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Reporting period: 1 November to 31 December 2020

# Burkina Faso

## Humanitarian Situation Report No. 10



### Situation in Numbers



**1,700,000** children in need of humanitarian assistance



**2,900,000** people in need (OCHA August 2020)



**1,074,993** internally displaced persons (IDP) registered  
**654,764** children (60.8%) (CONASUR)

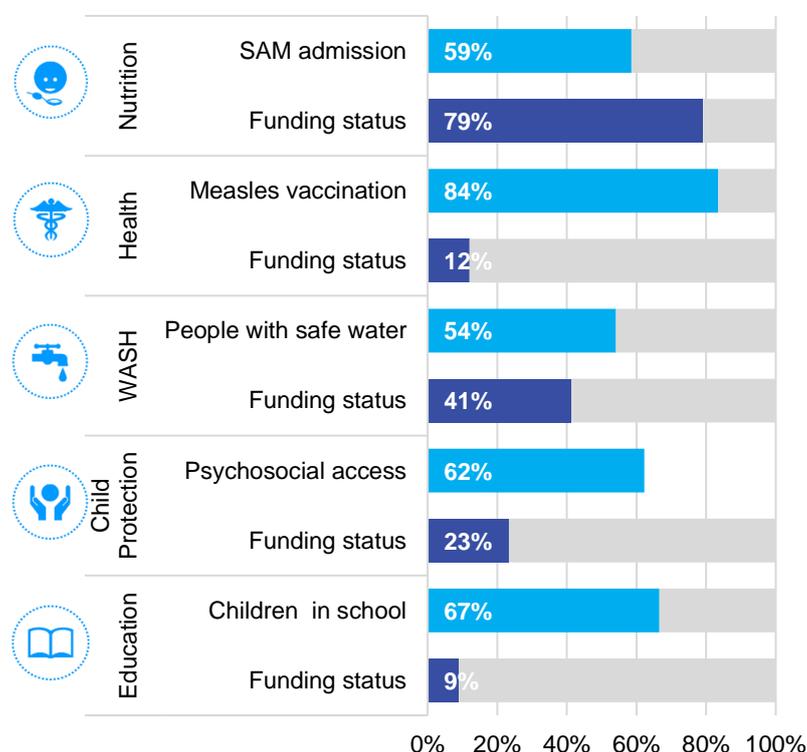


**2,169** schools closed due to insecurity affecting 349,909 children (MENAPLN)

### Highlights

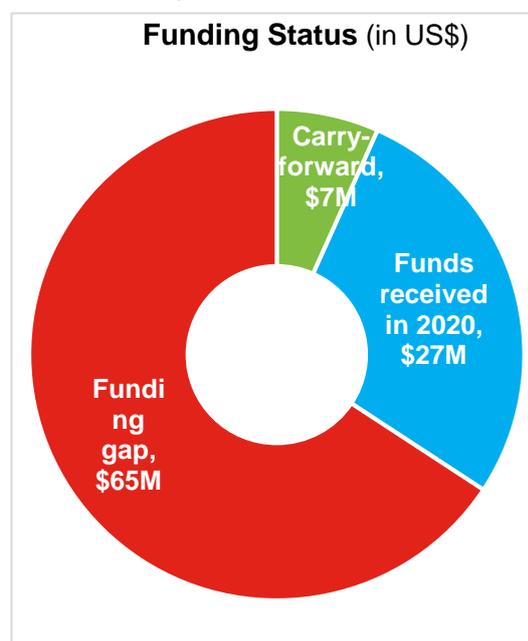
- In 2020, Burkina Faso registered 486 security incidents in relation to Armed Conflict and Terrorism, causing 631 civilian casualties, including 31 children.
- As of 31 December, the number of internally displaced persons (IDP) reached 1,074,993 ([CONASUR](#)), out of which over 60 per cent children
- Global Acute Malnutrition worsened from 8.1 per cent in 2019 to 9.1 per cent in 2020. In the Sahel region, GAM was above WHO emergency thresholds at 15.1 per cent ([Ministry of Health](#) (MoH)).
- As of 5 December, 2,169 schools remain closed due to insecurity, affecting 306,946 children (Ministry of national education, literacy and national languages promotion ([MENAPLN](#))).
- On [9 March](#), the first case of COVID-19 was confirmed in the country, reaching 6,344 cases by the [end of December](#) (both links MoH)

### UNICEF's Response and Funding Status



### UNICEF Appeal 2020

#### US\$98.9 million



## Funding Overview and Partnerships

In line with the 2020 UNICEF [Humanitarian Action for Children appeal](#) (HAC) appeal, the funding gap at the end of December 2020 was US\$33.6 million (66 per cent). UNICEF Burkina Faso would like to recognize the generous support of key partners, who have contributed US\$27 million in 2020<sup>1</sup> and US\$6.6 million in 2019 to the HAC 2020<sup>2</sup>. UNICEF also recognizes the flexible and unearmarked funding received in 2020 from the Global Humanitarian Thematic Fund<sup>3</sup>.

## Situation Overview & Humanitarian Needs

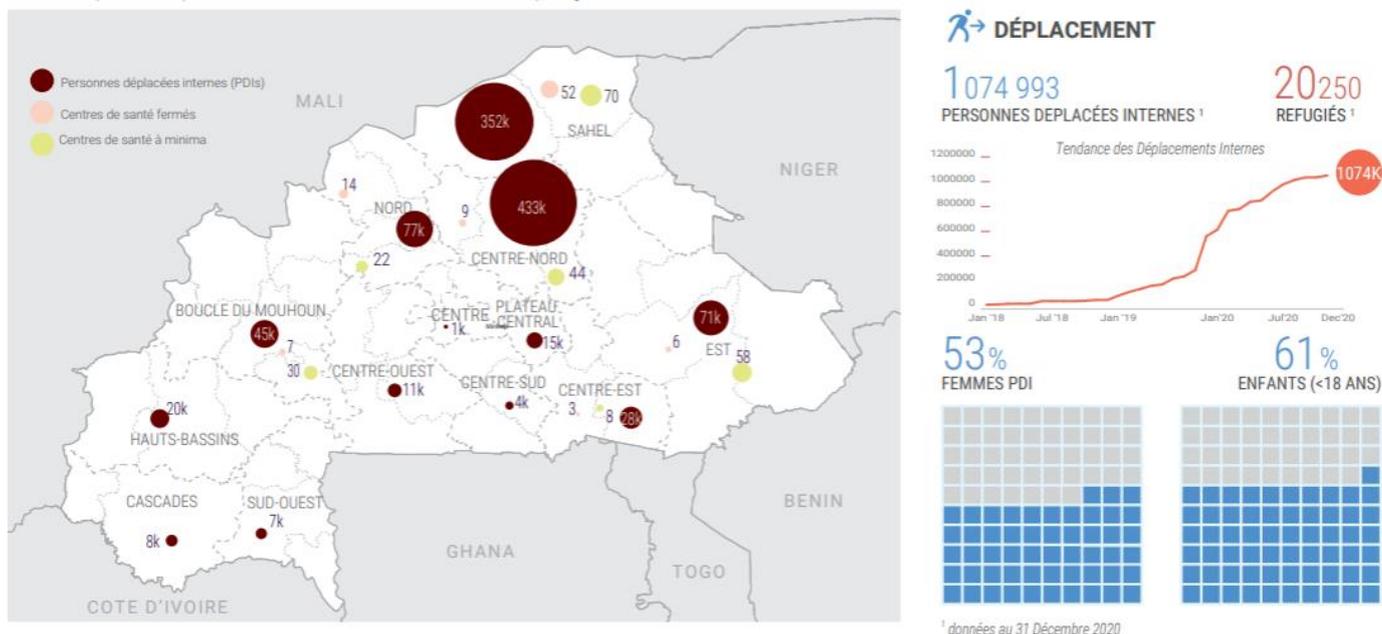
According to the revised [Humanitarian Response Plan 2020](#)<sup>4</sup> (HRP), an estimated 2.1 million people need protection and 2.9 million people are dependent on humanitarian assistance in Burkina Faso. The country is severely affected by a humanitarian crisis due to insecurity. Attacks by non-state armed groups (NSAG) dramatically increased in 2019 and persisted in 2020, with many civilians being targeted or threatened. Consequently, new waves of displacements took place in several regions.

### Internally displaced persons (IDP)

Registration of new IDPs is conducted by the *Conseil national de secours d'urgence et de réhabilitation* (CONASUR), the government institution in charge of data collection and humanitarian response. As of 31 December, 1,074,993 IDPs had been registered in the country (61 per cent children). Centre-Nord and Sahel remain the regions hosting the highest percentage of displaced populations (41 and 33 per cent respectively). Although the pace of displacement declined in the last quarter of 2020 with 40,421 new IDP registered, the number of IDPs increased by 92% between December 2019 and December 2020.<sup>5</sup>

## SITUATION HUMANITAIRE

Situation des personnes déplacées internes et fonctionnalité des centres de santé par région



\*\* OCHA Sitrep of the humanitarian situation of IDPs as of 31 December 2020

As of [25 October](#), 91 out of 1,064 health centres (8.6 per cent) in five emergency-affected regions<sup>6</sup> were closed and 232 (21.8 per cent) offered reduced services. An estimated 964,235 people have no or limited access to nutrition and health services.

