



Burundi

Humanitarian Situation Report No. 1



Reporting Period: 1 January to 30 June 2021

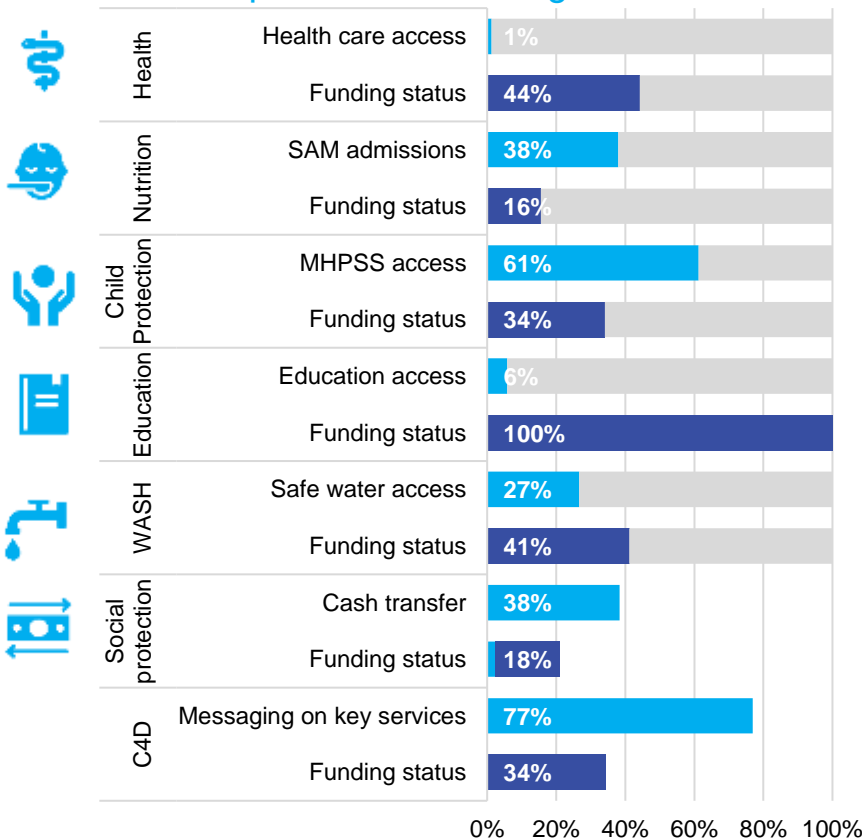
Highlights

- Burundi has been severely affected since the beginning of the year by **rains and floods** causing displacement and damage. These events are mainly caused by the rising water level of Lake Tanganyika and the overflow of adjacent rivers. Nearly 70,000 people have been affected and it is feared that similar events will occur at the end of the dry season in September.
- An increase in **COVID-19** cases has been observed since the beginning of 2021 bringing the overall positivity rate to 1.52% from 1% in 2020. Compared to the level of transmission within the region these rates remain surprisingly low. A 3rd wave of contamination, notably due to variants in Africa, remains a strong concern.
- UNICEF and its partners have continued to make significant efforts to meet the multidimensional needs of people affected by natural disasters, displacement and those affected and at risk of epidemics. 218,000 children were assessed for acute malnutrition through mass screening and 22,000 admitted for treatment for severe acute malnutrition. More than 120,000 people received WASH services and more than 100,000 children and caregivers were provided with mental health and psychosocial support.
- UNICEF has **mobilized 47 per cent** of the 2021 Humanitarian Action for Children (HAC) funding.

