

### COUNTRY CONTEXT

Burkina Faso has a generalized epidemic which has stabilized since 2005. The national strategic plan (NSP) for HIV and STI 2006-2010 aims at achieving universal access to services and has specific targets including: 25% reduction in new infections with HIV or other STIs in priority population groups, access to HIV-testing and counseling for 80% of the population, 90% of eligible patients on anti-retroviral therapy (ART), and psycho-social, economic, spiritual and legal support for 60% of PLHIV (CNLS 2010).

There are an estimated 140,000 orphans and children made vulnerable by HIV (OVC) in Burkina Faso. The practice of child fostering, as in many African countries, is widespread. In 2000, 15% of households sent or received a child, representing 8.3% of all children moving in or out of a household (Akresh 2008). In the context of HIV/AIDS, fostering children may occur for various reasons: the child may have lost one or both parents to AIDS, there may be financial difficulties due to treatment costs or job loss, or parents may be too sick to take care of the child. Fostered children are less likely to be enrolled in school or they may already have dropped out of school to take care of a sick parent and may experience harsher life conditions leading to a lower nutritional status. These could compromise their future opportunities to return to education (Case et al. 2004, Siaens et al. 2003). Moreover, they may face HIV-related discrimination and stigmatization or experience emotional trauma due to the loss or sickness of a parent. For these reasons, specific policies should target OVC to ensure they have the same opportunities as other children.

### STUDY FOCUS

Burkina Faso has developed community-level programs focusing on the protection of OVC, based on the Community Driven Development model. Village committees (Comités Villageois de Lutte contre le SIDA, CVLS), trained, supported and controlled by the provincial-level entity (Comité Provincial de Lutte contre le SIDA, CPLS), identify OVC within the community and provide them with support services.

One approach is the provision of monetary conditional or unconditional cash transfers (CCT or UCT) allocated to the male or female head of the household. They aim to enhance OVC's school attendance and regular visits to health centers. OVC in this context are defined as children under 15 who are orphans, living in a household including a PLHIV, or living in households below a poverty threshold based on a national survey conducted in 2007.

This mixed-method evaluation study investigates the impact of community-managed conditional and unconditional cash transfers. This is determined based on the schooling and health of OVC, including children living in a household with an HIV-positive patient, and on their family and the community.

The findings are crucial for identifying effective ways to help households and the community at large cope better with the devastating impact of the HIV/AIDS epidemic.

### BURKINA FASO AT A GLANCE

Region	West Africa
Capital	Ouagadougou
Population (millions)	15.76
GDP (US\$ billions)	8.14
Life expectancy at birth (total years)	53
Primary completion rate (total %relevant age group)	43
Number of people living with HIV	110,000 [91,000 -140,000]
Adult prevalence rate (age 15-49)	1.2% [1% - 1.5%]
Adults living with HIV (aged 15 and up)	93,000 [77,000-120,000]
Women living with HIV (age 15 and up)	56,000 [44,000 -70,000]
Children living with HIV (age 0-14)	17,000 [8,100-25,000]
Deaths due to AIDS	7,100 [4,800-9,700]
Orphans due to AIDS (age 0-17)	140,000 [100,000 - 170,000]

National Policy: *HIV/AIDS Strategic Plan 2001-2005, Revue à mi-Parcours du Cadre Stratégique de Lutte Contre le SIDA et les Ist 2006-2010*

National Coordinating Body: *Conseil National de Lutte contre le SIDA (CNLS)*

Source: UNAIDS 2010 & World Bank 2011

### COMMUNITY RESPONSE EVALUATION

#### 'Communities'

can be described as *cultural identity* (members belong to a group that shares common characteristics or interests), or as a *geographic sense of place* (a group in a location or an administrative entity)

#### 'Community response'

The combination of actions and steps taken by communities, including the provision of goods and services, to prevent and/or address a problem to bring about social change

#### Typologies of Community Response

*Community responses can be characterized in six main ways:*

1. types of implementing organizations and structures
2. types of implemented activities or services and beneficiaries
3. actors involved in and driving responses
4. contextual factors influencing responses
5. extent of community involvement in the response
6. extent of involvement of wider partnerships/collaboration

Source: Rodriguez-Garcia et al 2011

**STUDY METHODS**

The study analyzed data of a prospective randomized OVC support program in the Nahouri province as well as an additional community survey.

A baseline survey was conducted in 2008, with follow-up surveys in 2009 and 2010. Overall, 3250 households in 75 villages were allocated to five groups of 650 households each:

1. CCT to the male head of household
2. CCT to the female head of household
3. UCT to the male head of household
4. UCT to the female head of household
5. a control group in 15 villages where the program was not implemented

The amount of cash transferred increased with the age of the child.

For CCTs, the designated parent of a 5-15 year old child received a payment each trimester for every child who was enrolled in school and attended at least 90% of the classes.

The parent of under-5 year-old children received a payment each trimester provided the child attended regular medical visits. The fulfillment of these conditions was reported by the health care provider or school director.

