



7-year-old Safi, an internally displaced student in grade 1 learning to write in the temporary learning space set up at "Wend Pingré A" primary school in Ouahigouya in the North region of Burkina Faso

unicef
for every child

Humanitarian
Situation
Report No. 3

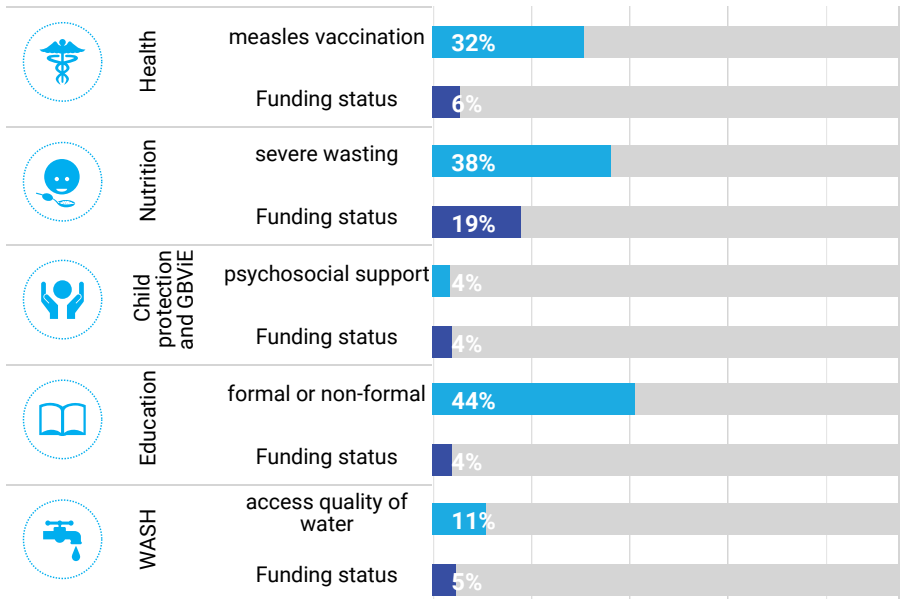
Reporting Period
1 January to 30 June
2025

Burkina Faso

HIGHLIGHTS

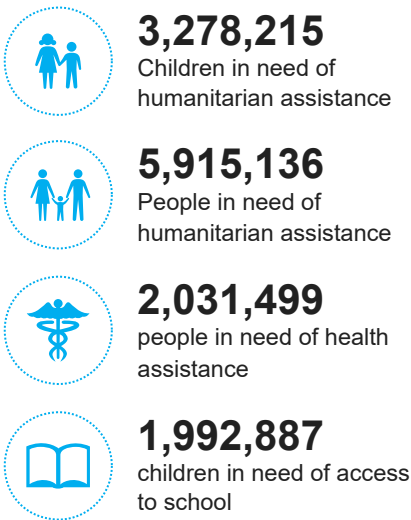
- UNICEF Education support has reached 327,282 crisis-affected children, 52% of whom are girls, enabling them to participate in formal schooling, non-formal education, and early learning programmes
- 57,179 children aged 6 to 59 months (29,733 girls and 27,446 boys) were treated for severe acute malnutrition. This represents 38 percent of the 2025 target for the Humanitarian Action for Children (HAC)
- 153,310 children under five were treated at the community level against 3 major causes of child deaths (malaria, pneumonia, and diarrhea) through the iCCM strategy
- Psychosocial support services reached 30,986 people at the community level, including 30,320 children (16,391 girls and 13,929 boys) and 666 caregivers (507 women and 159 men), achieving 4 percent of the annual target.
- Improved access to safe drinking water benefited 19,507 people, including 4,401 girls, 3,835 boys, 6,185 women, and 5,086 men.

UNICEF RESPONSE AND FUNDING STATUS*

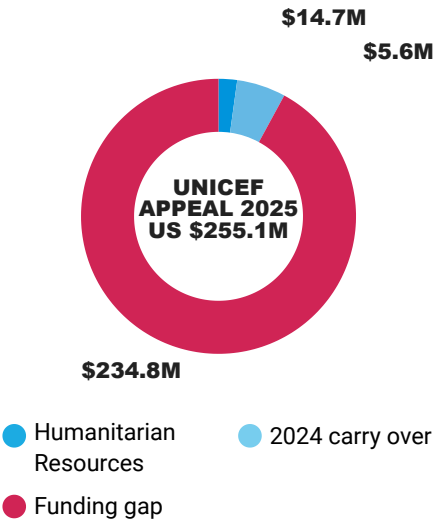


* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS



FUNDING STATUS (IN US\$)**



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

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF has appealed for US\$255.1 million to address the multisectoral humanitarian needs of children in Burkina Faso in 2025. By the end of June 2025, a total of US\$20,239,010 had been mobilized, including a carry forward balance of US\$14,686,689 from 2024. This amount represents 8 percent of the overall appeal.