Situation in Numbers

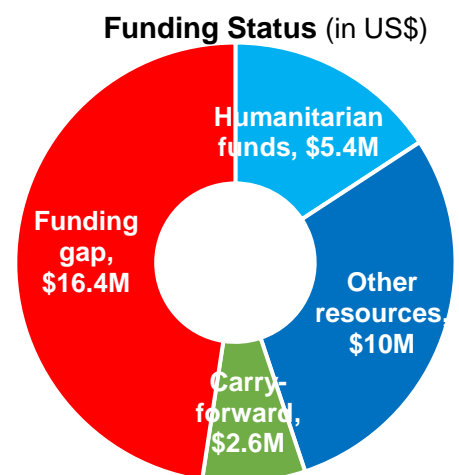
- 1.28 million** children in need of humanitarian assistance
- 2.3 million** people in need (OCHA, March 2021)
- 109,169** Internally displaced people (IDPs) (IOM, March 2021)
- 280,533** # of pending and registered Burundian refugees (UNHCR, June 2021)

UNICEF's Response and Funding Status



UNICEF Appeal 2021

US\$ 30.7 million



*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's appeal for Burundi stands at US\$ 30.7 million to sustain the provision of life-saving services for women and children affected by a humanitarian crisis, for which 47 per cent has been mobilised as of 30 June.

Through the support of the Governments of Germany and Japan, of the US Agency for International Development (USAID) and UNICEF Swiss National Committee, UNICEF has been able to respond to the epidemics, particularly COVID-19, by focusing on priority and immediate needs, but also by paying particular attention to strengthening the health system over the longer term. The Bureau of Population, Refugees, and Migration's (PRM) contribution brings particular attention in this epidemic context to populations on the move and their host communities.

Our partner ECHO also continues to support the most vulnerable children, particularly returnees and displaced children, to reintegrate into school in displaced contexts and to access essential services. The Swedish International Development Cooperation Agency (SIDA), one of UNICEF's key humanitarian partners in Burundi, has reiterated its support in 2021 to respond to urgent crises affecting children and their families by enabling multidisciplinary assistance. UNICEF also received a significant contribution from the Global Partnership for Education's Accelerated Fund to support its Continuum of Learning in Emergencies program, which makes a clear link between assistance in crisis situations and building the resilience of the education system.

UNICEF expresses its sincere gratitude to all public and private donors for the contributions received this year as well as in 2020 and carried forward in 2021.

However, humanitarian needs remain high in Burundi and the response to natural disasters is largely underfunded. Only the Central Emergency Response Fund (CERF) was able to be deployed during the first half of the year to respond to the flooding caused by the rising lake and the rains. At the end of the dry season, expected in September, there is a risk of new episodes similar to those encountered at the beginning of the year and the response capacity of humanitarian actors remains extremely limited. Flexible funding is needed now in order to be ready to respond immediately, more particularly in the sectors of WASH, social protection and child protection.

Finally, the nutrition sector remains severely underfunded this year putting more than 25,000 children at major risk of needing treatment for severe acute malnutrition.

Situation Overview & Humanitarian Needs

Burundi has faced once again **natural disasters** in the first half of the year, with a period of water deficit in January-February affecting some regions of the country, but also with a significant rise in the water level of Lake Tanganyika during the rainy season and the overflowing of the Rusizi and Kajeke rivers. The latter phenomenon caused major flooding between March and May, resulting in significant damage to affected households as well as to basic social services, with the partial or total destruction of schools and health facilities. In May, an estimated 14,000 households (approximately 70,000 people) in the provinces of Bujumbura Rural, Rumonge, and Makamba were affected, including over 5,000 displaced families. According to the population projection of the Institute of Statistics and Economic Studies of Burundi (ISTEEBU), it is estimated that nearly 850,000 people are at risk in the coastal communes¹.

The needs of the affected populations are multidimensional and priorities set are housing, access to safe water, hygiene and sanitation, and immediate food and nutritional assistance while waiting for income-generating activities to resume. Children and women in particular are at high risk of violence and protection issues, especially in displacement situations. Finally, children need access to educational and safe spaces to limit the risk of dropping out of school and to ensure a protective environment.

The voluntary **repatriation of Burundian refugees** continues under tripartite agreements with Tanzania, Rwanda and the DRC. There are plans to extend this process in 2021 to other countries, including Namibia and potentially other countries in East and Southern Africa.

