Burundi Water, Sanitation and Hygiene Sectoral and thematic Report January - December 2016



Adrien Ngabire, 6, showing good handwashing practices to his colleagues at school in Muhuta/Bujumbura Rural.

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Prepared by:

UNICEF Burundi

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Abbreviations and Acronyms

C4D – Communication for Development

CLTS - Community-Led Total Sanitation

DHS – Demographic and Health Survey

EMIS – Education Management Information System

GIZ – German International Cooperation

GoB – Government of Burundi

HAC – Humanitarian Action for Children

HRP - Humanitarian Response Plan

IDP – Internally Displaced Person

MoH – Ministry of Public Health

ODF - Open Defecation Free

PRSP II – Poverty Reduction Strategy Papers II

UNICEF - United Nations Children Fund

WASH – Water Sanitation and Hygiene

WASHBAT – WASH Bottlenecks Analysis Tool

Executive Summary

Linked to the 2015 disrupted electoral process, the unstable security and political environment in Burundi has forced over 340,000 people, many of them children, to flee to neighbouring countries while other 102,258 have relocated internally for their safety, putting more strain on existing coping mechanisms – including WASH infrastructures.

By adding acute humanitarian needs to already existing development challenges in Burundi, the current crisis has affected significantly the implementation of UNICEF current CPD (2010 - 2014, extended up to 2018) whose main purpose in WASH Sector is to improve access to potable water and basic sanitation to all vulnerable population, especially children and women, living in provinces with low access to these services, and help them adopt appropriate hygiene practices.

Although the overall percentages of population using clean drinking water and good sanitations has improved in the past years, Burundi did not meet any of its MDG targets in these areas. By reducing considerably the share of external resources into WASH-relevant Ministries' budgets (from 73.8% in 2015 to 29.4% in 2016), the ongoing crisis could void progress made towards the attainment of set development objectives.

In spite of an unconducive work environment due to the persisting crisis and the retreat of major donors, UNICEF WASH interventions helped to maintain the positive trend. To name the few, UNICEF WASH interventions in 2016 helped 28,000 people to access safe drinking water through the construction of 73 new water points in cholera-prone communities, 11,460 children to gain new access to latrines at schools, and 30,700 children to learn good hygiene practices. Some 24 schools and 5 health centres were provided access to clean water while over 730,000 people in rural areas were sensitized to improve their sanitation situation through Community-Led Total Sanitation. In response to cholera and flood emergencies, UNICEF provided safe water (including water trucking) to over 36,000 people and hygiene kits to more than 1,100 households.

UNICEF also continued to support the Government in strengthening its leadership role in the sector dynamic, including in the coordination of the emergency response

Although these goods results in 2016 and progress in achieving the overall sector goal, more urgent investments are needed to match the pace of a rapidly growing population in Burundi, especially given the drastic decrease of Burundi budget allocations in WASH services linked to the suspension of direct supports to the Government by most of its main external donors.

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 periurban 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.

Strategic Context of 2016

After a decade of relative stability, the crisis related to the 2015 electoral process has plunged Burundi into a sharp socioeconomic and humanitarian crisis. The unstable security and political environment has forced 340,266 (UNHCR Dec 2016) people, many of them children, to flee to neighbouring countries and other 102,258 to relocate internally for their safety, putting further strain on existing coping mechanisms – including WASH infrastructures. By adding acute humanitarian needs to already existing development challenges in Burundi, this crisis has market significantly the implementation of UNICEF current CPD whose implementation period has been extended from 2010-2014 up to 2018.

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. By the end of 2015, Burundi did not fully achieve any of the MDGs except Universal Education (MDG.2), and to some extent the gender disparity in education (MDG 3, target 1).1 Access to clean drinking water remains limited. Though data varies, roughly 1 in 4 Burundians still does not have access to drinking water, only approximately 1 out of 5 people has access to basic sanitation services, and only 1 out of 10 people has a basin to wash their hands with soap at home.

