



# Burkina Faso

|  |            |
|--|------------|
| Population <sup>i</sup>  | 15,233,884 |
| Age structure  |            |
| • 0-14 years (%)   | 46.2       |
| • 15-64 years (%)  | 51.8       |
| • 65 years and over (%)  | 2.0        |
| Infant mortality rate (per 1,000 live births) both sexes <sup>ii</sup> | 92         |
| Life expectancy at birth (years) female                                | 54.3       |
| Life expectancy at birth (years) male                                  | 51.7       |
| Maternal mortality ratio (per 100,000 live births) <sup>iii</sup>      | 700        |
| GDP per capita   |            |
| • Current US\$ <sup>iv</sup>   | 522        |
| • PPP (current international \$) <sup>v</sup>                          | 1,160      |
| • Constant local currency  | 190,224    |
| Size of informal economy <sup>vi</sup>                                 | 87.3%      |
| Human development index (HDI) rank <sup>vii</sup>                      | 177        |
| HDI poverty indicators – Human poverty index rank                      | 131        |

# Building a Social Protection Floor

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## Burkina Faso

*Marie Eugénie Malgoubri Kyendrebeogo*

*Inousa Ouiminga*

*Olivier Louis dit Guérin*

### Summary

**2001:** Start of brainstorming process - The idea of a national policy on social protection is launched, which resulted in a document, National Policy for Social Protection in Burkina Faso (2003). The document outlined a very broad set of needs without focusing on precise, prioritized and realistic objectives.

**2008:** Start of the universal health insurance project.

**2009:** The authorities progressively became aware of the need for a national policy on social protection that would frame all the various initiatives. That is how Burkina Faso came to take an interest in the concept of the social protection floor and initiated a process for mainstreaming and consolidating initiatives to promote access to basic social services for all, particularly the poorest and most vulnerable. The country took steps in September 2009, through the Prime Minister, to request that the United Nations Social Protection Floor Initiative support the Government in launching a process to build a social protection floor in Burkina Faso.

**2010:** Establishment of an inter-ministerial committee responsible for driving efforts to develop a national policy on social protection that sets out a road map presenting the global vision on social protection in Burkina Faso and sets its objectives, its priority areas and its monitoring and evaluation mechanisms. The inter-ministerial committee must coordinate efforts to build a global, streamlined national policy.

Steps in the process of building a national policy based on a social protection floor:

1. Build capacity of national actors;
2. Design a global vision for social protection;
3. Create synergy among the respective programmes;
4. Agree on the criteria for defining poverty and vulnerability and put in place efficient targeting mechanisms;
5. Put in place a statistical information system on social protection, building on robust monitoring and evaluation mechanisms; and
6. Develop innovative mechanisms for increasing financing for the social protection sector.

### Information on the Authors

*Marie Eugénie Malgoubri Kyendrebeogo*, Ministry of Economy and Finance.

*Inousa Ouiminga*, Ministry of Economy and Finance.

*Olivier Louis dit Guérin*, Strategies and Tools against Social Exclusion and Poverty (STEP) Office, International Labour Organization (ILO), Dakar (Senegal).

## INTRODUCTION

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This case study gives an account of the efforts under way to implement a national process for building a social protection floor in Burkina Faso. It seeks to present the context and basis for building the floor, not to describe the components of a social protection floor, which are yet to be defined.

Owing to the numerous external crises (the Ivorian crisis and the food, energy, financial and economic crises) that Burkina Faso has suffered over the past decade, there have been a reinforcement and a multiplication of social protection programmes, particularly social safety nets. Social protection has increasingly become a priority in sectoral and national policies and strategies. However, there is still no consolidated national policy on social protection that integrates the numerous provisions and programmes of ministries, bilateral and multilateral partners, and local and international non-governmental organizations (NGOs). In 2009, Burkina Faso subscribed to the concept of the social protection floor and initiated a process for mainstreaming and consolidating initiatives to promote access to basic social services for all, particularly the poorest and the most vulnerable.

This case study, presenting the implementation of the process, begins with a concise description of the current social and economic development context in Burkina Faso and the rationale for social

protection. This is followed by an overview of the existing social protection environment. The focus then shifts to the basis of the ongoing process for establishing a social protection floor as well as the challenges to be addressed. The case study concludes with the next steps for the way forward.

## CONTEXT

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Burkina Faso experienced solid, albeit irregular, growth after the devaluation of the West African CFA franc in 1994 (averaging 6 per cent per year from 1994 to 2008). The gross domestic product (GDP) per capita (at 2000 US\$) increased in an irregular manner, climbing from about US\$214 in 1995 to US\$260 in 2007 (or US\$430 in real terms in 2007).<sup>viii</sup> This GDP per capita, however, remains relatively low and represents barely half the GDP average in sub-Saharan Africa.<sup>ix</sup> Burkina Faso is a landlocked country with practically no natural resources and falls among the least developed countries in the world.

While the country boasts good macroeconomic management, which has earned support from the International Monetary Fund (IMF) and the World Bank, it still depends heavily on foreign aid. The economy remains highly vulnerable to weather conditions and external shocks, particularly the price of cotton, energy and foodstuffs; the fluctuating rate of the dollar; and natural disasters. Looking at the secondary and tertiary

sectors, which contribute 25 per cent and 45 per cent, respectively, to the GDP, one notes that the secondary sector is exhibiting a stagnating trend while the tertiary sector shows a predominance of the informal sector and services. This means that little structural change has taken place in the economy. A direct consequence of these trends is the low availability of human capital, among other things, and the high cost of factors of production. These factors put a strain on the country's level of competitiveness and limit the growth of a vibrant private sector that can create jobs for women and young people in particular.<sup>x</sup>

Burkina Faso has a total population of over 15 million,<sup>xi</sup> 52 per cent of whom are female and over 52 per cent are children, and a high population growth rate, estimated at 3.1 per cent per annum. The majority of the population (77 per cent) is based in the rural areas and depends on agriculture for a living.

The economic growth experienced in the country is having a limited and delayed impact on poverty reduction, however. The World Bank estimates that the poverty level rose after the shocks that hit the country, as shown in table 1.

