



A child playing in an internally displaced camp for people who's homes were flooded in Gatumba.

unicef   
for every child

## Humanitarian Situation Report No. 3

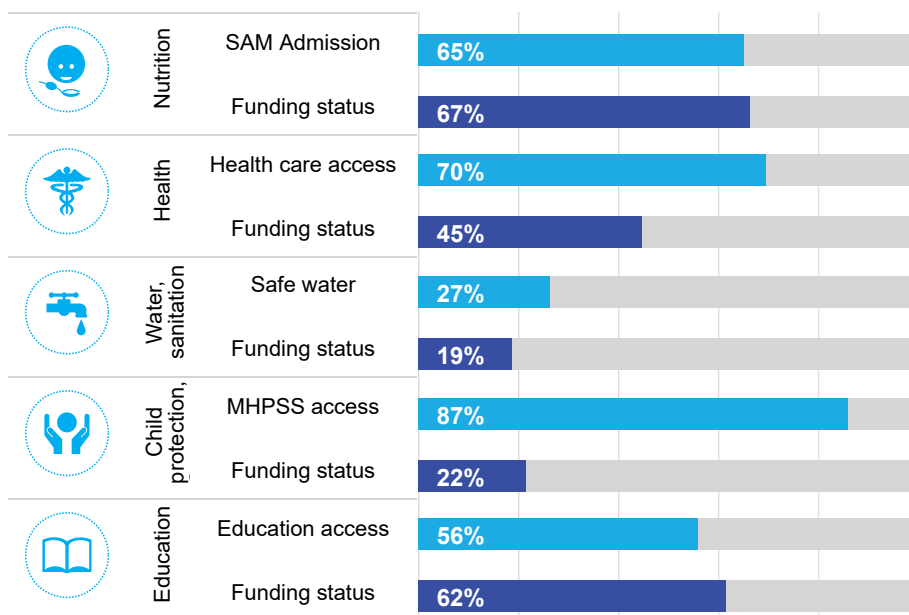
Reporting Period  
1 July to 30 September

# Burundi

### HIGHLIGHTS

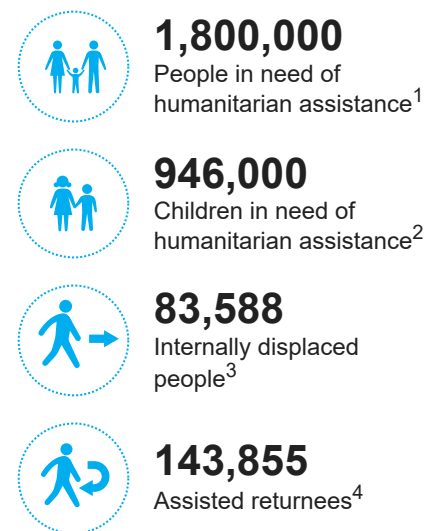
- Due to heavy rains and flooding, over 1,000 HH have been displaced in the province of Cibitoke in September, UNICEF has supported the continuation of education through the provision of education materials.
- In response to the outbreak of Ebola Sudan strain in Uganda, UNICEF has reinforced its preparedness measures to support the MoH in the event of an outbreak.
- 13,970 children (7,759 girls and 6,213 boys) displaced in Bujumbura, Rumonge and Makamba provinces due to flooding benefited from psychosocial support through community-based approaches and recreational activities.
- UNICEF facilitated the treatment of 11,737 children (6,159 girls and 5,578 boys) aged 6 to 59 months with severe acute malnutrition with a 92 per cent cure rate.
- UNICEF has mobilized 24 per cent of the 2022 Humanitarian Action for Children (HAC) appeal. A gap of 63 per cent remains, with priority needs in WASH and CP sectors.

### UNICEF RESPONSE AND FUNDING STATUS\*

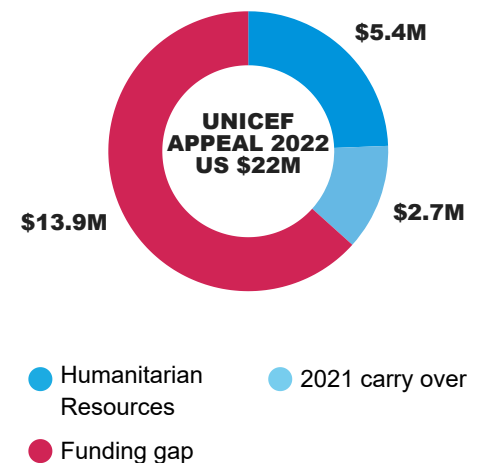


\* UNICEF response % is only for the indicator, the funding status is for the entire sector.

