Burundi

Consolidated Emergency Report 2016

Screening for acute malnutrition at community level in Gitega Province.
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Abbreviations and Acronyms

C4D – Communication for Development
CAMEBU – Centrale d'Achat des Médicaments Essentiels du Burundi
CERF – (the United Nations) Central Emergency Relief Funds
CFS - Child-Friendly Spaces
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
FAO – Food and Agricultural Organization
GAVI – Global Alliance for Vaccine and Immunization
GBV – Gender-Based Violence
GoB – Government of Burundi
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
NGO – Non Governmental Organization
OCHA – (United Nations) Office for the Coordination of Humanitarian Affairs
PRONIANUT – National Nutrition Programme (Programme National de Nutrition)
REACH – Renewed Efforts against Child Hunger
RUTF – Ready to Use Food
SAM – Severe Acute Malnutrition
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

Executive Summary

Burundi continue to face a sharp humanitarian crisis which has its roots in the contested 2015's electoral process marked by widespread demonstrations, indiscriminate violence and serious violations of human rights. The unstable security and political environment led to a serious protection crisis that affected in 2016 an estimated 1.1 million people (10% of the entire population) – half of them children, forcing an estimated 102,258 people to displace internally and other 340,266 (UNHCR Dec. 2016) to flee to neighbouring countries for safety and assistance.

The subsequent socioeconomic crisis affecting Burundi, one of the world poorest and densely populated countries, coupled with the drastic reduction of foreign support to 30.2 resulted in budget cuts in key social sectors which limited further access to basic social services, in a country where 78.2% of children are suffering from at least 3 deprivations and 69% live below the national poverty line. This has led to rising food prices, increasing household poverty and a shrinking economy – all which are steadily worsening the situation of children and those caring for them. By the end of 2016, a countrywide humanitarian need overview (HNO) led by the Humanitarian Country Team (HCT) revealed a surge in the number of people in need of assistance in the country from 1.1 million at the beginning of the year to 3 million (OCHA Dec. 2016).

In response to growing humanitarian needs in 2016, UNICEF aligned its humanitarian interventions within the three strategic objectives of Burundi's Humanitarian Response Plan (HRP): ensure protection and access to basic services to the most vulnerable among people affected by the crisis while reinforcing the resilience, including coping mechanisms and social cohesion, of affected communities. For a total budget of US$ 62.3 million, Burundi's 2016 HRP targeted 442,000 people for emergency assistance, including IDPs, returnees, host communities and others. UNICEF's 2016 HAC budget requirement was estimated at $16.5 million targeting 400,000 vulnerable people of whom 200,000 children.

In spite of the ongoing political-security crisis and funding constraints for some sectors, UNICEF Burundi's HAC 2016 appeal made considerable achievements possible. To name a few, UNICEF interventions in 2016 allowed the provision of critical child protection services to 26,625 children and adolescents through 51 child friendly spaces (CFS), and the organisation of two sessions of mass screening of over 900,000 under five children in the six most affected provinces, which contributed to the identification and therapeutic feeding treatment of 50,693 children. UNICEF strategically resupplied government stocks of essential drugs and vaccines to cover the needs of 175,000 under-15 children and pregnant women, and provided cholera kits, material, long lasting insecticide bed nets and technical support for the management of 393 cholera cases and of 7.9 million cases of malaria. UNICEF's response in WASH addressed current exacerbated vulnerabilities and linked these efforts to the long-term resilience building to ensure 72,675 affected people accessed safe and clean water.

In 2016, UNICEF worked to maintain the fragile development gains made since 2003 by supporting the Government to restore public service delivery systems, while responding to immediate needs of vulnerable children including by reallocating program funding when needed to ensure the implementation of key activities, especially in underfunded sectors such child protection, WASH and education. To enable most vulnerable children to remain in school and alleviate the costs of education materials for families, especially the most vulnerable, UNICEF organized the first-ever nationwide "Back-to-School" campaign, reaching 2.6 million pupils and 32,000 teachers with school materials.

UNICEF is supporting the resilience of the most affected populations, particularly women and children, by ensuring access to essential services and information. UNICEF will continue to strengthen and/or develop mechanisms to engage communities, including building constructive dialogue and community mobilization for peacebuilding. Communication for Development will be used as a cross-cutting strategy. A cash transfer program targeting the most deprived populations is being assessed.

As part of its social policy work, UNICEF is closely monitoring resource allocation to social sectors and will continue to advocate for assistance to Burundi's most vulnerable children and families.

Meanwhile, UNICEF worked throughout 2016 to strengthen monitoring and reporting on grave violations of children rights countrywide. UNICEF continued technical support for real-time monitoring with RapidPro innovative technology for specific interventions to improve the efficiency of the humanitarian response. The management of severe acute malnutrition and of cholera cases are two intervention that benefited of real-time monitoring efforts in 2016.

In 2017, UNICEF will continue to strengthen its emergency preparedness and response activities. A US$18.5 million HAC representing 25% of Burundi's 2017 HRP was launched to mobilize funding to ensure that the most vulnerable children and pregnant women are not left without the much-needed assistance. In 2017, the number of people in need of assistance in Burundi raised to 3 million – tripled compared to 2016 – while the number of people targeted by the HRP doubled to 1 million, more than half of them are children.

Humanitarian Context

Since April 2015, Burundi is facing a sharp humanitarian and socioeconomic crisis which has its roots in the contested electoral process. The unstable security and political environment has forced an estimated 102,258 people to displace within the country and other 340,266 (UNHCR Dec 2016) to flee to neighbouring countries for protection and assistance.

Even before the onset of current crisis, Burundi was facing sizeable challenges. With a population of around 10 million people growing at a yearly rate of about 3%, Burundi is one of the most densely populated and poorest countries in the world. The country socioeconomic indicators are dire. Over 6 people out 10 live below the national poverty line and the country was ranked 184th out of 188 in 2015 by the Human Development Index Report. More than 90% of its population is rural with limited access to land.

In 2016, the reduction of foreign support to 30.2 % of the State Budget from 49.5 % in 2015, coupled with a sharp economic decline, resulted in budget cuts in key social sectors which limited further access to basic social services, especially for children. The 2016 child deprivation and poverty analysis (MODA 2016) revealed that 78.2% of Burundian children were suffering from at least 3 deprivations and 69% live below the national poverty line of $1 per day. The crisis has led to rising food prices, increasing household poverty and a shrinking economy – all which are steadily worsening the situation of children and those caring for them.

In Burundi, around 1.8 million under five children are vulnerable to malnutrition; more than 1 million are stunted (chronic malnutrition) according to the last DHS in 2010. A UNICEF-supported mass-screen of 1,041,561 children aged 6-59 months for acute malnutrition in 2016 in six priority provinces of Burundi showed an important deterioration of the nutrition situation with SAM rate exceeding the 2% emergency threshold in 4 out of 7 communes in the Province of Kirundo. It is estimated that about 50,000 under five children would be acutely malnourished (wasted) across the country in 2017. Inadequate treatment of childhood diseases due to limited access to essential drugs and quality health care, inadequate hygiene practices and higher food insecurity are worsening the prevalence of undernutrition for under five children. In 2016, the number of malaria cases increased to 7.9 million cases and 3,732 deaths from 5.3 million cases in 2015.

Waterborne diseases including cholera are recurrent in some provinces of Burundi due to limited access to WASH services. The lakeshore areas of Burundi bordering the Democratic Republic of Congo and Tanzania, have been endemic to cholera over the last decade. Contrary to other countries where cholera outbreaks are linked to the rainy season, they occur year-round in Burundi's lakeshore areas due to lack of clean water. Overpopulation coupled with population movements in these areas means that outbreaks in the lakeshore can spread quickly over inland. Since 2015, a total of 979 cholera cases with 3 deaths have been registered from recurrent cholera outbreaks.

By affecting school infrastructures and WASH supply systems and forcing people to displace, natural disasters including flooding, storms and landslides are adding more pressure on the provision of basic social services hence aggravating humanitarian needs. In 2016, over 23,000 pupils affected by floods in 7 provinces of Burundi were in need of school equipment and materials, including tents, sheets, nails and paint boxes for blackboard to continue their schooling.

