For WASH, UNICEF continues to support the maintenance of the existing water supply system constructed in 2021 to ensure basic water services in the IDPs sites, they are not considered new beneficiaries and thus not reported here, newly reached beneficiaries will be reported in the next sitrep.

Situation in Numbers

- 946,000 children in need of humanitarian assistance
- 1.8 million people in need (OCHA, HNO/HRP 2022)
- 84,373 internally displaced people (IDPs) (IOM, February 2022)
- 263,736 # of pending and registered Burundian refugees (UNHCR, March 2022)

UNICEF Appeal 2022

US$ 22.3 million

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Health care access</th>
<th>SAM admissions</th>
<th>MHPSS access</th>
<th>Education access</th>
<th>Safe water access</th>
<th>Cash transfer</th>
<th>Messaging on key services</th>
<th>Funding status</th>
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<td>22%</td>
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<td>0%</td>
</tr>
</tbody>
</table>

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

Reporting Period: 1 January to 31 March 2022

Highlights

- Burundi experienced climate-change related disasters; hydric deficit in Kirundo and floods in Bubanza, Bujumbura Rural, Cibitoke, Makamba Nyanza-Lac and Rumonge provinces, affecting over 10,000 people, damaging 56 classrooms and most of the food crops.
- In response to nine suspected cholera cases during the reporting period, UNICEF reinforced its contingency stocks to respond to the risk of additional cases, contributed to the elaboration of the National Cholera Elimination Strategic Plan and provided key hygiene messages to over 404,454 persons at risk.
- UNICEF supported a nationwide mass immunization campaign against measles resulting in the immunization of 1,543,559 (81.2 per cent) children aged 6 to 59 months.
- Since the beginning of the year, over 52,495 children and caregivers accessed mental health and psychosocial support to cope with shocks including climate-change related natural disasters, internal displacement and repatriation.
- UNICEF facilitated the treatment of 12,824 children aged 6 to 59 months with severe acute malnutrition with an 88.1 per cent cure rate.
- UNICEF has mobilized 3.5 per cent of the 2022 Humanitarian Action for Children (HAC) appeal.

1 For WASH, UNICEF continues to support the maintenance of the existing water supply system constructed in 2021 to ensure basic water services in the IDPs sites, they are not considered new beneficiaries and thus not reported here, newly reached beneficiaries will be reported in the next sitrep.
Funding Overview and Partnerships

UNICEF’s appeal for Burundi stands at US$ 22.3 million to sustain the provision of life-saving services for women and children affected by a humanitarian crisis, for which only 3.5 per cent has been mobilised as of 31 March 2022. UNICEF has been able to prepare for the upcoming floods, with thanks to the Global Thematic Humanitarian Funds received. These flexible funds have enabled Child Protection, Health and WASH to reinforce their intervention in displacement sites and strengthen community resilience through the establishment of solidarity groups. UNICEF has also received funds generously contributed by the Government of Japan to: i) prevent and respond to the aftermath of natural disasters and mitigate the risk of epidemics, through the provision of WASH and Health services; ii) strengthen community resilience by putting solidarity groups (SGs) at the center of awareness campaigns and behavior change communication. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received in early 2022. Funding received from ECHO continues to support the most vulnerable children, particularly returnees and displaced children, with access to birth registration, and improved learning environments.

However, humanitarian needs remain high in Burundi and the response to natural disasters remains largely underfunded. Considering the limited capacity of humanitarian actors to respond, along with the heavy rainy season expected from April- May of 2022, timely and flexible funding is urgently needed in order to respond, particularly in the domains of WASH, Health, Social Protection and Child Protection.

Situation Overview & Humanitarian Needs

Burundi continues to face diverse challenges mainly: i) natural disasters, especially the cyclical floods caused by the torrential rains, damage to housing, crops and infrastructure caused by strong winds as well as hydric deficits in the north-eastern provinces; ii) the ongoing repatriation of Burundian refugees and associated challenges of reintegration back into Burundian communities; iii) epidemics, such as malaria, measles, cholera and COVID-19.

