

Situation Overview and Humanitarian Needs

Since the start of the outbreak in December 2019, the new coronavirus (COVID-19) has spread to nearly all countries and territories.

- In Burkina Faso, the COVID-19 epidemic was officially declared by the Government on 10 March 2020, in an already deteriorated security context characterized by an ongoing humanitarian crisis with increasing population displacements.
- The [first case](#) in Burkina Faso was reported on 9 March 2020 in the capital city Ouagadougou. [By 23 June 2020](#), 9 regions out of 13 are affected (Centre, Hauts-Bassins, Centre-Nord, Boucle du Mouhoun, Plateau-Central, Cascades, Centre-Sud, Sud-Ouest and Sahel). However, the hotspot remains Ouagadougou.
- UNICEF is providing technical support to the Risk Communication and Community Engagement (RCCE), media and communication, surveillance, diagnosis, care, and logistics/supplies sub-committees led by the Ministry of Health (MoH).
- On 27 May, the Ministry of national education, literacy and national languages promotion (MENAPLN) [announced](#) that schools will remain closed until the end of school year except for students who have national exams.
- On 1st June, schools reopened for students who have to pass a national exam at the end of the school year (Certificat d'études primaires, brevet et baccalauréat)
- On 3 June, the curfew has been lifted.
- During a high level meeting on 22 June, the [state of health emergency](#) was renewed while discussions about a reopening of borders (land and air) are on track.
- The presence of non-state armed groups (NSAG) remains the major cause of insecurity and instability in the northern and eastern part of the country.

Situation in Numbers



907 COVID-19 confirmed cases

53 deaths

UNICEF's COVID-19 response

Health

UNICEF continues to support the MoH in the implementation of the community-based surveillance and active case finding strategy. In this regard, UNICEF has committed to partially finance the training of Community based health workers (CBHW) as well as their equipment to ensure the continuity of health services at the community level.

UNICEF is also strengthening the capacities of the technical services of the MoH in boosting its Internet connection. The goal is to centralize the data and improve the follow-up of positive cases and contact cases in real time.

In addition to the medico-technical equipment and individual protective equipment already provided, UNICEF has donated 69,925 individual protective equipment and 1,000 protective goggles.

Discussions are underway with GAVI and the Global Fund to broaden the partnership as part of the response to COVID-19 through UNICEF procurement services.

Nutrition

As part of the implementation of the guidelines for [wasting management](#) and the [promotion and support of infant and young child feeding](#) in the context of COVID-19, UNICEF, in collaboration with its partners, is training health workers and community actors on the prevention and control of the disease.

Other interventions include hand washing with water and soap, disinfection of the middle-upper arm circumference (MUAC) tapes with water-alcohol solution, and the wearing of masks that are mandatory for CBHWs during the vitamin A supplementation campaign.

WASH

UNICEF has trained 145 trainers in the Centre region on Infection Control and Prevention (IPC). More than 585 workers in health center facilities (HCF) have been trained in the same region. Additional training will be organized in the Centre-Ouest region targeting 250 HCFs. 110 HCFs were provided with [IPC kits](#)¹ in Boucle du Mouhoun, Nord, Centre Nord, Centre, Est and Sahel regions. 1,008 kits for public places, 3,900

¹ IPC/WASH Kit
<https://drive.google.com/file/d/1qqFWiHnMAbCvtq7unqM4c9wheS-atkGN/view>

kits for households, 178 polytanks for health centers and public places will be distributed in the same regions.

Through a routine humanitarian program on COVID-19 response, 29,443 people were provided with safe drinking water through water trucking and the rehabilitation of 16 hand pumps in the Centre-Nord and Sahel regions. Similarly, through the same response programme, 4,152 people benefited from sanitation services and 64,881 people from hygiene kits and hygiene promotion campaigns.

The WASH cluster continued to coordinate the COVID-19 response of its members, including the finalization of the [COVID-19 addendum²](#) to [Humanitarian Response Plan 2020³](#), the coordination with NGOs of COVID-19 projects for the Humanitarian Projects Cycle (HPC), and the monitoring of COVID-19 interventions.

