

## 1 EXECUTIVE SUMMARY

2010 saw the launch of UNICEF's new five-year Country Programme Action Plan, an important step towards sustainable development. The Government's full participation in the joint-preparation of the CPAP is a milestone in *national ownership of the Country Programme* and commitment to the survival and well-being of Burundi's children and women. To help operationalise this commitment UNICEF supported the Government to establish two oversight structures: a high-level committee to monitor programme implementation; and a team of sectoral focal points (representing 14 of 17 ministries) to work alongside UNICEF to implement Country Programme components.

To accelerate progress towards the MDGs and decrease geographic inequity in social indicators, *UNICEF identified five focus provinces for the 2010-2014 CPAP*. They capture 40.2% of the population, and include the three provinces with Burundi's worst survival and development indicators. Focus provinces will benefit from a convergence of programme activity and increased synergy between UNICEF's in-house and UN-wide integrated programming. Increased planning, data collection and M&E in the provinces will strengthen tracking of progress towards the MDGs.

Two main shortfalls in 2010 impacted UNICEF's work. *Extended national elections* absorbed Government attention from March-October and led to significant staffing changes in ministries, limiting UNICEF's ability to move forward with programme implementation requiring ministry involvement. *Resource mobilisation* remains a challenge impacting staffing and programming. Significant changes in UNICEF's senior management restricted capacity to market the CP to donors. Limited international awareness of Burundi, donor fatigue, and lingering concerns about insecurity and corruption increase the need for dedicated attention to resource mobilisation and donor relations. Additionally, the late arrival of significant OR funding impacted programme implementation.

UNICEF mobilised partnerships with diverse stakeholders, with a continued focus on Government counterparts and capacity development. To address the conflict's widespread impact on Burundi's children, UNICEF and the German Development Service (DED) are partnering to establish community-based psychosocial-support mechanisms. In Peace Villages for Repatriates UNICEF is providing drinking water and sanitation, in a joint project with FAO, UNDP and EC, to improve access to basic needs for returnees. To increase impact and lower costs, UN Joint Programmes were established for gender, HIV/AIDS, human rights, recovery and M&E.

## 2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

In 2010, UNICEF Burundi initiated its first five-year Country Programme Action Plan since 1993, an important milestone in the country's post-conflict development. The new CPAP will guide UNICEF's contribution to child survival, development and protection through cost-effective, high-impact interventions that further progress towards the MDGs and decrease inequities. As Burundi moves towards peace, stability and development, UNICEF will continue to support national capacity development and to respond to the needs of the country's most vulnerable children and women.

Burundi remains one of the poorest countries in the world, ranked 166 of 169 in the 2010 Human Development Report. More than 67% of the population lives on less than PPP US\$1/day with significant urban/rural disparities. Of Burundi's 8.05 million people, 51% are under-18 and 20% under-5. The population faces major challenges in relation to human rights, socio-economic recovery and food security. Sexual and gender-based

violence is rife and a culture of impunity and violence ingrained during the conflict lingers. Extreme poverty is compounded by high population density (310 inhabitants/km<sup>2</sup>), low economic growth, high aid dependency and underdeveloped human capacity. On-going food insecurity contributes to Burundi's high level of chronic malnutrition and aggravates land issues resulting from overpopulation and repatriation.

Burundi's large population of vulnerable children and women suffer disproportionately from the lack of social services. Disparities vis-à-vis geography, economics and access to services prevail, making it difficult for vulnerable groups – including orphans; albinos; and children living on the street, in prison, affected by HIV/AIDS, of ethnic minorities and from poor households – to fulfil basic needs and claim their rights. Additionally, humanitarian need in Burundi continues vis-à-vis refugee repatriation and hosting, internally displaced populations and natural disaster.

Politically, 2010 was dominated by an extended election season from May-September. Though observers declared the first round of elections in conformity with international norms, 12 opposition parties rejected the results and boycotted the subsequent four rounds of elections. Widespread violence was avoided during the election; however, the Secretary-General's November 30 report (S/2010/608) notes a resurgence of human rights violations with severe restrictions on the freedom of expression and association, as well as arrests, torture, intimidation and politically motivated assassinations of opposition party members. However, he further cites the confinement of rights violations to the political realm, and civil society's increasingly strong role in Burundi as evidence of the population's desire for lasting peace and development.

In the wake of the elections, Burundi's Government has renewed its commitment to development and implemented a new Ministerial structure to strengthen inter-sectoral response. Government services are increasingly decentralised at the provincial, communal and *colline* levels, with attention across sectors on capacity development and improved coordination.

In 2010 the Government adopted critical policies and legislation, and implemented strategies in support of the MDGs, despite estimates that Burundi remains unlikely to reach many of the MDGs by 2015 – six of eight are off-track (National 2010 MDG Progress Report). These steps were taken against a backdrop of school fee abolition (2005), the provision of free health care for children under five and pregnant women (2006), and the provision of free first-line malaria drugs (2009). Notable achievements include:

- National budget allocation for Vitamin A supply and inclusion of nutrition indicators in the performance-based financing system for health
- Definition of a minimum package of integrated community-based health care that includes health, nutrition and WASH interventions
- Establishment of norms and standards for CFS construction, gender parity in primary school achieved, and renewed attention on education quality and completion, as well as a shift from six to nine years of basic education
- Government decision to establish a Department of Child and Family Issues within the Ministry of National Solidarity, Human Rights and Gender, to coordinate legislation and interventions.

UNICEF continues to support the Government through the UNDAF 2010-2014 with the MDGs, PRSP and Burundi Vision 2025 as a backdrop. The UNCT is increasingly operating under Delivering as One UN. The second PRSP, currently under development, will emphasise good governance, transitional justice, and shared economic growth for 2011-2015.

Publications supported by UNICEF and contributing to on-going Situation Analysis of children and women include: Burundi 2010: Objectives for the Millennium Development Goals

## **3 CP ANALYSIS & RESULT**

### **3.1 CP Analysis**

#### **3.1.1 CP Overview**

UNICEF, in line with national priorities and the UNDAF, PRSP and MDG frameworks, is supporting national implementation and Government capacity to ensure the well-being of its population with specific attention to vulnerable children and women. UNICEF has committed nearly US\$100 million to the new CPAP with the aim of making substantial, measurable contribution across key programme sectors.

In Health and Nutrition, UNICEF plays a critical role in combating acute malnutrition, in 2010 helping the country to update protocols, develop tools and scale-up community-based therapeutic care. UNICEF expanded immunisation coverage to the most vulnerable, achieving 93% national coverage for measles and DPT+HepB+Hib3. Additionally, UNICEF is supporting the MoH to improve emergency obstetrical and neonatal care and to scale-up PMTCT.

In Education, UNICEF continued its support to the MoE in policy dialogue, planning and sector coordination. 2010 saw the development of policies and strategies on HIV/AIDS, Teacher Competency Profiling and an Action Plan to mainstream gender. Just over 300 primary schools were strengthened to provide Child-Friendly School (CFS) environments for the benefit of 174,481 pupils (49% girls).

In WASH, UNICEF is a core pillar of international support for Burundi's water and basic sanitation sectors. Its rate of 72% access to an improved water source (2008 data), makes MDG result 7b one of the few Burundi will realise by 2015. Using the Community Led Total Sanitation approach, UNICEF increased access to improved sanitation by 14%. Additionally, UNICEF continues to provide access to water points in Burundi's Peace Villages for Repatriates.

In Child Protection, UNICEF provided technical support to develop integrated and coordinated social protection for 800,000 OVC in UNICEF's five focus provinces. It attracted new attention to children on the streets and the situation of children in residential care, through national studies. UNICEF support enabled the establishment of a one-stop centre for SGBV, and its advocacy led to the Government decision to establish a dedicated Department for Child Protection and Family Issues.

In Communication for Development, UNICEF brought new attention to the ACSD strategy, training opinion leaders and working with communities to develop local action plans to adopt high-impact behaviours for child and family well-being.

