

BURKINA FASO

# LEAVE **NO CHILD** BEHIND

Invest in the early years



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## COVID-19 is compounding the dire situation for children in Burkina Faso

COVID-19 has wreaked havoc across the world; even countries with well-established infrastructure, stable economies and low levels of poverty have been rattled by the pandemic. Burkina Faso, which has none of the above, does not have the resources to weather a global pandemic. In fact, the humanitarian situation in the country was one of the fastest growing humanitarian crises of 2019 – even before the pandemic took hold, an estimated 2.2 million people (including 1.2 million children) were in need of humanitarian assistance.

In order to reach their full potential, children need nurturing care in a safe and secure environment that includes access to healthcare, immunisations, nutrition, opportunities for early learning and interactions that are developmentally stimulating and emotionally supportive. Many children in Burkina Faso do not even have access to the most basic of these needs: nutrition and a safe environment.

Violent security incidents and inter community conflicts have displaced almost half a million people and severely impacted access to basic social services in the country. In 2019, more than 2,000 schools and 69 health facilities were closed, and an additional 71 health facilities were barely functioning. UNICEF estimates that 330,000 children in affected regions are in need of

psychosocial support and that more than 147,000 children under the age of five in Burkina Faso are suffering from severe acute malnutrition (SAM).

This already precarious situation can only be made worse by the COVID-19 pandemic and the measures put in place to slow the spread of the virus. In addition to crippling economies, containment measures have led to disruptions in food systems (production and distribution) and in health and humanitarian supply chains.

Before the spread of COVID-19, UNICEF already noted a drop of 25-50% in the delivery of immunisations, postnatal care and routine health checks for children in Burkina Faso. This is likely to drop further as health resources are diverted to fight the virus. The diversion of health resources will also affect children's access to care and medication for chronic illnesses and common infectious diseases.

The existing humanitarian crisis in Burkina Faso meant that it was unlikely that many of the country's children would reach their full potential. The COVID-19 pandemic has compounded this situation and, without urgent aid, it will be almost impossible for these children to reach their full potential.



# Introduction

**In Burkina Faso, about half of young children are at risk of poor development<sup>A</sup>** – a situation which requires urgent action. Malnutrition and stunted growth rates are two key drivers of poor development: data show that one in three Burkinabe children under the age of five (33%) have stunted growth. This problem has its roots in their earliest years, as only 3% of infants have a minimally acceptable diet.<sup>A</sup> This prevents them from growing and developing physically, emotionally, psychologically, and academically.

The scale of malnutrition in Burkina Faso, caused by a lack of nutritious and calorie-dense food, is amplified by that fact that less than a quarter of the population (23%) has access to basic sanitation services while only half has access to clean drinking water.<sup>B</sup> In addition, Burkina Faso has been experiencing security problems in recent years that have internally displaced 920,000 people.<sup>1</sup> This is exacerbating the plight of young children, aided by risks such as HIV/AIDS, malaria, communicable diseases, and pollution.

**Responding to these early childhood deprivations requires investing in Early Childhood Development (ECD) interventions that are rooted in the Nurturing Care Framework.** Evidence<sup>2</sup>, acknowledged in global policy debates<sup>C</sup>, shows that the multi-dimensional nature of ECD requires a comprehensive and nurturing cross-sectoral approach instead of working in silos.<sup>3</sup>

Investing in high-quality, equitable and inclusive ECD services mitigates the risks children face and matters most for marginalised groups, because they have higher risks of developmental delays. This includes children with disabilities, who struggle with multiple layers of discrimination. These barriers to learning

and development can be broken down with adequate support in their early years to help them participate in and belong to their communities. Key focal areas of ECD investments are healthcare, good and nutritious food, early learning and stimulation, responsive caregiving, and emotional and physical security.<sup>3</sup>

Evidence shows that investing in children's early years is one of the smartest investments governments and donors can make to break a country's cycle of poverty, address inequality and boost productivity later in life.<sup>D</sup> As half of the Burkinabe population is under the age of 16<sup>4</sup>, tackling ECD challenges is critical to the nation's overall developmental trajectory. Burkina Faso's ECD provision is, however, low, with little government funding and a below-average skills base in terms of scaling up such services. Development partners, therefore, have a key role to play.

