providers, social workers, community leaders and the general public, in order to ensure that they understand that all forms of violence against women are unacceptable.**
- (iii) to provide information in its next report on the laws and policies in place to deal with violence against women and the impact of such measures.**
- (iv) to provide information in its next report on the laws and policies in place to deal with violence against women and the impact of such measures.**

2.1. MEASURES TO COMBAT VIOLENCE AGAINST WOMEN

- *Legislative measures***

48. It has not been possible to adopt new legislative measures against domestic violence. The emphasis has been primarily on information and raising women's awareness of their family rights and ways and means of defending them. In addition, the preferred strategy of the judicial authorities and legal advisory services (social services, Ministry for the Advancement of Women, NGOs and associations) is mediation, because the separations that follow domestic violence are mostly disadvantageous for the woman. To the same end, the Ministry of Justice has started a debate on the establishment of community justice centres to encourage cooperation between the State and civil society, in order better to support victims of violence. Draft laws on child pornography on the Internet and violence in schools have already been included in the programme of the national codification commission. The Government is submitting a draft law aimed at combating human trafficking and similar practices and protecting victims to the National Assembly for adoption. Mention may also be made of the adoption in 2005 of the Reproductive Health Act, articles 17 and 18 of which penalize failure to inform a partner of HIV infection and voluntary transmission to partners.

• *Educational measures*

49. The Ministry for the Advancement of Women celebrates International Day for the Elimination of Violence against Women on 25 November every year with a particular theme. In 2006 the theme was “Problems of violence against women: what strategies should we adopt to involve young people?”. The main objective is to draw the attention of the population and women to the phenomenon of violence and its consequences for women and society as a whole.

50. The Ministry for the Promotion of Human Rights, in association with the coordinating body of the 16-Day Activist Campaign against Violence against Women and Girls, organized a national forum which provided an opportunity to discuss the best possible strategies to combat violence against women. The coordinating body, in association with certain technical and social partners and civil society, organizes intensive activities under the 16-Day Campaign. This international campaign starts on 25 November (International Day for the Elimination of Violence against Women), includes 1 December (World AIDS Day) and ends on 10 December (International Human Rights Day). Its purpose is to contribute to the elimination of violence against women and girls through an annual campaign of education and lobbying.

51. In 2006, the Campaign was given the theme “Gender and HIV/AIDS” in order to draw the attention of decision-makers, men, women themselves and the population at large to the vulnerability of women to HIV because of their “inferior status”. There were many activities at the urban and rural levels: lectures, television programmes, stage plays, etc.

52. As well as the 16-Day Campaign, information and awareness-raising events were held by various NGOs and associations. Studies were also carried out to make greater inroads into the phenomenon. One example is the study on “knowledge, attitude and practices relating to women’s rights, violence against women and the use of legal services in the West and South-West regions” carried out in the German project PSV/DHTE/GTZ/DED in 2006.

• *Services for victims of violence*

53. The judicial system in Burkina Faso does not include community justice centres or alternative dispute settlement methods that would ensure support for women and girls who are victims of violence. In practice, however, the Ministries of Social Action and National Solidarity, the Advancement of Women and Human Rights have reception, advisory and guidance services for women whose rights have been violated. Many associations and NGOs use this approach through the establishment of advisory centres which often even extend technical and financial support (making a lawyer available, covering medical costs, provisional housing of the victim, etc.) and endeavour to provide women with advice and guidance. The limitations of these services are usually due, inter alia, to:

- (i) a lack of legal aid to provide suitable support for victims; and
- (ii) the victim’s refusal to follow the procedure, when legal provisions prevent associations and NGOs from being parties to the trial.

- ***Combating female genital mutilation (FGM)***

54. Excision is a widespread practice in Burkina Faso and is not only one of the most damaging to women's and girls' health but also the hardest to eliminate. According to data from the 2003 EDS, 77% of women aged 15 to 49 had undergone this practice. An evaluation study of the work of the National Committee to Combat the Practice of Excision (CNLPE) from 1990 to 2005 reveals a prevalence rate of 49.5% in women from birth to the age of 60. Overall, there is a declining trend but the age of excision is falling, thereby multiplying the risks of girls suffering serious after-effects.

55. In the light of this situation, several measures have been taken by CNLPE, together with its technical and financial partners, NGOs and associations. These include:

- studies by German cooperation agencies aimed at a better understanding of the phenomenon in the Est and Sud-Est regions;
- an evaluation study of the work of CNLPE from 1990 to 2005;
- information, education and training activities for community health workers, schoolchildren and the informal sector, and the general population through radio broadcasts, lectures, films and debates. In sum, there were 269 training courses, 30,466 "chat" meetings, 645 radio broadcasts and 8,958 film showings and lectures in the period 1999-2005 (source: SP/CNLPE). As part of this training, 200 health workers gained knowledge and skills in technique for repairing the effects of excision. It should be noted that these figures are underestimated, since they do not include the many activities of associations and NGOs.
- the arrest, trial and conviction to actual or suspended prison sentences of more than 300 practitioners of excision and their accomplices;
- the introduction of an FGM module in primary and secondary curricula by a joint letter dated 30 June 2003 from the Ministries concerned with education, after an initial experimental phase supported by German cooperation from 2001 to 2003;
- medical treatment of victims of after-effects through the creation of a mini operating suite. From 1999 to 2006, 2,360 women and girls were treated (SP/CNLPE);
- the proclamation, by decree no. 2001-258/PRES/PM/MASSN of 6 June 2001, of 18 May as National Day to Combat the Practice of Excision and 6 February as "Zero Tolerance Day".

2.2. PROGRESS ACHIEVED

56. The many awareness-raising activities aimed at the population in general and women in particular have resulted in more and more women daring to speak out. Women are increasingly approaching the legal services of Ministries (MPF, MPDH, MASSN) to seek advice and care, especially psychological care, although they are still reluctant to bring court proceedings.

57. In the case of FGM, there have been some positive advances, including:

- a declining trend in excision among girls under 15. It is still unclear whether this decline reflects a real decrease or the impact of the law having resulted in secrecy;
- the subject is no longer considered a taboo and some leaders are officially condemning the practice;
- there has been a rather noticeable social mobilization to promote the ending of excision (customary and religious leaders and officials of associations, NGOs, village groups etc.).

2.3. DIFFICULTIES ENCOUNTERED IN COMBATING VIOLENCE AGAINST WOMEN

58. The main difficulty encountered in combating violence relates to social and cultural obstacles. Violence against women is usually based on the principle that women must be subordinate to men and all means of maintaining this hierarchy, including violence, are allowed by society and accepted as such by women. Violence is often seen as the “normal” response to any “refusal to obey”. This idea, which is propounded through education and the maintenance of stereotypes, is changing very slowly, especially in rural areas where the level of education is very low. All this explains the silence of victims and their resignation to accepting the situation, except in rare case of extreme violence.

59. The main difficulties in combating the practice of excision are:

- the secrecy of the practice, which puts the life of women and girls at greater risk;
- lowering of the age of excision, which usually takes place in the first week of life, making denunciation more difficult;
- lack of understanding on the part of those involved in punishments handed down by courts: suspended sentences and the systematic non-indictment of parents who are nevertheless accessory to the offence;
- the mobility of practitioners of excision who operate inside the country (from one province or region to another) or outside it, in neighbouring countries which do not have laws against FGM.

2.5. PROSPECTS

60. These are mainly for the completion of a national study now being carried out which should provide greater insight into violence against women and its extent, through analysis by region and ethnic group, focusing on the profound causes.

61. In the specific case of FGM, mention may be made of:

- the adoption and implementation of the "zero tolerance to FGM by 2010" plan;
- the adoption of innovative strategies (peer-education, opinion leaders, integration of modules into curricula, etc.);
- identification and involvement of new actors to combat FGM (children, pupils, etc.);

- research activities to identify the determining factors of the practice in order to adopt strategies and convey messages.

3. TEMPORARY SPECIAL MEASURES (ARTICLE 4)

62. The measures adopted for women and girls have been mainly educational, with a view to closing the broad gap that exists between boys and girls, men and women. These measures have been adopted at all levels of education.

- **At the primary level**

63. Free schooling: the fact that the State has paid for all girl pupils enrolled in the first year since the 2003/2004 school year has led to results that have never been equalled in the Burkina Faso educational system. According to data from the 2006 Statistical Yearbook of Education, the number of girls enrolled in the first year rose from 87,868 in 2001 to 146,773 in 2005, an annual increase of 13.7%.

64. The preparation and implementation of an action plan for girls under the 10-year programme for the development of basic education enable appropriate solutions to be applied to the many obstacles that still exist to girls' access to education.

65. Priority actions have been identified. They are:

1. lobbying and awareness-raising to overcome social and cultural problems and change mentalities;
2. training of all those involved in education (teachers, communities, parents) in a "gender approach" in order to neutralize sexist stereotypes in behaviour;
3. combating violence against girls in schools, particularly sexual harassment, early and/or forced marriage, etc.).

66. More and more women are becoming teachers, and this is being widely encouraged and supported by the Government, which regards it as a means of promoting greater equality between the sexes.

- **At the secondary level**

67. Measures were adopted by the Government between 1996 and 2001 to accelerate girls' access to secondary education. They consisted in the award of scholarships for secondary education exclusively to girls in 10 provinces with the lowest enrolment rates. These specific measures ended in 2000-2001, when 300 scholarships had been awarded.

68. Since 2000, civil associations have taken up the baton by contributing to the award of scholarships for secondary education exclusively to girls. For example, from 2001 to 2006 the Forum for African Women Educationalists, with support from the United States (United States ambassadors' scholarships) and its own funds, awarded 625 scholarships. In 2006, the Tin Tua association, also with United States support, awarded 200 scholarships. In 2006, Plan International awarded 1,000 scholarships.

- **At the higher level**

69. The priority allocation of 60% of rooms in university housing complexes to women is intended to offer them ideal conditions for study and living.

Table 1
Percentage occupation of university rooms

<i>Academic year</i>	<i>Total number of rooms</i>	<i>Rooms allocated to girls</i>	<i>Girls' occupation rate</i>
1996 - 1997	307	184	60
1997 - 1998	448	269	60
1998 - 1999	678	407	60
2000 - 2001	678	407	60
2001 - 2002	828	497	60
2002 - 2003	1035	621	60
2003 - 2004	1165	699	60

Source: Calculated from university figures.

70. As part of the follow-up to the Pan-African Conference on the Education of Girls held in Ouagadougou in 1993, and in view of the challenges to be met, Burkina Faso proposed the establishment of an International Centre for Women's and Girls' Education, as a resource, training and information centre. In 1999, the thirtieth session of the UNESCO General Conference took note of the plan to set up the Centre and included it in document 30C/5 under Major Programme I, special project 2. The International Centre for Women's and Girls' Education in Africa (CIEFFA) was established at Ouagadougou in 2001.

71. In July 2004, at the instigation of Burkina Faso, the Third Ordinary Conference of Heads of State and Government of the African Union took the decision ("Decision Assembly/AU/DEC.44(III)") approving the principle of making CIEFFA a specialized institution of the African Union. CIEFFA's main aim is to promote women's and girls' education with a view to their full participation in the elimination of poverty and the emergence of a peaceful world for sustainable development. The Centre has several achievements to its name, including publications (in French and English), training and many studies.

4. MEASURES TO COMBAT SOCIAL AND CULTURAL BEHAVIOUR CONDUCTIVE TO DISCRIMINATION AGAINST WOMEN (ARTICLE 5)

72. Measures to combat social and cultural behaviour conducive to discrimination against women have been taken both by ministerial departments and by NGOs and associations. They include:

- information, training and awareness-raising meetings for the population to familiarize it with the contents of CEDAW and its application;
- activities to inform and raise the awareness of the population and customary and religious leaders about women's rights and the concept of "gender";
- taking account of gender in the activities of many associations;
- translation of CEDAW into the three main national languages and its distribution free of charge at meetings;
- adoption of a gender policy by some ministerial departments (agriculture, youth and sports, etc.);

- current preparation of a national gender policy, preceded by a diagnostic analysis of gender relations in Burkina Faso society. The analysis was carried out through the creation of participating diagnostic workshops.

5. TRAFFICKING IN WOMEN AND PROSTITUTION (ARTICLE 6)

73. Burkina Faso has not yet taken any specific action to combat trafficking in women. Measures currently being taken relate to trafficking in children, including both girls and boys.

74. It may, however, be pointed out that on 6 July 2006, in Abuja, Burkina Faso signed a multilateral agreement on cooperation in combating human trafficking, especially of women and children, and adopted the joint ECOWAS/ECOCAS action plan. Similarly, a review of law no. 038-2003/AN of 27 May 2003 on the definition and suppression of child trafficking is currently in progress in order to take account of the situation of women.

75. Mention may also be made of the study³ of soliciting for sex carried out in July 2003, which threw light on the phenomenon and enabled its extent to be assessed. The study showed that those soliciting were mainly young girls (under 23) who have dropped out of school (more than 50% have a primary level of education) and almost all of whom have already pursued an economic activity (trade, dressmaking, hairdressing, etc.). The study also shows that all the girls are aware of the risks and dangers of soliciting but believe that it is the only strategy for meeting their economic needs. To seek a solution to the problem of soliciting, a research campaign was carried out in 2004 to find a strategy for the economic integration of girls engaged in soliciting: it led to a pilot economic integration project supported by UNICEF.

