As in other countries in the Horn of Africa, the humanitarian needs of the people of Burundi are rooted in a complex mix of natural and human-made circumstances, from both within and beyond the country’s borders. Since October 2010, nearly 16,000 Burundian refugees living in the Democratic Republic of the Congo began to be repatriated in Burundi with an average of 200 people per week expected to return through the end of 2011. Thirty-seven thousand Burundian refugees are still in the camp of Mutabira in the United Republic of Tanzania, and 41,000 Congolese refugees living in camps in Burundi are being gradually repatriated to the Democratic Republic of the Congo since October 2010. Limited access to land will challenge the sustainable reintegration of returnees as well as the provision of basic social services, which are already overtaxed.

Almost 13 years of political and social unrest are a lingering ill force in the lives of a generation of Burundi’s women and children. Tumultuous elections during the summer of 2010 have caused deterioration of the overall security situation and hazards are compounded by choler and measles outbreaks. Unidentified armed groups operating regularly in various provinces and increased levels of banditry became an additional threat throughout the country in late 2010. In addition, recent arrests and the disappearance of opposition members, either arrested or in hiding, may prompt renewed social and economic instability and trigger population movements within Africa’s most densely populated country. As a result of displacement, schools and health services become overloaded and economic pressures on hosting populations are exacerbated by shrinking land access for agriculture – decreasing agricultural production and increasing food insecurity and undernutrition. These adverse political and societal circumstances are compounded by the consequences of such natural phenomena such as drought, hail or flooding that can be just as destructive. Drought brought about by La Niña threatens the agricultural season, which runs from September–January, and raises the prospect of increased admissions to therapeutic feeding centres in 2011. Although the acute malnutrition level (5.6 per cent) is no longer a major public health issue, the nutritional status of children under age 5 in Burundi remains fragile, with a high level of stunting at 46 per cent. In addition, recurrent cholera outbreaks in provinces located along Lake Tanganyika and measles outbreaks threaten lives. In 2010, four provinces (Bujumbura Rural, Bujumbura Mairie, Cibitoke and Bubanza) with low immunization coverage were affected by measles outbreaks.

UNICEF is requesting US$5,223,000 to carry out its planned activities in Burundi. Full funding will mean a greater positive impact on the lives of children and women who have already endured substantial hardship. UNICEF, together with the Government of Burundi, NGO partners, United Nations agencies and local communities, will work to meet the humanitarian needs of around 160,000 children, reaching an equal number of girls and boys. The focus will be on life-saving activities and recovery initiatives in response to further deterioration of a post-electoral situation. Priorities will be mitigating the impact of population displacement and reintegration on social services; managing food insecurity, overloaded schools and health facilities; and controlling measles and cholera outbreaks. UNICEF’s focus will be on ensuring access to health and nutrition, safe drinking water, and appropriate sanitation and hygiene as well as creating educational opportunities and building a stronger protective environment for children. Activities
will combine early intervention to save lives, support to community recovery efforts and strengthening of local capacity in emergency preparedness and response.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Children and women in Burundi are currently bearing the brunt of population movements and disruption of basic social services. Vulnerable children, particularly returnee children, face the ongoing challenge of integration into a Burundian education system that is already strained. As a result of the School Fee Abolition Initiative in 2005, primary school enrollment and participation continue to remain very high, resulting in large classroom sizes and poor quality of teaching – both further exacerbated by the presence of returnees, resulting in dropout rate of 5.6 per cent countrywide. The high level of stunting, as well as child protection issues, also threaten children’s well-being. Disruption to the water supply in the provinces bordering Lake Tanganyika leads to recurring cholera outbreaks. In 2009, 12 out of 43 districts had measles immunization coverage below 90 per cent.

There is also a fear that some of the 380 children released from military recruitment could be re-conscripted in possible armed conflict stemming from the uncertain political climate.