Donor contributions have come from various partners, including the Governments of Belgium, Canada, Germany, Japan, Norway, Burkina Faso, the Swedish International Development Cooperation Agency (SIDA), the Republic of Korea, GAVI The Vaccine Alliance, the European Commission/ECHO, USAID, the United States Department of State, the Agence Française de Développement (AFD), the UNICEF National Committee of Germany, the United States Fund for UNICEF, Salman Humanitarian Aid and Relief Center (KSrelief) and Saudi Esports Federation (SEF) via UNICEF Gulf area, and consolidated funds from national committees.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

By mid-2025, Burkina Faso faces multiple overlapping crises that disproportionately impact vulnerable populations, especially children. The current security situation in several regions—including the Sahel, Boucle du Mouhoun, East, Centre-East, Centre-North, and North—has led to a nearly 20 percent increase in internally displaced persons (IDPs) compared to the same period in 2024. Boucle du Mouhoun hosts the largest share of IDPs (45 percent), followed by Centre-East with 15 percent.

The highest displacement levels were recorded in April 2025. These population movements are straining local resources and essential social services, worsening living conditions for both host communities and displaced populations. To respond to these urgent humanitarian needs, UNICEF provided vulnerable populations with essential household items, water, hygiene and sanitation (WASH) services, and protection interventions, including food assistance by other stakeholders.

The security context has severely affected the health sector, leading to the closure of 20 percent of health facilities across the affected regions. This disruption has contributed to the resurgence of several epidemics, including meningitis, polio, measles, yellow fever, and malaria. Numerous health districts report breakdowns in referral systems, medicine supply chains, and cold chain infrastructure. Populations in hard-to-reach areas remain cut off from basic health services such as immunization, maternal and neonatal care, and treatment for common childhood illnesses.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

1. UNICEF Health Response and Achievements

1.1 Strengthening Community-Based Health Services

Due to limited access to formal health facilities, UNICEF has prioritized community-based health care delivery in partnership with the Ministry of Health.

Over 8,000 trained community health workers (CHWs) operate across the country, often serving as the only health care providers in crisis-affected areas.

Key achievements during the first half of 2025 include:

- Supporting 153,310 children, of whom 123,483 were treated for common illnesses under the Integrated Community Case Management (iCCM) program, with 29,827 children referred for additional care.
- Diagnosing and treating 36,777 cases of malaria using artemisinin-based combination therapies, 31,876 cases of diarrhea treated with oral rehydration salts and zinc, and 54,830 cases of pneumonia treated with appropriate antibiotics, contributing to reduced case fatality rates.
- Conducting 1,326 postpartum home visits by CHWs for early detection of maternal and neonatal danger signs, promotion of exclusive breastfeeding, and counseling on newborn care practices.

These community-level services are critical for maintaining child survival in areas where health infrastructure has been heavily affected due to the humanitarian emergency.

1.2 Emergency Medical Response to Shocks

UNICEF plays a role in rapid health response to crises affecting service delivery. This includes responses to attacks on health facilities, mass displacements, or disruptions in medicine supply chains.

Following the attack on the Centre Médical avec Antenne Chirurgicale (CMA) of Dori, UNICEF intervened within 48 hours, delivering: Emergency tents to replace damaged infrastructure; Essential medicine kits and maternal delivery kits for at least 1,000 children and 50 deliveries; Support to re-establish immunization services, antenatal care, and emergency referrals.

In the East region, 454 emergency caesarean deliveries were performed thanks to the surgical unit built and equipped by UNICEF at the maternity unit of the Fada regional hospital. Among the 228,030 pregnant women seen during antenatal care (ANC) visits, 83.7% were tested for HIV. A total of 808 HIV-positive women were identified, including 229 newly diagnosed cases; all were initiated on antiretroviral treatment (ARV). Among the 284 children born to HIV-positive mothers, 100% received ARV prophylaxis at birth, and 71% underwent early infant diagnosis. Six HIV infections were confirmed, and all affected children were enrolled in treatment.

Additionally, UNICEF provided logistical support to transport critical medical inputs to isolated districts, including vaccines and cold chain equipment via UNHAS flights and secured ground convoys; antimalarial drugs, emergency kits, obstetric supplies, and long-lasting insecticidal nets (LLINs); and medical equipment such as delivery beds, oxygen concentrators, and autoclaves to restore minimal functionality in select facilities. These efforts ensured continuity of essential services in areas otherwise cut off.

1.3 Emergency Response Teams and Outreach

UNICEF supported Emergency Response Teams (ERTs) working with the Ministry of Health and humanitarian coordination clusters. ERTs conducted mobile consultations, referred severe cases, and supported outbreak surveillance. A total of 2,733 households received LLINs, prioritizing IDPs and host communities in high-malaria transmission areas. UNICEF's mobile service delivery model remains essential for reaching populations on the move, especially in zones affected by violence, floods, or road blockades.2. Epidemiological Situation and Outbreak Response

2.1 Measles Outbreak

The measles resurgence in early 2025 reflects vulnerabilities in immunization coverage due to security disruptions and displacement. As of June 30, 2025, 2,556 suspected measles cases were reported across five regions.

UNICEF supported the Ministry of Health by procuring 10,000 measles vaccine doses for immediate response and backing reactive vaccination campaigns in the Centre-Ouest region. An additional 150,000 doses were ordered to replenish national stock and prepare for further campaigns. By mid-year, 138,063 children aged 9 to 59 months had been vaccinated in affected areas—representing 32.45 percent of the target population of 425,434.

Four measles treatment kits were dispatched to outbreak zones, each covering treatment for approximately 75 children. These kits contain essential drugs such as vitamin A, antibiotics, paracetamol, IV fluids, and consumables.

