Executive Summary

In 2012, major achievements of the Country Programme (CP) included significant strides in policymaking, with the approval of strategic documents such as the Sectoral plan for the Development of Education and Training (PSDEF), the policy on early childhood development (ECD), and the Gender and Equity Strategy, as well as the development of the Child Protection Code and a National Child Protection Policy. Children’s participation in policymaking was also strengthened through the signature of the Presidential Decree for the creation of a National Forum for Children.

Important achievements were recorded in health and nutrition in 2012, particularly in building momentum in addressing chronic malnutrition, which affects 58 per cent of the country’s under-5 children and is among the highest in the world. Burundi was admitted into the Scaling Up Nutrition (SUN) movement, and a national roadmap for food security and nutrition was developed as a result of the 2011 National Forum on Food Security and Nutrition, which had the participation of UN agencies and international non-governmental organizations (INGOs) under the leadership of the Government. In addition, UNICEF produced a crucial Situation Analysis (SitAn) on nutrition to inform country programming. Next steps require putting in place the Multi-Sectoral Platform of Food Security and Nutrition and appointing a national SUN coordinator.

Other achievements include the strengthening of community-based interventions, particularly in support of the Child Protection Committees (CPCs), which are providing care for more than 10,000 Orphans and other Vulnerable Children (OVCs). This illustrates the commitment of the Country Office (CO) to improving the lives of the most disadvantaged children.

A major milestone of 2012 was the successful completion of the Mid-Term Review (MTR), which recommended an extension of the Country Programme Document (CPD) to the end of 2016 to align with the revised UN Development Assistance Framework (UNDAF+) and the country’s second Poverty Reduction Strategy Paper (PRSP).

Shortfalls identified during the MTR include weak institutional capacity and high staff turnover, which impact all sectors. Shortfalls in cross-sectoral integration, particularly in addressing HIV/AIDS, led to the acknowledgement of the need to promote further integration between UNICEF sectoral programmes, and between UNICEF and partner programmes, in order to address vulnerabilities.

Other shortfalls include effective support to decentralization and the harmonization of community-based interventions, which are in need of consolidation.

The new CP implementation strategy will therefore focus on the strengthening of cross-cutting strategies on malnutrition, OVCs, HIV/AIDs, Innovations and ECD, as well as on efforts to strengthen community outreach.

UNICEF Burundi continues to engage in fruitful partnerships for the survival and well-being of children. These include the Education Sector Group, involving the bilateral partners Belgium, France, Norway, and the World Bank, which has effectively engaged in a strategic planning process with the Government of Burundi and resulted in the approval of its funding request to the Global Partnership for Education in November 2012. UNICEF was unanimously designated as the group’s Coordinating Agency for the coming year.

Finally, UNICEF collaborated with UNDP, UN Women, UNFPA, WHO and WFP in providing an integrated response to sexual and gender-based violence (SGBV) survivors through the establishment of the first One Stop Centre in Burundi.

Country Situation as Affecting Children & Women

The approval in 2012 of the second generation of the Poverty Reduction Strategy Paper (PRSP II), covering the period 2012-2016, constitutes a further step in the transition from conflict and emergency to stability and development. With its focus on social services, social protection, enhanced governance and the participation of communities in development efforts, PRSP II is highly child relevant. The PRSP II adoption prompted the
review of the UNDAF to align it with the cycle and national priorities of PRSP II, as well as the proposal for extension of the new CP, also to fit the cycle of PRSP II. The Partners Conference held by the Government in Geneva in October was successful in mobilizing financial pledges for implementation of the PRSP II. Current areas of concern include the reintegration of Burundian returnees from Tanzania, 35,128 of whom [1] arrived in 2012 (UNHCR Burundi), and the majority of whom are moving to four particular provinces. This puts additional pressure on land and existing services in a country with an already high demographic growth rate (2.4 per cent, Census 2008) and high population density (310 inhabitants per square kilometre).

Economic growth in 2011 was estimated at 4.2 per cent [2], slightly higher than in previous years and not very far off regional levels. Nevertheless, poverty remains a major cause for concern, and the population living below the national poverty line has risen to 67 per cent [3] from 47.8 per cent in 1994. Poverty is especially high in rural areas, home to 90 per cent of the population [4]. Burundi’s average annual urban population growth rate, projected at 4.5 per cent (State of the World’s Children Report—SOWC, 2012), is also one of the highest in the world.

While there is progress on child mortality, efforts need to be accelerated significantly to reach Millennium Development Goal (MDG) 4. International estimates put infant mortality and under-5 mortality rates at 88 per 1,000 live births (LB), and 142 per 1,000 LB, respectively [5]. It is important to note that recent survey results (Demographic and Health Survey—DHS, 2010) indicate an accelerated reduction, estimating infant mortality at 59 per 1,000 LB, and under-5 mortality at 96 per 1,000 LB [6]. However, these overall rates hide further and significant inequities. Notably, the under-5 mortality rate is higher in: rural areas (131 per 1,000 LB versus 79 in urban areas); certain geographical zones (the northern region presents the highest under-5 mortality rate, with 155 per 1,000 LB); among the poorest quintile, which experiences 152 per 1,000 LB versus 80 for the richest quintile; and among children with mothers under 20 (122 per 1,000 LB versus 77 for children with older mothers) (all data from DHS 2010).

Related issues include high maternal mortality (500 per 100,000 LB according to DHS 2010) and HIV prevalence (1.4 per cent in the 15-49 age group in 2010 [7]).

Hunger and malnutrition remain critical issues in Burundi. The 2012 Global Hunger Index [8] indicates that Burundi, despite being potentially self-sufficient in food, has the highest level of hunger among all the 79 countries it lists. Although progress has been made over the last five years in reducing acute malnutrition (from 7.4 per cent in 2005 to 6.0 per cent in 2010—National Nutrition Survey 2005 and DHS 2010) and the rate of underweight (from 39.2 to 29 per cent [9], National Nutrition Survey 2005 and DHS 2010), the prevalence of stunting continues to surpass the critical threshold and stands among the highest in the world (58 per cent [10]), with important disparities between regions. DHS 2010 results revealed higher rates of malnutrition in rural areas and among children whose mothers have lower education. Other major causes include: poor hygiene, feeding and sanitation practices; short intervals between pregnancies; the prevalence of childhood diseases, notably diarrhoea (33 per cent); and a high rate of anaemia among children under 5 years of age (45 per cent, DHS 2010).

Regular disease outbreaks occur, especially cholera and measles. Geographic disparities still prevail in access to safe water with rates varying from 36 to 84 per cent in rural provinces and from 0 to 100 per cent in rural communes within the same province [11]. Almost half of the population still lives without any adequate sanitation (46 per cent [12]) with significant disparities between provinces and between communes within same province.

Net enrolment in primary school rose from 59.8 per cent in 2004 to 96.1 per cent in 2010/2011 [13]. The gender parity ratio in the primary school enrolment was 100 per cent in 2010/2011 [14]. However, these national averages hide disparities between provinces and communes. The Education sector faces several challenges: high grade repetition (38.4 per cent in 2010-2011, of which girls represented 39 per cent and boys 37.8 per cent [15]) and dropouts (6.5 per cent in 2010-2011, of which 5.4 per cent were girls and 7.6 per cent were boys [16]); governmental capacity to reach the most disadvantaged out-of-school children; protecting girls against violence; and the overall relevance of the system for the productive sector and labour market of Burundi.
Commercial sexual exploitation has been identified as one of the worst forms of child labour in Burundi. Thirty per cent out of 307 children interviewed during the rapid assessment on Commercial Sexual Exploitation of Children (CSEC) declared themselves to be victims of CSEC, whereas the remaining 70 per cent said they had witnessed cases of CSEC.

Children formerly associated with armed forces and groups are still facing challenges in their reintegration, and cases of children in conflict with the law remain a concern, as there is not yet a functioning juvenile justice system in the country.

[1] UNICEF Joint Internal SitRep #4 on Mtabila former Burundian refugees, Produced by Tanzania and Burundi COs with the Eastern and Southern Regional Office (ESARO)

Country Programme Analytical Overview

In 2012, the CO performed an MTR and extended its CP to align with the cycles of the UNDAF+ and PRSP II until the end of 2016.

The Burundi Country Office (BCO) established and strengthened partnerships with UN agencies, the Government, the National University, Parliament, CSOs and the media, all of which are crucial to addressing barriers and bottlenecks affecting the most disadvantaged children.

On a policy level, advocacy efforts contributed to the creation in 2012 of the National Forum for Children (Children’s Parliament); the strengthening of the legal and policy framework for child protection in Burundi; and the definition of a long-term strategy to address barriers to birth registration.

UNICEF Burundi continues to reach the most disadvantaged children through cost-effective and high-impact health and nutrition interventions, notably in remote areas. The CO is also working to address barriers to health-care consultation and to school enrolment and retention rates (notably through the construction of Child-Friendly Schools and the Back to School campaign).

Interactive theatre is used to both promote behaviour change towards key practices that protect disadvantaged children, and to address the social norms that lead to the exclusion of children infected or affected by HIV/AIDS, Batwa children and albino children. The process ensures that the communities identify the key barriers for these children and propose their own local solutions.

An important change in the strategic focus of the CP following the MTR is the focus on multi-causal and multidimensional issues. The most prominent of these, as confirmed by the Nutrition SitAn, is chronic malnutrition. UNICEF is engaged in ongoing advocacy with internal and external stakeholders for a more cross-sectoral and integrated approach to the fight against malnutrition and food insecurity and to addressing wealth quintile disparities in nutrition status. In addition, the implementation of integrated community case management of the main child killer diseases will be scaled up.

Another important cross-sectoral issue requiring a reinforced approach concerns adolescents and youths, particularly out-of-school youths. The Interagency Network on Youth/Education/HIV Prevention, comprised of UNESCO, UNFPA, UNDP and UNICEF, is committed to a more common strategic approach to reaching youth as both a target group and as a thematic. In addition, the CO is developing insights into the intergenerational reproduction of violence via the life cycle. Building as it does on the inclusion of the Peacebuilding and Education and Advocacy Programme in the 2012 interventions, this new cross-sectoral issue is highly relevant for BCO.
UNICEF Burundi is committed to a more cross-sectoral approach to the promotion of ECD and social protection. Finally, BCO is engaged in integrating innovation both through the use of rapid communication technologies (such as RapidSMS) but also, more broadly, as an approach to all aspects of the CO’s work. BCO has established an Innovations task force, comprising both ICT and Programme staff, which meets frequently to develop important innovations in programming.

**Humanitarian Assistance**

In 2012, UNICEF was fully engaged alongside other UN agencies and the Government in the repatriation of 35,128 Former Burundian Refugees (FBRs) from the Mtabila refugee Camp in Tanzania, 57 per cent of which were children.

UNICEF’s humanitarian interventions focused on responding to the emergency needs of repatriated children and other vulnerable children. This was done through the provision of ECD and recreation kits, tents, kitchen sets, hyper-protein biscuits, chlorine, and safe drinking water (through support to the Burundian Red Cross society).

The reintegration of children and women in communities is being facilitated through the CPCs. Further UNICEF-supported actions include the fast tracking of protective environment structures, notably the creation of child-friendly spaces and the provision of birth registration certificates, and the construction of additional classrooms in host communes.

The smooth and orderly repatriation of FBRs can be considered an example of successful coordination between humanitarian actors. UNICEF continues to work with the Government of Burundi and other partners to ensure longer-term development assistance to promote self-reliance and integration of FBRs into host communities.

UNICEF responded to additional emergency situations in partnership with other humanitarian actors, notably the flooding in Gatumba, the displacement of households to Maramvya, and cholera and measles outbreaks.

**Effective Advocacy**

mostly met benchmarks

UNICEF uses a wide range of strategies to engage in results-focused, rights-based advocacy, including high-level advocacy visits to top Burundian government officials. The Social Policy and Advocacy Unit of the CO also lends crucial support to all programmes in their advocacy efforts.

Examples of effective results achieved through advocacy efforts in 2012 include:

[1] The signature of the Presidential Decree to establish a National Forum for Children (Children’s Parliament) and the inclusion of a budget line for the Forum into the Ministry of National Solidarity sectoral budget. This significant action to increase the participation of children in social, economic and political issues which concern them is a result of engagement with the East African Community, close collaboration with local civil society partners, who publicly took the lead in advocating for it, and continuous high-level and behind-the-scenes advocacy by UNICEF.

[2] The signature of Burundi’s pledge to reduce under-5 mortality to 20 per 1,000 LB or below by 2035 following the participation, facilitated by UNICEF and USAID, of the Ministry of Health of Burundi and a civil society organization (CSO) in the “A Promise Renewed” Child Survival Call for Action in Washington, D.C.

[3] The admission of Burundi as the thirtieth member of the SUN movement during a high-level meeting on SUN in recognition of the heavy burden of chronic malnutrition on the country.

[4] The adherence of Burundi to the Sanitation and Water for All initiative and the engagement of Burundi for the application of the 2008 eThekwini commitment on budget allocation for sanitation and hygiene. In addition, two key documents developed with the support of UNICEF (the National Policy of Basic Sanitation and the Hygiene Code) were submitted to the Parliament for adoption.

establishment of a national Child Protection Coordination Committee led by the Ministry of National Solidarity.

UNICEF also advocated with political and administrative authorities to ensure that issues related to young children’s well-being included in ECD programmes are better addressed in public policy.

BCO organized and received visits from five donors: four National Committees (United Kingdom, the Netherlands, Belgium and Germany) and the Office of International Cooperation and Development of Monaco. High-profile personalities accompanied some of these donors on their visits and contributed to effective advocacy in favour of children. These included Belgian singer Axelle Red, who drove awareness on access to education in rural areas, and actress Nicolette van Dam, who sought to raise awareness on child survival issues. The UK National Committee was accompanied by Ivan Lewis, Shadow Secretary of State for International Development, in order to advocate for increased investment in children among British decision makers.

The visibility of the situation of children in Burundi was also increased through the visit of numerous international media outlets, including RTL II, RTBF, Paris Match, and others.