A nationwide interagency need assessment in early 2016 estimated that 1.1 million people in Burundi were in need of humanitarian assistance throughout the year. To respond to the growing humanitarian needs related to protection, access to basic services, resilience and social cohesion, a response plan was developed targeting 442,000 most vulnerable people for a budget of $ 62.3 million. By the end of 2016, the situation deteriorated further. An HNO developed end of 2016 revised the number of people in need in the country to 3 million while the target doubled to 1 million for a total budget of 73.7 million. In regard to increasing needs, UNICEF's HAC budget requirement was

estimated at $18.5 million in 2017 to ensure child survival and protection of women and children in Burundi.

UNICEF is working to maintain the fragile development gains made since 2003 by supporting the Government to restore public service delivery systems, while addressing multiple humanitarian situations. UNICEF is supporting the resilience of the most affected populations, particularly women and children, by ensuring access to essential services and information. UNICEF will continue to strengthen and/or develop mechanisms to engage communities, including building constructive dialogue and community mobilization for peacebuilding. Communication for Development will be used as a cross-cutting strategy. A cash transfer program targeting the most deprived populations is being assessed. As part of its social policy work, UNICEF is closely monitoring resource allocation to social sectors and will continue to advocate for assistance to Burundi's most vulnerable children and families.

Humanitarian Results

In line with the strategic objectives of Burundi's 2016 HRP and for a total budget of $16.5 million, UNICEF's HAC 2016 planned, in the sectors of health and Nutrition, to ensure therapeutic feeding programs to 48,500 under five SAM children, to vaccinate 46,000 under five children against measles, to treat all people diagnosed with cholera, and to provide essential drugs to 175,000 under-15 children pregnant women. In the sector of WASH, UNICEF planned to facilitate access to clean water to 161,500 people while providing hygiene education and information to 280,000 children and their families.

Given the magnitude of the protection crisis and its impact on children, UNICEF targeted 8,000 vulnerable children with daily care and psychological support through the establishment of 50 Child Friendly Spaces (CFS). In addition, UNICEF planned to put in place a functioning monitoring and reporting system on grave rights violations and other serious protection concerns. Regarding the education in emergency, 75,000 affected children were targeted with quality education and 1,500 teachers with training on education in emergency (EiE). Around 100,000 children should benefit of peace, social mobilization and life skills education.

In 2016, UNICEF was able to mobilize 100% of the total required funding and to implement the vast majority of its planned activities across the country. However, there were important discrepancies in resource mobilization efforts. While health and nutrition sectors mobilized more than planned resources, WASH and child protection sectors mobilized only about 50% of required funding, and the education sector only a mere 15%. Furthermore, some planned interventions, particularly in the field of child protection, were deemed sensitive given the political-security context and could not be smoothly implemented.

With the available funding, UNICEF responded through a combination of activities to ensure the protection and child survival of children. When needed, program funding was reallocated to ensure the implementation of key activities, especially in child protection, education and C4D. This contributed in achieving outstanding results in all UNICEF's five main sectors of intervention as presented in the table below.

Result Table

Table 1: 2016 Results Table for Burundi

Indicators	Sector target 2016	Sector total results	UNICEF 2016 target	UNICEF total results
Nutrition				
Number of children aged 6 to 59 months assessed for acute malnutrition through mass screening	1,431,468	1,041,561	1,152,000	907,569
Number of under five children with SAM admitted to therapeutic feeding program	48,500	50,693	48,500	50,693*
Health				
Number and % of people treated for cholera**	500: 100%	393: 100%	500: 100%	393: 100%**
Number of children under 15, and pregnant women reached with essential drugs	442,000	175,000	175,000	175,000
WASH				
Number of affected people accessing a minimum of 7.5 litres of clean and safe water per person per day	342,500	83,263	161,500	53,263
Number affected people provided with hygiene supplies and information on good hygiene practices	342,000	126,448	280,000	87,178
Child Protection				
Number of children and adolescent benefiting from critical child protection services***	44,468	27,741	13,000	27,741***
Number of vulnerable children having daily access to care and psychosocial support through 50 established CFS/centres	10,000	25,353	8,000	25,353
Education				
Number of children benefiting from education in emergency support	213,000	82,978	75,000	82,978****
Number of teachers trained in education in emergency	3,000	2,462	1,500	2,462
UNICEF, as sector lead agency, is responsible for information management of sectoral partner results and sharing overall results achieved by sector members collectively.				
Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programs where necessary.				
****This total is different from HAC report issued earlier as SAM figures are fully computed with two months delay. In addition, mass screening was completed in 6 priority provinces, as well as in an additional province (Rutana) by World Vision International with its own funding.*				
***100% of the 393 cases identified were treated*				
****With the increase in humanitarian needs, UNICEF has taken on additional targets which are reflected in UNICEF's 2017 HAC.*				
***** UNICEF has reprogrammed regular programme resources to meet a portion of these results in 2016*				

Results by sector

I. Nutrition Sector

Objectives and expected results

The estimated national annual forecasts for acute malnutrition suggest that more than 100,000 and 48,500 under five children suffer from moderate and severe acute malnutrition (MAM and SAM) respectively in regular program. Although Burundi national database does not include MAM data, 28,829 SAM children were treated in 2013, 35,520 in 2014 and up to 38,867 in 2015, showing a continuing increase in admissions. Disaggregated data are not available for boys and girls as there is no gender difference in access to health facilities and treatment protocol, neither for IDPs, migrants or returnees as they access the existing health system in their host communities.

The increase in acute malnutrition was due to poor harvests in June-July 2015 and a delayed agricultural season (August-December) due to a dry spell, coupled with the effects of the widespread socioeconomic decline, a surge in malaria cases, chronic limited access to clean water and sanitation, and insufficient hygiene practices. Six provinces (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge) covering one-third of the population were at higher-risk due to the impact of the ongoing civil unrest, an interagency assessment in late 2015 revealed. This situation guided UNICEF's response in 2016.

The interventions funded by USAID-FFP, the main donor for humanitarian nutrition actions in 2016, were implemented in close collaboration with USAID-FFP team in Burundi, the national medical store (CAMEBU) and the Ministry of Health (MoH), 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 2017, the prevalence of acute malnutrition from 6% to 4% in under-5 children.

The overall objective of the UNICEF's humanitarian response in nutrition was that “by the end of 2016, 48,500 under five children with SAM admitted into therapeutic feeding program”. To achieve this, UNICEF benefitted a USAID-FFP contribution in 2016 (SM160360, KM160020 and KM160022) that was combined with the balance of the 2015 contribution (SM150327, KM150010, KM150023). In addition to this funding, UNICEF used regular resources and other resources such as DFID and Government of Japan contributions as well as other non-emergency funding to ensure the continued treatment of SAM children.

The **specific objectives** addressed in 2016 were the following:

- By the end of 2016, at least 75% of the estimated 27,570 severely acute malnourished children will be cured, <5% deceased, <13% defaulters, <7% non-respondents according to SPHERE 2011 recommended international standards over the 18 provinces of Burundi;
- By the end of 2016, 175 untrained staff from health facilities offering CMAM services are trained on the revised protocol;
- By the end of 2016, the real-time monitoring for supply tracking by “Rapid SMS” will be scaled-up nationwide.

An additional objective was added through the CERF funding (Central Emergency Relief Fund) for the nutrition sector to document the nutrition situation and to identify and treat SAM children under five in 6 targeted provinces:

- The nutritional well-being of 642,686 children aged 6 to 59 months is monitored and response provided to treat SAM when needed in 6 targeted provinces (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge).

Results achieved in 2016

The treatment of children with SAM continued to be a national priority given the deteriorating socioeconomic situation, increasing food insecurity, and increasing malaria cases.

Key results achieved in 2016 were the admission and treatment of 50,693 SAM children under five, the continued support to improve the national supply chain, the capacity strengthening of 154 health staff nationwide for improved service quality, the completion of two rounds of mass-screening reaching 907,569 children aged 6 to 59 months and training of 1,046 health providers on SMS reporting for real-time monitoring via RapidPro technology.

