Burundi

Consolidated Emergency Report 2018

Acute Malnutrition Screening, Kirundo District / Photo ©UNICEF Burundi 2018 / J. Gabriel

Prepared by:

UNICEF Burundi

March 2019

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1. Abbreviations and Acronyms

C4D – Communication for Development
CAMEBU – Centrale d'Achat des Médicaments Essentiels du Burundi (Central Purchasing Agency for Essential Drugs)
CERF – (the United Nations) Central Emergency Relief Funds
CFS - Child-Friendly Spaces
CLTS – Committee-Led Total Sanitation
CMAM – Community Management of Acute Malnutrition
CPC – Child Protection Committee
DFID – United Kingdom's Department for International Development
DHS – Demographic and Health Survey
EiE – Education in Emergency
EVD – Ebola Virus Disease
FAO – Food and Agricultural Organization
GAVI – Global Alliance for Vaccine and Immunization
GBV – Gender-Based Violence
GoB – Government of Burundi
GHTF – Global Humanitarian Thematic Fund
HAC – Humanitarian Action for Children
HNO – Humanitarian Needs Overview
HRP – Humanitarian Response Plan
iCCM – Integrated Community Cases Management (Malnutrition)
IDP – Internally Displaced Person
IOM – International Organization for Migrations
ISTEEBU – Institut de Statistiques et d'Etudes Economiques du Burundi
MAM – Moderate Acute Malnutrition
MoH – Minister of Health
MCHW – Mother and Child Health Week
NatCom – National Committee for UNICEF
NGO – Non-Governmental Organization
OCHA – (United Nations) Office for the Coordination of Humanitarian Affairs
PRONIANUT – National Nutrition Programme (Programme National de Nutrition)
RUTF – Ready to Use Food
SAM – Severe Acute Malnutrition
SIDA – Swedish International Development Cooperation Agency
UN – United Nations
UNHCR – United Nations High Commissioner for Refugees
UNICEF – United Nations Children Fund
USAID/FFP – United States of American International Development Agency/Food for Peace
WASH – Water, Sanitation and Hygiene
WFP – World Food Organization
WHO – World Health Organization

2. Executive Summary

Although Burundi's overall humanitarian context is improving, thousands of vulnerable people across the country, particularly women and children, continue to face challenges stemming from the political events of 2015, as well as the effects of climatic pressures, natural disasters and the weak socioeconomic situation. Some 1.8 million people, including 710,000 children, will continue to rely on humanitarian assistance to cope in 2019 (OCHA, 2019).

In 2018, Burundi Humanitarian Response Plan (HRP) estimated that 3.6 million people – almost a third of population – needed humanitarian assistance in the country, including around 1.9 million children (OCHA, 2018). In line with the HRP, UNICEF Burundi's Humanitarian Action for Children (HAC) in 2018 called for US$26 million to provide emergency assistance to 1.3 million vulnerable people.

Despite important funding constraints – only 40 per cent of required resources were mobilized – and operational issues, UNICEF Burundi's HAC 2018 appeal achieved considerable results. To name a few, UNICEF and partners HAC interventions in 2018 allowed for the provision of critical child protection services to 84,771 (51,188 boys; 33,583 girls) children and adolescents through children friendly spaces and community-based structures. With UNICEF support, 56,430 severe acute malnourished children under the age of five years were identified and treated with therapeutic food through the Community Management of Acute Malnutrition (CMAM) services.

In response to the outbreak of cholera in late December, UNICEF strategically supplied cholera treatment kits and supported the Ministry of Health in responding to the epidemic which affected 102 people in 2018. To support the improvement of healthcare, UNICEF supplied the Government with stock of drugs critical to treat main deadly diseases including the management of respiratory infections for over 390,000 under-five children, the management of diarrhoea in at least 60,000 under-five children and the prevention of anaemia in more than 183,000 pregnant women. Since August 2018, UNICEF is actively supporting the Government in the implementation of the Ebola Virus Disease (EVD) National Preparedness Plan developed following the outbreak of the deadline disease in the neighbouring eastern Democratic Republic of Congo.

In the Education sector, UNICEF supported the provision of quality education services for children affected by forced displacements and / or by natural disasters. A total of 49,606 children (25,286 boys; 24,320 girls) benefited from education in emergency services, including the provision of school supplies, reintegration support and catch-up programmes. At least of 1,008 teachers (494 men; 514 women) were trained in education in emergencies. UNICEF prepositioned emergency supplies (274 school in-a-box kits) in the Ministry of Education warehouse, which facilitated the acceleration of the emergency response for 15,000 students affected by flooding and other natural disasters during the rainy season. UNICEF interventions in Water, Sanitation and Hygiene (WASH) sector helped 60,388 people including 32,214 children (16,622 girls; 15,592 boys) to have daily access to at least 7.5 litres of safe drinking water through water trucking, household water treatment as well as construction and rehabilitation of water supply networks.

In 2019, UNICEF will continue to implement its regular development programme while strengthening its emergency preparedness and response activities to support Burundi efforts to meet its planned national development objectives. In response to the humanitarian needs for children in 2019, UNICEF has launched a US$10 million HAC representing 9.4 per cent of Burundi's 2019 interagency appeal (HRP) to ensure that the most vulnerable children and pregnant women are not left without the much-needed assistance.

3. Humanitarian Context

Burundi's overall humanitarian context improved considerably in 2018 compared to the previous two years following the onset of the 2015 political-security crisis. Although this improvement, the number of people forcibly displaced remains high. As of December 2018, some 139,634 people, around 56 per cent of whom children under 18 years, were internally displaced mainly due to natural disasters against 179,901 in December 2017, including 58 per cent children (26 per cent boys and 32 per cent girls)[1].

While 44,773 Burundian refugees (50.6 per cent female) mainly from Tanzania voluntarily returned home in 2018, around 347,155 Burundians remained refugees in neighbouring countries since fleeing the country for protection and assistance in early 2015. The number of Burundian refugees in the neighbouring countries was 390,761 people in late 2017.[2] UNHCR, UNICEF and other humanitarian partners continue to assist refugees who have returned to Burundi and to support social cohesion for sustainable return at the community level.

Burundi is also facing sizeable socioeconomic challenges. The country's current gross domestic product (GDP) per capita of US$ 320.1[3] remains among the lowest in the world and the country is lagging in terms of human development ranking 185 out of 189 countries[4]. Burundi's population is among the youngest in the world with 49 per cent of 11.8 million Burundians being under 18 years and more than 15 per cent (1.8 million) being children under the age of five[5] and exposed to vulnerability and deprivation. Child poverty is widespread with nearly 7 out of 10 children (69 per cent) living in households that have insufficient means to meet their basic needs. In rural areas, where many children live, child poverty stands at the particularly alarming rate of 72 per cent, as compared to 33 per cent in urban areas[6].

In late 2017, it was estimated that 3.6 million people – almost a third of the population – needed humanitarian assistance in the country, including around 1.9 million children. However, a recent humanitarian needs overview conducted in late 2018 confirmed an important decrease of people in need of humanitarian assistance in country to 1.8 million, 56 per cent are children.[7]

Malnutrition, which is an underlying cause of vulnerability for several childhood illnesses, remains one of the key issues affecting children with more than 1 million under five children being chronically malnourished (stunting)[8] and an estimated 60.000 under five children acutely malnourished (wasting) across the country[9].

In addition, inadequate treatment of childhood diseases due to limited access to essential drugs and quality health care, and inadequate hygiene practices contributed negatively to the nutrition status of children. Since 2016, Burundi has been facing an increase in malaria cases and the Ministry of Health (MoH) officially declared malaria epidemic in March 2017. According to MoH data, around 4.7 million

1. OIM, Burundi Displacements Dashboard No 12 (December 2017) and 24 (December 2018), https://displacement.iom.int/system/tdf/reports/Burundi_December_French_Dashboard.pdf?file=1&type=node&id=5008,
2. UNHCR, Operational Portal, Refugees situation, Burundi, December 2017 & 2018
3. World Bank Group, Open Data, 2017
4. UNDP, Human Development Index, 2018 Update,
5 ISTEEBU, UNFPA (2017) Demographic projections 2010-2050
6. UNICEF, Multidimensional Overlapping Deprivation Analysis, 2016
7. OCHA, Burundi Humanitarian Response Plan, 2018 & 2019
8. Burundi's third Demographic and Health Survey (DHS-III), 2017
9. OCHA, Burundi Humanitarian Needs Overview, 2018

cases with 2,036 deaths were reported in 2018, a decrease of 40 per cent compared to 2017 (over 7.8 million cases with 4,415 deaths).

Waterborne diseases including cholera continued to affect the lakeshore areas of Burundi bordering the Democratic Republic of Congo (DRC) and Tanzania, where cholera has been endemic over the last decade due to limited access to WASH services. Multiple cholera outbreaks in 2017 affected 336 people, including 132 children. While the country remained free of epidemics for most of 2018, the surveillance system started detecting cholera cases by 23 December 2018. At the end of the year a total of 102 cases were identified, including 18 children under 5 years. Overpopulation coupled with population movements in these areas means that outbreaks in the lakeshore can spread quickly over inland.

The Ebola outbreak in the eastern DRC, home to 43,010 Burundian refugees[10], remains dangerous and unpredictable with the community surveillance exercises being hampered by armed group activity in the affected Congolese North Kivu province. In addition to prevention efforts established in the DRC, the Government of Burundi, United Nations agencies and other partners are participating in the Ebola Virus Disease (EVD) preparedness to ensure readiness in case the deadly disease crosses the border to Burundi, especially given the important population movements between the two countries.

