Burundi

HIGHLIGHTS

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

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

- In 2022, UNICEF requires US$22 million to provide multi-sectoral assistance to vulnerable children and women affected by the recurrent humanitarian crises in Burundi. This includes US$6.1 million for the first-line response to severe and acute malnutrition and US$5 million to address the important needs of children in WASH.

KEY PLANNED TARGETS

- 440,300 children and women accessing health care
- 150,000 people accessing a sufficient quantity of safe water
- 118,953 children/caregivers accessing mental health and psychosocial support
- 95,480 children receiving individual learning materials

IN NEED

1.8 million children
946,000 people

2018 2022

TO BE REACHED

670,833 people
575,313 children

2018 2022

FUNDING REQUIREMENTS

US$ 22 million

2018 2022

All figures in this appeal are aligned with the finalized 2022 Humanitarian Needs Overview and 2022 Humanitarian Response Plan for Burundi.
In Burundi, 1.8 million people, including 946,000 children, 429,000 women and 92,000 persons with disabilities, urgently need humanitarian assistance. Burundi is among the poorest countries in the world, experiencing recurrent humanitarian crises, including natural disasters, population movements, disease outbreaks and protection issues. In 2021, 191,402 people repatriated and around 116,000 internally displaced persons (IDPs) were reported. Throughout 2021, Burundi faced unprecedented floods, increasing the number of disaster areas and the number of IDPs caused by natural disasters up to 92 per cent.

Access to social services and basic infrastructures remains low across the country. Around 39 per cent of the population lack access to basic water, while 56 per cent lack access to basic sanitation services. Hygiene awareness needs increased, as only 6 per cent of the population has access to basic hygiene services. The education rate remains low, as 1.9 million children and adolescents of school age (4 to 19 years) out of 5.1 million are still out of school, (37 per cent dropouts and 63 per cent never attended school and half of repatriated children lack access to formal education). Child protection remains a concern as 93,498 children do not have birth certificates as of 31 December 2021, thus limiting their access to basic social services. 2,903 unaccompanied children are particularly at risk of trafficking, abuse, exploitation and violence, including gender-based violence (GBV).

The prevalence of global acute malnutrition (GAM) is not improving over the years, reaching 6.1 per cent, with 31 of the 47 districts in a precarious situation (GAM 5 to 9.9 per cent). Only 6.8 per cent of children (6 to 23 months) receive a minimum acceptable diet. More than 55,000 children under 5 years of age are estimated to be at risk of severe acute malnutrition (SAM) in 2021.

Some diseases with high epidemic potential remain prevalent across the country, including malaria, measles and COVID-19. The health system and facilities at community level remain fragile, and one fifth of the population lacks access to primary healthcare. There has been a 14 per cent increase in malaria cases compared to the same period last year. End of 2021, 634 cases of measles were recorded in 36 of the 47 health districts.

The COVID-19 pandemic is expected to keep interrupting a still-fragile economic recovery, exacerbating humanitarian needs. As of 31 December 2021, a total of 31,615 people tested positive for COVID-19. The situation deteriorated with a peak wave caused by the Omicron variant, although most reported cases are asymptomatic, with a reported death rate of under 1 per cent so far.

### SECTOR NEEDS

- **58,000** children under-five need SAM treatment
- **515,195** people lack access to safe water
- **165,000** children need protection services
- **177,392** children need access to educational services

### STORY FROM THE FIELD

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

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

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

Read more about this story here
HUMANITARIAN STRATEGY

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

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

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

UNICEF continues to work with community-based solidarity groups (Nawe Nuze), who play a leading role in identifying problems and developing sustainable ways to address disaster risk reduction, emergency preparedness, food insecurity, livelihood and education, among other relevant topics. These solidarity groups ensure the focus on community resilience and sustainability, support the early recovery of affected households, offering solidarity, economic opportunities and enabling good practices to flourish. UNICEF supports with setting up, training in good practices, referral systems and cash transfers for investment in income generating activities. This strategy promotes an intervention ‘as local as possible, as international as necessary’, following the World Humanitarian Summit call.

Throughout UNICEF’s assistance, cross-cutting issues such as gender, gender-based violence and disabilities are integrated. UNICEF also invests in a systemic approach to preventing sexual exploitation and abuse, including regular training, community engagement, risk assessment, increased vetting and human resources measures.

