



# Burkina Faso

## Country Appeal

2026

### Snapshot

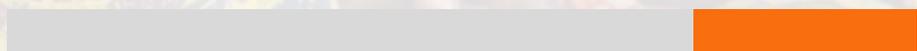
Since 2019, Burkina Faso has been facing an acute humanitarian crisis driven by persistent insecurity, large-scale displacement and the partial collapse of essential social services. In 2026, 4.5 million people require urgent humanitarian assistance, including a disproportionate number of women, adolescent girls, and children exposed to heightened risks of maternal mortality and gender-based violence (GBV).

Despite a relative improvement in territorial control, the massive influx of 1,185,053 returnees by late 2025 has further strained health infrastructures already weakened by repeated attacks. Critical needs include access to emergency obstetric and newborn care, family planning services, clinical management of rape and comprehensive multisectoral protection services.

UNFPA is providing essential, life-saving sexual and reproductive health (SRH) and GBV services while simultaneously strengthening the resilience of national systems. This dual-track approach ensures an immediate response to urgent needs while advancing long-term stability in alignment with the Humanitarian–Development–Peace Nexus. To sustain and scale up essential SRH and protection services, UNFPA requires US \$5 million to reach displaced, returnee and host populations in areas facing severe security constraints.

# \$5,000,000

Total Country Appeal  
To reach 370,690 people



23% funded

## Situation Overview

The security crisis continues to trigger recurrent displacement, humanitarian access constraints and further deterioration of the health system. In 2025, more than 386,000 people were newly displaced due to security incidents, while the country hosts nearly 42,000 refugees. Women and children remain the most exposed to protection risks, including GBV and sexual exploitation.

Access to SRH services is severely compromised. More than 420 health facilities are closed and approximately 300 are only partially operating, depriving approximately 17 per cent of the population of access to essential health care. This situation heightens the risk of preventable maternal deaths, unintended pregnancies and obstetric complications. Humanitarian analyses indicate that 1,035,000 women of reproductive age and 540,000 adolescent girls in Burkina Faso face critical unmet sexual and reproductive health needs.

GBV risks remain extremely high, with more than 3.4 million people in need of protection assistance across the country, including a large proportion of internally displaced women and girls. This is in a context where harmful social norms further entrench gender inequalities. Displacement, the breakdown of community protection mechanisms, and limited access to integrated health and protection services increase exposure to sexual violence, female genital mutilation, and child marriage. The security situation and ongoing violence continue to exert significant psychological and economic pressure on affected populations.

Without immediate funding, life-saving response capacities are likely to deteriorate rapidly, jeopardizing hard-won gains in maternal survival and protection outcomes.

## Target Population



**4,500,000**

Total people affected<sup>1</sup>



**1,035,000**

Women of reproductive age<sup>2</sup>



**126,431**

Estimated pregnant women<sup>2</sup>



**266,520**

People targeted with SRH services



**144,170**

People targeted with GBV programmes

<sup>1</sup> [Humanitarian Needs and Response Plan](#) (HNRP) 2026 Burkina Faso.

<sup>2</sup> Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

## UNFPA Response Strategy

UNFPA's 2026 humanitarian strategy is grounded in an integrated GBV/SRH response aimed at saving lives, protecting rights and strengthening the resilience of affected communities. It is anchored in the Humanitarian–Development–Peace Nexus approach, linking life-saving interventions with the reinforcement of national systems and peacebuilding efforts to advance sustainable solutions.

In the area of SRH, UNFPA implements the Minimum Initial Service Package (MISP) for Reproductive Health in Crises and strengthens the national network of emergency obstetric and newborn care (EmONC). These interventions include the deployment of specialized human resources, the prepositioning of SRH emergency kits, support to blood transfusion services and reinforcement of health facilities in humanitarian settings. Mobile outreach teams and community-based strategies enable access to displaced and hard-to-reach populations, while self-care interventions enhance service continuity and individual agency.

In the area of protection, UNFPA strengthens multisectoral mechanisms for the prevention, risk mitigation and response to GBV. This includes reinforcing and/or deploying GBV personnel to guide inter-agency and multisectoral response efforts, and ensuring the provision of accessible, confidential and survivor-centred services in line with inter-agency GBV programming standards in emergencies. Interventions include: (i) the establishment of safe entry points for case management and psychosocial support, as well as clinical management of rape and intimate partner violence (including safe spaces, One-Stop Centres, integrated SRH/GBV services and mobile teams); and (ii) the expansion of services in remote areas through rapid response teams, mobile clinics and strategic partnerships with women-led organizations.

