



Children wash their hands at the Primary School, Michaela Tiggemann, Bujumbura, Burundi.

unicef   
for every child

## Humanitarian Situation Report No. 1

Reporting Period  
1 January to 30 June  
2022

# Burundi

## HIGHLIGHTS

- Burundi experienced climate-change related disasters; hydric deficit in Kirundo and floods in Bubanza, Bujumbura Rural, Cibitoke, Makamba Nyanza-Lac and Rumonge provinces, damaging 56 classrooms, 534 hectares of food crops and displacing 180 households.
- In response to 16 suspected cholera cases during the reporting period, UNICEF reinforced its contingency stocks to respond to the risk of additional cases, and provided key hygiene messages to over 435,082 persons.
- 20,624 children and adolescents (10,519 girls and 10,105 boys) of which 16,956 are under 18 (8,741 girls and 8,215 boys) were reintegrated into the formal school system and continued to receive services helping them pursue their studies.
- UNICEF facilitated the treatment of 21,378 children aged 6 to 59 months with severe acute malnutrition with an 89.9 per cent cure rate.

## SITUATION IN NUMBERS



**1,800,000**  
People in need of humanitarian assistance<sup>1</sup>



**946,000**  
Children in need of humanitarian assistance<sup>2</sup>

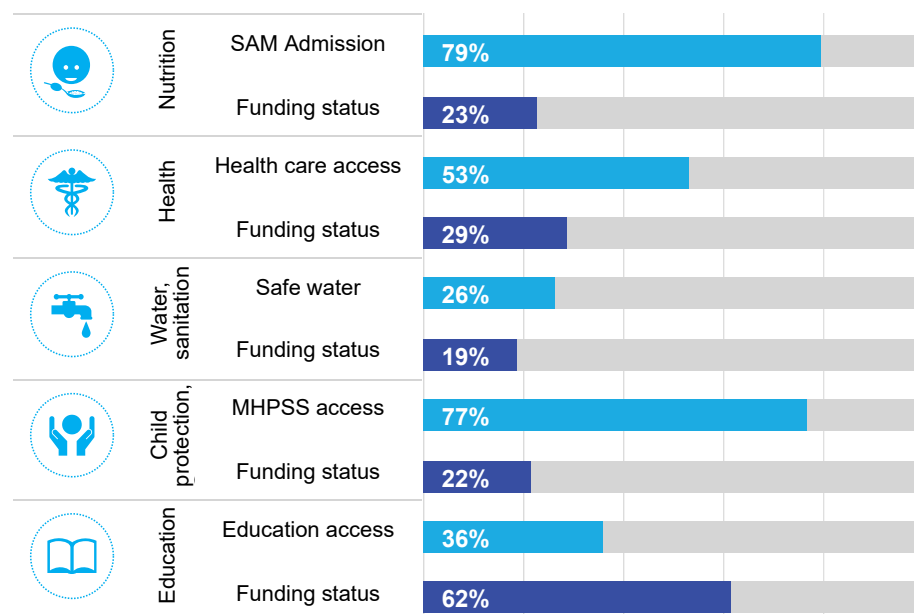


**84,791**  
Internally displaced people<sup>3</sup>



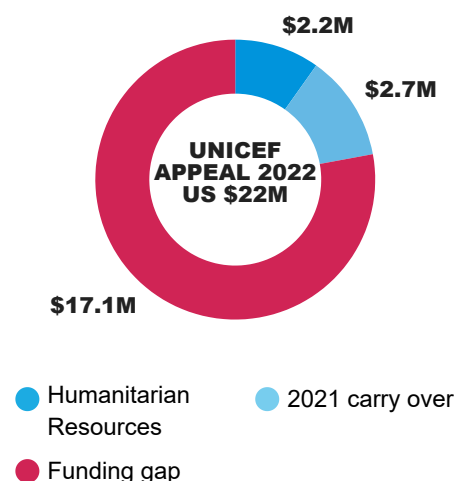
**140,788**  
Assisted returnees<sup>4</sup>

## UNICEF RESPONSE AND FUNDING STATUS\*



\* UNICEF response % is only for the indicator, the funding status is for the entire sector.

