Burkina Faso registered 488 security incidents and 144 people were killed (including eight children) between January and March 2022.

As of 28 March 2022, the number of internally displaced persons (IDPs) reached 1,850,293 (CONASUR) out of which 61.3 percent are children.

As of 25 March 2022, 179 health facilities (12 percent) in eight most affected regions were closed and 353 facilities (24.3 percent) offering reduced services, depriving more than 2,050,031 people of access to health care services.

As of 31 March 2022, 3,664 schools are closed, down from 3,683 closed in February. The closures affect 579,440 students (275,908 girls) and 17,251 teachers (5,513 women).

By the end of February, 8,062 children (including 3,986 girls) benefited from education in emergencies activities, including some traditional activities, continuity of education and maintaining of educational routine activities, psychosocial support, and provision of educational materials.

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>SAM admission</th>
<th>Measles vaccination</th>
<th>People with safe water</th>
<th>Psychosocial access</th>
<th>Children in school</th>
<th>Cash transfer</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>13%</td>
<td>60%</td>
<td>29%</td>
<td>4%</td>
<td>1%</td>
<td>0%</td>
<td>13%</td>
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<tr>
<td>Health</td>
<td>Funding status</td>
<td>20%</td>
<td>Funding status</td>
<td>Funding status</td>
<td>Funding status</td>
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<tr>
<td>WASH</td>
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<td>Child Protection</td>
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<tr>
<td>Education and HCT</td>
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</tbody>
</table>

UNICEF Appeal 2022

US$ 180 million

Funding Status (in US$)

- Carry-forward, $5M
- Funds received in 2021, $10M
- Funding gap, $166M

*Funding available includes: funds received in the current year, carry-over from the previous year; and repurposed funds with agreement from donors.
Funding Overview and Partnerships

In line with the [2022 UNICEF Humanitarian Action for Children](https://reliefweb.int/sites/reliefweb.int/files/resources/integration_du_covid_19_dans_la_reponse_humane.pdf) (HAC) appeal, the funding received at the end of March 2022 was US$165.9 million (8 percent of the US$180ml required). UNICEF Burkina Faso would like to recognize the generous support of key partners, who have contributed US$10.2 million in 2021\(^1\) and US$4.8 million to the HAC 2021\(^2\). UNICEF also recognizes the flexible and unearmarked funding of 900,000 US$ received in 2022 from the [Global Humanitarian Thematic Fund]\(^3\).

Situation Overview & Humanitarian Needs

According to the Humanitarian Response Plan 2022\(^2\) (HRP), an estimated 1.7 million people require protection, and 3.5 million people will need humanitarian assistance in Burkina Faso in 2022. The country is severely affected by a humanitarian crisis due to insecurity which restricts access to basic social services in affected areas. Attacks by non-state armed groups (NSAG) persist in 2022, with a total of 488 incidents and 144 victims (eight children) recorded between January and March 2022. The Sahel, Est, Centre Nord, Nord and Boucle du Mourouh regions were the most affected. Specifically, there were noted a change in the NSAGs strategy, including the vandalism of public infrastructure (electrical and telecommunication lines, hydraulic infrastructure, etc.), theft of livestock and access blockage of besieged towns\(^5\) to disconnect them from major towns.

On 24 January 2022, a coup d'état led by a group of military officers overthrew the government and appointed a government composed mostly of civilians in the months that followed. Burkina Faso, however, remains suspended from the Economic Community of West African States (ECOWAS) as the transition plan is discussed. This political instability exacerbates the existing security, humanitarian, food and economic crises.

Internally displaced persons (IDP)

The registration of new Internally Displaced Persons in Burkina Faso (IDPs) is under the responsibility of the [Conseil National de Secours d’Urgence et de Réhabilitation](https://reliefweb.int/sites/reliefweb.int/files/resources/integration_du_covid_19_dans_la_reponse_humane.pdf) (CONASUR), the government institution in charge of data collection and coordination of the humanitarian response. As of 28 March 2022 1,850,293 IDPs have been registered in the country (61.3 percent children), an increase of 1.9% percent compared to 1,814,283 IDPs registered as of 31 January 2022. While all 13 regions of the country are hosting IDPs, the most affected region remains the Centre-Nord, hosting almost 35.4 per cent of the IDPs, and the Sahel hosting 30.7 per cent. Ten municipalities are hosting more than 50 percent of the IDPs: Kaya, Barsalogho, Tougouri, Pensa and Bouroum, in the Centre-Nord region, Fada N’Gourma in the Est region, Ouahigouya in Nord region, and Djibo, Dori and Gorom-Gorom, in the Sahel region.