In addition, Burundi is highly dependent on international aid to ensure the provision of basic social services to its population, including WASH services. The suspension and withdrawal of aid flows since the onset of the crisis coupled with a sharp economic crisis in a country where 78.2% of children suffer from at least 3 deprivations, could worsen the situation of already poor children.

Access to Water, Sanitation and Hygiene

Burundi did not fully achieve two of its MDG 7 (Ensure environmental sustainability) targets related to water and sanitation by 2015. Although the proportion of population using improved drinking water sources in Burundi increased moderately from 71.5% in 2000 to 76.2% in 2015, it did not reach the fixed target of 85%. As for access to clean water, the percentage of people using improved sanitation improved slightly from 44.3% in 2000 to 48.4% in 2015, but remains well below the set target of 71%.

In spite of improvements in the overall access of Burundi's population to safe drinking water and sanitation, the country indicators remain challenging and important disparities persist, mainly between rural and urban areas. Waterborne diseases, including cholera, continue to be endemic in many areas in Burundi. A large proportion of the population is still using unimproved sanitation facilities, and open defecation is still widespread in rural zones. In addition, floods and other crises linked to climate continue to pose a threat on existing water supply and sanitation infrastructure in some areas.

¹ Burundi : Rapport National sur les OMD 2015, « Evaluation des progrès accomplis par le Burundi dans la réalisation des OMD à la veille de l'Agenda post 2015 », juillet 2015

As thousands of people fled their homes for protection, the ongoing crisis is adding further strain on existing water and sanitation infrastructures both for host communities and displaced populations, exposing them to health risks.

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. In addition to addressing the outbreak, partners in the area of water, sanitation and hygiene (WASH) and the Government were challenged to ensure the continuity of the planned activities while providing safe drinking water, temporary sanitation and hygiene kits to thousands of displaced people, including children.

WASH in schools and for children

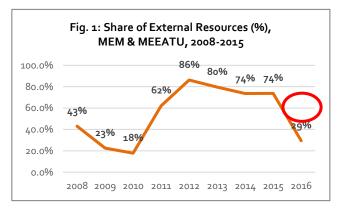
The prevalence of waterborne or sanitation and hygiene-related diseases impacts school attendance and performance of children. Ensuring basic sanitation through construction of latrines in schools remains a challenge in Burundi. Around 55% of schools do not have access to adequate sanitation infrastructure. The complete absence of toilets or their bad maintenance is also linked to school dropout, especially for girls. Evidence suggests that the lack of separate and decent sanitation and washing facilities discourages girls who are menstruating from attending full time, often adding up to a significant proportion of school days missed.

In Burundi, 14% of mortality among under-5 children are due to diarrhoea mainly related to poor hygiene practices and limited access to clean drinking water. Furthermore, around 1.8 million under-5 children are vulnerable to malnutrition and inadequate hygiene practices is among factors aggravating the prevalence of undernutrition in under-5 children. Hence, more urgent investments are needed especially to match the pace of a rapidly growing population and to improve nutritional status of and reduce mortality among under-5 children.

Impact of the current aid suspension on WASH services

The 2008 – 2016 Financial Laws highlight the significant aid-dependency of Burundi's WASH sector. Since 2011, declared allocations of external resources constantly represented more than 60% of the WASH-relevant Ministries' budgets (see Fig. 1). In 2016, the share of foreign resources within the budgets of both Ministries decreased to 29.4%.

Taking into account the considerable reduction of external support in 2016, there is



a real risk that already made gains are lost and that progress towards the attainment of the objectives indicated in the PRSP II could be significantly hampered. Services guaranteeing functionality and maintenance of WASH infrastructure as well as hygiene promotion activities risk being weakened,

entailing heightened risk of exposure of vulnerable children to hygiene-related diseases and malnutrition.

UNICEF engagement in the WASH Sector in Burundi

UNICEF has been a key player in the WASH Sector in Burundi, and has worked closely with the Government and other stakeholders to foster approaches that place communities at the centre of service access support. Community-based management of water supplies is now the approach used nationwide, fostering their active involvement from the planning for service provision to the operation and maintenance of water points. In addition, UNICEF is supporting the coordination mechanism of CLTS project implementation and monitoring, and is strengthening the capacity of implementing partners to improve synergy of their interventions and monitoring ODF status in communities.