76. There are nevertheless good prospects for this area. They concern:

- the preparation by the Ministry of Social Action and National Solidarity of an analytical study on the situation of trafficking in women with a view to taking specific action;
- the inclusion of violence against women in Demographic and Health and Multiple Indicator Surveys;
- the preparation of a national study on the causes and extent of violence against women.

6. POLITICAL AND PUBLIC LIFE OF WOMEN (ARTICLES 7-8)

77. Women are still very poorly represented in Parliament, the Government and senior positions in central and communal administrations. Action is being taken by some NGOs and associations and by the National Assembly. It includes:

- the organization of a gender caucus in the Assembly;
- the holding of a forum on women's representation in decision-making bodies in 2006;

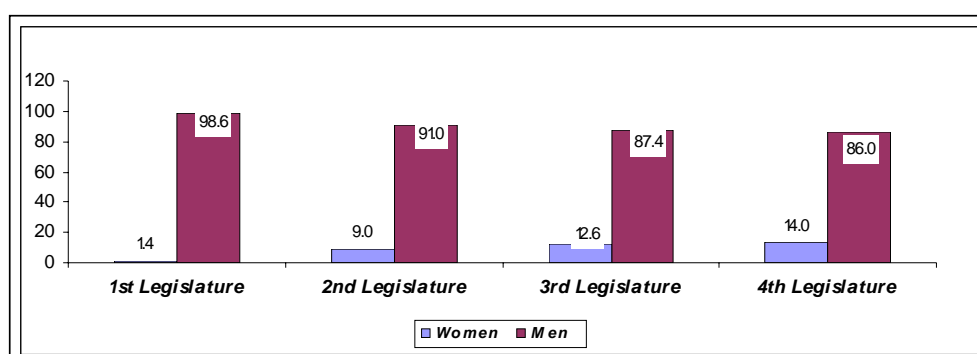
³ Soliciting for sex in Ouagadougou: an approach to the direction of social action and education of the commune of Ouagadougou.

- a proposed law on a quota of at least 30% of men and of women on electoral rolls;
- lobbying political officials to place more women on electoral rolls in the 13 regions at the municipal elections in 2005.

78. These activities have helped to improve women's representation quite considerably, especially in Parliament and local authorities. The percentage of women in Parliament, for instance, rose from 1.4% of the first legislature in 1992 to 14% in 2007.

79. The graphic below shows a remarkable increase between the first and second legislatures, followed subsequently by a somewhat hesitant advance.

Figure 1
Number of women in Parliament from 1992 to 2007



Source: CBDF report 2007.

80. At the local level, and as shown in the table below, progress has been very slow. Knowing that issues of concern to villages, departments and regions are discussed locally and that these issues that affect the daily lives of women, we may fully appreciate the immensity of the task ahead.

Table 2
Participation in local authorities by sex

		Year	1995	2000	2006
<i>Candidates</i>	Men		4 447	4 232	58 598
	Women		521	952	14 464
	<i>Percentage of women</i>		<i>1.5</i>	<i>18.4</i>	<i>19.2</i>
<i>Placement in first and second rounds</i>	Men		1 564	2 886	
	Women		92	571	
	<i>Percentage of women</i>		<i>5.6</i>	<i>16.5</i>	

	<i>Year</i>	<i>1995</i>	<i>2000</i>	<i>2006</i>
<i>Seats obtained</i>	Men	1 546	864	11 477
	Women	152	228	6 400
	<i>Percentage of women</i>	8.9	20.8	35.8
<i>Number of mayors</i>	Men	38	54	339
	Women	3	3	20
	<i>Percentage of women</i>	7.3	5.3	6

Source: CBDF, draft report on the advancement of women in local politics/strengthening women's political participation in the communal elections of 23 April 2003

81. The situation is the same at all levels, from elected positions to senior administrative functions: 20/359 mayors, 17/111 deputies, 4/45 high commissioners, 3/13 regional governors and 5/34 ministers and delegate ministers in 2007.

82. In the sphere of international representation, much remains to be done to promote women's participation. The number of female ambassadors fell from three and five in 2002 and 2005 respectively to only two in 2006, or 7.1% of a total of 28 posts. The same applies to the level of women's representation in international institutions and organizations.

7. NATIONALITY (ARTICLE 9)

(See previous report)

8. EDUCATION (ARTICLE 10)

Committee's recommendation: priority to be given to the education of girls

The Committee recommends that the Government should consider the education of girls and women as a priority and seek international assistance to ensure and promote the universal enrolment of girls in schools and prevent school dropouts. It urges it to allocate more financial and human resources to the educational sector, to recruit more teachers and to ensure that school textbooks no longer reproduce negative images of women. (Priority to be given to the education of girls).

8.1. POLICIES, PROGRAMMES AND MEASURES IMPLEMENTED

83. In accordance with the Committee's recommendation concerning the priority to be given to the education of girls, several measures have been taken by the Burkina Faso authorities to improve the educational situation of girls and provide guidance. These include:

- *the 10-year plan for the development of basic education 2001-2009(PDDEB)*, which is the official framework for all basic education activities. It was adopted in June 1999 by decree no. 99-254/PRES/PM/MEBA and included a segment entitled "education of girls". It covers both formal and informal basic education as well as pre-school education. Its aims include, inter alia: (i)

achieving an enrolment rate of 70% by 2010, with a particular effort for girls and the most disadvantaged rural areas; (ii) achieving a literacy rate of 40% by 2010 through the development and diversification of literacy campaigns; (iii) improving the quality, relevance and effectiveness of basic education through the training of teaching and supervisory staff, teaching/apprenticeship conditions, planning new schools and setting up permanent quality control; (iv) diversifying post-literacy activities in national languages and French; (v) strengthening the Ministry of Education's guidance and management capacity; (vi) developing information and applied research;

- *the adoption of the educational policy letter of May 2001*, one of the objectives of which is to ensure access to basic education for 70% of children of school age by the end of 2010, with special emphasis on girls, whose enrolment rate by then should reach a minimum of 65%;
- *the adoption in September 2003 of the Strategic Framework to Combat Poverty (CSLP)*, which sets out the Government's priorities and is the reference document for all development initiatives, education being one of the priority sectors;
- *the establishment in 2002 of the Fund for Non-Formal Literacy and Education (FONAENF)* under the 10-year plan for the development of basic education 2001-2009 (PDDEB). FONAENF is an instrument for the implementation of governmental policy in the sphere of literacy and non-formal education with the following objectives: (i) to gather and distribute contributions from the State and public and private partners to finance literacy and non-formal education; (ii) to encourage the State and its development partners to increase their financial contributions to non-formal education; (iii) to broaden the financing base for non-formal education so as to obtain new financial resources from new partners; (iv) to enhance capacity for action in the sphere of literacy and non-formal education by granting subsidies in accordance with criteria set out in procedural manuals; (v) to adopt new forms of financing for non-formal education that give priority to disadvantaged social strata. Two strategies have been adopted to take account of gender: requiring that operators ensure a proportion of at least 60% of women in centres (which explains the increase in the number of women in centres between 2003 and 2006) and encouraging operators;
- *the preparation in 2006 of a study* by the State in partnership with the United Nations system, identifying persistent obstacles to the access, maintenance and success of girls in schools, with the aim of re-positioning activities and strategies so as to improve girls' education;
- *the preparation in July 2006* by the Ministry of Secondary and Higher Education and Scientific Research, with the support of the embassy of the Netherlands, of an "Exploratory and analytical study on gender problems in secondary and higher education", with the aim of better meeting the needs of each sex in the system;
- *the 2006 review of the 1996 law* on educational orientation, which confirmed the priority status of education, respect for gender equality as one of the objectives of education and the formal prohibition of all forms of violence in schools;

- *the substantial increase in the budget available to the educational sector*: in the period 2001-2005, the proportion of the State budget allocated to the sector remained above 7%, rising from CFAF 40,080,521,000 to CFAF 85,410,380,000, an average annual increase of 20.8%.
- *the subsidizing of subscriptions to parent-teacher associations (PTA) by the State*, with the support of technical and financial partners under PDDEB, for girls enrolled in primary school year 1;
- *the annual organization since the school year 2003-2004 of a massive enrolment campaign for girls*;
- *the holding of regional symposia to accelerate the education of girls and women*;
- *the setting-up of "second-chance" schools*: the strategy is aimed at enabling girls not attending school to maintain or even improve their level of teaching by enrolling them in evening courses while teaching them a trade during the day. In 2006, there were more than 200 private and public girls' training centres throughout the country. They are, unfortunately, concentrated in the major towns (about 50 in Centre and 30 in Haut Bassins) rather than rural areas, although the latter need them more in view of the high dropout rate. The training and production centres for young people established by the State since 1994 in Sourou are also a response to the high girls' dropout rate (493 graduated from the scheme in 2002-2004).
- *the establishment by the State of Non-Formal Basic Education Centres* for children who drop out or do not attend school;
- *the adoption of a ministerial Order at the beginning of each school year since 2004*, specifying the number of candidates to be admitted to the sixth-year, BEP first-year and second-year general secondary education classes and to secondary technical and vocational education and setting out a quota benefiting girls for enrolment rates and scholarships.

8.2. PROGRESS ACHIEVED

84. The progress achieved in education relates to infrastructures, living and working conditions, higher staffing levels and improvement of the quality of teaching in the formal and non-formal sectors.

(i) *Improvement of educational infrastructures*

85. The various projects and programmes that have been implemented have helped to improve the educational situation of people in general and girls in particular by increasing the availability of education. The number of primary educational establishments rose from 614 in the school year 2000-2001 to 1,128 in 2005-2006, an increase of 83.7%. At the same time, the number of classes rose from 2,285 to 4,356, an increase of 90.6%.

Table 3
School infrastructures and teaching staff

<i>School year</i>	<i>Teachers</i>	<i>Schools</i>	<i>Classes</i>
2000 - 2001	19 007	614	2 285
2001 - 2002	20 676	692	2 633
2002 - 2003	22 664	776	2 963
2003 - 2004	23 886	836	3 359
2004 - 2005	26 938	1 004	3 933
2005 - 2006	30 311	1 128	4 356

Source: INSD Statistical Yearbook.

86. The Government's educational policy has also been to provide newly-built infrastructures with staff to work with the children. That is why, as shown by the table above, the number of teachers also rose sharply during the period. It increased from 19,007 to 30,311 over the five-year period, an average annual increase of 9.8%.

87. In the sphere of literacy and non-formal basic education, the data in the 2006 INSD yearbook show an increase in the number of initial literacy training centres and basic supplementary training centres. The former increased from 4,083 in 2000-2001 to 6,703 in 2004-2005. As a result of the policy of growth, the number of basic supplementary training centres rose from 1,201 in 2000-2001 to 4,351 in 2004-2005, an average annual increase of 27%.

(ii) Improvement of the living and working conditions of pupils and teachers

88. With a view to better working conditions for teachers, the Government undertook construction of housing for male and female teachers. In 2004, 2005 and 2006 respectively, 690, 1,088 and 710 such dwellings were built.

89. To improve pupil's apprenticeship conditions, issues of access to drinking water and sanitation were addressed by the authorities through the establishment of 105 wells and 280 latrines in 2004.

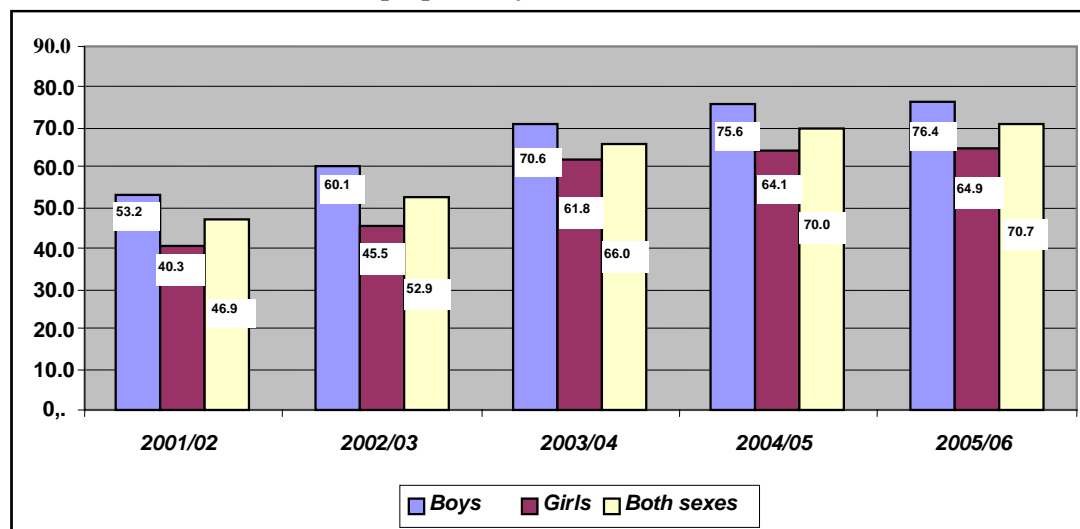
(iii) Increase in staff

90. The trend in the gross rate of admission to the preparatory course (TBA-CP) is upwards, indicating that the growth in available education has led to a rise in the enrolment of children in preparatory courses. This rate increased from the initial figure of 46.9% in 2001 (53.2% for boys and 40.3% for girls) to 70.7% in 2005-2006 (76.4% for boys and 64.9% for girls).

