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Burundi

Humanitarian Situation Report No. 2

Reporting Period: 1 January to 31 December 2021

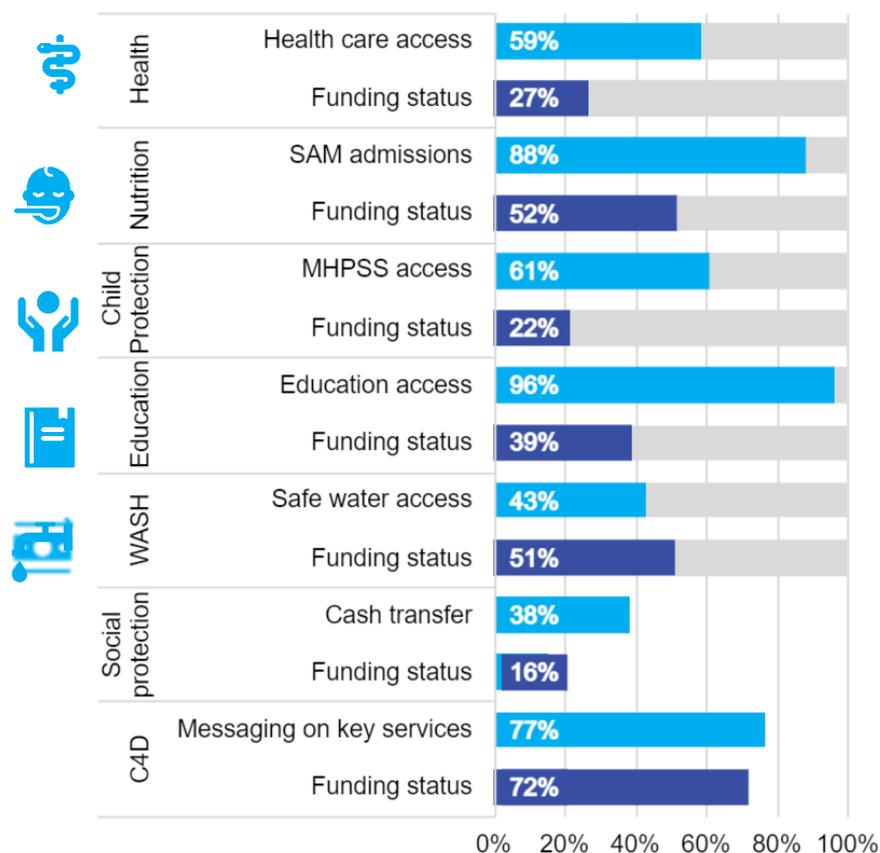
Highlights

- Nearly 70,000 people in Burundi have been severely affected by **torrential rains, strong winds and floods that caused displacement and damage** since the beginning of the year. Flooding is mainly caused by the rising water level of Lake Tanganyika and the overflow of adjacent rivers.
- UNICEF and partners have continued to make significant efforts to meet multidimensional needs – **541,648** children accessing learning; **286,547** persons from host communities and displaced children benefiting from psychosocial support; **248,529** persons were provided with safe drinking water through water-trucking and household water treatment.
- 1,108** schools were provided with sustainable hand-washing facilities, with technical support from the WASH section, improving the hygiene conditions for **851,866** students. Additionally, 16 new classrooms were built and equipped, and 9 others were equipped with desks.
- 52,011** under 5 children were **admitted into SAM treatment** out of the 58,898 targeted (88%) in the Humanitarian Response Plan and Humanitarian Action for Children.
- UNICEF has **mobilized 44 per cent** of the 2021 Humanitarian Action for Children (HAC) funding.