A key trend in the past three years is the decrease in violations directly linked to the 2015 political-security events. The number of people in need of humanitarian protection has decreased from 1.8 million in 2017 (45 per cent children and 45 per cent females) to 1.1 million in 2018 (51 per cent children and 57 per cent females) to 457,900 (59 per cent children and 52 per cent females) in 2019, while the proportion of children affected has gradually increased during the same period[11]. Violence against children has also increased, particularly sexual violence, perpetrated mainly by family members, neighbours or education staff. Sexual violence against women and girls has been noted as a major issue, and many cases go unreported due to fear, stigma, weakness in enforcing legislation, and prevailing impunity among perpetrators. The clamp down on organizations focused on human rights monitoring including the definitive suspension of the country office of the United Nations High Commissioner for Human Rights (OHCHR) has further reduced the space for human and child rights monitoring and reporting.

In 2018, the implementation capacity of humanitarian partners was mainly affected by HRP funding delays as well as the implementation of the new law on international NGOs (INGOs). The latter resulted in the temporary suspension of INGOs during the fourth quarter of the year and disrupted the implementation of humanitarian activities. At the end of the re-accreditation process, it is estimated that at least 80 per cent of INGOs working in the humanitarian field should be operational in 2019. It is estimated that 65 organizations both international and local, are expected to participate in the implementation of humanitarian activities.[12].

Burundi Humanitarian Response Plan (HRP) in 2019 is targeting 710,000 most vulnerable people, of whom 56 per cent are children and 54 per cent are females, for a total budget of US$ 106 million. The number of people targeted in 2019 represents 40 per cent of people in need of assistance against 67 per cent in 2018 as this year the humanitarian response will focus on the most acute and immediate needs. In this context, strengthened collaboration between humanitarian and development partners

10. UNHCR, Operational Portal, Refugees situation, Burundi, 2018

[11] OCHA, Burundi Humanitarian Response Plans, 2018 and 2019

[12] OCHA, Burundi's Humanitarian Response Plan 2019

will be crucial. UNICEF Humanitarian Action for Children (HAC) in 2019 is calling for US$10 million to ensure child survival and to provide protection services for women and children.

UNICEF continued to implement a strategy that aims to respond to the humanitarian needs of women and children in Burundi while supporting Burundi efforts to meet its planned national development objectives. UNICEF will continue to strengthen mechanisms for engaging communities in peace-building and social cohesion. System and community resilience will be strengthened by increasing emergency preparedness and expanding multi-sectoral responses to various risks, especially health epidemics such as Ebola and cholera. This is in line with a key objective of UNICEF's 2019 Humanitarian Action for Children appeal – to integrate social protection across all sectors, focusing on advocacy.

4. Humanitarian Results

In 2018, an estimated 2 million children needed assistance to meet their basic needs in Burundi, the highest number of vulnerable children since 2015. In response to increased acute needs and in line with Burundi's HRP, UNICEF's HAC called for US$ 26 million to provide humanitarian assistance to 1.3 million most vulnerable children in five main sectors of its mandate.

In the Health sector, UNICEF's interventions aimed to ensure that 1 million people, at least half of them children, are provided with essential drugs, including for malaria treatment and all people affected by cholera epidemic received treatment. In the Nutrition sector, UNICEF planned to assess 600,000 children under five for severe acute malnutrition (SAM) and to ensure therapeutic feeding programmes to at least 60,000 children under five with SAM. In the WASH sector, UNICEF planned to ensure a daily provision of at least 7.5 litres of clean water per person for 200,000 vulnerable people while raising awareness of at least 350,000 people on good hygiene practices.

In addition, UNICEF targeted 100,000 children and adolescents affected by the crisis with critical child protection services, including services for the survivors of GBV, while ensuring that 200,000 school-aged children and adolescents have access to formal and non-formal education. Given continuing violations of children rights, UNICEF maintained a functioning monitoring and reporting system on serious rights violations and other serious protection concerns. Regarding Education in Emergencies (EiE), 3,000 teachers were targeted with training on education in emergency and disaster risk reduction. UNICEF planned to reach 150,000 children and adolescents with messages on peace, life skills and key family practices.

To achieve these results, UNICEF supported the Government of Burundi to restore and strengthen public service delivery nationwide while directly addressing the needs of returnees, internally displaced persons (IDPs) and host communities. However, in 2018, UNICEF HAC response faced delays in fund mobilization which resulted in only 40 per cent (US$ 8.5 million including US$1.8 million carried forward from 2017) of funding for humanitarian response. Health and Education were among the less funded sections with only 9 per cent and 19 per cent of fund mobilized respectively. Other operational constraints impended the implementation of planned activities. The mass-screening of children under five for SAM was postponed by a Government decision. However, a nationwide Joint Approach in Nutrition and Food Security Assessment (JANSFA), which investigated the prevalence and the severity of household food insecurity, including child malnutrition started in December 2018 and the result are awaited in the coming days. Furthermore, the temporary suspension of INGOs during the fourth quarter of the year also temporally reduced the humanitarian response space in Burundi.

Despite the operational constraints and funding shortfalls, UNICEF responded to the need of children through a combination of interventions that ensured the survival and the protection of children. When needed, development programme funding was reallocated to ensure the implementation of key humanitarian activities, especially in Health, Education and WASH sectors. This contributed to achieving results in all UNICEF's main sectors of intervention as summarized in the table below.

Result Table

Table 1: 2018 Results Table for Burundi

Indicators	Sector target 2018	Sector total results	UNICEF 2018 target	UNICEF total results
Nutrition				
Number of children aged 9 to 59 months assessed for acute malnutrition through mass screening (1)	700,000	-	600,000	-
Number of under five children with SAM admitted to therapeutic feeding program (2)	70,000	56,430	60, 000	56,430
Health				
Number and % of people treated for cholera (3)	400: 100%	102: 100%	400: 100%	102: 100%
Number of children under 15, and pregnant women reached with essential drugs	1,000,000	1,075,000	1,000,000	633,000
WASH				
Number of affected people accessing a minimum of 7.5 litres of clean and safe water per person per day	302,000	69,121	200,000	60,388
Number affected people provided with hygiene supplies and information on good hygiene practices	648,589	990,598	350,000	990,598
Child Protection				
Number of children and adolescent benefiting from critical child protection services	170,000	84,771	100,000	84,771
Number of vulnerable children having daily access to care and psychosocial support through 50 established CFS/centres	60,000	48,486	50,000	48,486
Education				
Number of children benefiting from education in emergency support	450,000	49,606	200,000	49,606
Number of teachers trained in education in emergency	3,500	1,008	3,300	1,008
Communication for Development				
Number of children and adolescents benefiting from peace, social mobilization and life-skills education benefiting from education in emergency support			150,000	63,991
Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programs where necessary.				
(1) The mass-screening of children under five for SAM was not implemented by the Government's decision; a nationwide SMART survey was conducted in March 2018 and a JANSFA was organized in December.				
(2) This total is different from previously issued reports as SAM figures are fully computed with a delay of two months.				
(3) 100% of the 102 cases identified were treated				

Results by sector

1. Nutrition Sector

Overview, objectives and expected results

The nutritional vulnerability amongst under five children remains high despite a national prevalence of Global Acute Malnutrition (GAM) of 4.5% revealed by the national SMART survey of March 2018. The most direct indicator of this vulnerability is the number of admissions of children affected by Severe Acute Malnutrition (SAM) in nutrition rehabilitation centres that have been steadily increasing since 2016. According to the results of the March 2018 SMART survey, 6 out of 18 provinces have prevalence of GAM above the 5% threshold. Disparities exist between age groups with children aged 6-23 months being more affected. Furthermore, analysis of the data from the two surveys (DHS 2017 and SMART 2018) also showed that boys are more affected than girls.

The increase in acute malnutrition in the past couple of years has several causes, including poor harvests and a delayed agricultural season (August-December) due to a dry spell, coupled with the effects of the widespread socioeconomic decline, infection diseases, limited access to clean water and sanitation, and insufficient hygiene practices.

The interventions funded by the German Government (KfW), Sweden Government (SIDA), USAID Food for Peace, National committees for UNICEF (Swiss, United Kingdom) and UNICEF regular resources in 2018, were implemented in close collaboration with Burundi's Central Purchasing Agency for Essential Drugs (CAMEBU), the National Nutrition Programme (PRONIANUT) and the Direction of Health Information System. As per the national multi-sectoral plan and PRONIANUT annual work-plan, the nutrition humanitarian response contributed to the national objective of decreasing by the end of 2018, the prevalence of acute malnutrition from 6 per cent to 4 per cent in children under five.

The overall objective of the UNICEF's humanitarian response in nutrition was that "by the end of 2018, 60,000 children under five with SAM are admitted into therapeutic feeding program".

The **specific objectives** addressed in 2018 were the following:

- By the end of 2018, at least 75% of the estimated 60,000 severely acute malnourished children will be cured, <5% deceased, <13% defaulters, <7% non-respondents as per Sphere 2015 recommended international standards over the 18 provinces of Burundi;
- By the end of 2018, CMAM program monitoring is improved through health district capacity strengthening for enhanced quarterly supportive supervision, supply management and monthly reporting.
- By the end of 2018, the real-time monitoring for supply tracking by "Rapid SMS" is scaled-up nationwide;
- By the end of 2018, one Nutrition SMART Survey is conducted to inform on the nutrition situation among children under five.