As of May 31, 2021, 158,312 people have returned since the voluntary repatriation program was established in 2017, including 29,234 from January to April of this year, reflecting an increased willingness to return since the May 2020 elections. Of this population, 56% are children. The most pressing needs reported are related to civil documentation (birth certificates) allowing access to basic social services such as health and education. Only half of the children reportedly attend school (34% primary school and 15% secondary school) and 20% of families do not have access to health services.

The **epidemiological situation** remains relatively stable with a reduction in malaria cases since the beginning of the year. No cases of cholera have been reported as of June 30, 2021, but the risks remain real during the dry season until September. Incidence of measles remains a concern with 436 cases reported this year and a vaccination campaign is being prepared for the second half of the year.

¹ <https://www.humanitarianresponse.info/en/operations/burundi/document/burundi-humanitarian-snapshot-mai-2021>

Finally, as of June 30, 2021, Burundi had 5,682 cases and 8 deaths from COVID-19 out of 361,068 people tested². The overall positivity rate is 1.52%, an increase from 1% in 2020. Nearly 83% of the cases are of local transmission and 17% were imported, the majority of which were reported in the city of Bujumbura.

The situation in Burundi is relatively low compared to neighbouring countries such as DRC (44,332 cases, 984 deaths), Rwanda (48,244 cases, 560 deaths), and Tanzania (509 new cases, 21 deaths) as reported by WHO and Africa CDC in the 13 July 2021 Bulletin. To date, the country has not engaged in vaccination. Land borders began to reopen in June, initially with the DRC and at some entry points with Tanzania. Response activities are continuing with screening/testing and communication campaigns and efforts being made to identify and follow up on contact cases.

Summary Analysis of Programme Response

Health

From January to June (week 25) 2021, despite two mass immunization campaigns in April and December 2020 in 20 targeted health districts, 436 cases of **measles** were reported in 23 out of 47 health districts in the country, due essentially to population displacement from neighbouring countries such as DRC and Tanzania. Children below 5 years old account for 60 % of those affected. The Ministry of Health and partners are monitoring the cases continuously and, with GAVI funding, will launch a nationwide mass campaign in the fourth quarter of this year.

The number of **malaria** cases gradually decreased from the 120,000 cases reported weekly at the beginning of the year to 100,000 cases between weeks 5 and 22. However, the number of reported cases increased again from week 23 to week 25, reaching over 130,000 cases per week. There has been a 14% increase in the number of cases in 2021 compared to the previous year, from 2,473,015 in 2020 to 2,811,260 in 2021 by week 25 due to persistent lack of human, logistical and financial resources for effective response. On a positive note, the number of deaths has decreased in 2021 with 847 deaths compared to 1,458 in 2020, and the case fatality rate was reduced by half (CFR of 0.059% in 2020 compared to 0.03 % in 2021). In line with the new protocol on the first-line treatment, UNICEF was able to procure malaria drugs, intermittent preventive treatment drugs for pregnant women, bed nets, and has been closely supporting capacity-building and supervision activities on the new guidelines. This progress has been possible through the generous contributions of the UK and Japan Governments.

No new **cholera** cases have been reported since the beginning of the year. Nevertheless, UNICEF continues its support to the Ministry of Health to strengthen the decentralized surveillance system and to anticipate possible cases in the dry season. Inter-agency emergency health kits (IEHK) and acute watery diarrhoea kits have also been pre-positioned at the central drug store. UNICEF is currently in discussion with the Ministry of Health and its partners to launch the development of the national strategic cholera elimination plan.

UNICEF has provided 17 IEHKs for the management of ulcerative wounds cases in at least four provinces (Muyinga, Muramvya, Mwaro and Makamba). Aside from the kits, UNICEF provided Muramvya with additional antibiotics and medical supplies. The results achieved through the distribution of these kits will be recorded in the second half of the year. Initial preliminary data indicated good results as the number of cases continue to decrease. In 2020, a total of 7,284 were recorded, of which about ¾ are under age of 15. By half year in 2021, about 2,689 cases are under treatment. UNICEF continues to support the Ministry of Health to improve the reporting of cases and their management.