91. The data in the 2006 yearbook show that the proportion of boys enrolled for preparatory courses remains higher than that of girls. However, over the same period, the TBA-CP for boys grew by 9.5% on average each year, while that of girls increased by 12.6% - a faster rate of growth for enrolment of girls than for enrolment of boys.

92. The increase in the TBA-CP of girls in relation to that of boys can be seen across the country, but it is very high in the Est region (21.3% for girls against 15.8% for boys), the Sahel (23.0% against 18.7%) and the Centre-Nord region (17.0% against 11.1%). This reflects the impact of the priority given to provinces with a low rate of enrolment.

Figure 2
Gross rate of admission to the preparatory course



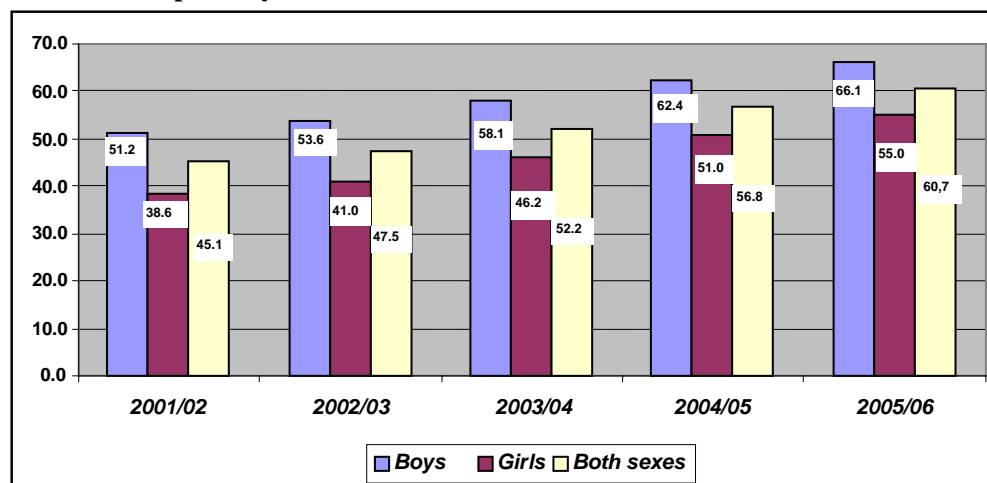
Source: Calculated from data in the 2006 INSD Statistical Yearbook.

93. The gross rate of primary school enrolment (TBSP) rose over the period 2001-2006, as shown in the graphic below. At the national level, it increased from 45.1% in 2001 to 60.7% in 2006, slightly exceeding the target of 60% set in the Letter of Intent on sustainable human development policy (LIPDHD) and the PDDEB target, which sought to increase the rate of enrolment from 42% in 2001 to 56% in 2005.

94. The Government's efforts to educate girls have succeeded in achieving a rate of 55%, or five percentage points more than the target set in the Letter of Intent concerning sustainable human development 1995-2005 (LIPDHD).

95. Although the figures show that the level of enrolment among boys remained higher than that of girls in the period 2001-2006, the average annual rate of increase in the gross rate of primary school enrolment was higher for girls (9.3%) than for boys (6.6%), demonstrating that the impact of policies is much more marked for girls.

Figure 3
Gross rate of primary school enrolment



Source: Calculated from data in the 2006 INSD Statistical Yearbook.

96. At the regional level, the enrolment rate for girls is growing faster than that for boys. However, the difference between the TBSP for girls and that for boys has remained quite steady over the years (10%). In some regions such as Centre-Nord and Nord, it is very high, at 27.9% and 17% respectively in 2005-2006.

Table 4

Gross rate of primary school enrolment by region and sex in 2005/2006

	Boys	Girls	Total
Boucle du Mouhoun	57.8	48.6	53.4
Cascades	67.9	55.8	62.0
Centre	97.3	94.3	95.8
Centre-Est	63.9	54.5	59.4
Centre-Nord	60.0	43.1	51.6
Centre-Ouest	69.7	57.4	63.8
Centre-Sud	63.1	56.4	59.9
Est	44.4	37.5	41.1
Hauts-Bassins	71.6	60.6	66.2
Nord	84.8	56.8	70.7
Plateau Central	62.4	49.5	56.1
Sahel	41.9	36.1	39.1
Sud-Ouest	66,2	55,7	61,2
Burkina Faso	66.1	55.0	60.7

Source: Calculated from data in the 2006 INSD Statistical Yearbook.

(iv) Improvement of teaching quality

97. The quality and efficiency of the educational system is assessed through indicators such as the rate of entry into primary schooling, the rate of success in the certificate of primary studies (CEP), the dropout rate and the rate of completion.

98. **The rate of admission to the preparatory course (TP-CP)** has seesawed at above 80% over the years. For girls, there have been two main stages in this indicator during this period:

- a rising trend between 2001 and 2004, from 80.3% to 85.7%;
- a falling trend between 2004 and 2006, from 85.7% to 84.6%.

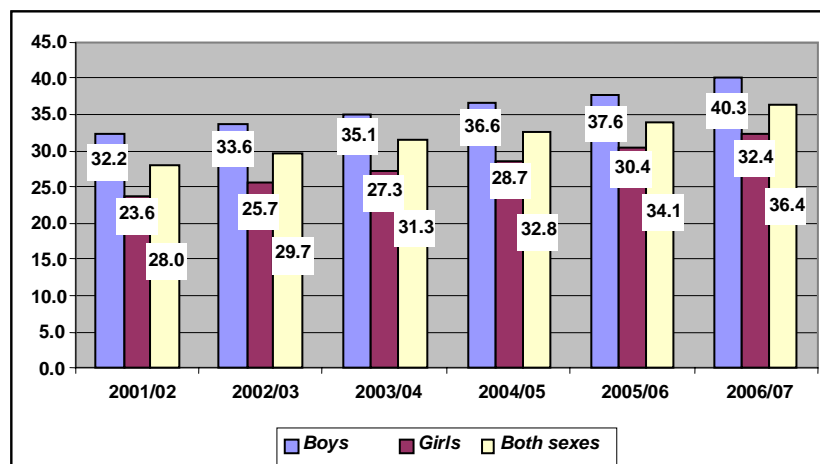
99. Available information on entry to the preparatory course shows that the educational level of girls has improved over the years.

100. **The rate of success in the certificate of primary studies (TR-CEP)** rose between 2001 and 2004 and then declined from 2004 to 2006. For girls, the TR-CEP increased steadily during the period, from 58.6% in 2001 to 65.5%. However, there was a significant drop of 4.2 percentage points between 2004 (69.6%) and 2005 (65.4%). There was a similar, though more marked, fall of 5.1 percentage points for boys.

101. In general, although boys record a higher TR-CEP than girls, the level remains rather low for both sexes (less than 75% for each sex and each year) and the speed of improvement in the indicator is slightly greater for girls (average annual growth rate of 2.3%, against 2.1% for boys).

102. *The primary school completion rate (TAP)* has risen over the years but remains rather low. In the period 2001-2006 it stayed below 40%. For girls, the maximum rate was 32.4%, against 40.3% for boys. This shows the improvement in the quality of teaching.

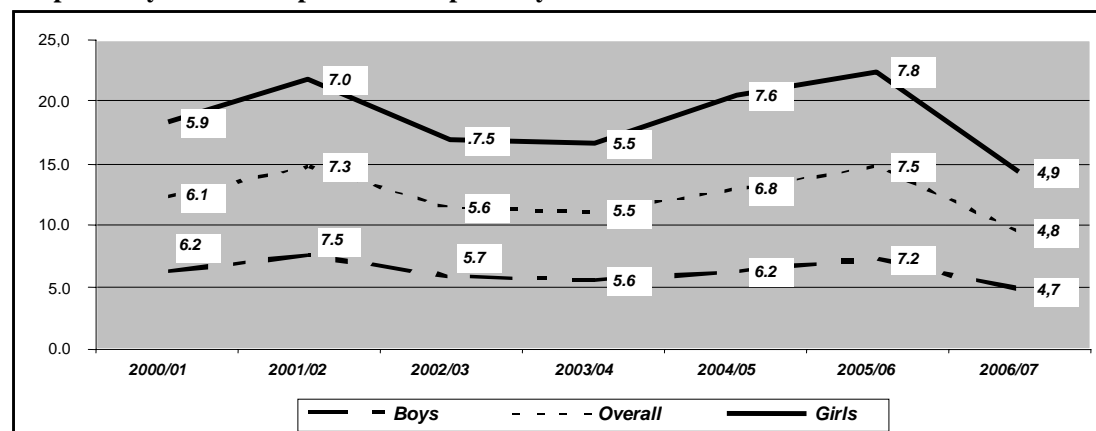
Figure 4

Primary school completion rate

Source: Calculated from data in the 2006 INSD Statistical Yearbook.

103. The authorities' efforts to promote school enrolment in general, and girls' enrolment in particular, are certainly praiseworthy, but it has to be acknowledged that the progress achieved is being tainted by high dropout rates. As shown in the table below, the dropout rate in primary schools (CP) remains high (4.9% for girls, 4.7% for boys in 2006/2007). There is the additional difficulty of the transition from primary to secondary education, due to the low rate of girls' success in the CEPE, the poverty of parents and the lack of reception facilities (inadequacy or absence of classrooms, lack of boarding schools, poor distribution of teachers, especially women, leading to shortages in secondary towns and remote villages).

Figure 5

Preparatory course dropout rate in primary schools

Source: Calculated from data in the 2006 INSD Statistical Yearbook.

104. In secondary education, there has been an increase in the enrolment rate for girls, from 9.66% in 1995 to 25% in 2006.

105. In addition, data from the household surveys entitled "Uniform questionnaire on basic well-being indicators (QUIBB)" carried out by INSD show that the gross rate of secondary enrolment rose by 3.5 percentage points between 2003 and 2005. However, the gap between girls and boys in secondary education remains quite large. In 2005, according to data from the INSD survey of that year, it amounted to 3.6 percentage points. The same survey carried out during the school year 2006-2007 shows that girls' enrolment in secondary education fell to 22.8%, against 29.1% for boys, a difference of 6.3 percentage points.

106. In non-formal education, the efforts deployed by the authorities in terms of the establishment and promotion of training courses in initial literacy and supplementary basic training have led to significant advances. In the period 2001-2006, enrolment in initial literacy courses rose on average by 12.6%, with a rate of 13.1% for women and 12% for men. Overall, the proportion of women enrolled in these courses remained above that of men during the period 2001-2006.

Table 5
Enrolment in initial literacy courses by sex

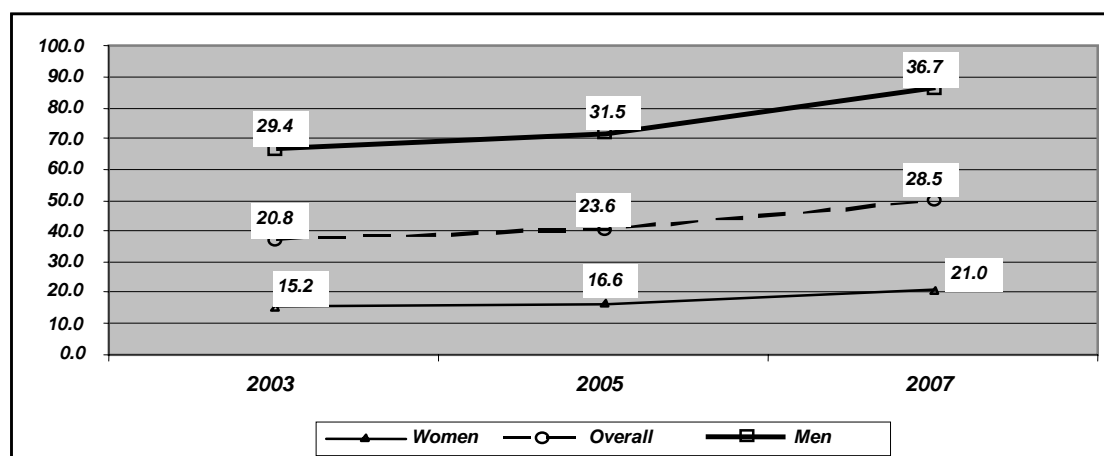
	2001/02	2002/03	2003/04	2004/05	2005/06
Men	42.6	45.3	45.6	42.3	38.9
Women	57.4	54.7	54.4	57.7	61.1

Source: 2006 INSD Statistical Yearbook.

107. The same predominance of women over men can be seen in supplementary basic training. In 2005/2006, for example, the ratio was 91.8 men for every 100 women.

108. The literacy rate in the country is low. As shown in the graphic below, it remained less than 30% in the period 2003-2006. The gap between women and men remained very large. Since 2003, the literacy rate of men has stayed almost double that of women. The logical consequence of this situation is that women's opportunities to create wealth are limited, and this increases their level of poverty in the long term.