**This study analyses Burkina Faso's national ECD context and what donors are doing, and should be doing, to support the government through overseas development assistance (ODA).**<sup>E</sup> Donors are fundamentally important as they are in a position to leverage their finance to fast-track the scale-up of equitable and inclusive ECD services (**see Box 3**).

A. This is a composite indicator of under-five malnutrition and child poverty. See: <https://bit.ly/2CtXR93>

B. Nurturing Care Country Profile for Burkina Faso: <https://nurturing-care.org/resources/country-profiles-burkina-faso.pdf>

C. See the G20 Development Working Group: Investing in Early Childhood Development, 2018.

D. A wealth of detail on the research underlying this finding can be found at: <https://heckmanequation.org/resource/the-heckman-curve/>

E. For a definition of ODA, see: <http://www.oecd.org/development/financing-sustainable-development/development-finance-standards/officialdevelopmentassisteddefinitionandcoverage.htm>



# The five components of nurturing care

To reach their full potential, children need the five interrelated and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning.







## Burkina Faso's national early childhood development policy context

### Strategy lacks drive for implementation

A coherent ECD policy is a crucial guide for the delivery of relevant services<sup>5</sup> as well as effective action plans and the political will to implement and execute them. The government of **Burkina Faso has struggled with this, despite the launch of a multi-sectoral strategy** (*La Stratégie Nationale de Développement*

*Intégré de la Petite Enfance*) more than a decade ago.<sup>6</sup> This plan, which seemed ahead of its time, provides a solid policy background and practical service delivery manuals and guidance, but coordination and implementation have remained weak for the following reasons:

- **Lack of empowered institutional anchors for policy delivery:** The Ministry of Social Action was given responsibility for coordinating a bold ECD plan, but did not receive extra budget funding, skills or mechanisms to hold stakeholders accountable (**see Box 1**), nor does it have the capacity to set and monitor their targets.
- **Low political will:** Burkina Faso's complex multi-sectoral ECD intentions have been undermined by low levels of political will and a lack of understanding and skills by ministry officials to actualise such a complex approach alongside competing priorities.
- **Poor planning strategies:** While integrated service delivery manuals on parent education and guidelines for field workers exist, planning is characterised by piecemeal interventions.
- **No coordinated implementation mechanisms:** The different actors involved in the implementation of the national ECD strategy have had no coordination or monitoring mechanisms at their disposal, nor have they met regularly. However, there is currently a much-needed initiative in the pipeline to improve this.<sup>f</sup>
- **Lack of finance:** Budget allocations have been low, which is exacerbated by low donor support.

In other words, having a robust multi-sector policy is not enough, particularly if it is not implemented. Moving forward, Burkina Faso must focus on

putting its policy commitments into practice. This requires more government buy-in and donor finance mechanisms.

<sup>f</sup> Ministry of Social Affairs, with UNICEF and NORAD helping to lead and fund it.



## ECD centres and pre-primary schools

**In Burkina Faso, there are three types of ECD centre:**

- 1. Public pre-primaries:** There are few public pre-primaries in Burkina Faso (154), compared with 737 private schools and 158 community facilities. Most are located in the country's cities and largely cater to better-off families.<sup>7</sup>
- 2. Private early childhood education (ECE) centres:** Like public schools, private pre-primaries are concentrated in urban areas and tend to be too expensive for poor households.
- 3. Community-based EC centres (Bissongos):** These facilities provide integrated packages of healthcare, nutrition, mental development,

education, and protection services to aid children's full development. Financed by communities, with technical assistance from the government and/or development partners, *Bissongos* were, at one point, the most prevalent form of ECD centre. The model is, however, not financially sustainable, as facilitators are not always adequately paid. This has led to a declining number of *Bissongos* (from 345 in 2014/15 to 158 in 2017/18).<sup>7</sup>