#### **3.1.2 Programme Strategy**

##### **3.1.2.1 Capacity Development**

Capacity development (CD) is one of the CPAP's five key strategies. At the national level UNICEF supports Government leadership in planning, implementing and monitoring the CPAP and helps develop technical capacity by working closely with a team of Ministry focal points. At the operational level UNICEF strengthens government and other stakeholders' capacity through training, material and technical support.

*CD for national frameworks and strategies included:* support for the MoH to update provincial contingency plans for emergency preparedness and response, the National Protocol for Cholera and the Cholera Contingency Plan; develop and cost PMTCT scale-up, and the National Protocol for the Management of Acute Malnutrition; and revise the Health Information and Management System. Additionally, UNICEF supported the MoH to produce the National Policy on Sanitation and to update the Code of Hygiene – a direct

response to African+5 recommendations that all SSA countries develop/update sanitation and hygiene policies.

*CD for service delivery included:* training health staff at national and operational levels on the National Diseases Surveillance and Response System (74); the Expanded Programme on Immunisation (EPI) (62); HIMS management (119); and Community-Based Management of Acute Malnutrition (CMAM) (573 health workers, 658 community health workers). To enhance teaching quality UNICEF supported the MoE to cluster schools geographically, enabling increased pedagogical support and knowledge-sharing within the CFS framework. To strengthen national delivery of social assistance and family support services, UNICEF provided technical and financial support to the Ministry of National Solidarity and is jointly monitoring implementation of protection programming in UNICEF's focus provinces.

To encourage local ownership of the MDGs, UNICEF sponsored workshops for 153 religious leaders and 280 local administrators to develop local actions plans in support of ACSD.

*CD for emergency preparedness and response:* UNICEF, in partnership with the Red Cross, trained 600 volunteers, including 150 government officials at local and national levels; these volunteers will in turn train more than 28,000 community members throughout Burundi.

Additionally, UNICEF supported children's participation in workshops on child rights and interactive radio broadcasts, and, in partnership with the Union des Journalistes Burundais, strengthened reporting on child rights by 63 journalists.

### **3.1.2.2 Effective Advocacy**

UNICEF saw significant policy advocacy achievements across sectors in 2010, while also focusing on gathering new information to support evidence-based advocacy in 2011 and beyond. Advocacy took place through policy and operational interventions, technical inputs and public education and mobilisation.

The CO benefitted from the Regional Director's visit, which brought renewed attention to Burundi's high-levels of chronic and acute malnutrition and the need for sustainable reintegration of children formerly associated with armed forces and groups. The Representative and Deputy also engaged in high-level advocacy on the Child Poverty and Disparities Study and the Situation Analysis of Children and Women to increase national awareness about the challenges that remain in achieving the MDGs and the fight against poverty.

In 2010 UNICEF's effective advocacy, often undertaken in partnership with other stakeholders:

- Brought national attention to the burden of chronic malnutrition, resulting in a national budget allocation for Vitamin A supply and inclusion of nutrition indicators in the performance-based financing system for health
- Led the MoH to revise the PMTCT scale-up plan, and to define a minimum package of integrated community-based health care that includes health, nutrition and WASH interventions
- Led the MoE to establish norms and standards for Child-Friendly School construction and to develop an HIV/AIDS strategy for the education sector
- Brought together key stakeholders from government, NGOs and civil society to discuss the new National Policy on Sanitation, and educated the population on the new policy through extensive media outreach
- Resulted in a Government decision to establish a Department of Child and Family Issues within the Ministry of National Solidarity, Human Rights and Gender, which

- will fill a major gap in coordinating child protection interventions, policies and legislation
- Focused new attention on the need for strengthened social protection mechanisms through advocacy and documentation of lessons learned on the National Action Plan for OVC.

### **3.1.2.3 Strategic Partnerships**

UNICEF dedicated 2010 to solidifying strategic partnerships that support local ownership and CPAP implementation. The shift to longer-term, structured partnerships from ad-hoc partnerships necessitated by the emergency context will support UNICEF's work with the post-transition government. In the first quarter, UNICEF mapped all partnerships and analysed strengths and weakness to assess different partners' capacity for high-impact project implementation.

UNICEF is a leader and active member of the UN Country Team, clusters, and joint-thematic and sector working groups run in partnership with the Government. Additionally, UNICEF leads or participates in the UN-interagency groups for Communication, Gender, Governance, Human Rights and M&E.

In Health, UNICEF and the National Partnership for Health and Development worked together to assess the 2006-2010 Health Sector Strategic Plan and to formulate the 2011-2015 Plan. UNICEF co-leads with WHO the Health and Nutrition Cluster; is an active member of the national Food Security and Nutrition Group, which includes 30 NGOs, UN and development agencies; and collaborates with FAO, WFP and UNHCR on food security and nutritional surveillance.

In Education, under UNICEF's leadership the Education Cluster supported the MoE to decentralise emergency preparedness and response and develop a DRR guide for the education community. UNICEF co-leads, with Belgian Technical Cooperation, the Education Sector, which works to improve primary school access, quality and retention rates.

In WASH, UNICEF leads the Cluster. it is one of very few international implementing partners working in Burundi's water sector, and the only international organisation working to improve basic sanitation. In parallel with ProSecEau's on-going ground water mapping, WASH is mapping potential manual drilling opportunities in-line with UNICEF's global strategy to reduce cost and increase community access to water.

In Child Protection, UNICEF together with BINUB, worked with the Government to implement standards and a coordinated DDR operational framework for children formerly associated with armed groups and forces, while continuing to support their reintegration. Additionally, UNICEF collaborated with the International Conference of the Great Lakes Region to support Burundi's adoption of the Protocol on the Suppression of Sexual Violence against Women and Children. UNICEF is the lead for the child protection sub-cluster.

### **3.1.2.4 Knowledge Management**

UNICEF works to increase collection, analysis and access to up-to-date information and data regarding the survival and well-being of Burundi's children and women to inform the on-going Situation Analysis. The CO commissions and supports studies and evaluations by Government and non-government partners and local research institutions, and encourages widespread dissemination.

*To strengthen data systems and tools* UNICEF maintains Burundi Info, a centralised database of indicators to monitor MDG and PRSP progress. UNICEF is supporting the MoH to revise the HIMS, and the MoE to develop an education statistics database. Additionally, UNICEF leads the interagency M&E working group, responsible for

harmonising M&E concepts and approaches across the UN and supporting UNCT monitoring of UNDAF implementation.

*To strengthen data collection* UNICEF supports the MoH to conduct routine surveillance of health and nutrition data, including data collection, analysis and dissemination; and the MoE to collect and disseminate annual education statistics at the national and provincial levels.

In 2010 UNICEF and other partners completed analysis of the 2008 population census and commenced the 2010 District Health Survey.

*To strengthen knowledge creation and sharing* UNICEF actively disseminates data and studies and general situation analyses to partners. To build local capacity for the creation of knowledge products, UNICEF works with national research institutes, providing oversight and technical guidance throughout the process.

In 2010, WASH contracted the Burundian Institute for Statistics to conduct a national survey on primary-school student knowledge, attitudes and practices on Health, Water and Sanitation. Child Protection worked with the Ministry of National Solidarity and NGO partners (TDH, CRB, IRC) to conduct two critical studies on the needs of Burundi's most vulnerable children: a quantitative and qualitative study on children on the streets in Burundi's three largest cities; and a national study of children in institutions and deprived of family care.

Additionally, UNICEF, in partnership with the Ministry of Communication, conducted in 2010 a national study (4,832 households) of the population's knowledge, attitudes and practices about the appropriate care and protection of children, to inform the integrated communication strategy for social mobilisation and behaviour change.

### **3.1.2.5 C4D Communication for Development**

Communication for Development (C4D) supports cross-sectoral work that address issues of behaviour change at the communal and household level. To ensure the messaging is accurate and appropriate, UNICEF works with the Ministry of the Communication, and pre-tests printed materials with small sample groups. To ensure messages reach the target population, UNICEF uses a comprehensive mix of mass media – including radio, TV, billboards, and print materials such as cartoons and fliers – as well as community outreach and interpersonal communication. A national C4D strategy is being developed and will be informed by the UNICEF-supported 2010 study on child health and protection.