UNICEF continues to lead the WASH, nutrition and education sectors, the child protection subsector and co-lead the health sector that will continue to support the National Platform for Risk Prevention and Disaster Management to respond to natural disasters regularly affecting the country.

2022 PROGRAMME TARGETS

**Nutrition**
- 55,071 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 126,600 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- 209,400 children assessed for acute malnutrition through mass screening

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

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

**Child protection, GBViE and PSEA**
- 118,953 children and parents/caregivers accessing mental health and psychosocial support
- 104,170 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 657,318 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- 1,596 unaccompanied and separated children accessing family-based care or a suitable alternative

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

**Social protection**
- 8,167 households reached with UNICEF-funded multi-purpose humanitarian cash transfers

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

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

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Programme targets are aligned with the finalized 2022 Humanitarian Needs Overview and 2022 Humanitarian Response Plan for Burundi.
**FUNDING REQUIREMENTS IN 2022**

UNICEF requires US$22 million to provide life-saving assistance for children and women in 2022. Although the humanitarian situation improves in the country, women and children continue to be affected by population displacement, natural disasters and epidemics. These funding requirements decreased, especially for child protection, as a result of this improvement but still take into account the scale of humanitarian needs. This appeal was revised to align with the 2022 Humanitarian Needs Overview, Humanitarian Response Plan, 2021 Refugee Return and Reintegration Plan and 2022 National COVID-19 response Plans.

Support for this appeal will enable UNICEF to scale up its support for emergency action, especially the response to children suffering from severe acute malnutrition and access to basic social services. The funding needs for nutrition and WASH, among all sectors, remain a priority for 2022. COVID-19 preparedness, prevention, and response measures are incorporated into the activities, and UNICEF is requesting US$4.1 million out of the US$22 million for COVID-19 related expenses.

Without adequate and timely funding, UNICEF, as one of the main actors in the emergency response in Burundi, will be unable to address the acute needs of vulnerable and affected children and women, and 575,313 children will suffer from nutritional deprivation and lack of access to basic services and be at risk of epidemics and protection incidents.

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### Appeal sector

- **Nutrition**: 6,071,994
- **Health**: 2,493,129
- **WASH**: 5,041,336
- **Child protection, GBViE and PSEA**: 2,145,993
- **Education**: 2,062,485
- **Social protection**: 1,099,300
- **Cross-sectoral**: 3,083,226

### Total

- **21,997,463**

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### Appeal sector

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<th>Appeal sector</th>
<th>Original 2022 HAC requirement (US$)</th>
<th>Revised 2022 HAC requirement (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap (US$)</th>
<th>2022 funding gap (%)</th>
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<td><strong>Total</strong></td>
<td><strong>22,344,409</strong></td>
<td><strong>21,997,463</strong></td>
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</tbody>
</table>

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*This includes costs from other sectors/interventions: Education (9.4%), Social protection (5.0%).

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**Who to contact for further information:**

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ENDNOTES

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


3. This includes 1,062,000 women, calculated based on women making up 59 per cent of the population, as per the Office for the Coordination of Humanitarian Affairs, 'Burundi: 2022 Humanitarian Needs Overview', OCHA, 2022.


5. This includes 48,000 children aged 6 to 59 months vaccinated against measles, 209,400 children assessed for acute malnutrition through mass screening, 150,000 people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene, 49,000 people reached with humanitarian cash transfers across sectors, 118,953 children and caregivers accessing mental health and psychosocial support and 95,480 children receiving individual learning materials. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

6. This includes 48,000 children aged 6 to 59 months vaccinated against measles, 209,400 children assessed for acute malnutrition through mass screening, 78,000 children accessing sufficient quantity of safe water for drinking, cooking and personal hygiene, 25,480 children reached with humanitarian cash transfers across sectors, 118,953 children accessing mental health and psychosocial support and 95,480 children receiving individual learning materials. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has sector coordination responsibilities.

7. IOM, Displacement Tracking Matrix, March 2022

8. UNICEF and Ministry of Education – EADE Report - 2021


13. This includes 27,536 girls and 27,534 boys.

14. This includes 104,700 girls and 104,700 boys.

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

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

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

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

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

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

21. This includes 107,058 children and 11,895 caregivers. 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.

22. This includes 11,460 children, 46,355 girls and 46,355 boys.

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

24. This includes 798 girls and 798 boys.

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

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

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

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

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