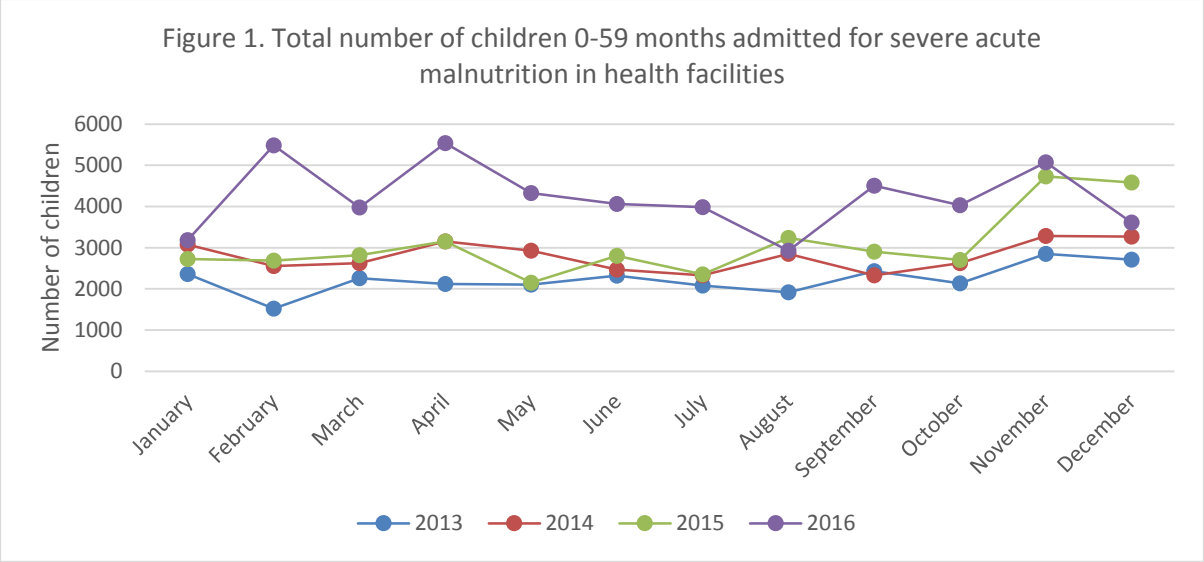
In 2016, UNICEF Burundi provided adequate technical support and oversight to PRONIANUT and nutrition sector partners. The results achieved from nutrition interventions during this reporting period are presented in the following table.

Table 2: 2016 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	48,500	50,693	48,500	50,693
2. Proportion of discharges recovered	>75%	82%	>75%	82%
3. Proportion of discharges died	<10%	2%	<10%	2%
4. Proportion of discharges defaulted	<15%	6%	<15%	6%
5. Number of health workers trained on management of severe acute malnutrition	175	154	175	154
6. Number of provinces using Rapid SMS for reporting	18	18	18	18

SAM Management

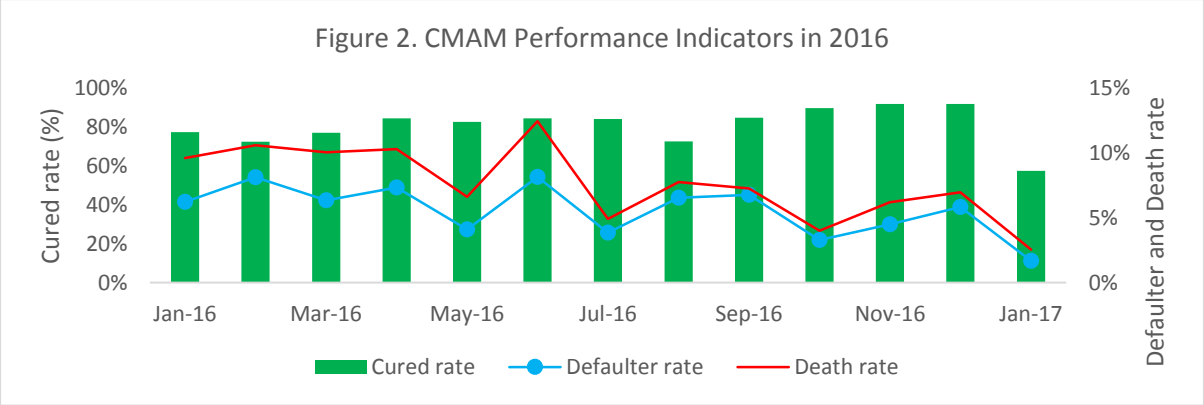
The management of SAM continued in 214 health centres and 30 hospitals countrywide. This was possible thanks to the joint contribution for regular resources, other resources and emergency resources including DFID and the in-kind contribution of 25,000 cartons of RUTF from USAID-FFP for the treatment of 27,570 SAM children. A total of 50,693 severely acute malnourished (SAM) children against the expected 48,500 were treated showing a coverage of SAM management in health facilities of 105%. The high number of malaria cases in 2016 (7,935,030 cases) as well as the high food insecurity reported by Ministry of Agriculture, FAO and WFP possibly contributed to this increase in SAM. However, there is an underreporting of admitted cases in the national database as some provinces or health centres inside a province did not report for all the months of 2016. The graph below illustrates the net increase in SAM cases admissions in 2016 compared to previous years (2013 to 2015).



Source: MoH, CMAM database 2016.

The CMAM (Community management acute malnutrition) program 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 (see following figure). When put in relation with the increase admissions in 2016, this steady performance illustrates the efficiency of CMAM training done since 2014 nationwide to improve quality of CMAM service.

One of the constraint in CMAM programming in Burundi is the lack of funding for CMAM interventions which constrained UNICEF to use its buffer and contingency stock in 2014 while there was no funding opportunity to replenish in the last three years. Any increase in acute malnutrition is then very difficult to manage and respond to, putting CMAM programming in a very vulnerable position.



Source: MoH, CMAM database 2016.

Strengthening of the nutrition supply chain

Since June 2014, and with USAID-FFP support, the nutrition supplies are integrated in CAMEBU's management system. The management of these supplies is done in collaboration with UNICEF, PRONIANUT and CAMEBU. Due to high volume of RUTF cartons, UNICEF still ensure 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.

Despite UNICEF efforts, two RUTF gaps were noted on the field: in April 2016 and in December 2016-January 2017. The first gap was created by the low reactivity of PRONIANUT which was focused on other priorities and could not ensure timely distribution plan and delivery. UNICEF is mitigating this

situation by pro-actively ensuring earlier distribution plan preparation with the programme. The second gap was created by low pro-activity and lack of communication between PRONIANUT and CAMEBU which closed for more than a month due to internal physical inventory without informing neither the programme nor UNICEF. Although UNICEF supports the desire of the MoH to improve coordination and supply control, the MoH made it mandatory by official communication for all partners to put all medical and therapeutic supplies in CAMEBU, including contingency stock. This situation made UNICEF powerless to deliver directly from its warehouse to the health districts to cover this gap with the refusal of the MoH to accept UNICEF support to address the situation. Mitigation measures will be taken in 2017 to prevent a recurring situation with improved communication with CAMEBU to ensure timely sharing on their physical inventory schedule as well as continued pro-activity to prepare in advance distribution plan with the programme. UNICEF will inform also more efficiently the MoH higher authorities while requesting more support from donors to address this situation.

Improvement of CMAM service quality

The national pool of CMAM trainers continued its national CMAM protocol dissemination efforts in 2016 with the training of 154 health staff from health centres and hospitals.

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 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. It created an opportunity for the community to consider its children on a more holistic point of view. Although difficult to document at community level, early detection of acute malnutrition and childhood disease saves children lives.

Nutrition Reporting and Monitoring

Reporting

The national paper-based reporting system is the main source of CMAM statistics to date despite some challenges related to timeliness and completeness. CMAM monthly report has slightly improved 2016 with a reporting rate above 80% from January to November. UNICEF supports PRONANIUT to implement the innovative technology of reporting using RapidPro which is designed to recognize critical events and immediately send alerts on stock out at health facility level to decision levels (health districts, provincial and national levels) to ease fast response and prevent stock-outs. By the end of December 2016, all 18 provinces were trained on RapidPro real-time monitoring innovative technology for supply tracking and beneficiaries reporting. The effectiveness of the system will be tested along the first semester of 2017 and adjustment will be made. In 2016, a total of 1,046 Heath staff from health centre, health district and provincial levels were trained by the CMAM RapidPro national pool of trainers under the leadership of PRONIANUT and the Direction of Health Information System to scale-up nationwide the system. The user friendly dashboard was also improved in 2016 to facilitate its use and performance for health districts, provincial and national levels. In total we have 37 dashboard users and 777 reporters nationwide.

Monitoring

All six provinces identified as vulnerable through the inter-agency assessment (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge) were targeted for specific repeated active mass-screening for acute malnutrition. This was an important activity to document the trends in acute malnutrition during the year (2 repetitions: June-August and October-December) while it allowed to identify and refer SAM children for treatment at the nearest health facility offering the management of SAM. Using CERF funding, UNICEF supported PRONIANUT and NGOs (World Relief,

Concern WW and Pathfinder International) in the preparation, implementation, analysis and reporting of the mass-screening.