2.2 Polio response

On May 6, 2025, a case of cVDPV2 was detected in a 3-year-old child in the Kantchari health center in Diapaga health district of the Eastern region. A response vaccination campaign (Round 0) was conducted in the health area of Kantchari; 7,929 children aged 0 to 10 years were vaccinated out of an initial target of 17,141 children with a vaccination coverage of 46.26%. UNICEF provided logistical support for the transport of vaccines, consumables, ice packs, and nutritional supplies via UNHAS. Technical, logistical, and financial support are provided for the preparation of the second round in Kantchari, scheduled for July 11-14, 2025. Preparation for Rounds 1 and 2 in 26 priority health districts is also ongoing in the coming months.

2.3 Other Epidemic Risks and Seasonal Threats

Malaria remains the number one cause of mortality and morbidity in Burkina Faso, especially among children under five.

- UNICEF procured 20,000 blood bags and reagents to support transfusion services for severe malaria anemia in regional hospitals.
- The Seasonal Malaria Chemoprevention (SMC) campaign is underway in health districts, targeting children 3–59 months with coverage of 102.27%.

Arboviruses (Dengue, Zika, Chikungunya, Yellow Fever)

The rainy season (June–October) creates ideal breeding conditions for Aedes mosquitoes, particularly in urban/peri-urban areas.

- UNICEF supports vector control interventions, larviciding, and public health education through CHWs.
- Community-based epidemiological surveillance is being scaled up, including the use of digital tools in selected pilot zones.

Cholera Preparedness

With confirmed cholera outbreaks in neighboring countries, Burkina Faso is at high risk of cross-border transmission.

- UNICEF is supporting risk mapping, prepositioning of cholera kits, and the activation of community alert systems.
- Hygiene promotion and safe water messages are being disseminated in IDP sites, schools, and health facilities.

Flood-Related Health Risks

Heavy rains and flooding in IDP camps and informal settlements increase risks of:

- Waterborne diseases (e.g., typhoid, hepatitis E).
- Respiratory infections due to overcrowding and poor shelter.

- Physical injuries and secondary displacement.

UNICEF is working closely with WASH and shelter partners to mitigate health risks through integrated interventions.

Nutrition

Recent analyses estimate that 2.26 million people across Burkina Faso face food insecurity, including over 220,000 in emergency conditions. The East (24%), Centre-North (22%), Sahel (18%), and North (11%) regions are most affected.

From January to June 2025, UNICEF scaled up urgent nutrition interventions to prevent, detect, and treat acute malnutrition among children under five and pregnant and lactating women (PLW).

During the period, 57,179 children aged 6 to 59 months (29,733 girls and 27,446 boys) were treated for severe acute malnutrition (SAM), representing 38 percent of the 2025 HAC target of 149,000 children. Among these, 8,729 required inpatient care, with 54 percent of admissions occurring in areas affected by insecurity.

By mid-year, UNICEF secured ready-to-use therapeutic food (RUTF) supplies sufficient to treat over 120,000 children with SAM. Screening of 160,000 children aged 6 to 59 months took place in the Nord, Sahel, and Boucle du Mouhoun regions through partnerships with Médecins du Monde (MDM) and Terre des Hommes. Of these, 202 children with moderate acute malnutrition (MAM) and 41 with SAM were referred for treatment.

Despite funding constraints, UNICEF ensured continuity of nutrition services in emergency regions. A total of 54,000 cartons of RUTF, 1,200 cartons of therapeutic milk (F75 and F100), and 90 cartons of ReSoMal were distributed to health districts via the Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux (CAMEG). An additional 12,000 cartons of RUTF and therapeutic milk were delivered via humanitarian flights, secured convoys, and local transport to the East and Centre-East regions, enabling treatment for 13,578 children.

More than 40 metric tons of therapeutic supplies were delivered to hard-to-reach areas in East (Diapaga, Pama, Gayeri, Kantchari), Centre-North (Barsalogho, Pensa), Sahel (Djibo, Gorom-Gorom, Dori), and Centre-East (Ouargaye), ensuring treatment access for over 15,000 children.

The SAM program performance exceeded SPHERE standards, with a 90.9 percent cure rate, 2.7 percent mortality rate, and 6.4 percent default rate. However, total admissions were lower than in the same period in 2024, when 76,000 children were treated.

Community-based early detection and Infant and Young Child Feeding (IYCF) interventions reached 395,789 pregnant and lactating women in host and IDP sites, meeting 58 percent of the annual HAC target. Family MUAC screenings by mothers covered 62,173 children aged 6 to 23 months, resulting in referrals for 18,391 children with MAM and 8,147 with SAM.

In food-insecure areas, UNICEF supported the distribution of multiple micronutrient powders (MNP) to 66,047 children aged 6 to 23 months across six emergency regions. UNICEF also assisted the government with procurement of 53,000 cartons of small-quantity lipid-based nutrient supplements (SQ-LNS), enabling 255,138 children aged 6 to 23 months in Boucle du Mouhoun and East regions to receive SQ-LNS through World Bank and Child Nutrition Fund collaboration.

Alternative strategies sustained nutrition service continuity in hard-to-reach districts such as Sebba and Dori (Sahel), Titao (North), Tougouri, Kongoussi, and Barsalogho (Centre-North), and Pama, Gayéri, and Diapaga (East). In the Sahel, 675 cartons of RUTF were redeployed from Sebba to Dori, and 200 cartons supplied to Arbinda, supporting treatment for approximately 750 children.

