Burundi

HIGHLIGHTS

- Burundi experiences recurrent humanitarian crises with cyclic natural disasters and health epidemics with implications on population movement and nutrition. The country’s weak preparedness for future disasters, along with the COVID-19 pandemic impact, worsens the ongoing socioeconomic crisis, significantly slowing down development.

- UNICEF aims to provide a timely, coordinated and multi-sectoral humanitarian response through the continuity of nutrition, water, sanitation and hygiene (WASH), health, education and protection services. UNICEF centers its strategy on supporting affected and at-risk populations along with reinforcing their preparedness to face humanitarian crises. A particular focus is put on linking humanitarian actions to development programming and strengthening the resilience of communities.

- In 2022, UNICEF requires US$22.3 million to provide multi-sectoral assistance to vulnerable children and women affected by the recurrent humanitarian crises in Burundi. This includes US$5 million for the first-line response to severe and acute malnutrition and US$4.5 million to address the important needs of children in WASH.

KEY PLANNED TARGETS

- **440,300** children and women accessing health care
- **150,000** people accessing a sufficient quantity of safe water
- **142,318** children/caregivers accessing mental health and psychosocial support
- **95,480** children receiving individual learning materials

IN NEED

- **2.3** million people
- **1.3** million children

TO BE REACHED

- **693,798** people
- **598,278** children

FUNDING REQUIREMENTS

- **us$ 22.3** million

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
Burundi is among the poorest countries in the world, experiencing recurrent humanitarian crises, including natural disasters, population movements, disease outbreaks and protection issues. In 2021, 169,098 people repatriated and around 115,981 internally displaced persons (IDPs) have been reported. In the last six months, Burundi has faced unprecedented floods, increasing the number of disaster areas and the number of IDPs caused by natural disasters up to 85 per cent.

Access to social services and basic infrastructures remains low across the country. About 39 per cent of the population lack access to basic water, while 56 per cent lack access to basic sanitation services. Hygiene awareness needs increased, as only 6 per cent of the population has access to basic hygiene services. The education rate remains low, as 1.9 million children and adolescents of school age (4 to 19 years) out of 5.1 million are still out of school, (37 per cent dropouts and 63 per cent never attended school) and half of repatriated children lacking access to formal education. Child protection remains a concern as 93,498 children do not have birth certificates as of July 2021, thus limiting their access to basic social services, and 2,903 unaccompanied children are particularly at risk of trafficking, abuse, exploitation and violence, including gender-based violence (GBV).

The prevalence of global acute malnutrition (GAM) is not improving over the years, reaching 6.1 per cent, with 31 of the 47 districts in a precarious situation (GAM 5 to 9.9 per cent). Only 6.8 per cent of children (6 to 23 months) receive a minimum acceptable diet. More than 58,000 children under 5 years of age are estimated to be at risk of severe acute malnutrition (SAM) in 2021.

Some diseases with high epidemic potential remain prevalent across the country, including malaria, measles and COVID-19. The health system and facilities at community level remain fragile, and one fifth of the population lacks access to primary healthcare. There has been a 14 per cent increase in malaria cases compared to the same period last year. In 2021, 490 cases of measles were recorded in 31 of the 47 health districts. The COVID-19 pandemic is expected to keep interrupting a still-fragile economic recovery, exacerbating humanitarian needs. As of 21 September 2021, a total of 16,933 people tested positive. The situation has deteriorated with an exponential increase since the end of June, although most reported cases are asymptomatic, with a reported death rate of under 1 per cent so far.

**SECTOR NEEDS**

- **58,000** children under-five need SAM treatment
- **515,195** people lack access to safe water
- **264,794** children need protection services
- **177,392** children need access to educational services

**STORY FROM THE FIELD**

Maramvya, Burundi - Five-year-old Malaki now calls home a small tent he shares with his mother and eight siblings, close to Bujumbura's airport and the shores of Lake Tanganyika.

More than 6,400 people live in this camp, a site hosting the largest displaced community in Burundi. Its residents came here as a series of ferocious floods wracked the region over the past two years.

"Our house collapsed three times. But this time, the water did not retreat. So, we had to leave," says Marie Banyagirubusa, the children's single mother, who already struggled to make ends meet before being displaced.