UNICEF, as the lead of technical and financial partner (PTF) for WASH, supported the Ministry of Water and Sanitation (MEA) in improving its COVID-19 response plan by integrating the actions in the WASH cluster response plan.

Additional discussions are underway with the NGO AKVO for monitoring and evaluation, and IRC for the capitalization of WASH COVID-19 response interventions.

Risk Communication Community Engagement / Communication for Development

UNICEF continued to provide technical support to the coordination of RCCE commission and interventions by facilitating meetings, and linking the commission and the interagency working group on community engagement and accountability to affected population (CEAAP) within the humanitarian response coordination. Under the leadership of UNICEF zone office of Kaya and the regional health directorate of Centre-Nord, a sub-regional RCCE was established to coordinate the COVID-19 response.

UNICEF is providing technical and financial support to the Ministry of Communication to develop a crisis communication strategy and to implement interventions using public radio stations at regional and national levels.

UNICEF and partners continued monitoring community engagement activities carried out by over 620

community volunteers in churches, mosques, marketplaces, transport stations, with a focus on the most affected and at-risk regions and groups.

In addition to the Sahel and Boucle du Mouhoun regions, the National volunteer programme, the MoH and *Action communautaire pour le développement* (ACD) and UNICEF extended their activities to Hauts-Bassins region through technical and financial support to the regional health directorate. Overall, UNICEF-led RCCE interventions have directly reached over 861,970 people with interpersonal communication, including educational talks, focus groups, home visits and community advocacy. An additional 1,387 community leaders, volunteers, CBHWs, traditional healers, socio-professional groups, adolescents and young volunteers (bringing the total number to 4,507) were trained and engaged in sensitization and community engagement in families and public places.

UNICEF-led mass media interventions, including radio and TV programmes and jingles, have reached 7,3 million people with messages on the prevention against COVID-19 and access to services. As part of interventions addressing rumors related COVID-19 and immunization, UNICEF supported the broadcasting related to children immunization messages from high influential traditional and religious leaders calling the communities to use available immunization services for children.

Furthermore, UNICEF and the Ministry of Youth have created an information centre on the [U-Report platform](#).

Education

The education sector is deeply affected by COVID-19. In collaboration with the Education cluster led by UNICEF, the government has set-up a routine education plan during the closure of schools and shared a [protocol⁴](#) for their reopening. Three months after the national school closure, on 1st June, [schools reopened⁵](#) for students who must pass a national exam at the end of the school year (Certificat d'études primaires, brevet et baccalauréat).

To mitigate the COVID-19 impact, UNICEF expanded the Education by radio programme (ERP), partnering with the *Centre Diocésain de Communication* (CDC) and Fundación Educación Y Cooperación (EDUCO) in Boucle du Mouhoun, Centre-Nord, Nord and Sahel regions. So far, 118,683 children (including 61,715 girls) from displaced and most vulnerable host communities attended inclusive distance/home-based learning⁶.

² Addendum Plan réponse humanitaire, mai-décembre 2020
<https://drive.google.com/file/d/1hUerCZxRcRJhviREeyprpL1BPT5to28b/view?usp=sharing>

³ Humanitarian Response Plan 2020
https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_2020-bfa-fr-web.pdf

⁴ <https://www.unicef.org/media/68866/file/FRENCH-Framework-for-reopening-schools-2020.pdf>

⁵ <https://lefaso.net/spip.php?article97076>

⁶ Estimated numbers of ERP listeners by regions: Nord 51,951, Centre-Nord 47,098; Sahel 13 634; Boucle du Mouhoun: 6,000

Child protection

UNICEF and partners continue to provide preventive and response services to children and their families impacted by the COVID-19 pandemic: measures to protect field personnel that are directly working with children; measures to protect children during the provision of mental health and psychosocial support activities and outreach activities in communities hosting internally displaced people, including host communities.