Situation in Numbers

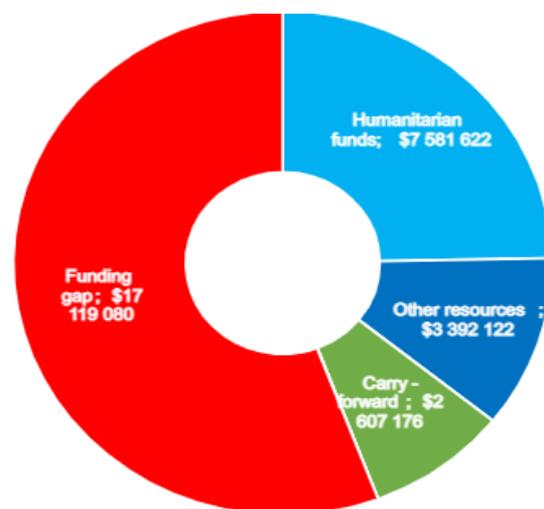
- 1.28 million** children in need of humanitarian assistance
- 2.3 million** people in need (OCHA, HNO/HRP 2021)
- 115,981** Internally displaced people (IDPs) (IOM, August 2021)
- 266,753** # of pending and registered Burundian refugees (UNHCR, December 2021)

UNICEF's Response and Funding Status



UNICEF Appeal 2021 US\$ 30.7 million

FUNDING STATUS (in US\$)



*Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.

Funding Overview and Partnerships

UNICEF's appeal for Burundi stands at US\$ 30.7 million to sustain the provision of life-saving services for women and children affected by a humanitarian crisis, for which 44 per cent has been mobilised as of 31 December 2021. UNICEF has been able to respond to epidemics, particularly COVID-19, thanks to the support of the Governments of Germany and Japan, of the US Agency for International Development (USAID) and UNICEF Swiss National Committee. A specific focus was put on the COVID-19 response with the generous support of the Global Partnership for Education and GAVI the Vaccine Alliance. This response has been achieved by focusing on priority and immediate needs, but also by paying particular attention to strengthening the health system. The issue of populations on the move and their host communities in an epidemic context was addressed with the Bureau of Population, Refugees, and Migration's (PRM) contribution.

Funding from ECHO also continues to support the most vulnerable children, particularly returnees and displaced children, with access to birth registration, and improvement of learning infrastructure. The Swedish International Development Cooperation Agency (SIDA), one of UNICEF's key humanitarian partners in Burundi, has reiterated its support in 2021 to respond to urgent crises affecting children and their families by enabling multidisciplinary assistance. UNICEF also received a significant contribution from the Global Partnership for Education's Accelerated Fund to support its Continuum of Learning in Emergencies programme. This programme clearly links assistance in crises and resilience-building of the education system. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received in 2020, 2021 and hopefully carried forward in 2022.

However, humanitarian needs remain high in Burundi and the response to natural disasters remains largely underfunded by emergency funds. Only the Central Emergency Response Fund (CERF) was made available in 2021 to respond to the flooding caused by the rising lake waters and the rains. Considering the limited capacity of humanitarian actors to respond, along with the rainy season expected from early 2022, there is a risk of new flooding episodes with similar impact as those encountered in 2021. Flexible funding is urgently needed in order to be ready to respond immediately, particularly for the sectors of WASH, Health, Social Protection and Child Protection. Nutrition sector remains severely underfunded.

Situation Overview & Humanitarian Needs

Burundi bore the brunt of climate change related **natural disasters** during the first half of the year, with a drought in January-February affecting northern regions of the country. The significant rise in the water level of Lake Tanganyika during the rainy season as well as the overflowing of the Rusizi and Kajeke rivers that caused major flooding between March and May. This resulted in significant damage to infrastructure, particularly housing as well as to basic social services, and partial or total destruction of schools and health facilities. In May, an estimated 14,000 households (approximately 70,000 people) in the provinces of Bujumbura Rural, Rumonge, and Makamba were affected, including over 5,000 displaced families. According to the population projection of the Institute of Statistics and Economic Studies of Burundi (ISTEEBU), it is estimated that nearly 850,000 people are at risk of displacement in the coastal communes¹.

The needs of the affected populations are multidimensional including housing, access to safe water, hygiene and sanitation, along with immediate food and nutritional assistance while waiting for income-generating activities to resume. Children and women in particular are at high risk of violence, exploitation, neglect and abuse, especially while in displacement. Finally, children need access to educational and safe spaces to limit the risk of dropping out of school and to ensure a protective environment.

