



Adrien Ngabire, 6, shows good handwashing practices to his colleagues at the school in Muhuta commune. Photo © UNICEF Burundi/2016/J.Haro

Burundi

Humanitarian Situation Report

Highlights

- In Bujumbura-Mairie province, UNICEF and partners advocacy contributed to the release of 76 children (63 boys, 13 girls) who benefited from psychosocial support. 24 of the children (17 boys, 7 girls) also received temporary emergency care.
- A new cholera outbreak started on 30 December 2016 in the Province of Cibitoke. To date, 169 cases have been reported, among which 105 are children (MoH, 30 January 2017). All patients were treated and released from the Cholera Treatment Center.
- UNICEF would like to thank the Government of Germany and the Spanish National Committee for their contributions to UNICEF’s health, nutrition and WASH emergency response, while noting that child protection, WASH and education remain largely unfunded in 2017.

Key figures

367,125
Refugees seeking asylum in neighboring countries (UNHCR, 30 January 2017)

691,842
Reported malaria cases (MoH, 24 January 2017)

169
Reported cases of cholera since 30 Dec 2016 (MOH, 30 January 2017)

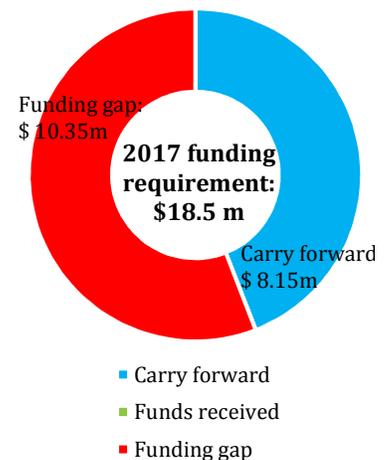
56 % unfunded
UNICEF Burundi 2017 Humanitarian Action for Children (HAC) appeal: US\$18.5 m

UNICEF response with partners

INDICATORS	UNICEF 2017		Sector 2017	
	UNICEF Target	Cumulative Results	Sector Target	Cumulative Results
Nutrition: Number of children under 5 treated for severe acute malnutrition (SAM)*	50,000	0	62,825	0
Health: Number and % of people treated for cholera**	400 (100 %)	169 (100 %)	400 (100%)	169 (100%)
WASH: Number of affected people accessing a minimum of 7.5 liters of clean and safe water per person per day	170,000	5,300	393,155	5,300
Child Protection: Number of children and adolescents affected by the crisis benefitting from critical Child Protection services, including GBV services	30,000	570	45,000	570
Education: Number of children benefitting from Education in Emergencies services***	100,000	0	225,000	0
C4D: Number of children and adolescents benefiting from peace, social mobilization and life skills education	125,000	8,608		

*Nutrition interventions are currently underway and results for 2017 from partners will be reported in the next sitrep.
 **100% of the 169 cases identified have been treated.
 ***Due to funding shortages results in education in 2017 have not been achieved to date.

Funding Status



Situation Overview and Humanitarian Needs

The sociopolitical situation in Burundi remains tense and continues to spur on migration and humanitarian needs. Over the past 2 months, 40,965 people found refuge in neighboring countries (Tanzania, DRC, Rwanda, Uganda and Zambia), reaching a total of 367,125 Burundi refugees in the region, the majority of whom continue to be children (54.6 per cent). The number of internally displaced people (IDPs) registered in eleven provinces has also increased to 141,221 (IOM, December 2016), of which 59 per cent are children.

A new cholera outbreak started on 30 December 2016 in the Province of Cibitoke (bordering the DRC) which progressed quickly and reached a total of 169 cases in a 3 week time period, in which 105 of the cases were children (MoH, 30 January 2017). To date, the cholera outbreak has been contained to 1 province out of the 18 affected and at risk provinces. More than half of the cholera cases were among children under 15 years of age, meaning further investigation will be done by the Ministry of Health (MoH) to assess the reasons for this unusual situation.

The sharp increase of malaria cases observed in 2016 (a total of 8 million cases in one year) continues in 2017. According to the MoH, the cumulative number of malaria cases reported during the first 3 weeks of 2017 is 691,842 with 288 deaths (MoH, 26 January 2017), which is higher than the same period in 2016 (545,216 cases and 253 deaths). As a result, a delegation from WHO AFRO was in Burundi for 10 days to complete a rapid assessment of the malaria situation and meet with all key stakeholders. A debriefing was held on 27 January 2017, at the MoH to discuss their preliminary results. Key issues discussed included i) 8 provinces are in an advanced epidemic situation; ii) Further analysis is on-going for the remaining provinces; iii) A request was made to the MoH to officially declare the emergency to support adequate fundraising. The proposed malaria draft response plan, pending the validation of the MoH, suggests mass treatment, MIILDA distribution and spraying in targeted places. UNICEF offered to assist the MoH with improved weekly monitoring with RapidPro technology, and a contribution to the mass treatment programme through the provision of essential drugs. The final WHO mission report will be shared shortly.