Finally, UNICEF has contributed and continues to contribute to responding to the health needs of internally displaced persons of Bujumbura Rural affected by the floods and housed on the sites of Maramvya Sobel and Kinyinya II. UNICEF has provided medicines, technical support and allowances to nurses and community health workers. As a result, from January to May 2021, 1,389 children and 3,223 adults were treated for malaria, pneumonia and other highly contagious respiratory illnesses.

Nutrition

The 2021 nutrition sector Humanitarian Response Plan and Humanitarian Action for Children (HRP/HAC) target is to reach 58,898 under 5 years SAM children (30,038 girls, 28,860 boys) in the 16 most vulnerable provinces and sites for internally displaced persons.

UNICEF supported the continuity of lifesaving nutrition services in 671 nutrition therapeutic centres countrywide. The nutrition program procured and distributed 24,879 cartons of ready-to-use therapeutic food (RUTF) and 482 cartons of therapeutic milk to health districts for the treatment of children under-five with SAM. A total of 24,259 new admissions (including 22,354 cases from the 16 most vulnerable provinces) were treated from January to May 2021 compared to 27,153 cases for the same period in 2020. This slight decrease in reported admission is due to the lack of data completeness of nutrition indicators in 2021. Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM)

² <https://www.humanitarianresponse.info/en/operations/burundi/document/burundi-i-epid%C3%A9mie-de-covid-19-i-rapport-de-situation-30-06-2021-fr>

prevalence has been measured at 6.1% and 1.1% respectively in the SMART 2020 survey. From the reported data, the SPHERE performance indicators are within the range, with 90% reported cure rate, 4.2% death, and 4.1% defaulter.

To improve the Community Management of Acute Malnutrition (CMAM) program quality, 47 health district teams received training on supervision techniques and nutrition indicators analysis. The national nutrition programme conducted formative supervision in 90 outpatient therapeutic programmes and 36 inpatient centres. This was reinforced through restitution workshops to discuss the main findings, constraints/challenges and proposed solutions.

The coordination of the nutrition sector is ensured on a continuous basis through monthly meetings. Emergency preparedness and response plans are included in the agenda to address the flooding in Gatumba and the drought in Kirundo provinces. The mass screening in Gatumba sites for internally displaced persons reported an acceptable situation with 4.2% of global acute malnutrition (GAM) prevalence and 1.1% with severe cases. During the reporting period, a total of 1,157 children (580 girls and 577 boys) were screened in 888 households. In addition to acute malnutrition management, 39,663 children aged 6-23 months benefited from blanket feeding in March and April, and 4,966 households benefited from the cash transfers.

The nutrition sector remains underfunded, and UNICEF and partners are committed to continuing to mobilize resources including at the local level.

Child Protection

UNICEF and partners continued to deliver critical protection services to children in Burundi and reached **104,087** children (57,003 girls, 47,084 boys) for multisectoral services including psychosocial support (PSS), registration and referral to other services. The involvement of community actors ensured that 61% of affected children had access to at least one protection service with less funding (34%). However, during the 2nd semester of 2021, the mobilization of more funding should make it possible to strengthen case management and improve the access and quality of holistic care for children in areas affected by crises.

Out of these, **49,066** children (26,187 girls, 22,879 boys) – including 15,935 children (9,238 girls, 6,697 boys) displaced by flooding in Gatumba and Rumonge benefitted from PSS through recreational activities. Furthermore, **42,638** adults (17,248 women, 25,390 men) benefitted from PSS through UNICEF support. These interventions were facilitated by 165 community-based mechanisms³ in Gatumba, Rumonge, Bubanza, Cibitoke, and in the drop-in centres in Bujumbura. During this period, **647** unaccompanied and separated children (including 333 girls) were documented and benefitted from alternative care, family tracing, reunification, and follow-up.