Compared to the previous situation report (31 December 2021), there has been an increase of in number of schools closed due the crisis, from 3,280 to 3,664 schools closed (10.48 per cent increase), affecting 579,440 students (275,908 girls) and 17,251 teachers (5,513 women). The schools closed represent 14.6 per cent of education structures in Burkina Faso. The Sahel et Est regions are the most affected by school closures, representing 52.53 per cent of all schools closed.

As of 25 March 2022, 532 out of 1,448 health facilities (34.46 percent) have been affected by the security crisis, of which 179 facilities (12 percent) in eight most affected regions\(^6\) were closed and 353 facilities (24.3 percent) offering reduced services, depriving more than 2,050,031 people of access to health care services. Ninety-four percent of closed health facilities are due to direct attacks from unidentified armed groups on health facilities. The situation remains particularly critical in the Sahel region, where 64 percent of health facilities are closed (Health cluster, March 2022).

On 9 March 2020\(^7\), the Government of Burkina Faso declared the COVID-19 pandemic. As of 28 February 2022, the Ministry of Health (MoH) confirmed 20,791 cases, 20,378 recoveries and 378 deaths (Health cluster, February 2022).

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\(^1\) Germany, Sweden, Danish, The United Kingdom and UNOCHA

\(^2\) Denmark, Luxembourg, British Government (DFID), GAVI The Vaccine Alliance, Denmark, UNOCHA, The United Kingdom, USAID/Food for Peace, USA (USAID) OFDA, Canadian UNICEF Committee, Germany, USA CDC, Saudi Arabia, Japan, France, ECHO and Luxembourg

\(^3\) One donor


\(^5\) Thio, Tisso, Djibo, Kelbo, Barsalogho and Pama

\(^6\) Sahel, Est, Centre-Est, Centre-Nord, Boucle du Mounhoun, Centre-Est, Sud-Ouest, Cascade and Nord regions

\(^7\) http://reliefweb.int/sites/reliefweb.int/files/resources/integration_du_covid_19_dans_la_reponse_humane.pdf
Summary Analysis of Programme Response

Health
During the reporting period, 104,530 children aged 9 months to 14 years (54,356 girls) were vaccinated against measles in the Sud Ouest and Centre-Est regions thanks to measles vaccination campaigns organized with the support of UNICEF. Indeed, several cases of measles have been reported in all humanitarian regions and children over 5 years old are the most affected representing nearly 60 per cent of cases. The incessant displacement of populations, the majority of whom have broken away from the health system, is the cause of the various epidemic outbreaks in both humanitarian and non-humanitarian regions. In addition, the status of the functionality of health facilities is deteriorating further, resulting in a sharp decrease in the offer of health care services at the institutional level especially for preventive activities such as immunization. As of February 28, 2022, there were 160 closed health facilities (compared to 103 at the beginning of the year) and 339 operating at minimum (compared to 288 at the beginning of the year). In response, UNICEF supported the strengthening and expansion of community-based interventions to provide health care in hard reach areas including through the involvement of Community Based Health Workers (CBHWs) in immunization activities (delegation of immunization tasks) specially in the Sahel region. The contribution of this strategy in maintaining the continuity of health care, especially in hard-to-reach areas, should be taken to scale in all affected regions.

Similarly, thanks to CBHWs and 363 community volunteers recruited, trained, and equipped by UNICEF to increase offer of health care services at community level, 53,299 children under 5 (27,715 girls) were taken care of at community level according to Integrated Community Care Management (ICCM) approach in the six humanitarian regions (Sahel, Boucle du Mouhoun, Centre-Est, Centre-Nord, Nord, Est), and 59,321 persons were reached by educational talks on health promotion. In the Sahel region, 140 health workers and 550 community health workers were trained in perinatal
care. This region is severely affected by security situation (79/123 closed health facilities and 48 operating at minimum), and has the highest maternal and neonatal mortality rates (240.9/100,000 parturients, compared to 147.1/100,000 at the national level, and 142 new-borns deaths per 1,000, compared to 25.8 at the national level). Also, the equipment of the pediatric department of the Gorom-Gorom Medical Center in the SAHEL region with solar panels has allowed the continuity of oxygen therapy for children in a context marked by incessant energy shortages due to security context.

The humanitarian situation is also marked by a permanent reduction in humanitarian access with several landlocked areas that are difficult to access by road. UNICEF, with the support of UNHAS, delivered emergency kits, community inputs, and mosquito nets to the health districts of Djibo, Pama, and Titao, and has enabled the continuity of health care at the institutional and community levels. As a result, 2,602 vulnerable people were able to receive health care at the health facility level. Finally, 2131 displaced families received mosquito nets as part of malaria prevention in humanitarian regions.