The voluntary **repatriation of Burundian refugees** continues covering 13 countries². As of 30 November 2021, 191,402 people have returned since the voluntary repatriation program was established in 2017, including 62,324 from January to end of November of this year³. Of this population, 56 per cent are children. The most pressing needs reported are related to birth registration which allows access to free basic social services such as health and education. Only half of the children reportedly attend school (34 per cent primary school and 15 per cent secondary school) and 20 per cent of families do not have access to health services.

¹ OCHA (May 2021) - <https://www.humanitarianresponse.info/en/operations/burundi/document/burundi-humanitarian-snapshot-mai-2021>

² UNHCR Burundi (December 2021) – Statistiques de rapatriement

³ UNHCR (30 November 2021) – 2021 Burundi Regional RRP - <https://data2.unhcr.org/en/documents/details/90220>

The **epidemiological situation** shows a 29 per cent increase in malaria in 2021 (6,151,128) in comparison with 2020 (4,753,819). Despite a small decrease (625 cases reported in 2021 in comparison to 855 cases in 2020), incidences of measles remain a concern. A nation-wide measles campaign is expected to take place in late January 2022. In the last quarter of the year, nine cholera cases have been reported, with 04 cases in the province of Bujumbura Mairie and 05 cases in the province of Cibitoke.

By the end of the year, Burundi reported 31,615 cases and 14 deaths from **COVID-19** out of 1,159,389 people tested⁴. The overall positivity rate remains low at 2.72 per cent. Nearly 83 per cent of the cases are of local transmission and 17 per cent were imported, the majority of which were reported in the city of Bujumbura. The country is engaged in the vaccination process since mid-October 2021, reaching 5,500 persons by the end of 2021. Response activities are continuing with screening/testing, sensitization messages and efforts to identify and follow-up on contact cases in border areas, since the reopening in June with the DRC and at some entry points with Tanzania.

Summary Analysis of Programme Response

Health

In 2021, despite two mass immunization campaigns in April and December 2020 in 20 targeted health districts, 625 cases of **measles** were reported in 38 out of 47 health districts, in 17 of the 18 provinces of Burundi. Children below 5 years old accounted for 60 per cent of the affected children. To prepare the vaccine response, UNICEF has made available 100,000 doses of vaccines and syringes. The cases were monitored continuously by the Ministry of Health and its partners. A nation-wide mass campaign is expected to be launched in late January 2022 with technical and financial support of partners including GAVI, WHO and UNICEF.

The year 2021 experienced a difficult start with almost 185,000 **malaria** cases on a weekly basis during the first five weeks, decreasing throughout the year and increasing again to reach around 250,000 weekly cases at the end of the year for a total annual case load of 6,151,128 representing a 29% increase from the year before. This increase can be attributed to the drop in effectiveness of the Insecticide Treated Bed nets distributed in 2019 and highlights the need for a new mass distribution. On a positive note, the case fatality rate was reduced by half (CFR of 0.026 per cent in 2021 compared to 0.056 per cent in 2020) and the number of deaths decreased (1,603 deaths in 2021 compared to 2,650 in 2020). In line with the new protocol on the first-line treatment, UNICEF was able to procure malaria drugs, intermittent preventive treatment drugs for pregnant women and bed nets. UNICEF has also been closely supporting capacity-building and supervision activities on the new guidelines of this new protocol.

In 2021, nine **cholera** cases have been reported in two health districts (Bujumbura Mairie with 4 cases and Cibitoke with 5 cases). UNICEF continues its support to the Ministry of Health through strengthening the decentralized surveillance system and anticipating possible cases. Inter-agency emergency health kits (IEHK) and acute watery diarrhoea (AWD) kits have also been pre-positioned at the central drug-store. UNICEF is actively involved in the development of the National Cholera Elimination Strategic Plan, along with the Ministry of Health and its partners.

UNICEF has provided 20 IEHKs for the management of **ulcerative wounds** in four key provinces (Muyinga, Muramvya, Mwaro and Makamba). Aside from the kits, UNICEF provided additional antibiotics and medical supplies in Muramvya province. Initial preliminary data indicated good results with a decrease in the number of cases. In 2020, a total of 7,284 ulcerative wounded cases were recorded, of which about $\frac{3}{4}$ are under 15 years old. By the end of 2021, about 2,689 cases were under treatment. UNICEF continues to support the Ministry of Health to improve the reporting of cases and their management.