Poverty is seen mostly in the rural areas. The poor are few in number in the sectors currently driving economic growth and highly present in the agricultural sector, which relies predominantly on food crops.<sup>xii</sup>

The National Strategy for Risk Management and Social Protection (SNGRPS, 2006, which was never adopted) described poverty in 2005 as follows: "Poverty is primarily a rural phenomenon. It is tied to distance and seclusion. It is strongly associated with household size. Hence, one more child in rural areas may translate into a drop of 18% to 30% in spending per head, depending on the age of the child. This phenomenon is far less severe in urban areas, where the impact on the drop in consumption stands at barely 1.4%. Poverty considerably lowers the level of education. A household where the head has completed primary school has a level of consumption that is 13% higher in rural areas and 22% higher in urban areas than a household whose head did not attain this level. The occupation of the household head has a significant impact on household spending per head. Hence, a household where the head works in the service sector has a level of spending per head that is 30% higher than that whose head

**Table 1** | Trends in the poverty rate, 1998-2009 (as a percentage).

| Year | National | Rural | Urban |
|------|----------|-------|-------|
| 1998 | 45.3     | 51.0  | 16.5  |
| 2003 | 46.4     | 52.4  | 19.9  |
| 2006 | 42.1     | 48.2  | 16.8  |
| 2007 | 42.6     | 48.6  | 18.6  |
| 2008 | 42.8     | 48.9  | 20.3  |
| 2009 | 43.2     | 48.8  | 20.6  |

Sources: 1998, 2003, Enquête intégrale sur les conditions de vie des ménages (EICVM), Institut national de la statistique et de la démographie (INSD); Priority Action Programme (PAP)-Poverty Reduction Strategy Paper (PRSP) report 2007, 2008, 2009.

works in the agricultural sector."<sup>xiii</sup>

The findings from participatory surveys conducted in 1998 and 2003 on perceptions of the dimensions of well-being, poverty and access to basic social services in urban and rural areas show that poverty – particularly economic poverty – is seen as the inability of the individual to satisfy basic needs, especially in terms of feeding, employment or income-generating activities and health. Poverty among groups of persons is seen as the lack of favourable natural factors, hunger and epidemic situations. Moreover, the lack of a secure environment (public security), socio-economic infrastructure (schools, markets, dispensaries, etc.), and access to certain areas, coupled with poor means of transport, further aggravates this notion of collective poverty that is felt by communities.

The incidence and severity of poverty are felt more by women than by men (52 per cent compared to 48 per cent). Women are more vulnerable and have limited access to land, decision-making, factors of production and cattle. The 2003 household survey showed that the household poverty rate had increased by 11 per cent in female-headed households.

Furthermore, young people are severely affected by unemployment, job scarcity, illiteracy and the lack of qualifications. The working-age population (15 to 65 years) represents 51.8 per cent of the total population, 46 per cent of whom are men and 54 per cent are women. This working-age population, based primarily in the rural areas (73 per cent), is poorly

educated: 23.2 per cent have attained an average educational level. The employment situation, shown by the findings of the study, "Employment and poverty trends in Burkina Faso 1998-2007"<sup>xiv</sup>, was characterized in 2007 by:

- an employment rate of 80.9 per cent;
- the predominance of the agricultural sector (79.5 per cent of the workforce) and the urban informal economy (7.8 per cent);
- the predominance of informal employment in towns (46.9 per cent of the population 15 years of age and older);
- the burden of unemployment (8.6 per cent) in the urban setting, which is four times higher than in the rural setting (2.2 per cent);
- visible underemployment that affects one quarter of the workforce, double the proportion in rural areas (26.7 per cent) compared to that in urban areas (13.7 per cent); and
- an increase of 12.5 per cent in labour productivity between 1998 and 2007, with an average annual growth rate of 1.4 per cent, which is still inadequate for addressing the barriers to a drop in under-employment.<sup>xv</sup>

## THE CURRENT SOCIAL PROTECTION FRAMEWORK

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In the context described in the previous section, the promotion of basic social

services (health, education, potable water, nutrition, hygiene and sanitation) was positioned as a key priority for development in Burkina Faso as far back as the first generation of Poverty Reduction Strategies (PRSs) and social protection was added to the second Poverty Reduction Strategy Paper (PRSP) in 2006.

Since independence, Burkina Faso has been progressively putting in place a set of social security measures and programmes focused on social insurance, social security safety nets and social services. This architecture has been reinforced over the last several years to deal with the energy, food, economic and financial crises.

## SOCIAL INSURANCE

Social security measures cover only salaried workers in the public and private formal sectors and their dependants. Workers in the private sector are covered by the National Social Security Fund (Caisse nationale de sécurité sociale, CNSS) (table 2), which is a public social insurance fund, placed under the supervision of the Ministry of Labour and Social Security (Ministère du travail et de la sécurité sociale, MTSS). This regime covers only the three branches that make up the minimum standards defined by International Labour Organization (ILO) Convention 102,<sup>1</sup> including pen-

sion allowance, disability allowance and survivors' pension, occupational hazards and family allowances.

The National Social Security Fund has great potential for protecting workers employed in the formal private sector, but it faces a certain number of difficulties, such as its high operational costs and low transformation rate for social security contributions. The highly informal character of economic activities also reduces its capacity to penetrate the labour market.

The Independent Pension Fund for Civil Servants (Caisse autonome de retraite des fonctionnaires, CARFO), whose services include pension allowance, disability allowance and survivors' pension, provides coverage for public servants, magistrates, and servicemen and servicewomen (table 2). These public servants benefit also from family allowances from the national budget.

Coverage of the risk of sickness, which is a need that has been expressed clearly by the social partners, is not taken into account by these measures. This coverage should be provided by the Office for Workers' Health (Office de santé des travailleurs), whose social security benefits are barely operational. In addition, as part of its national policy on social security, the Ministry of Labour and Social Security places a particular emphasis on developing

<sup>1</sup>International Labour Organization (ILO) Convention No. 102: Social Security (Minimum Standards) Convention, 1952: Lays down the minimum standard for the level of social security benefits and the conditions under which they are granted. It covers the nine principal branches of social security: medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors' benefits. To ensure that it could be applied in all national circumstances, the Convention offers the possibility of ratification by accepting at least three of its nine branches and of subsequently accepting obligations under other branches, thereby allowing Members of the ILO to progressively attain all the objectives set out in the Convention.