Burundi bears the brunt of climate-change related natural disasters, with ongoing hydric deficit in Kirundo province, and early floods which occurred at the end of March in Bubanza, Bujumbura Rural, Cibitoke, Makamba Nyanza-Lac and Rumonge provinces. The hydric deficit experienced in Kirundo has severely damaged crops, with over 90 per cent of legume crops and over 70 per cent of cereal crops destroyed, putting over 200,000 people² at risk of food insecurity and increased vulnerability.

Heavy floods have reached Burundi earlier than expected, commencing at the end of March (which normally occur around April and May) as a consequence of torrential rains and strong winds. The provinces of Rumonge, Cibitoke and Bubanza were heavily hit, accounting for: i) over 534 hectares of food crops damaged; ii) 56 damaged classrooms; iii) the disruption of the water supply network with increased risk of water borne illness due to sanitation challenges and iv) displacement of 180 households. UNICEF is monitoring the multiple consequences of the hydric deficit and earlier than anticipated floods. 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 heightened risk of violence, exploitation, neglect and abuse, especially while displaced. Finally, children are at increased risk of school drop-out due to damaged education facilities, school materials and the loss of birth certificates that enables access to education. Natural disasters and the consequential impacts are expected to continue during the second quarter of 2022.

The voluntary repatriation of Burundian refugees continues covering 13 countries³. As of end March 2022, 190,297 people have returned since the voluntary repatriation program was established in 2017, including 4,524 from January to 28 March 2022⁴. 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.

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² As assessed by the National Platform for Risk Reduction and Disaster Management - OCHA (March 2022) - https://unocha.exposure.co/burundi-2020000-people-affected-by-lack-of-rain-need-assistance
³ UNHCR Burundi (31 March 2022) – Repatriation Statistics
⁴ UNHCR Burundi (31 March 2022) – Repatriation Statistics
The epidemiological situation shows a 27 per cent increase in malaria in 2022 (1,688,120) in comparison with the first three months of 2021 (1,333,934). Following the nation-wide measles campaign which was originally planned from 25-29 January and then extended to 5 February to gather further results, there has been a decrease in measles cases (87 cases reported in 2022 in comparison to 395 cases in 2021). In the first two weeks of the year, nine suspected cholera cases were reported by the national surveillance system. All 9 cases were notified in the province of Cibitoke, of which only 1 was a confirmed case.

By 31 March 2022, Burundi reported 38,575 cases and 15 deaths from COVID-19 out of 1,464,417 people tested. The overall positivity rate remains low with 1.45 per cent compared to 2.72 per cent in 2021 and to 1 per cent in 2020. 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 10,522 persons by the end of March 2022. 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 of borders in June 2021 with the DRC and at some entry points with Tanzania.

Summary Analysis of Programme Response

Health
From January to March 2022, UNICEF responded to the following needs: i) cholera; ii) measles; iii) malaria; iv) assistance to IDPs and v) ulcerative wounds. These areas of concern will continue to be thoroughly followed throughout the year.

The first seven weeks of the year accounted an average of 145,000 malaria cases on a weekly basis, with a small decrease to 129,000 cases in weeks 11 and 12. The case fatality rate was reduced by half (272 in 2022 compared to 419 in 2021). Burundi accounts an increase of 27 per cent in the number of cases in the first trimester 2022 (1,688,120) in comparison with the same period in 2021 (1,333,934). This difference can be explained by the persistent lack of human, logistical and financial resources required for an effective response. A total of 87 measles cases were reported in 18 districts in 13 provinces, with children below 5 years accounting for 60 per cent of the affected children. The cases are thoroughly monitored by the Ministry of Health and its partners. In 2022, 9 cases of suspected cholera were notified, of which only one was confirmed by the national laboratory. For the first three months of 2022, 173 cases of ulcerative wounds were notified in the district of Giteranyi.