## 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\$ 22 million to sustain the provision of life-saving services for women and children affected by a humanitarian crisis, for which only 10 per cent has been mobilised as of 30 June 2022. As such the gap remains significant although some key results were achieved and progress made using other resources. In particular, UNICEF was able to prepare for the seasonal floods, with thanks to the Global Thematic Humanitarian Funds received. These flexible funds have enabled Child Protection, Health and WASH to reinforce their interventions 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. In addition, 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. Humanitarian needs remain high in Burundi and the response to natural disasters remains largely underfunded. Considering the limited capacity of humanitarian actors to respond, coupled with increasing inflation and the cost of living crisis as a consequence of the Ukraine conflict, small shocks are expected to have devastating effects on children and their families. Timely and flexible funding is urgently needed in order to respond, particularly in the domains of WASH, Health, Social Protection and Child Protection. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received in the first half of 2022.

## SITUATION OVERVIEW AND 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 people <sup>5</sup> at risk of food insecurity and increased vulnerability.

Heavy floods 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. The needs of the affected populations are multidimensional including 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.

The voluntary repatriation of Burundian refugees continues covering 13 countries <sup>6</sup>. As of end May 2022, 140,788 people have returned since the voluntary repatriation program was established in 2017, including 7,146 from January to 31 May 2022 <sup>7</sup>. 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.

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 six months of the year, 16 suspected cholera cases were reported by the national surveillance system, 10 cases were notified in the province of Cibitoke, of which only 1 was a confirmed case.

By 30 June 2022, Burundi reported 42,731 cases and 15 deaths from COVID-19 out of 1,634,346 people tested <sup>8</sup>. The overall positivity rate remains low with 2.51 per cent compared to 2.72 per cent in 2021 and to 1 per cent in 2020. The country is engaged in the vaccination process since mid-October 2021, reaching 15,813 persons by the end of June 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

For the six first months of 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 followed throughout the year.

Burundi has recorded a 63.9 per cent increase in the number of malaria cases in the first half of 2022 (3,956,145) in comparison with the same period in 2021 (2,812,878). With respectively, 615 deaths and 855 deaths, due to malaria in the first half of 2022 compared to the same period in 2021, the case fatality rate was reduced by half between 2022 (0.015 per cent) and 2021 (0.030 per cent). A total of 119 measles cases were reported, in 26 districts in 17 provinces, in the first six months of 2022, compared to 509 cases in the same period in 2021. The decrease in the number of cases can be explained by the nationwide measles campaign which took place in January and February 2022. As a small number of cases continue to be recorded, UNICEF and the Ministry of Health is continuing to monitor the situation, along with its partners. In 2022, 16 cases of suspected cholera cases were notified, of which only one was confirmed by the national laboratory. For the first six months of 2022, a total of 2,085 cases of ulcerative wounds were notified in four provinces, Muramvya (1,591 cases), Muyinga (404 cases), Mwaro (85 cases) and Makamba (5 cases), more than 60 per cent of cases are in children under 5 years old. UNICEF continues to build capacity at the national and local level, working with the Ministry of Health.

• UNICEF continues to provide 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 rapid interventions. 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 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 9 IEHKs (enabling the response to health needs of approximately 90,000 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 half of the year, 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.

- UNICEF supported a nutrition SMART survey carried out in March 2022. Results show a decrease in global acute malnutrition (GAM) with wasting prevalence at 4.8 per cent (compared to 6.1 per cent in 2020) and 6 out of 18 provinces with a prevalence above 5 per cent, the WHO alert threshold. However, 1 in 2 under five year old children continue to be affected by Stunting (with 55.8 per cent in 2022 versus 52.2 per cent in 2020). Breastfeeding indicators are among the best in the world with an exclusive breastfeeding rate (0-5 months) at 85 per cent, inversely, complementary feeding remains poor with only 13.3 per cent of children aged 6-23 months receiving a minimum acceptable diet.

- Active screening for acute malnutrition by community health workers reached 167,403<sup>9</sup> children under-five in Ngozi, Ruyigi, Rutana and Cankuzo between January and May.
- 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 receive on a quarterly basis the needed nutritional commodities to ensure continuation of nutrition services.
- A total of 21,378 children (11,187 girls and 10,191 boys) were admitted and treated for SAM from January to May. This represents 39 per cent of the 2022 caseload estimated by the Humanitarian Response Plan (HRP) including internally displaced sites. The performance indicators remained above the SPHERE standards at 89.9 per cent cured rate. The decrease in SAM admission compared to the same period of last year (24,476 in 2021) can be explained by a lack of complete data and timely reporting.
- 83,433<sup>10</sup> pregnant and lactating women received Infant and Young Child Feeding (IYCF) counselling in Ngozi, Rutana, Cankuzo and Ruyigi From January to May.
- UNICEF supported 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.