Finally, UNICEF has responded to the health needs of internally displaced persons affected by the floods and housed on the sites of Maramvya Sobel and Kinyinya II, in Bujumbura Rural. UNICEF has provided medicines, technical support and allowances to nurses and community health workers. As a result, from January to December 2021, 3,867 children and 8,432 adults were treated for malaria, pneumonia and other highly contagious respiratory illnesses.

In 2022, focus will be placed on continuing support to Covid-19 response especially on advocacy for community mobilization/sensitization to awareness and adoption of measures to prevent COVID-19, decentralization of vaccination sites against Covid-19.

UNICEF will continue to mobilize funds to support the government in responding to other health emergencies (Cholera, measles, floods, ulcerative wounds, malaria, etc.).

⁴ <https://www.humanitarianresponse.info/en/operations/burundi/document/burundi-i-epid%C3%A9mie-de-covid-19-i-rapport-de-situation-30-06-2021-fr>

An integrated emergency preparedness and response programming, in close collaboration with other sectors such as WASH, Adolescents, Education, Child Protection will be improved to attend the most affected population.

Nutrition

In December 2021, the nutrition data for SAM admissions was **52,011 children under 5 years** (27,068 girls, 24,943 boys) out of a target of 58,898 children (30,038 girls, 28,860 boys) (88%) in the Humanitarian Response Plan and Humanitarian Action for Children (HRP/HAC) in 16 vulnerable provinces and internally displaced sites.

Community Management of Acute Malnutrition (CMAM) coverage reached **85 per cent** with the establishment of 24 new treatment sites taking the total number of sites to 695. Additionally, UNICEF supported the procurement of nutrition commodities and essential drugs including 39,589 cartons of ready-to-use therapeutic food (RUTF) and 264 cartons of therapeutic milk which have been distributed to health districts for the case management of children under-five with SAM. From January to December, a total of 52,011 new SAM admissions have been reported nationwide. With 85% cured, 0.4% death and 4.2% defaulters, the sector indicators, meet the Sphere acceptable standards. Compared to 2020, there is a decrease in the number of reported admissions due to the delay in reporting and data completeness for the nutrition indicators in 2021.

With the aim of improving the CMAM program quality and performance, **48** health district teams were trained on supervision techniques and nutrition indicators analysis. The teams were also trained on nutrition supply monitoring. The national nutrition programme conducted formative supervision countrywide to the outpatient therapeutic programmes and inpatient nutrition centres to assess quality of services, supply monitoring and provide technical oversight. Technical restitution workshops were also conducted which enabled discussions on the main findings, identifying bottlenecks and challenges and proposing solutions for quality CMAM care in relation to the Sphere standards.

In response to natural disasters that occurred in 2021, the nutrition sector provided mass screenings and the supply of nutrition commodities in health centres in the flooded areas of Gatumba and the drought affected area of Kirundo Province. Further mass screening activities were conducted in areas affected by the floods in which internally displaced population had been reported, namely Bujumbura Rural, Rumonge and Makamba provinces.

The nutrition sector continues to remain underfunded. UNICEF and its partners are committed to continuing the resource mobilization for the recurrent crisis affecting Burundi. At the local level, UNICEF's advocacy helped achieve the engagement of the Government in the Zero malnutrition agenda, with a pledge to contribute to the nutrition commodities in 2022.

Child Protection

Despite the COVID-19 pandemic challenges, UNICEF and its partners were able to support access to protection services including psychosocial support for **286,547** children (164,814 girls and 121,733 boys) affected by humanitarian crises and in host communities. This achievement was realized in areas affected by the floods, internal displacements and return of repatriated refugees, namely Bujumbura Mairie, Bujumbura Rural, Rumonge, Makamba (Nyanza-Lac), Ruyigi and Cankuzo provinces. Out of the supported children, **213,351** (123,393 girls and 89,958 boys) children in host communities and those displaced due to flooding benefited from psychosocial support provided through child friendly spaces, community-based child protection mechanisms in affected provinces⁵ and in three drop-in centres in Bujumbura. Also, **3,107** vulnerable children (1,986 girls and 1,121 boys) were referred for medical care and **1,389** separated and unaccompanied children (756 girls and 633 boys) benefited from alternative care, family reunification and post-reunification follow-up⁶.