Humanitarian Leadership and Coordination

UNICEF actively participates in the UN Country Team (UNCT) and inter-sectoral meetings, which lead the strategic and cross-sectoral coordination of the humanitarian response. UNICEF currently leads the WASH, Nutrition and Education sectors and co-leads the Health sector and Child Protection sub-cluster.

The 2017 Humanitarian Response Plan (HRP) was successfully launched on 20 January 2017 by OCHA, the UN and in close collaboration with the Government of Burundi. The Minister of Foreign Affairs chaired the event. All key partners and donors were in attendance and agreed to work closely together to respond to the urgent humanitarian needs of the people of Burundi. Food insecurity, child malnutrition and responding to epidemics such as malaria and cholera are priorities in this HRP amidst the fragile context with overstretched social services.

OCHA, UNICEF, WFP and UNHCR are working closely on the cash transfer in emergency feasibility study as part of DFIDs funding for preparedness and response interventions. Two national consultants have been hired to support the data collection and analysis of the study that will be completed in March 2017.

Humanitarian Strategy

UNICEF is working to maintain the fragile development gains made since 2003 by supporting the Government to restore public service delivery systems, while addressing multiple humanitarian situations. UNICEF is supporting the resilience of the most affected populations, particularly women and children, by ensuring access to essential services and information. UNICEF will continue to strengthen and/or develop mechanisms to engage communities, including building constructive dialogue and community mobilization for peacebuilding. Communication for Development will be used as a cross-cutting strategy. A cash transfer

programme targeting the most deprived populations is being assessed. As part of its social policy work, UNICEF is closely monitoring resource allocation to social sectors and will continue to advocate for assistance to Burundi's most vulnerable children and families. UNICEF finalized the 2017 Humanitarian Action for Children with a budget requirement of US\$18.5 million (25% of the HRP to ensure child survival and protection of women and children in Burundi).

Summary Analysis of Programme Response

Child Protection

In 2017, UNICEF will reinforce monitoring and reporting on the situation and response of children affected by the crisis in Burundi. In addition, access to critical protection services will be strengthened, including for children and adolescent girls and boys at risk. Children living in the streets and children on the move are currently targeted during search and arrest operations, they are exposed to possible recruitment, and they are also at risk of other forms of exploitation including sexual violence and trafficking. A survey conducted of 55 children living in the streets found that 64 per cent were arrested and detained at least twice between June and December 2016. Fifteen children were arrested three times, five children were arrested four times, and two children were arrested five times.

As part of child protection contingency planning, technical capacity in child protection in emergencies, including coordination, will be reinforced at the national and sub national levels. UNICEF and partners will continue advocacy efforts to end the arbitrary arrests and put in place a realistic and sustainable approach that respects the rights of children.

In December 2016 and January 2017, UNICEF and partners continued providing support to 494 children in need of psychosocial care. The cases were identified through child-friendly spaces in 2016, and require ongoing support; while 199 additional child cases have now been successfully closed. Psychosocial support has also been extended to families, particularly among children facing problems in their family environment. To this effect, 108 households were visited and provided with orientation on better care practices for children in Bujumbura-Mairie province.

UNICEF and partners continue advocating for children's rights including for the provision of adequate support and documentation of cases of violence, abuse and exploitation against children. In January, arbitrary arrests of children living or working in the streets by police continued, reportedly because of security concerns. In Bujumbura-Mairie province, UNICEF and partner advocacy contributed to the release of 76 children (63 boys, 13 girls) who benefited from psychosocial support, and 24 of these children (17 boys, 7 girls) also received temporary emergency care.

Health & Nutrition

In 2017, UNICEF's main humanitarian response in health and nutrition (in collaboration with the Government) includes: ensuring a continued provision of health services (access to health care and essential drugs) while addressing an unprecedented increase in malaria and malnutrition cases; to maintain a functional cold chain for immunization and to respond to the recurrent cholera epidemic. UNICEF's main strategies in Health and Nutrition include supply provision of essential drugs and therapeutic feeding supplies combined with continued efforts in health system strengthening focusing on the national essential drugs supply chain, real-time monitoring using RapidPro technology and local level capacity building.

