Situation in Numbers

- 976,170 children in need of humanitarian assistance
- 1,740,000 people in need (HNO 2020)
- 116,951 internally displaced people in 18 provinces (IOM DTM February 2020)
- 80,694 people repatriated from Tanzania, including 3,049 in 2020 (UNHCR March 2020)

UNICEF's Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>SAM Admission</th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>19%</td>
<td>38%</td>
</tr>
<tr>
<td>Health</td>
<td>12%</td>
<td>65%</td>
</tr>
<tr>
<td>WASH</td>
<td>40%</td>
<td>17%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>60%</td>
<td>12%</td>
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<tr>
<td>Education</td>
<td>7%</td>
<td>28%</td>
</tr>
<tr>
<td>C4D</td>
<td>14%</td>
<td>27%</td>
</tr>
</tbody>
</table>

UNICEF Appeal 2020
US$ 16.5 million

Funding Status (in US$)
- Funds received in 2020, $1.9M
- Carry-forward, $2.7M
- Funding gap, $11.9M

Highlights

- Since the beginning of the year, Burundi has experienced a new outbreak of cholera, high numbers of cases of malaria and measles as well as episodes of heavy rains and violent winds causing significant human and material damages.
- UNICEF and its partners have continued to make significant efforts to meet the multidimensional needs of people affected by natural disasters, displacement and those affected and at risk of epidemics.
- 38,820 persons in cholera hotspots and Ebola high-risk areas were reached with key messages on hygiene practices. Emergency kits for cholera and measles care management have been made available to the Ministry of Health and partners to respond to the high numbers of cases.
- On March 31st, Burundi reported its first two cases of COVID-19. A National contingency plan has been developed by the Ministry of Health (MoH) and its partners.
- As of the first quarter of 2020, UNICEF has mobilized 28 per cent of the 2020 Humanitarian Action for Children (HAC) funding to respond to the most essential needs of children and women in Burundi.
Funding Overview and Partnerships

UNICEF’s appeal for Burundi stands at US$ 16.5M to sustain the provision of life-saving services for women and children affected by a humanitarian crisis, for which 28% has been mobilised on 31 March.

Through the support provided by the Governments of Japan and of the United Kingdom (DFID), WASH and health teams have been able to deploy emergency response - which will last until the second half of this year - to the cholera and malaria epidemics. The US and the German National committees for UNICEF have responded to the urgent appeal for assistance in January for those affected by the heavy rains and floods in Bujumbura and other provinces. The US Agency for International Development (USAID) continued its support for the fight against child malnutrition and together with DFID extended assistance to prepare for the Ebola Virus Disease (EVD) epidemic in the format of a consortium with other UN sister agencies with UNICEF designated as the lead agency. The Swedish International Development Cooperation Agency (SIDA), one of UNICEF’s key humanitarian partners in Burundi, has reiterated its support in 2020 to respond urgent crises affecting children and their families by enabling multidisciplinary assistance. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received this year as well as in 2019 and carried forward in 2020.

Despite the results achieved in this first quarter, critical gaps remain today, with 72% still unfunded, more specifically in the sectors of WASH, Child Protection and Education to be able to ensure an adequate response to people affected by recurrent floods, ongoing epidemics and those returning to Burundi. In addition to the tremendous challenge of COVID prevention and response, basic essential services must continue for families affected by other emergencies. As the Ebola epidemic is not over in the DRC, efforts which will also serve for COVID-19 prevention and response and cholera response, must be maintained in Burundi. Support and assistance for returnees must continue to ensure their full reintegration into their communities. The country is not immune to more natural disasters, especially floods and mudflows, causing damages and displacement. UNICEF will need to work with partners, and as sector lead in some instances, to respond with timely WASH, Education, Protection, Health and Nutrition interventions.

Situation Overview & Humanitarian Needs

The year 2020 began with severe weather events causing human and material damage in the capital and North western provinces of Burundi. On the night of 28-29 January alone, heavy rainfall resulted in floods causing deaths, injuries and the displacement of 11,000 people who have seen their shelters damaged/destroyed, have lost their source of income and have seen their access to basic services deteriorated.

The epidemic situation in the country remains worrying, with high cases of malaria, measles and a new episode of cholera (46 cases for the 1st quarter) declared in January. The emergence of cases of ulcerative wound particularly affecting children in the provinces of Muyinga, Muramvya and Mwaro have mobilized the Ministry of Health and its partners to respond to this, as yet, unknown disease.