**Table 2** | National Social Security Fund (CNSS) and Independent Pension Fund for Civil Servants (CARFO) coverage.

|  | CNSS (2007)               |                         | CARFO (2008)              |                         |
|--|---------------------------|-------------------------|---------------------------|-------------------------|
|  | Number of persons insured | Number of beneficiaries | Number of persons insured | Number of beneficiaries |
| <b>Compulsory pension plan</b>                           |                           |                         |                           |                         |
| - Salaried workers in the public sector                  |                           |                         | 86,700                    |                         |
| - Salaried workers in the formal private sector          | 190,419                   |                         |                           |                         |
| - Employers  | 24,969                    |                         |                           |                         |
| <b>Compulsory pension plan</b>                           |                           |                         |                           |                         |
| - Industrialists, entrepreneurs and professionals        | 1,231                     |                         |                           |                         |
| - Houseworkers   | 7,618                     |                         |                           |                         |
| <b>Pensions</b>  |                           |                         |                           |                         |
| - Old age  |                           | 12,348                  |                           | 14,700                  |
| - Widows/widowers  |                           | 11,497                  |                           | 11,700                  |
| - Orphans  |                           | 10,730                  |                           |                         |
| - Disability   |                           | 129                     |                           | State budget            |
| <b>Occupational accidents and occupational illnesses</b> |                           |                         |                           |                         |
|  |                           | 1,512                   |                           | Non-operational         |
| <b>Family and maternity allowance</b>                    |                           |                         |                           |                         |
| - Beneficiaries  |                           | 46,438                  |                           | State budget            |
| - Spouses of beneficiaries                               |                           | 50,639                  |                           |                         |
| - Children of beneficiaries                              |                           | 147,580                 |                           |                         |

Source: S. Soulama, Review of the social protection measures in Burkina Faso, October 2008.

mutual health insurance funds to provide insurance coverage to workers in the formal sector and those in the informal sector who are based in the urban and rural areas. For this latter group, a number of experiments have been developed across the entire country since the 1990s. Working on the basis of micro health insurance prac-

tices, these mutual health insurance funds ensure 100 per cent coverage that is based on direct billing and direct payment mechanisms for primary health care and, in some cases, for secondary care. The viability of these mutual health insurance funds, which usually have about 1,000 beneficiaries on average, is still shaky owing to the lack of

technical capacities for management and their very limited coverage (table 3).

Confronted with the weakness of mutual health insurance funds, the Ministry of Labour and Social Security has embarked on a universal health insurance project. The project was planned during the elaboration of PRSP 2<sup>2</sup> and adopted during the Cabinet Meeting on 4 August 2008. A national steering committee, including representatives of the technical ministries concerned, social insurance agencies, health facilities, mutual health insurance funds, partners and civil society, is currently seeking ways and means of putting in place a coherent health insurance system

that will provide wide access to health care for communities by 2015, with the support of ILO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). The work plan of this committee shows that the activities of this universal health insurance fund will begin in 2011 (table 4).

**Table 3** | Data on mutual health insurance funds, 2005.

| Mutual Health Insurance Funds            | Number of Mutual Health Insurance Funds | Number of Beneficiaries |
|--|---|-------------------------|
| For the formal sector                    | 25                                      | 41,800                  |
| For the urban and rural informal economy | 119                                     | 18,900                  |

*Source:* Report on the Study on Modes of Community Financing of Health in Burkina Faso, Ministry of Health, August 2005.

**Table 4** | Key stages planned for developing universal health insurance.

| Stage                           | 2009/2010                          | 2011                       | 2013                                  | 2015                  |
|---------------------------------|------------------------------------|----------------------------|---------------------------------------|-----------------------|
|                                 | Studies and Building of the System | Launch of Health Insurance | Intermediate Stage – First Evaluation | 1st Stage of Maturity |
| Planned rate of coverage        |                                    |                            |                                       |                       |
| - Formal sector                 |                                    | 30%                        | 80%                                   | 100%                  |
| - Informal economy              |                                    | 5%                         | 10%                                   | 30%                   |
| Planned number of beneficiaries |                                    | 1,678,800                  | 4,311,000                             | 7,748,000             |

*Source:* Permanent Secretariat of the universal health insurance project. Outcomes expected in the 2009 work plan. These outcomes will change after feasibility studies are carried out.

<sup>2</sup>PRSP 2003-2010, p. 53: "The State should plan to set up an insurance system encompassing all poor people. Indeed, it is necessary to design systems that prevent poor people from paying for health services from their pockets by increasing the volume of prepayments through a general taxation system, compulsory contributions for health insurance or voluntary initiatives, and by providing subsidies to the poorest groups."

## SOCIAL SECURITY SAFETY NETS

A diverse range of social security safety net programmes has been identified and analysed as part of a review carried out by the United Nations Children's Fund (UNICEF) and the World Bank (2010). The social security safety nets mentioned here refer to the non-contributory social transfer mechanisms targeting poor and vulnerable individuals or households in support of consumption and/or access to basic social services. Ten major categories of programmes have been identified and are summarized in table 5.

While many social protection projects have been developed in support of national policies for promoting access to education, these are sometimes isolated and limited. However, in addition, several national universal social protection policies that support the objectives of the Ministry of Basic Education and Literacy (MEBA) have been put in place to increase the enrolment rate and reduce inequalities while also promoting investments in service delivery.

These programmes focus on:

- removing primary school fees to promote access and reducing other costs of access to primary school for girls in order to reduce the gap between girls and boys;
- distributing school textbooks to all pupils in public and private primary schools in order to improve the quality of education and minimize the burden on households;
- granting scholarships to pupils

from the poorest homes; and

- providing school canteens that are one of the largest social protection programmes in the country, aimed at improving the quality of learning, school results at the basic education level, and the health and nutritional situation of pupils as well as promoting investment in human capital.