The main challenges for the sector are linked to: i) the permanent reduction of humanitarian access in areas affected by insecurity with several inaccessible areas; ii) the increasing number of health closed facilities or functioning at minimum operation; iii) unprecedented pressure on the health centers of host communities; iv) the low level of completeness of the data (including community data) in the affected areas with regular sabotage of the telephone lines which prevents the transmission of data; and v) the lack of funding to scale up community interventions (such as delegation of immunization tasks) to reinforce the offer of care at community level.

**Nutrition**

From January to March 2022, a total of 19,906 severely acute malnourished children (10,152 girls and 9,754 boys) were been admitted in the nutrition services including 17,906 treated in ambulatory services and 2,272 in inpatient treatment services. This number represented a proportion of 13 per cent of the annual target for SAM children (152,510). The performance rates were good with a recovery rate of 92 per cent; a mortality rate of 1.8 per cent and defaulter rate of 6 per cent. In complementarity with UNICEF, WFP is supporting treatment of moderate acute malnutrition in the six regions in humanitarian context for children under 5 years old and pregnant-lactating women.

In the area of prevention of malnutrition, a total of 95,229 pregnant and lactating women (representing 19 per cent of 2022 target of 560,950) organized in 8,121 mother-to-mother support groups participated in monthly sessions on optimal infant and young child feeding through community platforms. Monthly sessions on infant and young child feeding were facilitated by 4,323 trained community-based health workers in Centre Nord, Nord and Boucle du Mouhoun regions. Promotion of hygiene and sanitation was integrated into the community counselling component on IYCF through mother-to-mother support groups in the Nord, Centre-Nord and Boucle du Mouhoun regions. To improve complementary feeding and prevent anemia, 29,386 children aged from 6-23 months (14,987 girls) benefited from multiple micronutrient powders supplements (MNPs) at community level.

In March 2022, UNICEF supported the Nutrition Directorate to supervise nutrition services at national level. The supervision showed that nutrition interventions are effective with availability of therapeutic products, and effective counselling services on prevention of undernutrition. Considering the possible increase of severely acute malnourished children with medical complications, UNICEF and other partners are providing support to the Ministry of Health (MoH) in areas with high numbers of children. In February 2022, UNICEF signed a project agreement with the NGO “Médecins du Monde-Espagne” to support the screening and treatment of acute malnutrition, including WASH activities in the Sahel region and Kaya health district. To address the various bottlenecks identified during the analysis of the community management of acute malnutrition (CMAM) program and taking into account the nutritional emergency, UNICEF will ensure the availability of nutritional supplies for treatment of SAM children, train mothers in the early detection of acute malnutrition, conduct a rapid nutrition survey in areas affected by insecurity and implement community nutrition interventions to ensure the continuity of services in the areas where health facilities are closed.

Burkina Faso is one of the Sahel countries that are facing the deterioration of the food and nutrition situation with reduction of harvest (10 per cent) in October 2021 and continuous rise of food prices on the market. The analysis of the Integrated Acute Malnutrition Classification Framework (IPC AM) showed that the nutritional situation is worrying in five provinces which will be in a critical phase (4), with a rate of global acute malnutrition above 15 per cent in the period from May to July 2022 including four provinces of Sahel region (Seno, Soum, Oudalan, Yagha) and Loroum province in Nord region. During the same period 18 provinces will be in serious phase (phase 3), with a rate of global acute malnutrition rate varying from 10-14.9 per cent. Seven out of 18 provinces in serious phase are in non-humanitarian regions including Ouagadougou town. The analysis of the harmonized framework of vulnerability of the population to
food insecurity carried out in March 2022 showed an increase in the food insecure population estimated at 3,453,510 from June to August 2022; including 20 per cent in the Sahel region; 17 per cent in the East and Center North regions; 16 per cent in the North region and 12 per cent in the Centre region (Ouagadougou town). During the same period of the year 2021, it is noted that the affected population was 2,867,061 people representing an increase of 20 per cent. In response, 25 partners are actively participating in the nutrition cluster and supporting the Government to implement nutrition interventions in the most affected areas. The main challenges for the scale up of the nutrition response are linked to the reduction in humanitarian access in insecure areas and insufficient funding.

Child Protection
During the first quarter of 2022, UNICEF and its partners continued to provide protection services to children and their communities affected by the humanitarian crisis. From January to March 2022, a total of 23,302 children (14,262 girls) including 361 children with disabilities (165 girls) and 1,479 caregivers (980 women), were reached by child protection interventions across all the regions affected by the humanitarian crisis.