**KEY ACHIEVEMENTS IN 2010**

In 2010 UNICEF estimated that US$6,546,599 was needed to fund its humanitarian work in Burundi. As of October 2010, a total of US$2,053,689 had been received, 31 per cent of the revised request.

Integrated nutrition centres cured 10,203 severely malnourished and 21,181 moderately malnourished children, utilizing the community-based management of acute malnutrition (CMAM) approach.

The national CMAM protocol was updated incorporating World Health Organization growth standards, and standardized tools were developed by the ministry of health with direct support of UNICEF and partners.

UNICEF provided technical support, contributed 522,116 doses of measles vaccines in the provinces of Bubanza and Bujumbura Rural to 474,651 children 9 months–14 years old (95 per cent of target) and continued basic emergency obstetric and neonatal care. UNICEF has also begun conducting an assessment of emergency maternal and neonatal care status at the national level.

UNICEF constructed 710 latrines equipped with 107 hand-washing facilities and 73 water tanks in 41 schools of Kirundo and Muyinga. Community-Led Total Sanitation was implemented in one commune (the governmental subdivisions of Burundi provinces) in each of eight provinces. The water supply network was rehabilitated in six Integrated Peace Villages (Villages Ruraux Intégrés) with financial contributions from European Commission.
Humanitarian Aid Office located in the Kibago, Nyanza Lac and Rumonge Communes in Bururi and Makamba Provinces. Ten primary schools located in project areas received 31 sanitation facilities.

During the back-to-school campaign, essential learning kits were given to 786,000 students in five provinces – Gitega, Kayanza, Muyinga and Ngozi – which have low education indicators. In addition, all primary public schoolteachers (35,700) have received teachers’ manuals for each key subject. UNICEF rehabilitated 158 classrooms to child-friendly school standards, benefiting more than 8,000 students. A training workshop on emergency preparedness, response and risk reduction was provided to 20 provincial administrators in seven target provinces.

The reintegration of 626 children formerly associated with armed forces or groups is being monitored since their demobilization in 2009. This is done in coordination with the government team that is overseeing the disarmament, demobilization and reintegration effort.

HUMANITARIAN ACTION: BUILDING RESILIENCE

UNICEF contributed to the measles vaccination campaign by providing vaccines and technical support in the provinces of Bubanza and Cibitoke, with the goal of reaching 474,651 children 9 months–14 years old. The campaign coverage performance reached 95 per cent.

Twenty provincial education administrators and partners in seven target provinces received a training workshop on emergency preparedness, response and risk reduction and are ready to roll out the capacity building. Two-hundred-thirty front-line responders at the provincial and communal levels will be offered training. Expected results include a provincial capacity analysis as well as mapping with growth and contingency plans for the education sector.

The Burundi Country Office is currently supporting the training for seven Provincial Platforms on Disaster Risk Reduction and the development of provincial contingency plans. The Provincial Platform, a decentralized body of the National Platform is a cross-sectoral body led by the Provincial Head of Civil Protection, the ministry of interior and partners (UN agencies, NGOs, local communities). The Provincial Platform is part of the national framework for preparing and responding to emergency situations.

Health

HEALTH (US$590,000)

Children and women will have access to life-saving interventions through population- and community-based activities and will access behaviour-change communication interventions to improve health-care and feeding practices to achieve the following:

- Through two rounds of Child Health Days, 1.4 million children under 5 will receive deworming tablets and vitamin A supplementation, and 408,558 pregnant women will receive tetanus toxoid vaccines and deworming tablets.
- 300 health personnel and community health workers will have increased preparedness and capabilities in response to cholera outbreaks and implementation of the Expanded Programme on Immunization following the strategy of reaching every child in every district.
- Some 80 per cent of 80,000 households among the target population will have access to at least three mosquito-treated nets as a result of distribution of 250,000 nets.
- 30 kits of essential drugs and equipment will be pre-positioned so that 30,000 people can access life-saving
interventions and behaviour-change communication interventions.