Results achieved in 2018

The treatment of children under five with SAM remained a national priority given the deteriorating socioeconomic situation and increasing food insecurity. The Community-based Management of Acute Malnutrition (CMAM) programme is fully integrated into the health system. Countrywide, 418 public health centres (375 outpatient and 43 inpatient centres) offer SAM service reaching the target of 53

per cent geographic coverage. UNICEF supported 100 per cent of therapeutic nutrition supply needs and distributed 49,425 cartons of ready-to-use therapeutic food (RUTF) and 666 cartons of therapeutic milk (467 cartons of F75 and 199 of F100). Technical and financial support was provided to carry out two rounds of supportive supervision from national to district level covering at least 8 outpatient centres within each district and all the inpatient facilities. Since November 2018, UNICEF has been supporting the MoH to revise the national guideline for CMAM based on the World Health Organization (WHO) new recommended 2015 guidelines, new evidence and lessons learned at national level. Health providers will be trained nationwide on the validated guideline in 2019.

This capacity strengthening intervention will be essential to maintain the performance level as per SAM management standards. Due to turnover amongst the trainers from the national pool of trainers and new appointed staff at the National Direction of Nutrition, 11 new trainers were trained and involved in the revision of the national CMAM guideline. These new trainers will be an asset to conduct the training sessions and to ensure the quality of formative supervision to maintain the quality of care and adequate RUTF supply management. In 2018, UNICEF Burundi provided adequate technical and financial support to PRONIANUT and Nutrition sector partners. Moreover, in collaboration with all the partners intervening in nutrition, support was provided to develop the National Nutrition Strategic Plan 2019 – 2023 including preparedness and response to nutrition emergencies.

The table below shows the results achieved from nutrition interventions in 2018.

Table 3: 2018 Results for the Nutrition Sector in Burundi

Indicators	Sector target	Sector results	UNICEF target	UNICEF results
1. Number of children under 5 with severe acute malnutrition admitted to treatment	60,000	56,430	60,000	56,430
2. Proportion of discharges recovered	>75%	89%	>75%	89%
3. Proportion of discharges died	<10%	1%	<10%	1%
4. Proportion of discharges defaulted	<15%	5%	<15%	5%
5. Number of provinces using Rapid SMS for reporting	18	18	18	18

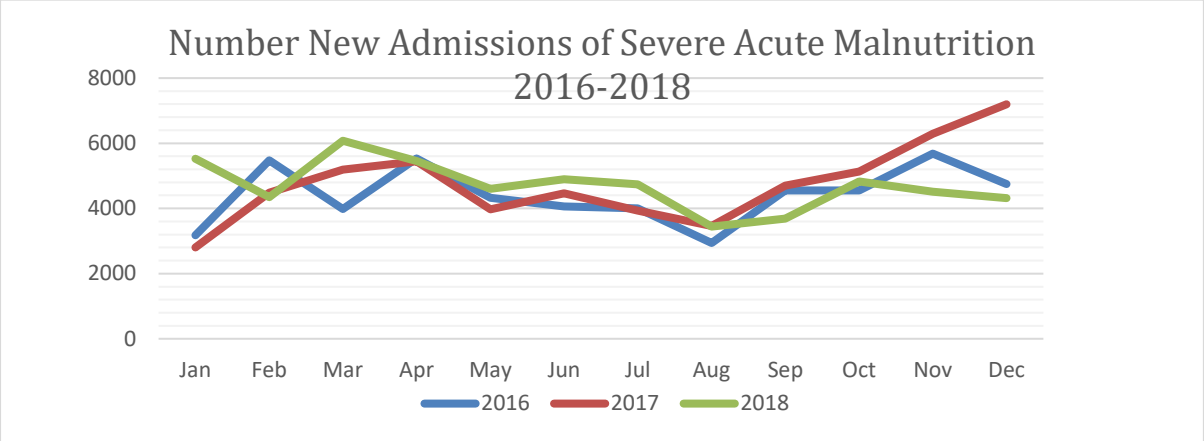
Source: PRONIANUT/MoH 2018 report

i. SAM Management

In 2018, the effective CMAM coverage was 53 per cent with 418 therapeutic centres (375 outpatient and 43 inpatient centres). All District Hospitals having inpatient services available for the treatment of SAM cases with medical complications and outpatient service at health facilities benefited from at least two supportive supervision and were supplied with nutrition commodities (RUTF and therapeutic milk for inpatient facilities). This was possible thanks to different contributions, including regular resources, other resources and emergency resources (Government of German, USAIF FFP, Sweden, Swiss and United Kingdom NatComs, global thematic humanitarian response). A total of 56,937 cartons of RUTF and 1,632 cartons of therapeutic milk were purchased, of which 49,425 cartons of RUTF and 666 cartons of therapeutic milk were distributed and used at the nutrition therapeutic centres. A total of 56,430 under five SAM children against the expected 60,000 were treated, showing

an indirect treatment coverage of health facilities of 94 per cent. The graph below illustrates the evolution of SAM cases admissions in the last three years.

Graph 1: Trend in SAM admission from 2016 to 2018



Source: MoH, CMAM database – DSNIS/MoH 2018.

CMAM programme performance indicators are in line with Sphere (2015) recommendations showing that there is service quality at the health facility level and that communities, mostly mothers of SAM children, use adequately the therapeutic supplies with their sick child. The cured rate reached 89 per cent compared to 88 per cent in 2017 for a standard of 75 per cent, and the death rate (1 per cent) and defaulter rate (5 per cent) are below the Sphere standard. Given the increase in admissions in the past years (from 2016 to 2018), this performance illustrates the efficiency of training done since 2014 nationwide to improve the quality of CMAM service.

One of the constraints in CMAM programming in Burundi remains the lack of funding for CMAM interventions which requested UNICEF to use its buffer and contingency stock while there was no funding opportunity to replenish in the last four years. Any increase in acute malnutrition could be very difficult to manage and respond to, putting CMAM programming in a very vulnerable position.

ii. Strengthening of the nutrition supply chain

UNICEF continues to support the nutrition supplies management mechanism established since June 2014, using USAID-FFP resources. The management of nutrition supplies is done collaboratively between UNICEF, PRONIANUT and CAMEBU. Due to high volume of RUTF cartons, UNICEF ensures the transportation of nutrition supplies down to the health district level while the MoH is responsible for the replenishment of stocks at the health centre and hospital levels. UNICEF is supporting PRONIANUT in implementing an innovative reporting technology using Rapid SMS in all health districts. Involved PRONIANUT staff and nutrition focal points (provincial and district levels) were trained on the SMS reporting.

Thus, the stock out alert reported from the health facility is followed up at national level and based on the results if necessary, rapid field missions were organized to assess the causes of the stock out and address long term response. In 2018, two alerts' follow up missions were organized and monitored the nutrition supply distribution. So far, the rapid field mission helped district level staff to find ways of reducing false alert notification.

iii. Improvement of CMAM service quality

In 2018, UNICEF contracted two international consultants to conduct the revision of the national CMAM guidelines. In addition to the remaining trainers of national pool of trainers, 11 new appointed trainers were trained on the management of acute malnutrition and contributed to revise the 2014 CMAM guidelines. The revised guidelines were validated and will be disseminated nationwide. Moreover, UNICEF and PRONIANUT pursued the development and implementation of interventions to prevent acute malnutrition with nutrition counselling at community level for mothers/fathers of vulnerable children, including cooking demonstration using locally available resources. Linkage of this counselling was also done in two health districts with the integrated Community Case Management (iCCM) of childhood diseases (diarrhoea, pneumonia and malaria). This approach aims at strengthening the capacity of community health workers to do early detection of childhood diseases and acute malnutrition for immediate treatment at community level and referral of acute malnourished children to the health centre.

iv. Nutrition Reporting and Monitoring

Reporting

Since 2017, nutrition data have been entered using DHIS2[13] on monthly basis at health centre level and submitted by every 10th of the following month. Data are approved at district and province level respectively by every 21st and 25th of the following month. After the approval, data are further analysed for quality control and utilised for reporting. On a monthly basis, UNICEF provides technical support to PRONIANUT to conduct data analysis for completeness and quality. Any data of concern are reported back to health centre or district level for review and correction. To strengthen the coordination on data reporting mechanism and address challenges encountered using DHIS2, UNICEF carried out one workshop covering all 18 provinces and involving 192 health staff from health centres, health districts and provincial levels.

Monitoring and Evaluation

An annual first SMART nutrition survey was conducted under the management of the National Institute of Statistics (ISTEEBU). The survey was funded by USAID/FFP (70 per cent of the budget), UNICEF regular resources and World Food Programme (WFP). The results showed a national prevalence of GAM of 4.9 per cent, a prevalence of stunting of 57 per cent and a prevalence of underweight of 30 per cent. However, six out of 18 provinces have prevalence of GAM above the 5 per cent threshold.