Figure 6
Literacy rates



Source: INSD (EBCVM 2003, QUIBB 2005 and 2007).

109. As regards initial literacy, the data from the 2006 Statistical Yearbook show higher enrolment among women than among men (54.4%, 57.7% and 61.1% in 2004, 2005 and 2006 respectively). However, women are forced for various reasons to give up without completing the course. The dropout rate among women remains high (13.2% in 2004, 11.5% in 2005 and 10.1% in 2006), although it is decreasing.

110. According to the data in the 2006 Statistical Yearbook, women enrolled in initial literacy training courses have a lower success rate than men. In 2002-2003 the difference was 14 percentage points, but it has narrowed steadily over the years (5 percentage points in 2005-2006).

8.3. CONSTRAINTS AND DIFFICULTIES IN WOMEN AND GIRLS' EDUCATION/LITERACY TRAINING

111. The measures undertaken at various times seem to have had a discernible impact on girls' access to education. The number of first-year enrolments is increasing every year. However, challenges remain concerning their maintenance, because at this level experience has shown that girls who have not finished the first secondary cycle fall into illiteracy. However, obstacles to maintenance resulting from a combination of several factors or constraints remain. These are mainly the lack or inadequacy of reception facilities (in many places, schools are still 10km from homes), the persistence of social and cultural problems militating against girls (forced and early marriages, preference for boys, overload due to domestic work, etc.), and a school environment that places girls at a disadvantage (sexual harassment, rape, discrimination, etc.). If nothing is done to resolve these problems, the impact on access may be cancelled out.

9. EMPLOYMENT (ARTICLE 11)

Recommendation:

The Committee recommends that, in both the public and the private sectors, the State party should ensure strict respect for labour laws, and take measures to eliminate discrimination in employment.

112. In implementation of the recommendation, the labour code was reviewed in 2004, leading to a prohibition of harassment in the workplace, a ban on discrimination against persons with HIV/AIDS and the lifting of the age of apprenticeship from 14 to 15.

113. In public administration, despite a constant increase in the number of men and of women in employment, major disparities in favour of men are evident, both in terms of numbers and positions held. In 2005, women still accounted for only 25.4 of public service officials.

Table 6

Distribution of public officials, by sex and year, per cent

	2001	2002	2003	2004	2005
Men	76.7	76.8	76.4	75.2	74.6
Women	23.3	23.2	23.6	24.8	25.41
Total	100	100	100	100	100

Source: 2006 Statistical Yearbook (INSD).

114. The graphic above shows that the number of female public service officials varied by only 2 points in the period 2001-2006. This situation reflects the stagnant employment situation in the public service general and that of women in particular.

115. In terms of professional categories, women in public service represented 19.7% of senior management (category A), 31.2% of middle management (category B), 24.4% of junior officials and 5.0% of support staff. As can be seen, most women work in middle management, because it is at that level that functions traditionally performed by them such as education, health etc. are found.

116. Male/female disparities are appreciable in the private sector, in which women are poorly represented. Data available from the National Social Security Fund (CNSS) show that in 2005 26,869 women, or 17%, in all sectors taken together were regularly declared to the Fund, against 135,503 men, or 83%. There was even a decline of 0.43% compared with 1998, despite the fact that educational enrolment of women had jumped. Private-sector employers prefer men to women; they justify this partly by the greater availability of men and partly by their more specialized skills. However, in some positions, such as cashiers, secretaries, telephonists or receptionists, women are preferred. In technical posts, however, representatives of the private sector report a virtual absence of women, who do not choose this type of training.

117. According to data of the NERE file of the Chamber of Commerce, Industry and Handicrafts, only 16% of companies are headed by women.

10. HEALTH (ARTICLE 12)

10.1. GENERAL HEALTH

Recommendation of the Committee concerning health

350. The committee recommends that the State party should adopt measures to improve the access of women to health care and related services and information, in accordance with article 12 of the Convention and its general recommendation 24 on women's health.

10.1.1. POLICIES, PROJECTS AND PROGRAMMES

118. Many programmes and projects were implemented by the Ministry of Health in the period 2001-2006, and in the long term they should have a positive impact on the health of the population in general and of women and girls in particular.

119. General policies include:

- the National Health Policy adopted by the Government in 2000 and implemented through three-year plans. The first three-year plan, which was initially intended to cover 2001-2003, was finally postponed to the period 2003-2005;
- the National Health Development Plan (PNDS), adopted in July 2001 for the period 2001-2010. The Plan seeks to reduce maternal and neonatal mortality by 40% by 2010 and raise the rates of pre-natal consultation availability to 90%, of births assisted by qualified staff to 60% and of contraception to 27%.
- the Health Development Support Programme (PADS), adopted in 2005. It follows the project for support to health districts and regional health boards. This project was established by the Ministry of Health for a period of four years (2005-2008) and is aimed, inter alia, at increasing the capacity of health services and NGOs/associations to care for a greater number of persons with HIV/AIDS and generally to finance all activities and action plans of health districts.

120. Efforts to prevent and combat malnutrition have consisted in:

- the adoption in 2001 of the National Action Plan for Nutrition (PNAN). It encompasses the Government's efforts to organize the fight against the negative consequences of nutrition in terms of morbidity and mortality. However, as the Plan did not receive the expected financial support for its implementation, a national nutrition policy is being prepared to meet this need. The establishment of a nutrition directorate to replace the National Nutrition Centre, which has existed in the Ministry of Health since 2002 and whose functions include coordination of nutrition activities at the national level, indicates the Government's desire to make nutrition a national priority;
- combating micronutrient deficiencies by the distribution, free of charge, of vitamin A and provision of supplements to vulnerable groups - pregnant women and children under the age of 5;
- implementation of the project for universal salt iodination, under which officers have been trained in the use of the material and equipment of materials titrimetry laboratories in border areas and major centres for quality control of iodized salt.

121. In the specific area of malaria, a strategic plan to combat the disease was adopted for the period 2001-2005. The aim was to achieve a 25% reduction in morbidity attributable to malaria by enhancing preventive measures and improving the treatment of cases in health centres. The new strategic plan launched in 2006 is intended to reduce morbidity and mortality from malaria by 50% by 2010 by strengthening existing priority action (e.g. the use of sulfadoxine and pyrimethamine for pregnant women).

122. A project to fight tuberculosis covering the 13 regions of Burkina Faso is being implemented during the period 2005-2009. Its objectives are: (i) to increase the rate of detection of new cases of tuberculosis through positive microscopy; (ii) to increase the success rate of treatment from 65% in 2004 to 85% in 2009; (iii) to provide diagnosis and treatment of TB/HIV co-infection in cooperation with SP/CNLS-IST and associations of persons with HIV; (iv) to improve the programme's managerial capacities. In this context, and with the support of technical and financial partners, awareness-raising campaigns are being organized in conjunction with NGOs and associations in the 13 regions to encourage attendance at health centres and rapid detection of new cases.

123. In the area of gynaecology, mention may be made of:

- the programme to combat obstetric fistula, covering the period 2004-2008;
- the comprehensive treatment and care of victims of the after-effects of excision through the establishment of a mini operating suite. From 1999 to 2006, 2,360 women and girls underwent corrective treatment (SP/CNLPE);
- screening for cervical and breast cancer, fibroids, etc. This is carried out on a permanent basis in some centres in Ouagadougou, such as the ABBEF, CHU-YO and CMA clinics in sector 30. The main data available⁴ on screening of women for cancer show a predominance of cancer of the breast (36.6%), cervix (35.3%), ovaries (6%) and vulva (4.2%). With respect to fibroids, 20-30% of women under the age of 30 and 50% of women over 50 present asymptotically. The principal difficulty is the inadequacy of treatment, at only 20%.

124. Projects being implemented to improve available health services include:

- *the project to build CSPSs for the period 2002-2006*: the aim is the construction and equipment of 28 Health and Social Promotion Centres (CSPSs), the basic units in the Burkina Faso health system. Statistics show that 64 CSPSs were built during the period 2003-2006;⁵
- *the project to build rural health centres for the period 2002-2009*: the main aim is to enhance basic health coverage, reducing distances in the long term.

10.1.2. SOME ADMINISTRATIVE MEASURES

125. *Enhancing the skills of providers through training*. Mention may be made of training in emergency obstetrical and neonatal care (SONU) and in comprehensive care of sick children (PCIME). In 2005, 17 doctors were trained in health district management and 16 in basic surgery.⁶

126. *Strengthening primary health care through implementation of the Bamako initiative*, and establishing the Generic Drugs and Medical Goods Purchasing Centre (CAMEG). This has enabled costs to be lowered and medicines to be made available.

127. *Utilization of traditional medicine*. This was made possible by the establishment in the General Directorate of Pharmacy, Drugs and Laboratories of a Directorate for

⁴ Data from the Yalgado Ouedraogo university hospital in Ouagadougou.

⁵ 2006 Statistical Yearbook.

⁶ Above-mentioned PAP report.

the Promotion of Traditional Medicine. During 2005, 300 practitioners of traditional medicine received training to improve the quality of their work.

10.1.3. PROGRESS ACHIEVED

(i) *Appreciable increase in health facilities*

128. Health units have been acquired and provided with medical and technical material. The table below shows an increase in health facilities in the period 2003-2006: the number of CSPSs rose from 1,147 in 2003 to 1,211 in 2006, an increase of 64; 22 dispensaries and 39 maternity units were converted into CSPSs.

Table 7

Health infrastructures from 2003 to 2006

INFRASTRUCTURES	2003	2004	2005	2006
Regional/University Hospitals (CHR/CHU)	12	12	12	12
Operational Medical Centres with a Surgical Unit (CMA)	31	41	41	42
Medical Centres	33	42	35*	26
Health and Social Promotion Centres (CSPS)	1 147	1 148	1 172	1211

Source: DEP-Health, 2006, 2005 and 2004 Yearbooks.

* Some medical centres were converted into CSPSs.

(ii) *Reduction of the theoretical catchment area (in km) of health units*

129. The average distance of access to a health unit fell from 8.68 km in 2003 to 7.8 km in 2006.

(iii) *Reduction of the inhabitant/CSPS ratio*

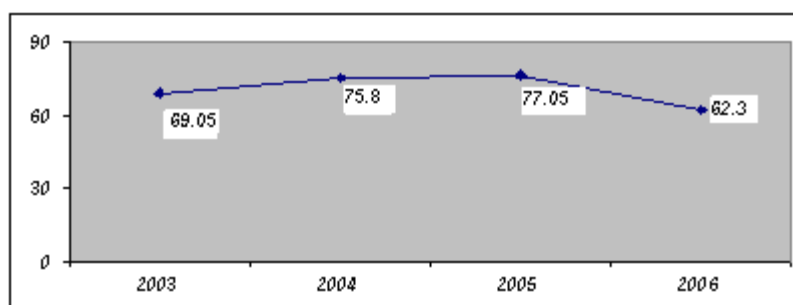
130. Like the theoretical catchment area, the passive health coverage index improved from one CSPS per 11,082 inhabitants in 2004 to one CSPS per 9,946 inhabitants in 2006. The national standard of one CSPS per 10,000 inhabitants has been fully achieved.

(iv) *Increase in the proportion of CSPS complying with personnel standards*

131. A CSPS meets the personnel standard if it has at least one nurse with a State diploma or one licensed nurse, an auxiliary midwife or a matron, and an itinerant health officer or an unskilled worker. Figure 7 shows the proportion of medical establishments complying with the minimum personnel standard, which fell from 69.1% in 2003 to 62.3% in 2006, with a peak of 77.05% in 2005.

132. The substantial fall in the figure for 2006 compared with the 2005 level (77%) stems from a personnel management problem. Although there is an abundance of health workers in urban centres, many medical establishments in rural areas have only one or a maximum of two. Corrective measures consisting in the decentralized recruitment of health workers at the regional level have, however, been taken.

Figure 7
Proportion of CSPSs complying with standards



Source: DEP-Health, Statistical Yearbook of Health 2005 and 2006.

(v) *Increase in the consultation rate*

133. According to surveys carried out by the National Institute of Statistics and Demography (INSD) in 2003 and 2005, the consultation rate in medical establishments has improved slightly, from 4.4% of women and 4.0% of men in 2003 to 7% and 6.8% respectively in 2005, an increase of 2.6% for women and 2.8% for men. It is higher in urban areas (5.8%) than in rural areas (3.8%).

(vi) *Improvement in nutrition*

134. According to data from the QUIBB surveys carried out by INSD, children's nutrition improved in the period 2003-2006. The proportion of growth-retarded or underweight children fell from 45.5% and 42.2% respectively in 2003 to 34.6% and 37.4% in 2006.

135. In terms of gender difference, the fall in the proportion of growth-retarded boys was less than that of girls, the annual average for boys presenting a imbalance between their height and their age being 2.9% against 3.9% for girls.

136. In children presenting an imbalance between their weight and their age (underweight children), the average annual fall in the indicator was slightly greater in boys (1.7%) than in girls (1.5%).

137. The data show an increase for both sexes in the proportion of children suffering from an imbalance between weight and height. For boys, this indicator rose from 19.8% in 2003 to 24.3% in 2006, while the increase for underweight girls was slightly less (18.2% in 2003, against 21.9% in 2006).