In Health, UNICEF supported the MoH to develop and distribute standardised counselling cards on key family practices in health, hygiene and nutrition for use in routine promotion activities and national Mother & Child Health Weeks.

In Education, UNICEF continued to support the National Commission for Education for All and, in response to a MoE request, expanded the Community Dialogues communication campaign to encourage community ownership for school enrolment. The 2010 results – 15,526 children who had previously dropped out of school reintegrated, and 45,622 over-age children enrolled in schools – demonstrate the effectiveness of the approach in strengthening community ownership of children's education.

In WASH, effective C4D has been essential to UNICEF's efforts to stem the outbreak of cholera – endemic in some areas along Lake Tanganyika. Mixed communication tools, including TV and radio spots and mobile cinema were used to sensitise communities on household water treatment and safe storage, as well as hand-washing with soap. Additionally, daily training sessions were given at health centres for mothers who came for consultations.

In Child Protection, UNICEF developed awareness-raising tools to stem discrimination of OVC infected or affected by HIV/AIDS, which NGO partners share during sessions with community-based Child Protection Committees. Additionally, the Burundi CO worked with communication partners to launch a media campaign to prevent maiming and violence against albino children.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation**

The new CPAP is anchored in the Human Rights Based Approach, and centres on ensuring that all children and women in Burundi live in protective environments that support their participation. With this goal in mind, UNICEF conducts upstream advocacy for policies and budgets that support children and women; fosters stakeholder participation; and designs programmes targeting the country's most vulnerable children. UNICEF actively pursues partnership with stakeholders who work with the hardest-to-reach populations (geographically and thematically), and who help rights-holders to express their opinions and needs.

*To ensure access to healthcare for the hardest-to-reach populations* UNICEF scaled-up biannual Mother and Child Health Days and the Reaching Every District approach to deliver immunisations to the most vulnerable.

*To empower communities* to take charge of ensuring safe and friendly school environments and improving pedagogy and school functioning, UNICEF and partners trained School Management Committees (SMC) and other community members on the CFS model.

Additionally, the Government presented its first periodic report on implementation of the Convention on the Rights of the Child to the UN Committee on the CRC in September. UNICEF is providing its full support to the Ministry of National Solidarity throughout implementation of the Committee's substantial recommendations that will bring Burundi in line with the CRC.

In support of *children's participation* UNICEF advocacy led the Government to approve a regulatory framework mandating that two children be systematically included as members of child protection committees at the provincial, commune, and *colline* levels from 2010 onward.

UNICEF also supported young people to participate in major national and regional forums. A child journalist participated in the first-ever African Youth Forum under the theme 'Maternal, Infant and Child Health: African Youth Call for Action', which brought together 103 young people from 40 African countries to share views on issues faced by their communities. Two female youth attended the Sixth Summit of Children held in Kigali under the theme 'The Role of Children in Education Fit for Them,' which brought together 450 children from the East African community. Additionally, UNICEF facilitated the participation of a child in the World Children's Day expert panel.

#### **3.1.3.2 Gender Equality and Mainstreaming**

In the context of UNICEF's shift from operating in a protracted emergency to taking a longer-term view of the country's economic and social development, particularly in the domain of rights, a gender audit was conducted in 2010. The audit showed overall commitment to gender mainstreaming and to ensuring equity in programming. In 2011 priority will be on ensuring that this commitment translates to implementation evenly across sectors, and is reinforced in major CO programmatic documents, in UNICEF result areas and outcomes and with Government and civil society partners.

In Health, UNICEF works to encourage men's participation in reproductive health services – particularly PMTCT – through awareness-raising campaigns and one-to-one counselling on the importance of HIV prevention. This helps to combat lack of support from husbands for women to access PMTCT services – a principal reason women often don't seek these services.

In Education, a concrete action plan to enhance gender equality – including gender budgeting, decreased geographic disparity, programmes targeting illiterate mothers and others – was developed in 2010 with implementation planned for 2011. Additionally, the EFA Campaign – including enrolment efforts and materials distribution – was implemented with a focus on reaching girls and Burundi's most vulnerable, including repatriated children, ethnic minorities, children with disabilities and albinos.

In WASH, UNICEF strengthens the protective environment for women and girls by building water points close to communities, reducing their work-load and risk of violation; and by providing safe and private toilets that support girls to stay in school. UNICEF further works to ensure that all water systems management committees have between one-fourth and one-third women, and that their concerns are equally addressed.

In Child Protection, gender was mainstreamed into the feasibility study of the SGBV one-stop centre and in the quantitative and qualitative study of children in street situations. Child protection committees at the both *colline* and communal levels are now required to ensure gender equality among their membership.

C4D actively seeks to increase women's participation and tracks it in all activities. Given Burundi's cultural environment, UNICEF's continued promotion of the importance of women's participation is required for sustained behaviour change.

### **3.1.3.3 Environmental Sustainability**

Disturbances and uncertainty in rainfall due to climate change is significantly impacting the social and economic welfare of populations in Burundi's eastern and north-eastern provinces, including Kirundo, Muyinga, Ruyigi, Rutana, and Cankuso, as well as areas surrounding Lake Tanganyika. In the worst-hit provinces it is causing internal displacement of the most affected households, leaving children vulnerable to exploitation and acute malnutrition, and prompting school drop-out.

The effects of climate change are contributing to food price increase, a serious problem in Burundi, where more than 90% of the population depends on subsistence agriculture and 34% consume only one meal per day. Damage is further compounded by on-going price inflation of local staples and a chronic deficit in local food production (as one example, the 300,000 MT deficit of beans each year). As a result, Burundi is seeing seasonal fluctuation of the nutritional status of vulnerable people, in particular children and women.

Additionally, extreme environmental conditions, combined with lack of access to potable water and poor hygiene practices, are increasing incidence of easily preventive diseases such as diarrhoea, cholera and malaria.

Efforts to reduce the effects of climate change and natural disaster are needed if Burundi is to successfully manage the precarious balance of food, nutrition and economics.

## **3.2 Programme Components**

**Title: *Health and nutrition***

## **Purpose**

The Health and Nutrition programme contributes to the reduction of under-5 and maternal mortality through policies and strategies that strengthen the national health system and improve its management with a focus on implementing low-cost, high-impact interventions at scale. Working in close partnership with the Government, donors and other key partners UNICEF implements the Accelerated Child Survival and Development (ACSD) strategy, which calls for delivery of a package of proven high-impact health and nutrition services through health facilities, outreach activities and community-based health services.

Key focus areas for 2010 included:

- Promoting infant and young child feeding practices
- Scaling-up of the management of acute malnutrition and child illnesses
- Increased utilisation of insecticide-treated bed-nets
- Maintaining a high level of immunisation coverage for children under-5 and pregnant women, including through the Reach Every District campaign, which targets Burundi's most vulnerable children
- Scale-up of PMTCT and HIV paediatric care
- Strengthening efforts to reduce maternal mortality, beginning with the collection and use of improved data and situation analyses
- Reinforcing the Health Information Monitoring System (HIMS) and local capacity to detect and respond to emergencies.

## **Resources Used**

Total approved for 2010 as per CPD (US\$): 7,300,000;

Total available for 2010 from all sources: (US\$) 7,068,035.68; RR: 3,009,347; OR: 4,058,688.68

## **Donors:**

Belgian Committee for UNICEF

U.S. Centers for Disease Control and Prevention

Canadian International Development Agency

European Commission

European Commission Humanitarian Aid (ECHO)

German Committee for UNICEF

Global Alliance for Vaccines and Immunisation

Government of Japan

Principality of Monaco

United Nations Foundation

UNICEF Thematic Funds: Young Child Survival and Development

## **Results Achieved**

On-going reforms within the health sector took place in 2010. Implementation of the Performance-Based Financing system; decentralisation; and the Government's policy of free health care for pregnant women and children under-5, and free first-line malaria for all have significantly impacted children and women's health.

In 2010, the main positive results are related to immunisation coverage, access to curative care, and treatment of severe acute malnutrition. Continued efforts at the central and community levels are needed to prevent malaria, mother-to-child transmission of HIV and chronic malnutrition.