UNICEF is supporting the Social Service Department to strengthen community-based child protection system at all levels for the prevention and response to the need of children and families. New partnership arrangements have been forged with the NGO ECPAT France to for the project 'End child prostitution, child pornography and trafficking of children for sexual purposes'. The project aims at accelerating the review and expansion of community-based child protection structures, including the coordination and establishment of 400 new CP structures in the Centre-Nord and East Regions.

Technical capacity interventions were also supported for the training of 188 child protection staff from 70 additional implementing partners (IP) in the adaptation and preventive measures to respond to the COVID-19 pandemic, including community engagement in COVID-19 response, gender-based violence (GBV), and prevention of sexual exploitation and abuse (PSEA).

Four new cases of children whose parents that were infected and hospitalized benefited from psychosocial support and temporary care services in the Sahel and Nord regions.

UNICEF and partners continue to provide mental health and psychosocial support (MHPSS) services to 8,929 new caseloads of children (4,612 girls) using a mobile service approach with groups of less than 50 children, while respecting hygiene and physical distancing, as per the national guidelines on mitigating COVID-19.

So far, 107,139 children (38,157 girls) were reached with psychosocial services. 442 additional caseload of humanitarian workers, children and adults had access to a safe and accessible channel to report sexual exploitation and abuse. In June 2020, a total of 1,178 people have access to a safe and accessible channel to report sexual exploitation and abuse.

Adaptations to ongoing UNICEF programmes

One of the strategic approaches is to ensure continuity of services for the most vulnerable children and families during emergencies, including COVID-19. To this end, UNICEF has adapted its current implementation strategies to respond adequately to the challenges in education, health, WASH, C4D and social inclusion. Some of the adjusted interventions include public awareness on hand washing and hygiene measures for everyone and everywhere through trainings of partners, and media and community engagement. Other interventions include improved access to water and health care facilities, the development of alternative advanced strategies for the continuity of services such as door-to-door, cash transfers, and advisory and precautionary measures to avoid large gatherings.

UNICEF interventions that have been adapted to COVID-19 context:

- Health and Nutrition. UNICEF prioritized the continuity of health care by strengthening the sanitary protection of medical staff by delivering IPC supplies (gloves, masks, personal protective equipment, etc.).
- WASH. UNICEF prioritized the delivery of water and hygiene supplies to HCFs located in the zones most impacted by COVID-19.
- Education. UNICEF has put in place urgent mitigation actions, notably the scale up of the ERP at national level.
- Child protection. UNICEF developed a mobile strategy to continue its psychosocial support to children that are affected by COVID-19 since physical distancing is the new norm and they cannot access child friendly spaces.
- C4D. UNICEF and partners have integrated COVID-19 messages in ongoing social and behavior change interventions, including radio programmes and activities at community level. C4D activities on COVID-19 are integrated in several sectoral programmes to raise awareness on risks and prevention.

Funding Overview and Partnerships

For COVID-19, as of 24 June, UNICEF received US\$500,000 from USAID, US\$350,000 from UK DFID, US\$856,443 from CERF, US\$70,000 from Global Partnership for Education, US\$300,000 from Education Cannot Wait, US\$1,100,000 from DANIDA (Denmark), US\$858,810 from DGIS for WASH and US\$2,700,000 from Japan Government for activities related to C4D, health, WASH, nutrition, education, child protection, communications, supply and coordination. Additional funds are being negotiated with a range of donors.

External Media

UNICEF contributes to the efforts deployed by the national authorities in raising awareness on the epidemic. The communication team participates in the national Communication and media sub-committee and supports the development of key messages used in audiovisual contents, including TV spots broadcast and mass media.

The communication team supported the launch of the ERP by writing a [story](#) and posting on social media ([Facebook](#), [Twitter](#), [Instagram](#)). Sensitization activities organized by U-Reporters were also reported on social media ([Facebook](#), [Twitter](#), [Instagram](#)). [France Info](#) reached out UNICEF to produce an article about education in the context of COVID-19 and armed violence.