- UNICEF continues its support to the Ministry of Health through strengthening the decentralized surveillance system and anticipating possible cholera cases. Inter-agency emergency health kits (IEHK) and acute watery diarrhoea (AWD) kits have also been pre-positioned at the central drugstore to facilitate intervention. UNICEF is also actively involved in the development of the National Cholera Elimination Strategic Plan, along with the Ministry of Health and its partners.
- UNICEF led a nationwide mass immunization campaign against measles from the 25 to 29 January, then extended to 5 February enabling the immunization of 1,543,559 (81.2 per cent) children aged 6 to 59 months.
- UNICEF closely supports the capacity-building and supervision of the implementation of the new guidelines for first-line malaria treatment.
- UNICEF has responded to the health needs of 1,356 (692 girls and 664 boys) internally displaced children and 4,748 adults (2,423 females and 2,325 males) affected by the floods and housed in the displacement sites through the provision of medicines, technical support and allowances to nurses and community health workers.
- UNICEF has provided 06 IEHKs (enabling the response to health need of approximatively 60,000 persons) for the management of ulcerative wounds in four key provinces (Muyinga, Muramvya, Mwaro and Makamba). Initial preliminary data indicated good results with a decrease in the number of cases. UNICEF continues to support the Ministry of Health to improve the reporting and management of ulcerative wounds cases.

Nutrition

During the first quarter of 2022, UNICEF focused its efforts on: i) active screening for acute malnutrition; ii) admission and treatment for severe acute malnutrition (SAM); iii) providing Infant and Young Child Feeding counselling to pregnant and lactating women; iv) the provision of nutrition commodities and essential drugs in health districts and v) continued nutritional surveillance to better prevent SAM. The nutrition sector will pursue its efforts on these specific areas throughout the year.

- Active screening for acute malnutrition by community health workers reached 96,929 children under-five.

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• A total of 12,824 children (6,386 girls and 5,898 boys) were admitted and treated for SAM across the country. This represents 22 per cent of the 2022 caseload estimated by the Humanitarian Response Plan (HRP) in 16 vulnerable provinces including internally displaced sites. The performance indicators remained above the SPHERE standards at 88.1 per cent cured rate. The decrease in SAM admission compared to the same period last year (13,263 in 2021) can be explained by a lack of complete data and timely reporting.

• 26,000 cartons of ready-to-use therapeutic food (RUTF) and 1,160 cartons of therapeutic milk have been procured and will be distributed to health districts for case management. All health districts in areas affected by the floods at the end of March were provided with the needed nutritional commodities to ensure continuation of services.

• 56,404 pregnant and lactating women received Infant and Young Child Feeding counselling in Ngozi, Rutana, Cankuzo and Ruyigi.

• A nutrition SMART survey is ongoing with data collection in all 48 districts of the country. The survey data collection commenced in March and the preliminary results are expected in June.

• UNICEF has conducted the first End User Monitoring mini survey to: i) improve the management of nutrition supplies; ii) improve the visibility of data; iii) enable programme managers in the government to better monitor the availability and use of RUTFs by intended users; iv) increase the ownership and accountability of the government in the management of RUTF as well as guide the decision-makers. This survey is ongoing and will reach 49 districts, 66 health facilities and 132 households with children who benefited from SAM treatment. This monitoring tool seeks to verify that: i) commodities are available at the district, health facility and household levels; ii) the storage condition is maintained to preserve the quality of commodities; iii) the provision of the commodities are provided in the right quantities with the right instructions to the intended beneficiaries and iv) ensure that commodities are correctly used by the end-users.

The nutrition sector remains largely underfunded by emergency funds. However, development partners continue to contribute to active screening, SAM management and the prevention of malnutrition in all its forms. UNICEF as co-lead for the nutrition working group will take advantage of achievements, existing platforms, and the commitment of high-level authorities to strengthen advocacy with decision-makers for investing in malnutrition prevention and particularly in care and management of SAM.

**Child Protection**

UNICEF supports the access to protection and response services to children affected by humanitarian crises and at risk of trafficking, exploitation and violence through: i) the provision of psychosocial support; ii) facilitating access to alternative care; iii) provision of birth certificates that facilitate access to education and health centers. UNICEF will continue supporting these interventions and will additionally integrate and improve the Child and Adolescent Initiative for facilitating access and quality of GBV assistance for children and adolescent victims of sexual violence and sexual exploitation and abuse during the second quarter of 2022.

• UNICEF and its partners were able to support access to protection and response services for 52,495 affected children (39,912 girls and 34,290 boys) despite the additional challenges posed by floods and strong winds in 5 provinces6.

• Among them, 32,073 children (18,035 girls and 14,038 boys) displaced due to flooding and victims of trafficking, violence and exploitation, benefited from psychosocial support through community-based approaches and recreational activities in the child friendly spaces and through individual care.