In order to build their resilience to achieve normality, 26,302 children (14,262 girls) attended fixed and mobile child-friendly spaces and thus benefited from community-based mental health and psychosocial support (MHPSS) activities in the affected areas (4.3 per cent of the annual target). In addition, 2,728 vulnerable adolescents (1,330 girls) benefited from a life skills program around different themes related to their psychosocial well-being including sexual and reproductive health for girls.

Through the case management approach, 600 (333 girls), unaccompanied and separated children benefited from alternative care while waiting for family reunification (10 per cent of the annual target). Similarly, four children associated with armed forces and groups (CAAFAG), including two girls, benefited from reintegration programs (socio-economic or school) as well as other support specific to their needs.

Furthermore, 6,107 people, including children (1,342 girls and 968 boys) and adults (2,411 women and 1,344 men), were reached by different messages on gender-based violence risk mitigation and prevention (10.1 per cent of the annual target). 4,258 people including 2,778 women identified as having access to a safe and accessible channel to report sexual exploitation and abuse (7 per cent of the annual target). 83 survivors (49 girls, 33 women and one boy) of gender-based violence (GBV) were supported to access multisectoral GBV response services. In addition, 96 staff (41 women) from UNICEF’s implementing partners were trained on PSEA, 68 front line workers (27 women) including security forces, health services providers and social workers were trained on GBV cases management and orientation of survivors. Thanks to UNICEF’s support 142 girls and women who are survivors or at risk of GBV were provided with dignity kits, and 2,024 children (1,160 girls) benefited from birth certificates.

Child Protection Coordination:
During the first quarter, the child protection AoR finalized four important documents, including the mobile child protection response strategy, the child protection needs assessment tools, the Cluster Coordination Performance Monitoring (CCPM) 2021 report and the 2022 annual work plan. A validation workshop for these documents was organized in Kaya from February 15 to 18 with the support from Save the Children. Two capacity-building workshops on child protection in emergencies for the members of the Sahel and Nord-Est sub-national CPAoR were organized in Dori (for 22 structures) and Tenkodogo (for 20 structures) in collaboration with partners, respectively UNIJED in Sahel and ECPAT France in Centre-Est. 55 members of the Centre-Nord sub-national CPAoR were trained on child protection minimum standards in humanitarian action (CPMS), unaccompanied and separated children (UASC), Children Associated with Armed Forces and Groups (CAAFAG) as well as on rapid needs assessments. The child protection response has been constrained by the slow mobilization of funding and the closure of some partners projects. Overall, 28,836 children, including 15,659 girls, representing about 8 per cent of the target group, benefited from protection services thanks to the commitment of 17 partners, including UN agency, government and international NGOs and the Burkina Faso Red Cross movement.

Education
As of February 28, UNICEF provided 8,062 crisis affected out-of-school children (including 3,986 girls, that is 48.2 percent) out of 10,693 children (including 5,293 girls) reached by the Education Cluster with education, early childhood development (ECD) and learning materials.

203 teachers, reaching approximately 4,200 students (including 2,520 girls), benefited from Safe School training. This intervention carried out by NGO partners (Danish Refugee Council/DRC, Plan International, Save The Children/SCI, Centre Diocésain de Communication/CDC) and the Ministry of national education, literacy, and national languages promotion (MENAPLN in French), focused on Safe School training for teachers in the North region. They have also provided schools and learning centers where they intervened with furniture for classrooms in the Sahel region (Djibo).
They have set up emergency classrooms in the North region (Ouahigouya, Titao, Gourcy, Thiou) and rehabilitated classrooms in the North (Gourcy), distributing learning materials in the North (Ouahigouya, Thiou), the Sahel (Djibo), the East (Fada N’Gourma) and in the Boucle du Mouhoun (Tougan).

In addition, mainly through its national partner Centre Diocésain de Communication/CDC), UNICEF has supported access for an additional 40 children (including 20 girls) to distance learning through the radio. This number is still small compared to the many essential learning needs in the transitional phase prior to reintegration into the formal system.

**WASH**

UNICEF continues efforts to support the humanitarian needs of the most vulnerable in the different regions of Burkina Faso, through the provision of drinking water, improvement of WASH facilities, awareness raising interventions and trainings. From January to March 2022, UNICEF and its partners contributed to about 19 per cent (23,850 people, 12,402 women) of the target for sustainable drinking water, 22 per cent (11,489 people, 5,974 women) for sanitation and 20 per cent (53,155 people, 27,641 women) for Hygiene, of the WASH Cluster achievements. Additionally, about 60,000 people (31,200 women) benefited from water trucking in Centre-Nord (28 000 people; 14,560 women) and Nord (32 000 people; 16,640 women) regions.