Over the past 2 months, a high level mission (including government representation) was conducted to assess the joint response to the cholera outbreak in the Cholera Treatment Center (CTC), and to suggest appropriate actions to respond to the situation. The main issue facing the cholera response is insufficient and poor quality of drinking water in the most affected areas. Meanwhile, UNICEF continued to support the MoH through technical support to the emergency cholera task force and through the provision of cholera treatment kits.

Although there is no established link between high maternal mortality in the country and the on-going crisis, the MoH, through its National Program of Reproductive Health, is setting up a mentoring program in some provinces where the number of intra-hospital maternal deaths is high. UNICEF will support some of the activities included in this programme.

Based on the MoH's mass-screening reports, an important increase in acute malnutrition in Kirundo Province has been observed, however, this trend has not been evident in Bujumbura Mairie, Bujumbura Rural, Cibitoke, Makamba and Rumonge provinces (where two rounds of mass-screening were completed in June-Aug and Oct- Dec 2016).

In December 2016, MoH severe acute malnutrition (SAM) data showed a cumulative total of 42,441 SAM children (21,695 boys, 20,796 girls) admitted in health centres or hospitals with a cured rate of 88%. This represent 88% of UNICEF' and the sectors program coverage in 2016. In comparison with last year, admission data still confirms a critical nutrition situation for children in Burundi in 2016. Kirundo cumulates 13% of national SAM admissions followed by Gitega, Muyinga, Ruyigi and Makamba Provinces. This information suggests a need to target primarily these 5 provinces for increased monitoring and response if needed in 2017.

UNICEF's contribution was essential in the implementation of the Mother and Child Health Week held early December 2016. 1,329,073 (80%) of children aged 6-59 months and 4,220,621 (101%) children aged 1-14 years as well as pregnant mothers benefitted from essential life-saving activities, including vitamin A supplementation and deworming. Real-time monitoring for supply tracking and daily beneficiaries follow-up was successfully implemented nationwide (18 provinces/46 health districts).

WASH

In 2017, UNICEF and the WASH sector will place particular emphasis on the collection and analysis of information in order to better understand recurrent epidemics of cholera and other diarrheal diseases, as well as the prevalence of diseases, to inform prioritization of areas of greatest need for WASH interventions. Furthermore, the WASH sector will aim to implement activities and programmes in rural and peri-urban areas to reduce morbidity and mortality related to water-borne diseases resulting from inadequate services in water, hygiene and sanitation. The specific needs of women and girls will be prioritized in the implementation of these activities.

The recent deterioration in access to safe drinking water observed in many parts of the country, poor sanitation coverage and poor hygiene practices are the main causes of the recurrent cholera outbreaks as well as many diseases related to poor environmental sanitation like malaria.

During this reporting period, UNICEF and partner Burundi Red Cross (BRC) responded to the new cholera outbreak in Cibitoke. To date cholera cases have reached 169 of which 62.5% of these cases are among children. Rapid assessments have shown that Cibitoke has been affected in many past occasions by cholera due to a lack of safe drinking water, poor sanitation conditions and hygiene behaviors. Following a high level Government visit with UN agencies and NGOs, the Minister of Mine and Energy announced that the local water supply company will provide all communities in the affected areas with free access to safe drinking water until further notice.

In order to ensure access to adequate safe water, UNICEF and the BRC started surface water treatment for Dogodogo lake to produce about 50,000 liters of safe water daily, distributed through water trucking to the 3 communities in need and to the cholera treatment center (CTC) in Rugombo. The BRC also installed 3 bladders with UNICEF and MSF support in the affected areas to facilitate water distribution to about 5,000 people per day. So far, 2,450 households have been disinfected and over 10,000 people have been reached with hygiene promotion messages through mass sensitization campaigns by the BRC and UNICEF. Together with the Ministry of Health (MSPLS) and the BRC, UNICEF also distributed hygiene kits (jerry cans, aquatabs, buckets, soap and small plastic cups) benefiting 1,000 households in the 4 most affected communities.

C4D

In 2017, UNICEF's C4D emergency strategy will continue to support programming that reduces the vulnerability of people to crises. UNICEF's C4D strategy is a multilayered human rights-based approach founded on the Core Commitments for Children (CCCs). C4D has a cross-sectorial capability, which allows it to share relevant, action-oriented information to education vulnerable people in affected communities on preventative actions and behavior change required to protect them and their families. Partners will continue to be engaged to improve prevention and preparedness, while developing local capacity for community-approaches by using a mix of multiple platforms (interactive theatre, social mobilization, interpersonal communication and radio). Institutional systems strengthening, community resilience building, as well as disease prevention are all critical aspects of UNICEF's C4D approach in 2017.