Several national social safety net programmes are under way to promote access to health services for all in synergy with programmes for improving the quality and availability of health services. These programmes deal with the following:

- In 2006, the Government of Burkina Faso adopted the policy of providing subsidies to cover 80 per cent of the cost of emergency obstetric and neonatal care for all and 100 per cent for the poorest women (at a total cost of 30 billion CFA francs (US\$63.9 million) for the period from 2006 to 2015). The policy has had a substantial impact on increasing access, particularly for the poorest groups. However, the application of the 100 per cent exemption for the poorest women has faced some problems relating to targeting, communication, financial compensation, etc. Exemptions are implemented to provide free treatment for meningitis and measles in the event of an epidemic, free treatment against severe malaria among children below the age of five

**Table 5** | Summary of social safety net programmes, 2004-2009.

| Programme                                  | Agency   | Type and Number of Beneficiaries  |
|--|--|---|
| Food sales at a reduced price              | National Society for the Management of Stocks for Food Security (Société nationale de gestion de stock de sécurité alimentaire, SONAGES), National Council for Emergency Relief and Rehabilitation (Conseil national de secours d'urgence et de réhabilitation, CONASUR)               | Communities in areas exposed to food insecurity; 18,400 households in 2008  |
| Food distribution                          | Catholic Relief Services (CRS)   | Vulnerable persons such as those living with HIV, elderly persons   |
| Food for education/ Infrastructure         | World Food Programme (WFP)   | 30,800 women and 31,400 men in 18 provinces   |
| Malnutrition treatment                     | NGOs, Food and Agriculture Organization of the United Nations (FAO), UNICEF, WFP, Ministry of Health   | Vulnerable groups   |
| School canteens                            | CRS, Ministry of Basic Education and Literacy (Ministère de l'enseignement de base et de l'alphabétisation, MEBA), Ministry of Secondary and Higher Education and Scientific Research (Ministère des enseignements secondaire, supérieur et de la recherche scientifique, MESSRS), WFP | All pupils in beneficiary schools; in principle, all public schools are potential beneficiaries   |
| Food and fuel subsidies                    | Ministry of Economy and Finance (Ministère de l'économie et des finances, MEF)   | Consumers – especially in big cities – of petroleum products and certain food items (in 2008 only)  |
| Cash transfers                             | National AIDS Council (Conseil national de lutte contre le sida et les infections sexuellement transmissibles, CNLS-IST)   | Vulnerable children in the Nahouri and Sanmatenga provinces; 3,250 beneficiary households (pilot programme 2008-2010)   |
| Food vouchers                              | CRS, WFP, Ministry of Social Action and National Solidarity (Ministère de l'action sociale et de la solidarité nationale, MASSN), Burkinabe Red Cross Society (Croix-Rouge burkinabé)  | 195,000 poor people in Bobo and Ouagadougou   |
| Subsidies and exemptions from health costs | NGOs, Ministry of Health, National Solidarity Fund (Fonds national de solidarité, FNS)   | 80 per cent subsidy for delivery in health centre (national); exemptions for pregnant women, children under 5 years of age, needy persons, people living with HIV in 4 pilot districts; limited exemptions for indigents (national) |
| Public works                               | Swiss Association for International Cooperation (Helvetas)/Ministère des infrastructures et du désenclavement (MID)  | NGO project in communities in 4 provinces in the Eastern region   |

Source: K. Savadogo, Review of social security safety nets in Burkina Faso: Inventory and analysis of existing social security safety net programmes, Draft report, March 2010.

years, and free consultations on preventive care for children below five and pregnant women.

- Project initiatives to deliver free care are under way in some health districts to help vulnerable groups (pregnant women, children between 0 and 5 years).

Two innovative cash-transfer (or quasi-cash-transfer) programmes are being implemented as pilot experiences for reducing food insecurity and poverty in the country:

- the social transfer programme for orphans and vulnerable children in Nahouri Province. This programme, led by the National AIDS Council (Conseil national de lutte contre le Sida et les infections sexuellement transmissibles, CNLS-IST), with support from the common basket fund and the World Bank, aims to test various cash-transfer mechanisms for poor households to measure their impact and identify a mechanism that can be replicated at the national level; and
- a mechanism for using food vouchers to reduce vulnerability and food insecurity in urban areas (Bobo and Ouagadougou), which is being tested by the World Food Programme (WFP) for the poorest households. It is also intended to make up for the drop in their purchasing power after the sharp increase in basic foodstuff prices in 2007 and 2008, although living standards have declined further since then.

Furthermore, the rise in the prices of foodstuffs and petroleum products also led the Government to implement blanket subsidies for certain food items and for fuel by cutting taxes. These subsidies amounted to 4,263 billion CFA francs (US\$9,076 million) in 2008 (March to October) for food items and 8,608 billion CFA francs (US\$18,327 million) in 2008-2009 for petroleum products.<sup>xvi</sup>

Finally, another poverty reduction programme is based on the labour-intensive public works approach. The rural roads programme, conducted by Helvetas in the Eastern region, is an important source of learning in this respect.

## **SOCIAL WELFARE SERVICES**

Support for social welfare services is a priority for the Ministry of Social Action and National Solidarity (MASSN), which organizes awareness campaigns in this regard and welfare services for disabled persons, refugees and disaster victims, children in particularly difficult situations, socially excluded groups, etc. Several NGOs and decentralized structures also provide social welfare services.

## **EMPLOYMENT AND LABOUR MARKET INTEGRATION SERVICES**

The National Employment Policy, adopted in 2006 at a tripartite workshop, seeks to increase opportunities for decent work, especially for young women and young men who are going into the labour market, in order to reduce poverty in Burkina Faso. One of the strategies in this policy is to broaden and improve access

**Table 6** | Results of employment promotion programmes.\*

| Indicator                   | Responsibility | 2008  | 2009  |
|-----------------------------|----------------|-------|-------|
| Number of jobs created      | FAPE           | 82    | 267   |
|                             | FASI           | 202   | 202   |
|                             | FAIJ**         |       | 1,214 |
| Number of jobs consolidated | PNV            |       | 885   |
|                             | FAPE           | 312   | 208   |
|                             | FASI           | 2,094 | 1,892 |
|                             | FAIJ           |       | 1,214 |

\* New targets set by the Project for Combating Youth Unemployment.  
\*\* Direct and indirect jobs.  
Source: Public Expenditure Review (Revue des dépenses publiques), Ministry of Employment and Youth (Ministère de la Jeunesse et de l'emploi, MJE), Report, March 2010.

to employment through vocational training and to ensure that such training can provide better responses to the real needs of the labour market.