- 93% national immunisation coverage for measles and DPT+HepB+Hib3 – though regional disparities remain (with six of 17 provinces below 85% for measles, and five of 17 provinces below 90% for DPT+HepB+Hib3)
- 65% of deliveries in 2010 were assisted by skilled personnel, as a result of the presidential decree to provide free health care for pregnant women
- 32.2% of acute respiratory infections, 43% of diarrhoeas and 22.5% of fever/malaria were managed per the national protocol, according to the World Bank 2010 Health Minimum Package Survey. This data is being used as a proxy indicator for IMCI while Burundi puts in place the necessary system to collect specific IMCI indicators.
- 44.1% of children aged 0-59 months sleep under insecticide-treated nets (ITNs) (PMS Survey 2010).

### **Future Workplan**

- Reinforcing capacity of the health system, including at the community level, to deliver quality essential services, such as deliveries assisted by skilled personnel, immunisation, malaria prevention and management, PMTCT and IMCI.
- Reinforcing the capacity of community health workers to deliver health and nutrition prevention activities and carry out community case management.
- Combating chronic malnutrition by ensuring health systems are able to routinely manage acute malnutrition, provide micronutrient supplementation and Infant and Young Child Feeding (IYCF) counselling; and national programmes are inter-sectoral and focused on promotion of IYCF practices and prevention of malnutrition
- Supporting the development of the Health Sector Strategic Plan, 2011-15 and relevant health and nutrition guidelines.
- Continued support for the decentralisation of the health system. with the goal of improving health system response and local ownership.

### **Title: *Basic education, gender equality and HIV prevention in young people***

#### **Purpose**

The Education Programme aims to strengthen Ministry of Education (MoE) capacity to uphold the right of children to quality primary education by leading sector-wide measures that enhance access, quality, completion and gender equality in education.

UNICEF's approach is comprised of four interrelated objectives: *Policy support* to reinforce national capacity to coordinate, plan and implement sector strategies; *access and equity* to reduce gender-based and other disparities in access and participation in primary education; *early childhood development* to improve children's developmental readiness for school by supporting parents and educators to provide stimulation activities for young children; *quality basic education* to improve education quality through the creation of safe, protective, participatory, healthy and gender-responsive school environments.

For 2010, planned results were:

- MoE personnel able to plan and implement education policies and manage sector coordination
- 735,000 children benefiting from improved access and equity in basic education in the provinces with lowest education indicators

- 100,000 children 0-6 years in six provinces benefiting from early childhood care and stimulation
- 80,000 primary school students in two provinces enjoying quality teaching and learning in Child-Friendly Schools, including knowledge on HIV/AIDS prevention.

The Education Programme contributes to UNDAF Outcome 2, which emphasises the provision of equitable basic social services; the National Education Sector Plan 2009-2016, which prioritises early childhood development and transparent school governance emphasising universal primary education for all Burundian children, including girls, ethnic minorities and OVCs; and the achievement of MDGs 2 and 3, as well other child survival and development interventions.

### **Resources Used**

Total approved for 2010 as per CPD (US\$): 5,526,000; after re-phasing 4,772,317.28, including RR: 2,336,024; OR: 2,436,293.28.

Of the total funds available in 2010, 93% was obligated as of November 25.

#### Donors:

European Commission (US\$41,311.87)

Global Girls Education (US\$56,811.53)

Government of Japan (US\$133,903.79)

The United Kingdom of Great Britain and Northern Ireland (1,255,811.13)

#### Regular Resources US\$2,336,024.2

Global Thematic Humanitarian Response (US\$43,772.64)

Basic Education and Gender Equality (US\$725,468.04)

Young Child Survival & Development (US\$135,400.23)

HIV-AIDS and Children (US\$43,814.05)

### **Results Achieved**

In 2010 joint efforts by the MoE and partners led to increases in national net and gross enrolment ratios (NER/GER). From the 2008/09 to 2009/10 school year, the NER increased 4.4%, from 89.7 to 94.1%; GER increased 2.7%, from 130.4 to 133.1%.

Accelerated progress in UNICEF's focus provinces – an increase of 4.7 and 8.7% for NER and GER respectively – is helping to ensure educational access for Burundi's most vulnerable and reduce geographic disparities. The national Gender Parity Index is 0.93, and for the five provinces it is 0.89, showing major gains for girls.

Improved access and a resulting sharp rise in enrolment, however, is straining Burundi's capacity to provide quality education. In the 2009/2010 school year national repetition rates increased by 1.7%, reaching 35%, while drop-out rates doubled from 3.8% to 7.4%. Although the general trends in the focus provinces were most positive with repetition decreasing by 0.6 per cent, drop-out rates increased by 20 per cent. These statistics show the need for UNICEF to continue focusing attention to the importance of education quality, as well as access.

*Education planning and policy support for primary education:* UNICEF supported the MoE to develop and disseminate two strategic documents at the central and provincial levels: a Reference Guide for Teacher Competencies, and the HIV/AIDS Strategy for the Education Sector. An action plan to promote gender equity in primary education was developed based on the 2009 Gender Audit and will be implemented in 2011. A study on

the causes of school repetition and dropout is underway. Moreover, continued support for data management allowed the MoE to pilot the Education Statistics Database in three provinces.

*Expand and reinforce equitable access to basic education* - Community leaders (1,667) in the focus provinces participated in Community Dialogues, fostering community responsibility for school enrolment.

The 2010 Back-to-School campaign reached 100% of teachers with a set of essential pedagogical resources and 739,615 children (40% of primary school students) with learning materials. This included 49.9% girls and 15% from the most disadvantaged groups (including, orphans, repatriated children, Batwa ethnic minority, children with disabilities and albinos). Additionally the campaign reintegrated 15,526 children who had previously dropped out of school, and enrolled 45,622 over-age children.

Six new CFSs were built and 135 classrooms rehabilitated, benefiting 8,600 children. Another 8,236 returnee children joined the education system after completing an intensive language and catch-up programme.

### **Future workplan**

The Education programme will continue to support the goal of primary school completion by all school aged children (7-12 years) by 2014 through: supporting development of strategies and policies to improve education quality; improving education access and retention through community participation; enhancing gender-equitable developmental readiness of young children to begin primary school; scaling-up parental education and community participation for early learning; reinforcing capacities of education personnel to ensure quality and comprehensive teaching.

Resources available for 2011, as of December 16 were: (US\$): 2,399,974.36, including: RR: 1,657,320.00; OR 742,654.36.

### **Title:**

***Water, sanitation and hygiene***

### **Purpose:**

The WASH programme works to increase household access to quality drinking water and improved sanitation, paying particular attention to vulnerable and marginalised households and communities. WASH supports improved hygiene practices with a focus on hand-washing with soap, safe household water storage and treatment, and latrine use. The programme further supports safe water and sanitation in schools – including gender separate sanitation facilities and hygiene promotion – and an overall increase in water supply.

UNICEF is one of very few international partners working on the water sector in Burundi, and the only international organisation working to improve basic sanitation.

2010 planned results include:

- Increased household access to quality drinking water (2%) and to improved sanitation (14%), with particular attention to vulnerable and marginalised populations
- 80% of households in UNICEF focus provinces using improved hygiene practices, with a focus on hand-washing with soap, safe household water storage and treatment and latrine use

- Overall increase in water supply and gender-separate sanitary facilities in primary schools, including 2% increase in access for schools in provinces with the lowest coverage.

### **Resources Used**

Total approved for 2010 as per CPD (US\$): 1,390,000; RR: 987,000; OR: 403,000;  
Total available for 2010 from all sources: 2,336,500; RR: 1,001,474; OR: 1,335,026.

### **Donors**

ECHO (US\$1,009,925)  
Australia AusAID (US\$262,171)  
European Commission (US\$50,000)

### **UNICEF Thematic Funds**

Young Child Survival and Development (US\$12,930)  
HIV/AIDS (US\$43,814.05)

### **Results Achieved**

*Policies and Strategies:* UNICEF supported the Ministry of Health to elaborate the National Sanitation Policy and Code of Hygiene. A national forum was held in October 2010, creating an opportunity for key stakeholders to convene, and for media to publicise the new policy to the public. A technical working group is currently at work on the final document.