• 170 separated and unaccompanied children (including 430 girls) benefited from alternative care, family reunification and follow-up.

• 19,710 children (10,456 girls), among them 12,703 returnee children (6,886 girls and 5,817 boys) benefited from birth certificates in the Kirundo, Makamba, Cankuzo and Rumonge provinces7 which hosts the highest number of returnees. Out of these, 89 children (46 girls) are differently abled.

• UNICEF and its partners continued awareness raising reinforcing GBV risk mitigation in all child protection interventions and facilitated 14,881 children (9,308 girls) to access GBV risk mitigation services. In addition, 10,089 adults (including 5,711 men and 4,378 women) benefitted from the same services.

**Education**

During the reporting period, UNICEF’s education in emergencies response mainly consisted of: i) strengthening community mechanisms for the reintegration and the retention in schools of returnee children, internally displaced (IDP)

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6 The floods and strong winds affected the provinces of Bubanza, Bujumbura Rural, Cibitoke, Makamba Nyanza-Lac and Rumonge.

7 These provinces border Tanzania, Rwanda and DRC.
and other vulnerable children whose education was interrupted by humanitarian crisis; ii) preparation for floods and other natural disasters; iii) facilitating remedial courses for returnee children, IDP and other vulnerable children who have been reintegrated into education; iv) building the capacity of educational staff; v) improving infrastructure and hygienic conditions in schools and vi) reinforcing the prevention and response to COVID-19 and other epidemics.

- **1,920** new returnee children and adolescents (1,116 girls and 804 boys) of which 1,659 are under 18 (880 girls and 779 boys) were reintegrated into the formal school system and are pursuing their studies.
- **UNICEF**, through its local partners, is assessing the damage to **56** schools already affected by the early floods and strong winds. School materials and tents, have been made available for the response to the floods.
- **15,148** children (7,567 girls and 7,581 boys) among which 10,084 are returnees (5,089 girls and 4,995 boys) have benefited from remedial courses. The remedial courses often focus on the teaching of local languages as it remains returnees’ greatest barrier to reintegration, as the curriculum in neighbouring countries are taught in English, whereas the Burundian curriculum is taught in Kirundi and French.
- **437** teachers (244 women and 193 men) from areas damaged by various natural disasters were trained on education in emergencies’ facilitation and management.
- **44,870** students and teachers (22,504 girls, 21,284 boys, 444 women and 638 men) were made aware of the risks associated with COVID-19 and the measures to prevent this disease and other epidemics linked to hygiene.
- **236** schools were provided with sustainable hand-washing facilities, with 14 of them also provided with 25 rehabilitated latrine blocs, all in collaboration with the WASH section. This has improved the hygiene conditions for **43,788** students (22,504 girls and 21,284 boys).
- **175,000** children who were a part of the 2021 remedial education programme facilitated for children whose the education was interrupted/disturbed by the COVID-19 pandemic are continuing to access remedial education into 2022.

The first quarter of 2022 was also taken up by the development of a distance learning platform, with the aim not only of meeting the current need to raise awareness among children who have been affected by the pandemic context, but also to strengthen the resilience of the education system in the face of various risks such as epidemics, internal displacement and other situations that may hinder face-to-face learning.

- **437** teachers (244 women and 193 men) as well as 72 inspectors and educational advisers (3 women and 69 men) were trained in digital pedagogy to be able to produce and facilitate lessons to be disseminated through the platform. The learning platform will be accessible using telephones, tablets and computers, and a summary of the lessons will be broadcasted by radio, to help children with no access to any of the said tools.
- This distance learning project, which is a pilot, will first extend to a network of 40 public schools in cycle 4 of basic education (7th, 8th and 9th form) with a target of **12,000** students.
- The platform model has been developed and **15** computer scientists from the Ecole Normale Supérieure of Bujumbura and the Ministry of National Education and Scientific Research have been trained in the administration of this platform.

Despite the response provided, the needs for education remain vast, especially in anticipation of the natural disasters expected in April and May.