In this respect, a number of support funds have been put in place (some since 1998) to:

- promote the creation of businesses and income-generating activities: the Youth Initiatives Support Fund (Fonds d'appui aux initiatives des jeunes, FAIJ), the Informal Sector Support Fund (Fonds d'appui au secteur informel, FASI) and the Employment Promotion Support Fund (Fonds d'appui à la promotion de l'emploi, FAPE); and
- improve employability: the Vocational Training and

Apprenticeship Support Fund (FAFPA).

The results of various employment promotion programmes are presented in table 6.

As part of efforts to operationalize the National Employment Policy action plan, the Ministry of Employment and Youth is proposing to reinstate a public works programme. A multisectoral working group has been set up to identify the projects that will be implemented.

## DEVELOPING A NATIONAL POLICY ON SOCIAL PROTECTION: PROGRESS MADE AND CHALLENGES ENCOUNTERED

### THE IMPLEMENTATION PROCESS

#### *Evolution of the Policy*

Current thinking on social protection in Burkina Faso is the fruit of a long process initiated at the beginning of the millennium. The country embarked, in December 2001, on developing a national policy on social protection. Those efforts culminated in the preparation of a document (National Policy for Social Protection in Burkina Faso, February 2003) based on the work of four multisectoral committees (insurance and social assistance;

health risks; economic risks; national framework for consultation on social assistance) that was to serve as background material for a national forum to formulate a bill on social protection. However, while this document demonstrated a real awareness of the issues involved in social protection, it was inadequate for developing a national policy. The document outlined a very broad set of needs without focusing on precise, prioritized and realistic objectives. Nevertheless, this national consultative process ought to have provided a framework of reference for developing sector-based approaches by the respective ministries, including those summarized here.

### *Development of Sectoral Approaches for Social Protection*

#### *Ministry of Labour and Social Security*

The brainstorming process, initiated in 2001, resumed in 2006 under the auspices of the Ministry of Labour and Social Security (MTSS), which supervised an inter-ministerial process aimed at developing a national policy on social protection. The subsequent policy document, National Policy for Social Protection (January 2007), proposed an interesting multisectoral approach in which social protection was considered to be an investment, not a form of help. This document was not validated at the national level, and the various ministerial strategies that were being developed from it failed to offer a comprehensive

and coherent vision of social protection. However, it served as a reference for the actions of the MTSS in developing a draft National Labour Policy in 2010, whose strategic goal 3, "Contributing to building a social protection floor", aims to "promote a global and coherent social protection policy that makes it possible to extend the range of services offered by the national mechanism for social protection, to improve the quality of these services and expand coverage to all workers".<sup>xvii</sup>

#### *Ministry of Social Action and National Solidarity*

The Ministry of Social Action and National Solidarity, set up in 2006, developed a policy document for social action, National Policy on Social Action (La politique nationale d'action sociale, PNAS), in 2007. The general objective of this policy is to ensure, by 2015, the social promotion of specific and marginalized social groups and to create favourable conditions for consolidation and solidarity among the population. Adopted on 23 July 2007 (Decree n° 2007-480/PRES/PM/MASSN), this policy defines government action in the area of social action, promotion and solidarity.

#### *Ministry of Health*

The Government developed a national health policy document in 2000 that set forth the nation's major orientations on health, with the goal of improving the state of health of the population. This

policy was developed along with the National Health Development Plan (Plan national de développement sanitaire, PNDS), which covers the period from 2001 to 2010. One of the objectives of this plan was to improve financial access to health services for the people and implement programmes such as subsidizing care (i.e., obstetrical services) or implementing exemptions (i.e., for the treatment of "social" diseases such as tuberculosis).

#### *Ministry of Basic Education and Literacy*

The policy on "Education for All" aims to provide free education for all children between 6 and 16 years of age (Framework Law adopted in 1996) by abolishing registration fees in public primary schools and providing free basic school supplies in public and private schools. These measures were introduced in all provinces from the 2007/2008 academic year and have led to an increase in the enrolment rate, particularly for girls.

#### *National Policies and Strategies*

The existence of a diverse range of sectoral strategies for social protection attests that the authorities are interested in implementing measures and programmes for this purpose. These sectoral approaches have still not been put together and coordinated in a global national policy on social protection, but they are taken into account in national strategies.

#### *The Vision in "Burkina 2025"*

Expanding social protection is a key element of the development strategy in the vision set out for the nation in "Burkina 2025".<sup>xviii</sup> According to this vision, the country cannot attain economic development without strong national solidarity, redistribution of wealth to provide access to quality education and health for all, and a fight against social discrimination.

#### *Strategies for Poverty Reduction*

In 2000, Burkina Faso was the first country in the subregion to implement a poverty reduction strategy (poverty reduction strategy framework (PRSP) 2000-2003) that focused on the social sectors (particularly education and health) and the acceleration of economic growth. The second-generation PRSP in 2003 (PRSP 2004-2006, extended up to 2010) expanded coverage to other sectors, including making social protection one of the priorities under the second goal: "Ensure access to basic social services and social protection for the poor".

Looking at the results of the PRSP annual review exercise in 2010, which observed that while some marginal progress had been made in poverty reduction, the crises hitting Burkina Faso had accelerated and worsened over the last three years, the third-generation PRSP currently being developed, titled "Accelerated Growth and Sustainable Development Strategy 2010-2015" (Stratégie de croissance accélérée et de

développement durable (SCADD) 2010-2015), will have to reinforce the emphasis placed on social protection.

*The Government's 2009-2010 Action Plan for Addressing the Impact of the Financial and Economic Crisis on the Economy of Burkina Faso*

The action plan for addressing the impact of the financial and economic crisis on the country's economy, adopted at the end of 2009, seeks particularly to implement social safety net programmes and innovative mechanisms for reducing the burden of the crisis on households.

**Building a Streamlined National Policy**

*Burkina Faso Subscribes to the Global Social Protection Floor Initiative*

The persistence of poverty and vulnerability, aggravated by external shocks, led the authorities to intensify existing social safety net programmes after 2000 and to develop new ones, with the support of partners in some cases, so as to provide short-term responses to the crisis and especially to build mechanisms for eradicating poverty over the long term while also improving the economic welfare of the poorest and the most vulnerable groups.