138. With regard to malaria, the fatality rate in medical establishments is declining, dropping from 5.03% in 2004 to 3.89% in 2005 (CSLP Performance Report, 2005). The proportion of women sleeping under a mosquito net also rose from 10% in 2001 to 27.5% in 2005 (SP/LCP). In addition, community health services have received training in simple home treatment of malaria in the 55 health districts.

10.2. REPRODUCTIVE HEALTH

Recommendation of the Committee

It calls upon the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing clandestine abortions.

It encourages the State party to enhance availability of contraceptive services.

It further recommends that sex education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases.

The Committee requests the State party to provide in its next report detailed statistical and analytical information on measures taken to improve women's access to health-related services and information, including in regard to sexual and reproductive health and family planning, and the impact of these measures, in accordance with the Committee's general recommendation 24 on women and health.

10.2.1. PROGRAMMES IMPLEMENTED

139. The following programmes and measures have been implemented in the sphere of reproductive health:

- the Strategic Framework to Combat Poverty, which was adopted in 2000 and revised in 2006 and contains sections providing for improved availability of reproductive health services;
- the Strategic Plan for Lower-Risk Maternity 2004-2008, the general aim of which is to reduce maternal and neonatal mortality in Burkina Faso by 30% by 2008;
- the plan to accelerate the reduction of maternal and neonatal mortality for the period 2006-2010;
- the adoption of Law no. 049-2005/AN on reproductive health, which sets out the components of better sexual reproductive health in equality and specifies the right of citizens to enjoy it.

140. The following measures relate to the health care of women:

- the practice of repositioned pre-natal consultations (CPN), which constitute one of the measures most applied in the Minimum Package of Activities for all medical establishments. It is intended, inter alia, to detect pregnancies that are at risk, and emphasizes individual care focused on women.
- family planning, which is recognized as an essential means of maintaining the health and well-being of women and their families. It is provided by all medical establishments in Burkina Faso under the strategic plan to secure the supply of contraceptives for the period 2005-2015;
- the use of village midwives (AV): the strategy was to train village women in the elementary rules of hygiene to enable them to attend home births. This strategy continues to be a central feature in the activities of many partners on the ground that allocated resources to it up to 2005. An assessment of the work of village midwives led to the conclusion that the strategy had not achieved the desired aims and a national discussion led the health authorities to redirect the work of village midwives towards raising the awareness of women and referring them to the nearest medical unit;
- the normalization and standardization of procedures and practices. Efforts are being made to draft standards and protocols for reproductive health, but

practical difficulties remain in ensuring the effective application of these standards by the various actors in the system (publicity, training, supervision);

- training of doctors in basic surgery (92 doctors trained);
- establishment of medical centres with a surgical unit: this has made high-quality care more available to the population and enabled obstetrical emergencies to be handled. Their number rose from 31 in 2003 to 42 in 2006;
- the implementation since 2006 of a system of cost-sharing and subsidies for confinements and emergency obstetrical and neonatal care: this strategy has been adopted because the high cost of confinements is one of the main causes of failure to use health services. The total costs of a confinement are set as follows: CFAF 11,000 instead of CFAF 55,000 for a Caesarean section and CFAF 900 instead of CFAF 4,500 for a eutocic (normal) confinement in an CSPA. For other complications occurring in childbirth the rate of subsidy is 80% of the cost incurred.

10.2.2. PROGRESS ACHIEVED

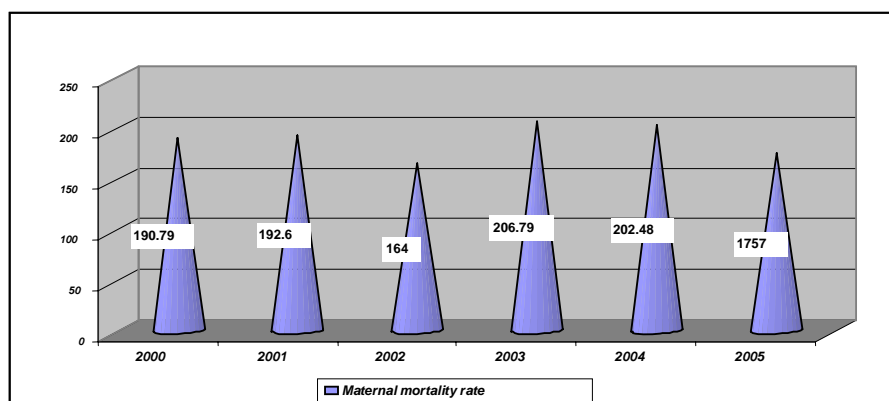
(i) *A slight reduction in the maternal mortality rate in all medical establishments*

141. According to the Statistical Yearbook 2005, maternal mortality in medical establishments seesawed in the period 2000-2005. Between 2000 and 2001 it increased from 190.79 to 192.6 deaths per 100,000 births. In 2002, the policies implemented seem to have been highly effective, leading to a mortality rate significantly lower than before - 164 per 100,000 births, according to the same source.

142. The graphic below shows that maternal mortality fell slightly in 2003 and 2004, from 206.8 to 202.5 deaths per 100,000 births. In 2005, on the other hand, there was a significant drop, to 175.7 per 100,000 births. This apparent decline at the national level, however, masks regional disparities. The rate actually varies from 37.8 in the Centre health region, which includes the capital, to 840.3 in the Sahel health region.⁷ The following graphic shows the distribution of maternal deaths by health region in 2005.

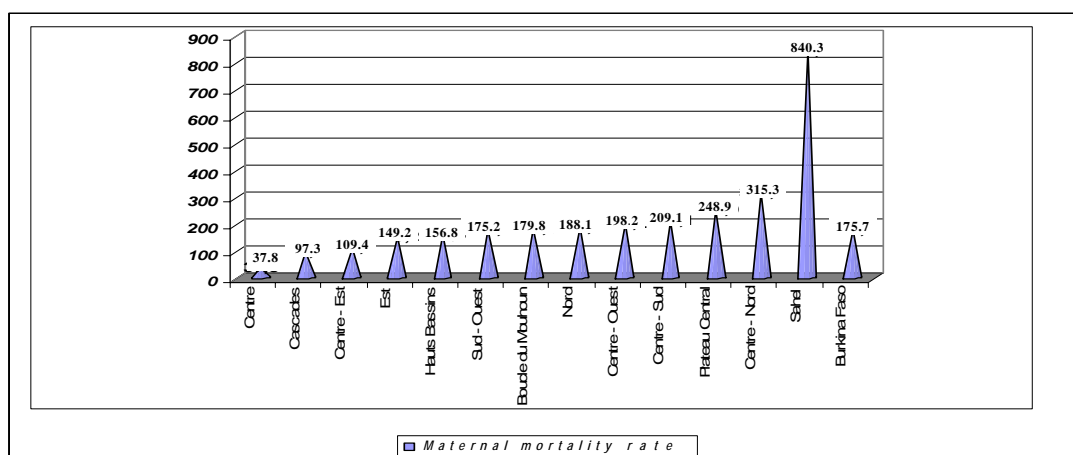
⁷ The high mortality rate in the Sahel in relation to other regions is due to the low availability of health services (several households are more than 30km from the nearest medical establishment) and by the Fula culture, in which unassisted childbirth is seen as an act of bravery on the part of a woman.

Figure 8
Maternal mortality rates in health districts



Source: Calculated from health yearbooks (2005 and 2006).

Figure 9
Distribution of maternal deaths per 100,000 women giving birth by health region in 2005



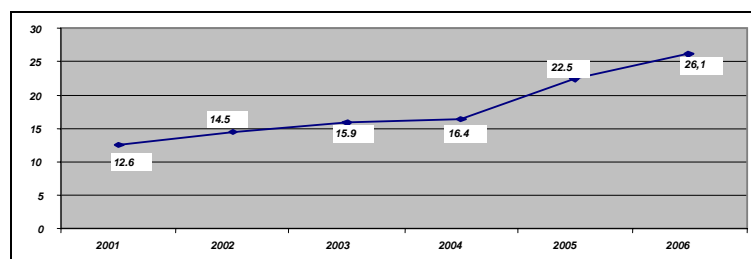
Source: DEP-Health, Health Statistics yearbook 2005.

143. Following an audit of maternal deaths carried out in various health districts, it was possible to reveal shortcomings (including poor level and difficulty of access to health centres for childbirth and insufficient health personnel) at various levels and to provide better guidance to PECs.

(ii) *Increase in the contraceptive prevalence rate*

144. Since 2001, women's reproductive health situation has improved rather substantially in respect of contraceptive prevalence, which rose from 12.6% in 2001 to 14.5% in 2002 and 26% in 2006, an average annual increase of 2.7%. With respect to modern methods, the population and health survey indicates that the improvement in the period 1998-2003 was greater in urban areas (from 20.1% to 28.2% in 2003) than in rural areas (2.6% to 5.1%).

Figure 10
Contraceptive prevalence

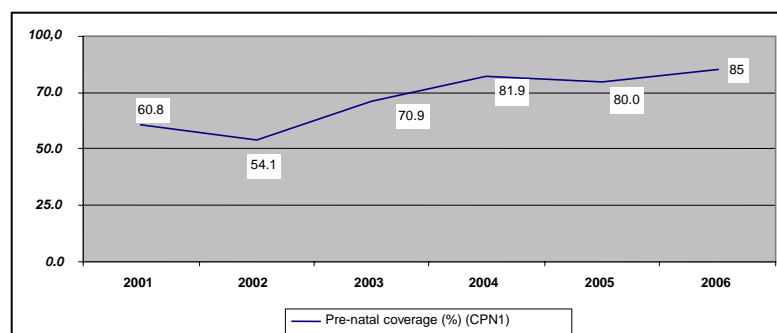


Source: Calculated from health yearbooks (2005 and 2006).

(iii) Improvement in the pre-natal coverage rate

Women's attention to their reproductive health is reflected, in parallel with the improvement in the contraceptive prevalence rate, which reflects women's awareness of the need to for family planning, by the improvement in the pre-natal coverage rate, as shown in the graphic below. The increase in the rate is especially important, as it averages 4.8%.

Figure 11
Pre-natal coverage



Source: Calculated from health yearbooks (2005 and 2006).

(iv) Increase in the pre-natal monitoring rate

145. Women's interest in monitoring their pregnancies has increased in recent years. According to the 2006 health statistics yearbook, 19% of pregnant women attended a health centre for monitoring in the first trimester of their pregnancies in 2006. The proportion in 2003 and 2005 had been 16.3% and 18.2% respectively.

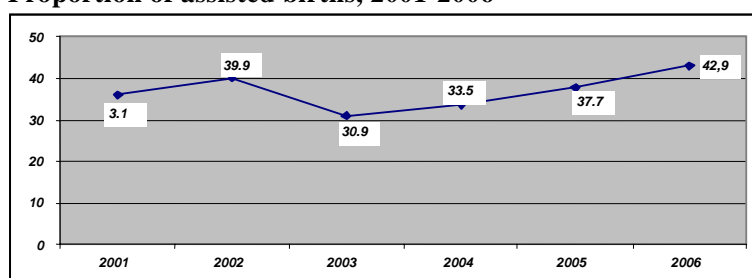
146. However, while the rate of second pre-natal consultations was 63.31% in 2005, the statistical data for that year indicate that 37.67% of births took place in medical establishments. This means that not all the women who attended pre-natal consultations gave birth in a medical establishment, thereby causing under-utilization of maternity services. In addition, the high level of women's attendance at medical centres to monitor their pregnancies was unfortunately accompanied by a rise in the abortion rate, according to the same source. That rate increased from 22% to 25.5% from 2005 to 2006, an increase of 3.5%.

(v) *Increase in the proportion of assisted births*

147. The efforts deployed by the health authorities have led to a clear improvement in the situation of women giving birth. The proportion of assisted births in health districts rose from 36.1% in 2001 to 43% in 2006, an increase of 6.8 percentage points over the period.

Figure 12

Proportion of assisted births, 2001-2006



Source: Calculated from health yearbooks (2005 and 2006).

(vi) *Increase in the post-natal consultation coverage rate*

148. According to statistics from the 2005 DEP/health, post-natal consultation coverage has been rising since 2002 (18.64% in 2002, 30.85% in 2003, 33.68% in 2004). In 2005, however, the rate fell to 29.8%.

10.2.3. SYSTEMIC WEAKNESSES IN REPRODUCTIVE HEALTH

149. Despite a great many efforts by the State and its partners (donors, NGOs and associations) to solve the problems related to the sexual health of the population in general and women in particular, many weaknesses persist. Some of these are listed below.

(i) *The system's weak capacity to combat maternal and neonatal mortality*

150. Many births are not assisted by skilled personnel partly because of the lack of such personnel but also because of the bad distribution of those who are available; the level of care provided for complications related to childbirth remains very low because many hospitals of first referral (CMAs) are not very operational and regional hospitals (CHRs) have few specialized staff. By way of example, a study on unmet obstetrical needs carried out in March 2001 shows a relative deficit of 65.83% (IOM/IMA).⁸ The disparities between rural and urban areas are huge, the figures being 74% and 16% respectively. Young women under the age of 25 are most affected (56%), followed by those aged 35 to 39. In addition, the financial cost of referral are generally beyond the means of very disadvantaged rural populations, but with subsidies, the existence of health insurance and the cost-sharing system services are now affordable.