Despite commitments to grow the ECD sector, coverage remains low in Burkina Faso, particularly for children from disadvantaged families and those living in rural areas. **The gross enrolment ratio for pre-primary schooling stands at just 4.1%, which is mainly due to the non-availability of public facilities.** More than 80% of ECD centres are community-based and/or privately run.<sup>7</sup>

There are initiatives to enhance the quality standards of existing ECE centres in the form of toolboxes and guidelines developed by the Ministry of Education and the NGO *Planète Enfants & Développement*.<sup>8</sup> The government, however, needs to do more to improve regulations to boost the quality and equity of ECD delivery. This requires:

- **Enforcing quality standards:** Quality standards for ECD infrastructure and service delivery exist, but compliance is not systematically monitored. The Ministries of Social Action and Education want to register public centres to better monitor compliance. Regulations will require more resources and clearer lines of responsibility.
- **Strengthening the ECD workforce through training:** Fewer than 25% of pre-school teachers are trained<sup>9</sup>, which needs to be improved. The responsibility for training ECD educators previously rested with the Ministry of Social Affairs, but there are plans to train them at colleges within the remit of the Ministry of Education. This transition needs to be carefully managed to prevent an overemphasis

### **Box 1. The National Integrated Development Strategy of Early Childhood**

In 2007, the Government of Burkina Faso and UNICEF launched the National Integrated Development Strategy of Early Childhood (*Stratégie Nationale de Développement Intégré de la Petite Enfance*) as a multi-sectoral policy approach to ECD. The strategy prioritises a coordinated and holistic ECD approach across five sectors: education, health, nutrition, water and sanitation, and social protection.

The policy was developed through a process of community engagement and national consultation to achieve a collaboratively owned vision to support children up to the age of eight in all aspects, from nutrition and health to education and human rights. It also makes provisions for the country's most marginalised children, including those with disabilities. In many ways, the plan was ahead of its time, as it outlines many principles championed by the Nurturing Care Framework.

### **Box 2. Improving the ECD educator workforce: The National Institute for Social Workers**

The National Institute for Social Workers (Institut National de Formation des Travailleurs Sociaux/ INFTS) plays an important role in developing a quality ECD workforce in Burkina Faso, with play being at the core of its work. Special attention is given to working with disabled children.

Established in 1992, the institute is mostly funded by the government, with continuous professional development assistance provided by development partners. While most trainees are destined for the public sector, some end up in the private sector. Training courses for monitors and educators can take up to two years. The INFTS also trains practitioners with five years' experience to become inspectors. Inspectors are responsible for ensuring that quality standards are upheld in public and private ECD centres.

While the training of teachers falls within the remit of the Ministry of Social Affairs, the Ministry of Education is in charge of training monitors and inspectors. Scaling up this initiative is crucial as only 90 ECD practitioners qualify every year, which is considerably less than the number required.







on academic learning. It is key that socioemotional development and learning happen through play.

One notable initiative to improve the quality of pre-primary education in Burkina Faso is run by the NGO *Planète Enfants & Développement*, with financial support from *Agence Française de Développement* (AFD). With the Ministry of Education, they have developed educational guides and sheets for pre-schools<sup>6</sup> as well as locally produced learning and playing material. It is not true that teaching young children is easier than teaching university students. This means the massive gap in salaries between ECD and university teachers is unjustified.