In addition, **108,499** children (51,370 girls and 57,129 boys), including **42,513** child returnees (21,036 girls and 21,477 boys) and 102 children (46 girls) living with disabilities in Kirundo, Muyinga, Cankuzo, Ruyigi and Makamba provinces which host the highest number of returnees, received birth certificates.

⁵ Rumonge, Makamba, Gatumba (Kinyinya II and Sobel IDPs sites), Cankuzo

⁶ A referral system settled-up allowed the strengthening of access to essential services for Children in need who regularly attending child friendly spaces, including children from host community.

These results can mainly be ascribed to the strong collaboration between UNICEF, partners⁷, the local administration, child protection committees as well as the capacity building of **3,279** (2,038 women and 1,241 men) social workers and community members who significantly facilitated access to services for affected children.

Additionally, UNICEF and its partners continued with awareness-raising on COVID-19 prevention and reinforced Gender-based Violence (GBV) and SEA risk prevention in all child protection interventions.

In 2022, focus will be placed on further integrating and improving the GBV response in emergency programming, in collaboration with other sectors such as WASH, Health & Nutrition, Adolescents and Education. This will facilitate access and improve the quality of GBV assistance for children, adolescents and women survivors of SGBV.

Education

In 2021, UNICEF's response in Education in Emergency (EiE) essentially consisted of: i) providing school materials to affected children; ii) facilitating remedial courses; iii) reintegrating and ensuring retention of returnees and other affected children into school; iv) providing dignity kits; v) building the capacity of educational staff; vi) improving infrastructure and hygienic conditions in schools; and vii) reinforcing the prevention and response to COVID-19 and other epidemics.

As a result:

- **18,704** affected children and adolescents (9,403 girls and 9,301 boys) of which **15,297** are under 18 (7,861 girls and 7,436 boys) were reintegrated into the formal school system.
- **179,801** children (91,683 girls and 88,118 boys) among which **173,419** are under 18 (88,359 girls and 85,060 boys) have benefited from remedial courses after their schooling was disrupted or interrupted by emergencies.
- **541,648** children (275,866 girls and 265,782 boys) benefited from individual learning materials.
- **2,724** teachers from affected schools (1,425 women and 1,299 men) benefited from teaching materials. Among them, **369** (116 women and 253 men) were trained on EiE.
- **1,150,501** students and teachers (577,193 girls, 538,652 boys, 20,233 women and 14,423 men) were made aware of the risks associated with COVID-19 and the measures to prevent this disease and other epidemics linked to hygiene.
- **1,103** schools were provided with sustainable hand-washing facilities, with technical support from the WASH section. This has improved the hygiene conditions for **846,171** students (431,549 girls and 414,622 boys).
- **16** new classrooms were built and equipped, and 9 others were equipped with desks.

UNICEF, through its sister agency WFP, provided school feeding to **65,843** children (33,077 girls and 32,766 boys) affected by emergencies including COVID-19 and water deficit, as well as dignity kits to **34,357** schooled girls.

The needs for education remain significant as the situation is expected to be made worse by the cyclical natural disasters. For instance, the number of classrooms in need of rehabilitation / equipment is currently estimated at over 1500, expected to increase because of natural disasters and only half could be covered by the current available funds.

WASH

As at December 2021, UNICEF and its partners⁸ provided emergency WASH services to assist people affected by **flooding** in Bujumbura Rural (Gatumba and Rumonge), those impacted by the **drought** in Kirundo, families **at risk of cholera** in Makamba, **repatriated returnees** as well as the prevention of the **spread of COVID-19** in urban and peri-urban areas and schools.

As a result, **248,529** persons (68,443 girls; 65,758 boys; 58,305 women, 56,023 men) out of a target of 580,000 were provided with safe drinking water through water-trucking and household water treatment. Furthermore, UNICEF and partners extended and rehabilitated the five water-supply network system for the provision of sustainable safe water benefiting **94,349** persons including 59,101 repatriated returnees. The number reached fell short of the target mainly due to the lack of funding for water supply for COVID-19 prevention and response activities.