Read more about this story here
In 2022, UNICEF will continue to be a major actor in emergency humanitarian response through providing multi-sectoral and integrated life-saving response to the acute needs of children and women affected by natural hazards, disease outbreaks, malnutrition and population movements. UNICEF’s interventions are aligned with inter-agency strategies, including the Humanitarian Response Plan, the COVID-19 Strategic Response Plan and Joint Returnee Reintegration and Refugee plan.

Through its humanitarian strategy, UNICEF will ensure timely and holistic humanitarian assistance by reinforcing the links between health, nutrition, WASH, education, child protection and social policy programs and activities. UNICEF will also work on the rehabilitation and construction of basic social infrastructure affected or damaged by the crises affecting Burundi. UNICEF will strengthen its community-based approach to enhance humanitarian response efficiency, engaging women and children's rights and strengthening communities’ resilience, especially through capacity-building, technical support, strengthening of local and community-based organizations, as well as dissemination of appropriate life-saving messages to at-risk and affected communities and operationalization of feedback and complaint mechanisms.

UNICEF will bridge its humanitarian interventions with development programming to strengthen communities’ resilience and preparedness for future disasters. It includes expanding disaster risk reduction, emergency preparedness interventions and building community-based resilience thanks to medium- and long-term solutions while responding to immediate humanitarian needs.

UNICEF continues to work with community-based solidarity groups (Nawe Nuze), who play a leading role in identifying problems and developing sustainable ways to address disaster risk reduction, emergency preparedness, food insecurity, livelihood and education, among other relevant topics. These solidarity groups ensure the focus on community resilience and sustainability, support the early recovery of affected households, offering solidarity, economic opportunities and enabling good practices to flourish. UNICEF supports with setting up, training in good practices, referral systems and cash transfers for investment in income generating activities. This strategy promotes an intervention ‘as local as possible, as international as necessary’, following the World Humanitarian Summit call. Throughout UNICEF’s assistance, cross-cutting issues such as gender, gender-based violence and disabilities are integrated. UNICEF also invests in a systemic approach to preventing sexual exploitation and abuse, including regular training, community engagement, risk assessment, increased vetting and human resources measures. UNICEF continues to lead the WASH, nutrition and education sectors, the child protection subsector and co-lead the health sector that will continue to support the National Platform for Risk Prevention and Disaster Management to respond to natural disasters regularly affecting the country.

### 2022 Programme Targets

#### Nutrition
- 58,000 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 131,000 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- 209,000 children assessed for acute malnutrition through mass screening

#### Health
- 48,000 children aged 6 to 59 months vaccinated against measles
- 440,300 children and women accessing primary health care in UNICEF-supported facilities

#### Water, Sanitation and Hygiene
- 150,000 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 19,641 girls and women accessing menstrual hygiene management services
- 303,000 people reached with hygiene promotion, including handwashing behaviour change programmes
- 77,000 children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces

#### Child Protection, GBVIE and PSEA
- 142,318 children and parents/caregivers accessing mental health and psychosocial support
- 104,170 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 657,318 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- 1,596 unaccompanied and separated children accessing family-based care or a suitable alternative

#### Education
- 56,740 children accessing formal or non-formal education, including early learning
- 95,480 children receiving individual learning materials

#### Social Protection
- 8,167 households reached with UNICEF-funded multi-purpose humanitarian cash transfers

#### Cross-Sectoral (HCT, C4D, RCCE and AAP)
- 542,630 people reached through messaging on prevention and access to services
- 303,000 people participating in engagement actions for social and behavioural change
- 121,200 people reached by behaviour change messages during natural disasters

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/appeals/burundi/situation-reports](https://www.unicef.org/appeals/burundi/situation-reports)

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action. Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
UNICEF requires US$22.3 million to provide life-saving assistance for children and women in 2022. Although the humanitarian situation improves in the country, women and children continue to be affected by population displacement, natural disasters and epidemics. These funding requirements decrease as a result of this improvement but still take into account the scale of humanitarian needs. This is aligned with 2022 Humanitarian Needs Overview, Humanitarian Response Plan, 2021 Refugee Return and Reintegration Plan and 2022 National COVID-19 response Plans.

These funds will enable UNICEF to scale up its support to emergency action, requesting US$4.1 million for the preparedness, prevention and response to COVID-19, and to support life-saving interventions, especially the response to children suffering from severe acute malnutrition and access to basic social services. UNICEF will also focus on linking its humanitarian interventions to development programming and strengthen the resilience of affected and at-risk communities.