Village committees identified eligible households and children, determined the person who should be receiving the transfer, checked the conditionality where needed, and provided the payment. Eligibility was based on poverty criteria measured by the list of durable assets. The results were analyzed by type of transfer support (conditional or unconditional) and by gender of the recipient of the money.

**STUDY FINDINGS**

**What are the effects of conditional versus unconditional cash transfers on school enrollment and school attendance?**

After one year there were no significant effects – likely due to the project starting late in the school year, making it difficult for parents to enroll their children once classes had already started. After two years, a statistically significant positive impact of conditional cash transfers on households was noted. The impact of unconditional transfers was not statistically significant. However, the difference between the two types of transfers is not statistically different.

**Does the gender of the recipient of the transfer make a difference on school enrollment and school attendance?**

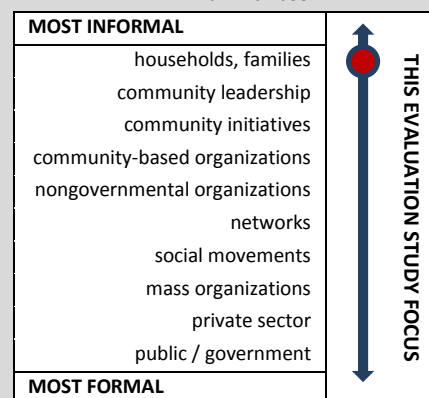
Gender matters. Both conditional and unconditional cash transfers to mothers have a significant impact on school enrollment and attendance. Giving these transfers to fathers has a much smaller effect which is not statistically significant.

**CONCLUSIONS**

The findings suggest that both types of transfers to mothers have an impact on schooling outcomes. This finding has clear policy implications. However, there is a trade-off. Conditional transfers seems to have a larger impact, but unconditional transfers are easier to implement as they do not require targeting households.

**civil society organization (CSO):** is a generic term, inclusive of all community-based initiatives and organizations (e.g. CBOs, NGOs, FBOs, networks, as well as local initiatives).

**This evaluation study is focused on OVC cash-transfer interventions at the household level in Nahouri province in Burkina Faso**



**CASH TRANSFERS BY AMOUNT**

1 US\$ = 500 CFA Francs; GDP capita = \$440

Unconditional cash transfers:	
0-6	1000 CFA/quarter or 4000 CFA/year
7-10	2000 CFA/quarter or 8000 CFA/year
11-15	4000 CFA/quarter or 16000 CFA/year
Conditional cash transfers:	
0-6	1000 CFA/quarter or 4000 CFA/year
7-10	2000 CFA/quarter or 8000 CFA/year for grades 1-4
11-15	4000 CFA/quarter or 16000 CFA/year for grades 5-10

**Effect of cash transfers to mothers versus fathers**

	Household reports	School ledgers
Fathers* year 2	0.01158 [0.0215]	0.046 [0.0462]
Mothers* year 2	0.04727** [0.0197]	0.09783** [0.0470]
Observations	17576	14531
Mean in control group	0.6197	0.3501
Significance levels: * 0.1 ** 0.05 *** 0.01		
All children age 5-15		

#### EVALUATION OF THE COMMUNITY RESPONSE TO HIV AND AIDS

The World Bank in collaboration with DFID and the UK Consortium on AIDS and International Development launched an evaluation exercise in 2009 to assess the results achieved by community responses to HIV and AIDS. The primary objective of this effort is to build a more robust pool of evidence on the impact and added value of community-based activities and actions. This brief is part of a series summarizing the findings from studies conducted in Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa and Zimbabwe.

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#### EVALUATION PARTNERS IN BURKINA FASO

This brief is based on a more detailed paper entitled "Child Ability and Household Human Capital Investment Decisions in Burkina Faso" prepared by Richard Akresh, Emilie Bagby, Damien de Walque, and Harounan Kazianga. The evaluation in Burkina Faso was supported by the Government of Burkina Faso through the Health and HIV/AIDS World Bank Project, National Bureau of Economic Research, Spanish Impact Evaluation Fund, Bank Netherlands Partnership Program; Luxemburg Poverty Reduction Program, UK Department for International Development and The World Bank

#### REFERENCES

- Akresh R** (2008). "Flexibility of household structure: child fostering decisions in Burkina Faso." Working paper.
- Case A, Paxson C et al.** (2004). "Orphans in Africa: parental death, poverty, and school enrollment." *Demography* 41(3): 483-508.
- CLNS** (2010). Rapport UNGASS 2010 de Burkina Faso. Suivi de la Déclaration d'Engagement sur le VIH/SIDA. Burkina Faso : Conseil National de Lutte contre le SIDA et les Infections sexuellement Transmissibles
- Rodríguez-García R et al** (2011) *Analyzing community responses to HIV and AIDS: Operational framework and typology*. Washington: World Bank: Policy Research WP 5532 (January)
- Siaens C, Subbarao K et al.** (2003). "Are orphans especially vulnerable? Evidence from Rwanda." World Bank working paper