A total of 12 mass-screenings was completed, two round in 6 provinces, allowing 907,569 children aged 6-59 months were screened (449,309 in the first round and 458,260 in the second round). A total of 15,533 children under five with severe acute malnutrition (SAM) were identified and referred to therapeutic centres for treatment. Results showed a progressive and important degradation of the nutrition situation between both rounds in Kirundo province. Indeed, 3 out of 7 communes showed SAM prevalence over the emergency threshold of 2%. Mitigated results in other provinces are link with the lower incidence of malaria and food insecurity which both became critical later in 2016 so after the selection of the targeted provinces by the interagency assessment.

Table 3: 2016 Mass-screening results in 6 targeted provinces

Provinces	Number of children expected	Number of children screened	Coverage (%)	MAG (%)	MAM (%)	MAS (%)
1st screening						
Bujumbura Mairie	91,200	72,326	79%	2.2%	1.5%	0.7%
Bujumbura Rural	102,200	69,700	68%	2.6%	2.1%	0.5%
Cibitoke	95,100	79,520	84%	4.3%	3.4%	0.9%
Kirundo	119,100	90,981	76%	7.2%	5.4%	1.8%
Makamba	107,100	74,760	70%	6.1%	5.0%	1.1%
Rumonge	61,300	62,022	96%	5.2%	3.6%	1.5%
Total first screening	**576,000**	**449,309**	**80%**	**5.4%**	**4.2%**	**1.2%**
2nd screening						
Bujumbura Mairie	91,200	70,655	77%	1.1%	1.0%	0.2%
Bujumbura Rural	102,200	71,200	70%	2.4%	2.1%	0.3%
Cibitoke	95,100	71,025	75%	4.4%	3.4%	1.0%
Kirundo	119,100	93,975	79%	8.9%	6.6%	2.3%
Makamba	107,100	83,388	78%	4.9%	4.3%	0.6%
Rumonge	61,300	68,017	111%	4.1%	3.1%	1.0%
Total second screening	**576,000**	**458,260**	**80%**	**4.5%**	**3.6%**	**0.9%**
Grand Total	**1,304,447**	**907,569**	**80%**	**5.0%**	**3.9%**	**1.1%**

Support to National Nutrition Coordination

Once again, USAID-FFP grant was essential to allow PRONIANUT to lead coordination meetings of provincial and health districts' management teams, including the peripheral nutrition focal points, to discuss CMAM program implementation. Using USAID-FFP funding, only 8 field supervisions were realized in 2016 compared to 18 in 2015. This decrease is linked with the Government restriction that MoH partners cannot go on the field to supervise without the central level accompaniment, which unfortunately is not always available. However, using other funding sources, UNICEF was able to complete additional supervisions bringing to total to more than 15 in 2016. In addition, PRONIANUT, including the CMAM national pool of trainers, was supported to conduct CMAM supervisions two times in all 46 health districts and some health facilities as it is required by the MoH rules.

Lessons learned, opportunities and challenges

Regarding SAM treatment, the main challenge remains data and supply management. CMAM statistics are transmitted with a too long delay to be useful for adequate follow-up and response. Experience in

2016 highlighted an important need to establish a clear workflow for supply management and a fluid communication plan to prevent stock-outs and allow timely delivery. UNICEF wishes to build on the opportunity of CMAM monitoring and reporting via RapidPro to cross-check supply and beneficiary data to have pro-active and dynamic information to share with donors to facilitate fund mobilization.

Another lesson learned is related to the identification of vulnerable provinces for mass-screening. The selection of the six targeted provinces based on the interagency assessment was biased by the inclusion of too many vulnerability criteria (such as protection, refugee movements, security vulnerability, etc.). This led to the non-inclusion of provinces concerned with high risk of food insecurity and malaria (Kayanza, Muyinga, Karusi, Cankuzo and Ruyigi) for which nutrition surveillance should have been done. UNICEF and the nutrition sector is advocating with OCHA for an easier inclusion of nutrition surveillance into emergency funding opportunities so that more efforts can be done to improve identification and response to actual needs.

II. Health sector

Objectives and expected results

More than half of Burundian population (5.2 million) is under the age of 18 and exposed to vulnerability and deprivation. The level of infant and women mortality is very high even though health services for children under-5 and pregnant women are free of charge, including the provision of essential drugs for these two target groups. The main causes of mortality among children under-5 are: prenatal causes (33 %), pneumonia (19 %), diarrhoea (14%) and malaria (3 %).

The continued funding limitations by some bilateral donors since the 2015 socio-political crisis exacerbated the health and wellbeing of the population. This had a particularly negative impact on health sector with a reduction of its budget by 54%.

Although some donors have limited their direct support to the GoB, the MoH receives support from technical partners and other donors in the area of health in emergency. Based on a MoH request in 2015, UNICEF Burundi procured essential drugs for 175,000 children and women. Distribution was completed early 2016 directly to all 46 health district covering more than 900 health facilities nationwide. Beside this exceptional support, UNICEF remains the sole provider of traditional vaccines and ready-to-use therapeutic food for the management of SAM in Burundi.

Immunization interventions have been challenged since July 2015 when Gavi suspended its direct cash support, including already in-country funding. A tripartite memorandum of understanding was finally signed between the MoH, Gavi and UNICEF to ensure continued immunization services and cold chain management in 2016.

The health sector overall objectives were to:

- Strengthen health facilities by providing emergency health kits (Including rape treatment kits, cholera treatment kits and medical tents);
- Provide emergency health care to people in need;
- Pre-position clean delivery and emergency obstetrical care kits for safe deliveries in hotspots sites and health facilities;
- Provide essential drugs to affected children under 15 years and pregnant women;
- Contribute to the prevention of childhood diseases through promotional messages;
- Provide technical support to the MoH to ensure a continued cold chain in health facilities in targeted provinces.

The main expected results for UNICEF were the following:

- 500 people treated for cholera;
- 175,000 children < 15 years and pregnant women provided with essential drugs;

- 46,000 children under five vaccinated against measles.

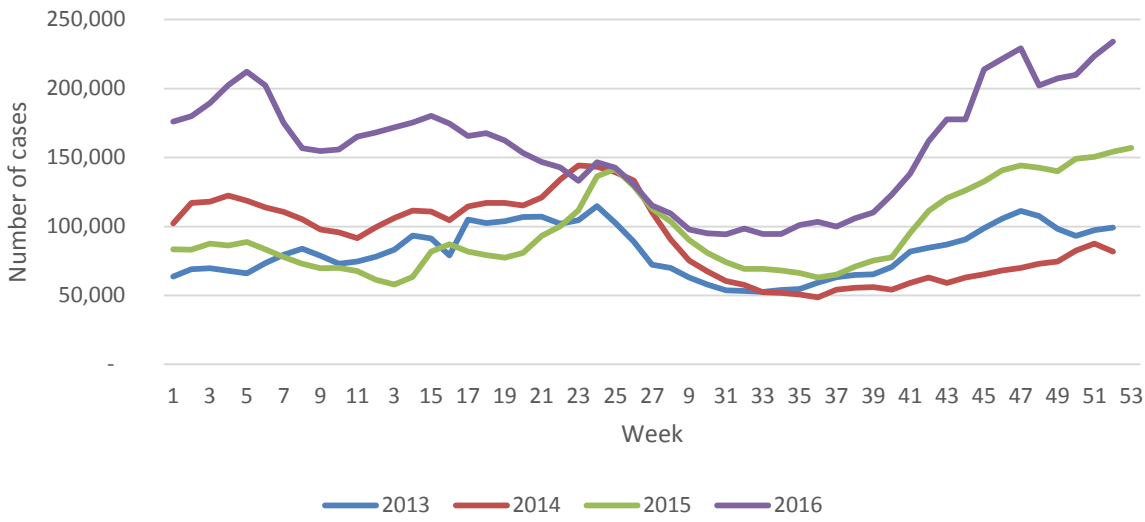
Results achieved in 2016

Cholera is endemic in the lakeshore areas of Burundi, bordering the Democratic Republic of Congo and Tanzania, due to the chronic lack of access to safe water and deficient hygiene practices. Between July and December 2016, a cholera epidemic affected eight health districts. A total of 393 cholera cases with two deaths were reported in 8 health districts. UNICEF supported the MoH response with provision of equipment, material and technical support. UNICEF continue its technical and financial support to improve the real-time (or early) reporting of cholera cases and the outcome of case management by using RapidPro technology on mobile phones.