*Access to safe drinking water:* Approximately 60,000 more people gained access to safe drinking water in 2010, including 11,000 returnees living in peace villages established in the main areas of repatriation. Furthermore, 13 primary schools (6,800 school children) and 10 health centres gained access to drinking water in 2010 through springs, shallow wells and gravity systems.

*Basic sanitation and hygiene promotion:* UNICEF adapted the Community Led Total Sanitation (CLTS) approach and piloted it in 11 out of 17 provinces, reaching nearly 300,000 people. In response to the pilot's success, CLTS will be rolled out in other communities. A national workshop was held in November, followed by an international workshop in Mali in December to share experiences and lessons learned.

In order to break the cholera endemic in some areas along Lake Tanganyika, the Household Water Treatment and Safe Storage strategy was implemented in six provinces, in partnership with PSI. WASH interventions in schools permitted 47 primary schools to construct water points and separate sanitation facilities for girls and boys. Additionally, to ensure hand-washing in primary schools and health centres, roof catchment water systems were installed.

### **Constraints**

The principal constraint to WASH programming in 2010 was the high mobility of national counterparts and the general lack of experienced partners in the sector available in the country. Additionally, a review of project proposals and technical studies presented by Government and non-government partners for UNICEF funding proved very time-consuming, and given the quality of studies, often led to delayed implementation.

### **Summary of monitoring, studies and evaluations**

WASH completed a national K.A.P. survey of 4,250 schools to examine student understanding of health, water and sanitation. The results will help improve WASH interventions in schools and direct geographic focus. Additionally, UNICEF, in support of the Ministry of Water, Environment and Land Management, is currently mapping potential opportunities for manual drilling as part of the Organisation's global strategy to reduce cost, and provide access to water for communities.

### **Partnerships & Collaboration**

The main WASH implementing partners continue to be Government counterparts such as the General Directorate of Hydraulic and Rural Energy (DGHER), under the administrative supervision of the Ministry of Energy and Mines, and the Ministry of Water, Environment, Regional Development and Urban Planning. Further partners include NGOs such as the Burundian Red Cross, Harmonie asbl, Gruppo Volontariato Civile (GVC) and Conseil pour l' Education et le Développement (COPEL) among others.

### **Future Workplan**

Scaling-up the CLTS approach is UNICEF's main WASH priority for 2011. The Programme will continue providing safe drinking water by constructing or rehabilitating water supply systems (springs, shallow wells and gravity systems) in communities, including health centres and schools. Hand-washing promotion activities at the national level will be maintained, in close synergy with other UNICEF programmes such as Education, Health and Nutrition and C4D.

UNICEF will also continue to construct water points in the Peace Villages for Repatriates, in close collaboration with FAO and UNDP. The European Commission has given €1,100,000 to support WASH projects in and around the 16 villages, including primary schools and health centres.

### **Title: *Child protection***

#### **Purpose**

The Child Protection (CP) programme aims to strengthen the protective environment for children and women by reducing their risk of violence, exploitation, neglect, discrimination and abuse. At the national level the Programme focuses on creating a legal and regulatory framework that promotes and protects children's rights; sub-nationally it reinforces Government, civil society and community capacity.

CP focuses particular attention on Burundi's most vulnerable children, including children formerly associated with armed forces and groups, OVC, displaced children, children living on the streets and child victims of forced labour; as well as on children and women victims of SGBV. UNICEF works closely with partners to monitor and report on child rights violations, reform the juvenile justice system and transitional justice mechanisms, and implement the National Plan of Action for OVC.

UNICEF's Child Protection programme is streamlined into the UNDAF 2010-2014, ensuring that the protection of women and children remains a key priority in national planning and in the UN system.

#### **Resources Used**

##### ***Resources used:***

Total approved for 2010 as per CPD (US\$): 2,297,000.

Total available for 2010 from all sources: 1,692,216.72; RR 1,124,324; OR 567,892.72 (unfunded: 604,783.28).

### Donors

France (US\$228,503.21),  
Belgian Fund for UNICEF (US\$36,100.00),  
US Fund for UNICEF (US\$63,816.29),  
UNICEF Child Protection Thematic Fund (US\$275,573.22)

### **Results Achieved**

*Child Protection System:* Successful advocacy by UNICEF and partners led the President to validate the establishment of a Department for Child and Family Issues within the Ministry of National Solidarity, to address and coordinate responses to children and family issues.

UNICEF supported the Ministry of National Solidarity and its National Coordination Committee on OVC to strengthen coordination and regulation of CP system at *colline*, communal and provincial levels. In UNICEF's five focus provinces UNICEF worked with the Ministry to strengthen capacities of 311 Child Protection Committees.

Additionally, the CO engaged in the ESARO mapping and assessment of CP systems. The results will inform Burundi's national CP policy and action plan.

*OVC accessing social protection systems:* In partnership with the National Coordination Committee on OVC and civil society, UNICEF helped standardise an integrated and comprehensive assistance package for OVC (including health, education, protection, psychosocial and legal assistance, socio-economic capacity development). To support implementation of the package, UNICEF piloted an approach in UNICEF's focus provinces to harmonise partners' social protection interventions, leveraging each partners' comparative advantage. A follow-up National Forum on OVC provided an opportunity to pool lessons learned across partners and provinces for use in future programming and resource mobilisation. During the Forum the Government presented the annual report on the implementation of the National Policy on OVC.

*Child-friendly Justice Systems:* The Juvenile Justice thematic group took preliminary steps towards the elaboration of a national Children's Act, which will incorporate key articles of the CRC. UNICEF, working together with BINUB, trained 46 judicial police officers on juvenile justice.

*Special protection for vulnerable children:* A quantitative and qualitative study was conducted in Burundi's three main cities. A total of 3,253 children and youth (2,948 males and 305 females) were identified; 3,146 were interviewed including 717 youth over 18.

### **Future Workplan**

- Advocacy for the adoption of the Children's Act; the Code of Penal Procedures; the Minimum standards for children without parental care; and the National Strategy against the Phenomenon of Street Children
- Strengthen capacity of 2,795 members of Child Protection Committees
- Support 5,000 OVC to access an efficient social protection system
- Support a birth registration campaign in Kirundo and Muyinga provinces
- Ensure that victims of SGBV have access to treatment and counselling through the Gitega one-stop centre.

Resources available for 2011: (US\$) 1,922,523.37, including: RR: 1,381,000.00; OR: 541,523.37

## **Title: *Communication for Development***

### **Purpose**

The Communication for Development (C4D) programme focuses on strengthening capacity at household and community levels to make choices that will improve the lives of children and women, especially by reducing child mortality. At the community level, C4D works to increase knowledge and support behaviour of local leaders, other opinion leaders and duty-bearers that supports child survival, protection and development.

### **2010 Priorities**

- Strengthen national capacity for communication for development, including participatory research on knowledge, attitudes and practices, and message development
- Mobilise behaviour and social change at household and community level.

### **Resources Used**

Total approved for 2010 as per CPD (US\$): 774,600; RR: 461,600; OR: 313,000  
Total available for 2010 from all sources: 421,242.95; RR: 421,242.95 OR: 0.

**Donor:** UNICEF

### **Results Achieved**

- Religious and civil society leaders, NGOs and media are aware of the Accelerated Child Survival and Development (ACSD) strategy, including behaviours they can adopt to support high-impact interventions in health, nutrition and WASH.
- Communities have access to quality information on key ACSD practices through posters, radio programmes, and magazines. Community Dialogue, interpersonal communication and sketches give households the necessary information to adopt pro-ACSD behaviour. Media campaigns were carried out during major UNICEF education and health campaigns.
- In three of five target provinces, UNICEF and the Ministry are starting to establish commune-level C4D committees (six to date that include two representatives from each *colline*).
- UNICEF has equipped the Ministry of Health with a mobile cinema for effective mobilisation of the population for behaviour change. The debut activity supported UNICEF's hand-washing with soap campaign.
- A study on knowledge, attitudes and practices (K.A.P.) of the population regarding preferences on communication, especially with regard to the management of childhood development is currently in its final phase.