Nutrition screening was integrated into the June 2025 Seasonal Malaria Chemoprevention (SMC) campaign, screening over 265,000 children aged 6 to 59 months, with 416 MAM and 96 SAM children referred for treatment.

To address the needs of internally displaced populations, UNICEF partnered with INGOs Terre des Hommes and World Vision in the North and Boucle du Mouhoun regions. Humanitarian access remains the main constraint to expanding nutrition programme coverage in some areas. UNICEF is extending its operational reach through new partnerships with nutrition cluster partners in Sahel, East, and Centre-North regions, which will strengthen nutrition surveillance, improve service quality, and increase coverage.

At the national level, UNICEF and the Nutrition Directorate co-facilitated a technical workshop to validate the revised national protocol for prevention and management of acute malnutrition, aligned with the 2023 WHO guidelines. UNICEF also supported drafting a nutrition emergency response plan.

Child protection, GBViE

The first half of the year saw an increase in the number of security related incidents which heightened children's vulnerabilities, especially forced displacement, family separation, psychosocial distress, school drop-out and serious violations of children's rights. Despite the humanitarian access constraints, UNICEF and its implementing partners provided vital assistance to children and communities in emergency situations, to ensure their protection. Thus, 30,986 people, including 30,320 children (16,391 girls and 13,929 boys) and 666 caregivers (507 women and 159 men) benefited from psychosocial support services at community level (4% of the annual target). Population displacement continues to result in family separation. As of June 2025, thanks to case management, 107 unaccompanied and separated children (48 girls and 59 boys) have benefited from appropriate alternative care, representing 2% of the annual target.

In addition, an estimated 22,863 people (8,175 girls, 5,664 boys, 6,420 women) received messages on gender-based violence prevention and risk mitigation, representing 15% of the annual target. 321 survivors or individuals at risk of GBV including 199 children (151 girls and 48 boys) were also provided with psychosocial support. Targeted assistance was also provided to survivors and people at risk of gender-based violence (GBV): 125 dignity kits were distributed to 80 women and 45 girls who were survivors or at risk of GBV. 100 solar safety lamps were given to 50 women and 50 girls to reduce their exposure to the risks of GBV. In addition, the Ouahigouya health district was supplied with 125 PEP kits for the medical management of cases of GBV.

As part of institutional capacity building, 216 members of the FDS, including (9 female) supervisors of volunteers for the defense of the homeland were trained on the protection of children and respect for human rights, and on the protocol for the transfer and care of children found during security operations.

Education



Artistic troupes and students from schools in Kaya in the Centre-Nord region during the official launch of the multi-year resilience program "Education Cannot Wait" (ECW).

June marked the midpoint of UNICEF's 2024–2025 education programme implementation. Over the first half of the year, UNICEF focused on supporting inclusive, quality education for vulnerable and displaced children affected by the ongoing complex humanitarian crisis.

Since January, UNICEF and partners, including government, have supported a total of 327,282 children in need of humanitarian assistance (52 per cent girls) to access formal and non-formal education including early learning. This includes more than:

- 300,000 children who have benefitted from distance learning through the Radio Education Programme via national broadcasts and listening clubs,
- 6,500 young children who have been reached through Bissongos, which offers play-based learning, nutritious snacks, and care by trained community members
- 6,700 learners in the Sahel, East, Boucle du Mouhoun, and Centre-Nord who have participated in accelerated education programmes, including Stratégie de Scolarisation Accélérée Passerelle (SSAP) and Koranic school support, using the government's condensed curriculum. School canteens have helped sustain attendance by providing daily meals.

Additionally, more than 14,000 children (53 per cent girls) have received individual learning materials/kits, and 206 teachers and facilitators (39 per cent women) have participated in various training thematic sessions through various activities over the last six months (i.e child friendly schools, accelerated curricula, early childhood education among other topics).

One highlight was the UNICEF Executive Director Catherine Russell's visit to Fada N'Gourma in Burkina Faso's Est Region in June. During her visit, she toured Secteur 6 Nord Elementary School, which—thanks to UNICEF support—now includes eight classrooms (a mix of semi-permanent structures and temporary learning spaces) serving over 600 children (50 percent girls). The school also hosts three "Strategy for Accelerated Schooling with Passerelle" (SSAP) centers. This school stands out as a model of resilience and academic achievement in a challenging context, where two-thirds of the students are displaced children.

At the end of the school year, there was an impressive attendance rate of 91 per cent and an academic pass rate of nearly 83 per cent, the highest in the country. These outcomes highlight both the determination of the learners and the effectiveness of targeted support provided by UNICEF and its partners.

Throughout the summer, the government, in partnership with UNICEF, is supporting catch-up classes for 12,500 out-of-school children. These classes will provide four months of accelerated learning based on the national emergency condensed curriculum across four regions (Sahel, Centre Nord, Est and Boucle du Mouhoun). The programme is also delivered in partnership with the World Food Programme (WFP), which provides daily meals for all participating children over the four months. By the end of June, a total of 9,551 (51 per cent girls) out-of-school children across all four regions had been identified and began participating classes, with enrollment ongoing. These classes will provide out-of-school children with the opportunity to reintegrate the formal school system following the four-month programme in the new school year.