As illustrated in the following figure, the number of malaria cases increased in 2016 to 7,935,030 cases and 3,732 deaths compared to 5.3 million cases in 2015. UNICEF provided long lasting insecticide bed nets at the beginning of the malaria surge.

No measles outbreak was reported in 2016. However, UNICEF continued its support to the MoH for routine immunization and catch-up measles immunization activities during the Mother and Child Health Week (MCHW) and the African weekly immunization, reaching 361,090 additional children aged 0 to 11 months with measles vaccine outside of the routine activities.

Figure 3. Trends in malaria cases from 2013 to 2016



Source: MoH, National Health Information System.

Lessons learned, opportunities and challenges

For the cholera response, the main lesson learnt in 2016 is the importance of prepositioning of cholera treatment kits in epidemic-prone areas to ensure that cholera treatment and adequate management can quickly be accessible to the affected population. This is essential to prevent high cholera related mortality. UNICEF will continue its support to procure cholera treatment kits and ensure that they are available at national level and in epidemic-prone areas at the real-time.

In 2016, the country faced a malaria outbreak, UNICEF supported the MoH in the development of the response plan and for the procurement of malaria drugs and tests. Considering the high risk of cholera and malaria epidemics, UNICEF is increasing its fund mobilization efforts to cover the needs while its participation as a key partner in the health sector will continue for improved collaboration.

III. WASH sector

Objectives and expected results

The withdrawal of foreign assistance and reallocation of public funds initially intended for water and sanitation services, coupled with flooding and cholera epidemic, eroded the progress made with access to drinking water in Burundi. WASH sector's overall objective in 2016 was to reduce morbidity and mortality associated with the transmission of infectious waterborne diseases due to inadequate WASH services among populations affected by the socio-political crisis, cholera epidemics, nutritional crisis and natural disasters.

Burundi's 2016 HRP targeted about 342,000 people in need of WASH assistance, including 86,000 internally displaced persons, 21,000 returnees, 48,000 people in host communities and 187,000 inhabitants from areas with risk of flooding, cholera or other water-borne diseases. UNICEF HAC in 2016 planned to provide 161,500 persons with clean and safe water, and 280,000 children and their families with hygiene education and information.

In order to support the efforts of the nutrition sector in the fight against malnutrition of children under 5, "WASH in Nutrition" activities were planned in 2016 to improve access to drinking water and contribute to improvement of good hygiene practices.

Results achieved in 2016

By pushing thousands of people to relocate as internally displaced persons, the current crisis added further strain on existing water and sanitation infrastructures both for host communities and displaced population, exposing the population to health risks including cholera epidemic.

As WASH in Emergency sector lead, UNICEF Burundi ensured the coordination of the WASH response to the cholera outbreak in close coordination with the Health sector. In 2016, a total of 393 cholera cases were reported with only 2 deaths in 4 provinces along the Tanganyika Lake. UNICEF provided support to the Government of Burundi (GoB) to contain the outbreak from July to December. During the outbreak, UNICEF trucked safe drinking water to 11,130 people in cholera affected areas. In addition, UNICEF provided hygiene kits and support to 5,096 people affected by cholera and floods, and trained over 150 community health workers on cholera prevention in Nyanza-Lac District, reaching more than 100,000 people.

Floods and other crises linked to climate change continued to pose a threat on the existing water supply and sanitation infrastructure in some areas. In addition, UNICEF Burundi with the Burundian Red Cross (BRC) responded to floods by providing sufficient quantity and quality water to 25,200 internally displaced people, building adequate sanitation facilities for 3,090 people in flood displacement sites, and supplying hygiene kits to over 1,100 households.

In addition, Burundi continues to receive Congolese refugees. UNICEF and its partner COPED completed the construction of a new gravity water supply system following a request by UNHCR. It serves 9,000 refugees, including 1,900 women and 5,990 children, a nursery, primary school and high school in the camp as well as a primary school. UNICEF also supported 6 Child Friendly Spaces (CFS) with materials to ensure a safe transport and storage of drinking water, regular practice of handwashing, and a space where 2,250 children can play and learn.

With UNICEF support, 15 people from the Government and NGOs were trained on WASH in emergency.

Lessons learned, opportunities and challenges

The WASH Sector in Burundi is heavily aid dependent, hence particularly vulnerable in a context of donor pull-out. In 2015, 73.8 % of the allocated resources to the two WASH line Ministries came from foreign aid. In 2016, the share of foreign resources within the budgets of both Ministries decreased to

29.4%. As a consequence, many projects funded by donors in 2015 were not renewed in 2016. This funding shortfall will have a long-term negative impact not only on improving WASH coverage towards development goals, but even on sustaining the provision and quality of existing WASH services.

The limited number of humanitarian partners in Burundi is a huge challenge for emergency response in the WASH sector. The few existing WASH partners for emergency response are overloaded and this could impact negatively on the timely provision of required services.

Maintenance of equipment and management of water points in Burundi is a chronic challenge. A user payment was introduced but is not accepted by users since most of the communities 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.

IV. Child Protection sector

Objectives and expected results

With over 340,000 people forced to flee to neighbouring countries or to relocate internally for their safety, the humanitarian crisis Burundi has been facing since the outbreak of violence in April 2015 is primarily a protection crisis particularly related to violence against, threats to, and intimidation of the civilian population, and human rights violations. The existing prevention and intervention services did not suffice to guarantee safety and dignity and to preserve the rights of the most vulnerable, particularly the youth and women. Burundi's 2016 HRP estimated that at least 1.1 million people (about 10% of the total population) were affected by the protection issues. Some 442,000 people (50% of them children), including IDPs, returnees and member of host communities were targeted for assistance for an estimated budget of US$ 11.9 million. The protection sector intervention in 2016 aimed (i) to improve the protective environment for those affected and at risk, in order to reduce the risks of protection and violations and abuses against civilians; (ii) to improve equitable, safe, and decent access to protection services; and (iii) to promote empowerment strategies and ownership of community protection mechanisms with a focus on age, gender, and diversity by the beneficiaries.

To respond to the protection needs of children, UNICEF oriented its intervention and supports towards five strategic objectives: (i) scaling up and reinforcing psychosocial support to children affected by the security and political crisis through child friendly spaces in most affected provinces; (ii) building the capacity of child protection field staff and child protection committees (CPC) on child protection in emergencies and gender-based violence (GBV); (iii) family tracing , reunification and reintegration of children in conflict with the law and separated children in relation with the crisis; (iv) supporting the monitoring of CPC activities on the prevention of violence, abuse and exploitation of children in affected provinces; and (v) reinforcing the coordination of the Child Protection sub sector and technical capacity for Child Protection partners.

Results achieved in 2016

Since the onset of the crisis in 2015, an important number of children got in conflict with the law, with the most common charges being participation in protests or alleged participation in armed groups. As a consequence, the need for psychosocial support of children increased sharply. In UNICEF-supported CFS in Bujumbura, one in four children was reported to show signs of psychological trauma. In 2016, UNICEF Burundi supported the implementation and functioning of 51 CFS to provide recreation opportunities, documentation and when necessary appropriate reference to children affected by the situation in Burundi including the security and political crisis, floods and displacement. In total in 2016, 26,625 children (1/3 girls) were received in these CFS.

Regarding the capacity building, UNICEF supported the training of 200 CPC members and 126 social workers in Child Protection in emergencies (CPiE), including the training on psychosocial support and

the prevention and response to GBV. UNICEF also trained partners working on monitoring of grave violations against children in armed conflict. The CPiE training has contributed to the identification, reference and follow up of 1,052 protection cases of which 619 were resolved at community level while severe cases others were referred to appropriate levels. Among severe cases there were severe neuro-psychic crisis and traumas, aggressiveness, GBV and permanent fear.

Concerning family tracing, 222 children including those arrested in relation with protest against the third mandate of the current president and 10 children expelled from Tanzania were identified, documented and reunified with their families with the support of the United Nations Central Emergency Funds (CERF). UNICEF also provided support to CDFC (Centres for Family and Community Development) and CPC to follow up on 919 children (413 boys and 466 girls) expelled from Rwanda during the reported period. In addition, UNICEF and partners supported the reintegration of affected children in their communities. A group of 44 children received vocational trainings and equipment for their reintegration while 172 children have been re-enrolled in schools in their community of origin.