Since the onset of the current security-political crisis, UNICEF has taken the co-lead of the WASH sector coordination in emergency, to ensure coherence between development and emergency interventions. However, in 2016 UNICEF played the main role in the coordination of the sector as GIZ (German Corporation for International Cooperation), the other main international organization intervening in WASH sector, has reduced its presence in Burundi. Under UNICEF and the Government of Burundi (GoB) lead, the 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.

Challenges and Opportunities

The WASH Sector in Burundi is heavily aid dependent, hence particularly vulnerable in a context of donor pull-out. With the suspension or withdrawal of major development actors' support in the WASH sector, the 2016 national budget for relevant WASH Ministries decreased by more than 55%, and 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.

Maintenance of equipment and management of water points in Burundi is a chronic challenge. A user payment system 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.

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

Results in the Outcome Area

The overall purpose of UNICEF intervention in the WASH Sector in Burundi for the current CPD (2010 – 2018) has been to ensure that all population, especially the most vulnerable groups that are children and women, living in provinces with low access to potable water and basic sanitation have improved access to these services and adopt appropriate hygiene practices.

Given the ongoing crisis, UNICEF strategy intervention strategy has been to continue implementing its regular programmes while strengthening its emergency preparedness and response activities. This radical change in operational environment require a great flexibility of available and upcoming funding to constantly adapt the interventions to the most urgent needs to save lives and most importantly to build the resilience of the communities, especially in the provinces at higher risks including those related to the climate change.

The percentages of population using improved drinking water sources and improved sanitations, two of the three WASH context-specific indicators in Burundi, continue to improve over the past years in Burundi (see Result assessment framework below). In spite of an unconducive work environment due to the persisting crisis and the retreat of major donors, UNICEF WASH interventions in schools, communities, emergency and the governance of the sector contributed to strengthen this trend in 2016.

UNICEF WASH interventions in communities in 2016 helped 28,000 people (14,215 women and 13,785 men) and 5 health centres to gain access to safe drinking water through the construction of 73 new water points in 3 cholera-prone provinces with high prevalence of malnutrition. For each water point, a committee of 5 trained members was put in place to ensure the maintenance and management of the water supply system. UNICEF also continued to strengthen the community ownership and mobilization to improve the sanitation situation in rural areas through Community-Led Total Sanitation (CLTS), reaching 731,700 people in 8 communes. UNICEF trained 31 CLTS implementing partners as trainers to scale up CLTS approach.

UNICEF WASH in schools activities remain critical in Burundi as nearly 55% of schools do not have access to adequate sanitation. In 2016, UNICEF Burundi helped 11,460 children to gain new access to latrines at schools and provided access to safe drinking water to students in 24 schools. With UNICEF support, 30,700 children learned good hygiene practices through trained school teachers and newly created hygiene clubs in 44 schools.

Regarding **WASH** in **emergency**, UNICEF Burundi's 2016 WASH Work Plan re-focused on vulnerable provinces, especially those at risk of cholera outbreak. During the semester-long outbreak (July to December 2016) that made 393 cases in 4 provinces along the Tanganyika Lake, UNICEF trucked safe drinking water to 11,130 people in cholera affected areas. In addition, UNICEF Burundi 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. In addition, UNICEF Burundi responded to floods by providing sufficient quantity and quality water to 25,200 displaced people, building adequate sanitation facilities for 3,090 people in displacement sites, and supplying hygiene kits to over 1,100 households.

In regard to **the sector governance**, UNICEF continued to support the Government in strengthening its leadership role in the sector dynamic. Burundi's legal framework for the WASH sector is largely implemented and the country adopted major global principles, including "Sanitation and Water for All

- SWA". The Government adheres to the eThekwini Declaration (2008), through allocation of 0.5 per cent of the GDP for sanitation and hygiene. In 2016, UNICEF Burundi supported representatives from the 2 line ministries to participate in a SWA meeting in Addis Ababa. Furthermore, UNICEF played a key role in the coordination of the emergency response in WASH sector.