The nutrition sector remains underfunded by emergency funds. 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, GBViE and PSEA

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 is integrating and improving access and quality of GBV assistance for children and adolescent victims of sexual violence and sexual exploitation and abuse.

- UNICEF and its partners were able to support access to protection and response services for 91,719 affected children (49,328 girls and 42,391 boys) despite the additional challenges posed by floods and strong winds in 5 provinces<sup>11</sup>.
  - Among them, 38,916 children (21,573 girls and 17,343 boys) displaced due to flooding benefited from psychosocial support through community-based approaches and recreational activities in the child friendly spaces and through individual care.
  - 540 separated and unaccompanied children (including 293 girls) benefited from alternative care, family reunification and follow-up.
  - 27,266 children (14,118 girls), among them 22,972 returnee children (12,021 girls and 10,951 boys) benefited from birth certificates in the Kirundo, Makamba, Cankuzo, Ruyigi and Rumonge provinces<sup>12</sup> which hosts the highest number of returnees. Out of these, 109 children (49 girls) are differently abled.
  - UNICEF and its partners continued awareness raising reinforcing GBV risk mitigation in all child protection interventions and facilitated 35,958 children (22,346 girls) to access GBV risk mitigation services. In addition, 14,301 adults (including 6,130 men and 8,171 women) benefitted from the same services.
- While UNICEF continues to respond to the most urgent needs of children in the domain of child protection, gaps in funding is hampering the ability to reach all children in need, especially with regards to gender based violence programming.

## 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) 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.

- 20,624 children and adolescents (10,519 girls and 10,105 boys) of which 16,956 are under 18 (8,741 girls and 8,215 boys) were reintegrated into the formal school system and continued to receive services helping them pursue their studies (remedial courses, provision of the birth certificate for those who did not have it, sensitization on the importance of school, WASH services in school). Among these children, 13,674 or 66.3 per cent are returnees (6,993 girls and 6,681 boys) and 1,420 or 6.9 per cent are internally displaced (728 girls and 692 boys).
- 103 new classrooms were built to support the most damaged of



schools. Construction work is nearly complete and the ordering of desk benches for all the 103 classrooms is underway in order to be ready before September 2022 to welcome students at the start of the 2022-2023 school year.

- 381 classrooms that had been damaged by floods and strong winds were rehabilitated, and 400 others are to be rehabilitated in the coming months. In addition, school materials and tents, have been made available for the response to floods.
  - 16,366 children, all under 18 (8,773 girls and 7,593 boys) benefited from remedial courses to be able to pursue their education after having been reintegrated into school. Among them, 9,996 or 61.1 per cent are returnees (5,618 girls and 4,378 boys). The remedial courses focus on the teaching of local languages as it remains returnees' greatest barrier to reintegration, given that the languages commonly used in the countries where the returnees resided are English and Swahili, whereas the Burundian curriculum is taught in Kirundi and French.
  - 2,223 teachers (1,191 women and 1,032 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).
  - 33,437 girl students affected by emergencies were able to continue their studies thanks to the distribution of reusable menstrual pads.
  - 175,000 children who were a part of the 2021 remedial education programme facilitated for children whose education was interrupted/disturbed by the COVID-19 pandemic also continued to access remedial education during the reporting period.
- The reporting period was also taken up by the development of a distance learning platform, with the aim not only of meeting the current need to raise the knowledge 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 is accessible using telephones, tablets and computers, and a summary of the lessons will also be broadcasted by radio, to help children with no access to any of the said tools.
  - This distance learning project, which is a pilot, is first extending 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 is functional and administrated by computer scientists from the Ecole Normale Supérieure of Bujumbura and the Ministry of National Education and Scientific Research who have been trained for that role.
- Despite the response provided, the needs for education remain vast, especially in anticipation of the natural disasters expected in the heavy rain period, around the months of November-April. UNICEF remains committed to supporting children return to education in September and ensuring continued presence throughout the school year.

## Water, sanitation and hygiene

From January to June 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 handwashing 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.