From December 2018 to January 2019, a joint nutrition and food security survey (JANFSA) was conducted within the lean season to collect data that will enable to analyse the trend of the nutrition indicators within the country and over the year. These data are under analysis and will be published by April 2019.

v. Support to National Nutrition Coordination

At national level, PRONIANUT succeeded to maintain the coordination of the Nutrition sector. Thanks to USAID-FFP grant, PRONIANUT could lead coordination meetings of provincial and health districts' management teams, including the peripheral nutrition focal points, to discuss CMAM programme

[13] DHIS2 stands for District Health Information System 2 which is a dedicated Ministry of Health's health information management platform.

implementation. USAID-FFP fund served to support two national supportive supervision covering all 46 Health Districts.

vi. Lessons learned, opportunities and challenges

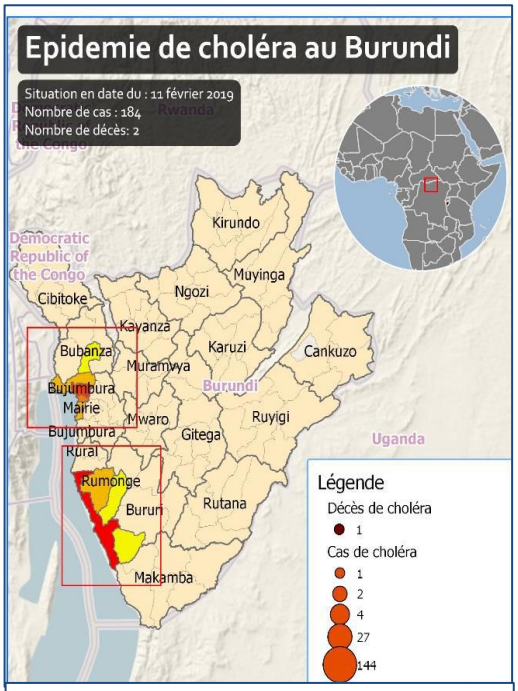
Data reporting flow of CMAM have been strengthening over the time. Efforts are put on reinforcing health centres and districts capacities to analyse data and address the challenges encountered locally. Advocacy are conducted to expand mass screening and referral at community level. For the supply chain management, Actions are being taken to implement End Users Monitoring approach and contracting an agency to reinforce district team capacity to monitor nutrition commodities from the health facility to beneficiaries. Based on progress achieved with data entry in DHIS2, Rapid SMS is revised to report only on stock out.

2. Health sector

Overview, objectives and expected results

Burundi has high rates of **under-five, infant and neonatal mortality** at respectively 78, 47 and 23 deaths per 1,000 live births, although the situation has improved compared to 2010 (DHS III, 2017). The maternal mortality ratio has considerably declined in Burundi from 808 deaths per 100,000 live births in 2010 to 334 deaths per 100,000 live births (DHS III, 2017). Haemorrhage (26 %), hypertensive disorders (16 %), sepsis (10 %), and complications from unsafe abortions (10 %) are among the direct causes of maternal mortality. The main indirect cause of maternal mortality is malaria which accounts for 19 % of total deaths (MMEIG, 2015).

Burundi faces recurring cholera outbreaks in its Tanganyika lakeshore provinces and has been facing an increase in malaria cases since 2016. In 2018, a total of 102 cholera cases were registered in late December in the health districts Rumonge and Bujumbura and the MoH declared a cholera epidemic on 28 December. Since 2016, Burundi has reported over 19 million malaria cases with 8,300 deaths.



Source: MoH & WHO, February 2019

In 2018, Burundi HRP estimated that 3 million people needed humanitarian assistance in health and targeted 2.2 million (56 per cent females and 54 per cent children). The overall UNICEF's intervention in the Health sector focused on strengthening the capacity of MoH in terms of coordination, addressing supply side bottlenecks and reinforcing awareness activities. Through its WASH and C4D programmes UNICEF provides additional support to contribute to better health status of people living in affected areas. In 2018, UNICEF HAC interventions planned to provide essential drugs, including malaria drugs, to one million people (over 50 per cent children) and to treat all those affected by cholera epidemic (400 people).

Results achieved in 2018

In response to the 2018 cholera outbreak, UNICEF with other partners supported the MoH in the development of the response plan and supplied cholera treatment kits to CAMEBU. UNICEF continues to support the MoH in monitoring the cholera outbreak and is contributing to the cholera preventive activities. Following the detection by the surveillance system of cholera epidemic in Rumonge on 23 December, partners, including UNICEF, assisted the Government to control the situation. Acute Water Diarrhoea (AWD) kits were handed over to MoH and WASH activities in high risks zones were deployed in partnership with Burundian Red Cross.

No measles outbreak was reported in 2018. This positive situation might be attributed to the high routine measles immunisation coverage and measles catch-up campaigns during Child Health Weeks (CHW). In 2018, during June and November CHWs, respectively 12,887 (6,315 boys and 6,572 girls) and 15,466 (7,181 boys and 8,284 girls) children under the age of one year were immunised.

Following increased risks of cross-border transmission from the Ebola Virus Disease (EVD) outbreak in western DRC, Burundi, with key health partners including UNICEF, developed an Ebola Contingency Plan for six months focusing on three scenarios respectively costing US$1 million, 3 million and 7,5 million to provide additional support for preparedness and response to a possible outbreak. Implementation of the plan is ongoing with focus on communication, health, protection, education and WASH interventions.

After the announcement of the 10th EVD outbreak in the neighbouring DRC eastern region (North Kivu) in early August 2018, Burundi revised its EVD response plan and strengthened its Ebola surveillance system. The National Preparedness Plan is currently budgeted at US$5.4 million of which 45 per cent already mobilized, essentially from World Bank, WHO and USAID (not including agency specific support budget). Burundi MoH has deployed technical teams in the border to strengthen entry points in health districts classified as priority 1 and 2 which are less than 500km to North Kivu.

Systematic surveillance of EVD for all travellers entering Burundi is in place in 20 priority health districts at the borders with DRC, Rwanda and Tanzania. There is permanent staff presence in 19 out of 23 border entry points that continue to screen the body temperature of individuals crossing. By end 2018, more than 1 million people's movements were screened with no positive case detected. One alert was investigated by WHO which turned out to be negative.

UNICEF continues to work closely with the MoH and other partners on the implementation of the national contingency plan. This includes a Ebola Preparedness Support mission to Burundi to assess the current level of preparedness and readiness of the country to identify, manage and treat a suspected case. The mission which was conducted from 26 to 30 November 2018, reviewed all components of the preparedness plan and advised on critical actions required to enhance preparedness activities and operations. Although, more needs to be done, the assessment acknowledged net efforts were made by MoH and its partners to increase the level of preparedness from 20% to 70% and more since the last assessment. A simulation exercise was prepared, although it was not effectively conducted in 2018 due to conflicting priorities of the MoH. Finally, UNICEF continues formal discussion with MoH and WHO on the identification of key priority needs and to mobilize resources.

As part of quality of healthcare improvement agenda, UNICEF received a formal request from the MoH to support the government's ongoing efforts to address bottlenecks related to stock-outs of medicines

and other health supplies. All medicines and health supplies for essential package available in the UNICEF catalogue were procured for a total amount of US$1,340,790 and officially handed over to MoH in August 2018. Based on the estimates of the MoH, these medicines and health supplies served as a buffer stock and was expected to cover a three-month period countrywide. These drugs were critical to treat main deadly diseases including the management of respiratory infections for more than 390,000 children under 5 years, the management of diarrhoea in at least 60,000 children under 5 years and the prevention of anaemia in more than 183,000 pregnant women.

Lessons learned, opportunities and challenges

Following the decision by the MoH to store all medicines, including those for emergency purpose, in the State-owned national drugstore (CAMEBU), cholera treatment kits already prepositioned in epidemic-prone areas were brought back to stores. While the decision intended to reinforce the overall control of drugs stock situation in the country, the retention of stock information by CAMEBU does not contribute to achieve this. To improve the situation, UNICEF in collaboration with partners are supporting the Government to develop a Logistic Management Information System in the country which may permit to follow stock at all levels. Further initiative on expanding the national storage capacity towards decentralised level warehouses will also be explored in 2019.

3. WASH sector

Overview, objectives and expected results

Although 82.8 per cent (Rural: 80.9 per cent; Urban: 98.1 per cent) of the population had access to improved sources of drinking water, only 48 per cent of the population could obtain safe drinking water within a 30-minute round-trip (DHS III, 2017). The proportion of the population resorting to unimproved sources remains at 19 per cent in rural areas due mainly to shortage in service coverage. Access to not-shared improved sanitation remains very limited at 39 per cent (Rural: 40 per cent; Urban: 38 per cent) and only 5.3 per cent of the total population has a washing facility with soap and water at home (DHS III, 2017). Waterborne diseases, including cholera, continue to be endemic in many areas and an estimated two to three per cent of the population continue to practice open defecation, essentially in some rural zones.

In 2018 WASH Sector in Burundi continued to focus on reducing the morbidity and mortality associated with the transmission of infectious waterborne diseases due to inadequate WASH services among populations affected by the 2015 socio-political unrest, cholera epidemics, nutritional crisis and natural disasters. Initially, interventions in the WASH sector targeted a total of 648,600 people (47 per cent children and 51 per cent females) living in areas with risk of flooding, cholera, other water-borne diseases and high under 5 malnutrition rates. Following the outbreak of EVD in the neighbouring DRC, UNICEF and other partners are supporting the government-led preparedness response to EVD. UNICEF's HAC in 2018 targeted 200,000 persons with the provision of safe water and 350,000 people with hygiene education and information.

UNICEF and its partners continued to reduce the gap between humanitarian and development WASH service provision and to promote system sustainability and community resilience. UNICEF focused strategy and approach on integrated actions combining community water supply, Community-Led Total Sanitation (CLTS), WASH in School, hygiene promotion at household level and reinforcing community capacities to delivery package of services.

Results achieved in 2018

In 2018, UNICEF and its partners (including NGOs AIDE, CIEP, OAP, COPED, IPSDI, PEAB, SACODE, Tubiyage, World Vision, ZOA as well as the Burundian Red Cross-BRC) responded to different emergencies including cholera outbreak, flood, the influx of DRC refugees, Burundian refugees returning from Tanzania and EVD prevention and response preparedness.