As the number of these programmes increased, including the adoption in 2008 of a universal health insurance project, the authorities progressively became aware of the need for a national policy on social protection that encompasses these

various initiatives. This was how Burkina Faso came to take a keen interest in the adoption, by the United Nations System Chief Executives Board, of the global Social Protection Floor Initiative in April 2009 and then took steps in September 2009, through the Prime Minister, to request that the Initiative support the Government in launching a process to build a social protection floor in Burkina Faso.

*Formation of an Inter-ministerial Committee*

The context described above led the Government to establish an inter-ministerial committee responsible for driving efforts to develop a national policy on social protection. This inter-ministerial committee, instituted officially in February 2010,<sup>xix</sup> set out with the immediate goal of creating a road map that presents the global vision on social protection in Burkina Faso and setting its objectives, its priority areas and its monitoring and evaluation mechanisms. The road map will make it possible to embed social protection as one of the priority areas of the Accelerated Growth and Sustainable Development Strategy (SCADD) that is being developed.

Furthermore, the inter-ministerial committee has the task of coordinating efforts to develop a global, streamlined national policy on social protection, drawing on a set of guarantees that aim to promote access for all to basic social services and on social transfer mechanisms.

This committee is made up of the Permanent Secretaries of the various ministries, a representative of the Prime Minister, representatives of technical and financial partners, civil society, the association of municipalities and the association of the regions.

Placed under the chairmanship of the Permanent Secretary of the Ministry of Economy and Finance, the committee has an executive secretary and specialized commissions, one of which is responsible for social safety nets and the other for social insurance.

#### *Establishment of a Working Group of Technical and Financial Partners on Social Protection*

Following the request for a social protection floor made by the Prime Minister to the global Social Protection Floor Initiative, a meeting framework for partners working on social protection was organized in a working group at the end of 2009 in order to synergize the support that is going to be provided to the Government.

This working group includes United Nations agencies (ILO, UNICEF, WFP, WHO, etc.), the IMF, the World Bank, the European Union and bilateral partners (Canada and the Netherlands) as well as NGOs, which come together regularly and synergize their actions for capacity-building and support to the inter-ministerial committee monitoring the national policy on social protection.

#### ***Building Capacity and Promoting National Dialogue***

The process of developing a national policy based on a social protection floor began with capacity-building for national actors. In January 2010, the Ministry of Social Action and National Solidarity, the Ministry of Economy and Finance and UNICEF, with the support partners, organized a week-long training workshop on social protection and, more specifically, on social safety nets and the universal health insurance project. This workshop, which brought together the main ministries (12) involved in social protection, was the first opportunity to coordinate and discuss the approaches and programmes of the various ministries and sectors and to identify the stages and actions that need to be carried out in order to consolidate, improve and institutionalize social protection.

After a review of social safety nets by UNICEF and the World Bank, the Ministry of Economy and Finance, together with other ministries (the Ministry of Labour and Social Security, the Ministry of Social Action and National Solidarity, the Ministry of Basic Education and Literacy and the Ministry of Health) and with the support of UNICEF and partners, organized a national technical workshop on social protection in April 2010. The objectives of this workshop were to:

- present the general principles of social protection, its development at the global level and in sub-Saharan Africa, and its potential

role in Burkina Faso;

- share information on the state of the existing social protection programmes in Burkina Faso, their achievements, gaps, challenges and opportunities;
- examine the strategic framework for social protection in Burkina Faso and how it compares to experiences internationally; and
- facilitate the participation of the Government, international partners and civil society in articulating a national vision of social protection.

This workshop may be considered as the common point of departure to building a national consolidated policy on social protection in which the Government, international partners and civil society share the same vision of the opportunities and challenges for expanding the social protection system in Burkina Faso. It concluded that:

- there was a need for Burkina Faso to define its own vision of social protection;
- social protection is important for overcoming the slowdown in growth and reducing poverty;
- a national framework for coordinating and directing interventions must be put in place; and
- it is important to develop a road map containing a global vision of social protection in Burkina Faso, its definition, objectives, key activity areas, and mechanisms for monitoring and evaluation.

## CHALLENGES

The review of social safety nets by UNICEF and the World Bank (2010) briefly mentioned earlier made it possible for stakeholders to realize that:

- the pilot programmes and projects are scattered and do not benefit from the synergies that could develop among them;
- the vast majority of programmes provide assistance to the poor and vulnerable groups on a one-off basis without prospects for sustainability;
- coverage of all poor persons is not systematic since initiatives are conducted sometimes using the project approach to focus on a locality;
- on the whole, the establishment and financing of social safety net programmes are dependent on funding from external sources; and
- the State should serve as the actor that organizes and consolidates/sustains the various components of social safety nets.

In addition to these findings, there are difficulties encountered by certain programmes, such as the difficulty in acquiring and distributing school textbooks during efforts to promote access to education and the difficulties in targeting the poorest individuals and households and mobilizing resources.

This overview of social protection also makes it possible to underline that:

- the number of institutional and local actors and development partners involved in social protection initiatives is high; and
- synergy is lacking among the various components of social protection: social insurance, social safety nets and social welfare services.

From these realizations and findings, it is evident that the construction of a social protection floor in Burkina Faso cannot become a reality unless several existing challenges – which are institutional and technical, on the one hand, and economic and financial, on the other – are addressed.

### ***Institutional and Technical Challenges***

#### ***Coordinating and Streamlining the Interventions of Ministries***

Several ministries have been involved in activities for social protection. Some agreement and robust consultation among these ministries would be necessary in the decision-making process to set priorities for the key components (depending on the socio-economic context) and to ensure smooth implementation at the national level.

#### ***Securing Coherence in National Policies***

Without a consolidated national policy, decisions to mobilize funds for key sectors are made in commissions or during the various often-thematic round tables between donors and the government,

whereas the social protection floor is a combination of these thematic areas and must be considered as a crosscutting issue.

#### ***Producing Baseline Information to Inform Decision-making***

There are no global statistical data on social protection. This makes it imperative to carry out an in-depth review of programmes so that relevant instruments can be selected in the national context.

Another important challenge to tackle is that of defining vulnerability and devising methods for targeting the communities that benefit from programmes.

### ***Economic and Financial Challenges***

No mechanism has been put in place to monitor social protection expenditure at the national level. As a part of the methodology for implementing the social protection floor, which has been developed by the agencies and partners that are members of the global Initiative,<sup>xx</sup> ILO initiated a process to review social protection expenditure and performance in order to develop a social budget. This work, done in partnership with the Ministry of Labour and Social Security and the Ministry of Economy and Finance, follows the review of social safety nets conducted by UNICEF and the World Bank and will help to generate an overall statement on current social protection expenditure by the end of 2010.