In response to the cholera outbreak in Cibitoke, UNICEF's C4D and WASH teams worked closely with partners to provide a rapid and appropriate integrated response. Technical support was provided to the Burundian Red Cross in terms of developing training presentations supported by the distribution of information, education and communication (IEC) materials (flip chart box, posters, and handwashing stickers) that will be used during cholera prevention activities.

HIV/AIDs prevention activities continue in high risk areas in the communities of Rumonge and Nyanza-Lac. Over the past 2 months, 3,898 people (2,239 females and 1,659 males) have been reached with key HIV/AIDS prevention messages by existing peer educators who have been trained by UNICEF C4D partner PEAB (Province of the Anglican Church in Burundi). During the interpersonal communication activities, peer educators sensitized communities on the prevention of gender-based violence and on the importance of hand washing with soap and water during the critical moments to prevent cholera.

In the provinces of Rumonge, Makamba and Gitega, UNICEF partner Tubiyage reached 4,051 people (1,989 males and 1,099 females) during 18 participatory theater sessions with the aim to promote peace and values-based development, while attempting to address the root causes of conflicts in the community. In collaboration with NGO partner Centre Ubuntu, social cohesion was improved among twenty-two youth groups (comprised of 659 youth - 407 girls and 252 boys), who participated in trainings on peacebuilding and life skills based on Ubuntu values.

Education

The issues facing the education sector, in relation to the socio-political crisis, which have persisted since April 2015, mainly relate to access to school infrastructures and safety of the learning environment. The consequences of this crisis are aggravated by recurrent natural disasters which destroyed or damaged more than 500 classrooms, thus adversely affecting children's education. In addition, the epidemics of cholera and malaria are among the causes of dropout. Finally, issues of school-based protection remain a major concern as feelings of fear and insecurity among pupils and educational staff, as well as psychosocial distress are common.

In close collaboration with the Ministry of Education, UNICEF completed in December 2016 a nationwide Back to School Campaign and provided 2.6 million school children with school kits to support their return to education. These school kits contributed to reducing the number of school drop outs by relieving families from the financial burden of school supplies, such as notebooks, pens and pencils, rulers and erasers. The Back to School campaign also catered to teachers providing them with chalk, drawing tools and registers.

In January, UNICEF developed an action plan to strengthen the operational framework for the prevention of cholera in schools. The action plan will be carried out in partnership with the WASH team in 52 schools, including 44 schools in the affected area of Rugombo commune (Province of Cibitoke) and 8 surrounding communes (3 schools in the commune of Mugina and 5 schools in the commune of Buganda).

In 2017, UNICEF will continue to strengthen the partnerships and synergy between the fields of Protection and Education, by supporting the creation of a consortium, between Education and Child Protection partners

(mainly INGOs and NGOs) with whom UNICEF has been working with for some years on similar and complementing actions. The aim of this consortium will be to strengthen Education in Emergencies (EiE) actions between schools and child-friendly spaces with an aim to generate more accurate data on the situation of children in Burundi, as well as to create bridges between spaces catering for out-of-school children and schools.

Social Policy

Throughout 2016, pressure on public service delivery systems has made access to social services for children and their families more difficult. At the same time, a depreciating national currency and increasing food prices have resulted in augmented food insecurity and malnutrition. The 2017 budget remains 13.7% lower compared to 2015's pre-crisis allocations.

The current situation, with increasing vulnerabilities amongst the population makes the introduction of a national social protection scheme imperative. UNICEF, in collaboration with the World Bank and the National Commission for Social Protection will pursue efforts to pilot a first cash transfer project in selected provinces in 2017. During the General Assembly of the National Commission for Social Protection, which took place on 13 January 2017 with UNICEF participation, the President of the Republic announced the commitment of the Government and its partners to pursue the implementation of this cash transfer project.

In 2017, UNICEF will continue its work in child poverty analysis and Public Finance for Children (PF4C). A report on monetary and multidimensional poverty of children in Burundi, elaborated in collaboration with the Permanent Secretariat for Economic and Social Reform seated within the 2nd Vice-Presidency, is being finalized and will be a key document for UNICEF's advocacy and programming as well as Government's policy making. The preliminary results from this report are already reflected in the Mid-term review report of the Poverty Reduction Strategy Paper (CSLP II). In addition UNICEF will continue to advocate for child-friendly investments and adequate financing to ensure the provision of essential social services through its partnership with the Centre universitaire de recherche pour le développement économique et social (CURDES).