Key factors that contribute to C4D's success in Burundi include, having a national language that the entire population speaks; the existence of a hierarchical administration that provides counterparts at the national, provincial, communal and *colline* level; the presence of several groups that service as opinion leaders (religious leaders, civil society organisations, cultural groups, etc.); strong presence of radio stations that can be heard throughout the country, which allows C4D to utilise Burundian oral traditions.

### **Constraints**

UNICEF supported the establishment of a national technical committee on Communication for Development. A draft order was sent to the First Vice President in 2009; however, adoption was delayed as a result of the elections and the need to finalise the new CPAP. UNICEF will resume advocacy for its adoption in 2011.

Additionally UNICEF suffered from lack of staff in the C4D and External Communications departments, which constrained capacity for activities and external outreach.

### **Future Workplan**

- Carry out social mobilisation, advocacy and behaviour change activities in UNICEF's five focus provinces with the primary goal of supporting parents to adopt key practices in support of ACSD and empowering communities to defend the rights, and fight against stigma and discrimination of children.
- Support Community Dialogues to ensure that children enrol, return and remain in school.
- Strengthen the UNICEF Burundi website for use as a national and international resource for UNICEF advocacy, fundraising and knowledge sharing.

### **Title: *Cross-sectoral***

#### **Purpose**

The P, M&E section aims to ensure implementation of the programme, supporting national, decentralised and local monitoring of programme results, UNDAF+ outcomes, and promoting mechanisms for evidence-based programming and gender mainstreaming.

2010 planned results:

- Completed analysis of the 2008 population census
- Burundi's Demographic Health Survey (DHS) conducted in 2010
- M&E system strengthened and operational at decentralised level
- Monitoring tools developed in support of implementation of the 2010 AWP.

*Social Policy, Advocacy and Partnership for Children* carries out upstream policy work and develops knowledge management tools, with the overall objective of reducing vulnerability of children and women and enabling favourable and protective legal environment for children and women across programme section. The evidence and policy analysis help define advocacy strategy.

2010 planned results:

- National Policies developed and resources allocated in favour of promotion and fulfilment of children and women's rights
- Strengthen the evidence-based approach in strategic advocacy and policy work
- Track and document available information and research on the situation of children and women in Burundi.

### **Resources Used**

#### **P,M&E**

Approved budget: US\$575,797.90 US\$ (RR)

Used funding: US\$543,476, 29 US\$ (RR)

#### **Advocacy and Partnerships:**

Approved budget: US\$280,000 (RR)

Used funding: US\$60,028.14 US\$ (RR)

List of donors: UNICEF

Regular Resources  
P,M &E: US\$543,476, 29  
Advocacy: US\$60,028.14

## **Results Achieved**

### Planning, Monitoring and Evaluation

The 2010 IMEP informed the implementation of the 2010 AWP (baselines, progress towards results, strategic evaluations topics) and enabled the office to provide technical inputs towards an equitable national plan for health and development in Health and Nutrition sector; an action plan for mainstreaming gender in the education sector and advocacy towards child-sensitive strategies, definition of minimum standards for children in institutions and without parental care to track the phenomenon of children in street situation in 2011. In addition:

- Updated data on children and Women's situation is available following the final results of the 2008 Population Census
- DHS data collection on course, with MICS indicators included
- An intersectional matrix, field monitoring and evaluation checklist, guidelines and questionnaire for project evaluation and IMEP were developed to facilitate the implementation of the 2010 AWP and Joint/ Integrated Programmes
- M&E system strengthened at the central level (National Institute of Statistics: ISTEERBU) through provision of an updated socio-economic database –BurundInfo- for monitoring MDGs and PRSP

In addition, with regard to emergency preparedness, the section supported the development and update of the EPRP by providing necessary information on the prevailing situation in the country regarding the main emergency threats and risks.

## **Constraints**

- Lack of personnel in statistics and ICT, absence of qualified staff and low motivation of the staff at ISTEERBU creates excessive workload for the institution that causes delay in the completion of national surveys and studies
- Lack of knowledge by implementing partners in relation to Monitoring & Evaluation

## **Partnerships & Collaboration**

Ministry of Planning is the main partner for the P, M&E unit, through ISTEERBU. The Unit collaborated also with UNFPA, UNDP, BINUB, UNESCO, UNAIDS and UNIFEM through the UN integrated Monitoring and Evaluation Group led by UNICEF.

The Unit supported the development and update of the EPRP by providing necessary information on the prevailing situation in the country regarding the main emergency threats and risks.

### Social Policy, Advocacy and Partnership

## **Results achieved**

- 30 journalists were trained in techniques for collecting and processing information related to children
- The Day of the African Child and the 21st anniversary of the CRC served as a major platform for advocacy for budgeting and planning for children and the National Forum of Children.
- Facilitation of the participation of three Burundian young children in two fora, held in Uganda and Rwanda, provided an opportunity for them to share experiences and views on the challenges facing children in their communities

- The establishment of a database on all studies conducted on the situation of children in Burundi enabled the BCO to take stock of what has been done, to avoid duplication
- Fund-raising strategy developed, with partners and potential donors mapped to facilitate resource mobilisation in 2011
- UNICEF advocated for the inclusion of children's vulnerability issues within the draft social protection policy developed by the Ministry of Labour

### **Constraints**

- Lack of resources and the absence of a staff member to address social policy matters limit BCO's effort to reinforce collaboration with Governmental sectors on social policy issues
- The delay in the endorsement by the President of the National Forum for children continues to limit the participation of children and child-friendly budgeting

### **Monitoring, studies and evaluations**

Social Policy participated in project monitoring visits with Programme Sectors and edited Emergency Situation Reports.

### **Key partnerships**

Ministry of National Solidarity, Human Rights & Gender; Ministry of Youth, Sports and Culture; Ministry of Labour, Major mass media; NGOs and CSO

### **Emergency preparedness**

- As a member of various clusters, UNICEF advocated with Government and non-governmental partners for the systematic consideration of CCC in emergency situations
- 63 journalists were trained in reporting techniques in emergency situations

### **Resources Available**

P,M&E: US\$478,352 (RR)

Advocacy/Partnership : US\$ 380,000.00 (OR)

### **Future Workplan**

#### *Planning, Monitoring and Evaluation*

1. Continue updating the national database –BurundInfo- to track and report on the MDGs
2. Complete the 2010 DHS
3. Continue support to the M&E system at the decentralised level

#### *Social Policy/Advocacy/Partnerships*

1. Implement the fundraising strategy and develop donor tool kits
2. Launch a Burundi CO website;
3. Strengthen partnership with Parliament, Social Sector Ministries
4. Advocacy and support for the National Forum of Children, to contribute to the consolidation of peace
5. Advocacy for the inclusion of children within the social protection system

## **4 OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure**

The Burundi country office is governed by a series of committees that oversee management and monitoring of the Country Programme, including emergency preparedness. The CO received a satisfactory rating for governance in the 2010 audit, and adheres to 54 management indicators. Oversight committees include the Country Management Team (CMT), a Programme Coordination Meeting (PCM), Operations Group Management (OGM) and a Joint Consultative Committee (JCC). The CMT serves as an advisory body to the Representative and reviews specific management indicators covering programme and operations management, security and relations with UN and other partners. In 2010, the CMT focused on preparations for the audit; through the OGM, reviewed the Table of Authority, Office committees, and work processes; and reviewed programme and salary funding, in part to ensure salaries are charged to appropriate funding source as approved by the CPMP.

The PCM, OGM, JCC meet at least quarterly. In 2010 the OGM focused on preparing for and responding to the recommendations of the CO Audit conducted March-April. The usual statutory committees (including SAP, CRB, CRC, PSB, LSDC and JCP) all function regularly at the BCO. Feedback on staff matters is channelled through the Staff Association to the JCC and CMT, and feedback on programme and operations matters is managed through Section meetings, PCM and OGM. Additionally, 15 SOPs were issued in supply and financial and administration management.