In the Centre-Nord, 2,547 households were triggered through the Community-Led Total Sanitation (CLTS) approach, 52 masons trained on latrine constructions and 19,869 people (10,332 women) reached with hygiene promotion activities. In the Nord, 60 healthcare professionals received IPC/WASH trainings, and 3,606 people (1,875 women) were reached with hygiene promotion, including 1,751 with distribution of hygiene (250) and dignity (120) kits. Additionally, the construction of a block of latrine in the Healthcare Center of Oula, is benefiting about 150 people. In the Est region, 14,302 people (7,437 women) benefited from the distribution of different kits, including 5,600 with 800 hygiene kits, 2,400 women and adolescent girls with dignity kits and 6,302 with environmental sanitation kits. Additionally, about 2,000 people (1,040 women) are benefiting from the rehabilitation of four boreholes equipped with handpumps. In Centre-Est, 90 semi-permanent latrines has been constructed in the communes of Pouytenga and Bittou, benefiting 637 people (331 women).

The main challenge remains the growing of the security context, which intensified the needs with the increase of the number of IDP in the 6 most affected regions.

**Communication for Development (C4D), Community Engagement and Accountability**

During the reporting period, community engagement and accountability activities were mainly carried out in the Centre-Nord and Nord regions. In collaboration with partner NGOs (ACD in Centre-Nord region and FUGN Radio VOIX DU PAYSAN in Centre region), UNICEF implemented several activities related to accountability to affected populations, including setting up complaints and feedback mechanisms and beneficiaries’ satisfaction to trigger the community engagement around humanitarian interventions.

72 community dialogue and advocacy sessions were conducted. This helped to generate strong support from the administrative, political, customary and religious authorities and their engagement to contribute to the achievement of the project's objectives.

Social mobilization was also used to rally women's associations, youth associations, community relays and U-reporters for actions to raise awareness on available services and on other relevant issues concerning IDPs. Thus 100 community relays, and 50 young U-reporters were trained and mobilized alongside the implementing partner to carry out interpersonal communication activities: group discussion, door-to-door chat in their respective localities. 120 members of village and neighbourhood sanitation committees (“Comité d’assainissement villageois et de quartier” - CAV/Q) were mobilized and carried out hygiene and sanitation promotion activities in their communities. 100 associations in the Centre-Nord region were mobilized and supported the implementation of C4D activities, in particular through the integration of emergency response activities into their routine activities. In the Centre region, 100 radio programs were produced and broadcast to inform IDPs on available services and on how to have access to them. Other relevant issues such as proper hygiene and sanitation practices, peace, and social cohesion, were also discussed in the radio programs.

Radio messages were developed and broadcast through a network of community radio stations in Centre-Nord and the only community television in the country, STV based in Kaya. Thus, 54 radio games were produced and broadcast on themes such as humanitarian planning, the rights of affected people, the services available (health, WASH, protection, social policies). Interpersonal communication focused on the organization of 5,000 talks on access to messages and factual information and good life-saving practices, the different sectors of the humanitarian response, etc. These activities were carried out by community relays and U-Reporters in the three provinces of the region.

Overall, the below results were achieved in the reporting period:
- 701,843 people affected by the humanitarian crisis (including 140,143 girls, 200,144 boys, 167,653 women and 193,903 men) received life-saving messages and information on the various sectors of the humanitarian response (health, nutrition, WASH, Protection, Education, social policies) against a provisional target of 625,000 people for this reporting period.
- 55,067 people (18,124 women, 22,942 men and 14,001 customary and religious leaders) provided feedback or received information through the existing feedback mechanisms against a target of 125,000 people for this reporting period.
- 226,404 affected people (58,140 girls, 47,440 boys, 59,564 women and 62,314 men) were able to participate in proximity communication actions (community dialogues, group talks) for social and behavior change.

**Multisectoral cash response**
There were no cash transfers during the reporting period.

**Rapid response**
During the reporting period, there was a sharp rise in humanitarian needs due to the intensification of attacks by unidentified armed groups in the six priority regions8 of the Humanitarian Response Plan 2022 and expansion of armed activity to new regions9, which resulted in increased numbers of internally displaced children and families. Technical and financial support to local partners and interagency humanitarian operations in five regions (Centre Nord, Nord, Sahel, Cascades, Sud-Ouest) has been instrumental in reaching a total of 4,764 households of IDPs and host communities crisis affected with emergency packages of Non-Food Items (NFIs)[1], as illustrated below:

- 271 households were reached with NFI kits in Nasseré through the Rapid Response Mechanism – RRM Frontline with ACF.
- 4,493 households were reached with NFI kits in Bourzanga and Kongoussi (Centre-Nord), Ouahigouya and Seguenega (Nord), Kampti and Gaoua (Sud-Ouest), and Banfora (Cascades) communes, through Emergency Response Team (ERT)10 joint operations with UNHCR and WFP and local and international partners such as Regional Directorates of Action Sociale, ACTED, SOLIDEV, SERACOM, ADCPDE; and direct partnerships with local NGOs in Djibo (Sahel) and Koungoussi and Bouroum (Centre-Nord),

With the support of the Regional Office, UNICEF conducted the Do-No-Harm analysis of the Rapid Response and Community Resilience (3RC) localisation strategy, to ensure UNICEF humanitarian interventions do not expose beneficiaries, communities and partners to further risks in the conflict affected humanitarian regions. In collaboration with other actors (CONASUR, OCHA, RRM, WFP), UNICEF contributed to the review of the tool used at national level by CONASUR for the enumeration of IDPs. The tool has been upgraded to “ERIM (Evaluation Rapide Initiale Multi-sectorielle)” and has taken into consideration the assessment and identification of the needs of affected populations’ upon the completion of the enumeration process.

**Humanitarian Leadership, Coordination and Strategy**
In 2022, UNICEF Burkina Faso aimed to address needs of 1.7 million people, including 575,000 vulnerable children, affected by humanitarian crisis in the five most affected region by scaling up its response to emergencies while strengthening social cohesion and resilience. The bottom line was to ensure continuity and high coverage of services to children and families in crisis-affected regions, in accordance with UNICEF’s Core Commitments for Children (CCC) engagements.

UNICEF supports community-based interventions in areas where the Government has suspended basic social services or where insecurity severely restricted access to the most vulnerable populations. This action is seen as an opportunity to strengthen the involvement of communities and local authorities in co-creating solutions to issues affecting children and families, and to showcase the development-humanitarian-peace nexus. UNICEF has continued to scale up interventions in synergy with other UN agencies, mainly WFP and UNHCR, to increase the efficiency and effectiveness of humanitarian assistance through the Emergency Response Team (ERT). UNICEF localization and community-based strategy has allowed to bridge in between ERT responses with affected communities in hard-to-reach areas.

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8 Centre Nord, Sahel, Est, Boucle de Mouloumb, Nord, Centre Est, HRP, 2022
9 Cascades, Haut Bassins
10 ERT Interagency operations are implemented jointly with WFP and UNHCR. As for the NFI component, UNICEF and UNHCR share the responsibility for the supply of items, which means that the NFI cost for these operations is shared between the two agencies, which explains the high result already obtained against the funding received.
UNICEF is present in the field with offices in Dori (Sahel region), Kaya (Centre-Nord region), and in Fada N’Gourma (Est region) and with a consultant based in the UN joint office in Ouahigouya (Nord region). The field presence aims at guaranteeing the analysis of the humanitarian situation, accelerate the response, and improve engagement with UN, local authorities and civil society actors at field level. The field presence enables UNICEF to facilitate national coordination mechanisms in WASH, nutrition, education clusters and Child protection area of responsibility.

Updated information on the clusters’ main activities can be found online:
- Nutrition cluster [https://www.humanitarianresponse.info/fr/operations/burkina-faso/nutrition](https://www.humanitarianresponse.info/fr/operations/burkina-faso/nutrition)

**CLUSTER COVID-19 useful links**
- Education [https://drive.google.com/drive/folders/1Tg4I3VCaEBVJw5myyv400NDB4k_qT1W?usp=sharing](https://drive.google.com/drive/folders/1Tg4I3VCaEBVJw5myyv400NDB4k_qT1W?usp=sharing)
- Nutrition [https://drive.google.com/drive/folders/1zyVA-Me0A8umE7MdcAxw9k2cVX5P3Ory?usp=sharing](https://drive.google.com/drive/folders/1zyVA-Me0A8umE7MdcAxw9k2cVX5P3Ory?usp=sharing)
- WASH [https://drive.google.com/drive/folders/1q63M4QgqsivzdfWOJVD9m4kKVVC79-YH?usp=sharing](https://drive.google.com/drive/folders/1q63M4QgqsivzdfWOJVD9m4kKVVC79-YH?usp=sharing)
- CPAoR [https://drive.google.com/drive/folders/1nV3yl4Gsj-LxpQpfW_J9JHLZ6hrBF8y3](https://drive.google.com/drive/folders/1nV3yl4Gsj-LxpQpfW_J9JHLZ6hrBF8y3)

**Human Interest Stories and External Media**

The media and external communication team is leveraging traditional media and social media to raise awareness on the situation of children and women in Burkina Faso. The team is also using press releases to showcase the humanitarian situation, as well as UNICEF/IP response. Unfortunately, several media field visits and media outreach operations were cancelled due to the coup d’etat which occurred on the 24th of January in Burkina Faso.