(ii) *Shortcomings in the implementation of repositioned pre-natal consultation*

151. These shortcomings are due inter alia to the low level of ability of staff of medical establishments to detect pregnancies presenting a risk. In many districts, the proportion of risky pregnancies detected is 2-3%, whereas the standard required is

⁸ Strategic plan for lower-risk maternity.

5%. A further factor is the low availability of care for all cases of risk detected, either because the patient refuses to be referred or because the referral unit is not able to offer better-quality services and women do not attend pre-natal consultations regularly. Usually they arrive rather late, some after the first trimester, and most only attend twice.

(iii) Low capacity to handle obstetrical emergencies

152. At the level of health districts, many CMAs are not able to handle obstetrical emergencies (only 42 were operational in this area in 2006). There is often no operational communication system between medical centres and these district hospitals. From the standpoint of logistics, ambulances are often defective for those who have them, despite the efforts of the State. Lastly, the capacity of CMAs to provide blood transfusions is very limited.

(iv) Low level of family planning

153. Although the contraceptive prevalence rate is increasing, it remains very low. The main difficulties in family planning relate to the decline in efforts by partners and the State to promote it, the lack of involvement of men and the fact that not all family planning needs are met. About 26% of women with a partner have unmet needs, either for limitation (7%) or for spacing (19%) of births. New needs have arisen with the HIV/AIDS pandemic, particularly those relating to double protection against HIV/AIDS and unwanted pregnancies, especially among young people and sex workers.⁹ A further factor is non-respect for the right of women to control their own maternity.

(v) Inadequate provision for the elderly

154. Although a health programme for the elderly has theoretically been prepared, it would seem in general that there is insufficient provision for their sexual health in medical establishments.

(vi) Inadequate provision for pathological pregnancies

155. This applies also to pregnant women with chronic associated pathologies such as sickle-cell anaemia, hypertension, diabetes, heart disease, etc.

10.2.4. THE OUTLOOK FOR REPRODUCTIVE HEALTH

156. The outlook for reproductive health will consist mainly in the implementation of new strategies to take account of the difficulties encountered by the various actors (health system, population) and cover needs that are inadequately met. These include:

- the strategic plan to secure the supply of contraceptives for the period 2006-2015: the main aim of this plan is to ensure that contraceptives are available to women, men and young people;
- the plan to accelerate the reduction in maternal and neonatal mortality rate in the period 2006-2015: intended to reduce maternal and neonatal mortality in the context of the MDGs;

⁹ Above-mentioned MMR Plan Document.

- application of the WHO 10-year framework for the period 2004-2014: the aim is to accelerate action to "reposition family planning in reproductive health services";
- the strategic plan for reproductive health publicity in the period 2007-2010: this will serve as a reference tool for planning publicity campaigns to promote reproductive health;
- the health programme for the elderly: its implementation is intended to help reduce the unmet sexual health needs of this target group.

10.3. HEALTH OF ADOLESCENTS

157. The sexual and reproductive health of adolescents is marked by early sexuality, early and unwanted pregnancies (14.4% in urban areas and 28.4% in rural areas), induced abortions (37% of maternal deaths at the Sourou Sanou hospital are due to clandestine abortions and more than half are of adolescents),¹⁰ multiple partners, unprotected sex (20% among boys and 40% among girls) leading to a high prevalence of HIV/AIDS (the prevalence of AIDS in the 15-24 age group is estimated at 2.7% according to EDS III), drug addiction, smoking and various forms of violence. Several policies and measures have been put into effect to meet this situation, including:

- implementation of the health services policy and standards adopted in 1999, aimed at helping to improve the health and well-being of the population in the context of sustainable human development. The policy has four components: men's health, women's health, child health and the health of young people and adolescents;
- implementation of a pilot project to promote the sexual and reproductive health of adolescents (PSDADO) by MASSN for the period 2004-2005, with the support of UNFPA. Inter alia, it has enabled the capacity of social and health services to be enhanced, basic community services to be made available and the rights of adolescents to be promoted;
- implementation of the strategic plan for the health of young people (aged 6-24) for the period 2004-2008, the aims of which include reductions of 30% in the number of early and unwanted pregnancies, 25% in the rate of clandestine abortions among young people and 25% in the prevalence of social diseases (alcoholism, smoking, drug addiction);
- a study on basic knowledge, attitudes and practices (CAP) relating to the sexual and reproductive health of adolescents and young people (SSRAJ) in eight schools, followed by a "peer-education" strategy¹¹ in 13 schools and by the adaptation of reproductive health services to the needs of young people in nine medical centres in the Est and Sud-Est regions, supported by PROSAD.

10.4. WOMEN AND HIV/AIDS

158. Available statistics show a trend towards feminization of AIDS in Burkina Faso. Of 5,144 cases notified in 2006, 3,309 or 64.3% were women. There is an

¹⁰ DSF, Ouagadougou.

¹¹ Training of young people in knowledge of sexual and reproductive health to enable them, in turn, to raise awareness and discuss the matter with their peers.

increasing preponderance of AIDS among women of childbearing age. According to data from SP/CNLS, 6-7% of pregnant women are infected by HIV and 2-3% will transmit the infection to their babies in the absence of preventive measures. It is for this reason that the national authorities have designated combating HIV/AIDS as one of the priority areas of the anti-poverty strategy adopted in 2000.

10.4.1. POLICIES AND STRATEGIES IMPLEMENTED

159. Mention may be made of the following:

- the strategic framework to combat HIV/AIDS and sexually transmitted diseases: it covers the period 2001-2005 and was followed by a second strategic framework for 2006-2010;
- the programme for the prevention of mother-child transmission (PTME) and for the paediatric care of HIV/AIDS by the Ministry of Health: the objective is to combat mother-child transmission;
- the preparation of an action guide to help sex workers;¹²
- Law No. 049-2005/AN of 22 December 2005 on reproductive health: this prohibits all discrimination based on HIV/AIDS infection and guarantees confidentiality in relations between and social health workers and the infected person, who has the right to special assistance in terms of psychological and social support, advice and appropriate medical care.

10.4.2. PROGRESS ACHIEVED

160. Implementation of the various programmes, policies and strategies has led to rather satisfactory achievements. They include:

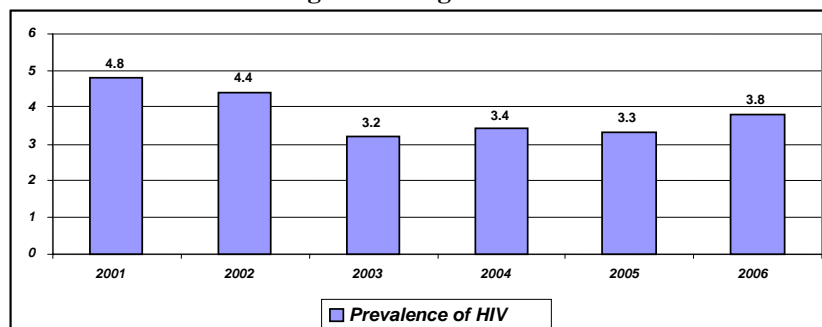
- a reduction in the prevalence of HIV/AIDS, which fell from 4.2% in 2002 to 2.0% in 2006 (figures from UNAIDS);
- major involvement of many NGOs and associations in promoting care of orphans and vulnerable children;
- an annual national forum on care of orphans and vulnerable children, which acts as a framework for discussion and exchange of experience for NGOs and associations, has been held since 2003.

161. In urban areas, the various policies implemented to combat HIV/AIDS have led to a drop in the prevalence of HIV. The rate of HIV in women of childbearing age (15-49) fell from 4.8% in 2001 to 3.8% in 2006. This was, however, marked by two major phases:

- a significant reduction, from 4.8% to 3.2%, between 2001 and 2003, and
- a marked increase, from 3.2% to 3.8%, between 2003 and 2006.

¹² Designation of prostitutes to justify their medical and other monitoring.

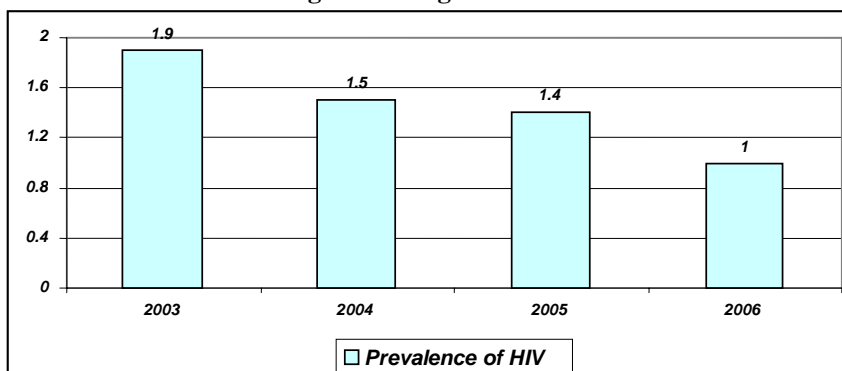
Figure 13
Prevalence of HIV among women aged 15-49 in urban areas



Source: Calculated from data in the report of the seventh session of CNLS-IST.

162. Prevalence in the countryside, unlike that in urban areas, fell steadily between 2003 and 2006 from 1.9% to 1%, or 0.9% for the period as a whole.

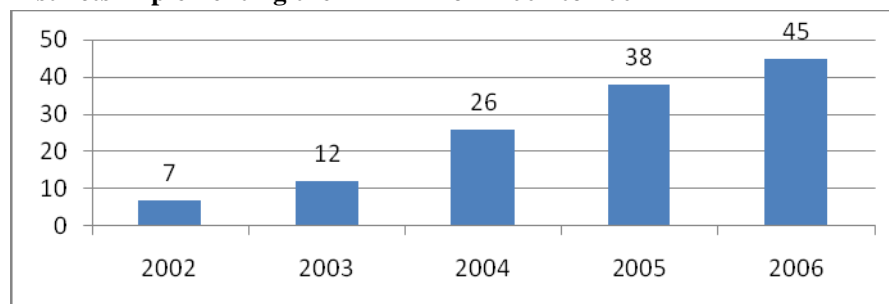
Figure 14
Prevalence of HIV among women aged 15-49 in rural areas



Source: Calculated from data in the report of the seventh session of CNLS-IST.

163. With regard to the programme for the prevention of mother-child transmission (PTME), the Government's efforts have consisted primarily in promoting the establishment in health districts of units responsible for the programme. The number of districts implementing the PTME/HIV programme rose from three in 2002 to 45 in 2006. In 2005, of a total of 832 women diagnosed as HIV-positive, 673 (89%) gave birth and 476 (70.7%) were treated under the full ARV scheme; in 2006, of 2,046 women diagnosed as HIV-positive, 1,615 (or 80.8%) were treated under the full ARV scheme.

Figure 15
Districts implementing the PTME from 2002 to 2007



Source: Calculated from data in the report of the seventh session of CNLS-IST.

11. MEASURES TO GUARANTEE BETTER ECONOMIC AND SOCIAL CONDITIONS FOR WOMEN (ARTICLE 13)

164. In the general context of implementation of the CSLP, all projects and programmes carried out in the various sectors of activity affect women in one way or another, even if their preparation did not take account of their specific needs and their role in various sectors. In particular, the dimension "national solidarity and advancement of women" is covered in segment 3 of the CSLP and provides for the preparation of an agreed strategy for including gender in policies and programmes and clarification of the lead organization in this sphere.

165. Mention should also be made of the continued work of micro finance institutions (IMFs) such as the fund to support gainful activities of women (FAARF), the linkage programme, village savings institutions and Micro Start women's action for development, the main clients of which are women. According to Central Bank of West African States statistics, women accounted for 52%, 51.2% and 49.6% of the clientele of IMF in 2001, 2002 and 2003 respectively.

166. In 2005, an assessment of FAARF's contribution to combating poverty¹³ showed that 542,247 women, or 8% of the population, 16% of the active female population and almost 31% of poor active women had received financing from the fund, enabling them to raise their level of entrepreneurship, their contribution to household expenditure (school fees and child care) and their skills in terms of management, initiative, knowledge and know-how.

167. In 2005, an action plan under the national micro finance strategy was adopted by the Micro Finance Directorate (DM) of the Ministry of Finance and the Budget in order to enhance the availability of viable and continuing micro finance services to most poor or low-income people and micro entrepreneurs, particularly women and young people, throughout the country by 2010 through viable IMFs integrated into the national finance market.

168. The report on the implementation of CSLP's priority activities programme shows the following results and achievements for 2006:

¹³ Report assessing the contribution to combating poverty: Pierre Claver DAMIBA et al, May 2005.

- 685 tradesmen, 426 of them members of 12 OFACOMs, attended technical training sessions in masonry, dyeing, two-wheel mechanics, baking, weaving and spinning;
- 50 tradesmen's units covered by the system of support for the emergence of micro trade enterprises possess the "tools for better management of your company" (GERME) and are using them;
- 53 tradesmen's units, 25 of them owned by tradesmen, acquired new equipment (sewing machines, mills, welding machines, anvils, soap-cutters, looms, vices, clamps, shea presses, spinning wheels, baker's ovens, etc);
- the technical capacity of 52 suppliers of non-financial support services, including that of 7 women, was enhanced in the sphere of development;
- 515 tradesmen, of which 386 were women, received loans of between CFAF 50,000 and CFAF 1,500,000;
- 426 tradesmen strengthened their output capacity;
- two 4-pedal looms are operational;
- all the female units covered in 2006 diversified their output.