UNICEF is an active member of the Interagency Collaboration Body on Management and Monitoring of the CP, including the UN Integrated Management Team (UNIMT) which discusses programmatic issues to ensure they are in line with the four UNDAF pillars and operating within the framework of the joint/integrated programme; and the UN Integrated Operations Management Team (OMT), which meets monthly to discuss operational support to programmes. UNICEF is represented on these teams by the Representative and Chief of Operations, respectively.

#### **4.1.2 Strategic Risk Management**

The CO has mainstreamed emergency preparedness and response into all programme areas and participates in interagency country coordination for emergencies. An Emergency Task Force, chaired by the Emergency Specialist and composed of one focal point from each section, is currently reviewing the EPR and is responsible for implementing updates in their respective sector. Since the departure of the Emergency Specialist in June 2010, the Chief of Health has taken over responsibilities for this position. Additionally, the CO has recruited an interim Emergency Specialist to bolster capacity.

The CO also maintains a pre-positioned contingency stock of non-food items at the central level for use on behalf of the most vulnerable children during emergency situation (natural hazards, epidemics).

The Office Business Continuity Plan (BCP) was completed in August 2009, and the procurement of related supplies was completed in 2010. During the second half of 2010 a simulated dry run was successfully conducted. Testing and improvements to the BCP will continue to be a priority in 2011.

#### **4.1.3 Evaluation**

- a) A five-year Integrated Monitoring & Evaluation Plan was developed alongside the CPAP to ensure effective and results-based programming. The IMEP includes 12 studies and surveys, three evaluations (at end of projects), nine M&E systems and four M&E capacity-building plans (baselines, progress towards results, strategic evaluations topics). The IMEP will be evaluated during the CPAP mid-term review in 2012.
- b) UNICEF has opted to hire external consultants to conduct project evaluations, ensuring that they are fair, impartial and objective.

- c) The CO's evaluation capacity includes a four-person evaluation team (one specialist, two officers and one senior assistant). UNICEF augments evaluation capacity with international consultants or national evaluation cabinets for major end-term evaluations.
- d) Findings from the evaluations conducted during the last programme cycle informed the development of the CPAP 2010-2014. On-going evaluations will allow the CO to adjust programme strategies to ensure impact.
- e) The M&E team works to support in-country evaluation capacity through collaboration with the Ministry of Planning and the National Institute for Statistics. Further support for routine data collection at the decentralised level helps to ensure that data tracks community-level results in connection with the Communal Plans for Community Development.
- f) UNICEF management applies evaluation findings to the development and/or reorientation of programmes and projects.

#### **4.1.4 Information Technology and Communication**

- In Q1 the CO introduced UNITRACK, a warehouse system management tool to enhance stock management; ICT worked closely with the consultants to ensure installation and proper functioning of the system.
- The Office installed videoconference equipment to reduce business travel costs for meetings, interviews and to facilitate links to implementing partners, donors and other COs.
- IP-VSAT capacity with EMC, our primary business connectivity, has been doubled to sustain the bandwidth required to run business services such as Lotus Notes, ProMS, ONnet and OffNet calls, and videoconference. The OffNet service has dramatically reduced phone costs as communication via VSAT is inexpensive. Line capacity was doubled from 2 to 4.
- In accordance with the new CP, a new zonal office was opened in Gitega. ICT developed and implemented a solution to integrate staff in Gitega into the BCO WAN network. This was made possible by linking the two offices via a secured microwave link at no cost.
- In preparation for VISION, hardware and software upgrades (laptop acquisitions, RAM upgrades, Windows 7, etc.) were accomplished. Moreover, ProMS 8.5 was replaced by ProMS 9.1 to facilitate migration to VISION in 2012.
- CO is finalising the installation of Windows 7/Office 2010. Lotus Notes will soon be replaced by Outlook 2010, included in Microsoft Office 2010.
- ICT unit provided training in ProMS to 12 staff, in BGAN satellite terminal setup to 20 critical staff, and in remote access to UNICEF corporate applications via Citrix, Business Everywhere and SSL VPN to 45 staff.
- The Office is MOSS-compliant. All Jeeps are equipped with VHF and HF radios. Chiefs of missions are provided with Satellite phones when on mission in-country. All staff are given handheld Motorola VHF radios and basic training on use.
- The BCP site is fully operational; a simulation dry run was conducted successfully and is now a routine activity. Senior Management residences are linked to the Office network via radio bridges. The CO has on-site a standby iDirect VSAT infrastructure that can be used in case EMC VSAT and local ISP links are both down.

## **4.2 Fin Res & Stewardship**

### **4.2.1 Fund-raising & Donor Relations**

2010 was the first year Burundi's Country Programme focused more on sustainable development and less on emergency preparedness. To respond to the change, the CO developed a new resource mobilisation strategy that could support a set of programmes to accelerate child survival and development. It aims to mobilise US\$50 million over the five-year CPAP.

To do this, a Resource Mobilisation Task Force was established in April 2010, which oversees and facilitates all activities related to raising funds for the Country Programme and works to increase knowledge of the situation of women and children and UNICEF's interventions in Burundi.

As one of its first assignments, the Task Force conducted a donor mapping exercise of all successful and unsuccessful funding proposals since 2008. This allowed the Task Force to get an overview of main donors for each programme section, amounts received and identify areas for improvement. The Office is also finalising a donor toolkit on HIV/AIDS, which will be used to raise dedicated funds from NatComs through the "New Funding Marketplace."

The Budget focal person and PMT enable the CO to closely monitor Programme/Project Budget Allotments.

In 2010 UNICEF received 41% of the US\$7,720,000 humanitarian aid requested.

Additionally, UNICEF completed 19 (all) donors reports on time in 2010, and was commended by donors and the RO for the quality of the reports.

#### **4.2.2 Management of Financial and Other Assets**

*Cash management:* In 2010 the CO successfully maintained a policy of having "just enough funds just in time." Monthly closing bank balance averaged US\$72,000.00, the amount required to cover the first two weeks of expenses for the following month. The CO effectively maintained funding requests on the intranet, and all were fully replenished by HQ.

*Zero VCU maintained:* The Finance Unit continued to prioritise accurate and correct coding. Coding was verified before processing payments in PROMS, resulting in zero unprocessed vouchers in 2010.

*Training of staff and partners on HACT:* UNICEF participated in inter-agency preparation activities throughout 2010 to ensure proper adoption and utilisation of HACT procedures when they are implemented in January 2011. The context, objectives and advantages of this new technique were explained to UNICEF staff and partners during all key review periods in 2010. Five staff members are now trainers on HACT implementation.

*Communication:* Use of VOIP was emphasised in 2010, resulting in a 10% cost decrease, from US\$33,358 vs US\$43,427 (January-October 2010, compared to 2009).

*Travel Management:* Based on the new UNICEF travel instruction, the CO streamlined its travel work process and issued a detailed workflow process to ensure timely and accurate processing of travel. The result is that travel-related tasks are better distributed, and travel and logistics are completed on time. Through the Monday morning meeting staff members are regularly informed on statistics pertaining to travel.

*Inventory:* A physical inventory was conducted during the second half of the year, providing an accurate record of assets. Additionally as per the audit recommendations, going forward the CO will record all attractive items (items with a value of over US\$200) in addition to entering items with a value above US\$1,500 in the NEP inventory database.

*Office accommodation:* In July 2010 the UN Security Management Team advised UNICEF to relocate due to the potential security threat created by its close proximity to the Presidential palace. A task force began negotiating for a new building and hopes to conclude an agreement by July 2011.

Operations support and Programme Management received a grade of 'partially satisfactory' in the 2010 Audit.

### **4.2.3 Supply**

At end-November UNICEF Burundi had obligated US\$6,272,949 of the supply budget (94% of the total 2010 plan). The decrease in procurements (14% less than 2009) is largely due to the overall decrease in funds for the Country Programme (US\$18,395,000 in 2010 vs. US\$22,197,000 in 2009). UNICEF's Education and the Health Sections represented 90% of total CO procurement. No fuel was given to our partners per the CO decision to reduce this activity starting 2010. About 25% of procurement was local and 75% offshore, representing a 2% increase in local procurement over 2009. The low level of local procurement is due to the lack of domestically manufactured goods produced; most imports are from Kenya, India, China and Tanzania.