### Capacity Development

*Partially met benchmarks*

Programming using a participatory approach—with and under the leadership of national counterparts, and with the involvement of civil society—has resulted in good practices of capacity development over the three years of programme implementation. These have been conducted in planning workshops with national counterparts, through joint field visits, and during the midyear and the annual reviews.

Following the 2011 qualitative study on the Integrated Management of Childhood Illnesses (IMCI), UNICEF supported the Ministry of Public Health (MoH) in the revision of IMCI tools and training modules and provided the national trainers team refreshment training before the training of district teams and health workers commenced in selected provinces (96 health workers were trained in Muyinga and Gitega). Through a coordinated effort between MoH, UNFPA and UNICEF, all 45 district hospital teams and the district health management team were trained on conducting maternal death audits. UNICEF led the revision and standardization of the Positive Deviance (PD) strategy to address malnutrition, as well as the development of the draft national strategy for capacity-building health staff and community health workers on nutrition.

The capacity of government education officers, teachers, educators and provincial directors of education has been strengthened to enable them to effectively play their role at the decentralized level. Challenges still persist in capacity-building and development, specifically in education planning and data collection at the local and communal levels for the effective Monitoring and Evaluation of the education system.

The skills of communities and local structures (including the Regie Communale de l’Eau) have been developed through the management of water facilities in six communes, in which a total of 17 gravity water networks were developed. The capacity of 35 governmental (Ministries of Public Health, Water and Hydraulics and Civil Protection personnel at the central and decentralized levels and NGO partners involved in the WASH preparation for and response to cholera outbreaks were strengthened through an in-house training organized with the support of the UNICEF Madagascar CO.

UNICEF supported capacity development of the Government in leading and coordinating child protection interventions through the deployment of a technical expert at the recently-established Child and Family department within the Ministry of National Solidarity. The support included the elaboration of guidelines for the operation of the department, a code of conduct for personnel in contact with children, and staff training plans.

The capacity of technicians and trainers of trainers from three Ministries (Health, Communal Development, and Communication) and more than 360 community workers were strengthened on the application of
Communication for Development (C4D) theories and the “KIM” (Knowledge, Information and Monitoring) approach in their field activities for the promotion of the six key practices. Training on radio techniques was also given to improve broadcasts produced by MoH and the Ministry of Communication with the support of UNICEF.

UNICEF strengthened the capacity of the BurundInfo team at ISTEEBU (the National Statistics Office) to update and maintain the national adaptation of DevInfo. This was achieved through a two-pronged strategy of placing a technical expert at ISTEEBU and conducting ad hoc trainings on advanced database management modules.

Communication for Development

Partially met benchmarks

UNICEF uses a variety of C4D tools to promote positive and measurable behaviour and social change. Examples include mobile cinema, interactive theatre, listening clubs, awareness materials and radio spots, which are all used to foster discussions at the community level. In 2012, C4D activities reached 61,263 persons (19,885 men, 19,535 women and 21,843 children).

The CO’s C4D unit uses a cross-sectoral approach to all activities, working closely with Health and Nutrition, WASH, Child Protection and Education to achieve results for children and women. As such, C4D activities go beyond the promotion of health and nutrition practices and also sensitize communities on the prevention of commercial sexual exploitation, the importance of birth, wedding and death registration and the fight against gender-based violence (GBV).

At the upstream level, the C4D unit mobilized important partnerships to gather and harmonize communication tools used for nutrition and health behaviour promotion. Partners including MoH, UN agencies, bilateral and multilateral cooperation, NGOs and CSOs agreed to a common set of tools for the promotion of the six key family practices for health and nutrition.

At the downstream level, close collaboration with community health workers has resulted in the dissemination of key messages about the six key health and nutrition family practices to 2,658 men, 3,999 women, 780 boys and 1,231 girls this year. A partnership with the Scouts association resulted in the strengthened capacity of 62 scout group leaders (14 girls and 48 boys) to promote good hygiene and sanitation.

C4D activities have invested heavily in the peer-to-peer approach to educating community inhabitants. Notably, this approach is used with Scouts and community members of the Integrated Rural Peace Villages (VRIs), who have been trained to be a part of listening groups.

A participatory approach is used in the development of tools and materials. For example, in junior interactive theatre, youth are fully involved from the situation analysis through to the script elaboration and the play. Vulnerable and minority children are represented in the composition of the theatre troops. Youth were also involved in the improvement of posters on HIV/AIDS.

A participatory approach is also being used in the integration of innovations in programming. This innovation aspect will combine an ongoing public polling service—allowing for the collection of lightweight, real-time data at the community level—with simultaneous closed SMS feedback loops that enable partners to strengthen internal communication and coordination. In addition, a variety of public media channels will be used to enable youth reporters to directly discuss poll results and social issues of concern to them with their peers and key decision makers, with a focus on increasing the participation of youth and women.
Service Delivery

*Mostly met benchmarks*

In Health and Nutrition, UNICEF, MoH and partners designed a practical supply scheme to facilitate the process of requesting and dispatching nutrition commodities in due time. UNICEF promoted ownership and empowerment among government staff and community health workers and increased the core capacities of partners in health and nutrition service delivery.

UNICEF has also acted to respond to the limited storage capacity of the MoH by supporting the extension of the National Drug Store (CAMEBU) to manage essential commodities (insecticide-treated nets—ITNs, nutrition supplies, medicines, etc.).

Issues of stock-out are also being effectively addressed, and in 2012 there were no stock-out of ITNs, Prevention of Mother-to-Child Transmission of HIV (PMTCT) and nutrition supplies at the national level (though some delays in the dispatching of these supplies to the health centres resulted in local stock-outs). The stock-out of nutrition products, especially Ready-to-Use Therapeutic Foods (RUTFs) and essential drugs for Community-based Management of Acute Malnutrition (CMAM) has been minimized at the intermediate and peripheral levels. In addition, UNICEF is purchasing additional PMTCT supplies to avoid recurring stock-outs.

In 2012, BCO conducted the following interventions: implementation of the timely distribution of school and teaching materials; distribution of construction materials for 96 schools; and distribution of furniture benefitting more than 530,000 schoolchildren and 10,000 teachers.

Supplies including ECD and recreation kits, tents, kitchen sets, hyper-protein biscuits, chlorine, and safe drinking water (through support to the Burundian Red Cross society) were also provided in transit camps for FBRs returning from Tanzania.

As part of the Child-Friendly Schools (CFS) approach, WASH activities allowed 30,140 pupils of 49 primary schools to gain access to basic sanitation through the construction of 63 blocks of 348 gender-separated VIP latrines connected to hand-washing facilities in 29 schools in peace villages and through the restoration of existing school latrines.

More than 55,000 new people and around 12,600 school pupils of 30 primary schools gained sustainable access to potable water through the development of 17 gravity water networks comprising 196 water points. In order to ensure the sustainability of these facilities, water point committees and water network committees were created and trained on their long-term operation and management.

Strategic Partnerships

*Partially met benchmarks*

In 2012, effective partnerships between UN agencies resulted in the revision of the UNDAF 2012-2016. BCO successfully conducted an MTR which resulted in the alignment of its CP to the revised UNDAF+ and to the PRSP II.

BCO continued to reinforce partnerships with high-level state actors, academia, CSOs, Scouts and the media throughout the year. However, the CO is only beginning to collaborate and form alliances with less traditional partners, including religious organizations, grass-roots organizations and the private sector.

A Memorandum of Understanding (MoU) was signed with the national broadcaster, RTNB, for the production of radio and television programmes produced by and for children. This important initiative will foster children’s participation in addressing issues of concern to them and allow for heightened public awareness of cross-sectorial issues that affect children. In addition, 25 new child journalists were identified from different regions and different socioeconomic backgrounds, including orphans.
Collaborations with MoH and the Ministry of Communication have resulted in the production of broadcasts and the training of trainers to support the promotion of the six key health and nutrition family practices.

In Health, monthly meetings of the Health sector steering committee and its thematic groups were undertaken to monitor the implementation of the National Health Sector Plan. In the area of maternal health, joint activities including the revision of reproductive health norms and maternal death audits were undertaken with UNFPA and WHO.

To scale up PMTCT activities, an Elimination of Mother-to-Child Transmission of HIV (EMTCT) political committee and technical committee was established in 2012 under the leadership of MoH, and formal agreements were signed between UNICEF and CED-CARITAS and ABUBEK.

In Nutrition, an active technical working group on food security and nutrition is paving the way for the setting up of a high level cross sectoral committee and the development of a joint national multi-sectoral strategy to address stunting.

In Education, coordination with the Government and strategic and implementing partners resulted in close collaboration between various donors (France, Belgium, and Norway) and the official designation of UNICEF as Coordinating Agency of the Education Sector Group.

Further strategic partnerships were initiated by UNICEF through an inter-agency network to better address youth and adolescent issues, including HIV prevention.

Child Protection established a strategic partnership with ILO and the Government of Burundi in the implementation of the Plan of Action for the Elimination of the Worst Forms of Child Labour. In particular, efforts have been made to develop and validate the list of worst forms of child labour in Burundi, which will guide the revision of the Labour Code.

Strategic partnerships developed by the WASH programme include a joint programme between three UN agencies in Burundi (UNDP, FAO and UNICEF) in VRIs to support the reintegration of FBRs from Tanzania.

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## Knowledge Management

**Partially met benchmarks**

In 2012, UNICEF branded and disseminated four strategic documents both for advocacy and capacity development purposes. These were as follows: the National IMCI Strategic Plan 2012-2016; the Emergency Neonatal and Obstetrical Care Survey Report of 2010; the Cholera Contingency Plan; and the National Protocol for the Management of Cholera. Key policy and technical documents have been finalized and validated, including: the National Scale Up Plan for CMAM; the National Infant and Young Child Feeding (IYCF) Guidelines; the national harmonized guide on PD/Positive Deviance Hearths (FARN) implementation; the national code on the marketing of breast milk substitutes; and the National Nutrition Strategic Plan.

UNICEF is supporting the Government in finalizing further policy documents, among which are: a nutrition survey conducted in four provinces affected by food insecurity (Makamba, Rutana, Ruyigi, Cankuzo); an assessment of the Positive Deviance (PD) approach; a study on alternative and non-formal education to better identify out-of-school children and adolescents and existing non-formal education centres; and a study on the effective teaching of Life Skills, particularly HIV/AIDS prevention, to better address shortfalls in prevention among adolescents and youths. An ECD mapping of interventions was also developed to enhance further knowledge and response in this area.

The experience of emptying latrines in schools and the promotion of the Community-led Total Sanitation (CLTS) approach in the Shombo commune were both capitalized on through the development of fact sheets to assess achievements and lessons learned, and to identify opportunities for broader dissemination to
stakeholders and opportunities for scaling up. Child protection system mapping conducted in 2011 is being updated, and a mapping of all functioning CPCs was conducted. Harmonized tools for the identification, documentation and reporting on vulnerable or at-risk children were developed in consultation with child protection partners.

As part of the process of knowledge management, tools in C4D theories (including the Health Belief Model, the Trans-theoretical Model and Social Norms Analysis) were provided to technicians from three ministries (Health, Communal Development, Communication).

Human Rights-Based Approach to Cooperation

**Partially met benchmarks**

In 2012, concrete efforts were made to strengthen the participation of rights-holders and to ensure the integration of human rights principles in all aspects of programming. For example, in C4D the participatory approach is an important element of programming, especially in causal analysis and the integration of different levels of causalities. It ensures that vulnerable and minority groups like the Batwa, albinos, returnees, and children affected or infected by HIV, are part of the programme design. Community dialogue and interactive theatre also ensure these children and youth have a platform to claim their rights.

In terms of Social Policy and Advocacy, the support provided for the establishment a National Forum for Children (Children’s Parliament) and the training of children journalists have created new opportunities for children to speak up about their concerns and identify new solutions.

Child Protection continued to strengthen the capacities of community child protection committees in order to promote the rights of children and women and address issues of violence and abuse against children at the local level. Furthermore, a specific plan of action on CSEC was developed following the results of the rapid assessment on CSEC, which identified the children who are particularly at risk. The results of the rapid assessment fed into the preparation of the report on the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

Three workshops were held to train Communal Committees for Community Development (CCCD) and the Hill Committee for Development (CDC) on the Convention on the Rights of the Child (CRC) and promote the integration of children’s needs and priorities in communal planning.

In Education, programmes implemented in 2012 focused on formal schools. However, some 10 per cent of school-aged children have either dropped out or never attended school. Studies, partnerships and social mobilization have all been implemented to better address hard-to-reach children, especially the most vulnerable boys and girls and those with special needs, to allow them to fulfil their rights to education.

As for Health, a bottleneck analysis of PMTCT and equity was conducted in order to revise the existing EMTCT plan.

UNICEF also supported the Government’s initiatives in the development of peace villages and the reintegration of returnees from Tanzania by promoting their access to basic social services such as access to water and sanitation facilities for communities, including for children in primary schools. The water point installation and management strategy emphasizes the reduction of disparities, and community participation empowers social cohesion.

Gender Equality

**Mostly met benchmarks**

In 2012, UNICEF Burundi continued to seek to integrate a gendered approach into its programming and to
provide equal opportunities for women, men, girls and boys.

In Health and Nutrition there has been strengthened involvement and participation of men in the PD approach at the community level and in PMTCT activities.

Concerning Education, in 2012, UNICEF funded the development of the Gender and Equality strategy document in order to help address gender and regional disparities. Because this strategy only supports the formal education system, BCO is working towards reaching out-of-school and vulnerable children, particularly girls, through its renewed strategic focus on adolescents and youths, in particular out-of-school youths.

In Child Protection, service delivery activities as well as the advocacy component of the programme aims to ensure equal access to social protection, basic social services, vocational training and income-generating activities for girls, boys and women. As an example, equal participation of boys and girls is ensured in the Child Protection Committees and the participation of women and girls in income-generating activities is promoted.