**January**
- The growing insecurity is depriving 1.8 million people of the ability to meet their basic needs. For example, as a result of armed violence and the disruption of public services, the number of children who are unable to access an education increased during the reporting period. UNICEF and its partners are scaling up their emergency response, with a focus on vulnerable families and children, to ensure access to water, sanitation, education and protection. [Facebook](https://www.facebook.com/): [link 1](https://www.facebook.com/), [link 2](https://www.facebook.com/), [link 3](https://www.facebook.com/), [Link 4](https://www.facebook.com/), [Twitter](https://twitter.com): [link 1](https://twitter.com/), [link 2](https://twitter.com/), [link 3](https://twitter.com/), [link 4](https://twitter.com/), [Instagram](https://instagram.com): [link 1](https://instagram.com/), [link 2](https://instagram.com/)

**February**
- The CO raised awareness on the nutrition crisis faced by the most vulnerable children and their families, as well provided examples of UNICEF’s response. [Facebook](https://www.facebook.com/): [link 1](https://www.facebook.com/), [link 2](https://twitter.com/), [link 3](https://twitter.com/)
- UNICEF thanked the European Commission Humanitarian Office (ECHO), Norwegian Agency for Development Cooperation (Norad) and KS Relief for funding which supported the implementation of programing that focused on access to psychosocial support, education activities and skills development for out-of-school children and adolescents, and the provision of WASH facilities in schools [Facebook](https://www.facebook.com/): [link 1](https://www.facebook.com/), [Instagram](https://instagram.com): [link 1](https://instagram.com/), [link 2](https://instagram.com/)

**March**
- UNICEF raised awareness on the growing displacement crisis which is due to an increase in armed violence by sharing key information and data, most notably, UNICEF focused on the number of displaced children, which has exceeded 1 million [Facebook](https://www.facebook.com/ link](https://www.facebook.com/) and [Twitter](https://twitter.com) link .
- The 2022 Humanitarian response plan was also shared via [Facebook](https://www.facebook.com), [Twitter](https://twitter.com) and via the general [media](https://www.media.com).
- UNICEF supported the delivery of aid assistance and kits to internally displaced persons [Facebook](https://www.facebook.com) link, [Instagram](https://instagram.com) link , supported vulnerable families with cash transfers [Facebook](https://www.facebook.com) link and [Instagram](https://instagram.com) link , and helped displaced children to go back to school [Facebook](https://www.facebook.com): [link](https://www.facebook.com) 1 and [Instagram](https://instagram.com): [link](https://instagram.com) 1, [link](https://instagram.com) 2
- UNICEF thanked the Government of Sweden (SIDA) for its contribution to the humanitarian response via [Facebook](https://www.facebook.com) and [Twitter](https://twitter.com), as well as the Grand Duché of Luxembourg via [Facebook](https://www.facebook.com).
- On the occasion of the World Water Day, UNICEF published a [press release](https://www.pressrelease.com) to increase the advocacy on the need to improve access to water, hygiene and sanitation for the most vulnerable people. In addition, the CO released a [white paper](https://www.whitepaper.com) on the deterioration of access to wash . [Twitter](https://twitter.com): [link](https://twitter.com) 1, [link](https://twitter.com) 2, [link](https://twitter.com) 3, [link](https://twitter.com) 4, [link](https://twitter.com) 5, [link](https://twitter.com) 6, [link](https://twitter.com) 7, [link](https://twitter.com) 8, [link](https://twitter.com) 9, [link](https://twitter.com) 10, [Instagram](https://instagram.com): [link](https://instagram.com) 1, [link](https://instagram.com) 2.
January-March

- Moreover, throughout the entire reporting period, the CO highlighted the fact that UNICEF is effectively ensuring the continuity of programs. The CO also highlighted humanitarian response activities with its partners and highlighted the need for financial support with the call to stakeholders to prioritize the needs of children and young people Twitter: link 1, link 2, Facebook: link 1, Instagram: link 1.

Next SitRep: 31 July 2022

UNICEF Humanitarian Action for Children Appeals https://www.unicef.org/appeals
UNICEF Burkina Faso Facebook and Twitter

Who to contact for further information?