Without adequate and timely funding, UNICEF, as one of the main actors in the emergency response in Burundi, will be unable to address the acute needs of vulnerable and affected children and women, and 598,278 children will suffer from nutritional deprivation and lack of access to basic services and be at risk of epidemics and protection incidents.

### Sector 2022 requirements (US$)

<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 requirements (US$)</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>6,036,961</td>
</tr>
<tr>
<td>Health</td>
<td>2,493,129</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>5,041,336</td>
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<tr>
<td>Child protection, GBViE and PSEA</td>
<td>2,543,198</td>
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<tr>
<td>Education</td>
<td>2,062,485</td>
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<tr>
<td>Social protection</td>
<td>1,099,300</td>
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<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>3,068,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,344,409</strong></td>
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</tbody>
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*This includes costs from other sectors/interventions: Education (9.2%), Social protection (4.9%).

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1. UNICEF’s public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.


3. This includes 1,168,400 women, calculated based on women making up 50.8 per cent of the population, as per the Office for the Coordination of Humanitarian Affairs, ‘Burundi: 2021 Humanitarian Needs Overview’, OCHA, 2020.


5. This includes 48,000 children aged 6 to 59 months vaccinated against measles, 209,000 children assessed for acute malnutrition through mass screening, 150,000 people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene, 49,000 people reached with humanitarian cash transfers across sectors, 142,318 children and caregivers accessing mental health and psychosocial support and 95,480 children receiving individual learning materials. This includes 346,899 women/girls, 346,899 men/boys, and 104,070 persons with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has sector coordination responsibilities.

6. This includes 48,000 children aged 6 to 59 months vaccinated against measles, 209,000 children assessed for acute malnutrition through mass screening, 78,000 children accessing sufficient quantity of safe water for drinking, cooking and personal hygiene, 25,480 children reached with humanitarian cash transfers across sectors, 142,318 children accessing mental health and psychosocial support and 95,480 children receiving individual learning materials. This includes 299,139 girls, 299,139 boys, and 89,742 children with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has sector coordination responsibilities.

7. The number of malaria cases gradually decreased from the 120,000 cases reported weekly at the beginning of the year to 100,000 cases between weeks 5 and 22. However, the number of reported cases increased again from week 23 to week 25, reaching over 130,000 cases per week. There has been a 14 per cent increase in the number of cases in 2021 compared to the previous year, from 2,473,015 in 2020 to 2,811,260 in 2021 by week 25 due to persistent lack of human, logistical and financial resources for effective response.

8. International Monetary Fund (April 2021) - World Economic Outlook – considering the Gross Domestic Product (GDP) based on Purchasing Power Parity (PPP) per capita.


15. Including 44,479 girls and 47,683 boys in DGAT (July 2021) - Half-yearly review report of the UNICEF protection program and the General Directorate of Territorial Administration.


17. UNICEF Burundi (2021) - Nutrition sector data.


25. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.

26. UNICEF builds a stronger collaboration with UNHCR to better address the needs of the repatriated, returnees and refugees.

27. In 2016, the humanitarian community gathered for the World Humanitarian Summit to reform and direct the new guidelines of humanitarian interventions across the globe.

28. This includes 29,000 girls and 29,000 boys.

29. This includes 104,500 girls and 104,500 boys.

30. This includes 24,000 girls and 24,000 boys.

31. This includes 88,000 women, 132,150 girls and 132,150 boys.

32. This includes 39,000 girls, 36,720 women, 39,000 boys and 35,280 men.

33. This includes 10,213 girls and 9,428 women.

34. This includes 78,780 girls, 74,174 women, 78,780 boys and 71,266 men.

35. This includes 38,500 girls and 38,500 boys.

36. This includes 128,086 children and 14,232 caregivers.

37. This includes 11,460 women, 46,355 girls and 46,355 boys.

38. This includes 170,903 girls, 160,911 women, 170,903 boys and 154,601 men.

39. This includes 798 girls and 798 boys.

40. This includes 56,740 girls and 56,740 boys.

41. This includes 47,740 girls and 47,740 boys.

42. This includes 12,740 girls, 11,995 women, 12,740 boys and 11,525 men.

43. This includes 141,084 girls, 132,836 women, 141,084 boys and 127,626 men.

44. This includes 78,780 girls, 74,174 women, 78,780 boys and 71,266 men.

45. This includes US$100,745 for PSEA activities.