The WASH programme contributes to providing a protective environment for women and girls in a number of ways:
1. Water points are installed within the communities and accessible for all users. This increases safety for women and girls, as acts of GBV may occur on the route to the water point if it is isolated or too far away from the community.
2. UNICEF works to ensure that women and men are equally represented in water systems management. This aims to empower women’s leadership in water management issues at the local level.
3. As a part of the CFS approach, all newly-built latrines are gender-separated in order to support girls staying in school. School hygiene committees ensure the equal participation of boys and girls in training on the maintenance of sanitation and hand-washing facilities.
4. Sanitation practices and hygiene promotion using the CLTS approach are led by women at the local level.

Meanwhile, the C4D programme strives to ensure the equal participation of girls, boys, women and men in radio broadcasts and in forums, such as interactive theatre, mobile cinema sessions, and community dialogues. Interpersonal communication led by community workers also takes into consideration gender issues, especially in the involvement of both women and men in addressing issues such as childcare and child development. Efforts have also been made to collect gender-disaggregated data during community activities. In Social Policy and Advocacy, gender equality was taken into account for the identification of new children journalists. In addition, almost half of the members from CCCDs and CDCs, including Child Protection Committees trained on Child’s Rights, were women.

BCO also endeavoured to respect gender parity among BCO staff, which is currently 52 per cent female and 48 per cent male. In terms of hiring, nine International Professional (IP) staff (four men and five women) and two General Services (GS) staff (both women) were hired in 2012.

**Environmental Sustainability**

*Partially met benchmarks*

The Core Commitments for Children (CCCs) are an integral and fundamental component of UNICEF Burundi’s programming.

UNICEF Burundi is resolutely involved in environmental issues and seeks to deepen understanding on environmental issues, including environmentally-friendly construction, for the future. Disaster Risk Reduction (DRR) provides initial approaches and can be further mainstreamed in the.

Current achievements include the development of the teachers’ training module on the CFS approach, adopted by the Government and focusing on areas such as Education in Emergencies (EIE)/DRR and Water,
Sanitation and Hygiene (WASH). Joint activities involving the Education and WASH sections on hygiene promotion have also helped to reinforce hygiene and health clubs in schools and better address cholera issues with children, especially in cholera-prone provinces.

Environmental protection issues, including climate change adaptation and mitigation aspects, are taken into consideration in the construction of water supply facilities. The construction of latrines in schools and the promotion of the CLTS approach, which sensitizes households to build their own latrines using local materials that do not affect the environment, contribute to both ending open defecation in rural communities and to protecting the environment. Communities are also sensitized on the rational use of natural resources such as water through the maintenance of the water points and the protection of water sources against contamination.

UNICEF provided technical support to the national platform on DRR in developing the inter-agency contingency plan and the DRR strategic plan. The humanitarian intervention was focused on responding to the emergency needs of children in terms of access to safe drinking water, sanitation, health care and nutrition, as well as a protective environment and primary education materials for school-aged children.

**South-South and Triangular Cooperation**

BCO promoted, facilitated and supported South-South and triangular cooperation mainly through the participation of national counterparts and CSOs in regional and sub-regional workshops. This resulted in increased awareness of regional shared programmes and approaches.

In Education, UNICEF staff and the emergency focal point of the Government of Burundi participated in a sub-regional workshop on Girls’ Education in refugee camps. The workshop took place in November and was jointly organized by UNICEF and UNHCR.

In Health and Nutrition, UNICEF funded the participation of the MoH Permanent Secretary at the meeting on Health Financing Systems in Rwanda, where he presented Burundi’s experience of linking free access to basic health services with Performance-Based Management. UNICEF also funded the participation of a Burundian delegation of MoH officials and CSOs in the SUN and “A Promise Renewed” meetings in Washington D.C., as well as in the SUN network meeting organized by ESARO in Nairobi. In addition, UNICEF supported the attendance of MoH representatives and partners in a regional workshop on improving the nutritional quality of complementary foods for young children (aged 6-23 months) in sub-Saharan Africa through home fortification. As a result, the country is developing a food fortification strategy and an acceleration plan to achieve MDGs 4 and 5.

For Child Protection, UNICEF facilitated the participation of government officials in the Second Conference of African Ministers Responsible for Civil Registration in Durban, South Africa, which resulted in the design of a long-term strategy to strengthen the civil registration system in Burundi. Furthermore, UNICEF supported the participation of the General Director of the Ministry of National Solidarity at the International Conference on Child Helplines, to learn from the experiences of other countries on establishing child helplines. BCO also facilitated the participation of officials from the Ministry of Security in the conference on the introduction of child rights courses in police training programmes, which was held in Lome, Togo.

South-South and triangular cooperation were promoted through the exchange of programming tools and expertise. C4D teams from the Mauritania and Tanzania COs shared samples of communications materials in French and in Swahili to support BCO’s response to the return of FBRs from Tanzania. Specialists from the DRC CO and from the Regional Office (RO), including the ESARO Chief of Communications, supported BCO during the MTR process in conducting the ECD bottleneck analysis. The innovations team from the Uganda CO came to support BCO in advocating for the implementation of innovations in Burundi. They also participated in meetings with government counterparts during the Jamboree (a Scout event held in Burundi).
**PC 1 - Health and nutrition**

**PCR 0610/A0/08/122** National institutions/structures and communities deliver an integrated package of quality health and nutrition services that are consistent with norms and standards and focus on the most vulnerable children, and communities adopt health and nutrition practices that are favourable for women and children by 2014.

**Progress:** The programme component result is in line with the National Health Sector Plan 2011-2015 aiming to improve access and quality to health services with a clear focus is on the delivery of an integrated package of health and nutrition interventions at facility and community levels. In 2012, additional strategic documents and implementation tools have been developed and validated, notably on reproductive health norms and protocols and the community health-care strategy. Monitoring data show that 82% of provinces are implementing CMAM and 47% of health centres are delivering PMTCT services. Overall, access and utilization of health services has increased as a result of free care for pregnant women and under-5 children, coupled with the performance-based financing system and the free care for all cases of uncomplicated malaria.

All stakeholders, including UNICEF, put more emphasis on the promotion of the six key family practices. Data released from the DHS 2010 show that 69% of children are exclusively breastfed up to six months, 70% receive complementary feeding, and 45% of under-5 children and 50% of pregnant women slept under a long lasting insecticide-treated net (LLITN). Home management of diarrhoea with oral rehydration salts (ORS) and zinc is not yet implemented at the national level. In cases of diarrhoea, care was sought for 47% of children; in the case of fever the number was 62%; and in the case of acute respiratory infection it was 55%.

**IR 0610/A0/08/122/001** Prevalence of underweight children aged 0 to 59 months is reduced from 39% to 29% by 2014.

**Progress:** Although the underweight rate has reached the target of 29%, the prevalence of stunting continues to surpass the critical threshold and stands among the highest upon the world (58%). Through enhanced partnerships with UN agencies, NGOs and bilateral development agencies, UNICEF supported the Government of Burundi to scale up community-based management of acute malnutrition (CMAM). The coverage of Outpatient Therapeutic Feeding services (OTPs), and Stabilization Services (ITPs) increased to 16 out of 17 provinces (94% of provinces). Up to 25,417 cases of severe acute malnutrition (SAM), which represented 74% of all SAM cases, were admitted and treated with cure rate of 76% and death rate of 1%

Integration of CMAM into the health system remains weak, especially at peripheral levels; this is affecting the management of nutrition commodities and the quality of nutrition data at facility and community levels.

UNICEF continued to reinforce the community based-nutrition programme in the form of the Positive Deviance Hearths (FARN), which has been scaled up to cover eight out of 17 provinces. This approach involves empowering “light mothers” and care-givers for children at risk of malnutrition through the promotion of good practices, including proper hygiene and feeding practices utilizing standardized Behaviour Change Communications (BCC) tools on key family practices.

The National Nutrition Strategic Plan, updated national IYCF guidelines, and PD/FARN guidelines have been produced and validated for better guidance of nutrition interventions. Furthermore, the high-level forum on Food Security and Nutrition increases the awareness and official commitment to fight stunting. In September 2012, Burundi was admitted as SUN member.

**IR 0610/A0/08/122/002** 60% of sick children under 5 receive care according to the national clinical and community IMCI protocol and national IYCF guidelines in five priority provinces (Gitega, Muyinga, Kayanza,
Cankuzo and Cibitoke) by 2014

**Progress:** Integrated Management of Childhood Illnesses (IMCI) is implemented in five out of 17 provinces with support from UNICEF, and in 10 other provinces with support from other partners. UNICEF supported MoH in updating clinical IMCI training tools in accordance with international and national norms and supported capacity-building of the national IMCI pool of trainers to disseminate the new tools at operational level. However, the IMCI indicators are not included in the Health Management Information System (HMIS) and the monitoring system is weak and not yet able to assess IMCI performance. During the next revision of the HMIS, IMCI indicators should be included in the system for monitoring.

Free access to health services for children under 5, and the Performance-Based Financing system have contributed to improving access and utilization of health services. To be successful, implementation of IMCI requires better organization of health services within health centres integrating services and training and supervision of health staff trained. Integrated Community Case Management (iCCM) of malaria and diarrhoea, initiated by UNICEF in one district, is a key approach to treating childhood killer diseases at the community level.

UNICEF contributed to promoting health and nutrition interventions by supporting facility- and community-based activities focusing on the development and dissemination of new standardized information, education and communication (IEC)/BCC tools outlining key family practices, including IYCF among community health workers.

Six out of nine hospitals are designated as Baby Friendly. The six hospitals are in the process of organizing internal Baby-Friendly Hospital Initiative (BFHI) evaluations to ensure that they still fulfil the BFHI criteria.

**On-track**

**IR 0610/A0/08/122/003** 60% of births are assisted by qualified personnel and 60% of pregnant women complete four Antenatal Care (ANC) check-ups as per national norms by

**Progress:** The target for assisted deliveries is met but the percentage of pregnant women attending four Antenatal Care (ANC) visits is still low (15%). Although 99% of pregnant women attend at least one ANC visit, they start late in pregnancy and do not have time to complete four visits. This is linked to cultural practices, as women do not want to declare their pregnancy too early. UNICEF partners implementing Prevention of Mother-to-Child Transmission of HIV (PMTCT, IR 2.4) interventions integrated early-ANC sensitization into group communication activities and through home visits by Community Health Workers (CHW). This approach led to 20.7% of pregnant women attending an early ANC visit compared to the national average of 12.9%.

Concerns remain regarding the quality of ANC. Although UNICEF supported training on focused ANC in all districts, the full package of focused ANC is not provided at the health facility level. For instance, some basic exams are not conducted, and supplementation with iron and folic acid is not provided. In 2012, UNICEF used the results of the Emergency Neonatal and Obstetrical Care needs assessment (EmNOC) as an advocacy tool to raise awareness on the magnitude of maternal mortality in Burundi. The survey showed that only five health facilities nationwide are able to deliver EmNOC (according to international standards, the minimum should be 66). As a result, MoH plans to scale up maternal death audits and to introduce RapidSMS as a tool to detect, refer and manage neonatal and obstetrical emergencies in 2013.

**On-track**

**IR 0610/A0/08/122/004** 60% of pregnant women benefit from PMTCT services and 60% of children born to seropositive mothers benefit from paediatricians in accordance with WHO recommendations

**Progress:** Current data indicates a substantial increase in coverage of PMTCT services, reflecting the fact that PMTCT has received greater attention from MoH and partners: between 2010 and 2012 (data as of the end of 2011) the percentage of HIV-positive mothers receiving care increased from 10.8% to 38% and the percentage of children born to HIV-positive mother receiving adequate care increased from 8% to 27%.
In order to support the implementation of the PMTCT scale up plan, UNICEF is working with both MoH and two NGOs: CED CARITAS, which runs health facilities in rural and remote areas, and ABUBEF, which is targeting youth and at-risk groups (sex workers, fishermen). In total, UNICEF provides direct support to about a third of PMTCT sites (108 out of 193 PMTCT sites) through capacity-building, supervision and provision of supplies. Together with UNAIDS, PEPFAR, WHO, UNFPA and Esther, UNICEF advocated for better prioritization of PMTCT. As a result, in 2012, both a high-level political committee and a technical committee were established under the leadership of MoH to follow up on the implementation of the elimination of HIV Transmission from Mother to Child (eTME) Plan.

In July 2012, UNICEF supported a PMTCT bottleneck analysis that revealed a series of constraints, the most notable being the lack of geographic access to PMTCT services (only 47% of health centres with maternity wards are delivering PMTCT services) as well as issues regarding the quality and the continuum of care. Although 90% of the health facilities implement Voluntary Counselling and Testing (VCT) for HIV/AIDS, only 47% are providing PMTCT services. The eTME Plan is being revised accordingly.

**IR 0610/A0/08/122/005** Measles immunization coverage is at least 90% by 2014

**Progress:** According to the UNICEF WHO Joint Report 2011, national measles coverage is 92%; 86.6% of health districts have measles immunization coverage >85%, and 86.6% of districts have DPT+Hib+HepB3 coverage >90%.

Burundi is introducing new vaccines with support from GAVI: PCV 13 was introduced in December 2011 (coverage as of the end of September is 77%), and the second dose of measles and rotavirus vaccines will be introduced in 2013.

DHS 2010 found that despite a good national average, there are regional disparities: for instance 84.8% of children are fully vaccinated at the national level, but coverage is as low as 77% in the Eastern and Central regions. Measles outbreaks were reported in 2011 and 2012 and MoH, with support from partners, organized a national measles immunization campaign from 18 to 21 June 2012 coupled with the Mother and Child health Week (MCHW): 100% of children between 1 and 14 years of age and 43.58% of pregnant women benefited from deworming, and 100% of children aged 6 to 59 months received vitamin A supplementation and measles immunization.

Maintaining good immunization coverage is challenging, notably with regard to the high turnover in district health staff and the problem of cold chain maintenance. Therefore, UNICEF supported MoH in organizing Reach Every District (RED) trainings for district teams and all health facilities in the five targeted provinces, including poorly performing provinces. Other partners trained health staff in the other provinces. This enabled them to assess where efforts should be concentrated to reduce inequities. UNICEF contributed to the gradual renewal of cold chain equipment through the provision of a cold room at the central level.