To support vulnerable children taking their exams in the Est and Centre-Est regions, UNICEF provided school supplies to 812 (51 per cent girls) students. Across the Sahel region, UNICEF supported 3,500 students (1,683 girls) in preparing for the primary school exam through the distribution of essential school kits. Targeted academic support was also provided to 123 third-grade students (25 girls) from Koranic schools in Dori and Sebba, as well as 73 SSAP learners, to help them prepare for the primary exam.

UNICEF and government launched the \$14 million dollar Education Cannot Wait (ECW) Second Multi Year Resilience Programme for Burkina Faso 2024-2027 in Kaya, Centre Nord on 26 June, 2025. This programme aims to reach more than 90,000 children in complex emergency affected regions (Sahel, Centre Nord, and Nord) over three years. The event was marked by the participation of the Minister of Education MEBAPLN and UNICEF Country Representative, local authorities, implementing partners and students.

In the Centre Nord region, activities under the SSAP programme continued and will extend throughout the summer, reaching 685 students (53 per cent girls) with support from ECHO. In parallel, funding from BMZ enabled the deployment of 85 educational supervisors—including 6 women—to support the implementation of the new Child-Friendly Schools approach in collaboration with regional education authorities.

In the same period, with support from the King Salman Humanitarian Aid & Relief Centre (KS Relief) and Saudi E-sports Federation (SEF) socio-educational activities were carried out in 25 Bissongos, benefiting 37 newly enrolled children aged 3 to 5 (including 23 girls) in June, delivered in collaboration through UNICEF and its partner Association pour le Développement Communautaire et la Promotion des Droits de l'Enfant (ADC/PDE). Additionally, by the end of June, 339 children (58 per cent girls) participated in radio-based learning through five listening clubs established by UNICEF's partner, the Centre Diocésain pour la Communication (CDC) and supported through KS Relief.

In the Sahel region, in addition to the exam preparation support provided, 630 new children (50 per cent girls) aged 3 to 5 were enrolled in early learning programmes across 19 Bissongos in June, with early childhood activities continuing throughout the summer.

In the Boucle du Mouhoun region, with support of the European Union (EU), short-term vocational training continued in June benefitting 2,178 adolescents aged 15 to 19 (59 per cent girls), including 1,500 Koranic school students.

Once training is completed, students will be placed in cooperatives and will receive complementary training in financial literacy, entrepreneurship, and community engagement.

UNICEF continues working with the government and partners to ensure education continuity, while also preparing for the 2025-2026 Back-to-School Campaign.

Water, sanitation and hygiene

During the first half of 2025, UNICEF and its partners significantly enhanced water, sanitation, and hygiene (WASH) services for vulnerable populations, particularly in communities affected by displacement and outbreaks of disease. These interventions aimed not only to meet immediate needs but also to strengthen community resilience.

In the North and East regions, including the communes of Gourcy, Yako, Diapangou, and Diabo, the construction of nine climate-resilient drinking water supply systems has transformed access for 33,890 people. This population includes 10,124 girls, 10,139 boys, 7,371 women, and 6,256 men. These new systems are designed to withstand the effects of climate change, ensuring a more reliable and sustainable water supply in areas increasingly vulnerable to droughts and floods.

In response to urgent water needs in the North and Sahel regions, water trucking services provided safe drinking water to 19,827 people—comprising 5,569 girls, 5,684 boys, 4,205 women, and 4,370 men—in communes such as Djibo, Arbinda, Ouahigouya, and Titao. This emergency water distribution was critical during periods of heightened displacement and limited access to natural water sources.

Further improvements were made through the distribution of water treatment products like Aquatabs and the rehabilitation of 19 water points across the communes of Oula, Titao, Djibo, Sebba, and Fada, benefiting 19,507 individuals (4,401 girls, 3,835 boys, 6,185 women, and 5,086 men). These efforts not only improved water quality but also extended the functional lifespan of essential infrastructure in fragile settings.

Sanitation facilities were expanded to serve 1,641 people (768 girls, 538 boys, 242 women, and 93 men) by constructing, rehabilitating, and emptying semi-durable latrines and showers in Arbinda, Sebba, Djibo, and Fada. This improvement in sanitation infrastructure helps reduce the spread of waterborne diseases and contributes to overall community well-being.

In an innovative step toward sustainable sanitation, 18 masons—including two women—were trained in the construction of ecological sanitation (ECOSAN) latrines in the communes of Dédougou and Boromo in the Boucle du Mouhoun region. This training equips local builders with the skills to create productive latrines that capture and valorize sanitation by-products as agricultural fertilizer, integrating environmental stewardship with improved hygiene.

Behavior change communication was a key component of the WASH response. Some 9,367 people (2,582 girls, 2,171 boys, 2,750 women, and 1,864 men) participated in sessions promoting good hygiene practices such as handwashing, menstrual hygiene management, and environmental cleanliness in the Sahel and Centre-North regions. These educational efforts are vital for sustaining health gains and reducing disease transmission.

Additionally, the Community-Led Total Sanitation (CLTS) emergency approach empowered 15,689 people in the commune of Korsimoro, Centre-Nord region, to end open defecation. This community-driven initiative encourages collective responsibility and fosters long-term improvements in sanitation behaviors.

These comprehensive WASH interventions during the first semester of 2025 have not only increased access to essential services but also laid the groundwork for resilient, healthier communities.