- **Improving public ECD delivery:** There is no policy of mandatory pre-primary education in Burkina Faso, but the government has introduced several plans to support early education, such as the 2017-2030 Education Sector Plan. One of its six objectives is to “ensure a harmonious, equitable and inclusive early childhood development”.<sup>7</sup> As such, Burkina Faso is committed to scaling up ECD access, with a focus on equity and inclusion. In line with this, the government guidelines commit to two pre-primary classes, which requires more funds.
- **Ensuring accountability for delivery:** The new strategy commits to delivering ECD services to children from birth to the age of six, the monitoring and delivery of which are the responsibility of the Ministry of Education (despite an overlap with the mandate of the Ministry of Social Affairs, which caters for children from birth to the age of three). This requires greater levels of accountability to ensure everyone does what they are supposed to.
- **Resolving lack of finance for ECD:** According to the World Bank’s SABER analysis, there are no transparent criteria for resource allocation in Burkina Faso’s education sector. The report notes that “the level of ECD finance is inadequate in the education sector. The health sector is more adequately financed than education”. Public expenditure data show that less than 1% of the public education budget was spent on pre-primary education.<sup>8</sup> This must be improved with the new sector plan commitments (which require budget planning, including investments in donor coordination structures).
- **Improving patchy and inequitable access:** Most ECD centres, unless run by NGOs, charge fees, making services unaffordable for poor households, especially those which do not see the value of ECD services. Government prioritisation will lead to more municipal investments in community ECD centres, and more municipal support helps implement a plan with all the multi-sectoral aspects of ECD.
- **Increasing parental interest:** Many parents do not understand the benefits of ECD, especially if they have to pay fees. Stakeholders need to work with parents in that regard. School feeding schemes may help.

<sup>6</sup>. Information shared during interviews can be downloaded here: <https://bop.bf/wp-content/uploads/Guide-Méthodologique-version-finale-avril-2019-1.pdf>

<sup>7</sup>. See Plan sectoriel de l’éducation 2012-2021. Burkina Faso. <https://bit.ly/2CvHSht>

<sup>8</sup>. IBID. The figures are from 2007 and thus could be out of date, but these are the only figures the authors could find publicly available.



### Box 3. Disabled people's organisation leading the way with inclusive pre-school

The Union of Blind Persons (UN-ABPAM), mindful of the value of early learning, started an inclusive pre-school within its existing Écoles des Jeunes Aveugles in November 2015, catering to children between the ages of three and five. Starting with 18 pupils, including five blind children, it now has three classes with 35 learners, including 16 blind children. Due to high demand and great success, the school plans to open a fourth class.

At the moment, the pre-school employs three trained ECD practitioners and an assistant, and receives assistance from a primary school teacher with special needs training. All pedagogical activities are based on Burkina Faso's official pre-school curriculum, with the blind children in the third class (who are six years old) receiving additional support with braille literacy and mobility instruction. This happens in the afternoons, so as not to disrupt the play and learning sessions in the morning. The children play with regular toys with small adaptations.

As the early education sector in Burkina Faso is largely concentrated in urban areas, targeting mainly wealthier households, the government must focus on improving equitable access outside of cities. **Building in inclusion from the start is vital.** Anecdotal evidence suggests that children with disabilities, for instance, rarely access ECE services, **which is confirmed by the above-mentioned World Bank report.**<sup>10</sup> Several local NGOs, such as the Union of Blind Persons (UN-ABPAM) and children's autism associations, are piloting inclusive early education projects for children with special needs, often supported by international organisations.

**In scaling up its ECD sector, Burkina Faso must build in inclusion from the start.** This means that teacher training must include pedagogical and inclusivity approaches. Besides small projects supported by UNICEF, this has not been part of the training until recently. With ECD educators' training soon to be managed by the Ministry of Education, this hopefully will change.

Travel distance to ECD centres is a barrier to inclusion. In rural areas, few parents can walk their children

to school, and most are uncomfortable having their sons and daughters walk long distances on their own. This particularly applies to parents of children with disabilities. *Bissongos* seem to be appropriate facilities to scale up, not only because they are close to where people live but because they offer a multi-sectoral community-based approach to ECD (see below). These community ECD centres can, however, only be sustainable if educators are properly trained and paid. This requires stronger donor support to help the government commit to their salaries and build local capacity.

In tackling the issue of inclusivity, gender equality is key too. The department regards gender equity, in particular the inclusion of girls, as a key development goal.

In 2015, the country, launched a National Strategy for the Development of Inclusive Education. Approved in 2018, this national inclusion strategy focuses on a local community-based rehabilitation approach to promote a culture of acceptance and inclusion of all children.<sup>11</sup> However, the plan does not link back to early education.