**WASH**

From January to March 2022, **UNICEF** covered the following WASH needs: i) provision of emergency WASH services and prevention of epidemics; ii) support access for a sufficient quantity of safe water for drinking, cooking and personal hygiene; iii) improve sanitation service in the key displacement sites Kinyinya II and Maramvya Sobel; iv) provision of hand-washing facilities in schools; v) distribution of hygiene kits; vi) provision of key hygiene, epidemic and PSEA messages. These areas of concern will remain a priority with the expected floods in the upcoming months.

- **404,456** persons (111 312 men, 143 900 women, 67 568 boys and 81 674 girls) at risk of cholera in Cibitoke, were reached with key hygiene, cholera and COVID-19 prevention messages. Awareness was raised on protection from sexual exploitation and abuse and a confidential report mechanism has been implemented.
- In response to the suspected cholera cases announced in early 2022, **3,000** very vulnerable persons received hygiene kits to reduce their vulnerability and strengthen their resilience.

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8 This exceeds the original planned target for 2022, as **UNICEF** was highly mobilized in Cibitoke, increasing key hygiene messages in response to the high risk of a cholera outbreak.
• **62 staff** from 31 health care facilities were reinforced on cholera prevention, COVID-19, and bio-medical waste management.

• UNICEF with its government partner “Civil Protection” continues to support the **maintenance of water networks** and boreholes set up for good functioning to ensure a safe water supply for IDP’s in Kinyinya II et Maramyva Sobel sites.

• UNICEF donated two water-trucks to its implementing partners Civil Protection and Burundian Red Cross to strengthen their capacity to respond to safe water access issues in crisis settings.

• 25 water points management committees composed of 125 people in the IDP displacement sites were set up.

• **236 schools** were provided with sustainable hand-washing facilities, with 14 of them also provided with 25 rehabilitated latrine blocks. **32 schools with 22,400 school children** (11 424 girls and 10 976 boys) had access to water provided through connections to the drinking water network. This has improved the hygiene conditions for **43,788 students** (22,504 girls and 21,284 boys).

• In an effort to strengthen the sustainability of its interventions, UNICEF has supported the ongoing construction of **100 semi-sustainable latrines**, which will benefit **2,500 IDPs** in the displacement site of Maramyva Sobel.

**Social and behaviour Change (SBC), Community Engagement and Accountability to Affected Population (AAP)**

From January to March 2022, UNICEF focused its SBC, Community Engagement efforts in providing a guiding framework to the Government to prepare for major emergencies and prevention of epidemics. Planned strategic interventions to promote community lead responses will be implemented throughout the year and focus on: promotion of uptake of COVID-19 vaccine; ii) risk communication and community engagement to prevent cholera; iii) and the promotion of Accountability to Affected Population (AAP).

• The National Deployment Vaccine Plan of COVID-19 was validated in March. A Risk Communication and Community Engagement (RCCE) plan has been developed alongside to provide community health workforce and local authorities with knowledge, engagement and interpersonal communication skills to increase vaccine confidence and uptake. A **Behaviour and Social Drivers** (BeSD) study has been designed to inform the vaccine roll-out strategy and identify potential drivers of vulnerability and exclusions. The study will be launched in the second quarter of 2022.

• UNICEF thoroughly monitors the implementation of the national plan of cholera prevention in Burundi and supports in social and behaviour change through the prepositioning of **communication materials** (100 image boxes, 1000 posters and 3000 leaflets).

• During the reporting period, technical support and a series of training sessions will be organized for partner organizations to strengthen the **accountability towards affected populations**. Additionally, based on recommendations by the Regional Office analysis end of 2021, UNICEF has initiated its AAP annual plan, to be finalized during the second quarter of 2022.

**Social Protection and cash transfers**

During the first quarter of 2022, a workshop was organized with all partners and beneficiaries on solidarity groups as a method of recovery from disasters such as the floods and strong winds that hit Burundi. The main finding was the effectiveness of this approach along with the suggestion to duplicate this intervention after the initial emergency responses, as it helps the affected people improve their livelihoods and resilience through investments as well as the human capital of the community.

The final analysis on the use of the Solidarity Groups, to support individuals who were displaced by the 2020 floods showed that 85 per cent of households which started an Income Generative Activity (IGA) improved: i) their income; ii) their nutrition practices; iii) their understanding surrounding key diseases and iv) social cohesion among displaced.