Programmes also integrate economic and energy<sup>3</sup> empowerment initiatives to reduce exposure to violence risks, alongside gender-transformative approaches that actively engage men and boys in addressing harmful social norms. Without appropriate services, survivors remain trapped in cycles of violence, with limited access to safety, healthcare and justice. The availability of GBV services is a humanitarian imperative and contributes to strengthening prevention and response to sexual exploitation and abuse.

UNFPA supports youth leadership and meaningful participation in peace initiatives, contributing to the establishment of local mechanisms for violence and conflict prevention, social cohesion and peaceful coexistence, thereby fostering community stabilization.

UNFPA also plays a key technical coordination role within humanitarian mechanisms, notably through SRH and GBV coordination and as a Provider of Last Resort for GBV services. Interventions are implemented in partnership with the Government, United Nations agencies, national and international non-governmental organizations (NGOs), women and youth-led organizations, and networks of persons with disabilities, in line with localization and sustainability principles.

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<sup>3</sup> These initiatives promote women's economic and energy empowerment through income-generating activities, eco-friendly charcoal production, household energy kits and improved cookstoves. They reduce reliance on firewood, limit exposure to violence during wood collection, strengthen women's financial autonomy, and contribute to the structural prevention of GBV while supporting gender-responsive community resilience.

Key challenges include persistent insecurity, access constraints, supply chain disruptions and limited funding. UNFPA is strengthening anticipatory strategies, prepositioning critical supplies, and progressively transferring capacities to national actors to ensure continuity of essential services.

## Sexual and reproductive health priorities

- Implementation of the MISP for SRH in critical humanitarian settings
- Deployment of humanitarian midwives and mobile SRH teams and clinics
- Immediate availability of SRH kits and life-saving medicines
- Strengthening of emergency obstetric and newborn care services in high-security-risk areas
- Continuity of emergency family planning services
- Support to blood transfusion services and obstetric referral systems
- Support for biomedical waste management systems for SRH kits to ensure environmental protection.

## Gender-based violence priorities

- Clinical management of rape and intimate partner violence related care in line with humanitarian standards
- Expansion and strengthening of women and girls' safe spaces and One-Stop Centres
- Prepositioning and rapid distribution of post-rape kits to ensure timely medical care
- GBV case management and psychosocial support services
- Supporting community-based protection mechanisms, and development and dissemination of referral pathways, including through digital platforms
- Direct funding to local actors and women-led organizations to ensure context-responsive and sustainable interventions
- Economic and social empowerment of women and girls who are survivors or at heightened risk of GBV, including those with disabilities, to enhance resilience
- Deployment of locally-adapted alternative energy solutions to mitigate GBV risks and address the adverse impacts of climate change.

## Expected Outcomes and Results

**266,520**

people reached with SRH programmes

**144,170**

people reached with GBV programmes

**180,000**

young people and adolescents reached

**1,000**

people with disabilities reached

**710**

people trained on various services

## Funding Requirements

Programme	Funding Required (USD)	% Funded
Sexual and reproductive health	3,000,000	20%
Gender-based violence	1,750,000	32%
Coordination	250,000	0%
<b>Total</b>	<b>5,000,000</b>	<b>23%</b>

The total funding requirement for the 2026 humanitarian response is **US \$5 million**. As of the end of February 2026, **US \$1,337,426** has been mobilized, representing **27% of the required funding**, exclusively through 2025 carry-over funds and the allocation of the UNFPA Emergency Fund. This leaves a **critical funding gap of US \$3,662,574**, equivalent to **73% of the total requirements**. This shortfall severely compromises the continuity, scale-up, and quality of life-saving sexual and reproductive health and protection interventions, to the detriment of displaced, returnee and host populations living in high-security-risk areas.

### Current donors (as of February 2026)

UNFPA Emergency Fund

Korea International Cooperation Agency (KOICA)

Kingdom of the Netherlands

Global Affairs Canada

### For more information

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**“When we fled the violence, I had no access to healthcare. The mobile team supported by UNFPA allowed me to give birth safely and receive support after the violence I had experienced.”**

Internally displaced woman, recipient of emergency SRH and GBV services