On March 31st, Burundi reported its two first cases of COVID-19. The contingency plan prepared by the MoH with the support of its partners builds on the experience and actions already carried out in the framework of the Ebola preparedness. One of the major challenges of this pandemic in Burundi will be to maintain and strengthen access to essential services for the population in parallel with the medical response provided to those affected.

Summary Analysis of Programme Response

Nutrition

In the first quarter of 2020, UNICEF supported the National Nutrition Programme to increase the geographic coverage of therapeutic services for the treatment of children who are severely malnourished. All districts hospitals and 73% (531 out of 725) of health facilities are offering care for severe acute malnourished children, including 431 of health facilities located in the twelve most vulnerable provinces hosting IDPs, and returnees. In January and February 2020, 8,638 (4,405 girls and 4,233 boys) children affected with severe acute malnutrition (SAM) were admitted and treated in provinces targeted in the humanitarian response plan (HRP 2020) while the total nationwide rate stands at 11,404 cases treated. The number of admissions recorded for January and February 2020 exceeds the number reported for the same period in 2019 despite the low reporting rate (82% for January and 64% in February; no data for March 2020). This trend might be explained by a better access to the treatment since the geographical coverage of the programme has increased from 53% to 73% by the end of 2019 following concerted efforts by UNICEF to strengthen the Ministry’s capacity to deliver quality services. Programme performance indicators are within targets and acceptable standards with 90 per cent cured.

In response to COVID-19 pandemic, UNICEF as co-lead of the Nutrition Sector has mobilized nutrition actors to identify critical interventions considered as lifesaving to be maintained and reinforced during the crisis. A sector-specific response plan is under development and supporting documents and recommendations for the nutrition programme
(Infant and Young Child Feeding, Community-based Management of Acute Malnutrition, Vitamin A supplementation) during COVID-19 outbreak are under development.

**Health**

Starting from January 2020, Burundi experienced once again an outbreak of cholera with the notification of nine first cases in the health district of Bujumbura Centre. As of March 31st, a total of 46 cases of cholera have been reported in Bujumbura South, Bujumbura Centre and Cibitoke health districts. Cholera treatment kits for a total of 70,000 people were already provided by UNICEF in July 2019 and have been used by the MoH to respond to the current outbreak.

Since the end of the year 2019, an increased number of suspected measles cases have been reported. Based on surveillance data provided by the MoH 732 suspected cases were notified in 2020 with 58% of cases being children less than 5 years old. In addition to the 30,000 doses of measles and rubella vaccines provided in 2019, UNICEF is in the process of supplying 130,000 new doses in the country and is supporting the mass campaign response which will be organized mid-April in the most affected districts of Cibitoke.

After the increase in the number of malaria episodes in 2019, a progressive reduction of cases has been observed since the beginning of the year. According to the MoH surveillance data, the cumulative number of malaria cases reported during the first trimester stands at 1,442,585 (including 837 deaths) as opposed to 2.5 million within the same period in 2019. This year, an average of 131,000 cases were reported weekly in January against 109,000 in February. Thanks to the support of the Governments of Japan and of the United Kingdom, UNICEF could support the implementation of the transition plan of the MoH for a new malaria treatment protocol and will provide malaria drugs to the country and facilitate the training of health workers.

In preparation to the COVID-19 pandemic, UNICEF with partners actively participated in the development of the national country contingency plan, led by MoH, and has successfully advocated for the integration of essential social services as one of the strategic responses.

**WASH**

In the first quarter of 2020, UNICEF and its partners – the INGO Gruppo di Volontariato Civile (GVC) and the Civil Protection - provided safe drinking water through water trucking as well as household water treatment to 39,756 persons (10,949 girls, 10,519 boys, 9,327 women and 8,961 men). 38,820 persons (10,691 girls, 10,272 boys, 9,107 women and 8,750 men) have also been reached with hygiene kits and keys hygiene messages including handwashing.

UNICEF and its partners have had a particular focus on people affected by floods and those affected or at risk of cholera outbreak in the provinces of Bujumbura Mairie and Bujumbura rural as well as in the province of Cibitoke. Thanks to the rapid response capacity of UNICEF and its partners, including the activation of standby agreements for emergencies, these interventions have actively contributed to control and limit the wide spread of the outbreak but also to prevent from other diseases such as COVID-19.

In continuation of the Ebola preparedness actions initiated in 2019, UNICEF maintained its efforts to improve WASH services at entry points and has provided chlorine, soap and handwashing devices to cover 24 border crossings. Water trucking is still on-going in areas where a more sustainable water supply system is not available.