### SITUATION IN NUMBERS



### 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 24 per cent has been mobilised as of 30 September 2022. UNICEF was able to prepare for the seasonal floods, with thanks to the Global Thematic Humanitarian Funds received. These flexible funds have enabled UNICEF to provide Child Protection, Health and WASH services/interventions in displacement sites and strengthen community resilience through the establishment of solidarity groups (SGs). 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. UNICEF has also received funds generously contributed by the Government of Japan to prevent and respond to the aftermath of natural disasters and mitigate the risk of epidemics, through the provision of WASH and Health services. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received in early 2022.

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, coupled with increasing inflation and cost of living, small shocks are expected to have devastating effects on children and their families. As such 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 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 and schools; iii) epidemics, such as malaria, measles, cholera, Rift Valley Fever and COVID-19 and the risk of spill over from the Ebola outbreak in Uganda.

Burundi bears the brunt of climate-change related natural disasters, with ongoing hydric deficit in Kirundo province, and heavy rains which displaced 1,000 households in Cibitoke province at the end of September. 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. Initial reports suggest that the rainy season which was due to commence in September will be lighter than anticipated as a consequence of the prolonger La Nina affect, meanwhile some areas may experience heavy rainfalls resulting in damaged crops, homes, schools and infrastructure.

The voluntary repatriation of Burundian refugees continues

covering 13 countries<sup>5</sup>. As of end August 2022, 143,855 people have returned since the voluntary repatriation program was established in 2017, including 14,568 from January to 31 August 2022<sup>6</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, as well as the need of catch-up programmes that help returnee children quickly adapt to the Burundian curriculum, especially in the language domain. 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 18.2 per cent increase in malaria in 2022 (1,765,742) in comparison with the same period in 2021 (1,494,250). On 20 September, the Ministry of Health in Uganda declared an outbreak of Ebola Sudan strain. Given the high movement of populations between the two countries, the risk of an imported case is deemed high for Burundi. Burundi and neighboring countries consequently released public alerts to the threat which Ebola poses to the public. Unlike the outbreak in DRC 2018-2020, there is no available vaccine for the Sudan strain of EVD.

By 30 September 2022, Burundi reported 50,208 cases and 15 deaths from COVID-19 out of 1,880,058 people tested<sup>7</sup>. The overall positivity rate remains low with 0.5 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 21,846 persons with at least one dose and 21,260 completely vaccinated by the end of September 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

During the reporting period UNICEF responded to the following needs: i) cholera; ii) measles; iii) malaria; iv) assistance to IDPs v) ulcerative wounds and preparation for the Ebola outbreak which is present in Uganda. These areas of concern will continue to be followed throughout the year.

A decrease in the number of malaria cases has been recorded from July to September to around 120,000 cases per week. Burundi has recorded an 18.2 per cent increase in the number of cases from July to September (1,765,742) in comparison with the same period in 2021 (1,494,250). With respectively, 289 deaths and 401 deaths, due to malaria between July to September 2022 compared to the same period in 2021.

A total of 118 measles cases were reported, in 19 districts in 13 provinces, in the last three months of 2022, compared to 56 cases in the same period in 2021. The increase in the number of cases can be explained by the measles outbreaks in 3 provinces (Bujumbura, Cibitoke and Bubanza). UNICEF and the Ministry of Health are continuing to monitor the situation, along with its partners and a mass campaign targeting the three provinces is in preparation and will take place in the coming weeks.

During the last 3 months, a total of 470 cases of ulcerative wounds were notified in Muramvya province. More than 60 per cent of cases are in children under 5 years old.

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 is supporting the Government in the follow up of Ebola situation in Uganda and is contributing widely in development of the preparedness and response Ebola plan.

## Nutrition

During the third quarter of the year, UNICEF continued to focus 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.