As of [5 December](#), 2,169 schools were still closed due to insecurity, after general close down on [16 March due to COVID-19](#)<sup>7</sup>.

<sup>1</sup> Japan, SIDA – Sweden, UNOCHA – CERF, Luxembourg, European Commission – ECHO, KS Relief, Norway, British government – FCDO (previously DFID), USAID-Food for Peace, USA CDC, Czech Republic

<sup>2</sup> USAID -Food for Peace, Denmark, USA BPRM, UNOCHA - CERF, SIDA – Sweden, Austria, European Commission - ECHO, Japan

<sup>3</sup> Several donors

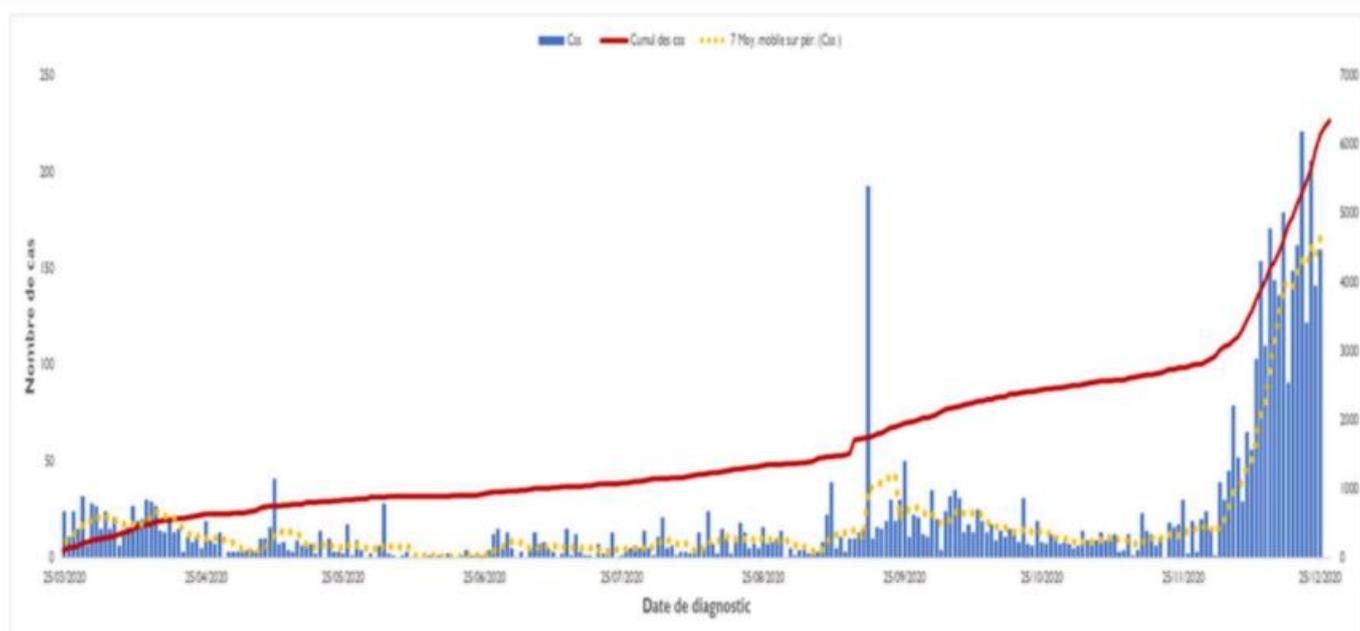
<sup>4</sup> Humanitarian Response Plan 2020 (HRP) <https://www.humanitarianresponse.info/en/operations/burkina-faso/document/burkina-faso-plan-de-r%C3%A9ponse-humanitaire-r%C3%A9vis%C3%A9-a%C3%BAt-2020>

<sup>5</sup> OCHA overview of displaced persons as at 31 December 2020 <https://drive.google.com/file/d/1HBIH6LE1EZsl8oGN89EUDxD6sPAqtODJ/view?usp=sharing>

<sup>6</sup> Sahel, Est, Centre-Nord, Boucle du Mouhoun, and Nord regions

<sup>7</sup> Closure of all schools 16 March [https://drive.google.com/file/d/1QhZl3TjSPMyUxnFky\\_xXu7Uad4J0KiH\\_/view](https://drive.google.com/file/d/1QhZl3TjSPMyUxnFky_xXu7Uad4J0KiH_/view)

On [9 March](#)<sup>8</sup>, the Government of Burkina Faso declared the COVID-19 epidemic. As of 25 December 2020, the Ministry of health (MoH) confirmed 6,344 cases (2,324 females, 4,020 males), 4,775 recovered and 78 died. There were 1,491 active cases as at the end of December 2020 spread across all the 13 regions of the country.<sup>9</sup>



**Graphique 3 : Evolution des cas de COVID-19 au Burkina Faso du 09 mars au 25 décembre 2020**

\*\* Evolution of the number of COVID 19 cases from 9 march to 25 December 2020

## Floods

The Ministry of Women, National Solidarity, Family and Humanitarian Action (MFSNFAH) issued an [alert on 6 June](#) 2020 on the high risk of flooding during the rainy season from June to September 2020, based on meteorological estimates that expect higher rainfall for the 2020 season compared to the average rainfall between 1981–2010. In April 2020, the town of Koungoussi, Centre-Nord region, was affected by the consequences of heavy rains and strong winds. 5 people were injured, 72 shelters destroyed and 235 flooded. ([OCHA](#)). In June, several other towns were affected, particularly in the Centre-Nord and Sahel regions, which together account for close to 80 per cent of the country's IDPs. [CONASUR](#), estimates that 106,228 people were directly affected by the floods, 112 were injured and 41 were killed by September 2020 and the Government declared the flooding [a national disaster](#). UNICEF and partners provided technical support to develop localized response plans and provided nonfood items and tarpaulins in the Centre Nord and Sahel regions to partners and the state to boost response capacity.

## Summary Analysis of Programme Response

### Nutrition

During 2020, the following main results were achieved:

- As of 31 December, 89,513 children with severe acute malnutrition (46,547 girls and 42,966 boys), were admitted and treated in the community-based management of acute malnutrition (CMAM) programme representing an increase of 40.8 per cent compared to the previous year (63,59). 60% of the SAM admissions (53,340) came from the five crisis-affected regions. The performance was in line with SPHERE standards with a recovery rate of 91.6 per cent, a default rate of 6.3 per cent and a mortality rate of 2.1 per cent.
- UNICEF, in partnership with non-governmental organizations NGO *Action Contre la Faim* ACF, Save the children international SCI and *Solidarité et Entraide Mutuelle* au Sahel SEMUS reached 383,151 pregnant and lactating mothers with infant and young child feeding (IYCF) counselling services. 5,569 women were trained on how to assess the nutritional status of their children using the Mid-Upper Arm Circumference (MUAC) technique. Thanks to these training sessions dedicated to mothers, a total of 5,986 U5-Children were screened through the Mother-MUAC approach, of which 3 were identified as SAM and 22 as MAM; they were all referred to the nutritional unit for treatment. In the Centre-Nord and Plateau-Central Regions, UNICEF and partners, with the support of the West and Central Africa Regional Office, conducted an assessment on the availability, quality and use of ready to use therapeutic food (RUTF) at both health facility and household levels. The findings will be used to improve the efficiency of programs and the distribution of nutrition commodities at the last mile. .. Through the joint UN multisectoral programme for the prevention of chronic malnutrition in the Gourma province (Est region). UNICEF and Partners also supported the Community to set in place the platform of women's groups known as *Groupes d'Apprentissage et de Suivi des Pratiques optimales d'Alimentation (GASPA) du nourrisson et du jeune enfant*.

<sup>8</sup> Declaration of COVID-19 [https://reliefweb.int/sites/reliefweb.int/files/resources/integration\\_du\\_covid-19\\_dans\\_la\\_reponse\\_humanitaire.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/integration_du_covid-19_dans_la_reponse_humanitaire.pdf)

<sup>9</sup> COVID-19 situation update No. 271 [https://drive.google.com/drive/folders/1fcyhkfU3XzP\\_iFT\\_e0\\_xprXovLiFc9ek](https://drive.google.com/drive/folders/1fcyhkfU3XzP_iFT_e0_xprXovLiFc9ek)

During the reporting period, 26,239 GASPA were set up (Centre Nord, Sahel and Nord regions) to support pregnant and lactating women/girls to monitor the nutrition status of their children, identify malnutrition in their communities and support each other through psycho-social activities.