Somme key issues in WASH Sector in 2016

Although these goods results in 2016 and progress in achieving the overall sector goal, more urgent investments are needed to match the pace of a rapidly growing population in Burundi, especially given the drastic decrease of Burundi budget allocations in WASH services linked to the suspension of direct supports to the Government by most of its main donors.

Regarding sector governance, WASH sector in Burundi is covered by three ministries: the Ministry of Energy and Mines, the Ministry of Water, Environment, Spatial and Urban Planning and the Ministry of Public Health. The Ministry of Health involves most notably for activities related to hygiene promotion. Having 3 different ministries in the sector makes the coordination challenging. Their roles and responsibilities, particularly in the sanitation sector, are unclear, especially at operational level. Furthermore, coordination and collaboration between the health, nutrition and WASH sectors also need to be reinforced at central and sub-national levels for better ownership of initiatives in the long term.

Burundi changing operational environment comes with risks mainly related to the unpredictable security situation, weakness in monitoring, and weak capacity of local partners. UNICEF has taken necessary measure to mitigate these risks. The strengthened working collaboration with Burundians authorities at different levels and with communities gives UNICEF a huge advantage in implementing its WASH program.

Results Assessment Table

The table below presents some key context specific indicators in the WASH sector, showing the results achieved by 2016 compared to the baseline in 2010 (2012) and targets as outlined in the Burundi extended CPD.

	WASH OUTCOME AND CONTEXT SPECIFIC INDICATORS*							
1. Sta	andard outcome I	ndicators						
No.	Programme Focus and		Baseline		1	Target	Status as of 22	Rating
NO.	Intervention Areas	Indicator	Year	Value	Year	Value	December 2016	Katilig
1	WASH in Schools and ECD centres*	Primary schools that have WASH facilities meeting national standards	2010	0	2016	210	204	Almost achieved
2	WASH_ in emergencies*	People in humanitarian situation who access and use safe drinking water	2010	0	2016	100	25,263	Achieved
2. Oı	itcome / Context-	Specific Indicators:						
No.	Context-S	Specific Indicators	Baseline		٦	Target	Status	Rating
			Year	Value	Year	Value		
3	% of population water source	using improved drinking	2010	National: 72%; Urban: 83%; Rural: 71%	2016	Urban: 96%; Rural: 80%	National: 75%; Urban: 92%; Rural: 73%	Almost achieved
4	% of population sanitation facilities	= :	2010	National: 46%; Urban: 49%; Rural: 46%	2016	Urban: 50%; Rural: 56%	National: 47%; Urban: 43%; Rural: 48%	Almost achieved
5	Open defecation	rate	2010	National: 1%; Urban: 2%, Rural: 1%	2016	Urban: 0,5%, Rural: 1%	National: 3%; Urban: 2%; Rural: 3%	Almost achieved
Outp	ut 4.1 WASH INT	ERVENTIONS IN PRIMARY	SCHOOLS		<u> </u>	l	l	l
3. Ad	ditional indicator	s						
No.	Baseline Target Context-Specific Indicators		Target	Status	Rating			
	Some X		Year	Value	Year	Value	213143	
1		ess to improved drinking orting year only, with pport	2010	0	2016	210	204	Almost achieved

2	# of school children with access improved drinking water source in	2010	0	2016	105,000	108,700	Fully Achieved
	targeted provinces						Herneved
3	# of school children with access to improved sanitation and hygiene facilities in targeted provinces	2010	0	2016	210,000	180,000	Partially achieved
4	# of health centres with access to improved drinking water source in targeted provinces	2010	0	2016	35	35	Fully Achieved
5	# of health centers with access to improved sanitation facilities in targeted provinces	2010	0	2016	70	60	Partial achieved