Due to a strike of health staff starting in December, the planned introduction of the second dose of measles vaccine coupled with the second round of MCHW was postponed to January 2013.

**IR 0610/A0/08/122/006** 80% of pregnant women and children under 5 sleep under LLITNs by 2014

**Progress:** From 2009 to 2011 LLITNs were distributed to households during mass distribution campaigns in order to achieve universal coverage. In addition, routine distributions have continued to target children under 5 and pregnant women. After USAID, UNICEF is the second provider of LLITNs and it distributed 250,000 LLITNs to children under 5 and pregnant women in 2012. Thanks to the routine LLITN distributions and the past LLITN distribution campaigns, the incidence of malaria in the general population has steadily decreased from 33% in 2010 to 21% in 2012 (RAC MoH, December 2012).

The management of the LLITN distribution and monitoring system by MoH is inadequate, however, and some theft has been reported in 2012. UNICEF is supporting the extension of authority of the National Drug Store (CAMEBU) to ensure the purchase, storage and distribution of drugs and LLITNs. In the meantime, UNICEF is
keeping products that CAMEBU cannot store in its warehouse and supporting MoH in distribution at the
district level. In 2012, there were no stock-outs of LLITNs in the five targeted provinces at district level;
however, some health facilities experienced stock-outs due to the lack of a harmonized system of transport
from district to health facilities.

Despite advocacy from all partners and recommendations from the external evaluation of 2011, Intermittent
Preventive Treatment (IPT) for pregnant women has not yet been introduced in Burundi. UNICEF will pursue
advocacy for this in 2013 as IPT is part of the focused ANC package (IR 2.3).

IR 0610/A0/08/122/007 80% of health districts are operational according to national norms by 2014

**Progress:** The criteria for operational health districts have been revised and validated. An evaluation of the
functionality of health districts is planned in 2013 with support from the Belgian Technical Cooperation, WHO
and UNICEF. As five different tools were being used for the supervision of activities at the district and health
centre levels, UNICEF supported MoH in developing one set of harmonized tools. Trainings on the revised
tools for health district teams are planned for 2013.

To support the functioning of health districts, UNICEF supported the extension of CAMEBU for the purchase,
storage and distribution of drugs, and reinforced the HMIS by updating and multiplying health and nutrition
registers and by supporting the supervision activities of district HMIS managers.

Following the development of the National Health Sector plan in 2011, the Compact (an agreement between
the Government and health sector partners to implement the health sector strategy with a single M&E and
financial framework) was signed in 2012. Coordination of health partners under the leadership of MoH is
functioning through regular meetings of the steering committee (CPSD) and periodic meetings of thematic
working groups. However, the functioning of the thematic working groups suffers from the lack of ownership
and weak management capacity on behalf of MoH technical staff. To address this challenge, UNICEF has
supported the training of staff for the thematic groups it is a member of, including study tours to countries
with solid experience in health sector governance.

IR 0610/A0/08/122/008 At least 80% of health and nutrition emergencies are responded to according to the
Core Commitments for Children in humanitarian action (CCCs) by 2014

**Progress:** Several emergencies have been addressed in a timely manner, including measles outbreaks in
two districts, cholera outbreaks in five provinces, flooding in Gatumba, and the repatriation of 34,052
Burundians from Mtabila camp (Tanzania). The response to the measles and cholera outbreaks was
organized under the leadership of MoH. Measles cases were managed at the health centre level but did not
require external support. Cholera outbreaks started from October to December 2012 in six provinces along
Lake Tanganyika. Six cholera kits and ORS provided by UNICEF were pre-positioned in time for the response,
tents were dispatched and communication and supervision activities intensified under the leadership of MoH.
As in 2011, UNICEF participated in the regular meetings of the Emergency Steering Committee that
coordinated the cholera response. Joint supervision missions were organized with UNICEF, WHO and MoH. A
total of 308 cholera cases were reported, including one death.

The responses to the flooding in Gatumba as well as the repatriation process were organized under the
leadership of the Ministry of Solidarity with support from UN agencies. The repatriation process started on 31
October. UNHCR coordinated the response and UNICEF provided support in the form of additional hyper-
protein biscuits, mid-upper arm circumference (MUAC) tapes and chlorine tablets. Close monitoring of
diarrhoea was applied to the transit centres, as they are located in cholera-prone districts. The repatriation
process ended on 11 December with no major problem to report, as the general health status of the
repatriate population was satisfactory. Funding from the Central Emergency Response Fund (CERF) was
obtained for the subsequent phase of reintegration in selected return provinces.
**PC 2 - Basic education, gender equality and HIV prevention in young people**

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**PCR 0610/A0/08/121** School-aged children (7-12 years) have access to quality education and universal primary education is achieved in targeted provinces by 2014

**Progress:** In 2012, access to school was increased for school-aged children (7-12 years) in targeted provinces, as shown by the Net Enrolment Rate, which indicates an increase from 96% in 2010-2011 to 96.4% in 2011-2012. This result contributes to the implementation of the overall vision of national education strategies and the achievement of MDGs 2, 3 and 6. It aims at improving at the national level and particularly in the intervention zones, the supply-side and quality of basic education with a focus on gender equality and equity through the retention of girls and most vulnerable children in schools.

The annual preliminary 2011–2012 education statistics show overall progress in the primary school net enrolment rate (NER), which stands at 96.4% (girls: 95.4% in 2012 against 94.8% in 2011/boys: 97.1% in 2012 against 97.6% in 2011), and in the universal primary education achievement rate, which stands at 60.0% in 2012 (girls: 59.2%/boys: 60.8%) against 40.9% in 2011. The grade repetition rate has slightly decreased from 38% in 2011 to 34.4% in 2012 (girls: 34.6%/boys: 34.6%). These improved results reflect the efforts of UNICEF and its government partners to provide support for increasing school access and improving the quality of the school environment and teaching through child-friendly school programmes and increased ECD access.

Although number of children aged 4–6 years accessing ECD centres increased in 2012, the rate of access to ECD/pre-learning activities has decreased from 6.5% in 2011 (43,249 children) to 5.5% to 2012 (46,742) due to the increase of number of children aged 4–6 years at the national level.

UNICEF works with UNHCR and WFP to ensure the enrolment in school of more than 7,000 school-aged returnee children in four targeted provinces. Another 34,286 children affected by emergencies in 2012 benefitted from support regarding the rehabilitation of schools and distribution of school materials.

To further develop the education sector, UNICEF engaged actively in the Education Sector Group with bilateral partners (Belgium, France, Norway, and the World Bank). UNICEF also advocated for the Ministry of Education to develop collaborative partnerships with other sectoral ministries and NGOs working at the community level to ensure governmental commitment to act upon GBV and early pregnancies, HIV prevention in schools and sensitization at the community level.

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**IR 0610/A0/08/121/001** Two policy documents (on the Education Sector Plan and ECD) are revised and adopted; two strategy documents (on gender and equity and the distribution and management of school textbooks) are elaborated and validated; a SitAn on alternative education opportunities is carried out to strengthen the existing institutional framework; and sector coordination and planning skills are strengthened by 2014

**Progress:** UNICEF’s technical contributions to the Government have been fundamental for progress achieved in 2012 in the education sector. Two major policy and strategy documents were adopted by the Government. The sector plan (PSDEF) was endorsed by the local donor group and the Government of Burundi submitted a funding request to the Global Partnership for Education (GPE). UNICEF played a significant role in providing technical support and in the coordination of the Education sector as well as within the local donor group. Consequently, the GPE approved the funding request for USD 52.9 million US for 2013-2015. UNICEF was designated the Coordinating Agency of the Education Sector Group for 2013.

A strategy document on Gender and Equity was developed to help better address issues related to gender and equity in education.

A SitAn on alternative education opportunities confirmed the existence of learning structures for out-of-school children. The recommendations will help in the design of further strategies to reach this population in order to either integrate them in the formal system or develop quality non-formal education centres.
providing basic education and life skills.

A mapping of ECD interventions, actors and knowledge was carried out to better inform the sector and contribute to the development of relevant intervention planning. The lack of information and data on the ECD sector remains an important bottleneck that hinders the sustainable development of the sector, including the costing and operationalization of a decentralized ECD system.

The findings of both the mapping and the bottleneck analysis on ECD showed that it is necessary to address the institutional framework, the lack of capacity of the existing structures, and the development of a relevant integrated monitoring and evaluation (M&E) system.

**IR 0610/A0/08/121/002** The Net Enrolment Rate (NER) in primary school in targeted provinces is increased by at least 2 points, with a focus on girls and vulnerable children, by the end of 2012

**Progress:** In the areas of access to school, improved school environment and quality education, UNICEF provided technical and financial support and capacity-building to improve the net enrolment rate (NER) in primary schools in targeted provinces from 96% in 2011 to 96.4% in 2012, with a focus on girls and vulnerable children. Particularly, the NER for girls has improved (95.4% in 2011-2012 against 94.8% in 2010-2011).

In addition to strategies to strengthen access to education, more emphasis was put on the retention of children in school with the organization of a comprehensive Back To School campaign, including social mobilization at the national level; and capacity development for 4,000 teachers on a Child-Friendly School module in three provinces with low indicators to improve teaching quality through active pedagogy techniques and psychosocial support to identify and adequately refer children with trauma problems. The three provinces also benefitted from the provision of school kits and the building of eight schools with appropriate furniture, WASH and administrative components to improve learning conditions. However, the limited capacity of construction companies remains a challenge to improving the supply-side of education and the physical learning environment.

Capacity-building was also provided to local community structures to develop ownership of school construction and social mobilization through major events and community dialogues such as those associated with an Education for All campaign. Further efforts are needed to improve the pupils; for example, the classroom ratio varies between 79 and 100 students per class. Additionally, education actors and populations in targeted provinces have been sensitized on the obstacles to girls’ education and to universal primary school attendance and achievement; in particular, a national symposium on GBV and early pregnancy was organized.

**IR 0610/A0/08/121/003** 50% of children aged 0-6 months benefit from ECD in targeted provinces

**Progress:** UNICEF support has contributed to ensuring access to Early Childhood Development (ECD) for 43% of children aged 0-6 years in targeted provinces through institutional capacity strengthening and the provision of technical equipment and ECD kits to community recreational spaces. Some 100,000 parents were targeted in a major campaign held in five provinces. Social mobilization is ongoing and an assessment on parental education at home is needed to ascertain behaviour change related to childhood care and development. Further strategies of social mobilization need to be developed at the national level.

To ensure the effective development of the ECD sector, high-level coordination and an integrated ECD M&E system are required. UNICEF’s support of the effective functioning of the ECD technical Interministerial Committee has yet to reach decentralized levels. To address this, provincial and local ECD committees should be set up and coordinated with the local child protection committees.

The findings of the 2012 Bottleneck Analysis on ECD highlighted important challenges and pointed to the need to design an ECD strategic operational plan, including the costing and integration of an M&E system and a high-level coordination mechanism, which are key prerequisites for the accelerated development of the
sector.

**IR 0610/A0/08/121/004** 1,009 schools in targeted provinces are meeting Child-Friendly School standards by the end of 2014

**Progress:** In the targeted provinces, UNICEF improved the quality of education in 95% of targeted schools (1,009 schools out of 1,057) through the application of Child-Friendly School standards. The organization of the Back to School (BTS) campaign focused on social mobilization and involvement of the community, capacity-building of teachers, and the provision of learning and teaching materials to pupils and teachers. The decrease of grade repetition and the increase in school retention remain important challenges to enhancing not only the impact of the BTS but to improving the internal output of the education system.

In order to promote children’s participation in school, school clubs were created and consolidated with a focus on HIV/AIDS prevention activities. UNICEF also developed partnerships and an inter-agency network including UNDP, UNFPA, UNV, UNESCO and UNICEF in order to enhance existing and new strategies in HIV/AIDS prevention in school and out of school. An assessment on the teaching of Life Skills was conducted in order to improve interventions in and out of school. Overall, the contribution of UNICEF and its government partners resulted in an increase of the completion rate from 51.3% in 2011 to 60% in 2012.

**IR 0610/A0/08/121/005** All children—boys and girls—affected by emergency situations have access to formal education or non-formal learning structures the end of 2012

**Progress:** Emergency response was carried out following the destruction of schools by natural disasters and the repatriation of around 35,000 former Burundian refugees from Tanzania. UNICEF advocated for the enrolment of all school-aged returnee children.

In coordination with UNHCR, UNICEF distributed school kits to 8,500 school-aged children (boys and girls) to ensure their integration into formal education or non-formal learning structures. Further support for the capacity-building in emergency preparedness and response (EPR)/DRR of 129 District Directors was provided. A plan of action at the provincial level for the integration of returnee children in schools is available and will be used for donor and joint programming (with UNDP, WFP, UNHCR, and UNESCO) and the monitoring of response interventions in the area of social integration of returnees. CERF funding was allocated to support access to returnee children.

Some 43,239 children benefitted from school materials and furniture provided as part of the emergency response to damaged schools following heavy rainfall and winds. Given the recurrent emergencies, advocacy for an institutional framework is being carried out at the minister’s cabinet level.

### PC 3 - Water, sanitation and hygiene

**On-track**

**PCR 0610/A0/08/124** Populations in provinces with low access to potable water and basic sanitation have improved access and adopt adequate hygiene practices by 2014

**Progress:** In 2012, UNICEF continued to scale up water and sanitation services and hygiene awareness activities for the population living in provinces with low access rates to potable water and basic sanitation. In 2012, over 55,000 additional people (representing 1.5% of the proportion of the population without access to potable water) and around 12,600 pupils of 30 primary schools gained sustainable access to potable water through the development of 17 gravity water networks comprising 196 water points. In order to ensure the sustainability of these facilities, 220 water point committees (composed of five elected community members for each committee) and 22 water network committees were created and trained. The provinces of Makamba and Rutana—areas with recent returns from Tanzanian refugee camps where the water supply interventions were focused—saw their drinking water coverage rates raised from 49% to 64% and 32% to 56%, respectively.
As part of the Child-Friendly Schools approach, WASH in Schools activities allowed 30,140 pupils of 49 primary schools to gain access to basic sanitation through the construction of 63 blocks of 348 gender-separated VIP latrines connected to hand-washing facilities in 29 schools in Peace Villages and the restoration of 20 existing latrines in 20 schools located in Gitega Province. Regarding hygiene promotion in primary schools, the capacity-building of 117 school and health personnel in hygiene education was carried out in order to improve the hygiene practices of 28,074 pupils in 56 primary schools.