- To ensure the continuity of nutrition services in regions affected by insecurity where health facilities are closed, UNICEF supported the MoH to develop a [guideline on simplified approaches](#)<sup>10</sup> for prevention and treatment of acute malnutrition. This in turn authorized the management of acute malnutrition cases by Community Health Workers (CBHW) in emergency areas. Those approaches are implemented by the NGO Alima, in partnership with UNICEF, in the health district of Barsalogo where 89 health workers and 213 CBHW were trained in screening and treatment of acute malnutrition. Without medical complications. They in turn trained 60,256 parents (59,050 mothers and 1,206 men) to screen acute malnutrition in the community. So far, they have identified, referred and contributed to the treatment of 1,495 children with severe acute malnutrition including 388 SAM and 1,107 MAM. Due to the success of this simplified approach to assessing malnutrition in communities affected by crisis it has been replicated in Tougouri (Centre Nord), Gorom Gorom and Djibo (Sahel) health districts.
- Vitamin A supplementation and deworming activities were coupled with acute malnutrition screening to achieve better results for children affected by the multiform crisis (nutritional, security, pandemic). During the first round of Vitamin A supplementation and Deworming days, held from 26 June to 25 July, a total of 3,457,615 children aged 6- 59 months (up to 5 years old) were supplemented with vitamin A, while 3,008,926 children aged 12 -59 months received deworming tablets, and 3,642,274 were screened for acute malnutrition. During those campaigns, 54,679 children with MAM and 27,895 children with SAM were identified, of whom 24,990 were referred to health centres for treatment.
- In addition, UNICEF also provided financial and technical support to MoH to organize the second round of vitamin A supplementation (VAS), deworming and screening of acute malnutrition. A total of 3,289,192 children aged 6 to 59 month were targeted. Results will be available in February 2021.
- The results of the 2020 national nutrition survey (SMART method) conducted by the Ministry of Health with technical and financial support from UNICEF and the World Bank showed an increase in the prevalence of global acute malnutrition (GAM) from 8.1 per cent in 2019 to 9.1 per cent. The highest GAM prevalence was in the Sahel region with 15.1 per cent, just above the WHO "Very High" thresholds ([new WHO thresholds](#)). Two regions had a GAM prevalence higher than 10 per cent, which is classified as "high" (Boucle du Mouhoun region with 11.0 per cent and Centre region with 10.5 per cent). Aggravating factors of the nutrition situation are insecurity in some regions with reduced access to health and nutrition services, as well as the COVID-19 pandemic that had affected mostly the Centre region. Concerning the survey's results, UNICEF and the nutrition cluster are strengthening community platforms/actors to ensure early detection, referral, and management of acute malnutrition cases among under-5 children, while WFP focus on food distribution for children aged from 6 to 23 months through the NGO LVIA in the health district of Gorom-Gorom commune (Oudalan province, Sahel region), the most affected zone (18.4 per cent of GAM). A joint agencies task force has been set up to address the problem of humanitarian access to these vulnerable populations.
- Other results achieved in 2020 include;
  - Adoption of the national nutrition policy by the Council of Ministers.
  - To improve the Government's capacity to produce timely relevant data and evidence on the type, degree, extent, determinants and drivers of maternal and child malnutrition and of the groups most at risk, UNICEF provided technical and financial support to conduct surveys (Rapid SMART in municipalities hosting IDP and National nutrition survey) and provide weekly reports on the nutrition status across the country.
  - UNICEF, in collaboration with the Ministry of Health and the NGO Alive and Thrive, launched the 'Stronger with Maternal Milk Only' campaign

## COVID 19

The pandemic delayed activities due to movement restrictions and the need to integrate protection and preventive measures. The challenge for the nutrition sector was to quickly define the minimum required protective measures to guarantee the continuity of service delivery to vulnerable populations.

Three technical notes were developed by nutrition partners to ensure continuity of nutrition programmes despite the restrictions imposed to contain the spread of COVID-19. The guidance focused on the [management of wasting in the context of COVID-19](#); [promotion and support to IYCF in the context of COVID-19](#); and [guidance on nutrition of people affected by COVID-19](#).

UNICEF and partners then trained health workers and CBHWs on the prevention and control of COVID-19 infection. A total of 2,218 CBHWs and 1,640 mothers' leaders were trained on COVID-19 prevention. 2,388 hand washing kits were distributed to 2,388 mother-to-mother support groups in Centre-Nord region and 2,218 masks were donated to CBHWs and 1,640 mothers' leaders. During Vitamin A supplementation and deworming days, COVID-19 protection measures were integrated into the exercise by distribution of 844 boxes of soap, 9,130 bottles of hydroalcoholic gel and 53,000 masks to CBHW and health workers.

## Nutrition Cluster

The cluster finalized the 2021 HNO and HRP process with the validation of 19 projects among 24 submitted by 17 partners (15 NGOs and 2 UN agencies). The global cost of these projects was US\$46,399,612, which represented an

<sup>10</sup> Simplified approaches: Prevention and treatment of acute malnutrition using one admission criteria, the MUAC and one treatment product, ready-to-use therapeutic food (RUTF).

average cost per beneficiary of US\$58.21. A performance monitoring exercise was conducted with partners to improve core leadership and accountabilities at national and sub national levels.

Other results include;

- An exercise of Health District prioritization of health districts was done by the nutrition cluster
- An integrated multisectoral intervention package was developed
- The Cluster Coordination Performance Monitoring exercise was conducted
- The 2020 HRP was revised in mid-2020
- The 2021 HNO/HRP process was rolled-out

### Constraints

- The security context remained a critical concern, which has led to limited access in some areas with the closure of health centres and difficulties in supplying nutritional supply.
- The lack of timely and comprehensive nutrition data
- The delay in the implementation of activities related to the quarantine and restriction measures deployed by the Government due to the COVID-19 outbreak
- The adaptation of some activities due to the COVID-19 epidemic

### Lessons learned

- The need to strongly involve community actors in areas where health centres are closed to ensure continuity of nutrition services.
- The diversification of communication channels via the Internet to organize national meetings such as the national nutrition consultation framework and the preparatory meeting for the Vitamin A supplementation days made it possible to continue implementing certain key activities during the COVID-19 period.

### Challenges for 2021

- Continue to ensure the provision of nutrition services in an unstable context
- Implement simplified approaches to identify malnutrition cases through local partners using the integrated package of multisectoral interventions in crisis-affected communities.
- Strengthen the coordination with actors in the nutrition sector and with actors in other sectors

## Health

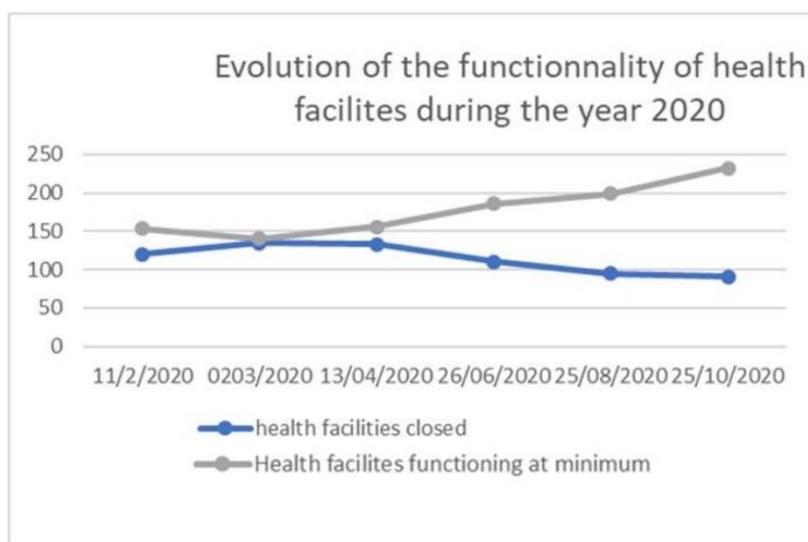
As part of the humanitarian response to the crisis in Burkina Faso in 2020, UNICEF supported the continuity of health care in the Sahel, Centre-Nord, Nord, Boucle du Mouhoun, and Est regions, which were most affected by the security crisis and where access to health care was also constrained by the onset of the COVID-19 pandemic.

In 2020, an estimated one million people had little to no access to health services in the crisis-affected regions as 90% of the health facilities remained closed or partially functioning<sup>11</sup>.

UNICEF supported the expansion of community-based interventions to improve primary health care, through the strengthening of curative, preventive and promotional health care based on the integrated community case management (ICCM) approach in emergencies.

In 2020, UNICEF achieved the following results:

- As part of community-based interventions,
  - 271,487 children under 5 were treated by CBHWs in the 5 regions affected by the humanitarian crisis, including 115,779 cases of malaria, 60,259 cases of diarrhoea and 92,008 cases of pneumonia.
  - 49,394 children were referred to health facilities level by CBHWs.
  - 20,734 pregnant women and newborns received home visits by CBHWs in Sahel, Centre-Nord and Boucle du Mouhoun regions.
  - 2,418,280 people were reached by educational talks about health promotion in the five regions affected by the crisis.