To prevent violence, abuse and exploitation of children in affected regions, UNICEF reinforced the capacities of CPC members on child protection monitoring and CPiE. CPCs have played a key role to prevent and resolve child protection concerns, including forced girl marriages by their parents and arbitrary arrests of children in the absence of NGOs working on protection. Regular monitoring visits from the Department of the Child and Family and UNICEF allowed to provide guidance and continuous coaching to CPC to improve their advocacy and reporting capacities.

Table 4: Results achieved for children affected by the crisis in 2016

Indicators	2016 Target	2016 results
1. Number of child rights violations reported	50	50
2. Number of social workers trained on how to respond to the needs of children in emergency situations	167	215
3. Number of child-friendly spaces offering psycho-social support as well as management of cases of GBV	50	51
4. Number of children released from detention	-	347
5. Number of child victims of any violation that benefit from medical and/or psychosocial care	2,552	779[1]

Lessons learned, opportunities and challenges

Increased coordination and capacity building has allowed the Child protection sub sector to respond to protection risks related to the crisis including to keep children away from risky environment through CFS interventions. However the number of children affected by the crisis is on increase throughout the country due to the sharp deterioration of socioeconomic situation. While significant results were achieved responding to all protection needs throughout the country, especially those related to the reintegration of street children, remains one of the big challenges for UNICEF and its partners. UNICEF and Child protection partners are advocating for a more child friendly action plan for street children

[1] This result were affected by limited access to cases living in hot spot areas and the fear of victims/ survivors and witnesses to report. Since partners were not able to work safely in affected areas, CFS were the main entry points for cases identification and it takes time for a child to build confidence and provide reliable information for documentation.

who are currently arbitrary arrested and forcibly taken back to their villages of origin over alleged risks of recruitment by armed groups.

Although UNICEF and partners have upgraded their response, the current political-security context led to higher than expected numbers of children in need of child protection services, including those living in hotspot areas who participate in CFS. Given that these children need individual attention, the joint response was rather labour-intensive.

The leadership of the Government in child protection coordination in the current political situation does not allow open, objective and strategic discussion. Due to the context, collecting data and information on some situation such as arbitrary arrest cases of children, recruitment of sexual violence and abuse are very sensitive and could expose children, witnesses and staff to serious risks although this is now improving.

V. Education sector

Objectives and expected results

The socio-political crisis affecting Burundi, since 2015, coupled with recurring natural disasters in some of its provinces have been impacting access to school infrastructures and safety of learning environment negatively. While insecurity and school-based protection remain major concerns for both pupils and education staff, recurrent floods and storms as well as cholera and malaria epidemics have a negative impact on school dropout rates and the overall Burundian education sector's performance.

In 2016, Burundi Humanitarian Response Plan (HRP) aligned its education emergency response on three priority areas: (i) ensure access to quality education in a safe and protective environment for children and young people affected by the crisis and natural disasters; (ii) provide psychosocial support to children and young people in targeted schools; and (iii) build the capacities of education institutions, staffs, and students for the prevention and management of risks associated with the crisis and natural disasters.

The interventions of the education sector focused on responding to the needs of 212,500 people, including 164,800 children (3-17 years) and 3,300 teachers living in areas directly or indirectly affected by the crises, for an estimated budget of US$2.5 million. The education emergency response was implemented in collaboration with Child Protection, WASH, Nutrition, shelter, and food security partners to promote an integrated and holistic humanitarian response to affected children.

Results achieved in 2016

In 2016, UNICEF organized the first ever nationwide "Back to School" (BTS) campaign, supplying 2.6 million pupils and their 32,000 teachers with basic learning and teaching materials. This campaign aimed to enable most vulnerable children to remain in school and alleviate the cost of education materials for Burundian crisis-stricken families. This was made possible thanks to the Global Partnership for Education (GPE) grant.

To ensure that 2,919 Burundian refugee pupils, who sought refuge in Tanzanian camps, continue to benefit of their right to education, UNICEF Burundi was strongly engaged in a cross-border discussion and convinced both government education authorities to allow Burundian refugee children to take exams with a view to further integrate the Tanzanian schooling system. The National Examination Council of Tanzania has been chosen to organize the exams in March 2017.

In response to school occupations by police forces, UNICEF Burundi further undertook actions to launch the "Schools as Zones of Peace" project in 20 schools, located in the capital city Bujumbura, to raise awareness among children on issues such as resilience and peacebuilding. More than 700

children and adolescents were expelled and prosecuted, at the end of the school year 2015-2016, for scribbling on the President's picture featuring on their textbooks. Most of those missed their end of year exams. 73 students, among them 44 under the age of 18, were detained in adult jails. Following strong advocacy by UNICEF and partners, all children were transferred to retention centers for children and/or released. Attacks against schools are now being closely monitored by an internal group between UNICEF's Education and Child Protection Sections, named "Education Watch Initiative". Coordinated actions are initiated within this platform.

In partnership with "Association pour la Réhabilitation des Sinistrés", UNICEF Burundi supported more than 600 Internally Displaced children, from Muramvya District, to ensure that they continue their education. Furthermore, 23,752 students affected by floods in Bururi, Cibitoke, Rumonge, Makamba, Cankuzo, Ruyigi and Bujumbura Mairie provinces benefited of school materials, including tents, sheets, nails and paint boxes for blackboard to support continued schooling.

Upon request from the Minister of Education UNICEF, in collaboration with UNFPA and WFP, organized "summer camps" for 10,500 students in 20 schools located in "hotspots" districts within the capital city Bujumbura. Recreational activities were organized for young children, while adolescents and young people were capacitated in the area of peacebuilding through sport and life skills approaches. This initiative engaged children and youth considered to be permanently at risk of exploitation.

Lessons learned, opportunities and challenges

Since 2016, national resources allocated to the Ministry of Education as for other Ministries have been decreasing. In 2016, over 94% of education budget allocations were intended to finance the running costs. With the continuing freezing of aid and the collapse of the national economy, ensuring access to and maintaining children in education is a major challenge in Burundi. Furthermore, the number of children in need of support to access quality education continues to increase with the rocketing birth rate. Natural disasters, leading to recurrent supply needs and access to education, remains a great issue for the most vulnerable children, including internally displaced children. The political crisis, affecting Burundi's relationship with international aid donors, has had a severe impact on UNICEF's capacity to mobilize sufficient funding to face all challenges and ensure the continuity of education in the situation of crisis.

In addition, to fill the gap of information, UNICEF will support an assessment of the impact of the crisis and natural disasters on the education system. The results of this assessment will better allow the implementation of relevant interventions to respond to the needs of the affected students and teachers.

Cluster/Sector Leadership

In Burundi, the year 2015 was marked by grave and recurrent human, children and women rights violations including assassinations, mass arrest with torture, and extrajudicial killings, including of children. However, Burundi was not declared an emergency country, hence the cluster approach is not activated.

UNICEF Burundi acted as co-lead alongside the Government counterpart of four emergency sectors – Health, Nutrition, WASH and Education – as well as the Child Protection sub-sector.

In 2016, UNICEF continued to lead 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 one of co-leads of the Health sector emergency group with WHO, working on information sharing and

interventions coordination. The main participants to his group are: WHO, UNICEF, UNFPA, MSF, IOM, Burundian Red Cross and Africa Humanitarian Action.

In 2016, UNICEF Burundi continued to support the Government of Burundi (GoB) Department of Child and Family Welfare for the coordination of the Child Protection Sector. UNICEF Burundi expertise and leadership helped to update the emergency response action plan and other coordination tools and structures, including the mapping of stakeholders and services, the referral systems, and thematic working groups. UNICEF Burundi significantly contributed to the preparation and finalization of the child protection need assessment for the Humanitarian Needs Overview and the Humanitarian Response Plan (HRP) for 2017.

In 2016, UNICEF played a key convening role in the area of Education in Emergencies (EiE) by strengthening the coordination of the Education Emergency Sector Group (EESG). Under UNICEF's leadership, bimonthly meetings were held in coordination with the National Platform against Natural Disasters. UNICEF supported the training of 20 members of EESG on the Minimum Standards of Inter-agency Network for EiE. The focal point of the Minister of EiE and a UNICEF staff were trained on conflicts sensitive education sector planning by ESARO. Thanks to the support of the Global Education Cluster, a triennial national EiE strategic plan was developed based on a caseload and humanitarian situation analysis. This plan was decline into annual work plan based on the Humanitarian Response Plan (HRP). A coordination mechanism was put in place including strategic advisors group and other sub-groups (M&E, Child protection, psychosocial support) with clear terms of reference for each sub-group of the education in emergency working group.