- Active screening for acute malnutrition by community health workers reached 103,866<sup>8</sup> children under-five in Ngozi , Ruyigi , Rutana and Cankuzo between July and September.
- 13,250 cartons of RUTF , 138 cartons of F75 and 74 cartons of F100 were distributed to 49 Health districts all over the country , to ensure continuation of nutrition services.
- A total of 11,737 children (6,159 girls and 5,578boys) were admitted and treated for SAM from July to September. The performance indicators remained above the SPHERE standards with cure rate at 92 per cent .. The slight decrease in SAM admission compared to the same period of last year (12,394 children admitted from July to September 2021) can be explained by a lack of complete data and timely reporting. Overall, reported data shows that 70 per cent of the annual caseload (38,588 out of 55,071 children) estimated by the Humanitarian Response Plan (HRP) have been reached from January to September.
- 33,207<sup>9</sup> pregnant and lactating women received Infant and Young Child Feeding (IYCF) counselling in Ngozi, Rutana, Cankuzo and Ruyigi from July to September .

UNICEF supported the 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. Below are some key findings from the End-User Monitoring survey:

- o 92 per cent of 49 health districts had usable RUTF in their pharmacies during the visit. This percentage is lower than the standard rate of 100 per cent.
- o good storage conditions are applied at an average rate of 60 per cent (lower than the standard rate of 80 per cent).
- o 66 health facilities were visited and 79 per cent of them had usable RUTF. Good storage conditions are applied at an average rate of 34 per cent.
- o 110 households were visited and 83 per cent of caregivers know that RUTF is useful and is used to treat malnutrition. However, only 66 per cent of respondents (caregivers) had received RUTF during their last visit to the health facility.

Following the nutrition SMART survey carried out in March, the nutrition sector conducted an IPC acute malnutrition analysis. The report published in September estimated the number of children aged 6-59 months with acute malnutrition at 282,653 including 58,731 children with severe acute malnutrition in need of treatment nationwide between March 2022 to February 2023<sup>10</sup> . Nutrition 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

During the reporting period, UNICEF and its implementing partners supported access to protection services to 31,618 children (17,442 girls and 14,176 boys) affected by humanitarian crises due to floods and children at risk of trafficking, returnees, refugees and as well as those survivors of exploitation and violence through i) by providing psychosocial support; ii) facilitating access to alternative care; iii) providing birth certificates that facilitate access to education and health centers.

- Among the 31,618 children who benefited from protection services, 13,970 children (7,759 girls and 6,213 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, particularly in Bujumbura (Gatumba), Rumonge and Makamba provinces.
- Also, 293 separated and unaccompanied children (including 137 girls) benefited from alternative care, family reunification and post reunification follow-up.
- 23,258 children (13,114 girls), all of them are returnee children who benefited from birth certificates in the Kirundo, Makamba, Cankuzo, Ruyigi and Rumonge provinces<sup>9</sup> which hosts the highest number of returnees and refugees (Cankuzo and Ruyigi provinces)
- From July to September 2022, UNICEF, its implementing partners, and Child Protection Area of Responsibility (CPAoR) members raised awareness of GBV risk mitigation in all child protection interventions which facilitated access to GBV risk mitigation services for 28,443 children (17,311 girls). In addition, 8,897 adults (3,624 men and 3,624 women) benefitted from the same services.
- UNICEF is integrating and improving access and quality of multisectoral assistance for children and adolescent survivors of violence, trafficking and sexual exploitation and abuse.

## Education

During the reporting period, UNICEF's education in emergencies response mainly consisted of: i) pursuing the strengthening of community mechanisms for the reintegration and the retention in schools of returnee children, internally displaced (IDPs) 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, IDPs and other vulnerable children who have been reintegrated into education; iv) improving infrastructure and hygienic conditions in schools and v) integrating the prevention and response to COVID-

19 and other epidemics.

- 11, 415 children and adolescents (5,818 girls and 5, 597 boys) of which 10,016 are under 18 (5,063 girls and 4,953 boys) were reintegrated into the formal school system during the reporting period and are receiving services helping them pursue their studies (remedial courses focusing on the teaching of local languages as this remains the 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, 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, 5,470 (48%) are returnees and 234 (2%) are internally displaced.