The implementation of the CLTS approach in Shombo commune (Karusi province) reached 8,257 households who built their own latrines and adopted good hygiene practices such as hand washing with soap. Twenty out of 45 sub-collines achieved Open Defecation Free (ODF) status.

The celebration of the Global Handwashing Day, which exposed people to mass media campaigns for effective hand washing behaviour change, showed a strong commitment from a wide range of governmental partners.

The Government of Burundi has joined the Sanitation and Water for All (SWA) processes through the active participation of eight government officials at three international high-level meetings this year in Washington, D.C., Durban and Dakar through UNICEF’s support.

Within the framework of the CCCs, the capacity of 35 governmental and NGO partners was strengthened in the preparation and response to cholera outbreaks.

To strengthen the WASH sector, the Government should allocate a budget line in support of sanitation and hygiene interventions and accelerate the adoption of the National Policy on Basic Sanitation and Hygiene and the Hygiene Code.

IR 0610/A0/08/124/001
10,000 pupils of 18 primary schools have sustainable access to potable water and 18,000 pupils of 35 primary schools have access to basic sanitation and adopt appropriate hygiene practices (proper use of latrines and hand washing with soap/ash) by 2012

**Progress:** WASH in Schools activities allowed 30,140 pupils of 49 primary schools to gain access to basic sanitation through the construction of 63 blocks of 348 gender-separated VIP latrines connected to hand-washing facilities in 29 schools in Peace Villages and through the restoration of already existing latrines in 20 schools in Gitega Province. Regarding hygiene promotion in primary schools, capacity-building was carried out for 117 school and health personnel in hygiene education in order to improve the hygiene practices of 28,074 pupils of 56 primary schools, including those in the Peace Villages.

In addition, 12,600 pupils of 30 primary schools gained sustainable access to potable water through the provision of water points supplied by water gravity networks.

UNICEF supported the Government in promoting the development of peace villages and in the reintegration of returnees from Tanzania by improving their access to basic social services such as access to drinking water and sanitation facilities for communities, including children in primary schools. The water point management strategy emphasizes the reduction of disparities and community participation to strengthen social cohesion. This is ensured by strategically selecting the location of water points with active participation from the community so that the facilities will be used by both host and returnee communities.

All newly built latrines are gender-separated in order to provide a safe and intimate environment for girls and support their retention in school. School hygiene committees ensure the equal participation of both boys and girls, for example, through training on how to maintain the sanitation and hand-washing facilities.

IR 0610/A0/08/124/002
1,500 households have a sustainable access to potable water, and 2,100 households have access to basic sanitation and adopt appropriate hygiene practices (proper use of latrines, hand washing with soap/ash, and household water treatment and safe storage) by 2012
Progress: The programme contributed to achieving access to safe drinking water for 11,000 households by providing 196 public taps through the construction or rehabilitation of 17 drinking water supply networks. Water points management was ensured through the creation and training of 220 water point committees and 22 network committees in the provinces of Makamba (17 DWS), Bururi (3 DWS) and Rutana (2 DWS).

A total of 8,257 households (78% of the Shombo commune) have access to basic sanitation and 20 sub-hills (45%) were declared ODF by the end of 2012 following the pilot CLTS approach conducted in 45 sub-hills of the commune of Shombo in Karuzi Province. Within the framework of this project, 207 public latrines were constructed. Ceremonies were organized in the ODF sub-hills as well as at the commune level. The latter included the attendance of many authorities, including the Governor of Karuzi Province, who encouraged the entire population of the province to build their own toilet for the dignity of their family. Prizes were awarded to champions during the ceremony. The results of the project conducted in Shombo were shared at the World Toilet Summit in Durban in December 2012. Concrete evidence of the successful promotion of good hygiene practices through CLTS has persuaded the Governor to request a scale up of the approach in the entire province. In addition, UNICEF intends to support the implementation of the CLTS approach in the provinces of Rutana, Makamba, and Bujumbura Rural in the coming years.

During the celebrations of the World Water Day and the Global Handwashing Day, which exposed the population to a mass media campaign on the importance of safe drinking water and hand washing behavioural change, a strong commitment was demonstrated from a wide range of governmental partners and journalists, with the participation of the ministries in charge of Health, Education and Water.

IR 0610/A0/08/124/003 Governmental support to the sector is provided so that the capacity of technical structures at the central, provincial and communal levels are reinforced and these structures participate in WASH promotion and the sustainable management of WASH facilities.

Progress: In accordance with the national capacity-building strategy and in support of the National Water Strategy, UNICEF focused on developing the skills of communities and local structures (Régie Communale de l’Eau) for the management of their water facilities in six communes, in which a total of 17 gravity water networks were developed. As a result, 220 water committees and 22 water network committees were created and trained to ensure the sustainability of water service delivery.

The capacities of 35 governmental (including personnel at the central and decentralized levels from the Ministries of Public Health, Water & Hydraulics and Civil Protection ) and NGO partners were strengthened in WASH preparation and responses to cholera outbreaks through an in-house training organized with the support of the UNICEF Madagascar CO.

To improve the sector of basic sanitation and hygiene, the documents on the National Policy of Basic Sanitation and the Hygiene Code, developed with the support of UNICEF, were submitted to the parliament for adoption.

A strategic partnership developed by UNICEF includes participatory approaches and synergies between sectors to implement low-cost interventions with high impact. Stakeholders are involved at all stages of programme implementation. Within the framework of supporting the reintegration of Burundian refugees from Tanzania, a joint programme between three UN agencies in Burundi (UNDP, FAO and UNICEF) with a financial contribution from the European Union has been implemented in the Integrated Rural Villages (VRI) of Bururi, Makamba and Rutana. Following this initiative, all partners involved adopted a Joint Integrated Action Plan for long-term intervention in those villages.

UNICEF is a member of the Technical Working Group responsible for “Villagization” (i.e., the rural peace villages) at the national and provincial level and also participates regularly in Sectoral Group meetings on Water, Sanitation and Environment (GSEAE) for sector coordination and information-sharing.

Burundi has entered the Sanitation and Water for All Initiative and is committed to the application of the 2008 eThekwini commitment on a budget allocation for sanitation and hygiene. Eight government
representatives attended the second High-Level Meeting (HLM) held in Washington, D.C. and in Dakar and also the 12th World Toilet Summit in Durban.

**IR 0610/A0/08/124/004** 5,000 persons affected by emergencies have adequate access to safe drinking water and basic sanitation and adopt good hygiene practices by 2012

**Progress:** The emergency response for cholera outbreaks, floods and repatriation have been supported by WASH interventions through the provision of potable water by water trucking, the distribution of water treatment products and hygiene kits, the disinfection of contaminated households, and hygiene promotion.

To facilitate the support and the reintegration of almost 35,000 returnees from Tanzania, a joint WASH assessment was carried out with UNHCR and the Burundian Red Cross in all returnee transit and temporary accommodation centres in order to prepare for the short and medium-term WASH responses. Based on this assessment, a proposal was submitted to CERF and a total of USD 946,000 was granted to support UNICEF interventions (including WASH activities).

Some 2,700 people affected by flooding in Gatumba had access to safe water for more than four months and received household water treatment products and hygiene kits. Some 600 people affected by flooding gained temporary access to sanitation through the construction of latrines and showers and close to 1,500 households had their houses and sanitation facilities disinfected.

More than 6,000 people affected by cholera outbreaks had access to a minimum of 15 litres/day of safe drinking water through water trucking until the end of the epidemic (a period of approximately three months). A total of 2,650 newly-arrived repatriates in transit and temporary centres had also been provided with access to 15 litres/day of safe drinking water through water trucking since mid-October.

Within the framework of the preparation and response to cholera outbreaks in Burundi, UNICEF supported a training workshop for 35 governmental (personnel at the central and decentralized levels from the Ministries of Public Health, Water & Hydraulics and Civil Protection) and NGO partners.

**PC 4 - Child protection**

**PCR 0610/A0/08/123** Girls and boys live in a protective environment in accordance with international standards on child rights and protection by the end of 2014

**Progress:** In 2012, the Child Protection Programme continued to support the Government to create a protective environment for children by taking important steps towards the harmonization of the legal and policy framework in accordance with international standards, and by building the capacity of the Government and civil society to provide adequate services to children in Burundi. Following the child protection system mapping, a National Child Protection Policy and a draft Child Protection Code were developed and validated. Both documents are pending adoption by the Council of Ministers/Parliament, which represents a challenge to proceeding towards the reinforcement of the national child protection system. Coordination among the ministries involved in child protection as well as among NGOs continued to be a challenge in 2012. In order to strengthen the coordination and management of the child protection sector, a national Child Protection Coordination Committee was established and the capacity of the Department for Children and Family within the Ministry of National Solidarity has been strengthened. UNICEF deployed a technical expert to strengthen the capacity of the department’s personnel. Efforts have been made to formalize the role of government social workers, especially in their collaboration with the Child Protection Committees at a decentralized level. A total of 743 Child Protection Committees (CPCs) at the commune and colline levels in the five targeted provinces are operational and providing services to over 10,000 OVCs within their respective communities.

UNICEF built the capacity of 350 professionals (police officers, lawyers and social workers) to provide appropriate support to children in conflict with the law through training on International Standards in juvenile
UNICEF Annual Report 2012 for Burundi, ESARO

UNICEF contributed to the establishment of a one-stop centre in Gitega that provided an integrated response to more than 300 SGBV survivors since June 2012.

UNICEF coordinated child protection interventions during the repatriation of about 35,000 Burundians from Tanzania. Key interventions included identification, documentation, family tracing and reunification services for 645 children (300 unaccompanied minors and 345 separated children) and the establishment of 10 child-friendly spaces in transit centres and in areas of return.

**IR 0610/A0/08/123/001 Justice for children, with child-sensitive procedures for child victims, witnesses, and offenders, is functional in Burundi beyond of 2014**

**Progress:** Building on the development in 2011 of a national judicial policy that also covers justice for children, UNICEF and other partners (the Belgian Technical Cooperation, Terre des Hommes) supported the Government to establish a national coordination mechanism for Justice for Children. After the rehabilitation of the National Police Child Protection Unit and the Young Offenders Unit in 2011, UNICEF provided equipment and enabled the coordination and follow-up of the implementation of the juvenile justice component within the National Justice Sector Policy. Advocacy to introduce child rights into the training curricula for police officers is ongoing. Progress has also been made on strengthening the legal environment: available and awaiting adoption by the Council of Ministers is a draft of the Child Protection Code and the Code of Criminal Procedures, which are in accordance with international standards, including the United Nations Standard Minimum Rules for the Administration of Juvenile Justice. During the reporting period the number of children in prison decreased from 400 to about 100 following the training of 350 professionals (lawyers, judges, police agents and social workers) on child-sensitive procedures and the Presidential Decree and Pardon of July 2012 releasing from prison all children and women accused of minor crimes.

**IR 0610/A0/08/123/002 A child protection system with a focus on gender equality that protects children from violence, abuse and exploitation, is in place in Burundi by the end of 2014**

**Progress:** Following the results of the child protection system mapping conducted in 2011, UNICEF supported the Government to strengthen the child protection system in Burundi by establishing a national coordination mechanism on child protection, elaborating a National Child Protection Policy and strengthening the community-based child protection mechanism to provide care and protection to children.

A mapping of all functioning 743 Child Protection Committees (CPCs) was conducted and harmonized tools for the identification, documentation and reporting of cases of vulnerable and at-risk children were developed. A training module for CPCs on the role of the community in the promotion of child protection was also developed.

A birth registration campaign was conducted in the provinces of Muyinga and Kirundo. As a result, more than 180,000 children received their birth certificates and the capacities of more than 350 local authorities were increased in the practice of civil registration. UNICEF also strengthened its advocacy with the Ministry of Interior to align with the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics and to identify strategies to strengthen the civil registration system in Burundi.

A study on lessons learned from the Child Disarmament, Demobilization and Reintegration programme documented the experiences of children who participated in the DDR process in Burundi between 2004 and 2009 and analysed the main lessons which emerged from that process.

As part of UNICEF support for the National Plan for the Elimination of the Worst Forms of Child Labour, a rapid assessment on Commercial Sexual Exploitation of Children (CSEC) was conducted. The assessment showed that children in Burundi are mainly exposed to commercial sexual exploitation at school, work, in prison and on the street. The findings and recommendations of the evaluation were used to develop a
specific plan of action for the elimination of CSEC.

On-track

IR 0610/A0/08/123/003 50% of identified OVCs have access to the minimum package of services, as defined in the National Policy for OVCs; 300 children in institutions and 600 children in street situations are reintegrated in accordance with minimum standards and the national strategy to fight the phenomenon of children in street situations; 1,500 survivors of GBV, including children, and 200 children affected by conflict are reintegrated into their communities; 500 children in conflict or in contact with the law are released and placed in a protective environment by the end of 2014

Progress: In 2012, UNICEF continued its efforts to support an integrated approach to the creation of a protective environment and delivering multi-sectoral services for all children with a special focus on most deprived and vulnerable, especially OVC, children in street situations, children in conflict/contact with the law and survivors of GBV. The number of Child Protection Committees increased from 628 in 2011 to 743 in 2012, which led to a more sustainable way of identifying OVC and ways to support.