- 435,082<sup>13</sup> persons (116,917 men, 150,981 women, 76,001 boys and 91,183 girls) at risk of cholera in Cibitoke, and Bujumbura rural, 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 reaching 427,082 persons (88,699 girls; 73,798 boys; 149,497 women and 115,453 men).
  - In response to the suspected cholera cases announced in early 2022 and diarrheas' diseases in IDP sites, 15,000 vulnerable persons (4,657 girls; 4,129 boys; 3,468 women and 2,746 men) received hygiene kits to reduce their vulnerability and strengthen their resilience.
  - 377 persons from 31 health care facilities and community leaders and community health workers were reinforced on cholera and COVID-19 prevention 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 Maramvya 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.
  - 236 schools were provided with sustainable hand-washing facilities, with 14 of them also provided with 25 rehabilitated latrine blocs. This has improved the hygiene conditions for 43,788 students (22,504 girls and 21,284 boys). In addition 71,212 school children (36,927 girls and 34,285 boys) have access to drinking water due to the extension of the water network.
  - In an effort to strengthen the sustainability of its interventions, UNICEF has supported the construction of 100 semi-sustainable latrines, which benefit 5,000 IDPs (1,552 girls; 1,377 boys; 1,156 women and 915 men) in the displacement site of Maramvya Sobel and Kinyinya II).
- UNICEF continues to lead the WASH response in Burundi, however efforts are hampered by the lack of funding, flexible funds are urgently required to be able to reach the most vulnerable children with access to safe water.

## Social protection

During the reporting period, UNICEF supported the elaboration of the new national social protection strategy based on the life cycle of the child. The new strategy includes cash transfer modalities as a key intervention in term of social assistance especially in cases of emergency crisis, moreover a specific axis on shock responsive interventions has been integrated.

During the first semester of 2022, a workshop was organized with all partners and beneficiaries on solidarity groups as a method of recovery from disasters such as 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 tools on this community approach to strengthen the resilience of affected people and to ensure their recovery. UNICEF will be working to scale up this approach to key

areas with specific needs to promote an emergency response that strengthens resilience within the community system. Social protection and support to communities through solidarity groups is a multi-sectoral and integrated response to anticipated floods. As such, it will be implemented in conjunction with other interventions including on child protection.

A solidarity group working group has been set up with some key partners to harmonize the approach among the different interventions to develop intervention based on the humanitarian development nexus, including standardising tools and interventions.

## Cross-sectoral (HCT, C4D, RCCE and AAP)

From January to June 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 led responses were implemented throughout the period covered by the report and focus on i) risk communication and community engagement to prevent cholera and ebola; ii) and the promotion of Accountability to Affected Population (AAP).

- Though the National Deployment Vaccine Plan of COVID-19 was validated in March, its Risk Communication and Community Engagement (RCCE) plan is not yet fully implemented. UNICEF is working with key UN agencies to continue advocating for decentralised rollout of the vaccine to ensure that the general population have access to comprehensive information to make informed decisions regarding the vaccine. As a result, vaccination points were extended to Gitega and Ngozi (from 3 vaccine centres in Bujumbura to 2 new ones in Gitega and Ngozi).

- UNICEF thoroughly monitors the implementation of the national plan of Cholera and Ebola' prevention in Burundi through the prepositioning of communication materials (100 image boxes, 1000 posters and 3000 leaflets).

- To strengthen the humanitarian community, jointly with the UNCT and OCHA, UNICEF has facilitated a training of 38 NGOs (national and international) on AAP (Accountability towards Affected Populations). Following this training, a joint AAP action plan has been developed and will be implemented via the AAP working group, which UNICEF is co-leading.

- Preparedness SBC interventions will continue during the third quarter in prevention of epidemics and other climate related catastrophes endemic to the rainy season. UNICEF will continue supporting the Ministry of Health to develop and implement an integrated risk and disaster management plan.

UNICEF will continue to support the relevant ministries concerned with the implementation of the Cholera response and prevention plan, as well as taking forward the AAP action plan along with other actors.

## Climate Change

Burundi is currently ranked 169th out of 181 countries ranked accordingly to their vulnerability to climate change<sup>14</sup>. According to the Children's Climate Risk Index (CCRI)<sup>15</sup>, 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<sup>16</sup>; 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.