## Health, nutrition and sanitation to support ECD

Various strong policies and commitments exist to support all ECD subsectors. These include the National Health Policy (2010), which provides free prenatal visits for women and subsidises 80% of the cost of giving birth. Access to healthcare services and interventions for mothers and young children are relatively accessible, with coverage for postnatal care standing at 74% and for assisted childbirths at 82%. Nearly half of women receive four antenatal care visits, which has contributed to improvements in maternal and child health indicators.

Because of poverty, the government has made steps towards making healthcare free for young children and mothers, including immunisations, and treatment for diarrhoea, tuberculosis and antenatal care. In April 2016, Burkina Faso introduced a free healthcare policy for pregnant women and children under the age of five<sup>12</sup>, which has been effective in reducing households' healthcare expenses at the same time as boosting healthcare access among women.<sup>13</sup>

Protecting children from childhood illnesses and supporting them in their development are two other priorities, particularly when looking at poor

households. The country's National Health Policy (*Politique Nationale de la Santé*) commits to regular healthcare visits for children under the age of five.<sup>10</sup> According to the World Bank, “**Burkina Faso is close to providing a high level of access to essential health interventions for young children**”<sup>10</sup>, which is impressive for a low-income country.

National laws and regulations also promote appropriate nutrition for pregnant women and children. The country's Nutrition Policy (2007) encourages breastfeeding and has a food fortification mandate (including the fortification of cooking oil with vitamin A, salt, and iodine, and wheat with iron).

Finally, the country's integrated cash transfer programme known as *Burkin-Naong-Sa Ya* has an ECD nutrition component. Using a community-wide social and behavioural change approach, the initiative educates mothers of young children about appropriate nutrition to reduce childhood malnutrition. It is led by the Ministries of Social Action and Solidarity, and receives technical and financial support from the World Bank.<sup>1</sup>

<sup>1</sup> See: <https://www.worldbank.org/en/topic/education/brief/early-learning-partnership-countries#BurkinaFaso>





## Donor support for early childhood development

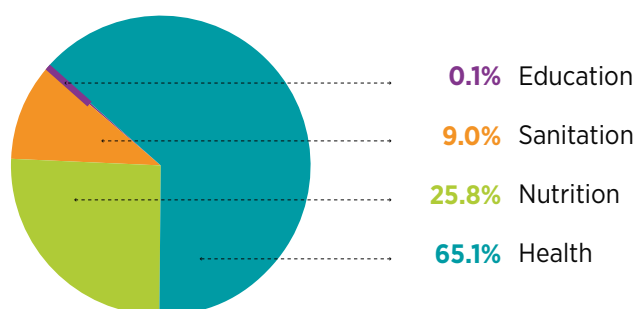
**This study analyses how much nine donors spend on ECD relative to their overall ODA portfolios.** This gives an idea of each donor's relative commitment to supporting young children in their overall development. Surveyed donors include organisations that commit large amounts, such as UNICEF, which spends one-third of its Burkina Faso ODA on ECD. Others are doing little, such as USAID, which spends less than 1% of its ODA portfolio on ECD (**see Table 1**).

It is crucial that donors start investing more in improving the access, provision and quality of ECD-related services, as this is the smartest investment you can make when developing a country's "human

capital".<sup>K</sup> This particularly applies to countries such as Burkina Faso<sup>L</sup>, where the average allocation to ECD among donors in this study was around 11,32%. More assistance is crucial given the country's current fiscal constraints, which are amplified by ongoing insurgent attacks and a deteriorating security situation.

When all ODA disbursements by the nine donors surveyed are broken down into ECD subsectors (healthcare, education, nutrition and sanitation), health dominates **with 65.1%, followed by nutrition (25.8%), sanitation (9%), and early education (less than 0.1%)** (**see Figure 1**).