169. Through the Ministry for the Advancement of Women (MPF) and using HIPC funds, the Government has started the construction and renovation of women's clubs and centres for the advancement of women. These are places where women can meet, exchange ideas and learn a trade. Women's clubs are situated in provincial capitals, while centres for the advancement of women have been set up in other localities (departments, villages, etc.). Forty-two women's clubs were built, and two more were under construction, between 2001 and 2007 in all 45 provinces. Nineteen centres for the advancement of women were established and 16 literacy centres were opened.

170. Construction of women's clubs has been accompanied by the acquisition of appropriate technology (mills, shea presses, sewing machines, cereal huskers, power pumps, wheelbarrows, carts, etc.) for associations, groups and women's and young people's networks. In the period 2001-2006, 6,292 technologies of various kinds were acquired, the objective being to ease the strain of women's daily work and enable them to engage in income-generating activities.

171. Support in terms of equipment was followed by enhancement of women's capacities through training or retraining on a range of subjects such as management, follow-up and evaluation, management and micro-project follow-up, management and equipment maintenance, citizenship, etc.

172. In the specific case of disabled women, Government action has focused mainly on:

- support for mobility and independence: this has involved the provision of various forms of material assistance to disabled women to allow them to reach and maintain an optimal functional level and greater independence. From 2001 to 2006, disabled persons were provided with 42 white sticks, 433 simple tricycles, 5 motorized tricycles, 220 wheelchairs, 2 orthopaedic prostheses and 76 hearing aids;

- support to enhance the operational capacity of organizations for the disabled. During the period, Burkina Faso granted a subsidy amounting to CFAF 114,700,000 to support organizations for the disabled in carrying out publicity work;
- the opening in 2001 of a national trade apprenticeship centre for the mobile disabled. The centre currently has 63 apprentices, of whom 27 are women.
- support for the emergence of associations for the advancement of disabled women: the number of disabled women's associations in Burkina Faso has progressed from just three in 1998 to about 30 at the present time.

173. Disabled women's associations have worked to promote IEC activities through awareness-raising, education/training of their members, lobbying and enhancing the social and economic integration of their members.

174. Awareness-raising activities have been mainly in the media, through television (2) and radio (30) programmes, distribution of awareness-raising aids to the population, etc.

175. Training activities have covered women's rights, HIV/AIDS and, especially, the United Nations Convention on the Rights of Persons with Disabilities, now being drafted. More than 200 persons have received training in these areas. Lobbying for the adoption of laws and regulations on the access of disabled people to employment was also undertaken in 2006.

176. Despite the work done by the Government and civil society, it is evident that the needs of disabled persons in general and disabled women in particular are still not sufficiently being met in national and sectoral policies and programmes, and the social and economic integration of disabled women remains a challenge. Illiteracy and poverty are among the many constraints on the provision of support to disabled women.

12. SOCIAL SECURITY

177. Only 10% of the population are covered by social welfare. The table below shows the scale of the challenges, which relate mainly to the access of especially vulnerable groups to basic social services and the extension of social cover to those in the informal sector.

Table 8

Proportion of workers entitled to a retirement pension

	<i>Men</i>	<i>Women</i>	<i>National</i>
Yes	4.8	1.7	3.2
No	95.2	98.3	96.8
Total	100.0	100.0	100.0

Source: Calculated from data in the 2005 QUIBB.

Table 9
Proportion of workers entitled to job security

	<i>Men</i>	<i>Women</i>	<i>National</i>
No security	94.6	98.0	96.3
CARFO	3.0	1.2	2.1
CNSS	1.9	0.6	1.3
Insurance	0.2	0.0	0.1
CARFO + Insurance	0.1	0.0	0.0
CNSS + Insurance	0.2	0.1	0.2
Total	100.0	100.0	100.0

Source: Calculated from data in the 2005 QUIBB.

Table 10
Proportion of workers entitled to a holiday

	<i>Men</i>	<i>Women</i>	<i>National</i>
Yes	5.4	2.5	3.9
No	94.6	97.5	96.1
Total	100.0	100.0	100.0

Source: Calculated from data in the 2005 QUIBB.

178. Three major texts have been adopted by the National Assembly to bring about a strengthening of the institutional and legal framework of social security:

1. Law No. 015-2006/AN of 11 May 2006 on the social security system applicable to wage and salary earners and persons treated as such;
2. Law No. 016-2006/AN of 16 May 2006 establishing the category of Public Social Insurance Establishments (EPPS);
3. Law No. 22-2006/AN of 16 November 2006 regulating the prevention of and compensation for professional risks applicable to public officials, the military and magistrates;
4. Decree No. 2006-38/MTSS/SG/DGPS of 13 November 2006 setting out family allowance rates;
5. Decree No. 2006-38/MTSS/SG/DGPS of 13 November 2006 setting out pre-natal allowance rates.

179. The adoption of these documents has made it possible to extend social coverage to other segments of the population, to improve the services provided and to enhance the participation of social partners in the management of social insurance bodies.

180. The reform of the social security system has also made it possible to improve social security services and meet the concerns of population groups. For example, the old-age pension annuity serviced by the National Social Security Fund rose from 1.33% to 2% of salary, and the family allowance doubled from CFAF 1,000 to CFAF 2,000 per child per month. Two implementing decrees setting out the rates for

family allowances and pre-natal allowances were adopted by the labour advisory committee.

181. The Government, through the Ministry of Labour and Social Security, has drafted a social welfare policy, now awaiting adoption by the Council of Ministers, to overcome this weakness.

13. RURAL WOMEN (ARTICLE 14)

Recommendations of the Committee

The Committee urges the State party to pay special attention to the situation of rural women so as to enhance compliance with article 14 of the Convention. In particular, the Committee calls upon the State party to ensure that rural women have full access to education, health services and credit facilities, and can fully participate in decision-making processes.

The Committee also urges the State party to implement provisions of the Agrarian and Land Reform that give women equal access to arable land and housing and provisions of the Individual and Family Code so as to eliminate all forms of discrimination against women with respect to ownership and inheritance of land.

It also urges the State party to place emphasis on women's human rights in all development cooperation programmes with international organizations and bilateral donors so as to address the socio-economic causes of discrimination against women and sociocultural causes of poverty of women, especially those impacting women in rural areas, through all available sources of support.

13.1. POLICIES, PROGRAMMES AND MEASURES IMPLEMENTED

182. During the period under consideration, the State party took several measures to comply with these recommendations. They stressed the fundamental rights of women, their access to education, health and loans, and their participation in decision-making.

183. Concerning *the enjoyment by rural women of their rights*, mention may be made of:

- the Regional Strategic Frameworks to Combat Poverty (CSRLP), which include a gender segment addressing women's needs in relation to factors specific to the region. In principle, the approach whereby women participate in the preparation of regional programmes should enable their real concerns to be taken into account;
- the Letter on the policy of decentralized rural development (LPDRD, 2002), which addresses the special situation of women in the part entitled "legal and socio-economic protection of women". The following aspects are covered: (i) decentralization of the system for providing loans to women for the development of AGRs, (ii) review of the conditions applicable to irrigation sectors to include women; (iii) extension of agricultural services in favour of women; (iv) promotion of loan, savings and health and loan, savings and education schemes; (v) application of agricultural and land reform texts; (vi) translation into national languages and dissemination of the personal and

family code; (vii) spread of legal information centres to all provinces; and (viii) extension of the shea trade.

- the strategic guideline document, which takes a broad view of agriculture that incorporates the advancement of women. One of the main objectives of the strategy is "appreciably to improve the economic status of rural women" through easier access to land, financial services and technical and management support services. The recommended actions are: (i) strengthening of women's AGRs through loans; (ii) easy access of women to irrigation sectors and advisory support; and (iii) continuation and strengthening of technical training of rural women in leading sectors and creation of conditions conducive to their better organization;
- the strategic gender and agricultural development plan, the overall aim of which is to help reduce poverty in rural areas (which affects mainly women and obliges many young people to emigrate) and contribute to sustainable development in Burkina Faso as a whole. The plan comprises three areas:
 - ✓ strategic area 1: Greater attention to gender in rural development policies and programmes;
 - ✓ strategic area 2: Greater fairness in the access of men and women to productive resources;
 - ✓ strategic area 3: Establishment of operational machinery and tools for monitoring and evaluation of the strategic plan.
- the national shea project, the main target group of which is rural women (90-95% of beneficiaries). The activities carried out under this project can be summed up as follows: (i) technical support for the production of high-quality butter (training in the technique of producing high-quality almonds and butter, soap based on shea butter, etc.), (ii) providing women with production technology (shea mills, soap units, grinders, roasters, churns, production tools, etc.) to reduce drudgery and increase productivity, and (iii) literacy programmes (AI and FCB) to arouse greater interest in women in carrying out their productive and income-generating activities;
- the national multi-functional platforms¹⁴ programme to combat poverty (PN-PTF/LCP), which started in January 2005 in the Nord, Boucle du Mouhoun, Est and Centre-Ouest regions of Burkina Faso. It now covers five regions with about 120 multi-functional platforms installed;¹⁵
- the operation of the platforms has led to the creation of wealth at the local level. The level of activity and the number of some services has practically doubled in villages because of the presence of the platforms. The time gained, estimated at between two and three and a half hours and reinvested in income-generating activities, has made a particular contribution to improving women's incomes. The redistribution of salary income mainly to female managers rose

¹⁴ These use a diesel or biodiesel-powered engine to pull various tools (mills, dehuskers, etc.), thereby lightening women's and girls' domestic chores and enabling them to devote themselves to AGRs or go to school.

¹⁵ In February 2006, a review study was carried out of 19 platforms in the Est and Centre-Ouest regions with the aim of assessing the level of adaptation achieved by beneficiaries and the contribution of these platforms to local development.

to about CFAF 3.5 million. About 80% of women surveyed (256) had an annual income of less than CFAF 10,000 at the time of installation of the platforms. Their income rose to more than CFAF 30,000 at the time of the survey - an economic and financial advance that is a visible reality within communities.

- improved working conditions for rural women, with the Government supporting women's groups in the acquisition of technologies for shea butter and milk processing (three promoters in Bobo-Dioulasso). Support has also been given to the organization of the fishing industry, fish processing, stock-fattening, market gardening and the participation of 400 women in river basin management in the south-west. In total, more than CFAF 500 million has been injected into the rural economy to go with production, trade and conversion activities.¹⁶

184. Concerning *the availability of loans for rural women*, in addition to the micro finance institutions, which already benefit women, the Government has developed specific policies, with the support of social partners, to finance rural activities in general and women in particular. These include:

- the Action Plan to Finance the Rural Economy (PA/FMR), which was launched in 1997 and started in 2000 in the area of support and promotion of micro finance in rural sectors throughout Burkina Faso. The overall objective is to facilitate the access of the rural population to the range of financial services offered by rural financial institutions, to expand that range and to support their development;
- the project to support the economic activities of rural women, which was implemented in October 2001 and followed the project to support the income-generating activities of women farmers. The aim to provide loans to finance the individual or group agricultural activities of women in groups or associations in the 45 provinces. In order to address the shortcomings revealed in the FAAGRA assessment in 2000, loans are granted in the form of farm materials, equipment and input. The loan is repayable after a six-month grace period. From 2001 to 2006, 21,013 women received a loan, enabling them to increase the area of their farms, often doubling it;
- promotion of savings and loan schemes suitable for the funding needs of low-income groups, including rural women: 259 women received CFAF 23 million of micro credit to finance income-generating activities and woodcutting substitution in the Hauts Bassins region, 221 other micro projects have been identified in the Centre Sud, Hauts Bassins and Cascades regions, and 8 have already been implemented in the Est region;
- support for the funding of livestock-farming activities: producers' micro projects have been funded for 3,377 persons, 646 of them women, under HIPC. Support has been given to the establishment of livestock farms near towns and in rural areas (2,807 farms established) and access to loans has been facilitated (965 micro credit dossiers created for 3,893 producers, including 569 women).

185. The granting of micro loans to rural women has helped to improved social and economic conditions. The FAAGRA assessment shows that micro loans have enabled women to improve their social and economic status in the community. This can be seen in their relative independence in relation to men, an overall improvement in incomes, an ability to meet family expenditure (school fees and child care) and an improvement in the quality of meals, as well as greater affirmation of women's general citizenship and self-esteem.