<sup>11</sup> OCHA Humanitarian overview 31 December 2020  
[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/bfa\\_apercu\\_de\\_la\\_situation\\_humanitaire\\_26012020.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/bfa_apercu_de_la_situation_humanitaire_26012020.pdf)

- To increase the coverage of community-based interventions in hard-to-reach areas, 90 community volunteers were recruited, trained, equipped and motivated to provide health care to children and women. As such, 28,988 children under 5 were reached with ICCM; 9,751 pregnant women and new-borns received home visits from community volunteers and 310 home deliveries happened with the support of traditional midwives trained in good practices of home care of mothers and newborns in the health districts of Barsalogho and Djibo.
- UNICEF piloted a new initiative to delegate vaccination tasks to CBHWs in the Sahel region to address the low rate of immunization coverage due to the closure of many health centres. As a result, 42,846 children under 5 were vaccinated by Community Based Health Workers (CBHWs) representing a contributory share of 22 per cent in routine immunization (including all antigens).
- UNICEF supported the documentation and the sharing of this strategy as an innovation of continuity of health care in the regions affected by insecurity. The challenges remain the supply and storage of vaccines and the supervision of these CBHWs in their immunization tasks.
- UNICEF also supported an immunization campaign to the benefit of the displaced populations of Centre-Nord and Sahel regions through which 66,179 children under 5 were vaccinated. Regarding measles immunization, a total of 20,882 children were vaccinated out of 25,000 planned.
- In response to the Polio epidemic, immunization campaigns were organized and reached 1,508,191 children under 5 in the Centre-Nord, Est, Nord and Sahel regions.
- Alongside community activities, UNICEF also strengthened health service delivery by supplying 2 emergency kits, 4 tents, 5,000 new-born kits and medical-technical equipment to ensure continuity of health care.
- As part of the prevention against malaria, 31,000 pregnant women and children under the age of 5 have benefited from long-lasting impregnated mosquito nets.
- UNICEF worked closely with the Government and the health cluster to respond to various public health emergencies. Concerning the Hepatitis E outbreak in Centre-Nord region, UNICEF and the WASH cluster led the development and implementation of an emergency WASH response, which includes water quality sampling and analysis, water disinfection, rehabilitation and emptying of latrines, as well as hygiene promotion. Key messages on hygiene and sanitation have been developed and community relays have been trained for local communication and awareness-raising.

### **Constraints**

The main constraints included:

- Reduced access to health services in areas affected by insecurity and an increasing number of health centres closed or offering minimum services
- Difficulties in distributing health supplies and other medico-technical equipment in areas with difficult access
- Low level of completeness of the data (including community data)
- The departure of health workers and some CBHWs from insecure areas.

### **COVID-19 Adaptation**

The outbreak of the epidemic in March 2020 required the adaptation of some strategies, particularly the reduction of the number of people participating in awareness sessions and ensuring the respect of social distancing measures during the provision of health services (wearing of masks, hand washing or disinfection with hydro-alcoholic gel, physical distancing). The quarantine of towns having reported at least one COVID-19 case and the reorientation of priorities in the fight against the pandemic slowed down the humanitarian activities. The lack of personal protective equipment in most health facilities, coupled with the fear by health workers of being contaminated, has led to a decrease in both supply and demand of services at the health facility level. Including a drop in vaccination coverage. Actions have been put in place to protect health workers and patients to encourage the resumption of activities in health facilities. A guide for the continuity of care in the context of COVID-19 has been developed and health workers trained which made it possible to ensure the continuity of care at the health facilities and community level.

### **Lessons learned and goods practices**

- In the emergency context marked by reduced institutional health provision and access, community health remains the only alternative to ensuring continuity of care, hence the effort to strengthen community-based interventions in emergencies;
- Good supervision of CBHWs made it possible to carry out vaccination in remote villages with closed health facilities
- Effective and efficient response to emergency required new and innovative strategies. Administrative procedures, logistics, data reporting and other aspects had to be contextualized to guarantee a rapid response. The UNHAS flight made it possible to transport medico-technical equipment and drugs to areas with difficult access;
- Humanitarian response planning must consider the contribution of all partners to avoid overestimation of targets;
- Community buy-in and engagement in community-based health activities;
- COVID-19 sensitization has been incorporated by CBHWs during educational talks and home visits;
- Involvement of communities in the distribution of health supplies, especially in areas with difficult access;
- Innovative strategies (delegation of immunization tasks) and adaptation of activities in the context of COVID to ensure continuity of care.

## Funding

The health sector received less than 15% of the expected funding. This gap did not make it possible to scale up high-impact interventions and to purchase items such as mosquito nets and tents (as evidenced by the results achieved against Long-lasting Insecticide Treated Nets ( LLIN) targets). There was a sharp reduction in the achievement of measles vaccination targets. In addition, resources were redirected to COVID-19 pandemic response to meet funding shortfalls and ensure continuity of services. The deteriorating security crisis, the reduction in humanitarian access due to recent floods further increase the vulnerabilities of displaced populations and suggest an intensification of the humanitarian needs in the coming months. The reinforcement and scaling up of community interventions in other zones in the five emergency regions is essential. Hence UNICEF wishes to launch an urgent plea for financing the HAC health sector.

## WASH

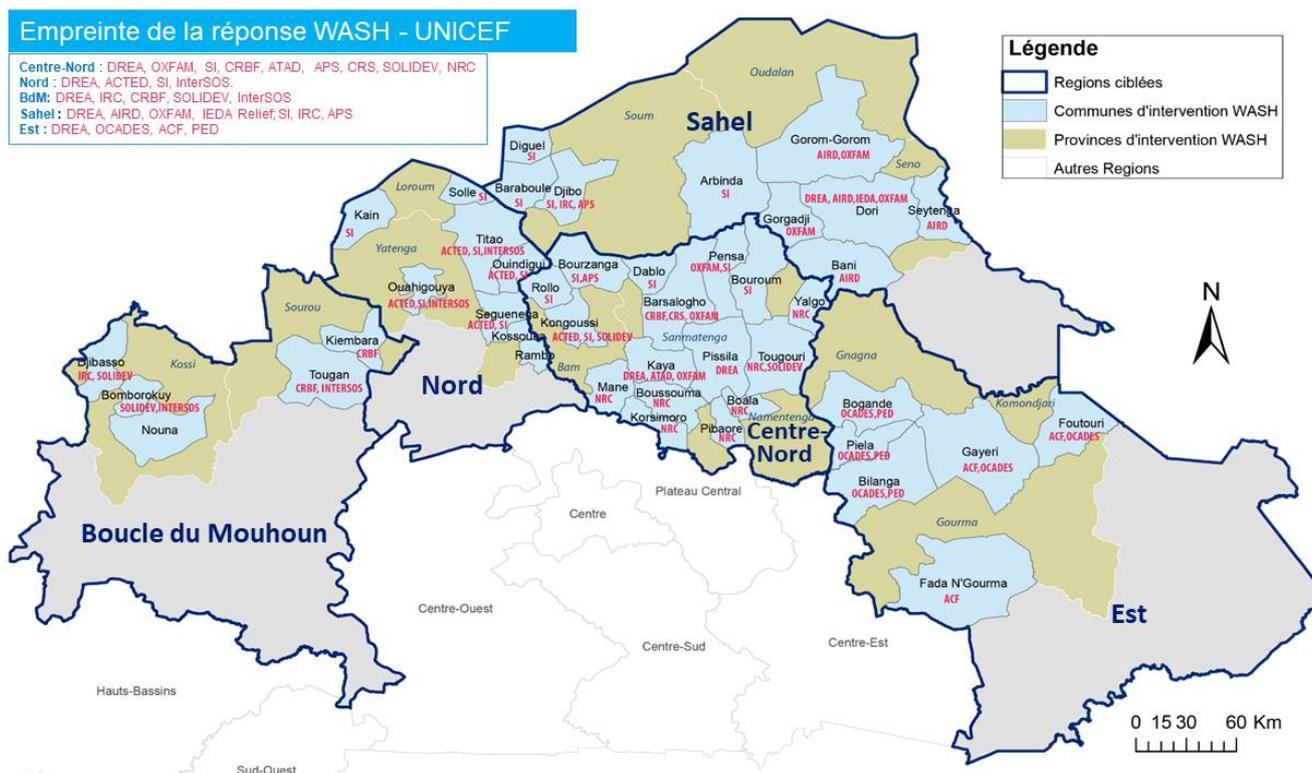
In 2020, UNICEF and partners achieved 54 per cent of the annual water targets, 30 per cent of the sanitation target and 121 per cent of the hygiene target, including the distribution of hygiene kits for 180,957 people. UNICEF contributed to sector objectives at 31 per cent in provision of potable water, 43 per cent in sanitation and 58 per cent in hygiene promotion to WASH cluster response. People living with disabilities have been prioritized in the distribution of hygiene kits<sup>12</sup> (2171 out of 180,957 people) and construction of latrines (1756 out of 146,328 people).

UNICEF strengthened its intervention capacity by diversifying and operationalizing partners (10 international and 4 national NGOs) in the five priority regions to bring the response closer to the beneficiaries. UNICEF's response took place in 44 communes out of the 112 communes that received WASH cluster interventions.

As part of the implementation of the Summer plan<sup>13</sup>, UNICEF and its partners constructed 20 boreholes equipped with hand pumps, rehabilitated 52 boreholes equipped with hand pumps and installed 17 water solar systems in the Sahel and Centre-Nord regions. The Summer plan was designed to contain the effects of climate change and to respond to the WASH crisis, to accelerate the coverage and continuity of services, and to explore opportunities to increase long-term investments at the local level.

