UNICEF Humanitarian Action 2010

BURUNDI

SITUATION UPDATE

Burundi is embarking on a long electoral process (from May to September) and some child protection issues have been raised with regards to the risk of the participation of children and youths during the electoral campaigns. As the peace process ended last December, and the last ex-rebel group converted into a political party in March 2009, this particular election process can be considered as a test for the democratisation process in Burundi. Risks are quite high, mainly with regard to the use of weapons and light arms still in circulation in the country, as well as the instrumentalisation of young people who have spent the last number of years with ex-rebels or have been enrolled by political parties. The results of the ballots will be particularly sensitive. The first round of elections (communal elections in May) has already led to political debate about the results and the opposition has decided to withdraw their candidacy by boycotting the presidential elections planned for 28 June.

The country has suffered from a long civil conflict which led to massive movements of refugees and an increase of poverty and social despair. However, with the signing of the peace agreement in 2008, refugees have come back to Burundi and the return process is not considered as a humanitarian issue anymore. However, about 1,000 households who returned from Tanzania in 2008 and found themselves with no land have been resettled in “Peace Villages” (new villages for Burundian refugees who had previously been living in Tanzania) in order to avoid any bottleneck at the borders and to solve the problem of access to land and property. A national strategy of reintegration of returnees and IDPs has been formulated and is being implemented.

Aside from the political context, the social indicators cause great concerns mainly with regard to child mortality (129 per 1000) and chronic malnutrition (46 per cent) which are extremely high. Moreover, at the beginning of 2010, a measles outbreak was reported in two provinces (Bujumbura Rural, Bujumbura Mairie), where 25 measles cases were reported between January and April 2010. Since 2009, the country continues to keep cholera under control in the two provinces of Bubanza and Cibitoke. Since April, many parts of the country have experienced rain deficits, particularly in the lower plains of the country. Fortunately, due to the abundance of rains between late February and March, the start of the agricultural season has been assessed to be satisfactory. However, heavy rainfalls in March, in northern Kirundo, accompanied by violent winds and hail storms have damaged some crops and fields, impacting on an estimated 8,000 households.

KEY RESULTS FOR CHILDREN

A national emergency preparedness and response plan was formulated in March 2010 by the Government with UNICEF support, focusing on main threats such as flood and drought effects, food insecurity, cholera outbreaks, and socio-political instability (such as population displacements) linked to the electoral process. In the WASH sector, 710 latrines were constructed and 107 hand-washing devices and 73 aqua tanks installed in 41 schools within the environs of Kirundo and Muyinga. The community-led total sanitation approach which entails around 1,200 households was implemented in eight communes of eight provinces.

UNICEF contributed to the measles vaccination campaign in the two provinces, targeting 474,651 children from nine months to fourteen years old by providing vaccines and technical support to the Ministry of Health.

An ongoing needs assessment is underway, examining the emergency maternal and neonatal care status at national level. Results of this survey will be used to revise the roadmap on maternal and neonatal mortality reduction. Since the beginning of the year, over 8,000 severely malnourished children have received therapeutic care in UNICEF supported nutritional services using the community-based management approach on malnutrition (CMAM/CTC). UNICEF has also been closely supporting the Ministry of Health to develop harmonised and standard management and monitoring tools based on the new protocol on the management of acute malnutrition.

Against plans to provide more equitable access to education opportunities, school materials for at least 500,000 pupils in the most vulnerable provinces have been procured with UNICEF and the Department for International Development (DFID) funding. Preparatory activities have been carried out for implementation of provincial training workshops, with the purpose of establishing emergency response units at a decentralised level. Information and Education Communication materials are being developed on how to prevent disaster and reduce risk at school. The monitoring of the reintegration of 626 children formerly associated with armed forces and armed groups is ongoing in coordination with the Technical Coordination Team (government structure for the Disarmament, Demobilisation and Reintegration
programme). Considering the sensitive period of elections, the members of the Child Protection Working Group (CPWG) have produced information material to sensitize communities with key messages in order to prevent the risk of violence towards children.

KEY CHALLENGES
UNICEF faced several challenges:
• The implementation of activities has been delayed due to the late endorsement by the Government of the agreed Action Plan for the year.
• The capacity of local health workers to carry out community-based nutritional screening needs to be reinforced.
• The Ministry of Health disease surveillance system needs reinforcement in monitoring potential epidemic diseases.
• An extended teacher strike has disrupted planned activities for the year. During the strike, most public schools were closed and the students were on “vacation”. In order to solve this problem, the Government has officially extended the school year 2009-2010 through to the end of July, and exams for primary school students have been delayed. In addition, the lack of an active decentralised structure of the Ministry of Social Development at community level limits community participation. It also diminishes efforts to strengthen the role of community-based child protection networks to prevent situations of abuse, exploitation, violence and neglect.
• The unpredictability of the current electoral process could largely affect the implementation of UNICEF activities.