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

This approach will be done in conjunction with child protection interventions which also work with the solidarity group, in response to the anticipated floods.
Climate Change

Burundi is currently ranked 169th out of 181 countries ranked accordingly to their vulnerability to climate change. According to the Children's Climate Risk Index (CCRI), children in Burundi are highly vulnerable with a measurable impact on: i) nutrition, as climate shocks severely impact food availability and quality, which is detrimental to the Burundian population which is strongly dependent on agriculture; ii) health, with an increased frequency of waterborne diseases and a significant increase in malaria which may be exacerbated by changing temperatures and may be increased due to stagnant waters during the floods; iii) education, with an increase in school drop-out caused by displacement or the destruction of education facilities and iv) child protection, with an increased risk of exploitation, human trafficking and child labour as negative coping mechanisms increase in response to climate shocks.

In addition to the impact on economic and human development in Burundi, climate change negatively impacts women’s already limited access to basic social services, widening the gender inequality gap in the country.

To better respond to its correlated crises, the office developed the climate change situation analysis (SITAN) at the end of 2021, which will be launched and presented during the second quarter 2022.

Given 92% per cent of displacements are linked to natural disasters, and the undeniable impact on the development and rights of children, UNICEF has made tackling climate change a key strategic priority for 2022. UNICEF is intervening across sectors to prevent and limit the consequences of climate change.

Humanitarian Leadership, Coordination and Strategy

In 2022, UNICEF will continue to be one of the major actors in emergency humanitarian response through the provision of multisectoral and integrated life-saving response to the acute needs of children and women affected by natural hazards, disease outbreaks, malnutrition and population movements. UNICEF actively participates 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 working groups, the child protection area of responsibility and co-leads the health sector with WHO. UNICEF also participates in the in-country interagency gender-based violence (GBV) subgroup and the Protection from Sexual Exploitation and Abuse (PSEA) Task Force. UNICEF’s interventions are aligned with interagency strategies, including the Humanitarian Response Plan, the COVID-19 Strategic Response Plan and Joint Returnee Reintegration and Refugee Plan.

Since the beginning of the year, the coordination of the Education, WASH, Nutrition sectors and Child Protection areas of responsibility work-plans were followed up through regular meetings with active participation of the partners and donors. All sectors and sub-sector leads of UNICEF work under the coordination of OCHA along with the National Platform for Risk Prevention and Disaster Management and Inter-Sectoral Group Meetings to respond to natural disasters regularly affecting the country.

Through its humanitarian strategy, UNICEF will ensure providing a 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 continue to focus on community-based approaches to enhance humanitarian response efficiency and strengthen 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 the operationalization of feedback and complaint mechanisms.

Human-Interest Stories and Communications

Several human-interest stories were produced to document UNICEF’s humanitarian response in Burundi. In February 2022, four stories were published on its multisectoral humanitarian response in IDP and refugee camps in Burundi, with a focus on:

- COVID-19 prevention and WASH response in refugee camps
- Solidary-lending schemes for internally displaced households
- Education and distribution of school kits in Gatumba
- Healthcare and emergency health kits in Gatumba

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9 Ranking on the Notre Dame Global Adaptation Index (ND GAIN)
10 UNICEF, 2021 The Climate Crisis is a Child Rights Crisis | UNICEF
11 2007. National Adaptation Plan of Action to Climate NAPA
12 IOM Burundi – Internal Displacement Dashboard (February 2022)
A feature story on UNICEF’s response to cholera outbreaks in Cibitoke Province was produced and disseminated on UNICEF Burundi’s social media channels. In March 2022, a story was produced on remedial classes and birth registration campaigns for returnee children in Makamba Province.