Furthermore, thanks to UNICEF advocacy as the lead of the WASH technical and financial partners (PTF) in Burkina Faso, funds were granted to the national water and sanitation office (ONEA) for the strengthening of urban water networks in Kaya (Centre-Nord region), Djibo (Sahel region) and Ouahigouya (Nord region).

In 2021, UNICEF plans to accelerate the WASH response through activation of Standby Agreements, supporting partners in the implementation of projects, construction of water and sanitation facilities to ensure better coverage of the needs of the affected populations and improve the indicators.



## WASH cluster

<sup>12</sup> A WASH hygiene kit is composed of 1 plastic bucket (20L), 2 plastic jerrycans (20L), 7 bars of soap (400gr), 1 plastic kettle (2L), 2 plastic cups (500ml)

<sup>13</sup> The summer plan is a risk informed roadmap to address the adverse effects of climate change on water and sanitation services while ensuring the coverage and continuity these services in the regions affected by insecurity. The plan was developed in collaboration with government, civil society and donors.

From January to December 2020, the WASH Cluster members provided access to water for 642,254 people, sanitation services for 343,976 people and improved hygiene conditions for 1,003,963 people. The progress towards annual targets is 65 per cent for access to water, 50 per cent for access to sanitation and 96 per cent for access to hygiene. The cumulated results refer to data reported by 36 member organizations of the cluster, and not only to the 25 organizations that have projects registered in the HRP. The funding gap for the WASH sector is still high and represents one of the main challenges in the progress towards achievement of the targets for water and sanitation, together with access constraints and insufficient capacity of the sector stakeholders to face the gravity of the crises.

Main activities implemented by the WASH Cluster coordination team include;

- the organization of 25 coordination meetings at the national level and 60+ meetings at the regional level;
- the monitoring and analyzing sector response through the 5W matrix;
- the capacity building of members and government counterparts (15 training sessions benefitting more than 250 people);
- In addition, technical guidelines were developed as well as a COVID-19 WASH response plan;
- Several studies were undertaken with AKVO and REACH and several surveys on capacity mapping, accountability to affected populations, access constraints;
- The collaboration was strengthened with ONEA and development donors in a nexus perspective;
- A joint WASH & Health task force on the Hepatitis E epidemics was set up to coordinate response in the Centre-Nord region;
- Finally, a pilot exercise to classify WASH severity was undertaken with REACH and the Global Wash Cluster.

### **COVID-19 Adaptation**

The reporting period was marked by the outbreak of COVID-19 and required adaptation. UNICEF and its partners have adjusted activities by implementing protection, social distancing measures and handwashing according to WASH cluster guidelines, mainly by:

- Avoiding and minimizing gatherings of people
- Providing security measures
- Increasing the installation of handwashing devices
- Limiting the distributions (organized outdoors as soon as possible) to a maximum of 50 people, with respect for barrier measures
- Holding virtual meetings

### **Constraints**

- Local partners have limited storage and transport capacity, obliging UNICEF and partners to incur additional costs for storing supplies and for logistics in general".
- Deteriorating security environment restricting access to people in need resulting in numerous unsuccessful tenders.
- Lack of data on IDPs and host populations at village level to improve gap analysis

### **Lessons learned and good practices**

- Diversification of implementing partners including local partners ensured a rapid response.
- Involvement of the affected populations in the construction of latrines in IDP sites through the recruitment of the local workforce allowed accountability sharing with the beneficiaries.
- The involvement of community relays is an essential solution in facilitating access to and collaboration with beneficiaries.
- The involvement of local and governmental authorities helped facilitate access and the success of the activities.
- Government restrictions in the COVID context limited monitoring and data collection, telephone calls remain a solution of the first choice in the context of COVID-19.
- Construction of semi-permanent latrines is the best option to be considered needed to reduce exploitation costs because there is no indication when IDPs will return to their communities.

### **Funding**

UNICEF received only 41 per cent of its planned budget in 2020. The funding gap in the WASH sector continued to be high and is an important challenge in scaling up the WASH response.

### **Education**

Schools were closed from March to June 2020 to contain the spread of the COVID-19 pandemic which affected 5,130,730 children. This new emergency came on top of the security crisis that has been affecting the country since early 2019 and which had led to school closures (2,512 in early March 2020), displacement, school dropouts and limited access to education services in the sites/places of displacement.

Due to the security crisis and the resulting displacement, children have missed more than a year of schooling. Several schools were damaged by unidentified armed groups mainly between 2019 and 2020, particularly in the Est region. It

should also be noted that in 2020 some schools (approximately 11) were used as temporary shelters for displaced families and homeless flood victims before the schools re-opened in October 2020.

UNICEF worked with the Government and humanitarian partners to provide quality education services for internally displaced children. As of the end of December, the following results were achieved:

- UNICEF, in partnership with nine international and national non-governmental organisations and government authorities, supported the enrolment of 232,946 Burkinabe children (113,400 girls) in school and provided them with appropriate essential learning services. At least 104,826 out-of-school children (OOSC) (51,364 girls) had access to school (formal and non-formal education), which contributed to reducing the national workload of more than 2 million OOSC. The other beneficiaries (still in the same lot of 232,946) are displaced children reintegrated into schools (128,120, including 62,779 girls)
- To accommodate the additional OOSC UNICEF supported the creation and rehabilitation of safe and protective classrooms, the Temporary Learning Spaces (TLS in the form of tents serving as temporary classrooms) in host schools. UNICEF also procured and distributed essential educational supplies, including Early Childhood Development (ECD) kits, recreation kits, student kits and dignity kits.
- 1,341 teachers (536 women) have been trained in psychosocial support as part of the Safe School approach in the five regions affected by the state of emergency. This activity benefited 67,066 students (32,607 girls). Students subsequently contributed to the development of school preparedness and response plans. It should be noted that the development of these plans is one of the key topics of the Safe School module.
- Between November and December 2020, UNICEF and partners, including government authorities, worked to ensure that the new school year that started in October could be fully effective in a context still characterized by COVID-19 and security challenges.
- UNICEF, through its partner *Centre Diocésain pour le Développement* (CDC), has facilitated since March the continuity of learning for 607,217 (313,369 girls). This activity aims to equip school-age children with the necessary education skills (reading, writing, arithmetic, child protection messages) to improve psychosocial well-being.

## COVID-19 ADAPTATION

In 2020, the distance/home-based learning program via radio or TV was the main COVID-19 adaptation by UNICEF. In the context of COVID-19, this program was extended to other regions and strengthened to ensure continuity of teaching and learning. The conditions for face-to-face activities were readjusted and included (but were not limited to) a physical distance of one meter between participants in training sessions or awareness campaigns.

## Key constraints

- The targets of the response ( 620,600 school-age children for HRP, from which number the HAC target is derived/ 349,974) remain partially covered, mainly because of under-financing (gaps of 31.8% for HRP and 68% for HAC) and difficult access to some areas heavily affected by insecurity.
- It remains complicated to guarantee educational continuity in a doubly affected context (COVID-19 and insecurity). Access to learning services for beneficiaries and beneficiaries remains limited (e.g., school closures due to insecurity and COVID-19, attacks against schools, etc.). Overall, there is little consideration of accountability, particularly the feedback mechanism to school community complaints.
- The reluctance of some communities to participate in projects for fear of reprisals from unidentified armed groups constantly attacking education as an emblem of the Government.
- Most schools were damaged and therefore didn't have enough usable classrooms and equipment to host new students, Regional education authorities received instructions from the *Ministère de L'Éducation Nationale, de l'Alphabétisation et de la Promotion des Langues Nationales* (MENAPLN) to ensure all children are registered in host schools;

## Good practices

- Experience in responding to the COVID-19 crisis led UNICEF to strengthen the protective environment for learners by investing further in distance learning, Wash in School (a technical working group has been activated), disseminating the school health protocol and supporting more school-based disaster preparedness and response plans.
- The strengthening of remote education programs by UNICEF implementing partners (mainly the Government and national NGOs) has improved the preparedness of communities (schools, children and parents) to deal with various risks, including those related to the closure of schools in general.
- The joint education and child protection activities implemented and strengthened in the child-friendly spaces helped improve the emotional well-being of children. These were mainly skills-based learning activities, as well as recreational and creative learning activities.
- To better support the Government in the implementation of its National Strategy for Education in Emergencies (SN-ESU 2019/2024), UNICEF was committed to supporting the MYRP (Multi-Year Resilience Program 2020/2023) - an initiative of the donor Education Cannot Wait / ECW - as well as other funding initiatives such as the Global Partnership for Education, which are major coordination challenges as they are implemented to meet humanitarian and development needs, including out-of-school children (OOSCs) from vulnerable communities. Education in emergencies thus becomes a catalyst for improvement in the education sector in Burkina Faso.