For children in contact with the law, a partnership between the Ministry of Justice and NGOs has facilitated their access to legal support and the reintegration of children released from prison. Consequently, 250 children in contact/conflict with the law benefited from psychosocial support and were reintegrated into their communities. The CPCs are playing a role in the prevention of violence and in the provision of support for the reintegration of these children. A total of 111 children were identified living in three institutions that were not respecting the minimum standards of care. Following the best interest determination process and the development of the individual care plan, 68 children were reunified with their biological/extended families or placed in foster care.

Due to delays in the approval of the Strategy on Children Living on the Street at the level of the Government, a working group led by the Ministry of National Solidarity has been tasked with coordinating the different implementing partners in the field. This was a response to the lack of policy and coordination in advance of the strategy being finally endorsed. This had caused a major constraint to the sector, which has been operating without the ministry’s control. UNICEF’s main support in this area has been in advocating for strengthening at the governmental level to play its role in leading and coordinating this field.

PC 5 - Communication for Development

On-track

PCR 0610/A0/08/125 Communities adopt practices that are conducive to health, nutrition, education and child and women’s protection against abuse and exploitation and violence by 2014

Progress: During 2012 UNICEF continued to support partners in conducting social mobilization and sensitization activities to promote practices conducive to health, nutrition, education and the protection of children and women against abuse, exploitation and violence. According to the most recent statistics on health-promoting behaviours (DHS 2010 and the Knowledge, Attitudes, Practices—KAP Study 2010), 53% of mothers exclusively breastfeed their child up to six months; 45% of children under 5 sleep under a LLITN; 47% of parents wash their hands before eating and 50% of parents wash their hands after defecation. The target for all these practices is 60%; however, currently no new data is available to measure progress towards this target. Limited availability of data on behaviour change, and the dependence on population-based surveys to obtain accurate data in this field, are among the major challenges of the sector.

To achieve these results a combined strategy of mobile cinema and interactive theatre is used to trigger discussions on health topics and behaviour change in the community. In 2012, over 180,000 people participated in at least in one C4D activity and discussed the six health and nutrition key family practices. They were also sensitized on GBV and the importance of birth, wedding and death registration. This community approach has proved very effective, since the community itself identifies local solutions, including action points after each discussion. To improve the quality of education, around 100,000 children in and out of school have participated in activities on youth and HIV/AIDS prevention.
In parallel, UNICEF supported community leaders to work at the individual level to discuss sensitive topics with mothers and fathers, such as the importance of PMTCT. Furthermore, some C4D activities have been refocused to address outbreaks of cholera and the repatriation of Burundian refugees from Tanzania.

To strengthen the community-based approach, C4D has also set up listening groups and junior interactive theatres to strengthen the participation of individuals and the community. UNICEF ensures that access for vulnerable and minority groups and gender issues are a key consideration in planning activities, such as interactive theatre, mobile cinema sessions and community dialogues.

The limited resources allocated to C4D remains a challenge for covering community-based interventions in all of UNICEF’s five targeted provinces. A key factor that has contributed to accelerating progress towards results is the availability of implementing partners with the capacity to effectively use communication channels such as interactive theatre and mobile cinemas in social mobilization.

**IR 0610/A0/08/125/001** At least 60% of parents in five provinces of geographical focus adopt six key practices (exclusive breastfeeding, appropriate complementary feeding, hand washing, use of LLITNs, diarrhoea treatment with ORS/zinc, and recognizing signs of danger) using standardized IEC tools, and populations are sensitized to the use of PMTCT services in health structures, by 2014

**Progress:** According to 2010 data, 53.4% of mothers exclusively breastfeed their child up to six months and 45.3% of children under 5 sleep under a long-lasting insecticidal net. The target in 2014 is 60%; however, no recent data is available to assess progress towards this target.

To work towards these results in 2012, 19,885 men, 19,535 women and 21,843 children were sensitized on the importance of the six health and nutrition family practices, including the use of PMTC services. To foster community participation, a combination of mobile cinema and interactive theatre is used to raise discussions in the community. According to activity reports, community health workers have held individual discussions with 2,658 men, 3,999 women, 780 boys and 1,231 girls about the six health and nutrition family key practices. Working at the individual level also provided them with an opportunity to discuss sensitive personal topics with mothers and fathers, such as PMTCT. In parallel, radio programmes and spots aired nationally have been developed to support health campaigns such as the Mother and Child Health Week, International Breastfeeding Week and emergency response.

The capacity of technical staff and trainers of trainers from three different ministries (health, communal development, and communication) as well as over 360 community workers has been strengthened in how to apply C4D theories and the “KIM” (Knowledge, Information and Monitoring) approach in their field activities. UNICEF also supported trainings on broadcasting techniques to improve the quality of the broadcasts produced by MoH and the Ministry of Communications.

**IR 0610/A0/08/125/002** At least 70% of school children in targeted primary schools and at least 60% of households in intervention areas with low access to water and basic sanitation adopt improved hygiene (use of latrines, hand washing, treatment) and sanitation practices

**Progress:** According to the results of the most recent studies in 2010, 47% of parents wash their hands before eating, and 50% of parents wash their hands after defecation.

As part of the promotion of hygiene and sanitation programme and in partnership with the Scouts movement, the capacities of 62 scout group leaders to promote good hygiene and sanitation in their movement have been strengthened. Through a peer-to-peer approach, 842 girls and 1,935 boys over 13, as well as 318 girls and 625 boys aged 6 to 12 years from Ngozi and Kayanza provinces were sensitized and have increased capacity for the promotion of good hygiene and sanitation. This concept of good hygiene and sanitation will be integrated with and extended to the activities of the entire national Scout movement.

To strengthen the community-based approach, 90 individuals in the Integrated Rural Peace Villages have been trained to be a part of listening groups. Using a peer-to-peer approach, they, in turn, sensitized 10,428
inhabitants on good hygiene and sanitation in their communities. In parallel, radio broadcasts and radio spots advocating good hygiene and sanitation were aired nationally. The themes of the broadcasts were developed in partnership with a local radio station and the Inter-Agency UN Communication Group.

Through community dialogue supported by interactive theatre, 3,622 men, 5,410 women, and 4,666 children have been sensitized on good hygiene and sanitation. As a result of training, community health workers have included good hygiene and sanitation in their promotional activities for the six health and nutrition key family practices.

IR 0610/A0/08/125/003 Protection networks, community leaders, local administration, religious groups and partner NGOs are involved in activities prevention, protection from violence, sexual exploitation, child labour and in the promotion of systematic and retrospective registration by the end of 2014

Progress: In terms of child protection, 18,638 men, 17,955 women, and 20,577 children have been sensitized on the importance of birth, marriage and death registration and also on GBV. Currently, around 75% of births of children under 5 years of age are registered, according to data from the DHS 2010.

C4D has set up junior interactive theatre troupes in Gitega, Ngozi and Muyinga. These groups work on situation analysis, script development and presentation and then act out their plays within the community. Eighty-four children (43 boys and 41 girls aged from 13 to 25) were trained on interactive theatre and conducted sessions to spark community discussions around topics related to the development and protection of children in their communities. To empower marginalized children, vulnerable children and minorities are also represented in the composition of the theatre troupes. Trained community leaders have sensitized 2,658 men, 3,999 women, 780 boys and 1,231 girls on the promotion of child and women’s rights in general, including the child’s right to birth registration.

IR 0610/A0/08/125/004 Parents and local administration officials are effectively involved in the promotion of education for all and in the implementation of a parent education programme for Integrated Early Childhood Development (IECD), by end of 2013

Progress: C4D supported the development of communication tools to strengthen social mobilization for the ECD campaign, which aims to reach 100,000 parents. The launch of this campaign was enhanced by the participation of the First Lady of Burundi, which ensured excellent media coverage. For the campaign, radio spots have been aired and posters distributed with the objective of increasing community knowledge of ECD and strengthening child development and care practices. Community leaders, teachers and trainers from the Ministry of Education have been trained on ECD by trainers of trainers.

PC 6 - Cross-sectoral

PCR 0610/A0/08/126 National monitoring and evaluation structures provide reliable data for monitoring the MDGs and other national goals and advocacy initiatives on children and women by the end of 2014

Progress: ISTEEBU, Burundi’s National Statistics Office and UNICEF’s main government partner in the area of the production of statistics, conducts major national surveys that provide data on the situation of women and children. In 2012, UNICEF supported the BurundInfo management team at ISTEEBU to strengthen its capacity on data analysis, updating the database and training users on database use. The team is now fully capable of updating the database and promoting its use through the training of users.

In collaboration with other partners, UNICEF supported capacity-building in the form of the development of an M&E Manual for Communal Development Plans and trainings for local authorities. This will enable them to use data to periodically assess progress towards results formulated in the Communal Development Plans.

Data produced on the situation of women and children was then used in advocacy and resource mobilization
efforts conducted by BCO. Data was integrated into human interest stories, press releases, donor proposals and publicity materials. In-depth analysis of existing data was also conducted to produce a thematic Situation Analysis on malnutrition in Burundi. The Social Policy, Advocacy and Evaluation Orientation Document produced by BCO was informed by data and evidence to select key priorities for future advocacy efforts.

Nevertheless, major challenges remain in the sector of statistics and data production. These are related to limited national capacity to conduct large-scale surveys (which are usually carried out with the support of international consultants) and the significant time lag that occurs between data collection and the publication of survey reports. Furthermore, there is a dearth of high-quality independent research institutes in Burundi. Regarding sectoral statistics, routine information systems exist in the Education and Health sectors, but weaknesses remain regarding data analysis at different levels.

IR 0610/A0/08/126/001 National structures producing statistics are capable of providing reliable and disaggregated data to monitor the situation of women and children at central and decentralized levels by 2014.

Progress: The BurundInfo team in ISTEEBU, the National Statistics Office, is capable of analysing data quality, assessing different data sources for reliability, selecting the most reliable data for dissemination in the BurundInfo database, and training users on database use. Thanks to data validation workshops, including a training component held by the BurundInfo team, ministry focal points now have the capacity to consult the database and to produce graphs and maps. Two weeks of intensive working sessions were also conducted with the Ministries of Health and Education to improve data quality on the MDG and Poverty Reduction Strategy (PRSP) indicators and to prepare for the establishment of a data exchange facility between line ministries and ISTEEBU.

In order to achieve wider accessibility of the database, the first online version of BurundInfo was launched in June 2012. UNICEF also supported a needs assessment mission to assess ISTEEBU's capacity and needs in terms of IT infrastructure in view of future data exchange and webhosting. The results will inform activities planned for 2013, which will help to reinforce IT infrastructure at ISTEEBU.

Regarding implementation strategies, the combination of the placement of an international consultant within ISTEEBU for on-the-job training on a daily basis and ad hoc trainings on advanced database management through the DevInfo Support group proved to be particularly effective in building the team’s capacity. In terms of constraints, lack of oversight of BurundInfo activities from the higher levels of management within ISTEEBU poses challenges regarding the sustainability and the continuity of the database management team’s work. To overcome this, UNICEF will continue to advocate for the establishment of accountability mechanisms within ISTEEBU regarding BurundInfo activities. Also it will be crucial in 2013 to train different audiences (technical staff from ministries, MPs, university staff, researchers) on the use of BurundInfo to promote its continuous use.

IR 0610/A0/08/126/002 Tools and support for Planning, Implementation and Monitoring and Evaluation of the Country Programme Action Plan (CPAP) (2010-2014) are made available annually to different programmes and national counterparts by 2014

Progress: The Annual Work Plan 2012 was developed with significant support and quality control services by the Planning and Monitoring Unit. During the second semester of 2012, the Planning and Monitoring Unit continued to support programme sections by developing tools for the monitoring of the CP. The unit played a leading role in the planning and implementation of the MTR of the CP in November and December 2012. This included the organization of a peer review workshop involving national government, BCO staff, and Regional Office (RO) staff, as well as a national synthesis workshop with the participation of the Regional Director of ESAR. As chair of the UN System’s Integrated M&E Group, UNICEF led the UN agencies in managing the process to review Burundi’s UNDAF and in completing the yearly UNDAF report. The unit also developed a template for the 2013-2014 workplan, which will follow the Rolling Work Plan format for the first time.
IR 0610/A0/08/126/003 Donors, authorities and other duty-bearers are sensitized on child rights, including the right to participation, and are able to mobilize appropriate resources by 2014

Progress: Various advocacy and communication initiatives were developed to improve visibility of the situation of children and women in Burundi, to increase child participation, and to attract donor interest, including through an advocacy strategy which identifies key advocacy priorities for children and women in Burundi and synergies.

Continuous advocacy efforts under the leadership of civil society with UNICEF support contributed to achieving the signature of the presidential decree for the creation of the National Forum for Children (Children’s Parliament). Financial and technical support (an exchange missions between Burundi and Burkina Faso, contribution to the official commission, and sensitization efforts towards donors and local leaders) was provided to the Ministry of National Solidarity, which is in charge of the National Forum.

Twenty-five new child journalists were identified and trained in Bujumbura and the five focus provinces to foster child participation (including the participation of vulnerable children) in the media. Strategic partnerships with media were developed to produce and broadcast programmes and reports on and by children.

A strategic partnership with Parliament was initiated to develop a network of Parliamentarian friends of children to advocate for changes for children and women. Other strategic partnerships with civil society groups were reinforced to better reach vulnerable and hard-to-reach children.

A series of field visits was organized for National Committees (NatComs), Goodwill Ambassadors and media. Support was provided for the development of donor proposals and materials.

Visibility and communications tools were produced: Human interest stories, press releases and other documents were published; interviews were organized; and support to the media was provided to enhance coverage. A photo database accessible to NatComs and other key partners was created.

A knowledge management strategy was drafted and discussed. Although most planned results were achieved, some key activities, such as the realization of a media audience survey (now planned for 2013), were delayed due to a lack of funds.

IR 0610/A0/08/126/004 The SitAn is updated based on the new socioeconomic environment and policies that are affecting the situation of children and women in Burundi by 2013.