Funding as of January 2017 in line with HAC 2017

Funding Requirements (as defined in Humanitarian Appeal for 2017)				
Appeal Sector	Requirements	Funds Available*	Funding Gap	
			US\$	per cent
Nutrition	5,000,000	4,283,828	716,172	16%
Health	3,000,000	3,000,000	0	0%
WASH	5,000,000	373,835	4,626,165	92%
Child Protection	3,000,000	502,006	2,497,994	83%
Education	2,000,000	0	2,000,000	100%
Communication & Participation	250,000	0	250,000	100%
Sector coordination	250,000	0	250,000	100%
Total	18,500,000	8,159,669**	10,340,131	56%

*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

** The figures are provisional and subject to change due to the 2016 year-end financial closure.

Next SitRep: 31 March 2017

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SUMMARY OF PROGRAMME RESULTS 2017

2017 UNICEF Burundi	Sector Response		UNICEF and IPs	
	2017 Target	Total Results	2017 Target	Total Results
WATER, SANITATION & HYGIENE				
Number of affected people accessing a minimum of 7.5 liters of clean and safe water per person per day	393,155	5,300	170,000	5,300
Number of affected people provided with hygiene supplies and information on good hygiene practices	393,155	12,250	300,000	12,250
EDUCATION*				
Number of children benefitting from Education in Emergencies services	225,000	0	100,000	0
Number of teachers trained on Education in Emergencies, including psychosocial support	3,000	0	2,500	0
HEALTH				
Number and % of people treated for cholera**	400: 100%	169: 100%	400: 100%	169: 100%
Number of children under 5 reached with essential drugs	442,000	0	175,000	0
NUTRITION***				
Number of children under 5 assessed for acute malnutrition through mass-screening	700,000	0	600,000	0
Number of children under 5 treated for SAM	62,825	0	50,000	0
CHILD PROTECTION				
Number of children and adolescents affected by the crisis, benefitting from critical Child Protection services, including GBV services	45,000	570	30,000	570
Number of vulnerable children having daily access to care and psychosocial support through the establishment of 50 child-friendly spaces/centres***	25,000	0	20,000	0
C4D				
Number of children and adolescents benefiting from peace, social mobilization and life skills education			125,000	8,608
Number of households benefiting from keys messaging in healthy practices, hygiene promotion and children rights			100,000	0

*Due to funding shortages results in education in 2017 have not been achieved to date.

**100% of the 169 cases identified have been treated.

***These interventions are currently underway and results for 2017 from partners will be reported in the next sitrep.

SUMMARY OF PROGRAMME RESULTS 2016

2016 UNICEF Burundi	Sector Response		UNICEF and IPs	
	2016 Target	Total Results	2016 Target	Total Results
WATER, SANITATION & HYGIENE				
Number of affected people accessing a minimum of 7.5 liters of clean and safe water per person per day	342,000	83,263	161,500	53,263
Number of affected people provided with hygiene supplies and information on good hygiene practices	342,000	126,448	280,000	87,178
EDUCATION				
Number of children benefitting from Education in Emergencies support*	213,000	82,978	75,000	82,978**
Number of teachers trained in Education in Emergencies	3,000	2,462	1,500	2,462
HEALTH				
Number and % of people treated for cholera***	500: 100%	393: 100%	500: 100%	393: 100%
Number of children under 15, and pregnant women reached with essential drugs	175,000	175,000	442,000	175,000
NUTRITION				
Number of children aged 6 to 59 months assessed for acute malnutrition through mass-screening	1,431,468	654,913****	514,148	604,053
Number of children under 5 with SAM admitted to therapeutic feeding programmes	48,500	42,441	48,500	42,441
CHILD PROTECTION				
Number of children and adolescents benefitting from critical Child Protection services*	44,468	27,741	13,000	27,741**
Number of vulnerable children having daily access to care and psychosocial support through the establishment of 50 child-friendly spaces/centres	10,000	25,353	8,000	25,353
C4D				
Number of children and adolescents benefitting from peace, social mobilization and life skills education*			100,000	135,730**
Number of households benefiting from keys messaging in healthy practices, hygiene promotion and children rights			100,000	97,497

*With the increase in humanitarian needs, UNICEF has taken on additional targets which are reflected in UNICEF's 2017 Burundi HAC.

**UNICEF has reprogrammed regular programme resources to meet a portion of these results in 2016.

***100% of the 393 cases identified have been treated.

**** Mass screening was completed in 6 priority provinces, as well as an additional province (Rutana) by World Vision International with its own funding.