Around **881,783** persons (242,841 girls, 233,319 boys, 206,866 women, 191,014 men), of the 200,000 targeted have been reached with key hygiene messages such as handwashing and COVID-19 prevention. An estimated **111,442** very

⁷ Social Action for Development (SAD), FVS-Amade, Fondation Stamm, PPSM, Giriyuja, UCBUM, Fondation Terre des Hommes, AFJB and SOJEPAE

⁸ AIDE, Norwegian Church Aid, Burundian Red Cross, and the Civil Protection SACODE, OAP, COPED and World Vision

vulnerable persons received hygiene kits. As part of the COVID-19 response and cholera prevention in schools, UNICEF and its partners provided hand-washing facilities for **1,108** schools reaching 851,866 school children (434,507 girls and 417,359 boys).

Finally, UNICEF and its partner continued to support the maintenance and safe management of emergency latrines installed in sites for internally displaced persons in Gatumba, further benefiting **39,949** persons (11,002 girls, 10,571 boys; 9,372 women and 9,004 men).

For 2022, UNICEF will continue to assist people affected by natural disasters (flood and drought) and those affected or at risk of epidemic diseases (cholera, Covid 19 or Ebola Virus Diseases) and refugees and returning people. In total over 300,000 people are targeted to receive humanitarian WASH services including 150,000 people with access to safe drinking water and 77,000 school children with appropriated WASH services in their learning environment. Furthermore, UNICEF will reinforce recurrent affected community resilience by providing sustainable WASH such as water supply system rehabilitation or construction, sustainable sanitation services and development of community emergency (cholera) response plan

Communication for Development (C4D), Community Engagement and Accountability to Affected Population

From January to December 2021, UNICEF continued to deliver behaviour change interventions for **cholera and malaria prevention**, which targeted the general population and people displaced by climate-related weather events in Bujumbura Rural. Risk communication interventions focused on equipping communities with knowledge and timely referral to adequate services, to allow them to effectively handle potential disease outbreaks and address violence against children. In addition, in partnership with the Information and Education Centre for Population (CIEP) and Tubiyage, **77,893** young people (38,849 girls; 39,044 boys) were reached with behaviour change communication interventions around cholera and malaria through a puppet show. An additional **14,889** people (3,558 men, 3,990 women, 3,545 girls, 3,796 boys) participated in interactive theatre performances. Weekly broadcasts on key practices such as handwashing, were disseminated by 1,600 community relays and 700 community listening group members.

In response to **COVID-19**, UNICEF worked with community and religious leaders in 12 provinces in community engagement and surveillance through its partners⁹ in provinces with the highest number of voluntary returnees (over 3,000 per commune). The intervention initiated an effective dialogue with community leaders, women, fishery associations and key stakeholders in the adoption of COVID-19 preventive measures and to strengthen community-based surveillance. UNICEF trained **240** community health workers (98 women, 142 men) in risk communication and community engagement approaches, enabling them to conduct good preventive practices and misinformation management interventions. UNICEF also supported an additional **225** community leaders (42 women, 183 men) to facilitate dialogue on understanding the main beliefs, fears and questions regarding COVID-19 and to fight against stigma and misinformation in their communities (including among those repatriated). Community health workers and leaders reached **696,253** community members (355,089 women, 341,164 men) through community and local radio, door-to-door visits and community dialogues around key COVID-19 prevention and protection messages. The stigmatization of returnees in the community and the non-compliance with physical distancing measures in mosques and churches remain highly challenging. To address these challenges, some religious groups have increased the number of worship services and the number of outdoor seats to reduce proximity.

For 2022, UNICEF will set standby agreements with few national NGOs with capacity in Community Development to have prompt structures to react to recurrent humanitarian issues (floods, epidemics, Cholera, Drought, COVID, population movements, etc), shall sustain the Interior Ministry to have a global Communication response to disasters and have the Accountability to Affected People mechanism reinforced with the involvement of the humanitarian community in Burundi.