Progress: A comprehensive first draft report on the Situation Analysis of Child Malnutrition is available and the main findings were used to develop a policy brief on child malnutrition in Burundi, which was shared with government officials to raise awareness and accelerate action. The SitAn was conducted under a Steering Committee and a Nutrition Task Force was established within BCO to ensure integrated action. Furthermore, in 2012, a Social Policy, Advocacy and Evaluation Orientation Document was developed to identify key priorities for children and women in Burundi and synergies in programming and policy formulation between sectoral programmes and partners. Malnutrition appears as the top priority issue, as it has a strong negative impact on national economic development.

Along with this major piece of research, collaborative strategic relationships were developed with national and international institutions (universities, civil society, UN agencies, the World Bank, and the European Union) for the fulfilment of child and women’s rights. This partnership approach aimed to address the intersectoral nature of nutrition issues. The final report will be launched in early 2013. The main challenge will be the implementation of major recommendations (in terms of high-impact nutrition interventions, political leadership and behaviour changes) to tackle malnutrition.

In 2013, it will remain crucial that evidence-based policy advocacy continues; to not only ensure national
awareness on key priorities (malnutrition, ECD, adolescents, conflict sensitivity) but also to improve the well-being of children and women.

**On-track**

**IR 0610/A0/08/126/005** Communal development plans (PCDC) take into account children and women issues by 2014

**Progress:** In order to support local development in favour of children and women, central and local authorities were sensitized on the importance of taking into account the needs of children and women in sectoral development policies and Communal Development Plans supported by the decentralization policy.

With the support of development partners such as the World Bank, UN Women and the German Agency for International Cooperation (GIZ), the Ministry of Communal Development updated the national guide for communal planning to reflect the needs of children and women. To complement this guide, UNICEF BCO, in collaboration with partners represented on the Thematic Group for Decentralization and Community Development, provided technical and financial support to the Ministry of Communal Development for the development of an M&E manual to assess the implementation of Communal Plans for Community Development (CPCD) (local-level development plans). The M&E manual is now available for use and constitutes a strategic tool for UNICEF to position itself in the decentralization process and among stakeholders to ensure inclusive and evidence-based planning and M&E in favour of the most disadvantaged, including children and women.

Three training workshops on child rights were held for 528 members of Communal Committees for Community Development (CCCD), including colline-level Child Protection Committees to ensure sustainable decentralization of essential social services and the creation of a protective environment for children at the community level. The training of users on the above-mentioned M&E Manual was postponed to 2013 due to a lack of funds.

Although most planned results were achieved, a key challenge remains the continuous utilization of the manual and the effective mainstreaming of child and women’s rights into the process of communal planning. Inadequate national budget allocations for communal development also pose a real constraint.

**On-track**

**PCR 0610/A0/08/800 7. 1 Effective and efficient programme management and operations support**

**IR 0610/A0/08/800/001** Effective and efficient governance and systems

**Progress:** BCO is using a number of tools to reduce bottlenecks and transaction costs. Assets have been efficiently managed and the warehousing system is compliant with international warehousing standards. BCO is also constantly looking at ways to reduce costs by using innovations and technology. These efforts have been facilitated with the introduction of high-speed internet in Burundi. The office has upgraded its bandwidth at lower cost and has encouraged staff to use cost-effective means of communications such as Skype and videoconferencing (VC) to communicate with partners and colleagues, thus reducing telecommunications bills.

BCO has developed and maintained a series of Long-Term Agreements (LTAs) for various services and is also working with other UN agencies in the process. The collaboration with other UN agencies has been successful and in several instances UNICEF has used the resources of other UN agencies.

**On-track**

**IR 0610/A0/08/800/002** Effective and efficient Management and Stewardship of financial resources

**Progress:** BCO applied transparent financial management processes through the use of VISION. All payments, including invoices, salaries and other staff entitlements, were processed on time. Financial reports were generated and sent to RO and HQ in a timely manner.

Progress on cash management is one of the main achievements for 2012; bank closing balances were at less than USD 200,000 for the whole reporting period. Tremendous efforts have been made to ensure that there
are no unliquidated Direct Cash Transfers (DCTs) over six months.

**IR 0610/A0/08/800/003 Effective and efficient management of Human Capacity**

**Progress:** BCO has developed a simple mechanism to ease the recruitment of human resources needed for programme implementation. With other UN agencies, a common web-based roster has been developed and BCO is also using cost-effective tools to ensure that vacancy ads are widely disseminated. Regarding National Professional (NP) recruitments, 100% of recruitments were completed within the limit of 45 days. However for International Professionals (IPs), recruitment has, on average, taken longer than 90 days. In some instances (for urgent recruitments), BCO has used talent pools as a source of candidates to save time.

The Human Resource Unit has significantly improved the on-boarding recruitment process to enable new staff and consultants to join the office without major issues.

An area for future improvement is the implementation rate of the office training plan; out of 93 training requests only 43 (i.e., 46%) have been completed.

**Effective Governance Structure**

BCO uses both VISION indicators and manual management indicators to help track office progress on key issues. In addition, regularly scheduled meetings, such as the biweekly All-Staff Monday Morning Meetings, Country Management Team (CMT) meetings, Programme Coordination meetings and Operations meetings are used to monitor progress on financial issues, supply and programme implementation. During these meetings, weaknesses and bottlenecks are identified and corrective actions are implemented to improve performance.

In August, BCO held a midyear review of the annual management plan (AMP) to assess performance on indicators and to develop recommendations for improvements where necessary.

There are various statutory office committees with clear terms of reference and guidelines that are consistent with those provided through the UNICEF Organizational Policies and Procedures. The Terms of Reference (ToRs) of the statutory committees are known by all members; and as a good practice any new members are briefed on the functioning of their respective committee to improve participation and understanding of the committee’s role.

The CMT and statutory committees are established in the office to play advisory roles and to ensure collective responsibility.

The CMT held nine ordinary meetings in 2012. The following are some of the key issues that were discussed during these meetings:
- Approval of the Learning and Development Plan 2012;
- Flexi-time working arrangements;
- Review and adoption of Standard Operating Procedures (SOPs);

The Joint Consultative Committee (JCC) met once, whereas the Appointment and Placement Committee (APC), Property Survey Board (PSB) and other statutory office committees met as and when cases were presented for review. The creation of a VISION Task Force in 2011, which is composed of key staff and super-users and aims to coordinate the implementation of VISION, has worked out well: most issues have been solved through teamwork and the use of existing VISION support mechanisms, such as the RO VISION team, the NYHQ service support team, and the ilearn tool.

As of 20 December 2012, a total of 10 Programme Coordination meetings and 20 Operations meetings had been held. The number of programme meetings is below the office standard, which is set at two meetings per month. These meetings are organized to review financial implementation status, expiring Programme Budget
Allotments (PBAs), donor reports due and submitted, the status of funding proposals submitted, and DCT status.

As in previous years, the Local Staff Association (LSA) played an active role in contributing to team cohesion and a positive working environment. It worked closely with the Caring For Us (CFU) committee to organize monthly office breakfasts and other social activities. These two associations also organized briefings on health and well-being topics.

With regards to the Audit conducted in 2010, all 20 audit recommendations are now closed and the BCO is planning for a self-audit in early 2013.

### Strategic Risk Management

In 2012, the BCO updated the disaster recovery plan and conducted several tests that were successful. In addition, the office maintains an equipped Business Continuity Plan (BCP) site to ensure continuity of services and has provided key staff with facilities allowing them to operate from their respective residences.

BCO has developed an emergency response plan that is regularly updated. The emergency task force meets regularly and works closely with its government counterparts, other UN agencies and civil society to identify and effectively respond to crises affecting programme delivery.

BCO has focused on awareness as a means to inform staff about risks in their environment, with the assumption that this is the first response. In the meantime, the country office is preparing a formal mechanism with tools to mitigate or respond to eventual risks in both programming and operations.

### Evaluation

The purpose of the evaluation function is to ensure that UNICEF has timely, strategically-focused and objective information on the performance of its policies, programmes and initiatives to produce better results for children and women. BCO has an up-to-date IMEP which is used to plan and implement research and evaluation activities in key programmes, strategies and management areas.

BCO managed 2 evaluations, 5 studies and 1 survey in 2011, and 7 studies, 1 survey and 1 assessment in 2012. Three studies (PMTCT, SitAn Malnutrition, ECD) were conducted in 2012 to inform the MTR process. The drop in the number of evaluations reflects a clearer categorization of evaluations and the increased emphasis on selected strategic research and evaluation as a way to use limited resources for fewer, but better-quality, research and evaluations. In this context, BCO entered into an agreement with Carleton University (Canada) to implement two evaluations in 2013. A Memorandum of Understanding with the University of Burundi is also being finalized.

BCO undertook several actions to improve its evaluation practice, especially through the development of the office-wide Social Policy, Advocacy and Evaluation Orientation Strategy Document, which outlines the major research, studies and evaluations (IMEP) for the period 2012-2016. This year, BCO also developed and experimented with an internal SOP for quality assurance of research and evaluation activities. This SOP, which is an integral part of the Orientation Strategy Document, outlines the office’s internal work processes and procedures for the implementation of quality research and evaluation activities. It calls for ToRs and draft reports to be systematically sent to the M&E Specialist and Evaluation Officer for comment and quality control before their approval by Representative.

Major research and completed studies have been uploaded in the global evaluation database ([http://intranet.unicef.org/epp/repsubportal.nsf](http://intranet.unicef.org/epp/repsubportal.nsf)).
Effective Use of Information and Communication Technology

In order to tackle some of biggest challenges faced by children and women in Burundi, UNICEF Burundi has developed a series of innovative solutions aiming to increase participation among the most vulnerable and to provide real-time data collection and analysis tools to increase the impact of programme delivery and response. The first step was the creation of an innovation lab and the establishment of partnerships with non-traditional partners in academia and the private sector. UNICEF Burundi is in the process of establishing a formal mechanism to partner with the University of Burundi and particularly students in Computer Sciences willing to work in the UNICEF Innovation lab.

In 2012, several UN websites were developed to respond to a need for better efficiency through a coordination and resource-sharing mechanism. As an example, a common UN website and a Common UN roster website have been launched (www.burundi-one-un.org). In addition, in order to reduce costs and remove geographic barriers between UN agencies, a study on how to connect all UN agencies’ telephone systems, piloted by UNICEF, is in progress and will be finalized and implemented next year.

The introduction of Managed security services has contributed to the extension of access to the UNICEF corporate system from various locations outside the perimeter. This year UNICEF Burundi implemented secure solutions to enable staff members to work from almost everywhere, which has significantly increased office productivity. Solutions such as InterNotes and Cisco VPN were well received and used by staff. In addition, the office provided an Internet connection at the residences of senior managers (the Representative, Deputy Representative and Chief of Operations).

With the introduction of a high-speed Internet connection, the cost of Internet has decreased and the office took the opportunity to upgrade Internet bandwidth. As a result, Skype and videoconferencing using polycom have been introduced and a reduction of communication costs has been noted.

In Burundi, UNICEF and the entire UN agency network have engaged in establishing common LTAs for ICT services including Internet, the maintenance of ICT equipment and mobile phone services. The process has started and will be concluded shortly.

UNICEF Burundi has a mechanism in place to dispose of ICT equipment using a tool called ActiveKillDisk, which ensures that data and applications are completely wiped from the hard drive and cannot be easily retrieved. Even though UNICEF recognizes that the recycling of ICT equipment presents an opportunity to increase efficiency and save on costs, the country office has not yet started using this method due to a lack of local capacity and global policy in this area.

UNICEF Burundi has reduced numbers of servers in data centres with the introduction of virtualization; throughout the process an increase in service availability was noted. In addition, with the automation of various tasks such as automatic upgrades, a significant decrease in the demand for user support was noted. The biggest challenge that remains is the management of spam.

The disaster recovery plan was updated in 2012 and four successful tests conducted.

Fundraising and Donor Relations

In 2012, the BCO sent 100 per cent of its donor reports on time and all reports met quality standards. The BCO mobilized 76 per cent of resources towards the Other Resources (OR) ceiling in the Country Programme Document (including re-phased ORR from 2011, as well as some resources—54 per cent—from the Humanitarian Action Report/Consolidated Appeals Process) to meet appeal needs.

Funds available were utilized optimally, with PBAs expiring during the reporting period recording a 100 per cent utilization level.

CMT meetings and coordination meetings were among the mechanisms used to monitor the use of funds and
avoid unnecessary extension of PBAs.

Various funding opportunities were explored and will be pursued, for instance with the setting up of an office of the Netherlands Development Cooperation in Burundi. Several proposals were submitted and the BCO made use of other funding opportunities for countries in transition to development, such as the Peacebuilding Fund. The BCO also participated in the Partners Conference held in Geneva in October, during which donors committed more than USD 2 billion to support the new Poverty Reduction Strategy Paper 2012-2016 (PRSP II). The resource mobilization strategy elaborated in 2011 will be revised in 2013 to optimize fundraising efforts.

Management of Financial and Other Assets

BCO has established an efficient system for cash flow forecast management and bank optimization. As of October 2012, cash balance was at an average of USD 77,365.59 at the end of each month, which is in line with the office standard of USD 200,000. As of the end of October 2012, total replenishments stood at USD 6,093,925.94 and bank closing balances were at less than USD 200,000 for the whole period under reporting.

As per the management indicators, BCO ensures the monthly closures of the previous month’s unreconciled items and the cancellation of long outstanding checks. In 2012, a substantial effort was also made on DCT liquidation, which at the end of December stood at 0 per cent for DCTs over nine months and between six and nine months.

With regard to Regular Resources (RR), 83.65 per cent was spent in 2012 within the original duration of the PBA life, with an obligated 13.43 per cent of RR available for 2012. BCO also used 53.42 per cent of OR within the original duration of the PBA life.

In terms of efficiency gains in resource use, BCO and other UN agencies have engaged in a process of establishing common LTAs for the services, which are used by all UN agencies in Burundi. The aim of this approach is to have better services at lesser cost. In 2012, the Operations Management Team (OMT) met 10 times and agreed to establish 19 LTAs, with UNICEF being designated to run seven of the 19 LTAs.