The COVID-19 sensitizations organized by UNICEF-supported groups of volunteers were reported on social media ([Facebook](#), [Twitter](#), [Instagram](#)) and the donation of medico-technical material was also covered on social media ([Facebook](#), [Twitter](#), [Press Release](#)) and [national media](#) as well.

Summary of Programme Results

Sector	UNICEF and IPs Response	
	2020 target	Results achieved so far*
Risk Communication and Community Engagement		
# people reached on COVID-19 through messaging on prevention and access to services	5,000,000	7,300,000
# people engaged in COVID-19 through RCCE	2,500	4,507
# people sharing their concerns and asking questions/clarifications for available support services to address their needs through establish feedback mechanisms	50,000	48,694
WASH and IPC		
# people reached with critical WASH supplies (including hygiene items) and services	120,000	64,881
# healthcare workers in health facilities and communities provided with personal protective equipment (PPE)	5,000	0
# healthcare facility staff and community-based health workers trained in infection prevention and control (IPC)	4,000	730
Health		
# children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses through UNICEF-supported community-based health workers and health facilities	375,000	144,160
Nutrition		
# children under the age of 5 with severe acute malnutrition (SAM) admitted into therapeutic feeding programmes	147,131	24,938
# caregivers of children reached with infant and young child feeding (IYCF) counselling	560,950	264,587
Education		
# children supported with inclusive distance/home-based learning	306,540	118,683
# children supported in schools that have implementing safe school protocols (COVID-19 prevention and control)	306,540	0
Child Protection and GBV		
# children without parental or family care provided with appropriate alternative care arrangements	500	25
# children, parents and primary caregivers provided with community-based mental health and psychosocial support	120,000	107,139
# UNICEF staff and partners that have completed training on GBV risk mitigation and referrals for survivors	2,000	213
# children and adults having access to a safe and accessible channel to report sexual exploitation and abuse	5,000	1,620

* Since 15 March 2020

Annex B

Funding Status

Sector	Funding requirements US\$	Funds available US\$	Funding gap US\$	Gap %
Risk Communication and Community Engagement (RCCE)	2,000,000	659,000	1,341,000	67%
Provision of critical medical and Water, Sanitation and Hygiene (WASH) supplies and improve Infection and Prevention Control (IPC)	6,000,000	2,604,560	3,395,440	57%
Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management	4,500,000	2,645,350	1,854,650	41%
Access to continuous education, child protection and GBV services	2,300,000	470,207	1,829,793	80%
Data collection social science research on the secondary impacts on children and women	550,000	50,000	500,000	91%
Coordination, technical support and operational costs	374,136	154,485	219,651	58.7%
Total	US\$15,724,136	US\$6,583,602	US\$9,140,534	58%

Annex C

Accountability to affected populations

In the last reporting period, what are the top (up to 3) access issues/constraints due to COVID-19 and related response measures, as identified in feedback mechanisms from affected populations, for each of these service areas

(a) health services access	<ul style="list-style-type: none"> - decreased demand for health care for fear of contamination by attending health care services - decrease of care offer due to the fear/psychosis of health workers due to the lack of protective equipment - decline in key health indicators such as immunization coverage - mistrust and criticism from population about the government response
(b) nutrition services (management of wasting/SAM; nutrition supplements, other services)	
(c) access to food	
(d) WASH	The lack of access to water makes hand washing is particularly difficult. Despite the national measures to provide water for free, frequent interruptions and the time consuming process to collect water increase the challenges to address water and hygiene behaviour changes.
(e) education services including continuation of learning options	- worries about the quality and the continuity of education, especially from parents
(f) child protection related services	

For more information contact:

Dr Anne Vincent
 Representative
 UNICEF Burkina Faso
 Tel: +226.25 491 101
 Email: avincent@unicef.org

James Mugaju
 Deputy Representative
 UNICEF Burkina Faso
 Tel: +226.25 491 105
 Email: jmugaju@unicef.org

Hadrien Bonnaud
 Chief of Communications,
 UNICEF Burkina Faso
 Tel: +226.66 93 31 32
 Email: hbonnaud@unicef.org