**Figure 1. Share of ECD spending by subsectors in Burkina Faso (average across nine donors, 2017 data).**



**Source:** OECD-DAC Creditor Reporting System

<sup>K</sup>. Human capital refers to a nation's skills and knowledge base and is a term which has gained much ground in global development

circles, partly driven by the World Bank. See: <https://www.worldbank.org/en/publication/human-capital>

Low levels of early education funding are addressed in the World Bank's SABER report, which notes that education in Burkina Faso is chronically underfunded as most donors have prioritised healthcare. **Greater**

**investments are required in ECD services that support all domains of children's development, including education.**

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## 1 Donors tend not to have an explicit focus on ECD

Very few donors have programmes in place with an explicit and multi-sectoral approach to ECD (see **Table 1**). Only the World Bank and **UNICEF have clear ECD objectives and outcomes hardwired into their expenditures**. The World Bank's nutrition programme is particularly important because of its explicit links to (under)nutrition, learning, and overall development, while committing to scaling up ECD investments through its Early Years Programme (see **Box 2**).

**Importantly, UNICEF supports the coordination of the government's ECD efforts.**

Canada is another notable donor, as it has a strong focus on child and maternal health and nutrition, with links to sanitation and early education.

Overall, given Burkina Faso's strong policy commitments to ECD, donors need to invest more in existing and new programmes at the same time as adopting coordinated multi-sectoral strategies rooted in the Nurturing Care Framework.

## 2 Early and pre-primary education are massively underfunded and lack donor champions

**Early education-related ODA in Burkina Faso stood at 1% of donor disbursements in 2017<sup>L</sup>**, making it the least funded education subsector. **Higher education received 20 times that amount of ODA in 2017.<sup>M</sup>** This lack of donor support is partially because of

Burkina Faso's inadequate education sector plan. A new strategy will hopefully draw more donor support. This means that, in the meantime, the government of Burkina Faso, needs to invest more of its own resources to inspire donor commitments.

## 3 Donors need to do more to support inclusive approaches

Access to ECD services is not just very low in Burkina Faso, it is also inequitable. Higher-income urban households and children without identified developmental delays or disabilities have better access to better services than those in poorer rural areas and children with disabilities. Donors can play

an important role in supporting the most marginalised groups and delivering on their SDG commitments, but few seem to be doing so. No donor was shown to be targeting children with disabilities in its support to ECD services.

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<sup>L</sup> Based on all donor disbursement in the OECD DAC CRS database in 2017 (i.e. beyond the nine in this study).

<sup>M</sup> The exact figures are as follows: ECE vocational training received

USD 2.7 million in disbursements in 2017 compared with USD 3.6 million for higher education and USD 3.2 million for secondary education.



#### Box 4. World Bank support through the Early Learning Partnership<sup>N</sup>

Burkina Faso is a focus country for the World Bank's Early Learning Partnership (ELP)<sup>O</sup>, which aims to scale up one of its early childhood development plans. This resulted in the Education Access and Quality Improvement Project (EAQIP) and the scale-up of early education funding. As a result, by 2017, the World Bank accounted for 85% of all donor funding for early education in Burkina Faso. Over the lifetime of the EAQIP, 15,000 children will enrol in pre-school and 600 teachers will receive training.

The World Bank is also piloting initiatives that incorporate ECD and nutrition within the government's cash transfer programme, known as *Burkin-Naong-Sa Ya*. Targeting 40,000 poor households, the initiative trains and educates mothers with young children regarding nutrition.

Despite these programmes, ECD and ECE in Burkina Faso remain a relatively low priority, as the World Bank's overall share stands at 2,5% (**Table 1**).



## Conclusion and recommendations

Donors are underinvesting in the proven ability of ECD services to build human capital. All donors must invest more and support the government's efforts to scale up equitable and inclusive services, and these funds must be invested in all sectors. Underfunded areas (e.g. early education) must be prioritised.

In the meantime, the government must address issues related to unclear action plans, specifically in early education. Improving the situation will trigger more donor support. The country's recent advancement in child and maternal healthcare illustrates what is possible when the government sets out strong goals and targets.