## Lessons learned

- Risk analysis of projects in a crisis context remains essential for setting objectives and planning mitigation measures. Indeed, most of the agreements being implemented in 2020 have suffered somewhat from insufficient analysis of the consequences of a sudden worsening of the crisis that would lead to the inaccessibility of some sites and the reluctance of some communities to participate in the project for fear of reprisals by unidentified armed groups constantly attacking education as an emblem of the State. This lack of analysis and forecasting of mitigation measures led to delays in the implementation of programmes
- Communication between partners is fundamental to enable the removal of bottlenecks affecting project implementation. Indeed, in the framework of implemented projects, the close monitoring mechanism between UNICEF and the Implementing Partners has not functioned properly to facilitate concerted decision making over short periods (less than three weeks), which has had an impact on the quality and speed of the decisions taken, particularly the necessary reorientations to other, more accessible areas;
- The delay in mobilizing human resources directly affects the implementation of project activities: the partners' procedures are sometimes long and do not facilitate the start of projects as soon as the agreements are signed. Thus, for humanitarian agreements signed, it is often after more than a month or two that first interventions are delivered. Faced with this situation, consultations between the authorities in charge of education, the implementing NGOs and UNICEF have made it possible to redefine the various project roadmaps, which at the same time helped to gradually to promote rapid response to the urgent needs.

## Funding

To reach its target of 349,974 children for the year 2020, the Education section requested US\$27,727,668 out of which only US\$2,480,588 had been available by the end of December.

## Child Protection

In 2020, UNICEF in partnership with (MFSNFAH) rolled out coordination mechanisms at national and local levels in the regions most affected by the humanitarian crisis. A local 'Strategic Advisory Group' was also set up to provide oversight of the Child Protection Area of Responsibility coordination mechanism and to ensure that it is more efficient, flexible and functional to advance a strategic vision for quality interventions.

UNICEF provided technical guidance and support to partners and the Ministry of Justice to review and renew its commitments in line with the Protocol for the transfer of children encountered during the security operations<sup>14</sup>. This is a key milestone and its implementation will facilitate the identification, temporal care, reunification and reintegration of these children, including those formerly associated with armed groups.

UNICEF and the UN Resident Coordinator (RC), established the Children Affected by Armed Conflict Working Group (CAAC-WG). On 30 October 2020, the group submitted the first contribution of Global Horizontal Note (GHN) covering July to September 2020 following the Secretary General decision (A/74/845–S/2020/525)<sup>15</sup> of 15 June 2020, which classified Burkina Faso as a country of concern. 74 child protection actors from national and international NGOs and UN Agencies who were trained on the monitoring and reporting of child rights violations submitted contributions to the note.

UNICEF in collaboration with MFHSFHA and other line ministries contributed to the harmonization and approval of the national child protection case management guidelines and tools which were endorsed by MFHSFHA in October 2020. The national child protection information management system (CPIMS+) v1.7 was developed and deployed in the Est, Centre Nord and Sahel regions. UNICEF supported this roll-out by government entities, providing 124 social workers (including 22 women) with training on case management using this tool. The case management process is ongoing using CPIMS+ for 408 children separated and unaccompanied children identified and documented in Sahel and Centre Nord regions.

In addition, UNICEF supported the government in accelerating activities on child protection in emergencies and adapting programming in response to the global COVID-19 pandemic. UNICEF also supported engagement with development actors to reduce and mitigate child protection vulnerabilities and risks.

Community-based child protection mechanisms were strengthened through a) delivery of faster, more effective, and at-scale child protection activities with an increased emphasis on delivery (child protection supply chains); b) optimized community engagement and use of local resources and assets and c) improvement of CP actors' accountability toward affected people and communities.

In 2020, UNICEF supported the Government in the establishment of the Gender-Based Violence in emergencies GBVie and PSEA specific humanitarian programme and its integration into ongoing programmatic interventions in the regions directly affected by armed conflict.

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<sup>14</sup> The Optional Protocol to the Convention of the Rights of the Child on the involvement of children in armed conflict  
<https://childrenandarmedconflict.un.org/tools-for-action/optional-protocol>

<sup>15</sup> United Nations Secretary General's decision on children in conflict situations:

[https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/15-June-2020\\_Secretary-General\\_Report\\_on\\_CAAC\\_Eng.pdf](https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/15-June-2020_Secretary-General_Report_on_CAAC_Eng.pdf)

Between January and December 2020, UNICEF and partners (ADCPDE<sup>16</sup>, CNAEJTB<sup>17</sup>, DRC<sup>18</sup>, UNIJED<sup>19</sup>, Croix Rouge Burkinabe, Ressources Psychologiques, Terre des Hommes Lausanne, Terre des Hommes Italy, INTERSOS and Children Believe) achieved the following results:

- 217,759 children (112,113 girls) including 1,973 children living with disabilities affected by humanitarian emergencies and COVID-19 benefited from mental health and psychosocial services. The target of 197,304 children was surpassed for this objective. This was made possible by resorting to mobile teams and by involving community-based actors and volunteers, who in turn were supervised by animators from NGO partners.
- 2,615 out of the targeted 2,500 unaccompanied and separated children benefited from family tracing, reunification and reintegration services, including community-based alternative care support. However, due to the COVID-19 quarantine measures, family tracing and reunification activities were interrupted. 552 (228 girls) unaccompanied and separated children, mostly from the Centre-Nord region, were reunified with their biological families.
- 48 out of the targeted 250 children associated with armed groups released from detention and benefited from community reintegration services.
- To respond to the critical child protection needs of the most vulnerable children and families, the CP humanitarian cash transfer plus initiative reached 44,582 children from 12,915 households. 39,186 children from 9,791 households also benefited from Non-Food assistance
- 1,393 women and children were provided with prevention or response interventions to address gender-based violence in emergencies by 566 trained actors (including 247 women), through collaboration between UNICEF, UNFPA and the Government. The target of 20,000 was surpassed for this objective.
- 1620 out of the targeted 5,000 children and adults benefited from awareness sessions and access to a safe and accessible channel to report sexual exploitation and abuse while 21 out of the targeted 500 children without parental or family care were provided with appropriate alternative care arrangements.

### Key constraints

Critical challenges faced this year include i) the COVID-19 restrictions (confinement, school closures) which increased risks of violence against children, ii) insufficient funding iii) limited humanitarian access.

### Lessons learned

- Community engagement is an important element for the provision of CP services and for building peace and social cohesion. Strengthening the technical and operational capacities of community actors is therefore essential, not only to address the lack of institutions in hard-to-reach areas but also to stimulate ethical change among the population.
- The use of local associations helped to solve the problem of access to populations in isolated villages and villages inaccessible to government actors for security reasons.

## Communications for Development (C4D), Community Engagement and Accountability

In 2020, UNICEF scaled up its activities in the Centre-Nord, Sahel, Est and Nord regions, the hotspots of the humanitarian crisis.

- UNICEF and MoH co-led the national Risk Communication and Community Engagement (RCCE) group, which ensured optimization of resources, harmonization of interventions, public messages and clear division of labor among partners. UNICEF was also a key member of the working group on the management of the Community Engagement and Accountability working group at the interagency level. UNICEF led emergency outreach interventions, delivered lifesaving health, WASH, nutrition, education and child protection messages, and fostered the participation of the affected community at every stage of the planning and implementation of the humanitarian response, reaching a total of 590,000 people.
- UNICEF, in partnership with OCHA, successfully established sub-regional working groups on Community engagement and accountability to affected populations (CEAAP) in the Centre-Nord and Est regions to reinforce coordination among partners and better address communities' needs and feedback on the progress of humanitarian projects. UNICEF provided financial and technical support for partners to train 45 members on community engagement approaches, feedback mechanisms and accountability.

UNICEF and partners trained over 50 media outlets, 1,500 community relays and representatives of affected communities on the adoption of healthy and protective behaviour, including psychosocial self-care practices within the humanitarian response. These multipliers in turn reached over 600,000 people through radio and community dialogues which focused on sharing critical information on basic services and practices, how to access them, entitlements of affected populations, social cohesion and peace. UNICEF and partners produced 600 radio programs and spots to provide life-saving information services available and how to access them. These were broadcasted by 135 radio stations weekly reaching an estimated 1,350,000 people. The interactive programs developed by UNICEF in collaboration with local artistes included songs, games and radio plays to illustrate key messages on the role of the

<sup>16</sup> Association pour le développement communautaire et la promotion des droits de l'enfant

<sup>17</sup> Coordination Nationale des Associations d'Enfants et Jeunes Travailleurs du Burkina

<sup>18</sup> Danish Refugee Council

<sup>19</sup> Association pour l'Unité de la jeunesse et développement

community at every stage of the humanitarian response as well as key protective and health practices in the wake of COVID-19.

- UNICEF and partners carried out community dialogues and educational talks focusing on social cohesion, peacebuilding, and essential family practices. The dialogues engaged over 3,150 traditional community chiefs, religious leaders, as well as women' and youth associations in the Sahel, Nord, East and Centre-Nord regions. In the Centre-Nord region, 335 village leaders committed to supporting facilitating the integration of IDPs into the community, while adolescents and young people from affected communities collaborated with schoolteachers, associations of parents and mother educators, as well as village development council members in order to encourage internally displaced children to go back to school.