UNICEF interventions helped 60,388 people including 14,581 women, 13,593 men, 16,622 girls and 15,592 boys to have access daily and individually to at least 7.5 litres of safe drinking water through water trucking, household water treatment as well as construction and rehabilitation of water supply networks. Hygiene promotion interventions reached 990,598 people (238,076 women and 218,184 men, 276,935 girls and 257,403 boys) and focused mainly on cholera and EVD prevention key messages and on good practices in provinces under risks of cholera and EVD. Regarding sanitation interventions, UNICEF supported the construction of 86 gender-segregated WASH facilities (66 latrines and 20 showers) in 8 schools and CLTS interventions in emergency areas as part of the response to prevent cholera outbreak.

The resettlement of refugees from the DRC in host communities has placed an additional burden on limited water and sanitation infrastructure. To reduce the tension and risk of community violence associated with the lack of access to WASH services, using CERF funding, UNICEF and its partners rehabilitated the water supply network of Mukungu and Rubindi, in Nyanza Lake Commune, in Makamba Province; providing water to five schools and one health centre. It is estimated that 17,172 people (6,942 female; 10,230 male) benefited from this intervention, including 1,000 refugees living in host communities and 4,241 students (2,171 girls; 2,070 boys).

To ensure sustainability of water points and water supply networks, UNICEF contributed to the training of 120 members of 24 water point management committees. In addition, 54 natural leaders were also trained on essential family practices, key messages on cholera prevention. To prevent waterborne disease outbreaks, support cholera preparedness and strengthen the response plans in the 26 hills of the Nyanza Lake Commune, UNICEF and AIDE trained 54 leaders on essential family practices, delivered key messages on cholera prevention, and organized focus groups discussions.

As part of preparedness interventions to EVD, UNICEF supported the construction of gender-segregated sanitation facilities in four main entry points with the DRC (Kabonga, Rumonge and Vugizo) in addition to existing sustainable sanitation facilities. Through the Department of Health, Hygiene and Sanitation Promotion (DPSHA) of the MoH, UNICEF supported the organization of EVD prevention training targeting a pool of 199 persons in EVD substantive risk areas including district health staff (18), health workers (118), Communal Directors of Education (6) and school Directors (57).

Lessons learned, opportunities and challenges

In two successive years, UNICEF could not mobilize more than 40 per cent of its emergency funding appeal albeit persisting demand for WASH interventions. To ensure implementation of WASH emergency interventions, UNICEF used other sources of funding to reinforce the emergency response. In 2018, UNICEF emergency appeal for WASH interventions remained 62 per cent unfunded.

Maintenance of equipment and management of water points in Burundi remain a great challenge even though the user payment system introduced recently is well accepted by part of users although some people continue to consider water as a free natural resource. The continuing deterioration of

the economic situation adds more pressure on the maintenance and management of water points and could decrease the level of personal hygiene as poverty is a limiting factor for the adoption of improved hygiene practices.

The integrated approach adopted by UNICEF and its partners for cholera prevention, by providing a package of services delivery (community sanitation, community water supply, hygiene promotion both at community and household level community capacity building and commitment, contingency plan at local level and WASH in school) has shown evidence of good results in Nyanza-Lac with zero case of cholera in 2018. Such experience will be maintained, further documented and scaled up.

4. Child Protection sector

Overview, objectives and expected results

The general security situation in Burundi improved further in 2018. However vulnerable children have continued to face increasing protection threats and risks from both communities and security forces. Family poverty, high rate of school dropout and lack of access to services and reintegration opportunities for returnee, displaced and refugee children have driven an important number of children in the streets where they faced, arbitrary arrest and detention by national police in addition to random violence, abuse and exploitation including sexual exploitation. In 2018, UNICEF and partner documented 1,711 children (127 girls) living and working in the streets mainly in Bujumbura Mairie. However, the phenomenon of children living and working in the streets affects all the capital cities of the provinces.

UNICEF interventions in 2018 were aligned with the HRP protection strategic objective aiming at providing emergency response to human rights violations including GBV and other cases of violence abuse and exploitation affecting vulnerable groups especially women, children and adolescent girls and boys. The sectors target included 366,000 women and girls and 170,000 children in the most affected provinces. UNICEF contribution to the humanitarian response targeted 100,000 children for critical protection services including but not limited to a) Child Friendly Space (CFS) and community based psychosocial support; b) family tracing and reunification as well as alternative care arrangement for separated and unaccompanied minors; c) documentation, case management, emergency shelter and referrals for children in need of special emergency protection measures; d) access to reintegration opportunities for affected children including returnee , IDPs and children released from detention; e) reinforced monitoring and reporting of violations against children rights; and f) improved coordination for the Child Protection sub sector including preparedness and response.

Results achieved in 2018

In 2018, UNICEF comprehensive response reached 84,771 children (51,188 boys; 33,583 girls) with critical child protection services in Burundi. With the reopening of most schools, UNICEF has decided to reduce the number of CFSs from 51 to 20 while reinforcing collaboration with school and community-based structures in the provision of safe spaces and support to vulnerable children. However, 7,728 children (4,666 boys; 3,062 girls) accessed recreational activities, documentation, psychosocial support and referral for specific cases through the operational 20 CFSs. In addition, 544 children (117 boys; 527 girls) affected by psychological distress benefited from support and follow up through partnership with the Platforms of mental health and psychological support (PPMS) in close collaboration with families and teachers in schools.

UNICEF and partners documented 6,121 cases of children (4,064 boys; 2,057 girls) separated from their families in 2018. The group include children driven into street life by the deteriorating

socioeconomic situation, children released from detention as well as children affected by forced displacements. In addition to family tracing, reunification and alternative care arrangement, these children benefited from UNICEF funded interventions for their school and socioeconomic reintegration which reached a total of 24,389 children (13,197 boys; 11,192 girls). In addition to school, reintegration initiatives identified and implemented by NGOs Giriyuja, Fondation STAMM and Terre des Hommes include training in sewing, mechanics, breadmaking and soap production mainly in the provinces of Bujumbura Mairie and Gitega.

Through partnership with the Association of Women Lawyers of Burundi (AFJB), legal support was provided to 236 children including 116 children (91 boys; 25 girls) arrested and detained among others over rape and qualified theft charges. In addition to legal support these children also benefited from psychosocial activities, vocational training and support for their socioeconomic reintegration.

The technical capacity of civil society partners in child protection in emergencies including in monitoring and reporting on violation of children right in fragile context has been improved through the training and deployment of 142 additional monitors and 176 social workers trained on professional supervision, coaching and case management. The training covered 7 provinces out of 18 and contributed to improve case documentation and referrals. In 2018, 735 cases of child rights violations were documented and around 60 per cent referred for appropriate services.

Table 4: Results achieved for children affected by the crisis in 2018

Indicators	2018 Target	2018 results
1. Number of child rights violations reported	N/A	735
2. Number of social workers trained on how to respond to the needs of children in emergency situations	300	853[14]
3. Number of children released from detention	-	130
4. Number of child victims of any violation that benefit from medical and/or psychosocial care	4053	3,853

In 2018, UNHCR supported voluntary and organized return of refugees from Tanzania. One of the important challenges faced by returning families was access to documentation especially birth certificate for unregistered children and those born during refuge. UNICEF contributed to advocate with the Ministry of Interior, Patriotic training and Local development for derogative measures allowing children affected by the 2015 political unrest to register free of administrative charges and through reduced administrative process. Around 28,360 returnee children received their birth certificate which is a prerequisite to access basic services including education and health in Burundi.

Lessons learned, opportunities and challenges

Despite further improvement in the security and political context in Burundi, threats to children wellbeing persist. While in the past three years protection risks and perpetrators were related to

[14] Training for field staff was intensified as part of the contingency plan to respond to returnee and expected influx of D.R. Congo refugee.

national security actors, most of the child rights violations documented by Child Protection actors in 2018 were committed by the victim's family and close community members. Based on this analysis, the Child Protection sub sector will reinforce its interventions at community level with intensive training of community-based structures (CPC) and improve collaboration with other sectors including Education and Nutrition to increase awareness and commitments to child protection.

In 2018, child protection interventions confirmed the key role of families and communities to prevent and respond to children needs including during emergencies. Following the training provided by CP stakeholders and in addition to the psychosocial support to vulnerable children at community level, Child Protection Committees(CPCs) significantly contributed to monitor and report threat of violence affecting children. They were able to provide a consistent protection package to children affected by the current situation including alternative care arrangement for unaccompanied minors through voluntary foster families within communities. Thus, capacity building of civils society organization and community-based structures on basic CPiE will remain a core component of UNICEF child protection pillar in the coming years.

While the Child Protection sub-sector continues to work to improve data collection and case documentation, the political environment in the country remains sensitive and protection issues are easily assimilated to pollical issues putting communities and child protection actors at risk, especially those involved in the monitoring of child rights violations. However, the monitoring of the situation of children remains a key intervention in the context of Burundi especially when taking into account the upcoming 2020 elections as well as the return and reintegration of refugees.

5. Education sector

Overview, objectives and expected results

In Burundi, the issue of access and retention of children at school is exacerbated by the socio-political context, the deterioration of socio-economic conditions and the recurrence of natural disasters. According to the analysis of humanitarian needs, it is estimated that around 500,000 children including 14,700 internally displaced children and 13,000 returnees do not have access to quality basic education in a secure environment. To ensure that students in emergency situations pursue their schooling, UNICEF provided the emergency response based on the Humanitarian Needs Overview (HNO) and the Burundi Humanitarian Response Plan (HRP) that focused on four priority areas: (i) ensure access to quality education in a safe, gender-sensitive and protective environment for children and young people affected by the crisis and natural disasters; (ii) Ensure capacities building for teachers and other education personnel for the prevention and management of risks associated with the crisis and natural disasters; iii) provide psychosocial support to children affected by trauma and (iv) ensure better coordination of actors and interventions in education in emergencies.