<sup>N</sup>. See: <https://www.worldbank.org/en/topic/education/brief/early-learning-partnership-countries#BurkinaFaso>

<sup>O</sup>. The Early Learning Partnership is a multi-donor trust fund

managed by the World Bank. See: <http://www.worldbank.org/en/topic/education/brief/early-learning-partnership-countries#BurkinaFaso>

### Donors must:

1. **Work with the government of Burkina Faso in translating a national ECD policy into action**, at the same time as developing an effective cross-sectoral ECD operational plan, which must be integrated better into broader sector plans.
  2. **Harmonise ECD efforts by helping the government to decentralise the sector.** Community-based ECE centres such as *Bissongos* have proven to be effective.
  3. Increase their allocations, given the strong returns on investment of ECD.
  4. **Support the Ministry of Education to harmonise funding mechanisms** for early education.
  5. **Set up a donor subgroup focusing on early education as a priority.** Representatives of other ECD sectors should be part of this to help coordinate and facilitate multi-sectoral collaboration.
  6. **Prioritise ECD despite the deteriorating security situation, the COVID-19 pandemic** and the increasing engagement in emergency relief. Early stimulation, health services, nutrition and early learning are important for children growing up in crisis and conflict.
- To enable donors to support their efforts, the government should:**
1. **Show strong political will by developing** and funding effective cross-sectoral ECD action plans integrated into relevant sector plans.
  2. **Improve ECD coordination efforts and pave the way for an empowered institutional anchor** that trickles down to all administrative levels and empowers community structures and municipalities in providing ECD services.
  3. **Use healthcare service delivery structures to identify (and assist) children with disabilities** and those at risk of developmental delays.
  4. **Scale up recent commitments in the Education Sector Plan relating to early education**, focusing on equity and inclusivity from the start.
  5. **Scale up equitable, high-quality and inclusive early education centres:**
    - Attach facilities to existing schools and community centres
    - Improve quality standard enforcement of the current provision
    - Improve the country's ECD educator workforce by training professionals in inclusive approaches
    - Grow the equitable provision of public ECD centres
    - Ensure clear accountability of the Ministry of Health, the Ministry of Education, and the Ministry of Social Action in terms of delivering on their commitments
    - Address the lack of funding for early education
    - Work towards no-fee services so that the poorest and most marginalised can attend.
  6. **Popularise ECD services among parents** to encourage attendance by their children, particularly those with disabilities.

**Civil society organisations working in ECD and inclusion should push for the delivery of equitable and inclusive ECD services** by making education professionals and parents, particularly those who have children with disabilities and developmental delays, aware of the benefits of ECD.





**Table 1. Which donors are supporting ECD in Burkina Faso, and how much are they investing?**

Donor support and percentage of total aid invested in ECD-related services		
<b>Belgium</b>	<ul style="list-style-type: none"> <li>Large investments in supporting basic healthcare, some of which support children in their early years</li> <li>A small investment in basic sanitation</li> </ul>	<b>6.8%</b>
<b>Canada</b>	<ul style="list-style-type: none"> <li>Large investments in maternal and child healthcare</li> <li>Large investments in nutrition, including to improve maternal and child health, with strong cross-sectoral links</li> <li>Small investments in sanitation, with cross-sectoral links</li> <li>Investments in early education</li> </ul>	<b>4.3%</b>
<b>EU</b>	<ul style="list-style-type: none"> <li>Investments in supporting basic healthcare, some of which support children in their early years</li> <li>Investments in nutrition (not targeting young children)</li> <li>Investments in sanitation (no commitments to supporting ECD)</li> <li>Small investments in early education</li> </ul>	<b>2.2%</b>
<b>France</b>	<ul style="list-style-type: none"> <li>Large investments in supporting basic healthcare, some of which support children in their early years, and smaller investments in maternal and child healthcare services</li> <li>Small investments in early education</li> </ul>	<b>1.3%</b>
<b>Germany</b>	<ul style="list-style-type: none"> <li>Some investments in basic healthcare, some of which support children in their early years (but no explicit focus on this group)</li> <li>Investments in nutrition interventions (but not targeting young children)</li> </ul>	<b>5.2%</b>
<b>UNICEF</b>	<ul style="list-style-type: none"> <li>Large investments in healthcare, including maternal and child healthcare</li> <li>Large investments in nutrition to reduce stunted growth among children and address maternal and child health (strong cross-sectoral links)</li> <li>Investments in WASH to prevent waterborne illnesses and malnutrition</li> <li>No investments disbursed in 2017 for early education. However, UNICEF is the coordinating agency for the Global Partnership for Education (GPE) and supports the development of local education plans</li> </ul>	<b>34.7%</b>
<b>UK</b>	<ul style="list-style-type: none"> <li>No investments in ECD</li> </ul>	<b>44.81%</b>
<b>USAID</b>	<ul style="list-style-type: none"> <li>Large investments in basic healthcare, including maternal and child healthcare</li> <li>Investments in nutrition to tackle maternal and child malnutrition</li> </ul>	<b>0.02%</b>
<b>World Bank</b>	<ul style="list-style-type: none"> <li>Some investments in basic healthcare, some of which support children in their early years (no explicit focus on this group)</li> <li>Large investments in ECD-related nutrition</li> </ul>	<b>2.5%</b>