### **COVID-19**

- UNICEF has reinforced and scaled up its RCCE activities through 15 partners, including MoH at national and subnational levels, the National Volunteers Programme, the associations *Reseau des Radios de Proximite du Sahel*; *Association Tin Tuani*, and le *Centre d'éducation et de réinsertion sociale des enfants au Burkina Faso* (CERESSE), Plan International, and others, to respond to the COVID-19 pandemic in peri urban and urban areas, including in the capital city Ouagadougou.
- UNICEF and MoH finalized the social science study on population knowledge and perception of the COVID-19 response. Findings from the survey were used to inform further Risk communication and community engagement (RCCE)<sup>20</sup> strategies and interventions.
- UNICEF and partners trained over 7,500 community relays, volunteers, students, community health workers and key influential leaders in high-risk provinces who in turn conducted community outreach in schools, health facilities, markets, public transport and house-to-house visits, engaging a total of 2,5 million people.
- In addition, radio programmes reinforced messages on COVID-19 protection and control through jingles, spots, broadcast of messages from community leaders, and through rumour management.
- Over 9.54 million people were reached with messages on COVID-19 protection and control measures and practices.
- Furthermore, UNICEF engaged youth to prevent and control the spread of the pandemic through 'U-Report'. This is a survey used to assess perceptions, information channels, as well as knowledge of young people on false information and rumours. The result showed that over 93 per cent of the 6,404 so-called 'U-Reporters' who took part in the poll adopted recommended good practices to prevent COVID-19.
- Through feedback mechanisms (eg. radio interactive program, UReport platform and hotline), over 100,000 people shared their concerns and asked for clarifications.

### **Polio**

- UNICEF trained and guided the Ministry of Health (MoH) staff and partners on interpersonal communication activities with a focus on how to address rumours and hesitancy to take the vaccine. The technical support provided included a social survey on acute flask paralysis and confirmed polio cases to better inform further RCCE strategies and interventions.
- UNICEF and partners supported the Ministry of Health in conducting training to over 15,000 social mobilizers and town criers, 8,800 community leaders and 263 local associations, who in turn became key actors in engaging, mobilizing and informing parents and caregivers about the vaccination campaign.
- More than 5 million eligible children were identified, and 7 million parents received appropriate information before the polio campaign.
- In the context of both COVID-19 and polio response, results were achieved through a strong rumour management system, coordinated capacity-building for media, health workers, mobilisers and vaccinators, digital engagement, mass media and community engagement interventions with strong support from traditional and religious leaders.

## **Media and external communication**

The media and external communication team leveraged traditional and social media to raise awareness on the situation of children and women in Burkina Faso as well as the humanitarian situation and response.

The team responded to special requests from international media, including a feature report of the German [TV ZDF](#). The thematic of gender in conflict was reported in [Devex](#) with the interview of a UNICEF specialist and the continuity of humanitarian delivery was reported on social media [Facebook](#), [Twitter](#) and [Instagram](#).

Moreover, the visibility of the social media networks improved, followers on Facebook raised from 18.000 to 37.500 and more than 7.000 publication were broadcast on Twitter and Instagram.

The office facilitated several media field visits, which led to coverage by international press of the consequences of the ongoing humanitarian crisis in Burkina Faso : [TV5 monde](#), [Devex](#), [APNews](#), [The Telegraph](#) and [Reuters](#).

### **Analysis**

During the past semester, the Country Office improved its narrative about children of Burkina Faso and succeeded to position key messages in the global and national media. As many as 80 coverages on UNICEF response to the humanitarian crisis, including interviews of the Representative and/or staff of the UNICEF team, were published and

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<sup>20</sup> In French *Communication sur les risques et engagements communautaires* (CREC)

broadcasted. These efforts were backed by an increase in the production of multimedia content with more than [50 new videos](#) reflecting children's stories in the humanitarian crisis. The communication team expanded its activities on social media reaching more than 1,5 million people ([Facebook](#), [Twitter](#), [Instagram](#), [Youtube](#), [Medium](#)) to support the advocacy and raise awareness on the most vulnerable.

### Constraints

The health crisis caused by COVID-19 prevented carrying out the programme as initially planned. The pandemic slowed down the interest of media on children issues and prevented international journalists to travel to Burkina Faso and report on the situation.

### Lessons learned

- Develop solid partnerships with videographers and photographers to react quickly when audiovisual content is requested urgently.
- Improve tracking of local media partner publications (linked to UNICEF activities) during events.

### Good practices

- Continue the regular coordination with zone offices to collect content and information.
- Continue the regular follow-up with the supply department for all requests concerning communication.
- Strengthen staff communication skills.

## Multisectoral cash response

In 2020, UNICEF made progress in launching the first humanitarian cash transfer (HCT) projects in partnership with Red Cross Burkina Faso (RCBF), ACTED and Orange Money, a mobile networking operator (MNO). These projects aimed at providing multisectoral cash assistance to the most vulnerable children and their families affected by the conflict crisis in the Centre-Nord region:

The following results were achieved in 2020:

- 3,678 vulnerable households (92 per cent of 4,000 targeted households received two months of a multipurpose cash grant.
- A total amount of US\$ 495,668 was distributed to 3,678 beneficiaries (67 per cent of which were IDP and 33 per cent host households) to cover their basic needs.
- According to the results from the post-distribution monitoring (PDM) survey conducted, on average 65 per cent of beneficiaries declared having used the cash assistance to cover the following expenses in line with children's needs:
  - Food (on average 46 per cent of the total amount received)
  - Education (on average 31 per cent of the total cash assistance)
  - Health (on average 23 per cent of the total cash provided)
- In November, UNICEF partnered with ACTED to provide 1,500 displaced households with humanitarian cash transfers as part of a project to respond in a timely and effective manner to the security crisis. The targeting process started in December and the first round of cash distribution is expended in January 2021

### New ways of working with Mobile Network Operators in Humanitarian Cash Transfer programmes

UNICEF is the first UN agency in Burkina Faso to be fully proficient and autonomous in running the Wallet Money Platform provided by ORANGE money enabling direct payment to beneficiaries. This system will allow UNICEF to negotiate reduced transaction fees and costs charged by the service provider, significantly speed up the delivery of cash to beneficiaries and strengthen internal quality control of beneficiary lists. UNICEF set up a project management team comprising of supply, finance and programme staff who underwent training on how to operate the system. UNICEF also developed a standard operating procedure (SOP) to set out the roles and responsibilities of each user and the timeline for the execution of various tasks. This has significantly improved UNICEF's capacity to implement cash programming in Burkina Faso.

## Rapid response

UNICEF supports rapid response interventions in Burkina Faso, particularly through the distribution of kits of non-food items (NFI)<sup>21</sup> /hygienic items and dignity items. In 2020, UNICEF supported the rapid response through the provision of 850 kits to ACF, the leader of the Rapid Response Mechanism<sup>22</sup> (RRM) consortium and 300 kits to ACTED, reaching 9,999 people in total. The RRM actors, for their part, distributed the kits to 514 families (5,825 people) in Natiaboani (Est region, Fada (Est region, and Koungoussi (Centre-Nord region), and ACTED distributed the kits to 300 families (4,174 people) in Ouahigouya, Nord region. UNICEF also established a partnership with CONASUR for the distribution of 500 kits in the Sahel region, 2,000 tarpaulins to the IDPs who were victims of floods in the Centre-

<sup>21</sup> Mosquito nets, soap, water buckets, tarpaulins, kitchen items, blankets, plastic mats, solar lamps, kettles, slippers and traditional fabric

<sup>22</sup> The Rapid Response Mechanism (RRM) consortium is led by Action Contre la Faim (ACF) and includes Danish Refugee Council (DRC), Solidarité Internationale (SI) and Humanité et Inclusion (HI). Each organization is in charge of the implementation of RRM activities in a specific region.

Nord region, and for the provision of 50 tablets to strengthen the capacities of CONASUR for the registration of IDPs. UNICEF provided continued technical support to the rapid response, including missions to the field, during distributions. Technical recommendations have been shared and discussed with partners.

In addition to essential household item kits, UNICEF also procured 24 square meter tents and even more mosquito nets. Four tents were sent to the General Hospital in Kaya and three tents to the health department of the Est region to increase their bed capacity.

### Key constraints

- The results achieved in 2020 were below expectations.
- Lack of access for UNICEF staff to the distribution sites in the Est region prevented the supervision of two distributions in the Est region, while COVID-19 restrictions prevented the supervision of the distribution activities in Kougoussi and Ouahigouya.
- Registration of IDPs is carried out by CONASUR with support from some institutions (UN and Civil society), but the exercise is not done immediately after the families are displaced. In addition, delays often take place before NGOs can complete vulnerability targeting. Also, data on the vulnerable host communities is not collected, complicating the coverage of the most vulnerable households in host communities by humanitarian actors, with the risk of creating tensions between the host communities and the IDPs.
- The rapid response working group to be put in place at the national level under the Inter-Cluster Coordination Group as well as at the decentralized level is not yet in place, and the RRM coverage is still limited

### Opportunities

- The availability of internal resources and external flexible funding, particularly the thematic funds and the Swedish funds against the HAC, allowed UNICEF to tailor the response to the needs, therefore, to increase rapidity and effectiveness. Thanks to the availability of these funds the programme was able to procure essential household items for children without further support.
- The opening and staffing of the two UNICEF field offices in Kaya and Fada, in addition to the existing one in Dori, as well as the setting up of storage capacity in Kaya and Dori, allowed UNICEF to better analyze the context, efficiently coordinate the sectoral response, better monitor the response, and bring the services closer to the vulnerable children. A consultant was deployed to Ouahigouya in the last quarter of 2020, significantly improving UNICEF's capacity to respond to the humanitarian needs of children affected by crisis.
- The setting up and running of regular internal humanitarian coordination mechanisms within UNICEF improved the synergy between programmes
- Standby agreements are planned to be signed with partners who can provide cash services and assure NFI/hygiene/dignity kits distribution in the regions of Sahel, Nord, Centre-Nord, Est, Boucle de Mouhoun
- Resource mobilization efforts have been intensified to bridge the funding gap in the provision of critical rapid response services for vulnerable displaced and host families.

