Highlights

- The past weeks of civil unrest and response by the security forces have raised serious concerns regarding child rights violations. Children were repeatedly caught up in demonstrations either as active participants or simply by being in the wrong place at the wrong time.
- Security forces were indiscriminate in their violent response and as a result at least three children were killed, many injured and arrested.
- More than 2,400 suspected cases of cholera, out of which 33 deceased, have been reported among Burundian refugees in Tanzania; on the Burundi side of the border there are 15 suspected cholera cases.
- Access to health centers and hospitals in Bujumbura has been challenging for children and women in the last two weeks.
- Over 110,000 refugees are seeking asylum in the Democratic Republic of Congo, Rwanda, and Tanzania, a situation that is further aggravated due to space limitations, stock-outs or shortages of medical supplies and outbreak of diseases.
- Burundi is one of the poorest countries in the world, with one of the highest malnutrition rates figuring on the top of the world hunger index. Prolonged insecurity that provokes repetitive displacement of people is likely to have a massive impact on an already vulnerable population.

SITUATION IN NUMBERS

More than 110,000
Burundians are seeking asylum in neighbouring countries as a result of the crisis.

More than 2,400
Suspected cases of cholera among Burundian refugees in Tanzania.

2000 children
living in the street in Bujumbura have been affected by the crisis, 110 children receive nutritional, WASH and psychosocial support on a daily basis.

58 per cent
of Burundi’s children under five suffer from chronic malnutrition – a situation that is further aggravated during the current crisis.
Situation Overview & Humanitarian Needs

Fear, intimidation and a lack of information especially in rural area due to violence and closure of radio stations have forced over 110,000 Burundians to flee for safety to neighboring countries and that number is likely to increase. The majority of these refugees are women and children.

The past two weeks of civil unrest and response by the security forces have raised serious concerns regarding child rights violations. Children were repeatedly caught up in demonstrations either as active participants or simply by being in the wrong place at the wrong time. Security forces were indiscriminate in their violent response and as a result at least three children were killed, many injured and arrested (though all detainees have been liberated by demonstrators). Recent demonstrations in May saw for the first time significant involvement of women. While the involvement of women was perceived as a moderating factor UNICEF fears that girls will become increasingly involved in the demonstrations with all possible implications that might have on their protection.

An attempted coup d’état on 13 May was foiled and saw the return of the President to the country on 15 May. Despite a ban by national authorities, demonstrations in Bujumbura resumed on 18 May. The sharp increase of persons leaving Burundi to neighbouring countries under difficult sanitary and hygiene conditions has also led to suspected cholera cases specifically on the border with Tanzania.

Humanitarian leadership and coordination

A regular information sharing system has been established between UNICEF, the Red Cross of Burundi, the Red Cross of Belgium, GIZ Burundi, MSF, and UNHCR in Burundi. Additionally, regular coordination occurred with the other countries involved in the emergency response, including UNICEF Rwanda, UNICEF DRC and UNICEF Tanzania, focusing on cross-border movements from Bujumbura to Uvira, Kagonga to Kigoma and Niarugusu.

UNICEF and WHO are co-lead of the Emergency Health Sector. Health partners are meeting on a weekly basis. Likewise for Nutrition, the Emergency Nutrition sector group under the leadership of UNICEF is holding weekly coordination meetings.

UNICEF is lead of the Child Protection sub-Sector. Partners have been meeting on a weekly basis, specifically also to coordinate on response to children detained in the demonstrations and street children in shelters.

UNICEF’s Response with Partners

Health & Nutrition

Currently support to refugees from Burundi has been focused on Tanzania, hosting the majority of displaced people. In support of the response towards Burundian refugees, UNICEF Burundi provided additional supplies, including 1 cholera kit (for management of up to 100 cholera cases) and 100 cartons of BP5 compact food emergency rations (ensuring complete nutrition of estimated 600 to 1,000 children under five for 1 week) to IRC Tanzania. Two stand-by agreements with the NGOs Africa Humanitarian Action – AHA and Concern are under finalization to implement health and nutrition interventions in emergency in Burundi.

WASH

Responding to the needs of Burundian refugees in Tanzania, UNICEF Burundi provided WASH supplies, including soap, water purifications tabs/powder and water tanks. A WASH awareness raising campaign was launched to prevent further dissemination of the disease.

Under the standby agreement signed with the Red Cross of Burundi, UNICEF will proposition WASH non-food items (NFI) in 5 warehouses located in Bujumbura, Makamba, Cibitoke, Rutana and Muyinga. UNICEF is prepared to provide access to safe water and sanitation to affected populations, especially children and women, and WASH-related information campaigns to prevent child illness.
**Child Protection**

The Child Protection in Emergencies Working Group is meeting on weekly basis to share information, coordinate CP interventions and monitor child rights violation.

UNICEF continues to work with partners to provide assistance to children living in the street, who are increasingly seeking refuge and food due to current unrest in the city. UNICEF provides meals and liquids to the children on a daily basis. Further arrangements have been made for an emergency shelter.

More than 80 children from neighbourhoods most affected by the civil unrest are sheltered by a faith-based organization where they were sent by their parents who fear for their safety. Most of them are accompanied by either a parent or a close relative, infants remain together with their mothers. UNICEF is providing WASH, ECD, and psychosocial support and has mobilized further support from WFP.