Social Protection and cash transfers

From January to December of 2021, UNICEF continued to support the community social protection response in assistance to households who were displaced and affected by the floods. Throughout the year, **246** solidarity groups were created to support **6,000** households in recovery after the flooding (4416 women and 1481 men as household chiefs); including **111** teenage mothers, **36** with disabilities and **16** Batwas and indirectly benefited to 22,602 (11,929 women and 10,673 men) including 86 with disabilities.

206 solidarity groups created from end of 2020 to end of 2021 received an emergency subsidy and were coached to implement it to help increase the investment capacities of the households. As a result, **3500** households launched

⁹ Inter Religious Council of Burundi, the NGO We World-GVC, AIDE and SACODE

income-generating activities, and **6,000** households benefited from training in business leadership, GBV, nutrition, hygiene, and prevention of ebola, COVID-19 and cholera.

A strong evaluation with three rounds of data collection informed the effectiveness of the approach. The final analysis showed that 85 per cent of households which have started an Income Generative Activity (IGA) improved their income, the nutrition practices have been improved, the knowledge surrounding main diseases have been enhanced, and the social cohesion among displaced has shown progress due to the community engagement through solidarity groups.

A workshop has been organized with all partners and beneficiaries, the main finding was the approach is effective and should be duplicated after emergencies responses, because this approach helps the affected people improve their livelihoods through investments and the human capital of the community.

UNICEF will continue to develop the community approach to strengthen the resilience of affected people and to ensure their recovery. UNICEF intends to scale up this approach to specific areas with specific needs as an emergency response which builds a community system that strengthens resilience.

Humanitarian Leadership, Coordination and Strategy

UNICEF actively participated in the Humanitarian Country Team (HCT) and intersectoral meetings that lead the strategic and cross-sectoral coordination of the humanitarian response in Burundi. UNICEF currently leads with its governmental counterparts the water, sanitation and hygiene (WASH), nutrition and education sectors, 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 the Prevention of Sexual Exploitation and Abuse (PSEA) Task Force.

Throughout the year, the coordination of the Education, WASH, Nutrition sectors and Child Protection sub-sector workplans were followed up through regular meetings and active participation of the partners and donors. UNICEF has effectively pursued its role of co-lead of the EIE sector, with a strong coordinated response to the floods that impacted Burundi. Additionally, UNICEF led the development of an inclusive multi-year resilience program in education, in collaboration with the Ministry of Education, World Vision International and other partners. WASH sector, along with all other sector and sub-sector leads of UNICEF, also work under the coordination of OCHA with the National Platform for Risk Prevention and Disaster Management to respond to natural disasters regularly affecting the country. For the nutrition sector, a total of 8 coordination meetings were held under the lead of the Government Nutrition Directorate with UNICEF as co-lead. UNICEF's leadership of the Child Protection Area of Responsibility and its coordination of child protection actors, especially child protection emergency responses, strengthened the child protection response mechanism at country-level and facilitated access to services for affected children while ensuring an improvement in the quality of services. UNICEF continues to provide technical support as a key stakeholder of the COVID-19 response, participates in the sub-committees of the pillars of the response and co-leads with the Ministry of Health the sub-committee for Risk Communication and Community Engagement (RCCE).

Human Interest Stories and External Media

An international mission (photo and video) was deployed to document the consequences of climate change as it triggers natural disasters. The communication package [Climate Action Spotlight on Burundi](#) was shared with UNICEF National Committees and had a good pick up in both social media and global media by [Forbes](#), [BBC](#), [Region Week](#), and [RTVE Spain](#). UNICEF Burundi was invited to deliver remarks during the UNICEF International Council session on 22 June 2021. In September 2021, a [feature story](#) was produced on the long-lasting needs of those displaced by natural disasters.

UNICEF acknowledged the contribution of the Swedish Government through a press release in English posted on UNICEF Burundi's [website](#), [Twitter](#) and [Facebook on 31 March](#). The local media picked up the release in French. UNICEF supported the communication component of the Education Cannot Wait mission that happened in March (see more on [Twitter](#)).