## Humanitarian Leadership, Coordination, and Strategy

In 2020, UNICEF Burkina Faso aimed to address the needs of 1.7 million people, including 575,000 [vulnerable children](#), affected by the 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, under UNICEF's Core Commitments for Children (CCC) engagements.

UNICEF humanitarian action is guided by 3 principles:

- Continuity of services in the context of COVID-19 and beyond (as part of Stay and Deliver<sup>23</sup>)
- Acceleration of service coverage within the framework of the nexus humanitarian-development-peace/sustaining peace agenda
- Staff safety/security/wellbeing in the high-risk zones

UNICEF supports community-based interventions in areas where the Government 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.

With the drastic increase in the number of IDPs, UNICEF increased its presence by strengthening the field offices in Dori (Sahel region) and Kaya (Centre-Nord region), since mid-February, in Fada N'Gourma (Est region) and recruiting a consultant to be based in the UN joint office in Ouahigouya (Nord region) to improve analysis of the humanitarian

<sup>23</sup> [Stay and Deliver](#): the 2011 concept on policy and operations in highly insecure environments provides advices and recommendations to practitioners on critical issues, such as risk management, responsible partnerships, adherence to humanitarian principles, acceptance and negotiations with relevant actors.

situation and improve engagement with UN, local authorities and civil society actors at field level. The expanded field presence has also enabled UNICEF to set sub-national coordination mechanisms in WASH, nutrition, education clusters and Child protection area of responsibility. UNICEF also strengthened the operational and information management capacities of the clusters through the recruitment of dedicated specialists at the national level and in Kaya, Centre Nord region. However, the significant funding gap against the HAC 2020 Appeal constrained the rapid scale-up of the UNICEF supported humanitarian response.

Updated information on the clusters' main activities can be found online:

Education cluster <https://www.humanitarianresponse.info/en/operations/burkina-faso/education>

Health cluster <https://www.humanitarianresponse.info/en/operations/burkina-faso/health>

Nutrition cluster <https://www.humanitarianresponse.info/fr/operations/burkina-faso/nutrition>

WASH cluster <https://www.humanitarianresponse.info/fr/operations/burkina-faso/water-sanitation-hygiene>

CPAoR <https://www.humanitarianresponse.info/en/operations/burkina-faso/protection-de-lenfant>

### COVID-19 adaptation

Following the COVID-19 outbreak in Burkina Faso, an inter-ministerial national coordinating committee (NCC) was set up under the leadership of the MoH for the planning, coordination, implementation and monitoring of COVID-19 preparedness and response. The NCC includes all financial and technical partners. For cohesion purposes and rational use of available technical resources, the members of the health cluster are also members of this coordination mechanism.

UNICEF participates in four commissions established by the Government to design, implement, monitor and coordinate the response to COVID-19:

- Coordination Commission, where UNICEF plays a key role in the design of the government's response to COVID-19.
- Case management commission, which holds daily meetings to assess the situation of new cases and challenges related to tests and treatments of those who are already infected.
- Logistics commission, where UNICEF provides support for the procurement of oxygen concentrators, protection masks, gloves of protection (covering 10 per cent of the national needs), resuscitation devices, and hand sanitizer.
- Risk communication and community engagement commission, where UNICEF is the co-lead with MoH, to assess knowledge, practices and perceptions, harmonise capacity building, interventions, develop key messages and jointly address communities feedback.

### CLUSTER COVID-19 useful links

Education [https://drive.google.com/drive/folders/1Tg4l3VCoAeBVJw5myyv400NDB4k\\_gTtW?usp=sharing](https://drive.google.com/drive/folders/1Tg4l3VCoAeBVJw5myyv400NDB4k_gTtW?usp=sharing)

Nutrition <https://drive.google.com/drive/folders/1zyVA-Me0A8umE7MdcAxw9k2cVX5P3Ory?usp=sharing>

WASH <https://drive.google.com/drive/folders/1q063M4QgnsvivzdWOJVD9m4kKVC79-YH?usp=sharing>

CPAoR [https://drive.google.com/drive/folders/1nV3yl4Gsj-LxpQpfW\\_J9JHLZ6hrBF8y3](https://drive.google.com/drive/folders/1nV3yl4Gsj-LxpQpfW_J9JHLZ6hrBF8y3)

Next Sitrep: 31 January 2021

UNICEF Burkina Faso Humanitarian Action for Children Appeal <https://www.unicef.org/media/88501/file/2020-HAC-Burkina-Faso-revised-September.pdf>

UNICEF Humanitarian Action for Children Appeals <https://www.unicef.org/appeals>

UNICEF Burkina [Faso Facebook](#) and [Twitter](#)

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Annex A  
Summary of Programme Results

Sector	Cluster/Sector Response			UNICEF and IPs		
	2020 target	Total results	Change since last report* ▲▼	2020 target	Total results	Change since last report* ▲▼
<b>Nutrition</b>						
# children under the age of 5 with SAM admitted into therapeutic feeding programmes	152,819	89,513	▲12,531	152,819	89,513	▲12,531
# caregivers of children reached with infant and young child feeding counselling	560,950	383,151	▲27,463	560,950	383,151	▲27,463
<b>Health</b>	!					
# children aged 6 to 59 months vaccinated against measles				25,000	20,882	▲7,464
# children and women received primary health care in UNICEF-supported facilities				425,000	423,926	▲195,213
# people received long-lasting insecticide-treated nets				135,000	31,000	=
<b>WASH</b>						
# people accessed sufficient quantity of safe water for drinking, cooking and personal hygiene	985,000	642,254	▲151,601	370,000	200,189	▲48,366
# people accessed appropriate sanitation facilities	690,000	343,976	▲68,771	483,100	146,328	▲44,598
# people reached with handwashing behaviour change programmes	1,050,000	1,003,963	▲203,936	483,100	584,547	▲107,405
<b>Child Protection</b>						
# children receive community-based mental health and psychosocial support services	268,000	240,636	=	350,000	217,759	=
# children and women access gender-based violence risk mitigation, prevention or response services <sup>24</sup>	27,300	37,332	▲15,406	20,000	21,393	▲3 859
# unaccompanied and separated children accessing family-based care or appropriate alternative services	4,000	2,628	=	2,500	2,615	=
# children separated from armed groups including other at-risk girls and boys accessing reintegration support				250	48	▲42
# children from vulnerable households affected by the crisis who have access to cash transfer for child protection				25,000	44,582	▲21,710
<b>Education</b>						
# children accessing formal or non-formal education	620,600	273,929	▲8,848	349,974	232,946	=
# children aged 3 to 17 years affected by crises receiving mental health and psychosocial support through strengthened capacities of teachers to provide supportive care environments at school	544,273	82,196	▲14,980	500,000	67,066	=
# girls and boys aged 3-17 years affected by crisis receiving learning materials	520,000	84,114	▲15,461	349,974	31,128	=
<b>Rapid response and humanitarian cash transfers</b>						
# displaced persons, including the ones living with disabilities, provided with essential household items				24,500	14,166	▲4,167

<sup>24</sup> July data under cross-checking to remove possible double counting

# households reached with humanitarian cash transfers across sectors				4,000	3,678	▲348
<b>Communication for development</b>						
# people in host communities reached with key lifesaving / behaviour change messages on essential family practices				500,000	590,000	▲95,500

\*31 October 2020

## Annex B

### Funding Status\*

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	US\$	%
Nutrition	17,835,020	13,272,386	835,497	3,727,137	21%
Health	10,261,564	1,000,186	227,921	9,033,457	88%
WASH	23,932,150	6,476,373	3,402,948	14,052,829	59%
Child Protection	14,364,560	2,259,816	1,094,666	11,010,078	77%
Education	27,727,668	1,430,471	1,050,117	25,247,080	91%
Rapid response management and implementation	3,050,000	2,408,748	0	641,252	21%
Communication for development	1,800,000	207,607	0	1,592,393	88%
<b>Total</b>	<b>98,970,962</b>	<b>27,055,587</b>	<b>6,611,149</b>	<b>65,304,226</b>	<b>66%</b>

\* As defined in Humanitarian Action for Children (HAC) Appeal 2020 for a period of 12 months (January-December 2020)