UNICEF was more engaged in the coordination of the sector in 2016 as the sector lead (German Corporation for International Cooperation – GIZ) has decreased its presence in Burundi since the onset of violence in 2015. Under UNICEF and the Government of Burundi (GoB) lead, the monthly WASH in emergency coordination meeting, has become the main platform for information sharing and the coordination of stakeholder interventions. The strengthened coordination facilitated the support to the GoB to contain the cholera epidemic that affected Burundi from July to December 2016.

UNICEF had a valuable role in the coordination of partners and monitoring of the situation in each sector which met regularly. OCHA initiated technical support to Burundi late in 2015 for improved preparedness and coordination. However, this support came too late to have an impact on 2015 results.

Monitoring and Evaluation

In 2016, UNICEF used a number of 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 program 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 field monitoring visits are conducted by the emergency program team on a monthly basis to inform program implementation.

• ***Simplified program implementation monitoring from UNICEF implementing partners***: This will entail monthly or quarterly monitoring from implementing partners reporting on progress on expected results and priority program performance indicators as agreed in the Programme Cooperation Agreement (PCA) Monitoring and Reporting Addendum signed with all partners. This is

accompanied by field visits and spot-checks by UNICEF program and operations staff throughout the project interventions.

• ***U-report***: U-report is a free SMS-based system that allows beneficiaries to speak out on what is happening in their community, and to work together with other communities to enact positive change. 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 used regular SMS messages and polls to and from the IDPS and host communities to gather information about how their lives are being impacted by the crisis and by interventions provided by UNICEF. The majority of U-reporters are youth, making this a valuable tool for social mobilization and monitoring within the different programs.

Financial Analysis

Table 5: 2016 Funding status against the appeal by sector (in US$)

SECTOR	2016 Requirements	Funds Available Against Appeal as of 31 December 2016	% Funded
Nutrition	**2,400,000**	**6,580,626**	**274%**
Health	**5,160,000**	**6,581,741**	**128%**
Water, sanitation and hygiene	**3,600,000**	**1,866,700**	**52%**
Child protection	**2,400,000**	**1,250,166**	**52%**
Education	**2,000,000**	**299,722**	**15%**
Cluster/sector coordination	**380,000**	**115,329**	**30%**
Total	**16,540,000**	**16,694,284**	**101%**

** Funds available includes funds received against current appeal and carry-forward from previous year.*

Table 6: Funding received and available by donor and funding type

Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	**Programme Budget Allotment reference**	**Overall Amount***
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
Global Thematic Humanitarian Response	SM149910	742,216
b) Non-Thematic Humanitarian Funds		
Japan	SM160074	1,231,481
The United Kingdom of Great Britain	SM160348	1,827,485
USAID/Food for Peace	SM160360	388,920
USA USAID United States Agency	SM160470	437,863
GERMANY	SM160588	6,094,205
Total Non-Thematic Humanitarian Funds		**9,979,955**
c) Pooled Funding : (i) CERF Grants and (ii) Other Pooled funds		
UNOCHA UN Office for the Coordination	SM160159	1,098,090
UNOCHA UN Office for the Coordination	SM160171	682,257
UNOCHA UN Office for the Coordination	SM160172	1,106,828
Total Pooled Funding		**2,887,175**
d) Other types of humanitarian funds		
USAID/Food for Peace	KM160020	113,000
USAID/Food for Peace	KM160022	1,371,060
Total Other types of humanitarian funds		**1,484,060**
Total humanitarian funds received in 2016 (a+b+c+d)		**14,351,190**
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		
USAID/Food for Peace	KM150010	106,387
Total Carry over Thematic Humanitarian Funds		**848,603**
f) Carry-over of non-thematic humanitarian funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable		
USAID/Food for Peace	SM150327	403,893
Total carry-over non-thematic humanitarian funds		**403,893**
Total carry-over humanitarian funds (e + f)		**1,252,496**
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
		0
Total other resources		**0**
Total		**15,603,686**

** Programmable amounts of donor contributions, excluding recovery cost.*

*** 2016 loans have not been waived; COs are liable to reimburse in 2017 as donor funds become available.*

Table 7: Thematic humanitarian contributions received in 2016

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
French committee for UNICEF	SM1499101133	318,435.75	335,195.53
UNITED KINGDOM Committee for Unicef	SM1499101102	136,103.16	143,266.48
Allocation from global thematic humanitarian	SM149910	287,677.52	287,677.52
Total		**742,216.43**	**766,139.53**

Future Work Plan

UNICEF will continue to monitor the humanitarian context in Burundi as the political situation remains volatile. It is likely that in 2017 the situation of children will continue to be negatively impacted by emergencies including cholera, malaria outbreaks, food and nutrition insecurity aggravated by the sharp socioeconomic decline, political uncertainty and climate related disasters. Internal population displacements, refugees and irregular migrants will continue to shape UNICEF preparedness and response plans as these groups need protection and material assistance.

Burundi has developed a Humanitarian Needs Overview and subsequently launched a Humanitarian Response Plan (HRP) axed on protection of civilians, access to basic services, and resilience and social cohesion. The UNICEF HAC estimated at $18.5 million and integrated in the HRP for each concerned sectors remains an important fund raising tool for UNICEF humanitarian actions. The HRP will allow the coordination of partners for response and prevention interventions to improve the resilience of the population.

Priorities for the Nutrition sector in 2017:

UNICEF will build on the lessons learned, opportunities and challenges encountered in 2016, 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 2017 burden is 56,000 SAM children. This increase is associated not only to the population growth but also with the continued malaria epidemic and high food insecurity in addition to socio-economic deterioration increasing poverty and low of access to healthcare.

UNICEF will strengthen nutrition monitoring in 8 provinces presenting a double burden of very high malaria incidence and food insecurity (Bubanza, Kirundo, Cibitoke, Makamba, Muyinga, Cankuzo, Ruyigi and Bujumbura rural) by leading mass community screening in the first semester to identify and treat SAM children.

In parallel, UNICEF will continue its technical support to the National Nutrition Programme to ensure that a quality CMAM service is offered to the population with increased coverage and improved monitoring. In the second semester, technical support will be provided to MoH and Nutrition partners to develop the National Nutrition Survey Guidelines to standardize practices among partners and have comparable and reliable results and to conduct a National Smart Nutrition Survey.

Priorities for the Health sector in 2017:

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. The main emergency response focus will be put on the malaria epidemic (declared by MoH on March 13th 2017). Response plan and targeted interventions will be developed under the leadership of MoH and WHO. Provision of malaria medication and test kits to ensure continued regular malaria identification and treatment will be done. In addition, UNICEF will contribute to the procurement of essential malaria drugs for the mass treatment, financial and technical support for the microplanning exercise, development of communication tools and dissemination of key messages, and supply tracking by SMS via RapidPro technology.

Prepositioning of cholera treatment kits as well as some key material was shown to be essential in the fast response. UNICEF will use this lesson learned to ensure that the adequate supply is readily available for the Ministry of Health and key partners in case of apparition of cholera cases. Mass campaigns such as Mother and Child Health Week for vitamin A and deworming and other national or mass events will be used to promote and catch-up key immunizations such as measles. The fragility of the cold chain will be followed closely as the dependence on external funding and petrol availability for its maintenance is a challenge. UNICEF will seek donors support to ensure that the cold chain can be maintained nationwide to prevent vaccines loss and preventable diseases resurgence.

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

The priorities for the WASH sector partners and for UNICEF

In 2017, UNICEF and the WASH sector will place particular emphasis on the collection and analysis of information in order to better understand recurrent epidemics of cholera and other diarrheal diseases, as well as the prevalence of diseases, to inform prioritization of areas of greatest need for WASH interventions. Furthermore, WASH sector will implement activities and programs in rural and peri-urban areas to reduce morbidity and mortality related to water-borne diseases resulting from inadequate services in water, hygiene and sanitation. The specific needs of women and girls will be prioritized in the implementation of these activities.

According to Burundi Humanitarian Needs Overview (HNO), out of 3 million people in need of humanitarian assistance in 2017, some 2.7 million need WASH assistance. Burundi 2017 HRP targets 1 million of most vulnerable for a budget of $ 8 million. UNICEF HAC will ensure that at least 300,000 people affected by the crisis are provided with information on good hygiene practices while 170,000 among them have daily access to at least 7.5 litres of clean water.

The continuing deterioration in access to safe drinking water observed in many parts of the country, poor sanitation coverage and poor hygiene practices are the main causes of the recurrent cholera outbreaks as well as many diseases related to poor environmental sanitation like malaria.