**Humanitarian Strategy**

UNICEF’s preparedness and response strategy has focused on support to existing structures. Focus has been laid on management of SAM children at the community and facility levels, including initiation of additional therapeutic feeding as required to reach the estimated population in need (in line with CCC in emergencies). UNICEF has been providing crucial support to re-establishment of routine services, including cold chains for resumption of EPI services. UNICEF has ensured that children and women have access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

**Summary Analysis of Programme response**

**Health**

The Red Cross resumed its activities in Bujumbura city after an interruption from 13 to 15 May. Red Cross is ensuring transport of emergency cases from health centres to the major reference hospitals, as well as evacuation of people injured during demonstrations. Since the beginning of the crisis, Médecins Sans Frontière already covered medical fees for 56 injured people taken in charge in the 4 public hospitals whose capacities are stretched but still manageable. The main private hospital was closed following an attack by armed forces on 14 May.

Health facilities outside Bujumbura in rural areas are functioning almost normally. However, 15 suspected cholera cases were brought to the district hospital of Nyanza Lac since 14 May. The suspected cases involve persons who have been waiting to cross to Tanzania. UNICEF is supporting MoH and partners to reopen a Cholera Treatment Center (CTC) in a location closer to the transit site. UNICEF has agreed to use of a pre-positioned cholera kit in response to this new suspected cholera outbreak. The RapidPro system was reactivated for the transmission of cholera data.

**Nutrition**

Initial reports from Rwanda indicate very high severe acute malnutrition among refugee children under five. These have yet to be reported in Burundi, where the severe acute malnutrition rate is <2 per cent.

Currently UNICEF who is Burundi’s main provider of therapeutic feeding products (with in kind donation from USAID) has sufficient stock to cover the expected regular needs for 2015 only until end of July. The 2015 gap for regular needs of therapeutic feeding products of 1.2 million USD (ca. 17,000 RUTF CAR) is alarming. Based on contingency planning for the current situation, an additional 200,000 USD (ca. 3,000 RUTF CAR) are needed for treatment of 3,226 SAM children under five in an emergency situation.

**WASH**

UNICEF facilitates WASH sector coordination in cooperation with the Burundian Red Cross (CRB). Technical assistance has been provided in training BRC volunteers in 4 regions. Joint rapid assessments were conducted on 10 and 11 May 2015 in Nyanza Lac and Mabanda communes, assessing the situation of Burundian people who are crossing the border seeking asylum in Tanzania. As immediate assistance for people in transit on the Burundian side, 12 latrines will be constructed, 6 in Kabonga (Nyanza Lac) and 6 in Mugina (Mabanda). The existing WASH supply in stock covers assistance to 10,000 people for 3 months.

UNICEF is working with its partners to monitor cholera cases reported at the Kagungu site in Tanzania. A cholera treatment centre has been installed to treat those who are affected. Efforts are being made to enable more accurate data on the total number of cases to be available, including re-activating the use of Rapid-Pro. However, due to the massive crossing of refugees and asylum seekers at the border and fisher men using lake water along Lake Tanganyika this situation has been given particular attention on both sides of the border. With support from UNICEF, CRB will therefore deploy distribution of potable water units and water treatment tablets in Nyanza Lac (Burundi). UNICEF will also provide cholera treatment kits to the Nyanza Lac health district level as preventative measure.
Education
Since the school year is almost completed, UNICEF has taken intensified action to prepare for the coming school year starting in September 2015. In terms of emergency response, the updated curriculum was shared with neighbouring countries for Burundian refugee children to support their continued access to education. UNICEF will continue to advocate with the Ministry of Education the possibility of organizing examinations for Burundian children in camps in DRC, Tanzania and Rwanda.

Child Protection
UNICEF has continued to support its child protection partners in implementing regular programmes as well as supporting children in emergency situations. Outside Bujumbura, the Child Protection Committees and “Nawe Nuze” solidarity groups have continued their work without interruption.

Communications for Development (C4D)
IEC communication tools for WASH and Child Protection have been shared with UNICEF in neighbouring countries, and Education, Health and Nutrition IEC materials will be shared soon. UNICEF will also roll-out awareness campaigns on the prevention and treatment for cholera outbreaks.

U-report has been used to identify high-risk practices that have implications on behaviour change communication, as well as opportunities for developing community-based response mechanisms. C4D has continued to support programme sectors in their responses, including promotion of healthy behaviour.

Supply and Logistics
UNICEF has delivered a cholera kit and WASH products in Kabonga (Tanzania) during the emergency mission on May 19. Products such as buckets, jerry cans, long lasting insecticide nets (LLIN), soap, water purifications tabs and water tanks were pre-positioned in the CRB warehouses in different provinces (North, South and East). Items such blankets, tents, etc., have been pre-positioned in the Burundian Red Cross warehouse in Bujumbura.

The UNICEF warehouse contractor is still facing challenges in supporting regular clearance of local transports as access to main roads is limited. Moreover, the delivery of measles vaccines is on standby until the Expanded Programme on Immunization (EPI) can ensure clearance and cold chain transport. The challenges are also negatively impacting delivery of Tetanus and diphtheria vaccines –Td (for EPI).

Media and External Communication
A press release on the current situation of more than 300,000 Burundians who fled violence and seek asylum in neighbouring countries has been disseminated. On 29 May, a joint press release between Burundi and Tanzania was developed to highlight the good collaboration on the response to the cholera situation in the area near Tanganyika Lake. Only one radio, the national state radio RTNB, is broadcasting for the moment. Private radio stations (except RPA) have received official authorisation to reopen, but are unable to do so due to severe destruction of their equipment.

UNICEF’s concern has been to ensure that children are protected, their rights are upheld and children are not involved in political movements and actions that put them at risk. It is crucial to remind all parties again that they all have a responsibility to ensure that children are protected and are not implicated in political demonstrations.

FUNDING
UNICEF Burundi’s 2015 Humanitarian Action for Children appeal is USD2.5 million of which USD 896,639 has been received to date. Given the recent developments with the possibility of a continued deterioration in the situation, UNICEF is reviewing its requirements to meet the humanitarian needs of women and children affected by the current political crisis.

Next SitRep: 27/05/2015

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