INTER AGENCY COLLABORATION
The Burundi UN Country Team (UNCT) has adopted the cluster approach since 2008 and UNICEF is leading the Education and Water, Sanitation and Hygiene Clusters as well as the Nutrition and the Child Protection Sub-Clusters. UNICEF has collaborated with the World Health Organization in re-initiating the Health and Nutrition Cluster at the national level with partners. While WHO takes the overall lead of the Health and Nutrition Cluster, UNICEF leads the Nutrition Sub-Cluster. The Nutrition Sub-Cluster is a component of the Health and Nutrition Cluster but specifically addresses nutrition issues. UNICEF continues to contribute to the “Groupe de Sécurité Alimentaire et de Nutrition” led by the Food and Agriculture Organisation and participates in the Integrated Phase Classification process to analyse and determine the level of food insecurity and humanitarian risk in the different provinces of the country. A mapping of the capacities of the Education Cluster was developed along with the Government, national and international NGOs and UN agencies. The Child Protection Working Group (CPWG) has been reactivated including UN agencies, local and international NGOs. The coordination and preparedness of key actors of Child Protection in Emergencies has been improved with the finalisation of the mapping of partners and the validation of tools for rapid assessment, reporting and Family Tracing and Reunification.

FUNDING REQUIREMENTS
As of mid-year, only 17 per cent of the requested funding has been received with no funding for health and nutrition, education and child protection sectors. With regards to the humanitarian situation in Burundi, the funding gap in the Health and Nutrition sector could have a serious impact on child survival. Other UNICEF resources have had to be diverted to finance emergency vaccination campaigns. Moreover, the sensitive situation for children during the electoral campaign demands an urgent set-up of activities to prevent children from abuse. The funding gap may delay the implementation of such activities.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2010 HAR requirements</th>
<th>Revised HAR requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>3,050,000</td>
<td>2,000,000</td>
<td>0</td>
<td>2,000,000</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>500,000</td>
<td>1,625,599</td>
<td>1,125,599</td>
<td>500,000</td>
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<tr>
<td>Education</td>
<td>3,697,000</td>
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<tr>
<td>Child Protection</td>
<td>473,000</td>
<td>473,000</td>
<td>0</td>
<td>473,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,720,000</strong></td>
<td><strong>6,546,599</strong></td>
<td><strong>1,125,599</strong></td>
<td><strong>5,421,000</strong></td>
</tr>
</tbody>
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*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.
EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

Health
• The Cholera National Protocol as well as a Contingency Plan will be revised and a communication plan developed and implemented. Disease surveillance data is used to ensure timely notification of potential epidemic disease cases.

Nutrition
• Between July and December 2010, the treatment of severely malnourished children will continue, reaching the total yearly target of over 14,500 children.
• Eleven priority provinces will have increased their capacity to manage acute malnutrition according to the new national protocol.
• In collaboration with NGO partners, it is planned that in the next semester, community health workers (CHWs) will be trained and equipped to conduct screening and reference of malnourished cases, CHWs will also receive regular field support and follow-up on the field by local health authorities and partners.

Water, Sanitation and Hygiene
• Ten thousand children living in “Peace Villages” will have access to safe drinking water with a minimum of 15 litres daily per person through the rehabilitation of five water supply systems.
• Five communities and 12 schools will be trained in hygiene promotion to prevent diarrheal diseases, cholera, dysentery, etc. An additional 2,400 families living in the Peace Villages will receive NFIs including 24,000 soaps and 3,000 jerry cans.

Education
• Seven provinces will have enhanced emergency and response capacities. At least 500,000 vulnerable children, up from a planned 350,000 as per 2010 HAR, will receive basic learning materials during the Back to School campaign in September.

Child Protection
• Fifty partners and members of the Child Protection Working Group have improved knowledge and skills on preparedness and response to emergencies and are able to use common tools for assessments, monitoring and reporting and data gathering and sharing. Five community-based child protection networks are strengthened to be able to prevent situations of abuse, exploitation, violence and neglect in Bujumbura, Muyinga, Kirundo, Gitega and Ruyigi.