The 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 and of the HAC. 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 interventions through CFS will be adjusted using lessons learned and will be strengthened to reach more children, especially girls in need of psychosocial support.

In addition, UNICEF will reinforce the monitoring and reporting of the situation of children affected by the crisis in Burundi. Access to critical protection services will be strengthened, including for children and adolescent girls and boys at risk.

Children living in the streets and children on the move are currently targeted during police operations. They are exposed to possible recruitment and to exploitation, including sexual violence and trafficking. A more comprehensive and joint action plan for street children will allow to identify, document and reunify street children, separated children, and children and adolescent victims , witnesses and at risk of violation, abuse or exploitation with their families. The action plan will also support their access to reintegration opportunities.

As part of child protection contingency planning, technical capacity in child protection in emergencies will be reinforced at the national and sub-national levels.

The priorities for the Education sector partners and for UNICEF

In 2017, UNICEF will provide EiE services to 100,000 vulnerable children and will reinforce the capacity of 2,500 teachers on EiE, including their capacity in providing psychosocial support to affected children. UNICEF will also continue to support the schools as zones of peace initiative to ensure schools are safe and provide a protective environment that foster learning and wellbeing.

UNICEF will also build on the lessons learned, opportunities and challenges encountered last year to strengthen the partnerships and synergy between Child Protection and Education, by supporting the creation of a technical consortium involving NGOs working in an isolated manner on preventing emergency situations. The aim of this technical consortium will be to strengthen EiE actions between existing schools and child-friendly spaces to generate more accurate data on the situation of children in Burundi. The technical consortium should enable greater transparency on the situation of dropouts and children at risk.

UNICEF has developed an action plan to strengthen the operational framework for the prevention of cholera in schools. The action plan will be carried out in partnership with WASH Sector in 52 schools.

Expression of Thanks

UNICEF is grateful to DFID and USAID-FFP for their generous contributions. Their contribution made a tremendous difference in the life of many children in 2016.

A special acknowledgement is addressed to USAID-FFP for the in-kind donation of 25,000 cartons of lifesaving RUTF and program funding which allowed for the execution of the CMAM program activities and achievement of 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 achieve key results for children and women throughout the country.

Annexes to CER

Human Interest Stories and Donor Feedback Form

1. *"Testimony of a 14 years old girl on a new water point in Muyaga hill, Nyanza Lac Province"*

"Now, there is a big change in my life. Water my family and I drink is clean and the water point is close to the House. I can go to and return from the water point early in the morning, and then go to school without being late and tired as before", said Liliane Bayisenge, a 14 years old girl from Muyaga hill in the Commune of Nyanza Lac, in Makamba Province.

Photo © UNICEF Burundi /2017/ J. Haro

Liliane is one of hundreds of people who can now satisfy one of their vital needs: access to quality water. The Province of Makamba is one of the provinces along Tanganyika Lake endemic to cholera. Since 2015, more 979 cases of cholera of which 3 deaths have been recorded in Burundi.

2. *Video on cholera outbreak in Burundi:*

Contrary to other countries where cholera outbreaks are linked to the rainy season, they occur year-round in Burundi's lakeshore areas due to lack of clean water. **English Video:** *Empowering communities against cholera*. French Video: Combattre le choléra

3. *Video Back to School Campaign:*

UNICEF Burundi organized a nationwide Back-to-School campaign, reaching 2.6 million pupils and 32,000 teachers with school materials. This first ever nationwide Back-to-School campaign aimed to enable most vulnerable children to remain in school and alleviate the costs of education materials for families, especially the most vulnerable. **Video Back To School Campaign**

4. *Video Fighting Malnutrition in Burundi:*

Malnutrition has always been a critical problem in Burundi, but since the outbreak of the socio-political crisis in 2015, rising food prices and a deteriorating. **Video Fighting Malnutrition in Burundi**

5. GRANT "One-Pager" Narrative and GRANT Financial Utilization Reports:

Annex A. GRANT "One-Pager" Narrative

Contribution Summary

Donor name: USAID-FFP

Assisted country: Burundi

Grant reference: KM160020, KM160022, SM160360.

Total contribution: KM160020 US$ 122,040, KM160022 US$ 1,371,060.00, SM160360 US$ 509,648.29.

Programmable amount: KM160020 US$ 113,000.00, KM160022 US$ 880,416; SM160360 US$ 471,896.56

Funds utilized: KM160020 US$ 20,827.27, KM160022 US$ 880,416; SM160360 US$ 103,807.42

Total balance of funds: KM160020 US$ 101,212.73, KM160022 US$ 0.00; SM160360 US$ 405,840.87

Period covered by the report: January 1- December 2016

A combination of aggravating factors such as high increase on malaria cases (up to 7,935,030 cases and 3,732 deaths compared to 5.3 million cases in 2015) and food insecurity (affecting 2,100,000 people in Season B September-October 2016) and low access to clean water and sanitation as well as inadequate hygiene practices may have contributed to the increase in SAM cases from 36,852 in 2015 to 50,693 admitted for treatment.

Purpose of the contribution:

USAID-FFP funding contributes to the following specific objectives:

a) By the end of 2016, at least 75% of the estimated 27,570 severely acute malnourished children will be cured, <5% deceased, <13% defaulters, <7% non-respondents according to SPHERE 2011 recommended international standards over the 18 provinces of Burundi;

b) By the end of 2016, 175 untrained staff from health facilities offering CMAM services participate will be trained on the revised protocol;

c) By the end of 2016, the real-time monitoring for supply tracking by "Rapid SMS" will be scaled-up nationwide.

Results Achieved

SAM management is fully integrated in the existing health system and continued to be delivered in 214 health centres and 30 hospitals countrywide. 154Health providers untrained in 2015 were trained on the revised national CMAM using USAID/FFP fund. In 2016, USAID contributed to CMAM program with 33,032 severe acute malnutrition (SAM) cases, representing 65% of the 50,693 cases admitted for treatment with a recovery rate at 87%, defaulter rate at 6% and death rate at 3%. CMAM Performance Indicators are in line with SPHERE standard showing that CMAM service quality is adequate. CMAM results achieved in 2016 with USAID-FFP funding in Burundi are presented in the table below.

Indicators	UNICEF target	UNICEF results	USAID/FFP Results

1. Number of children under 5 with severe acute malnutrition admitted to treatment	48,500	50,693	33,032
2. Proportion of discharges recovered	>75%	82%	87%
3. Proportion of discharges died	<10%	2%	3%
4. Proportion of discharges defaulted	<15%	6%	6%
5. Number of provinces trained on Rapid Pro for CMAM reporting	18	18	18
6. Number of cartons of RUTF delivered to health facilities for CMAM treatment	43,000	35,231	25,000

CMAM data analysis from 2015 and 2016 monthly report show an increase in SAM cases leading to 105% of annual coverage of the targeted caseload. This high coverage is association with the high food insecurity and the high malaria incidence seen nationwide.

UNICEF supported PRONANIUT to implement the innovative real-time reporting technology using RapidPro which is designed to recognize critical events and immediately send alerts on stock out at health facility. By the end of December 2016, all 18 provinces were trained on RapidPro real-time monitoring innovative technology for supply tracking and beneficiaries reporting. The effectiveness of the system will be tested along the first semester of 2017 and adjustment will be made. In 2016, a total of 1,046 Heath staff from health centre, health district and provincial levels were trained by the CMAM RapidPro national pool of trainers under the leadership of the National Nutrition Program and the Direction of Health Information System to scale-up nationwide the system. The user friendly dashboard was also improved in 2016 to facilitate its use and performance for health districts, provincial and national levels. In total we have 37 dashboard users and 777 reporters nationwide over 65 and 582 expected.

Future Plan

In 2017, UNICEF will continue its support to Ministry of Health for CMAM program. Key priorities include:

Supply chain improvement:

- Strengthening RUTF supply chain management monitoring by UNICEF in collaboration with PRONIANUT and CAMEBU. All district pharmacists will be trained on nutrition supplies management;

Quality of care:

- Extension of nutrition therapeutic centre to increase coverage from 33% to 50% of public health centre. To this end, 300 health providers will be trained;
- Improve quality of care with bi monthly formative supervision;
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Reporting and monitoring:

- Improved coordination, management and reporting of nutrition supplies using Rapid Pro technology;
- Completion of 8 mass-screenings to identify, refer and treated SAM children in 8 high risk provinces;
- Organization of National SMART Nutrition Survey to identify most vulnerable health districts and nutrition program orientation.