These simple tools are expected to ease business operations (reducing transaction costs), and create more harmonization among UN agencies, as per the recommendations of the United Nations Development Group (UNDG).

Supply Management

With the Supply Plan of USD 5,924,818, in 2012 BCO procured items and services for a total of USD 8,223,147.50 (67.21 per cent offshore and 32.79 per cent locally). This figure represents an increase of 30 per cent as compared to 2011.

The amount registered in Procurement Services (USD 10,452,495 in 2012) is in line with the UNICEF global supply strategy to increase country-level capacity in the direct procurement of essential commodities while reducing deliveries to partners.

In 2012, Health and Nutrition (H&N) and Education accounted for 81 per cent of total procurement spending (63.7 per cent and 17 per cent, respectively), followed by WASH (7.3 per cent).

Supplies for a total of USD 4,740,000 were distributed in 2012 (62 per cent for H&N and 23 per cent for Education), with a focus on direct delivery in order to avoid storing items in the UNICEF warehouse. This resulted in the stock level being maintained at the authorized level of USD 800,000.

In 2012, no major changes in the local market were noted. However, services such as banking,
telecommunication, and insurance are expanding and improving or maintaining the quality of their respective services. A major challenge is linked to the fact that few essential commodities are produced locally, and as a result most items need to be imported. For example, in 2012 over three million exercise books for the Back to School campaign were procured via the Tanzania CO.

In 2012, BCO signed seven LTAs with local suppliers to procure items and services that are repetitively procured, such as pipes for WASH, offices supplies, transport for goods and persons, and printing services. This substantially reduced delivery delays. The LTAs were also shared with UN agencies for their use. Supply Units for the nine UN agencies are working together in order to put in place 19 LTAs for repetitively procured services and items for 2013.

In order to reduce risk, the Supply unit has established a mechanism whereby a regular pre-delivery inspection for all Purchase Orders (POs) above USD 10,000 is performed. The market survey completed in 2011 was updated at the end of 2012 and only pre-qualified suppliers are used by BCO.

During 2012, the unit undertook three "end-user monitoring" exercises in the field for school equipment and teaching materials to ensure the procured items were adapted to field needs.

In 2012, the unit also worked with suppliers to ensure there was good understanding of UNICEF requirements to further improve the quality of the products. Also, to ensure appropriate timing of services, all POs are monitored monthly.

The Supply unit conducts a weekly monitoring of the UNICEF stock value. Procurement is monitored once a month against the Supply Plan. In 2012, no stock expired before distribution. Contingency and regular stocks are kept separately, both physically and virtually in VISION. Regular stock retained over 180 days was monitored and distributed on time.

The Supply Unit supported programmes to implement supply transactions in VISION. The Supply Officer attended the Contracting Workshop in Harare, Zimbabwe.

Human Resources

As of 31 December 2012, BCO had 69 staff members including 30 GS, 14 NP, and 25 IP, including 1 international GN and 1 United Nations Volunteer (UNV). In terms of recruitment, 11 positions were filled in 2012 (9 IP, 2 GS). The year 2012 was special because the three managerial positions (Representative, Deputy Representative and Chief of Operations) were vacant for a long period of time before they were finally filled. Most of the positions became vacant when the incumbent was either promoted or transferred to another UNICEF duty station. Two posts are still frozen due to a lack of funds, three recruitments are still ongoing and two new positions approved by the PBR in 2013 are already advertised, i.e., Programme Specialist (Peacebuilding), P4, and Construction Engineer, P3. The average recruitment time was less than 45 days for GS positions and more than 90 days for managerial positions, which were re-advertised once or twice. The office endeavoured to have parity in the gender ratio, which is currently 52 per cent female against 48 per cent male. One hundred per cent of PERs were completed.

The HR Unit has reinforced the roster system, which has been operational for two years. This has proved effective and efficient in quickening the recruitment process of consultants and staff on Temporary Appointment. Advertising through different websites has helped save approximately USD 14,786 and shorten the recruitment time from one month to seven days.

In 2012, BCO organized the Managing People for Results Training to build staff capacities, and strengthen performance management and supervision skills in general. Twenty-five staff members (10 supervisors and 15 supervisees) attended the training.

The competition of the Office Learning and Staff Development Plan rated at 46 per cent (29 per cent local group trainings, 42 per cent individual trainings, 52 per cent global/regional trainings and 75 per cent staff
exchange); 43 out of 93 activities were completed. The low rate of completion can be explained by the challenges incurred by the implementation of VISION, the transition to new management and the preparation of the MTR 2012.

BCO has a mechanism in place to ensure the inclusion of new staff members. This includes an induction session, a copy of the Burundi-specific Orientation Kit, meetings with all heads of sections, and a welcome party organized by LSA.

In 2012, staff well-being was fostered through established structures like JCC, CFU, LSA and CMT. Like the preceding year, LSA played an active role in contributing to team cohesion and a positive working environment. It worked closely with CFU to organize office breakfasts and other social activities. The new Executive Committee of the LSA was elected and other office committees were reviewed to include new staff members.

The CFU committee, in collaboration with LSA and LLTC organized two trainings on how to maintain a balanced diet to avoid becoming overweight and prevent illnesses. Another training session on HIV/AIDS and the different types of Hepatitis was organized in collaboration with the UN Dispensary and Dr. Ogou Michel, who was the facilitator.

### Efficiency Gains and Cost Savings

In 2012, BCO introduced three mechanisms to speed up recruitment and reduce costs. In some cases, recruitment was completed at no direct financial cost.

Firstly, the use of an internal roster was used to facilitate recruitment in six cases in 2012. The selection process used was in accordance with the rules and regulations and allowed BCO to hire the required human resources within seven days, with cost savings of FBU 7,800,000 (6 x FBU 1,300,000).

The recruitment of 11 international consultants was done through Relief Web, the UNICEF intranet, and through the ESARO/WCARO HR network, accounting for savings of USD 5,500 (11 x USD 500).

Finally, the advertising of national positions (GS, NP and consultants—in the event of the inability to identify qualified candidates in the roster) was done through the website of Intercontact, the first agency of this kind in Burundi, instead of through the printed press. Five positions were advertised this way at a cost of FBU 50,000 for two weeks. In comparison, the local newspaper "Le Renouveau" offers the same service at FBU 1,300,000 for only three days of advertisement. Through this measure, the office was able to achieve savings of FBU 6,250,000 [(FBU 1,300,000 - FBU 50,000) x 5 = FBU 6,250,000].

Total cost savings achieved as a result of these three mechanisms was USD 14,786. In terms of time savings, the mechanisms allowed for human resources recruitment within seven days.

### Changes in AMP & CPMP

No significant changes were made to the AMP during the reporting period. Management indicators were reviewed regularly, including at CMT meetings and at the midyear review. As the CO has carried out the MTR of its 2010 to 2014 CPD, some changes to the CPMP are expected during 2013 and beyond. The MTR also considered an extension of the CPD by another two years until the end of 2016. This would align it with the revised UNDAF+ as well as with national priorities anchored in the country's second PRSP (PRSP II).
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
</tr>
<tr>
<td>B</td>
<td>Boy</td>
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<tr>
<td>BCO</td>
<td>Burundi Country Office</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<tr>
<td>BNUB</td>
<td>(fr)UN Office in Burundi</td>
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<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>CAMEBU</td>
<td>(fr)National Drug Store</td>
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<tr>
<td>CCCs</td>
<td>Core Commitments for Children in Humanitarian Action</td>
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<td>CCCD</td>
<td>Communal Committee for Community Development</td>
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<td>CDC</td>
<td>Hill Committee for Development</td>
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<tr>
<td>CFS</td>
<td>Child-Friendly School</td>
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<td>CFU</td>
<td>Caring For Us</td>
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<td>CLTS</td>
<td>Community-led Total Sanitation</td>
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<td>CMAM</td>
<td>Community-based Management of Acute Malnutrition</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CO</td>
<td>Country Office</td>
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<tr>
<td>CP</td>
<td>Country Programme or Child Protection, depending on the context</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CPC</td>
<td>Child Protection Committee</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>CSEC</td>
<td>Commercial Sexual Exploitation of Children</td>
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<td>CWIQ</td>
<td>Core Welfare Indicator Questionnaire</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>EIE</td>
<td>Education in Emergencies</td>
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<tr>
<td>EMTCT</td>
<td>Elimination of Mother-to-Child Transmission</td>
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<tr>
<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<tr>
<td>FBR</td>
<td>Former Burundian Refugee</td>
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<tr>
<td>G</td>
<td>Girl</td>
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<tr>
<td>GS</td>
<td>General Services staffing category</td>
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<tr>
<td>H&amp;N</td>
<td>Health &amp; Nutrition</td>
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<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<tr>
<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<tr>
<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>IP</td>
<td>International Professional staffing category</td>
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<tr>
<td>ISTEEBU</td>
<td>(fr)National Statistics Office</td>
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<td>ITN</td>
<td>Insecticide-treated net</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>JCC</td>
<td>Joint Consultative Committee</td>
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<tr>
<td>LB</td>
<td>Live Birth</td>
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<tr>
<td>LSA</td>
<td>Local Staff Association</td>
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<tr>
<td>LTA</td>
<td>Long-Term Agreement</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MoA</td>
<td>Ministry of Agriculture</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Public Health</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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## Evaluation

<table>
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<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
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<tr>
<td>Case study on lessons learned on the process of Disarmament, Demobilization and Reintegration of children released from armed groups</td>
<td>2012/002</td>
<td>Evaluation</td>
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<tr>
<td>Promotion of hand washing with soap through the production of soap in primary schools in Burundi</td>
<td>2012/003</td>
<td>Study</td>
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<tr>
<td>Assessment of non-formal and alternative education initiatives for children aged 9-16 years who have dropped out or are out of school</td>
<td>2012/004</td>
<td>Evaluation</td>
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<tr>
<td>Mapping of the knowledge, actions and implementing partners in ECD</td>
<td>2012/005</td>
<td>Evaluation</td>
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<tr>
<td>Desk study on the integration of life skills in the study and training programmes, particularly on HIV/AIDS</td>
<td>2012/006</td>
<td>Evaluation</td>
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<tr>
<td>Analysis of bottlenecks and disparities in the implementation of PMTCT</td>
<td>2012/007</td>
<td>Evaluation</td>
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<tr>
<td>Demographic and Health Survey (2010)</td>
<td>2010/004</td>
<td>Evaluation</td>
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## Other Publications

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<tr>
<td>1 Gender Strategy in Education</td>
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<tr>
<td>2 Strategic Plan 2012 -2016 for IMCI</td>
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<tr>
<td>3 National protocol for management of cholera</td>
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<tr>
<td>4 Lessons learnt from CLTS promotion in 45 “sous collines” in Burundi</td>
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## Lessons Learned

<table>
<thead>
<tr>
<th>Title</th>
<th>Document Type/Category</th>
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<tr>
<td>Introduction of Technology for Development Section in UNICEF Burundi</td>
<td>Innovation</td>
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</table>

### Lessons Learned

**1 Introduction of Technology for Development Section in UNICEF Burundi**

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>MTSP Focus Area or Cross-Cutting Strategy</th>
<th>Related Links</th>
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<td>Innovation</td>
<td>Innovations</td>
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<td><strong>Contact Person</strong></td>
<td><strong>Language</strong></td>
<td><strong>Emergency Related</strong></td>
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<tr>
<td>Aguibou Ousame Ndiaye</td>
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**Abstract**

The technology for development unit (T4D) will be based on a number of principles including using existing field-tested technological tools (such as RapidSMS & U-Report) to bridge information gaps, establishing mutually beneficial partnerships for impact and social change and development of capacity in the field to equip communities with the necessary skills and attitudes to solve every day challenges.
Innovation or Lesson Learned

So far, an innovations lab has been setup, equipped, an LTA has been established with an SMS aggregator, an MoU signed with one of the universities in Burundi and two consultants have been hired. An Innovations taskforce comprising both ICT and programme staff has proved instrumental to creating successful synergies in the context of this project.

Potential Application

One of the potential applications of this innovation is the ability to establish regional LTAs with partners, service providers and other organisations.

Issue

In order to tackle some of the biggest challenges in the field, including the lack of basic infrastructure, low literacy rates, high chronic malnutrition rates, insecurity and post-war syndrome, UNICEF Burundi needs to find innovative ways to run its field programmes in order to archive project goals.

During the recent MTR meeting, UNICEF Burundi therefore decided to introduce a Technology for Development section whose role will be to support programme staff in harnessing technology and other innovations to increase the impact and sustainability of UNICEF Programs from the different core sections such as WASH, Health, Education and Child Protection.

UNICEF Burundi has hired two consultants; a Technology Specialist and a U-Report project manager, who will help establish innovative technological tools based on RapidSMS and other technologies starting with U-Report to support UNICEF’s work but also help extend UNICEF’s reach and impact to Burundi’s most poor and vulnerable.

Strategy and Implementation

The adopted strategy includes the following:-

Introduction of an innovations lab: In partnership with both local and international universities, UNICEF Burundi is in the final stages of establishing an innovations lab that will be hosted directly in UNICEF Burundi compound. The lab will help build capacity among young people to innovatively solve common challenges in their society.

Introduction of U-Report: UNICEF Burundi is working with several partners including Red Cross Burundi, the scouts and girl guides associations and others to establish the U-Report tool for youth engagement and data collection. Work on this project has already begun with all the support structures in place already. The test version of the tool is expected to be launched early next year.

Solar Energy projects: Only 2% of the Burundian population has access to electricity. UNICEF has identified the lack of energy as one of the biggest infrastructure challenges limiting the impact of UNICEF programs to the rural poor. UNICEF is therefore working with several experts in the field of solar energy to establish partnerships will seek funding for small and distributed solar energy innovations in different parts of the country. The introduction of energy projects will be accompanied with social impact programs that are in line with UNICEF’s mandate for example introduction of solar lighting in schools is expected to improve the grades of pupils and in turn increase the transition rates from primary schools to higher institutions thus lowering dropout rates.

Progress and Results

Next Steps