Cross-sectoral (HCT, C4D, RCCE and AAP)

In the first half of 2025, several interventions were carried out in all areas of the humanitarian response in terms of accountability, community involvement and behavior change in the Sahel, North, South-West, Cascades and Central Plateau regions.

- 205,722 people (92,012 men, 58,940 women, 26,464 boys and 28,306 girls) received survival and behavior change messages in the fields of child protection, health and education, notably through radio broadcasts.

- 20,132 people (9,464 men, 6,585 women, 3,498 and 4,235 girls) took part in community dialogue and accountability sessions organized in the Cascades and South-West regions.

- 330 people (135 men and 67 women, 85 boys and 43 girls) took part in intergenerational dialogue and accountability sessions in the South-West region.

- 60,000 people were sensitized at IDP sites and in communities on back-to-school issues and the protection of children's rights in humanitarian settings situations

Within the framework of community engagement, 92 community leaders were sensitized and engaged in the promotion of children's rights, peace and social cohesion. Training activities reached over 250 people, including affected people and host communities, on the issues of promoting social cohesion and peace, and preventing sexual abuse and exploitation. UNICEF continued to support the coordination of community engagement and accountability activities within the dedicated working group.

To enhance the humanitarian response in the areas of community engagement and accountability to affected populations, a new intervention is under development and will be launched in July in the Boucle du Mouhoun region.

Adolescent and Youth Engagement



Awareness-raising session for pupils at Cité Force Vive school in Dori on hygiene and hand-washing techniques.

From January to May, at least 80 young girls from the U-Reporters and the Réseau des Héroïnes du Faso mobilized to support the Human Papillomavirus (HPV) vaccination campaign, organized by the Ministry of Health and the Ministry of Youth with the support of UNICEF.

Thanks to their commitment, 641 young girls were vaccinated against HPV: 353 in the Boucle du Mouhoun, 125 in the Centre-Nord, and 163 in the North. With the support of the Association Jeunesse Active pour le Développement Durable (JADD), these young girls combined their awareness-raising efforts with HIV screening and the promotion of sexual and reproductive health. As a result, 719 young people benefited from HIV/AIDS screenings (170 in the Boucle du Mouhoun, 210 in the Centre-Nord, and 239 in the North). They also used various communication channels, radio, television, and social media—to spread key messages about cervical cancer and HPV.

To ensure the sustainability of these initiatives, 10 adolescent girls' clubs were established, fostering long-term engagement in promoting sexual and reproductive health within their communities. This "Girl to Girl" approach strengthened their confidence and leadership in addressing the challenges they face. Peer education also helped break taboos, empowering the girls.

In the Sahel region, 154 U-Reporters, acting as child sponsors, played a vital role in child protection. Through regular follow-ups in households and communities, 750 children received close support, including 60 children with special needs (EBS), 88 cases of moderate acute malnutrition (MAM), and 217 cases of severe acute malnutrition (MAS).

In schools, 3,058 students are regularly monitored by U-Reporters as part of efforts to protect and promote children's well-being. During the month of June, twenty-six (26) referred children received close monitoring by U-Reporters. Among them were seven (07) children suffering from severe acute malnutrition (SAM) and nineteen (19) with moderate acute malnutrition (MAM).

As part of the celebration of the Day of the African Child and the promotion of youth engagement, a concert was organized in Dori under the patronage of the U-Report Goodwill Ambassador.

The event brought together several local artists who performed songs addressing key themes such as children's rights, education, peace, and social cohesion. More than 2,000 people were reached through this initiative. Tanya, the U-Report Goodwill, also participated in the activities marking the Day of the African Child in Dori. On the sidelines of the concert, thematic videos were produced to highlight youth-led initiatives promoting children's rights and the fight against malnutrition. These videos showcased the achievements in these areas and demonstrated the impact of youth engagement. In addition, on World Blood Donor Day, celebrated on June 14, young U-Reporters mobilized to organize a blood donation drive. This civic action led to the collection of 33 units of blood.

Finally, in the northern part of the country, more than 50 U-Reporters were trained by La Voix du Paysan on citizenship and civic responsibility. Following the training, they organized a three-day initiative, the "72 Hours of Youth Engagement," aimed at generating demand for youth participation and strengthening their involvement in community life.

Prevention of Sexual Exploitation and Abuse (PSEA)

During the covered period, awareness raising and training including both UNICEF personal, implementing partners and those the PSEA interagency network reached in total 3,673,408 and affected them differently as follows: 3,673,843 people were sensitized on safe channels mechanisms along with other topics to raise their awareness both at the community and partners levels and radio campaigns. 1,746,695 men, 1,743,511 women, 101,931 girls and 81,706 boys can access safe channels in confidentiality.

925 people including 20 for cluster WASH, 23 for the PSEA network and Accountability to affected people (AAP), 16 for UNICEF implementing side were trained to become truly entry point to receive guide or handling PSEA complaints regarding the Interagency standing committee (IASC) standard mechanism's and the multisectoral assistance's operational procedures. Ongoing initiatives include a pilot project engaging communities using mixed methods to evaluate the effectiveness of AAP and PSEA reporting mechanisms.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

CHILD PROTECTION AREA OF RESPONSIBILITIES - CP AoRs

Children continue to face numerous protection risks linked to the security context. These include displacement, school drop-out, family separation, and exposure to violence or hazardous environments. Girls in particular face increased risks of physical and sexual violence, especially when collecting firewood or food, and are increasingly affected by explosive hazards.