186. The strategy to combat poverty among women by financing AGRs through micro credits is encountering some difficulties on the ground, the main ones being:

- isolation of rural areas: this is a major obstacle to decentralization of the various policies to rural women living in remote villages marked by the absence of transportation links in the winter season;
- illiteracy and the absence or inadequacy of training (technical, management, management of economic units) for women: these handicaps prevent women from building up systems for the minimum organization needed for the efficient running of micro finance operations. They also act as a brake on development and the diversification of their activities for the granting of loans;
- the weakness or absence of any financial or material security, resulting in rural women being regarded as high-risk applicants for loans;
- the inadequacy of information on possibilities of access to the various existing loan schemes and the conditions of acceptance;
- failure to gain markets for finished products and low level of diversification of economic activities at the local level, leading to rapid saturation of local markets;
- social and cultural mentalities and obstacles: in rural areas, some activities are closed to women (long-distance trading, possession of the equipment needed to engage in it, etc.) while others are no longer available (for example, sale of picked fruit and vegetables);
- the "inferior status" of women in traditional circles: in these circles, the prevailing rule is that a woman's prosperity must not exceed certain limits or be greater than that of her spouse. This leads to self-censorship or even prohibition by the husband;
- the workload: rural women have to carry out many tasks (social, domestic and economic). They have little time left to become involved in the economic and development activities of the local IMF.

187. In the sphere of *the access of rural women to health care*, the health policies and programmes carried out have brought rural women closer to medical centres by increasing the number of CSPSs, reducing the catchment area, etc. Publicity campaigns are nevertheless needed among men to enhance the use of health services by women. The project to subsidize emergency obstetrical care will make a great contribution to setting rural women's minds at rest through the system whereby the cost of emergency obstetrical care will be shared by 2015. The same applies to the implementation of the strategic plan for reproductive health publicity in the period 2007-2010.

188. The period 2001-2006 has been marked by the setting up of a vast campaign to secure the population's access to drinking water. One example is the project for the drilling of 1,000 wells financed by China for the period 2004-2007. One of the aims of this project, which covered the entire country, was to reduce the drudgery involved in women and young people fetching water by facilitating access to water points and enabling them to engage in economic and emancipating work. As a result, 51% of the rural population had "reasonable" access to drinking water as defined by WHO/UNICEF and included in the MDGs, thereby helping to improve the health of the rural population.

189. Although the above result is a substantial one, it has to be acknowledged that it is inadequate, for three main reasons:

- a high proportion of households does not have proper access to drinking water (49% of rural households are situated more than 1km from a working PEM, 41% of households use a PEM only in the dry season, and 20% of households state that they never use a PEM and only draw water from a traditional source);
- there are great geographical disparities in the rate of access (between regions and at the local level);
- actual consumption remains far from the MDG target of 20 litres per day per person.

190. ***Access of rural women to education:*** the Government's policy of non-formal literacy as part of the 10-year programme for the development of basic education has led to a slight increase in the indicator from 7.3% in 2003 to 8.2% in 2005. In addition, the installation of multi-functional platforms has always been accompanied by the opening of a literacy centre for the entire village community. Attendance at the centres is helped by the easing of domestic work. The results of the review show that the literacy level of communities as a whole has risen on average by 10% and that of women by 15%. With respect to formal education, the QUIBB surveys show that in the period 2003-2005 the proportion of rural women living less than 30 minutes from a secondary school rose from 12% to 64% as a result of the construction of new secondary education units.

191. ***Participation of rural women in the decision-making process*** is usually effected through groups, associations, umbrella organizations, community infrastructure management bodies (COGES, CVGT, APE, AME, water-point management committees etc.). In this context, according to a PA/OPA¹⁷ diagnostic study, Burkina Faso has

- 13,711 village men's groups, or 45% of the total;
- 11,325 women's village groups, or 37 % of the total;
- 3,726 mixed groups, in which 12% of the members are women;
- 929 associations for specific purposes (3%);
- 824 youth groups (3%).

¹⁷ cf. MAHRH gender and agricultural development strategic plan document 2005.

192. In general, women have a low level of participation in mixed bodies, where they very often act as treasurer and are responsible for mobilization of women. A study¹⁸ carried out in 2005 provides an eloquent illustration of the road still to be travelled in giving women responsibility in water management commensurate with their daily involvement in providing rural households with water.

- In a sample of 504 CPEs in the Northern Environment Water Programme (PEEN), 1% of women held the post of Chairperson, 5% that of Secretary and 32% that of Treasurer. Their involvement in promoting hygiene was the same as that of men;
- In a sample of 18 management committees for simplified drinking water supply (AEPS) under PRS1, women represent about 25% of committee members but are not in a majority in any committee, and are completely absent in 40% of committees. They are, however, better represented in the AEPS of the Village Hydraulics and Education for Health Project (PHIVES) (between 25% and 58%, with an average of 40% in a sample of three AEPS).

193. In the context of decentralization, decree no. 207-032/PRES/PM/MATD sets up village development councils (CVD) to replace village land management councils (CVGT) and stipulates in article 3 that women responsible for the advancement of women must be present in them.

194. *Access of women to the land*: many measures and activities have been carried out to improve women's access to the land. They include:

- the CLSP, which provides for the identification and implementation of effective measures to ensure land security for rural actors, especially vulnerable groups. These include measures to accelerate the access of poor people, especially women and young people, to lowlands and irrigation sectors developed by the State;
- the rural development strategy, which recommends enhancement of rural security through better management of meadowland and water points. It provides for specific measures to promote women's access to the land;
- the national policy for land security in rural areas (PNSFER), which is intended to secure for the entire rural population fair access to the land, an investment guarantee and the effective management of the various land sectors so as to help reduce poverty, consolidate peace and achieve sustainable rural development. One of the objectives of the PNSFER is to guarantee the right of all rural actors to legitimate access to land in the context of sustainable rural development, combating poverty and the promotion of fairness and legality;
- lobbying of the religious, customary, departmental and communal authorities for access of women to the land in the 13 regions, with the aim of changing customary rules in favour of women.

13.2. DIFFICULTIES

195. The main difficulty for rural women is still the persistence of social and cultural obstacles: in the large towns such as Ouagadougou and Bobo-Dioulasso, the

¹⁸ Study on the involvement and advancement of women in the implementation of the PAGIRE, 2005.

mixture of cultures and the relatively high level of education of men and women is conducive to a positive change in behaviour, but this is not the case in rural or suburban areas, where attitudes are slow to change. The logical consequence is the continuation of the principal factors (polygamy, ignorance, illiteracy, forced marriage, inferior status of women, lack of decision-making power, lack of opportunity, etc.) that have a negative influence on activities on behalf of women. The main hope must therefore be the intensification of awareness-raising activities, especially among opinion leaders (customary and religious leaders).

14. EQUALITY BEFORE THE LAW (ARTICLE 15)

See previous report.

15. MARITAL AND FAMILY LAW (ARTICLE 16)

The Committee urges the State party to accelerate the process of legal reform to raise the minimum age of marriage of girls and to prohibit polygamy in order to ensure compliance with articles 2 and 16 of the Convention and the Committee's general recommendation 21 on equality in marriage and family relations.

See previous report.

PART III

MEASURES ADOPTED IN RELATION TO THE OPTIONAL PROTOCOL

196. Burkina Faso ratified the Optional Protocol by Law No. 20-2005 AN of 19 May 2005 authorizing ratification and Decree No. 2005-408/PRES/PM/MAECR/MPF/MFB ratifying the Optional Protocol to CEDAW of 26 July 2005.

197. Since ratification, no complaint has been received in accordance with the provisions of the Protocol. Awareness-raising activities are being conducted by the Ministry for the Advancement of Women to make the Protocol known to women's associations and organizations through lectures and its translation into, and distribution in, the various national languages.

PART IV

FOLLOW-UP MEASURES TO UNITED NATIONS CONFERENCES, SUMMITS AND STUDIES

198. The measures adopted concern mainly the Millennium Development Goals, the implementation of the Beijing Platform for Action and the Dakar Framework for Action.

1. SYSTEM FOR MONITORING THE IMPLEMENTATION OF THE MILLENNIUM DEVELOPMENT GOALS IN BURKINA FASO

199. Monitoring of the implementation of the MDGs in Burkina Faso was a real concern in 2002, when a study was commissioned on the status of MDG indicators, which led in 2003 to the preparation of the first country report on implementation. That report would then become a document for awareness-raising and information among the principal actors of social and economic development, including directors of studies and planning in various ministerial departments and actors in communications and civil society. A series of presentations was therefore held for these actors between November 2003 and December 2005.

200. The objectives of the CSLP incorporate the MDGs. The various evaluation reviews can therefore measure the extent to which the Goals have been achieved in Burkina Faso. In addition, consultation teams are being set up to ensure better monitoring of the MDGs by identifying indicators in the sector concerned.

201. From 2006, the process took on a proactive dimension to meet the difficulties that had emerged in achieving most of the targets for the millennium. The United Nations system, through the millennium project, proposed that certain developing countries, including Burkina Faso, should undertake an assessment of the cost to accelerate the achievement of the MDGs. The need then arose fully to involve all sectors.

202. To this end, a training workshop was organized to encourage the technical sections of ministerial departments to use the costing models and methods suggested by UNDP to accelerate achievement of the MDGs. Following this workshop, a team entitled "Task Force to prepare the national strategy for accelerating achievement of the MDGs" was set up. The meetings of this Task Force are now the framework for consultation in the preparation of a national strategy for accelerating achievement of the MDGs. It covers nine sectors:

- energy;
- demography;
- territorial collectives;
- health and HIV/AIDS
- education;
- infrastructures;
- rural development;
- gender;
- water and sanitation.

203. A total of 25 bodies are represented in the Task Force, each in respect of its sector. The National Statistical Institute (INSD) and DGEP are cross-sector members.

204. The situation with regard to the main health and education indicators for monitoring the MDGs and CSLP is as follows:

Table 11

Situation with regard to the main health and education indicators for monitoring the MDGs and CSLP

	2001	2002	2003	2004	2005	2006
EDUCATION						
Net primary school enrolment	28.9	31.4	35.1	39.8	43.2	48.7
Gross primary school enrolment	36.2	38.6	41.0	46.2	51.0	55.0
Rate of admission to primary schools		40.3	45.5	61.8	64.1	64.9
Rate of completion of primary school	22.4	23.6	25.7	27.3	28.7	30.4
Literacy rate of 15-24 year olds			24.8		26.5	
Ratio of girls to boys in primary schools	70.30	71.80	72.80	76.1	77.7	79.3
HEALTH						
Maternal mortality rate			458.0			
Rate of assisted births			44.2		57.0	53.5
HIV/AIDS prevalence rate			1.8			
Infant and juvenile mortality rate (%o)			195			188
Juvenile mortality rate (%o)			113			
Infant mortality rate (%o)			89			
Weight insufficiency			41		44.7	37.4
BCG vaccination rate			80.5		90	91.4
DTCP3 vaccination rate			56.8		80.3	
Measles vaccination rate			58.2		79.4	70.3
Yellow fever vaccination rate			46.9			70.8
Rate of access to drinking water			72		78.9	77

Source: 2003 EDS, 2003 EBCVM, 2005 and 2007 QUIBB and 2006 MICS surveys, 2007 INSD Statistical Yearbook.

2. DAKAR FRAMEWORK FOR ACTION

205. The Framework was adopted at the World Education Forum held in Senegal in 2000. The Declaration comprises six objectives, two of which are concerned with improving the situation of girls. The Framework devotes special attention to the education of girls, equity and equality of the sexes in education. To this end, the fifth goal is one of "eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality".

3. BEIJING PLATFORM FOR ACTION

206. In 2004, Burkina Faso submitted its report on the implementation of the Beijing Platform for Action through 12 strategic objectives and activities. The

present report gives an overall account of the situation of the various issues of interest to Beijing and ICPD.

207. Organizations of civil society also prepared and submitted an alternative report in November 2004.

CONCLUSION

208. Substantial progress has been made in social sectors such as education, health, access to drinking water, etc. Rural women have been the subject of special attention. In general, efforts have been deployed to enable women to enjoy all the rights recognized in the Convention through the implementation of projects and programmes to make them effective. Unfortunately, not all these activities have been assessed through studies that could enable their impact on women's and girls' living conditions to be measured.

209. All this progress has been achieved as a result of the cooperation and deep involvement of technical and financial partners and civil society.

210. A major difficulty in the way of activities to promote the rights of women and equality between the sexes is the persistence of social and cultural obstacles that are increasingly prejudicial to women. Strategies need to be reviewed and awareness-raising enhanced on the basis of studies concerning knowledge of values and social representations of gender relations.

211. Work is still needed to address women's real needs in the preparation of politics and programmes. To this end, the role of women in the production of the various sectors (fisheries, hunting, agriculture, stock farming, trade, crafts, etc.) will need to be analysed so as better to adapt strategies and activities to gender requirements.

RECOMMENDATIONS

1. Adoption of measures to encourage the integration of women into the decision-making process, whether in a family, community or national context, especially through integrated decentralization;
2. Preparation of studies on the impact of projects and programmes on women's daily lives so as to make the next report more complete;
3. Establishment of effective strategies to prevent girls from dropping out of school, which in the long term could harm efforts to enhance enrolment;
4. Strengthening of the capacities of teachers and members of parents' and pupils' mothers' associations to enable them better to integrate gender into their daily lives.

PROSPECTS

In terms of prospects, two major activities will mark the next stages in the promotion of women's rights: the preparation of a national study on violence against women and the adoption of the National Gender Policy (PNG) by the Government and its implementations by all actors (Government, technical and financial partners, civil society, private society, etc.), which will serve as the basis for future action.