Given 92<sup>17</sup> 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. UNICEF continues its efforts to provide a cross-sectoral response to climate impacts with the objective of contributing to i) Protect children, adolescents, and their families from shocks of climate change ii) Enhance the resilience of children and their families to the impacts of climate change through safe, sustainable, and resilient systems the children rely on (adaptation/development) iii) Empower adolescents, children, and woman to be agents of change and be part of decision-making.

To better respond to its correlated crises, the office developed the climate change situation analysis (SITAN) at the end of 2021 which was presented in April 2022. The workshop with a multi-sectoral approach on the effects and impacts of climate change on children in Burundi brought together humanitarian and development actors, government and young people who were able to explain their perspectives, concerns and solutions to climate change issues. The main outcome was the government's recognition of the importance of integrating young people in climate discussions, as well as the importance of having a multi-sectoral perspective on the problem from the point of view of responding to immediate crises and long-term impacts.

To enhance the impact of its work, UNICEF is finalising an advocacy strategy with the main objective of getting the 8 key Ministries to recognise the effects of climate change on children and take action to address these.

## 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) sub-group 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. As of April 2022, UNICEF agreed to be the co-lead for the reinvigorated AAP working group in Burundi, actively supporting the development of the action plan and implementation.

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 through its integrated humanitarian-development-peacebuilding (triple Nexus) programmatic interventions. 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 EXTERNAL MEDIA

From January to June 2022, several human-interest stories were produced to rapport the UNICEF's humanitarian response in Burundi. UNICEF Burundi actions for hygiene against COVID-19 and its multisectoral humanitarian response in the Internal Displaced People camp were published on the UNICEF Burundi website, as follows.

- In Burundi, against COVID, hygiene is the key  
<https://www.unicef.org/burundi/stories/burundi-against-covid-hygiene-key>
- Josephine finds her life back  
<https://www.unicef.org/burundi/stories/josephine-finds-her-life-back>
- People living with disabilities in Burundi are not left behind  
<https://www.unicef.org/burundi/stories/people-living-disabilities-burundi-are-not-left-behind>

## HAC APPEALS AND SITREPS

- Burundi Appeals  
<https://www.unicef.org/appeals/burundi>
- Burundi Situation Reports  
<https://www.unicef.org/appeals/burundi/situation-reports>
- All Humanitarian Action for Children Appeals  
<https://www.unicef.org/appeals>
- All Situation Reports  
<https://www.unicef.org/appeals/situation-reports>