Service delivery

During the first half of 2025, CP AoR's partners provided psychosocial support to 98,778 children, more than half of them are girls (52,846). 4,723 teenagers, among them 2,766 girls, attended life skills development sessions aimed at strengthening their resilience.

Case management services were extended to 5,367 child victims of violence, including 3,261 girls and 209 unaccompanied or separated children. 2,248 people among them 1,863 children (906 girls) received birth certificates or other civil status documents.

Main activities regarding system strengthening and capacity building

- Direction de la Protection de l'Enfant en situation d'urgence was supported to elaborate a tracking, evaluation and monitoring tools of child friendly spaces activities
- A session on child protection in emergency situations was facilitated for members of the permanent secretariat of non-governmental organizations
- The capacity of CP AoR members built in disability inclusion and gender equality on the completion of the financial tracking tool
- Support for Burkina Faso's participation in the World Congress on Access to Justice
- Facilitation of experiences and best practices sharing regarding accountability to affected people

Resources mobilization

In the first half of the year 2025, CP AoR participated in donor briefings, and advocacy efforts including an engagement with Affaires Mondiales Canada in Burkina Faso to highlight funding needs in child protection—an area that remains structurally underfunded. Funding levels remain low: 6% of requirements were met in 2022, 9% in 2023, 41% in 2024, and only 2% by mid-2025.

Main rising concerns:

Flood response planning and natural disaster preparedness activities were carried out within the Protection Cluster as concerns are high during the rainy season, with flood-related material damage and loss of human life due to drowning. It is crucial that anticipatory action is taken to prevent loss of human life and unwanted damage.

Lack of response to ongoing support of children and families facing serious health issues, due to illness, or being the result of

unidentified explosive devices.

EDUCATION

Between January and June 2025, the security context in Burkina Faso continued to deteriorate, particularly in the Boucle du Mouhoun, Sahel, and Est regions. Insecurity and ongoing displacement disrupted access to education, affecting children's ability to attend and remain in school. According to the recently released 2023–2024 enrollment data, structural challenges persist throughout the education system. Many children struggle from the early grades, and nearly half fail to complete primary education. High dropout and repetition rates, particularly in entry-level and exam years, continue to result overage learners and school abandonment. Meanwhile, 68 per cent of adolescents of school age remain out of school, with very limited access to learning opportunities.

To address these challenges, the Rapid Response Mechanism (RRM) remained a key pillar of the Education Cluster's emergency strategy. Partners received training on RRM implementation and data reporting, while Cluster members also focused on advocacy, local partner support, and fundraising to maintain learning continuity in hard-to-reach areas. At the same time, the Education Cluster strengthened its operational response, scaling up emergency education activities and coordination. With \$761,000 mobilized, thanks to the generosity of UNICEF and SIDA, the Cluster activated integrated rapid response activities in four regions, targeting 82,000 school-aged children in the areas facing acute emergencies.

Key achievements during the reporting period include; 96,700 children reached through formal education activities, 5,800 children supported through non-formal education opportunities, 19,700 school kits distributed (5% of target), 3,053 children accessed alternative learning modalities (46% girls) and 36,500 children received psychosocial support (PSS).

As of June, only 33% of the USD 43.5 million required under the 2025 Education Humanitarian Response Plan had been received. This funding gap threatens the continuity and scale of interventions and increases children's exposure to risks such as child marriage, child labor, trafficking, and gender-based violence.

NUTRITION

From January to June 2025, the Nutrition Cluster in Burkina Faso reached 212,675 people with life-saving nutrition assistance representing 34 per cent of the 1.3 million people identified as in need. This includes 40,861 children under five treated for acute malnutrition, of whom 14,040 with severe acute malnutrition (SAM), and 137,976 pregnant and lactating women (PLW) reached with IYCF-E counseling.

Nutrition partners implemented activities across 185 communes in all 11 regions and 49 health districts, covering 78 of 102 HRP-priority communes. However, 24 priority communes remain unreachable. 50 per cent of which are classified as hard-to-access highlighting the urgent need to expand operational reach to underserved and vulnerable populations.

To ensure strategic oversight and operational coherence, the nutrition cluster facilitated regular national and regional coordination meetings, enabling joint monitoring, gap identification, and adaptive planning, particularly in insecure and access-constrained areas. Technical leadership was strengthened through the revision of the IMAM Technical Working Group's Terms of Reference and renewal of its leadership. A roadmap for the localization of the nutrition response aligned with IASC principles and Global Nutrition Cluster (GNC) guidance was finalized to foster local leadership and sustainability.

Evidence-informed decision-making remained central to the response. The Cluster disseminated the findings of the 2024–2025 IPC Acute Malnutrition analysis, completed a performance review that informed the 2025 workplan, published three cluster bulletins, and launched a localization tracking survey to monitor progress against commitments. In light of the reduced humanitarian funding particularly with the suspension of US funding, the nutrition cluster conducted the re-prioritization exercise with OCHA and contributed to the revision of national rapid response guidance. In collaboration with the Directorate of Nutrition, the Cluster initiated contingency and preparedness planning to strengthen readiness for future shocks.

Operational capacity was reinforced through a support mission to Kaya, which reactivated sub-national coordination and trained 12 partner organizations on cluster tools and reporting standards. The Cluster also monitored the availability of nutrition supplies provided by WFP, WHO, and UNICEF, and tracked the quality of community-based screening with a focus on early identification and referral.