- 103 classrooms that were constructed with the UNICEF support during the first semester of 2022 were equipped with 25 new school benches each during the reporting period.

- 400 classrooms that had been damaged by floods and strong winds were rehabilitated during the reporting period, in addition to the 381 others that were rehabilitated during the first semester of 2022. In addition, school materials and tents, have been made available for the response to floods.

- 47,000 affected children were provided with individual learning materials for the continuity of their education.

The reporting period was also taken up by further development of the distance learning platform initiated in the beginning of the year, 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.

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.

## Water, sanitation and hygiene

During the reporting period, UNICEF covered the following WASH needs: i) provision of emergency WASH services and prevention of epidemics; ii) support access for enough safe water for drinking, cooking and personal hygiene; iii) improve sanitation service in the key displacement sites Kininyina 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.

- A total of 185,018 persons (41,705 men, 43,405 women, 48,955 boys and 50,953 girls) in hot spot zones for cholera in Cibitoke, and Bujumbura rural, were reached with key hygiene messages on prevention of cholera, COVID-19 as well as on protection from sexual exploitation and abuse and a confidential report mechanism.

- In prevention to the suspected cholera cases announced in early 2022 and diarrhoeal diseases in IDP site, UNICEF and its

implementing partners AIDE have continued to provide hygiene kits to the most vulnerable communities reaching 1,500 households or 9,000 persons (2,478 girl; 2,381 boys; 2,111 women and 2,030 men) to reduce their vulnerability and strengthen their resilience.

- In an effort to maintain sanitation services to affected people, UNICEF has continued to support the maintenance the constructed semi-sustainable latrines, in the displacement site of Maramvya Sobel and Kininyina II).

- UNICEF has also supported the continuity of water supply to people in IDPs sites through the maintenance and monitoring of the functionality of the water supply system in two sites Maramvya Sobel and Kininyina II to benefit over 39,832

- 31 persons from 4 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 implementing partner, the Burundian Red Cross will reach 12,000 persons with access to drinking water and good hygiene practises on barrier measures against the risk of cholera, COVID-19 and Ebola.

## Social protection

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

UNICEF will continue to develop this community self-help group (solidarity groups) 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. This approach will be done in conjunction with child protection interventions which also work with the solidarity group, in response to anticipated floods.

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

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

During the 3rd quarter of the year, UNICEF focused its SBC, Community Engagement efforts in providing a guiding framework to the Government and to the humanitarian community 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) promotion of uptake of COVID-19 vaccine; ii) risk communication and community engagement to prevent cholera and Ebola; iii) 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.

- To increase the Government preparedness and organise future response to potential emergency situation, UNICEF is supporting the revitalization of the Risk Communication and Community Engagement (RCCE) Sub-Commission and providing technical assistance to strengthen the coordination of the government and partners' interventions in RCCE. UNICEF with the Ministry of Health and key actors updated and validated key messages to promote healthy behaviors related to COVID-19, Ebola and Cholera.
- UNICEF thoroughly monitors the implementation of the national plan of Cholera and Ebola' prevention in Burundi through the repositioning of communication materials (100 image boxes, 1000 posters and 3000 leaflets). UNICEF also contributed to the development of the Burundi Cholera Plan, Towards Elimination 2027.
- UNICEF as the co-lead of the AAP (Accountability towards Affected Populations) working group facilitated a training of 38 NGOs (national and international) on AAP resulting in a joint AAP action plan.
- Preparedness and SBC interventions will continue during the fourth quarter in prevention of epidemics and other climate related catastrophes endemic to the rainy season. UNICEF will continue supporting the Ministry of Health and Ministry of Interior to develop and implement an integrated risk and disaster management plan. A call for interest for stand-by agreements has been launched to identify local and international NGOs who could support the implementation of the Government RCCE strategy.

## Climate Change

Burundi is currently ranked 169th out of 181 countries ranked accordingly to their vulnerability to climate change<sup>11</sup>. According to the Children's Climate Risk Index (CCRI)<sup>12</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>13</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 91<sup>14</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 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.