As part of the implementation of infection prevention and control measures in health centres, in partnership with the MoH and WHO, thanks to funding from DFID, UNICEF has begun the construction of latrines, water supply and waste management systems in 11 priority structures. These preparatory measures for Ebola preparedness will also make it possible to strengthen the system for the prevention of other epidemics such as COVID-19.

**Education**

Since the beginning of 2020, 4,110 children (including 2,096 girls) returnees and internally displaced have benefited from remedial and refresher courses to support their reintegration in the provinces of Cankuzo, Kirundo, Makamba, Ngozi and Rumonge conducted by UNICEF partner the NGO HOPE 87.

In January, with the Ministries of Education (MoE) and of Health (MoH), 1,140 teachers (including 581 women) were sensitized and trained on the EVD which, in turn, were able to sensitize approximately 91,200 students (including 46,512 girls).

UNICEF and its partners (including Terre des Hommes and WarChild) also supported the MoE in the distribution of school kits for 3,479 children (including 1,474 girls) victims of floods in the province of Bujumbura in order to facilitate their return to school. 68 teachers (including 35 women) benefitted from classroom kits to ensure the continuity of schooling. Finally, the “Association Communautaire pour la Promotion et Protection des Droits de l’Homme” (ACPDH) has trained 60 teachers (including 31 women) on children’s rights and on the prevention and mitigation of gender-based violence (GBV) in emergency situations in the province of Bujumbura rural.
However, due to the risks of COVID-19 pandemic, all mass trainings related to Education in Emergencies have been suspended by the MoE in March. A common strategy combining EVD preparedness and COVID-19 prevention and response is being developed together with the Ministries of Education and Health to mitigate the risks and ensure continuity of schooling in a protective and safe environment.

Child Protection
Since the beginning of the year, UNICEF and partners have continued to deliver critical protection services to children in Burundi reaching a total number of 96,128 children during this reporting period.

UNICEF has maintained support to four Drop-In centres in Bujumbura Mairie as well as to fifty-one Child friendly spaces where 22,696 vulnerable children (12,237 boys and 10,459 girls) continued to benefit from recreational activities, psychosocial support, documentation and appropriate referrals. Child protection partners also provided psychosocial support to 706 children including 397 girls affected by heavy flooding who were relocated in displacement sites in Bujumbura Mairie.

Through partnership with AFJB (Association des Femmes Juristes du Burundi), UNICEF has continued to monitor the situation of children including those arrested and detained who were provided with appropriate legal support. 125 children, including 106 boys and 19 girls, were also released from detention and provided with additional protection services including reintigration by the Fondation Terre des Hommes supported by UNICEF. 285 children (121 girls, 164 boys), including victims of violations, separated children, and other children deprived from parental care benefited from a package of child protection services including family tracing and reunification and/or appropriate alternative care through UNICEF partnership with Foi en Action, Fondation Stamm, FVS-Amade and Sojpae. Among this number, 153 children, including 72 girls also benefited from socio-economic and education reintegration activities. All UNICEF implementing partners have also been supported to continue to strengthen the capacity of community-based structures namely child protection committees (CPC) (163 of them received training) and Solidarity Groups (close to 7000 adults reached) to care for children affected by humanitarian situations. Support to partners is accompanied by training that includes modules on awareness raising, care and risk mitigation in the area of child protection and gender-based violence. In Bujumbura Mairie and Rural, 51 Voluntary Foster Families (VFF) have been identified and trained to receive and care for children in need of emergency temporary care solutions.

Through the partnerships with Terre des Hommes and Foundation Stamm, 72,291 children were also registered with birth certificates in areas of high returns in order to facilitate their access to essential services such as health and education.

Communications for Development (C4D), Community Engagement & Accountability
UNICEF, as the co-lead of the sub-commission for communication on Ebola (EVD contributed extensively to EVD preparedness efforts in Burundi through its work on Risk Communication and Community Engagement. From January to March, 374 community workers and 572 community leaders received training on EVD prevention. In order to continue building community awareness, UNICEF has activated a standby agreement with the CONCERN to ensure that community members in six of the priory one districts have access to information and feedback mechanisms aimed at identifying and addressing obstacles, concerns and questions about the disease. The partnership with CONCERN has been modified to also include COVID-19 prevention messages.