As of 30 June, only 10 per cent of the HRP nutrition funding requirement had been mobilized, placing critical interventions at risk. Urgent, flexible, and sustained funding is essential to maintain and scale up life-saving nutrition services, particularly in areas affected by insecurity, displacement, and limited humanitarian access.

WASH

During the first half of 2025, the WASH Cluster humanitarian response in Burkina Faso reached 249,731 individuals, representing an overall progress of 15 per cent against annual targets. Specifically, 189,176 people were reached with access to safe water (11 per cent of the target), 159,179 with hygiene services (13 per cent), and 41,834 with sanitation interventions (4 per cent). While these achievements are encouraging in a context marked by insecurity and large-scale population displacement, they remain significantly below the actual needs, primarily due to severe funding shortfalls, as only USD 2.1 million has been mobilized out of the USD 95.2 million required for 2025.

In response, the WASH Cluster coordination team has continued its efforts to enhance the quality and effectiveness of interventions, with a strong focus on regular activity monitoring through the 5W tool and systematic analysis of the rapid response provided to alerts registered on the GCORR platform. To strengthen the national rapid response mechanism, the coordination actively participated in the second technical session with the WASH Technical Secretariat and government stakeholders.

In parallel, several strategic actions were taken to bolster governance structures within the sector including the organization of the 2024 annual review workshop and presentation of the 2025 Annual Work Plan, the update of the analytical note on attacks against water infrastructure, and targeted training sessions for regional clusters on coordination, and for partners on how to complete the 5W reporting matrix.

The Cluster also contributed to intersectoral efforts to build resilience by participating in the national workshop to validate the WASH sector's vulnerability assessment in the face of humanitarian emergencies and climate change, as well as in the scenario planning session ahead of the national multi-risk preparedness and response simulation exercise. Despite these efforts, the limited funding and access constraints continue to seriously hamper the scale and coverage of the response, particularly in high-need areas.

The WASH Cluster reiterates its urgent call for increased resource mobilization and stronger engagement from technical and financial partners to support a WASH response that is dignified, equitable, and commensurate with the scale of humanitarian needs.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Thanks to the L'OCCITANE Foundation's scholarship programs, 1,000 vulnerable adolescent and young girls have been enrolled in school in Burkina Faso's Centre-Ouest region.

- [Talata veut devenir médecin pour sauver des vies](#)

HAC APPEALS AND SITREPS

- Burkina Faso Appeals
<https://www.unicef.org/appeals/burkina-faso>
- Burkina Faso Situation Reports
<https://www.unicef.org/appeals/burkina-faso/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: AUGUST 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	617,892	156,140	▲ 25%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	425,434	138,063	▲ 32%	-	-	-
Households that received at least two long-last insecticide-treated nets in humanitarian context	Total	-	78,930	2,733	▲ 3%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	2 million	265,000	▲ 13%	83,239	-	0%
Children 6-59 months with severe wasting admitted for treatment	Total	-	149,000	57,179	▲ 38%	83,239	14,090	▲ 17%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	680,000	395,789	▲ 58%	236,954	104,644	▲ 44%
Children 6-59 months receiving micronutrient powder	Total	-	200,000	66,047	▲ 33%	161,417	11,792	▲ 7%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	800,000	30,986	▲ 4%	755,730	98,778	▲ 13%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	150,000	22,863	▲ 15%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	6,000	107	▲ 2%	10,500	209	▲ 2%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	750,600	327,282	▲ 44%	829,045	102,523	▲ 12%
Children receiving individual learning materials	Total	-	675,500	13,238	▲ 2%	406,232	19,665	▲ 5%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	2,100	206	▲ 10%	50,000	36,500 ¹	▲ 73%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	640,000	73,224	▲ 11%	1.7 million	189,176	▲ 11%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
People accessing appropriate sanitation services	Total	-	720,000	17,330	▲ 2%	1.1 million	41,834	▲ 4%
People reached with critical WASH supplies	Total	-	800,000	9,367	▲ 1%	1.2 million	159,179	▲ 13%
Social protection								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	5,000	-	0%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
People reached with timely and life-saving information on how and where to access available services	Total	-	3.5 million	-	0%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	750,000	-	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	500,000	-	0%	-	-	-
PSEA								
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	100,000	90,364	▲ 90%	-	-	-

*Progress in the reporting period 1 January to 30 June 2025

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	25,266,870	1,129,922	299,055	23,837,893	94%
Nutrition	48,528,000	1,253,280	8,012,580	39,262,140	81%
Child protection and GBViE	56,748,000 ²	678,348	1,608,862	54,460,790	96%
Education	54,837,766	741,401	1,422,436	52,673,929	96%
WASH	59,627,502	668,478	2,215,761	56,743,263	95%
Social protection	2,897,875	-	37,171	2,860,704	99%
Cross-sectoral	4,750,000	1,080,893	1,090,824	2,578,283	54%
PSEA	2,400,000	-	-	2,400,000	100%
Total	255,056,013	5,552,322	14,686,689	234,817,002	92%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
 Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
 Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

ENDNOTES

1. This indicator refers to the number of pupils for the cluster data.
2. The \$56 million budget for child protection include \$48 million for mental health and psychosocial support and \$5 million for interventions to prevent and respond to sexual exploitation, abuse and other forms of violence.