<table>
<thead>
<tr>
<th>Sandra Lattouf</th>
<th>James Mugaju</th>
<th>Hadrien Bonnaud</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative</td>
<td>Deputy Representative</td>
<td>Chief of Communications</td>
</tr>
<tr>
<td>UNICEF Burkina Faso</td>
<td>UNICEF Burkina Faso</td>
<td>UNICEF Burkina Faso</td>
</tr>
<tr>
<td>Tel: +226.25 491 101</td>
<td>Tel: +226.25 491 105</td>
<td>Tel: +226.66 93 31 32</td>
</tr>
<tr>
<td>Email: <a href="mailto:slattouf@unicef.org">slattouf@unicef.org</a></td>
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<td>Email: <a href="mailto:hbonnaud@unicef.org">hbonnaud@unicef.org</a></td>
</tr>
</tbody>
</table>
## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total needs</td>
<td>2022 target</td>
<td>Total results</td>
</tr>
<tr>
<td>Health</td>
<td># children aged 6 months to 14 years vaccinated against measles</td>
<td>173,810</td>
<td>104,530</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td># children and women accessing primary health care in UNICEF-supported facilities</td>
<td>460,085</td>
<td>55,901</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td># households that received at least two long-lasting insecticide-treated nets</td>
<td>58,423</td>
<td>2,131</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutrition</td>
<td>children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>152,510</td>
<td>152,510</td>
<td>19,906</td>
</tr>
<tr>
<td></td>
<td>primary caregivers of children 0-23 months receiving infant and young child feeding counselling in humanitarian settings</td>
<td>560,950</td>
<td>560,950</td>
<td>95,229</td>
</tr>
<tr>
<td>Child Protection</td>
<td># children and parents/caregivers accessing mental health and psychosocial support</td>
<td>947,938</td>
<td>600,000</td>
<td>26,302</td>
</tr>
<tr>
<td></td>
<td># women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>60,000</td>
<td>6,107</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td># people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers</td>
<td>6,000</td>
<td>4,258</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td># unaccompanied and separated children provided with alternative care or reunified</td>
<td>6,000</td>
<td>600</td>
<td>N/A</td>
</tr>
<tr>
<td>Education</td>
<td># children accessing formal or non-formal education, including early learning</td>
<td>995,490</td>
<td>650,154</td>
<td>8,062</td>
</tr>
<tr>
<td></td>
<td># children receiving individual learning materials</td>
<td>995,490</td>
<td>214,551</td>
<td>3,189</td>
</tr>
<tr>
<td>WASH</td>
<td># of people accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>1,309,200</td>
<td>755,000</td>
<td>23,850</td>
</tr>
<tr>
<td></td>
<td># of people use safe and appropriate sanitation facilities</td>
<td>2,498,221</td>
<td>800,000</td>
<td>11,489</td>
</tr>
</tbody>
</table>
# people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services

<table>
<thead>
<tr>
<th></th>
<th>2,498,221</th>
<th>850,000</th>
<th>53,155</th>
<th>N/A</th>
<th>1,676,178</th>
<th>262,342</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Social Protection**

| # households reached with UNICEF funded multi-purpose humanitarian cash transfers | 10,000 | 0 | N/A |
| # households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding | 5,000 | 0 | N/A |

**Rapid Response Mechanism**

| # people, including displaced people living with disabilities, who received essential household items | 35,000 | 33,348 | N/A |

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**Annex B**

**Funding Status***

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements US$</th>
<th>Humanitarian resources received in 2022</th>
<th>Other resources used in 2022</th>
<th>Resources available from 2021 (Carry-over)</th>
<th>Funding gap</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>20,282,312</td>
<td>1,835,894</td>
<td>2,237,123</td>
<td>16,209,295</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>15,841,381</td>
<td>487,427</td>
<td>390,801</td>
<td>14,963,153</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>55,254,334</td>
<td>4,822,791</td>
<td>1,308,195</td>
<td>49,123,347</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Child protection</td>
<td>23,288,480</td>
<td>343,251</td>
<td>498,023</td>
<td>22,447,206</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>54,009,593</td>
<td>173,149</td>
<td>121,332</td>
<td>53,715,112</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>Social protection and cash transfers</td>
<td>8,106,667</td>
<td>1,043,035</td>
<td></td>
<td>7,063,632</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Rapid Response and Community Resilience</td>
<td>4,095,000</td>
<td>1,453,018</td>
<td></td>
<td>304,833</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>180,877,767</strong></td>
<td><strong>10,158,566</strong></td>
<td><strong>4,860,307</strong></td>
<td><strong>165,858,894</strong></td>
<td><strong>92%</strong></td>
<td></td>
</tr>
</tbody>
</table>

* As defined in Humanitarian Appeal of 2022 for a period of 12 months