Next SitRep: 31 March 2021

UNICEF Burundi website: <https://www.unicef.org/burundi>

UNICEF Burundi Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/burundi.html>

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Summary of Programme Results

Sector		UNICEF and IPs Response			Cluster/Sector Response		
		2021 target	Total results	Change* ▲ ▼	2021 target	Total results	Change* ▲ ▼
Indicator	Disaggregation						
Health							
# children aged 6 to 59 months vaccinated against measles		80,000	0 ¹⁰	▼			
# children and women accessing primary health care in UNICEF-supported facilities		360,000	212,299 ¹¹	▲			
Nutrition							
# children aged 6 to 59 months with severe acute malnutrition admitted for treatment		58,898	52,011 ¹²	▲	58,898	52,011 ▲	
# children assessed for acute malnutrition through mass screening		260,272	611,809 ¹³	▲			
Child Protection							
# children and caregivers accessing mental health and psychosocial support		170,000	213,351 ¹⁴	▲	159,527	286,547 ▲	
# women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls	80,000	66,075	▼			
	Boys	77,000	45,610	▼			
	Women	43,000	45,515	▲			
# Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services		1,650	1,389	▲			
Education¹⁵							
# children accessing formal or non-formal education, including early learning		226,400	198,505	▲			
# children receiving individual learning materials		563,000	541,648	▲			

¹⁰ 100 doses of Measles and Rubella (MR) vaccines and consumable purchase by UNICEF but to ensure targeting all the country, the campaign is postpone in January 2022.

¹¹ IEHK kits are being provided to health districts – Results will be recorded for next reporting period

¹² There is a decrease in the number of reported admissions due to delay in reporting and data completeness for nutrition indicators in 2021.

¹³ This over-achievement can be explained thanks to the generous contribution of development donors supporting nutrition interventions in the 16 provinces.

¹⁴ This target has been over-reached thanks to the wide-spread reach of UNICEF partners in times of emergencies.

¹⁵ Numbers to be confirmed once the data is updated by the indirect partners' annual reports.

WASH						
# people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		580,000 ¹⁶	248,529	▲	401,000	248,529 ▲
# people reached with handwashing behaviour change programmes		200,000	881,783 ¹⁷	▲	541,000	887,017 ▲
C4D, Community Engagement and AAP						
# people reached with messages on access to services		650,000	499,874	▼		
# people participating in engagement actions for social and behavioural change	Youth	18,000	69,485 ¹⁸	▲		
	Adults	17,000	79,162	▲		
Social Protection and Advocacy						
# households reached with humanitarian cash transfers across sectors		13,000	4,980 ¹⁹	▼		

¹⁶ UNICEF's target is higher than the sector's target (aligned with the HRP) since the HAC also includes the emergency response to COVID-19

¹⁷ The target has been over-reached thanks to the generous contributions of GPE and German funds, it has enabled to extend the hygiene promotion and behavior change activities to community level to reach both school children but also the community.

¹⁸ COVID response had been a wonderful opportunity to reach more people than planned, being a door for hygiene, nutrition and health thematic

¹⁹ The target has not been reached due to underfunding and around 1,020 households benefitted from assistance without cash

Annex B

Funding Status*

Sector	Requirements (US\$)	Funds available (US\$)			Funding gap	
		Humanitarian resources received in 2021	Other resources used in 2021 ²⁰	Resources available from 2020 (Carry-over)	US\$	%
Health	2,300,000	534,540	40,760	43,570	1,681,130	73%
Nutrition	6,500,000	2,370,430	0	1,009,221	3,120,349	48%
Child Protection	3,700,000	266,435	360,721	176,308	2,896,536	78%
Education	6,760,000	562,847	1,685,553	397,114	4,114,486	61%
WASH	7,200,000	2,149,017	1,079,151	471,519	3,500,313	49%
Social Protection	1,100,000	150,000	0	21,009	928,991	84%
C4D, community engagement and AAP	3,140,000	1,548,353	225,937	488,434	877,276	28%
Total	30,700,000	7,581,622	3,392,122	2,607,176	17,119,080	56%

* As defined in the updated Humanitarian Appeal of May 2021 for the period from January to December 2021

²⁰ These funds are reprogrammed resources from regular programmes.