## NEXT SITREP: 20 OCTOBER 2022

## ANNEX A SUMMARY OF PROGRAMME RESULTS

| Sector  |                |             | UNICEF and IPs response  |                          |                   | Cluster/Sector response |                 |                           |
|---|----------------|-------------|--------------------------|--------------------------|-------------------|-------------------------|-----------------|---------------------------|
| Indicator   | Disaggregation | Total needs | 2022 targets             | Total results            | Progress          | 2022 targets            | Total results   | Progress                  |
| Nutrition   |                |             |                          |                          |                   |                         |                 |                           |
| Children assessed for acute malnutrition through mass screening   | Total          | -           | 209,400 <sup>18</sup>    | 167,403 <sup>19,20</sup> | <div>▲ 80%</div>  | -                       | -               | <div>-</div>              |
| Children aged 6 to 59 months with severe acute malnutrition admitted for treatment                              | Total          | -           | 55,071 <sup>21</sup>     | 21,378 <sup>22</sup>     | <div>▲ 39%</div>  | 55,071 <sup>23</sup>    | 21,378          | <div>▲ 39%</div>          |
| Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling         | Total          | -           | 126,600                  | 83,433                   | <div>▲ 66%</div>  | -                       | -               | <div>-</div>              |
| Health  |                |             |                          |                          |                   |                         |                 |                           |
| Children aged 6 to 59 months vaccinated against measles   | Total          | -           | 48,000 <sup>24</sup>     | 176,249 <sup>25</sup>    | <div>▲ 367%</div> | -                       | -               | <div>-</div>              |
| Children and women accessing primary health care in UNICEF-supported facilities                                 | Total          | -           | 440,300 <sup>26</sup>    | 235,474                  | <div>▲ 53%</div>  | -                       | -               | <div>-</div>              |
| Water, sanitation and hygiene   |                |             |                          |                          |                   |                         |                 |                           |
| People reached with hygiene promotion, including handwashing behaviour change programmes                        | Total          | -           | 303,000 <sup>27</sup>    | 435,082 <sup>28</sup>    | <div>▲ 144%</div> | 404,000                 | 435,082         | <div>▲ 108%</div>         |
|   | Total          | -           | 77,000 <sup>29</sup>     | 190,452                  | <div>▲ 247%</div> | -                       | -               | <div>-</div>              |
| People accessing a sufficient quantity of safe water for drinking and domestic needs                            | Total          | -           | 150,000 <sup>30</sup>    | 39,832 <sup>31</sup>     | <div>▲ 27%</div>  | 311,800                 | -               | <div>0%</div>             |
| Girls and women accessing menstrual hygiene management services   | Total          | -           | 19,641 <sup>32</sup>     | 6,039                    | <div>▲ 31%</div>  | -                       | -               | <div>-</div>              |
| Child protection, GBViE and PSEA  |                |             |                          |                          |                   |                         |                 |                           |
| Children and parents/caregivers accessing mental health and psychosocial support                                | Total          | -           | 118,953 <sup>33,34</sup> | 91,719 <sup>35</sup>     | <div>▲ 77%</div>  | 137,687 <sup>36</sup>   | 91,719          | <div>▲ 67%</div>          |
| Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions | Total          | -           | 104,170 <sup>37</sup>    | 50,259                   | <div>▲ 48%</div>  | -                       | -               | <div>-</div>              |
| People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers  | Total          | -           | 657,318 <sup>38</sup>    | 77,829                   | <div>▲ 12%</div>  | -                       | -               | <div>-</div>              |
| Unaccompanied and separated children accessing family-based care or a suitable alternative                      | Total          | -           | 1,596 <sup>39</sup>      | 1,356 <sup>40</sup>      | <div>▲ 85%</div>  | -                       | -               | <div>-</div>              |
| Education   |                |             |                          |                          |                   |                         |                 |                           |
| Children accessing formal or non-formal education, including early learning                                     | Total          | -           | 56,740 <sup>41</sup>     | 20,624                   | <div>▲ 36%</div>  | -                       | - <sup>42</sup> | <div>-<sup>43</sup></div> |
| Children receiving individual learning materials  | Total          | -           | 95,480 <sup>44</sup>     | - <sup>45</sup>          | <div>0%</div>     | -                       | -               | <div>-</div>              |
| Cross-sectoral (HCT, C4D, RCCE and AAP)   |                |             |                          |                          |                   |                         |                 |                           |

| Sector   |                |             | UNICEF and IPs response |               |          | Cluster/Sector response |               |          |
|--|----------------|-------------|-------------------------|---------------|----------|-------------------------|---------------|----------|
| Indicator  | Disaggregation | Total needs | 2022 targets            | Total results | Progress | 2022 targets            | Total results | Progress |
| People participating in engagement actions for social and behavioural change | Total          | -           | 303,000 <sup>46</sup>   | _47,48        | 0%       | -                       | -             | -        |
|  | Total          | -           | 121,200                 | -             | 0%       | -                       | -             | -        |
| People reached through messaging on prevention and access to services        | Total          | -           | 542,630 <sup>49</sup>   | _50           | 0%       | -                       | -             | -        |



## ANNEX B FUNDING STATUS

|  |                   | Funding available                       |  | Funding gap        |                 |
|--|-------------------|---|--|--------------------|-----------------|
| Sector   | Requirements      | Humanitarian resources received in 2022 | Resources available from 2021 (carry over) | Funding gap (US\$) | Funding gap (%) |
| <b>Nutrition</b>                               | 6,071,994         | -                                       | 1,422,162                                  | 4,649,832          | 77%             |
| <b>Health</b>                                  | 2,493,129         | 622,612                                 | 89,206                                     | 1,781,311          | 71%             |
| <b>Water, sanitation and hygiene</b>           | 5,041,336         | 528,842 <sup>51</sup>                   | 432,889                                    | 4,079,605          | 81%             |
| <b>Child protection, GBViE and PSEA</b>        | 2,145,993         | 307,162                                 | 172,986                                    | 1,665,845          | 78%             |
| <b>Education</b>                               | 2,062,485         | 702,215 <sup>52</sup>                   | 581,280                                    | 778,990            | 38%             |
| <b>Social protection</b>                       | 1,099,300         | -                                       | -  | 1,099,300          | 100%            |
| <b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b> | 3,083,226         | -                                       | -  | 3,083,226          | 100%            |
| <b>Total</b>                                   | <b>21,997,463</b> | <b>2,160,831</b>                        | <b>2,698,523</b>                           | <b>17,138,109</b>  | <b>78%</b>      |