UNICEF and partners continued raising awareness about COVID-19 and reinforcing the prevention of gender-based violence (GBV) in all child protection interventions and helped facilitate access to GBV risk mitigation services for **25,345** children (16,746 girls, 8,599 boys). Moreover, **14,992** adults, (5,032 men, 9,960 women) benefitted from the same services. To facilitate access to other services, UNICEF also supported birth registration activities for **33,001** children (16,834 girls, 16,167 boys), including those affected by the flooding, returnees and repatriated in Gatumba, Cankuzo and Kirundo.

To ensure the sustainability of the results, UNICEF and partners trained **12,276** members (2,902 women, 9,811 men) of community-based approaches such as the Centre de Développement Familial et Communautaire, Child Protection Committee and Solidarity groups, and conducted sensitization activities on child protection in emergencies for 2,525 children (1,436 girls, 1,089 boys) and 15,299 adults (8,527 women, 4,247 men).

Education

The key indicators and targets of the HAC 2021 for education are 1) 226,000 children accessing formal or non-formal education, and 2) 563,000 children receiving individual learning materials. The HRP 2021 targets for the two indicators are 145,000 and 150,662 children respectively. UNICEF's target is higher than the sector's target (HRP) since the HAC also includes the emergency response to COVID-19.

As of June, UNICEF provided remedial courses to 4,801 returnee children (2,281 girls and 2,520 boys) as part of the DEVCO funding (Development/Resilience component), and individual learning materials to 32,720 children (16,313 girls and 16,407 boys).

Children benefiting from remedial courses and learning materials are mainly returnees and children affected by natural disasters, especially floods. In addition, 40 schools were equipped with handwashing stations. In the coming months, UNICEF will equip an additional 1,200 schools with sustainable handwashing stations through the Global Partnership for Education (GPE).

³ The Community-based mechanisms include Child Protection Committees, Solidarity groups and community volunteers.

UNICEF provided teaching materials to 444 teachers (285 women and 159 men) so far out of the annual target of 3,000 and COVID-19 awareness messages to 153,738 students and education duty bearers (68,934 girls, 50,148 boys; 20,233 women and 14,423 men) out of the over 1.2 million annual target. Radio broadcast and other campaigns are expected to reach more. Furthermore, 369 teachers and other education actors (116 women and 253 men) were trained on EiE.

Moreover, UNICEF (through the WFP) provided school feeding for 31,315 COVID-affected and other vulnerable children (15,468 girls and 15,847 boys), with the GPE COVID 19 fund.

As of June, more than 100 classrooms were damaged due to weather conditions, mostly in the western part of Burundi. Response activities are ongoing, consisting of rehabilitation, equipment, and construction of new classrooms, thanks to the GPE funding.

Education was able to mobilize relatively large amounts of funds in 2021 to meet emergency needs while building the resilience of the education system to cope with shocks. Many partnerships have been established in the first half of the year that will take shape by the end of the year and will continue in part into 2022.

WASH

Since the beginning of the year, UNICEF and its partners – AIDE, Norwegian Church Aid, Burundian Red Cross, and the Civil Protection – have been providing emergency WASH services to assist people affected by floods in Bujumbura Rural (Gatumba), those impacted by the water deficit in Kirundo, families at risk of cholera in Makamba, and to prevent the spread of COVID-19 in urban and peri-urban areas and schools.

As a result, 154,662 persons (78,876 women, 75,786 men) out of the target 580,000 were provided with safe drinking water through water trucking and household water treatment. Furthermore, UNICEF and partners constructed six permanent water points and rehabilitated, water points benefiting 71,916 persons. : The number of persons reached falling short of the target is mainly due to the lack of funding for water supply for COVID-19 prevention and response.