WATER, SANITATION AND HYGIENE (WASH) (US$980,000)

The UNICEF-led WASH cluster will ensure coordinated preparedness and delivery of emergency assistance. UNICEF will work with partners to develop a long-term, sustainable WASH resource strategy in line with the move towards disaster risk reduction.

- UNICEF will construct 10 safe water facilities in peace villages, primary schools and health centres.
- To improve hygiene and sanitation, UNICEF will construct 120 gender-separated latrines in 10 schools and health facilities.
- To reduce waterborne and water-related diseases, hygiene promotion activities will be conducted in primary schools through hygiene clubs for continuous follow-up of hygiene and sanitation activities at school. Hygiene education among 25 households in cholera-prone areas and areas with high undernutrition rates will promote healthy hand washing, treatment of household water (including the use of ceramic pot filters) and safe water storage.

CHILD PROTECTION (US$393,000)

UNICEF will support some 5,000 children affected by armed conflict, including children associated with armed groups and orphans and vulnerable children, to achieve the following:

- In collaboration with civil society partners and grassroots and community-level committees, 200 people in the at-risk communes of Bubanza, Cibitoke and Kayanza Provinces will be sensitized to prevent child recruitment.
- The basic social needs of 626 children separated from armed groups will be strengthened.
- An emergency preparedness and response plan will be created according to an overall assessment of the psychosocial capacities of stakeholders.

- A functional integrated assistance centre will be reinforced to enhance access for survivors of sexual gender-based violence in Gitega and surrounding areas.
- Child protection issues will be addressed by partners of the child protection working group in a contingency plan and in the early warning and preparedness and response plan.

EDUCATION (US$1,170,000)

UNICEF will continue to lead the education cluster, in partnership with the ministry of education, National and Provincial Platforms and international and local NGOs, in raising awareness on the critical role of education in emergencies. UNICEF will also establish a mechanism to prepare for and respond effectively to emergency situations at decentralized levels in all 17 provinces of the country.

1,800 primary schoolchildren will access six disaster-resistant, child-friendly schools in the provinces of Kayanza, Kirundo and Muyinga.

An estimated 43,000 primary schoolchildren in 70 selected schools across seven provinces will benefit from actions to reduce disaster risk at the school level.

HIV AND AIDS (US$500,000)

UNICEF will ensure that children, young people and women have access to HIV/AIDS information and assistance regarding prevention, care and treatment, and that these services are continued in crisis situations to achieve the following:

- Some 90 per cent of the population affected during crises will be reached and provided with information on prevention, care and treatment.
- Some 80 per cent of the population affected by emergencies will have access to relevant HIV and AIDS prevention, care and treatment services, including post-rape care, post-exposure prophylaxis, treatment for sexually transmitted infections, prevention of mother-to-child transmission of HIV (PMTCT) and antiretroviral treatment.

<table>
<thead>
<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERS</th>
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<tbody>
<tr>
<td><strong>By sector</strong></td>
<td><strong>US$</strong></td>
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<tr>
<td>Nutrition</td>
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<td>Health</td>
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<td>WASH</td>
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<td>Child protection</td>
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<td>Education</td>
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<td>HIV and AIDS</td>
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<tr>
<td>Cluster coordination</td>
<td>210,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5,223,000</strong></td>
</tr>
</tbody>
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EASTERN AND SOUTHERN AFRICA: BURUNDI

- Some 80 per cent of the emergency-affected population previously on HIV-related care and treatment will continue to receive antiretroviral medicines for PMTCT, and children and young people on antiretroviral therapy will continue their treatment.
- Psychosocial support will be provided to the identified orphans and vulnerable children.

CLUSTER COORDINATION (US$210,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. 2007 nutrition survey data: stunting level 46 per cent, underweight 35 per cent and wasting 5.6 per cent.
4. Peace Villages were created to provide a place for Burundians returning from the refugee camps in the United Republic of Tanzania for settlement and integration into the community.
5. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.