Excluding the cost of the temporary general food and fuel subsidies, which

largely benefited the better-off groups, the average annual budget allocated to social safety net programmes between 2005 and 2009 amounted to approximately 0.6 per cent of the GDP. This increased from 0.3 per cent in 2005 to 1 per cent in 2009<sup>xxi</sup> since the State was expected to intensify social protection programmes after the energy and food crises and to provide humanitarian assistance and aid to the flood victims in 2009.

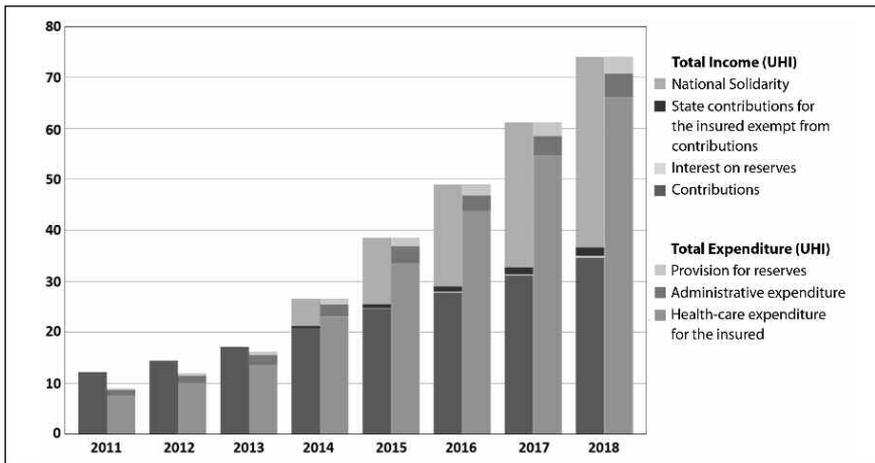
The crises faced by Burkina Faso have eroded people’s economic well-being and social indicators. They have also strained the country’s macroeconomic and budgetary situation. In this context, promoting universal access to a minimum social protection package calls for innovative ways of financing, based on collectivizing risks and rationalizing national resources.<sup>xxii</sup> For example, the estimated costs (UNICEF and World Bank review, 2010) of national cash transfer programmes for the following two

target groups to transfer 14,000 CFA francs per year would amount to the following:

- for children below 5 years of age: 1 per cent of GDP (3.6 per cent of the national budget); and
- for the poorest tenth of the population: 0.6 per cent of GDP (2 per cent of the national budget).

The first financial simulation of universal financial insurance – done by the national steering committee, with the support of ILO and WHO<sup>3</sup> – projected insurance costs for the State up to 2018 (see graph below), where these represent 0.6 per cent of GDP (about 3 per cent of the national budget) for coverage of 60 per cent of the population<sup>xxiii</sup> (transfers from the State to subsidize the contributions of households from the informal economy and coverage of the poorest tenth for public primary and secondary health care). In this simulation, universal health insurance

Trends in universal health insurance (UHI) expenditure and cash inflows – 1st Simulation (SimIns) (in billions of CFA francs, constant prices 2008).



<sup>3</sup>Using the SimIns health financing policy tool developed by WHO and the German Agency for Technical Cooperation (GTZ).

expands first in the formal sector (compulsory contribution regime) in order to establish the insurance operations and make it possible afterwards to expand coverage to the informal economy (semi-contribution regime). State transfers (national solidarity) become necessary as the insurance coverage expands.

These first estimates, to which it is necessary to add the costs of transfers for other social protection programmes, already give an indication of the challenges to be addressed by Burkina Faso, which has little tax room and a tight budget margin. Real choices will have to be made in setting priorities for needs and committing national resources. Even if the State can count on foreign sources of funding, the viability and durability of the guarantees that it offers will be based, first and foremost, on its national resources. Having a social budget, as part of the support provided by the global Social Protection Floor Initiative, will give the State an important tool for decision-making.

## THE NEXT STAGES OF THE PROCESS OF BUILDING A SOCIAL PROTECTION FLOOR

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What came out of the review of social safety nets and the discussions generated during feedback at the national technical workshop on social protection (April 2010) was that the system for providing social safety nets in Burkina Faso needs to be reorganized. Although there is no organized system, surveys show that

social demand for protection is high. In the area of food security, for example, nearly 20 to 30 per cent of the population suffers from severe or moderate food insecurity. These are usually households that regularly face risk factors that maintain them in or push them into chronic poverty. In such a case, social safety nets can help them in periods of food scarcity or economic crisis and serve as an instrument for lifting themselves out of chronic poverty.

Ideally, the system will be made up of several programmes that are complementary and work in synergy with other social policies. For example, the system of the following three programmes reflects this rule:

- a public works programme targeting poor households that are able to work;
- a cash transfer programme targeting poor households that are unable to work in areas that are well covered by food markets; and
- a food transfer programme targeting poor households unable to work in remote and poorly served areas.<sup>xxiv</sup>

This system will also build on the policies and legislation and complement social insurance regimes, particularly universal health insurance, to promote universal access to basic health care and build synergies with basic social services.

To develop this social protection floor, it is necessary to first put in place and reinforce immediate responses to the crisis and then to move on to meticulous

planning and strategizing for the long term. Considering that the challenges to be addressed are huge, efforts made towards building a coherent, streamlined national policy will have to build on:

- strong and lasting political will;
- national consensus; and
- technical evidence.

The stages for pursuing a process to implement a social protection floor, based on ongoing initiatives, are summarized in table 7. On the whole, these activities aim to:

- embed social protection as a key priority in the Accelerated Growth and Sustainable Development Strategy (SCADD);
- design a global vision for social

protection in Burkina Faso and develop a national policy on social protection and its action plan;

- build synergy between the respective programmes (both current and new) for social safety nets and the broader policies for poverty reduction stated in the SCADD;
- implement the universal health insurance system;
- agree on the criteria for defining poverty and vulnerability and put in place efficient targeting mechanisms;
- put in place a statistical information system on social protection, building on robust monitoring and evaluation mechanisms; and
- develop innovative mechanisms for increasing financing for the social protection floor.