Around 123,810 persons (63,141 women, 60,669 men), 62 per cent of the 200,000 target, have also been reached with key hygiene messages such as handwashing. An estimated 35,814 most vulnerable persons received hygiene kits. As part of the COVID-19 response in schools, UNICEF and AIDE provided handwashing facilities to 39 schools reaching 49,997 school children (26,368 girls, 23,629 boys) or 4 % of the target.

Finally, UNICEF and BRC continued to support the maintenance and safe management of emergency latrines installed in sites for internally displaced persons in Gatumba, further benefiting 25,133 persons (6,922 girls, 6,651 boys; 5,896 women and 5,664 men).

Communication for Development (C4D), Community Engagement and Accountability to Affected Population

From January to June 2021, UNICEF continued to deliver behaviour change interventions for cholera and malaria prevention and community resilience and social cohesion, which also targeted people affected by the floods in Bujumbura Rural.

Responding to COVID-19, with generous help from USAID, UNICEF also worked with community and religious leaders in 12 provinces for community engagement and surveillance through its partnership with the Inter Religious Council of Burundi and the NGO We World-GVC in provinces with the highest number of voluntary returnees (over 3,000 per commune). The intervention initiated an effective dialogue with community leaders, women and fishery associations, and other key stakeholders in the adoption of COVID-19 preventive measures and to strengthen community-based surveillance. With this, 240 community health workers (98 women, 142 men) have been trained in risk communication and community engagement approaches, enabling them to conduct sensitization on good preventive practices and rumor management.

UNICEF also supported an additional 225 community leaders (42 women, 183 men) to facilitate dialogues on understanding the main beliefs, fears and questions regarding COVID-19 and to fight against stigma and rumors in their communities (including among those repatriated). Community health workers and leaders have reached a total of 696,253 community members (355,089 women, 341,164 men) through community and local radio, door-to-door visits and community dialogues around key COVID-19 prevention and protection messages. The stigmatization of returnees in the community and the non-compliance with physical distancing measures in mosques and churches remain highly challenging. To address these, some confessions have increased the number of worship services and the number of outdoor seats to reduce proximity.

Social Protection and cash transfers

From January to June of 2021, UNICEF continued to support the community social protection response in assistance to households who were displaced and affected by floods. 206 solidarity groups were created to support 4,892 households to recover after the flooding (1,162 men and 3,730 women) and indirectly benefited to 19,420 children.

The 166 solidarity groups created at the end of 2020 received an emergency subsidy and were coached to implement it to help increase the investment capacities of the households. As a result, 366 households launched income-generating activities, and 3,600 households benefited from training in business leadership, GBV, nutrition, hygiene, and prevention of Ebola/COVID/cholera.

In May, UNICEF extended the response for six months to reach an additional 1,000 households who were affected by the recent flooding. The extension will help with the continuous monitoring of the interventions. A strong evaluation with three rounds of data collection will inform the effectiveness of the approach.

UNICEF will continue to develop the community approach to strengthen the resilience of affected people and to ensure their recovery. UNICEF will capitalize on the interventions done with solidarity groups as an entry point for cash transfer to the affected population. The goal is to explore if such an approach helps the affected people improve their livelihoods through investments and the human capital of the community. UNICEF intends to scale up this approach to specific areas with specific needs as an emergency response which builds a community system that strengthens resilience.

Humanitarian Leadership, Coordination and Strategy

UNICEF actively participates in the Humanitarian Country Team (HCT) and intersectoral meetings that lead the strategic and cross-sectoral coordination of the humanitarian response in Burundi. UNICEF currently leads with its governmental counterparts the water, sanitation and hygiene (WASH), nutrition and education sectors, leads the child protection sub-cluster and co-leads the health sector. UNICEF also participates in the in-country interagency gender-based violence (GBV) sub-group and the Prevention of Sexual Exploitation and Abuse (PSEA) Task Force. Sectors under the coordination of OCHA also work with the National Platform for Risk Prevention and Disaster Management to respond to natural disasters regularly affecting the country.