UNICEF interventions in the Education sector in 2018 focused on responding to the needs of 200,000 children (3-17 years) and 3,000 teachers living in areas directly or indirectly affected by natural disasters, epidemics or other crises, for an estimated budget of US$ 3 million. The education emergency response was implemented in collaboration with other sectors including Child Protection and the WASH.

Results achieved in 2018

In 2018, UNICEF's emergency interventions contributed to improve the learning and teaching environment for 49,606 children (25,286 boys; 24,320 girls) and 1,008 teachers (494 men; 514 women) through the provision of learning and teaching materials, teachers training, reintegration support and

catch-up programmes, construction of classrooms as well as the rehabilitation of damaged schools due to flooding and heavy rains.

UNICEF collaborated closely with the NGOs, Jesuit Refugee Service and Hundreds of Original Projects for Employment, to assist 8,611 displaced, returnees and refugees (including 4,033 girls), in Muyinga, Ruyigi, Makamba, Kirundo and Gitega provinces, to continue their schooling through the distribution of learning materials and access to a catch-up programme. UNICEF also provided construction materials to support the rehabilitation of 222 classrooms destroyed by flooding, benefiting 5,003 (2,401 girls) children in the provinces of Ruyigi, Bujumbura, Kayanza, Ngozi, Mwaro, Bururi, Cankuzo, Bubanza and Rutana. In addition, UNICEF built 10 new classrooms in Rumonge to allow children affected by floods to return to school and learn in adequate learning conditions. A total of 351 internally displaced children (including 182 girls) from the Cashi and Gitaza camps (Rumonge provine) benefited from the provision of 177 benches and desks.

As part of the regular education programme, UNICEF supported the construction of 117 classrooms to increase the enrolment capacity of schools. This also facilitated the reintegration of displaced and returnee school-aged children along with children who had dropped out. With the support of SIDA funding, UNICEF supported the construction of five semi-permanent classrooms to ensure that the displaced, returnees and refugees can be reintegrated in the formal education system while alleviating crowded schools, in Muyinga, Ruyigi, Rutana, Cankuzo and Makamba.

To ensure that young mothers return to school and complete their education, UNICEF provided technical and financial support to the Ministry of Education Commission in charge of reintegration of dropout children. The Commission supported the reintegration of 863 young mothers who had left school due to early-pregnancy.

In October 2018, the Ministry of Education and UNICEF provided education materials to 1,200,000 students (660,000 girls) and 17,027 classrooms were equipped with class kits in eight of the most vulnerable provinces (Bubanza, Cankuzo, Kirundo, Makamba, Muyinga, Rumonge, Rutana, and Ruyigi) through the 2018-2019 Back to School campaign. The distribution was aimed at alleviating education costs on financially pressured families and fostering access to and retention of students in schools.

As part of the preparedness interventions following the declaration of EVD outbreak in the neighbouring DRC, 400 teachers and 110 members of School Management Committees participated in training on Ebola prevention in schools in Bubanza, Cibitoke and Bujumbura provinces. Around 19,000 children (9,310 girls) will be reached afterwards with Ebola prevention message in Burundi's provinces bordering the DRC.

Lessons learned, opportunities and challenges

UNICEF Burundi worked with various implementing partners in host communities to reintegrate internally displaced and returnee children. This reinforced UNICEF's interventions in the education sector, as well as in the response to vulnerable children's education needs.

In 2018 UNICEF continued reinforcing intersectoral collaboration between Education and Child Protection sections. Launched in 2017, the "Education Watch Initiative" continued to serve as a coordination platform to bridge activities, such as CFS and Schools as Zones of Peace, as well as to provide a holistic approach for the (re)integration of children into schools. The Education Watch

Initiative helps to better identify out-of-school children, channel them towards CFSs, provide them with civil (birth) registration and/or psychosocial support if needed, as well as catch-up classes, and eventually redirect them towards Schools as Zones of Peace.

"Education in Emergency" (EiE) capacity in Burundi remains largely insufficient. In 2018, only 19 per cent of the planned budget was available – only US$570,000 was funded out of US$300,000 request. This has had a direct impact on UNICEF Burundi and the Ministry of Education capacity to respond to Education in Emergency needs. To fill the gap UNICEF Burundi used regular resources to respond to immediate emergencies and ensure continuing access to education for vulnerable school children.

Cluster/Sector Leadership

Although Burundi is facing a protracted challenging humanitarian situation since its disrupted electoral process in early 2015, the country has not been declared as an emergency country, hence the cluster approach is not activated. However, UNICEF Burundi has been acting since as co-lead alongside the Government counterpart of four emergency sectors – Health, Nutrition, WASH and Education – as well as of the Child Protection sub-sector.

In the Child Sector sub-sector, UNICEF continued to support the GoB represented by the Department of the child and the family in reinforcing the sub-sector coordination. Three working groups including Psychosocial Support Working Group, Case Management Working Group and Justice for Children are now in place and effective while the Family Tracing and Reunification Working Group is undergoing restructuration. To improve field coordination, UNICEF has included support to coordination as core obligation for implementing partners which has allowed 7 Provinces to develop and implement provincial child protection action plans covering also emergency prevention and response for children.

As co-lead of the emergency WASH Sector, UNICEF Burundi worked closely with partners (government institutions, UN agencies and International and national NGOs) to strengthen preparation for and response to humanitarian situation. Water supply, sanitation and hygiene were given top priority by sector partners with emphasis on containment of cholera outbreaks, responses to IDPs and returnees from Tanzania. The strengthened coordination has facilitated the support to the GoB to respond to the latest cholera outbreak in December 2018. UNICEF is also leading the coordination of WASH donors and technical partners in Burundi since taking over the role from GIZ in August 2018.

Since 2016, UNICEF has been leading the Nutrition Sector in agreement with other UN agencies (FAO, IFAD, WFP, WHO) members of the Renewed Efforts Against Child Hunger (REACH), a UN network supporting the national Scale-Up Nutrition (SUN) efforts. This long-term support is essential for the implementation of nutrition-specific activities, such as the management of SAM. UNICEF is also one of co-leads of the Health sector emergency group with WHO, working on information sharing and interventions coordination.

5. Results Achieved from Humanitarian Thematic Funding

UNICEF Burundi received a Global Humanitarian Thematic Fund (GHTF) contribution of US$680,373.33 of which 50 per cent (US$342,421.38) were used as of 31 December 2018. Given the important funding gap (only 40 per cent fund mobilized) faced by UNICEF Burundi's 2018 HAC, the much-needed flexibility of the GHTF facilitated the implementation of planned Nutrition (77.5 per cent of used fund) and C4D emergency interventions (22.5 per cent of used fund).

In 2018, GHTF enabled the UNICEF to procure 5,560 cartons of RUFT that helped to provide lifesaving assistance to 5,700 under five children with SAM. UNICEF is the only provider of RUFT in Burundi which helped to treat 56,430 under five children with SAM against the expected 60,000 in 2018.

For C4D, GHTF contributed to support the behaviour change intervention in the child protection sector aimed at preventing sexual violence and raising awareness on the growing phenomenon of children living and working in the streets. GHTF contributed to fund the partnership with the NGO Umunyinya, which completed a survey investigating the causes of begging and the phenomenon of street children. Then with the findings mounted an awareness project in 16 vulnerable communities on the role of families, while supporting the development of life skills for vulnerable children. A total of 11,118 people were reached, and 16 associations were formed to help vulnerable families with street children.

The remaining balance of GHTF will be used in 2019 to support emergency interventions in Education, Child protection and WASH sectors as well as to support emergency coordination and preparedness.

In addition to GHTF, UNICEF Burundi received in December a thematic contribution of US$300,000 from the Government of Korea and US$316,016 unearmarked humanitarian contribution from French NatCom. These late flexible contributions will enable UNICEF Burundi to implement its 2019 HAC appeal which targets at least 260,000 children with lifesaving intervention packages in Health, Nutrition, Child protection, WASH and Education sectors for a total of US$ 10 million.

Cases Studies

See annexes

6. Assessment, Monitoring and Evaluation

As co-lead alongside the Government counterpart of four emergency sectors since 2016, UNICEF plays a valuable role in the coordination of partners, monitoring of the situation in each sector under its co-leadership, as well as in Burundi's interagency appeal process.

In the Nutrition sector, an annual SMART nutrition survey was conducted under the management of the National Institute of Statistics (ISTEEBU) with the financial support of UNICEF and WFP. The results showed a national prevalence of GAM of 4.5 per cent, a prevalence of stunting of 57 per cent and a prevalence of underweight of 30 per cent. However, six out of 18 provinces have prevalence of GAM above the 5 per cent threshold. In addition, a JANFSA was conducted during the lean season (December 2018-January 2019) to collect data that will enable the trend analysis of nutrition indicators over 2019. These data are under analysis and will be published by April 2019

In the Education sector, UNICEF provided support to Ministry of Education to carry out, in close collaboration with NGO HOPE'87, an identification survey of children in needs of school reintegration and organized catch-up classes prior to reintegration in the formal system. UNICEF has an established partnership agreement with HOPE'87 to support access and retention of returnees, repatriated and internally displaced children in the education system.