## 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-Sectorial 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 July to September 2022, some articles and human-interest stories were produced to report on UNICEF's humanitarian response in Burundi:

- Latrine accessibility, a dignity more than a comfort  
<https://www.unicef.org/burundi/stories/latrine-accessibility-dignity-more-comfort>
- Visit of the Accommodation Center for Child Victims of Trafficking  
<https://www.unicef.org/burundi/stories/visit-accommodation-center-child-victims-trafficking>

## 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: 31 JANUARY 2023

## 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
<b>Nutrition</b>								
Children assessed for acute malnutrition through mass screening	Total	-	360,000	235,474	▲ 19%	-	-	-
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	-	55,071	38,588	▲ 31%	55,071	38,588	▲ 31%
<b>Health</b>								
Children aged 6 to 59 months vaccinated against measles	Total	-	48,000	15	▲ 367%	-	-	-
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	440,300	308,351	▲ 17%	-	-	-
<b>Water, sanitation and hygiene</b>								
People reached with hygiene promotion, including handwashing behaviour change programmes	Total	-	303,000	620,100	▲ 61%	404,000	620,100	▲ 46%
People accessing a sufficient quantity of safe water for drinking and domestic needs	Total	-	150,000	39,832 <sup>16</sup>	0%	311,800	39,832	▲ 13%
<b>Child protection, GBVIE and PSEA</b>								
Children and parents/caregivers accessing mental health and psychosocial support	Total	-	118,953	103,031	▲ 10%	137,687	123,337	▲ 23%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	104,170	85,694	▲ 34%	-	-	-
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	657,318	95,328	▲ 3%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Total	-	1,596	833	▲ 52%	-	-	-
<b>Education</b>								
Children accessing formal or non-formal education, including early learning	Total	-	56,740	32,039	▲ 20%	-	-	-
Children receiving individual learning materials	Total	-	95,480	47,000	▲ 49%	-	-	-
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>								
People participating in engagement actions for social and behavioural change	Total	-	303,000	157	0%	-	-	-
	Total	-	121,200	-	0%	-	-	-
People reached through messaging on prevention and access to services	Total	-	542,630	-	0%	-	-	-

## ANNEX B FUNDING STATUS

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry over)	Funding gap (US\$)	Funding gap (%)
<b>Nutrition</b>	6071994	2650583	1422162	1999249	33%
<b>Health</b>	2493129	1038612	89206	1365311	55%
<b>Water, sanitation and hygiene</b>	5041336	528842	432889	4079605	81%
<b>Child protection, GBViE and PSEA</b>	2145993	307162	172986	1665845	78%
<b>Education</b>	2062485	702215	581280	778990	38%
<b>Social protection</b>	1099300	0	0	1099300	100%
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>	3083226	137061	0	2946165	96%
<b>Total</b>	<b>21,997,463</b>	<b>5,364,475</b>	<b>2,698,523</b>	<b>13,934,465</b>	<b>63%</b>

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## ENDNOTES

1. OCHA HNO 2022
2. OCHA HNO 2022
3. IOM DTM July 2022
4. UNHCR August 2022
5. UNHCR Burundi (August 2022) – Repatriation Statistics
6. UNHCR Burundi (August 2022) – Repatriation Statistics
7. RAPPORT DE SITUATION SUR LA REPONSE A LA PANDEMIE DUE AU CORONAVIRUS SARS-CoV-2 (COVID-19) Rédigé et publié le 30 septembre 2022
8. 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
9. A woman can be reached by IYCF counselling many times. The current reporting tools does not allow to avoid double counting
10. [www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/IPC\\_Burundi\\_Acute\\_Malnutrition\\_2022Mar2023Feb\\_Report\\_French.pdf](http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Burundi_Acute_Malnutrition_2022Mar2023Feb_Report_French.pdf)
11. Ranking on the Notre Dame Global Adaptation Index (ND GAIN)
12. UNICEF, 2021 The Climate Crisis is a Child Rights Crisis | UNICEF
13. 2007, National Adaptation Plan of Action to Climate NAPA
14. IOM DTM September 2022
15. 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. As the campaign has concluded, there are no updated results to report for Q3.
16. It is the same population group accessing safe and clean water, hence the numbers have not increased since the previous reporting period.