**Table 7 | Stages for building a social protection floor in Burkina Faso.**

| Type of Activity                            | Activities Ongoing/Planned and Actors  |
|---|--|
| Raising awareness                           | <ul style="list-style-type: none"> <li>• Jan. 2010 – Training in social protection (UNICEF, Ministry of Social Action and National Solidarity (MASSN) and Ministry of Economy and Finance (MEF)).</li> </ul>   |
| National Social Protection Floor Task Force | <ul style="list-style-type: none"> <li>• Feb. 2010 – Setting up of an inter-ministerial steering committee for the policy on social protection and working groups (MEF and technical ministries).</li> <li>• April 2010 – National technical workshop on social protection (MEF and UNICEF, with Ministry of Labour and Social Security (MTSS) and MASSN).</li> <li>• April 2010 – Production of a strategic background document on social protection (UNICEF for MEF).</li> </ul>               |
|   | <ul style="list-style-type: none"> <li>• 2010 – Elaboration of a road map for social protection as a part of efforts to review the Poverty Reduction Strategy Paper and include social protection as a priority in the Accelerated Growth and Sustainable Development Strategy (SCADD) proposed in the national workshop and to be finalized in June 2010 (Committee).</li> <li>• 2011 – National forum on the national strategy for social protection (Inter-ministerial Committee).</li> </ul> |

**Table 7** | Stages for building a social protection floor in Burkina Faso (cont'd.).

| Type of Activity              | Activities Ongoing/Planned and Actors  |
|-------------------------------|--|
| Social protection stocktaking | <ul style="list-style-type: none"> <li>• May 2010 – Review of social safety nets in Burkina Faso (UNICEF, World Bank).</li> <li>• 2010 – Start of stocktaking of social protection expenditure and performance (ILO/European Union, MEF, MTSS).</li> <li>• 2010 – Study on the impact of WFP food voucher programme (WFP).</li> <li>• 2010 – National AIDS Council (CNLS-IST) and World Bank study on the impact of the cash transfer programme.</li> <li>• End of 2010/beginning of 2011 – Update of the poverty and vulnerability profile (National Institute for Statistics and Demography).</li> </ul> |
| Elaborating measures          | <ul style="list-style-type: none"> <li>• October 2010 – Finalization of the SCADD (MEF).</li> <li>• 2011 - Identification of pilot projects (costs, coverage, implementation and evaluation measures) (Inter-ministerial Committee).</li> </ul>  |
| Analysis                      | <ul style="list-style-type: none"> <li>• 2010 – Research on methods for targeting the poor (WFP, World Bank, etc.).</li> <li>• 2010 – Feasibility studies on social net options, labour-intensive public works (LIPW), etc. (Inter-ministerial Committee and technical and financial partners (partenaires techniques et financiers, PTF).</li> <li>• 2011 – Social budgeting (Committee, MEF, PTF).</li> <li>• 2011 – Finalization of feasibility studies and implementation of the health insurance project (National Steering Committee, ILO, UNAIDS, WHO).</li> </ul>                                  |
| Implementation                | <ul style="list-style-type: none"> <li>• End of 2010 – Elaboration of the national action plan for social protection (Inter-ministerial Committee).</li> <li>• 2011 – Scaling up or start of projects .</li> </ul>   |
| Monitoring                    | <ul style="list-style-type: none"> <li>• 2011 – Putting in place a complete and coherent statistical information system on social protection (Inter-ministerial Committee).</li> </ul>   |

<sup>i</sup> World Bank, *World Development Indicators* 2008.

<sup>ii</sup> WHO, Global Health Observatory, 2008.

<sup>iii</sup> WHO, UNICEF, UNFPA and World Bank, Global Health Observatory, 2005.

<sup>iv</sup> World Bank, *World Development Indicators* 2008 and *Global Development Finance* 2008.

<sup>v</sup> Ibid.

<sup>vi</sup> National Strategy for Risk Management and Social Security, February 2006.

<sup>vii</sup> UNDP, *Human Development Report* 2009.

<sup>viii</sup> World Bank, *Africa Development Indicators* 2007, and *World Development Indicators* 2008.

<sup>ix</sup> World Bank, *Country Economic Memorandum*, vol. 1, November 2009.

<sup>x</sup> United Nations Country Team, Burkina Faso United Nations Development Assistance

Framework (UNDAF) 2011-2015, March 2010.

<sup>xxiv</sup>K. Savadogo, 2010, *ibid.*

<sup>xi</sup>World Bank, 2008. The projections from the National Institute for Statistics and Demography (Institut national de la statistique et de la démographie, INSD) show 15,730,977 inhabitants in 2010.

<sup>xii</sup>Burkina Faso UNDAF 2011-2015, March 2010.

<sup>xiii</sup>National Strategy for Risk Management and Social Security, February 2006.

<sup>xiv</sup>*Ibid.*

<sup>xv</sup>Ministry of the Economy and Finance, *Progress and Achievements of Burkina Faso 2000-2009*, April 2010.

<sup>xvi</sup>K. Savadogo, Review of social security safety nets in Burkina Faso: Inventory and analysis of existing social security safety net programmes, draft report, March 2010.

<sup>xvii</sup>MTSS, Draft National Labour Policy, May 2010.

<sup>xviii</sup>National Prospective Study "Burkina 2025", Outlook and Planning Council (Conseil national de la prospective et de la planification stratégique, CNPPS), 2005.

<sup>xix</sup>Ministerial Order n° 2010-051/MEF/SC/DGEP, instituting and making provision for the operationalizing of an interministerial committee to monitor the national policy on social protection, 25 February 2010.

<sup>xx</sup>Social Protection Floor Initiative, Manual and Strategic Framework for Joint United Nations Country Operations, ILO and WHO, Geneva, November 2009.

<sup>xxi</sup>World Bank, 2010, "Burkina Faso: Social safety nets", in *Social Protection in Burkina Faso: Current situation and future prospects*.

<sup>xxii</sup>*Social Protection in Burkina Faso: Current Situation and Future Prospects*.

<sup>xxiii</sup>Universal Health Insurance (UHI) Permanent Secretariat, ILO and WHO, Financial simulation of the national health insurance system, draft, May 2010.