Since 2016, UNICEF has been using internal and external monitoring and evaluation methodologies to monitor the overall humanitarian program and inform the emergency response on the evolving Burundi context. The monitoring and reporting tools included:

• ***Reporting from UNICEF Field Monitoring systems***: This includes direct field monitoring and reporting visits by UNICEF programme officers and implementing partners. This provided regular data on the quality of program delivery, bottlenecks in implementation and end use of supplies. A field monitoring checklist has been developed and adapted to cover: (1) input monitoring; (2) implementing partner progress report verification; and (3) qualitative monitoring and observation. Reports of the monthly field monitoring visits are conducted by the emergency program team to inform program implementation.

• ***Simplified program implementation monitoring from UNICEF implementing partners***: This entails monthly or quarterly monitoring from implementing partners reporting on progress on expected results and priority programme performance indicators as agreed in the Programme Cooperation Agreement (PCA) signed with all partners. This is accompanied by field visits and spot-checks by UNICEF program and operations staff.

• ***U-report***: U-report is an SMS-based system that targets mainly adolescents and allows them to speak out on what is happening in their community, and to work together with other communities to enact positive change. Currently, in Burundi there are 69,345 U-Reporters that are distributed countrywide. In 2018, they received and responded to SMS messages during emergencies on public health topics related to cholera, malaria and Ebola. Anyone with a mobile phone can volunteer to become a U-Reporter by sending a text message to the toll-free U-report number and submitting some personal details. UNICEF uses regular SMS messages and polls to and from U-Reporter to gather information about how their lives are being impacted by the crisis and by interventions provided by UNICEF. Most U-Reporter members are youth, making this a valuable tool for social mobilization, surveys and monitoring activities of different programmes.

7. Financial Analysis

Table 5: 2018 Funding status against the appeal by sector (in US$)

Appeal Sector	HAC 2018 Requirements	Funds Available Against Appeal as of 31 December 2018*		Funding Gap	
		Funds Received in 2018	Carry-Forward	$	%
Nutrition	7,000,000	2,936,487	117,118	3,946,395	**56%**
Health	5,000,000	503,968	49,888	4,446,144	**89%**
Water and Environmental Sanitation	6,000,000	2,273,521	29,416	3,697,063	**62%**
Child Protection	4,000,000	2,080,075	1,084,405	835,520	**21%**
Education	3,000,000	206,881	349,898	2,443,221	**81%**
C4D	500,000	370,000	0	130,000	**26%**
Sector Coordination	500,000	229,659	145,078	125,263	**25%**
Total	**26,000,000**	**8,600,591**	**1,775,803**	15,623,606	**60%**

Table 6: Funding received and available by donor and funding type (in US$)

Funding Received and Available by 31 December 2018 by Donor and Funding type (in US$)		
Donor Name/Type of funding	**Programme Budget Allotment reference**	**Overall Amount***
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
Republic of Korea	SM/18/99100371	300,000
Allocation from global Thematic Humanitarian*	SM/18/9910	728,000
Total Thematic Humanitarian Funds		**1,028,000**
b) Non-Thematic Humanitarian Funds		
Belgium	SM/18/0498	1,706,485
SIDA - Sweden	SM/18/0180	731,172
SIDA - Sweden	SM/18/0311	889,779
USAID/Food for Peace	SM/18/0337	2,754,087
French Committee for UNICEF	SM/18/0554	341,297
Total Non-Thematic Humanitarian Funds		**6,422,820**
c) Pooled Funding **(i) CERF Grants** **(ii) Other Pooled funds** - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
UNOCHA	SM/18/0142	149,997
UNOCHA	SM/18/0144	299,953
UNOCHA	SM/18/0405	699,821
Total Pooled funding		**1,149,771**
d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTs for supplies & cash) Norway		
Total humanitarian funds received in 2018 (a+b+c+d)		**8,600,591**
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/14/9910	108,173
f) Carry-over of non-Thematic Humanitarian Funds		
USAID/Food for Peace	KM/16/0020	27,203
USAID/Food for Peace	SM/16/0360	18,592
USA USAID	SM/16/0470	710,647
Japan	SM/17/0056	28,417
USAID/Food for Peace	SM/17/0385	71,323
Belgium	SM/17/0569	811,448
Total carry-over non-Thematic Humanitarian Funds		1,667,630
Total carry-over humanitarian funds (e + f)		**1,775,803**

III. Other sources		
EPF Received to fund the Response to the Ebola Virus Disease in 2018 but not reimbursed by 31 December 2018	GE/18/0027	500,000
Total other resources		**500,000**

Table 7: Thematic humanitarian contributions received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Republic of Korea	SM1899100371	280,374	300,000
Allocation from global thematic humanitarian	SM189910	680,373.83	728,000
Total		**960,748**	**1,028,000**

8. Future Work Plan

In 2019, UNICEF will continue to monitor the humanitarian context in Burundi. Although the overall improvement of the situation, it is likely that the situation of children will continue to be negatively impacted by emergencies including cholera, malaria outbreak, ongoing EDV outbreak in the neighbouring DRC, as well as food and nutrition insecurity. Forced displacements including IDPs, returning Burundian refugees and refugees from DRC will continue to shape UNICEF preparedness and response plans as these groups need protection and material assistance.

Burundi has launched a Humanitarian Response Plan (HRP) for 2019 that focuses on the protection of vulnerable population and provision of lifesaving assistance to the most vulnerable while reinforcing the resilience of affected communities. The UNICEF HAC estimated at US$10 million is an integrated part of the HRP for each sector and the main UNICEF's fundraising tool for humanitarian actions.

Priorities for Nutrition Sector partners and for UNICEF

UNICEF will build on the lessons learned, opportunities and challenges encountered in 2018, and continue to support the MoH, specifically the PRONIANUT, to address bottlenecks affecting the quality of care, the supply chain management and the monitoring of the situation. The expected 2019 burden is 60,000 SAM children.

In 2019, UNICEF will continue its ongoing work for the dissemination of the IYCF counselling package and communication strategy; including home fortification with MNP. Community-based stunting prevention will be strengthened in targeted 5 out of 46 health districts using different multi-sectoral implementation approaches (WASH, child protection, food security/ agriculture, etc.). Efforts will also be done in these health districts to address further the issues related to the RUTF supply chain strengthening through implementing End Users Monitoring approach.

UNICEF will also support the generation of evidence, particularly evidence related to equity. Results-based monitoring will enable the MoH, the SUN Secretariat, nutrition multi-sectoral partners and

UNICEF to identify bottlenecks and feasible solutions at the national and sub-national levels and thereby to improve the quality of nutrition programming and stunting prevention.

Priorities for Health Sector partners and for UNICEF

UNICEF will use its technical and monitoring comparative advantage for field implementation with support to the health structures and communities. Preventable diseases management and prevention will be an important aspects of UNICEF response.

UNICEF will continue its support to the MoH emergency team for the improvement of cholera cases reporting tools and an analysis/study of cholera outbreaks is planned. Mass campaigns such as MCHW for vitamin A and deworming and other national or mass events will be used to promote and catch-up key immunizations such as measles. Preparedness efforts will be strengthened to respond to the continued threat of Ebola.

Finally, UNICEF will maintain its participation as the co-lead for the Health sector along with WHO to facilitate response coordination and partners' collaboration.

Priorities for the Child Protection Sector partners and for UNICEF

UNICEF priorities in Child Protection is aligned with the strategic focus areas of the HRP 2019 and of the HAC 2019. UNICEF will maintain capacity building for child protection systems including child protection committees (CPCs), community-based child protection organizations (CBOs) and civil society organizations (CSOs) to contribute to the prevention of violations.

Child Protection committees will receive support and training to maintain an appropriate level in monitoring of the situation of children, reporting on child rights violations and advocacy while Solidarity Group will be equipped to respond to basic emergency needs of children affected by humanitarian situation.

To reduce exposure of vulnerable children to violence, UNICEF will continue to advocate and support access to birth certificate for unregistered children and adolescent while at the same time reinforcing community awareness on emerging threats including Ebola. UNICEF will continue to support the training of the national case management and professional coaching team and will also support the training and effective deployment of provincial team to improve referrals and access of vulnerable children to services. Preparing local NGOs to provide psycho social counselling will continue as preparedness effort to counter Ebola and to increase community resilience. Finally, voluntary foster families will be identified, trained and provided support to offer emergency alternative care for children in need of emergency temporary care including UASCSs.

The priorities for the Education sector partners and for UNICEF

In 2019, UNICEF Burundi will continue to provide support to and coordination of Education in Emergencies responses, to ensure emergency preparedness and the ability to respond quickly for affected children. UNICEF education target for 2019 is set at 100,000 children for an estimated budget around US$1.5 million.

As per HRP guidance, these interventions will be articulated around 3 sectoral objectives: (1) Ensure that girls and boys of school age (age 3-16) affected by population movement and other types of vulnerabilities have equitable access to quality education by organizing a catch up programme, distributing school and educational materials to children and teachers and building/rehabilitating and

equipping schools; (2) Work towards strengthening capacities and mechanisms and educational structures for advocacy, monitoring and evaluation, coordination in emergency management through building capacities of members of educational communities on disaster preparedness and management; and (3) Reinforce efforts to ensure girls and boys of school age (ages 3-16), affected by population movement and other types of vulnerabilities, have access to an education that is responsive to their social-emotional needs in a healthy, protective and inclusive environment by fostering psychosocial support and referencing children affected by trauma to specialized care centres.