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## ABOUT THE RECIPIENT COUNTRY STUDIES

**Light for the World** and its partners have conducted a detailed analysis of the aid activities of nine donors<sup>P</sup> in four sub-Saharan African countries as part of its 'Leave no child behind' study. These recipient countries are Burkina Faso, Mozambique, Zambia, and Zimbabwe.<sup>Q</sup> The objective of these reports is to draw lessons from what works and what does not work, based on two sets of questions: firstly, what are donors doing to support inclusive ECD in their recipient countries and, secondly, how can they do more to scale up existing interventions?

Central to answering the first question is the notion that supporting inclusive ECD, including nurturing care for all children, requires a multi-sectoral approach. This is particularly necessary when dealing with marginalised children who are at high risk of developmental delays, such as children with disabilities. As such, this report focuses on all ECD subsectors, while focusing slightly more on early education. This is, after all, Light for the World's key focus.

The second question is based on the conviction that donors should support governmental efforts, meaning

their aid must leverage greater domestic resources to scale up inclusive and equitable ECD programmes at country level.

This desk-based research looks at aid disbursements mentioned in the OECD-DAC Creditor Reporting System database and identifies which donors are active in the recipient country's ECD space, how much they are investing, and on what.

A more detailed analysis was then carried out for donors identified as active in one or more ECD domains through a combination of semi-structured stakeholder interviews, both in country and desk based.

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<sup>P</sup> Belgium, Canada, France, Germany, the UK and the US are the six bilateral donors reviewed for this report, together with four multilateral donors, namely, the European Union, the World Bank, UNICEF and the Global Partnership for Education.

<sup>Q</sup> The recipient countries were chosen, firstly, as countries with some of the largest challenges in terms of child development in the world, and, secondly, as countries which rely heavily on donor aid to fund their development programmes and objectives. In other words, those countries with the greatest 'need', for both external support and tackling early years development.

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The findings and recommendations presented in this document provide a summary overview of the findings of a study led by **Light for the World** with its partners, supported by the Early Childhood Program of the Open Society Foundations.

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## COMPENDIUM OF ADVOCACY TOOLS

This recipient country profile is one of four for national advocacy. There are also 10 donor profiles for ODA advocacy as well as a Global Report. Belgium, Canada, France, Germany, the UK and the USA are the six bilateral donors reviewed for the donor profiles and report, together with four multilateral donors, namely, the European Union, the World Bank, UNICEF and the Global Partnership for Education. In addition, a user-friendly checklist to support the design of inclusive ECD programmes which seek to support the most marginalised children has been developed.

A methodology note providing more information on the analysis process, along with all the tools, may be accessed at [www.light-for-the-world.org/inclusive-ecd-investment](http://www.light-for-the-world.org/inclusive-ecd-investment)