The Burundian Red Cross has finalized the establishment of coordinating committees that are set up at provincial, communal and hill levels. These committees bring together 2,348 key influencers (community leaders and traditional healers) and 1,185 community networks members (volunteers, para-social workers, fishermen) which are actively conducting community dialogues and ensuring community monitoring, especially in the vicinity of entry points.

In collaboration with the Population Media Center (PMC), 17 local radio stations were engaged through 137 radio jingles and spots translated in French, Swahili and Kirundi, as well as Talk shows, aired several times to raise awareness on Ebola.

Since January, UNICEF has been actively involved in the prevention and preparedness of COVID-19 in support of the Ministry of Health. A national communication strategy has been developed by the MoH and partners, key COVID-19 messages have been validated for dissemination. Various communication materials are currently being disseminated nationwide through different platforms including radio, mobile and other channels supported by NGO partners.

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

UNICEF continues to provide technical support as a member of the National Ebola Taskforce and the sub-committee for WASH/infection prevention and control, led by the MoH with support from the World Health Organization (WHO) and as co-lead of the sub-committee for Risk Communication and Community Engagement (RCCE). These coordination forums are being readapted to the context of the COVID pandemic and UNICEF maintains a central role in these sectors.

Human Interest Stories and External Media
Since January 2020, the communication, advocacy and partnerships accompany UNICEF’s programmes in Burundi to document, archive and to shed the light on their respective actions and results concerning the EVD response as well as response to other emergencies such as floods.

UNICEF supports the Government of Burundi through the MoH to educate through multi-channel interventions targeting both the most-at-risk population and the public, mostly through mobile public awareness campaigns, door-to-door outreach efforts and the distribution of Ebola prevention brochures. The external communication produced, in collaboration with the AECR and WASH sections, two human interest stories that respectively highlight community engagement, interpersonal communication and access to water at critical border points for the communities in Burundi. On March 31st, the Government of Burundi announced the two first COVID-19 cases in the country. UNICEF, as the focal point for crisis communication on COVID-19, initiated the creation of assets that centralize approved key prevention messages by the government in Kirundi, French and English. UNICEF in Burundi opened an official twitter account on March 26 to share key and critical information in real time. UNICEF developed a variety of assets ranging from videos, to posters and infographics that target public audiences, and for further use and dissemination by the sister agencies’ social channels as well as other development partners including NGOs.

Next SitRep: 30 June 2020

UNICEF Burundi information page: https://www.unicef.org/infobycountry/burundi.html

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Cluster/Sector Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020 target</td>
<td>Total results*</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6 to 59 months affected by SAM admitted for treatment</td>
<td>45,000</td>
<td>8,638</td>
</tr>
<tr>
<td>Number of children assessed for acute malnutrition through mass screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children vaccinated against measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people, at least half of them children, provided with essential drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>490,025</td>
<td>75,067</td>
</tr>
<tr>
<td>Number of people in cholera and Ebola high-risk areas reached with key messages on hygiene practices</td>
<td>422,794</td>
<td>39,720</td>
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<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing critical child protection services, including mental health and psychosocial support</td>
<td>200,000</td>
<td>96,128</td>
</tr>
<tr>
<td>Number of children and women accessing gender-based violence risk mitigation, prevention or response interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
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<td></td>
</tr>
<tr>
<td>Number of school-aged girls, boys and adolescents accessing</td>
<td>65,000</td>
<td>4,253</td>
</tr>
</tbody>
</table>

¹ In December 2019, 30,000 doses of measles vaccine were transferred to the Ministry of Health. 7,000 children in refugee camps benefited from this donation. The next vaccination campaign is scheduled for April 2020.
### Annex B

#### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received Current Year</td>
<td>Carry-Over</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>3,700,000</td>
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<tr>
<td><strong>Health</strong></td>
<td>1,600,000</td>
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<tr>
<td><strong>WASH</strong></td>
<td>4,000,000</td>
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<tr>
<td><strong>Child Protection</strong></td>
<td>3,500,000</td>
<td>118,007</td>
<td>295,394</td>
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<tr>
<td><strong>Education</strong></td>
<td>1,500,000</td>
<td>93,905</td>
<td>330,258</td>
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<tr>
<td><strong>C4D</strong></td>
<td>1,700,000</td>
<td>323,995</td>
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<tr>
<td><strong>Cluster Coordination</strong></td>
<td>500,000</td>
<td>143,000</td>
<td>73,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16,500,000</td>
<td>1,932,641</td>
<td>2,709,096</td>
</tr>
</tbody>
</table>

* As defined in Humanitarian Appeal of 01/01/2020 for a period of 12 months