Priorities for the WASH Sector partners and for UNICEF

In 2019 UNICEF will continue the delivery of WASH services in emergency including water supply, water treatment, emergency sanitation, hygiene promotion and WASH in institutions. UNICEF plan to provide at least 200,000 vulnerable people with a sufficient quantity of water for cooking, drinking and personal hygiene and to provide information on key hygiene practices to more than 200,000 people.

UNICEF and its partners will also focus on cholera and EVD prevention and response preparedness and natural disasters responses in the provinces with considerable risk, especially provinces with entry points to neighbouring DRC and Rwanda and those with recurrent cholera outbreak.

9. Expression of Thanks

UNICEF is grateful to the Government of Belgium, Germany (KfW), Japan, Sweden (SIDA), the United Kingdom (DFID) and the United States (USAID-FFP) for their generous humanitarian contributions which helped to make a tremendous difference in the life of many Burundian children and their families in 2018.

A special acknowledgement is addressed to the Government of Germany (KfW), the main donor for UNICEF's humanitarian health and nutrition interventions in the past three years, whose funding contributed among other to responding to the upsurge of malaria that has affected more than 19 million people with over 8,000 deaths since 2016, and supporting the execution of the CMAM program activities to achieve results aligned with the Government of Burundi's staunch commitment to fight severe acute malnutrition.

UNICEF also appreciates and acknowledges the Government of Burundi, UN agencies, civil society and other donors for their effective partnership, which has helped to achieve key results for children and women throughout the country.

10. Annexes

Annexe 1. Case Studies: Management of children with severe acute Malnutrition(SAM) in Burundi

Appetite test for a child with severe acute malnutrition, Isare District / Photo ©UNICEF/Burundi 2019 / J. Sacha

Top Level Results

Malnutrition is an underlying cause of child vulnerability and childhood illnesses in Burundi and remains a major challenge with 56% of children under five being stunted (DHS, 2017). In 2018, a total of 60,000 under-five children with SAM were targeted for emergency assistance in Burundi (HRP, 2018). UNICEF supported the treatment of 56,430 children under-five with SAM with a recovery rate of 89% through the provision of ready-to-use therapeutic food (RUFT) and therapeutic milk. UNICEF is the only provider of RUFT in Burundi. In 2018, UNICEF procured a total of 56,937 cartons of RUFT (49,425 were utilized) and 1,632 cartons of therapeutic milk (666 cartons were utilized). The Global Humanitarian Thematic Fund (GHTF) enabled the procurement of 5,560 cartons of RUFT.

Background

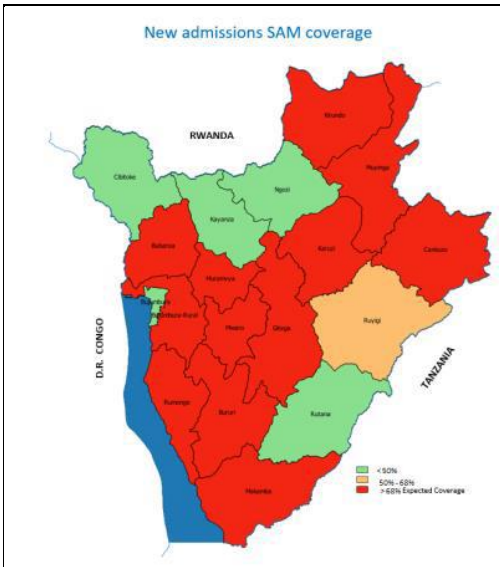
Since 2016, SAM admissions have almost double from 36,000 in 2015 to 53,000 in 2016 and 57,000 in 2017. The humanitarian context is marked by precarious food insecurity and important level of diarrhoea. 11 out of 18 provinces of Burundi are targeted as critical interventions zones for the Nutrition sector. Keys interventions planned included screening and referral of SAM and MAM children; provision of therapeutic food; treatment of 70,000 SAM and 215,000 MAM cases annually; promotion of key family practices; blanket feeding for children under 2 years; nutrition national survey. UNICEF is co-lead of the Nutrition sector alongside Government's Nutrition Program.

Resources Required/Allocated

UNICEF Humanitarian Action for Children (HAC) planned to support the screening of 600,000 under five children for SAM and ensure access to treatment for at least 60,000 children under five through 418 nutrition therapeutic centres. As Nutrition Sector co-lead Agency, UNICEF plays a significant role in sector coordination and support technically and financially the Government in responding to SAM. UNICEF is the only provider of RUFT in Burundi. UNICEF appealed for US $7 million to respond to the nutrition crisis in Burundi in 2018 but could mobilize only 44% of the required amount. UNICEF Burundi received US$ 680,337.33 of GHTF of which 40% (US $265,551) were allocated to Nutrition Programme and served to procure RUTF for SAM treatment.

Progress and Results

In 2018, 418 (53% of geographic coverage) UNICEF-supported health facilities, continued to provide community management of acute malnutrition (CMAM) services (45 inpatient and 373 outpatient services). A total of 56,430 children (26,285 boys; 30,145 girls) suffering from severe acute malnutrition (SAM) were admitted and treated. Among them, 3,020 SAM cases were treated at inpatient therapeutic feeding centres and 53,410 in outpatient centres. Comparative analysis of data from the District Health Information Software (DHIS2) showed similar trend in SAM admission in 2018 compared to previous years, see graph 1.



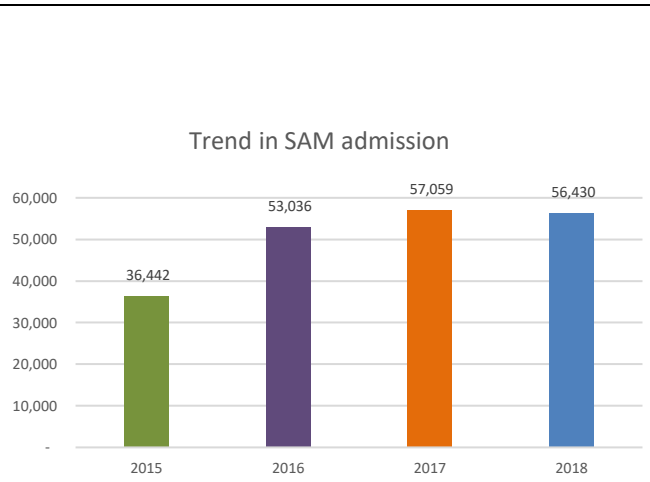


***Figure 1a**: 12 most vulnerable provinces with high SAM admissions*

***Figure 1b**: Trend in SAM admission from 2015-2018*

Despite high level of SAM admissions, the quality of care remains within international Sphere standards, with a cure rate of 89.4 per cent, defaulter rate at 5.0 per cent, death rate at 0.8 per cent and non-respondent rate at 4.7 per cent for both inpatient and outpatient programmes.

The country is still facing high incidence of diarrhoea (21%), fever (48%) and chronic malnutrition (57%), coupled with a fragile health system. The map, above, shows 12 provinces out of 18 with the highest burden of severe acute malnutrition compare to caseload. Provinces in the northern, western and southern parts of the country have SAM admissions that exceed the expected (caseload) number of cases. This thematic fund contributes to purchase 5,100 cartons of RUTF which contribute to the

treatment of 5,600 SAM children over a total of 56,430 cases representing 10% of national achieved results.

Criticality and value addition:

CMAM program is key child survival intervention and SAM is a risk factor for child mortality as children with SAM are nine time more at risk of dying. To date the Government of Burundi does not have any budget line to procure Commodities and Supplies for the overall nutrition and the CMAM programmes. Only in the last three years that the Ministry of Health managed to include small contribution for the purchase of Vitamin A capsules. Therefore, UNICEF was among the few partners who accepted to help the Government remove this bottleneck. For CMAM programme, UNICEF is the main provider of RUTF in Burundi with USAID/FFP as main donor for the purchase of RUTF need (over 95% of needs). Due to instability of donor funding, UNICEF continues to face funding sustainability which occurred in 2017 where UNICEF misses the opportunity of having USAID allocation for CMAM programme. This situation put the pressure on UNICEF but fortunately the thematic funds opportunity came at the right time to complement other emergency funds which allow to respond to SAM in children under five.

Funding for procurement comes from various sources such as but not limited to DFID, German Government, Netherlands Government, Swiss Development Cooperation, various UNICEF National Committees, UNICEF emergency resources, UNICEF regular resources and USAID.

Challenge and Lesson Learned

The most successful aspect of CMAM in Burundi is the full integration of CMAM service into the existing health system. 100% of the services are offered by government health staff at accredited health centres and hospitals. The fact CMAM activities including management of nutrition supplies by national warehouse, integration of nutrition indicators into the national health information system is an asset of sustainability. Main challenges are on end use monitoring of RUTF to ensure that treatment is delivered to children in need; domestic allocations for CMAM

Moving forward

UNICEF will continue advocacy with the Government, as done for other the Health program, to ensure allocation for CMAM activities into the national budget. In 2019, technical support will be provided to the Ministry of Health to improve nutrition supply management trough strong end use monitoring, district Health capacity strengthening and integration of RUTF in the LMIS

CMAM revised guidelines will be validated and used to train around 1000 health providers from hospital and facilities. UNICEF will continue its effort of fundraising to provide this life-saving assistance to 63,000 Burundian children expected to be affected by SAM in 2019. However, to reduce child vulnerability and to contribute to the Sustainable Development Goal related to the reduction of malnutrition, UNICEF is also supporting the MoH in the development and implementation of an integrated nutrition specific and sensitive nutrition interventions.