Total procurement services for partners in 2010 equalled US\$6,485,835, a 15% increase over 2009 (US\$5,620,724).

SOPs were implemented for supply processes, procurement services and pre-delivery inspections for locally purchased orders over US\$ 10,000. LTA were signed for: transport from Bujumbura to the provinces; catering and conference rooms; offices supplies and stationary; pipes and accessories; water tanks; construction and electrical material; car rental.

In January 2010 total stock under UNICEF Burundi custody was valued at US\$1,851,000. New ways of working enabled Supply to reduce stock by 60%, to US\$726,760, by end-November. The stock of articles over 90 days old was reduced by 64%. The UNITRACK system was installed in February 2010, improving warehousing and distribution. By end-November, UNICEF had distributed US\$5,623,517 worth of goods.

UNICEF is working to support Government warehousing capacity in partnership with DfID, which is sponsoring training on supply chain management for medicines and medical equipment. Additionally, UNICEF sponsored a UNOP mission to evaluate Government capacity-building needs on warehousing over the next five years.

2011 supply priorities include: completing the Market Survey started in 2010, establishing a performance monitoring system for suppliers, reducing in-house transaction costs, improving the quality of the specifications in ProMs, providing end-user monitoring reports for large distributions and preparing Burundi for the IPSAS standards.

### **4.3 Human Resource Capacity**

*Recruitment:* Recruitment increased in 2010 to meet the needs of the new CPAP. Twenty-six new positions were created, including 13 IPs, 7 NPs and 6 GS positions. By November, all 23 positions were filled; however, the office faced two main challenges: first, OR funding sources were expected but not received, obliging the CO to freeze five OR-funded positions; second, some recommended candidates declined offers, for reasons including the fact of Burundi not being a family duty station.

Average time span to conclude recruitment from HR short-listing of successful candidates to submission of the CO recommendation remained at 45 days, according to the RO. Gender disparity in recruitment remains a consideration, with 46% females and 54% males in the CO (IPs 52 vs. 48%, NOs 43 vs. 57%; GS 41 vs. 59 % female to male).

*Human Capacity:* The CO updated staff profiles and competencies, particularly vis-à-vis management capacities to reflect the increasing need for highly qualified professionals

that can engage in substantive policy dialogue and strategic planning.

*Performance Appraisal:* The HR unit realised 100% completion of PERs in part 2.1 for 2010.

*Learning Staff Development:* The 2010 LSD Plan focused on local group trainings to support greater internal efficiency and ensure a supportive work environment. During the third quarter, a team-building workshop was held to reinforce cohesion and team spirit. Training on EPR was conducted in November. A training of trainers on HACT was conducted December 2-3, followed by rollout to 28 staff December 12. UNICEF also facilitated tailored trainings for individuals, to upgrade knowledge and skills to meet current job requirement, enhance job satisfaction, motivate and inspire career development.

*Staff Well-being:* Staff well-being was fostered through established structures like JCC, CFU, LSA and CMT. Two psychologists from BINUB were made available six hours per week to meet staff in need of counselling. Additionally, the Caring for Us committee invited the UN Doctor to give two education sessions: one on HIV/AIDS and one on different types of Hepatitis. Two JCC meetings were held to discuss staff issues, including staff morale and staff contractual status.

#### **4.4 Other Issues**

##### **4.4.1 Management Areas Requiring Improvement**

The use of common services – including security, courier and dispensary – across the UN contributed to UNICEF cost savings during 2010. UNICEF also shared common UN premises for the Gitega zonal office. Additionally, UNICEF has established a small roster of local consultants, which reduced advertising cost by US\$650 per position and shortened selection time by four weeks. Other UN agencies have benefited from UNICEF's roster, prompting them to share their own rosters and reinforcing interagency cohesion and cooperation.

##### **4.4.2 Changes in AMP**

As of January 2011, the BINUB integrated mission will become BNUB, and staff will be reduced by 90%. Some responsibilities formerly management by BINUB may be transferred to other agencies, requiring UNICEF to update the 2011 AMP.

Additionally, Burundi continues to face humanitarian concerns with regard to refugee repatriation and hosting, and proclivity to flooding and drought. In 2011 downsizing of WFP, WHO, UNHCR due to funding shortfalls is expected to increase pressure on UNICEF to meet the needs of Burundi's most vulnerable children.

## **5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

- 1. Assistance aux personnes expulsées de la Tans anie et appui à la réintégration des personnes rapatriées, expulsées et déplacées (2006-2009) Assistance to persons expelled from Tans ania and support to the reintegration of repatriated, expelled and displaced person (2006-2009))*
- 2. Etude sur le référentiel de compétences des enseignants en formation initiale et en formation continue // Study on teacher competency profiles for initial and in service teacher training*
- 3. Enquête Globale de Santé en Milieu Scolaire au Burundi // Global survey on health in Burundi's school environments.*
- 4. Cadre stratégique sur la prévention du VIH, la lutte contre le SIDA et la stigmatisation en milieu d'enseignement // Strategic Framework on HIV prevention, the fight against AIDS and stigma in school environment*

5. *Enquête quantitative sur les Enfants en Situation de Rue dans les provinces de Bujumbura, NGOs i et Gitega // Quantitative study on children in street situations in Bujumbura, NGOs i and Gitega provinces*

## **5.2 Other Publications**

1. *Etude Nationale sur la pauvreté de l'enfant et les disparités au Burundi // National Study on Child Poverty and Disparities in Burundi*
2. *Rapport de l'enquête quantitative sur les Enfants en Situation de Rue dans les provinces de Bujumbura, Ngos i et Gitega // Report on the quantitative survey of the children living on the street in Bujumbura, Ngos i and Gitega provinces*
3. *Rapport de l'étude sur le référentiel de compétences des enseignants en formation initiale et en formation continue // Report on teacher competency profiles for initial and in service teacher training*
4. *Cadre stratégique sur la prévention du VIH, la lutte contre le SIDA et la stigmatisation en milieu d'enseignement // Strategic Framework on HIV prevention, the fight against AIDS and stigma in schools*
5. *Rapport de l'évaluation finale de l'Assistance aux personnes expulsées et rapatriées de la Tanzanie et aux personnes déplacées (2006-2009) (Report on the final Evaluation of the Assistance to persons expelled and repatriated from Tanzania and displaced persons (2006-2009))*

## **6 SOUTH-SOUTH COOPERATION**

*Knowledge exchanges for Government officials:* To reinforce MoH capacity in developing the Health Sector Strategic Plan 2011-2015, six high-profile Ministry staff participated in an exchange with Mali and Burkina Faso. The tour included visits to key MoH departments, providing an overview of MoH operations and a chance to learn about the process of developing a sector strategy. Knowledge exchanges on the effective decentralisation of the health system, including developing pharmaceutical and health information management systems were particularly useful. Additional exchanges were held on developing human resources and strengthening community capacity for health care.

UNICEF also supported The Director General of National Solidarity and his advisor to undertake a mission to Mali to visit child protection projects on street children, children in institutions and OVC.

*Regional policies:* The Child Protection programme collaborated with the International Conference of the Great Lakes Region for the dissemination and adoption in Burundi of the ICGLR Protocol on the Prevention and Suppression of Sexual Violence against Women and Children.

*Supply chains:* In Operations, the Supply section worked with the Tanzania Country Office to procure 4.6 million exercise books for the 2010 Back to School campaign. UNICEF Tanzania had helped with a similar request in 2009, but this year the challenge was to double the quantities procured on a reduced time-line to meet the donor's financial requirements. The two-country offices collaborated to make sure the materials reached Bujumbura in time. Twenty-three 40 ft. containers were sent, received and stored in less than one month, and distributed in time to meet the children's first day at school. Materials had a clear paper trail from the warehouse to final delivery at schools, ensuring accountability.