UNICEF continues to provide technical support as a key stakeholder of the COVID-19 response, participates in the sub-committees of the pillars of the response and co-leads with the Ministry of Health the sub-committee for Risk Communication and Community Engagement (RCCE).

Human Interest Stories and External Media

An international mission (photo and video) was deployed to document the consequences of climate change as it triggers natural disasters. The communication package [Climate Action Spotlight on Burundi](#) was shared with UNICEF National Committees and had a good pick up in both social media and global media by [Forbes](#), [BBC](#), [Region Week](#), and [RTVE Spain](#). UNICEF Burundi was then invited to deliver remarks during the UNICEF International Council session on 22 June 2021.

UNICEF acknowledged the contribution of the Swedish Government through a press release in English posted on UNICEF Burundi's [website](#), [Twitter](#) and [Facebook on 31 March](#). The local media picked up the release in French. UNICEF supported the communication component of the Education Cannot Wait mission that happened in March (see more on [Twitter](#)).

Next SitRep: 30 September 2021

UNICEF Burundi website: <https://www.unicef.org/burundi>

UNICEF Burundi Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/burundi.html>

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Summary of Programme Results

Sector		UNICEF and IPs Response			Cluster/Sector Response		
		2021 target	Total results	Change* ▲▼	2021 target	Total results	Change* ▲▼
Indicator	Disaggregation						
Health							
# children aged 6 to 59 months vaccinated against measles		80,000	0	NA			
# children and women accessing primary health care in UNICEF-supported facilities		360,000	4,612 ⁴	NA			
Nutrition							
# children aged 6 to 59 months with severe acute malnutrition admitted for treatment		58,898	22,354	NA	58,898	22,354	
# children assessed for acute malnutrition through mass screening		260,272	218,304	NA			
Child Protection							
# children and caregivers accessing mental health and psychosocial support		170,000	104,087	NA	159,527	128,547	
# women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls	80,000	16,746	NA			
	Boys	77,000	8,599	NA			
	Women	43,000	9,960	NA			
# Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services		1,650	647	NA			
Education							
# children accessing formal or non-formal education, including early learning		226,400	0 ⁵	NA	145,000	18,575	
# children receiving individual learning materials		563,000	32,720	NA	150,662	48,788	
WASH							
# people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		580,000 ⁶	154,662	NA	401,000	154,662	

⁴ IEHK kits are being provided to health districts – Results will be recorded for next reporting period

⁵ Activities are being implemented – Results will be recorded for next reporting period

⁶ UNICEF's target is higher than the sector's target (aligned with the HRP) since the HAC also includes the emergency response to COVID-19

# people reached with handwashing behaviour change programmes		200,000	123,810	NA	541,000	129,044	NA
C4D, Community Engagement and AAP							
# people reached with messages on access to services		650,000	499,874	NA			
# people participating in engagement actions for social and behavioural change	Youth	18,000	17,853	NA			
	Adults	17,000	13,800	NA			
Social Protection							
# households reached with humanitarian cash transfers across sectors		13,000	4,980	NA			

Annex B

Funding Status*

Sector	Requirements (US\$)	Funds available (US\$)			Funding gap	
		Humanitarian resources received in 2021	Other resources used in 2021	Resources available from 2020 (Carry-over)	US\$	%
Health	2,300,000	909,274	0	107,024	1,283,703	56%
Nutrition	6,500,000	0	0	1,009,221	5,490,779	84%
Child Protection	3,700,000	286,158	740,073	233,795	2,439,974	66%
Education	6,760,000	883,483	9,248,633	437,227	0	0%
WASH	7,200,000	2,384,308	0	580,278	4,235,414	59%
Social Protection	1,100,000	168,003	0	24,718	907,279	82%
C4D, community engagement and AAP	3,140,000	816,283	47,894	214,912	2,060,910	66%
Total	30,700,000	5,447,508	10,036,600	2,607,176	16,418,058	53%

* As defined in the updated Humanitarian Appeal of may 2021 for the period from January to December 2021