Next SitRep: 20 July 2022

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

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
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<tr>
<td></td>
<td>2022 target</td>
<td>Total results</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
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<tr>
<td># children aged 6 to 59 months vaccinated against measles</td>
<td>48,000</td>
<td>128,361$^{13}$</td>
</tr>
<tr>
<td># children and women accessing primary health care in UNICEF-supported facilities</td>
<td>360,000</td>
<td>111,683</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
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</tr>
<tr>
<td># children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>58,212</td>
<td>12,824</td>
</tr>
<tr>
<td># children assessed for acute malnutrition through mass screening</td>
<td>131,000</td>
<td>96,929$^{15}$</td>
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<tr>
<td><strong>Child Protection</strong></td>
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<tr>
<td># children and caregivers accessing mental health and psychosocial support</td>
<td>142,318</td>
<td>52,495</td>
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<tr>
<td># women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions</td>
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<tr>
<td>Girls</td>
<td>14,790</td>
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<tr>
<td>Boys</td>
<td>12,505</td>
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<tr>
<td>Women</td>
<td>21,000</td>
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</tr>
<tr>
<td># Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services</td>
<td>1,737</td>
<td>170</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children accessing formal or non-formal education, including early learning</td>
<td>56,740</td>
<td>15,148</td>
</tr>
<tr>
<td># children receiving individual learning materials</td>
<td>95,480</td>
<td>0$^{18}$</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$^{13}$ The emergency measles campaign was expanded to cover an increased geographical area, covering an increased percentage of local population, in an effort to prevent the spread of measles, resulting in an overachievement against the originally planned target.

$^{14}$ Aligned with the newly published HNO & HRP 2022

$^{15}$ Over half of the target was reached due to the mass screening campaign organized in Q1 to address early severe acute malnutrition

$^{16}$ Aligned with the newly published HNO & HRP 2022

$^{17}$ For the Cluster/Sector Response part, numbers will be mentioned once the data is updated by the indirect partners’ annual reports.

$^{18}$ Response provided in March, results will be available in the next Sitrep.
<table>
<thead>
<tr>
<th>Description</th>
<th># Reached</th>
<th># Expected</th>
<th># Targeted</th>
<th># Reached</th>
<th># Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td># people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>150,000</td>
<td>0&lt;sup&gt;19&lt;/sup&gt;</td>
<td>-</td>
<td>311,800</td>
<td>0</td>
</tr>
<tr>
<td># people reached with handwashing behaviour change programmes</td>
<td>303,000</td>
<td>404,454&lt;sup&gt;20&lt;/sup&gt;</td>
<td>-</td>
<td>404,000</td>
<td>404,454</td>
</tr>
<tr>
<td><strong>C4D, Community Engagement and AAP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># people reached with messages on access to services</td>
<td>610,616</td>
<td>0&lt;sup&gt;21&lt;/sup&gt;</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td># people participating in engagement actions for social and behavioural change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth</td>
<td>118,611</td>
<td>0&lt;sup&gt;22&lt;/sup&gt;</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>174,880</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Protection and Advocacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># households reached with humanitarian cash transfers across sectors</td>
<td>13,000</td>
<td>0&lt;sup&gt;23&lt;/sup&gt;</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

19 UNICEF continues to support the maintenance of the existing water supply system constructed in 2021 to ensure basic water services in the IDPs sites, they are not considered new beneficiaries and thus not reported here.
20 The target was reached and exceeded during the first quarter as UNICEF was highly mobilized in responding to the risk of cholera.
21 During the reporting period, the AECR/SBC section worked on message revision, design of communication materials and strategic orientation.
22 During this period, the section developed documents, identified partners and developed stand-by agreements for rapid interventions in community engagement. Activities at the community level will start in the second quarter.
23 Activities are expected to commence in the second quarter of 2022.
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>Humanitarian resources received in 2022</td>
<td>Other resources used in 2022**</td>
<td>Resources available from 2021 (Carry-over)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>US$</td>
</tr>
<tr>
<td>Health</td>
<td>2,493,129</td>
<td>296,711</td>
<td>89,206</td>
</tr>
<tr>
<td>Nutrition</td>
<td>6,036,961</td>
<td>0</td>
<td>1,422,162</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,543,198</td>
<td>45,849</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>2,062,485</td>
<td>0</td>
<td>191,162</td>
</tr>
<tr>
<td>WASH</td>
<td>5,041,336</td>
<td>449,312</td>
<td>40,000</td>
</tr>
<tr>
<td>Social Protection</td>
<td>1,099,300</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C4D, community engagement and AAP</td>
<td>3,083,226</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,359,634</strong></td>
<td><strong>791,872</strong></td>
<td><strong>231,162</strong></td>
</tr>
</tbody>
</table>

* As defined in the updated Humanitarian Appeal December 2021 for the period from January to December 2022

** These funds are reprogrammed resources from regular programmes.