---

### Who to contact for further information:

**John Agbor**  
Representative UNICEF  
T +257 22202010  
jagbor@unicef.org

**Nathalie Meyer**  
Deputy Representative  
T +257 22202020  
nmeyer@unicef.org

**Lorna O'Mahony**  
Emergency Specialist  
T +257 22202013  
lomahony@unicef.org

## ENDNOTES

1. OCHA, HNO/HRP 2022
2. OCHA, HNO/HRP 2022
3. IOM, DTM April 2022
4. UNHCR, May 2022
5. As assessed by the National Platform for Risk Reduction and Disaster Management - OCHA (March 2022) - <https://unocha.exposure.co/burundi-200000-people-affected-by-lack-of-rain-need-assistance>
6. UNHCR Burundi ( May 2022) – Repatriation Statistics
7. UNHCR Burundi ( May 2022) – Repatriation Statistics
8. RAPPORT DE SITUATION SUR LA REPONSE A LA PANDEMIE DUE AU CORONAVIRUS SARS-CoV-2 (COVID-19) Rédigé et publié le 30 juin 2022
9. A child can be screened twice during a semester, once per quarter. The current reporting system does not allow counting the number of screens for each child, so there is a double counting for this indicator
10. A woman can be reached by IYCF counselling many times. The current reporting tools does not allow to avoid double counting
11. The floods and strong winds affected the provinces of Bubanza, Bujumbura Rural, Cibitoke, Makamba Nyanza-Lac and Rumonge
12. These provinces border Tanzania, Rwanda and DRC.
13. 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.
14. Ranking on the Notre Dame Global Adaptation Index (ND GAIN)
15. UNICEF, 2021 The Climate Crisis is a Child Rights Crisis | UNICEF
16. 2007, National Adaptation Plan of Action to Climate NAPA
17. IOM Burundi – Internal Displacement Dashboard (February 2022)
18. This includes 104,700 girls and 104,700 boys
19. A child can be screened twice during a semester, once per quarter
20. The current reporting system does not allow counting the number of screens for each child, so there is a double counting for this indicator
21. This includes 27,536 girls and 27,534 boys
22. Ministry of Health, DHIS2 (January to May 2022)
23. Aligned with the newly published HNO & HRP 2022
24. This includes 24,000 girls and 24,000 boys
25. 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
26. This includes 88,000 women, 132,150 girls and 132,150 boys
27. This includes 78,780 girls, 74,174 women, 78,780 boys and 71,266 men
28. The target was reached and exceeded during the first quarter as UNICEF was highly mobilized in responding to the risk of cholera
29. This includes 38,500 girls and 38,500 boys
30. This includes 39,000 girls, 36,720 women, 39,000 boys and 35,280 men
31. 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 however considered new beneficiaries
32. This includes 10,213 girls and 9,428 women
33. This includes 107,058 children and 11,895 caregivers
34. The reduction in target compared to the previous edition of the HAC 2022, is due to the alignment exercise with the HRP which was published in April 2022 with reduced figures for sector
35. Target aligned to the HAC 2022 Rev 1
36. Aligned with the newly published HNO & HRP 2022
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. Target aligned to the HAC 2022 Rev 1
41. This includes 56,740 girls and 56,740 boys
42. For the Cluster/Sector Response part, numbers will be mentioned once the data is updated by the indirect partners' annual reports
43. Activities are due to commence in the third quarter and will be reported in the next sitrep.
44. This includes 47,740 girls and 47,740 boys
45. Learning materials are being released in July-august 2022 for children who have been identified as the most affected and the figures will be included in the next Sitrep
46. This includes 78,780 girls, 74,174 women, 78,780 boys and 71,266 men
47. Activities at the community level will start in the third quarter
48. During this period, the section developed documents, identified partners and developed stand-by agreements for rapid interventions in community engagement
49. This includes 141,084 girls, 132,836 women, 141,084 boys and 127,626 men
50. During the reporting period, the AECR/SBC section worked on message revision, design of communication materials and strategic orientation
51. \$40,000 of other resources were used to date in 2022, to achieve results.
52. \$191,162 of other resources were used to date in 2022, to achieve results.