Output 4.2: WASH INTERVENTIONS IN COMMUNITIES

3. Additional indicators

No.	Context-Specific Indicators	Baseline Target		Target	Status	Rating	
		Year	Value	Year	Value		
1	# of population with access to improved drinking water source in targeted provinces	2010	0	2016	420,000	388,000	Partially achieved
2	# of improved drinking water sources constructed in targeted communities	2010	0	2016	1,050	973	Partially achieved
3	# of improved sanitation and hygiene facilities constructed by individual households	2012	0	2016	190,000	150,000	Partially achieved
4	# of communities adopting CLTS	2012	0	2016	1,700	2,099	Partially achieved
5	# of communities certified ODF	2012	0	2016	1,700	1,360	Partially achieved
6	# of population benefiting from ODF certification of their community	2012	0	2016	1,200,000	960,000	Partially achieved

Output 4.3 : GOVERNANCE SUPPORT TO WASH SECTOR

3. Additional indicators

No.	Context-Specific Indicators	Baseline		Target		Status	Rating
	Year	Value	Year	Value			
1	% of communes with adequate water	2012	0	2016	25	17%	Partially
	service maintenance						achieved

2	# of estimated population reached through media messages / campaigns on sanitation and hygiene per year	2012	1,700,000	2016	1,700,000	900,000	Partially achieved
3	Existence of national CLTS strategy and action plan	2014	No	2016	Yes	Yes	Fully Achieved
4	Existence of national water strategy and action plan 2011-2020	2012	No	2016	Yes	Yes	Fully Achieved
5	Functionality of national water monitoring system	2012	No	2016	Yes	Yes	Fully Achieved

Output 4.4: WASH in emergency

2. A	dditional indicators						
1	% of target population affected by emergency situations receiving assistance	2010	0	2016	100%	100%	Fully Achieved
2	% of government-declared emergencies supported by UNICEF	2010	0	2016	100%	100%	Fully Achieved

^{*}The interventions related to WASH in school outcome indicator cover only the provinces of Makamba, Rutana, Karuzi, Cibitoke, Bururi, Bujumbura Mairie, Bubanza, Ngozi, Kirundo, Muyinga, Gitega. WASH in emergency activities cover the entire country

Financial Analysis

Outcome Area 03 WASH

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Table 1: Planned by Outcome area (in US\$)

Intermediate Results	Funding Type ¹	Planned Budget ²
03-04 WASH in Schools and ECD centres	RR	275,000
03-04 WASH III SCHOOLS and LED Centres	ORR	580,000
03-06 WASH # General	RR	945,680
	ORR	874,820
Total Budget		2,675,500

¹ RR: Regular Resources, ORR: Other Resources - Regular (add ORE: Other Resources - Emergency, if applicable)

Table 2: Country-level thematic contributions to outcome area received in 2016 (in US\$)

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Belgiam Natcom	SM/14/9903/0122	107,710	113,379
Allocation from global thematic non- humanitarian Wash	SC149903	574,251	568,583
Total		681,961	681,961

² Planned budget for ORR (and ORE, if applicable) does not include estimated recovery cost.

³ ORR (and ORE, if applicable) funded amount exclude cost recovery (only programmable amounts).

Table 3: Expenditures by key-Results Area 2016 Areas (in US\$)

	Expenditure Amount*							
Organizational Targets	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts				
03-01 Water supply	24,984	280,621	722,274	1,027,879				
03-02 Sanitation	0	-27,464	227,919	200,455				
03-04 WASH in Schools and ECD centres	24,411	322,967	281,454	628,832				
03-05 WASH and emergencies	783,286	10,751	269,795	1,063,832				
03-06 WASH # General	97,768	7,123	292,529	397,420				
				0				
Total	930,449	593,998	1,793,971	3,318,418				

Table 4: Thematic expenses by programme area

Organizational Targets	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Expenditure Amount*
03-01 Water supply	0	272,036	0	272,036
03-02 Sanitation		-28,812		-28,812
03-04 WASH in Schools and ECD centres	24,411	317,124		341,535
03-05 WASH and emergencies	33,276			33,276
03-06 WASH # General	38,991	89,250		128,241
Total	96,678.19	649,596.74	0	746,275

Table 5: Expenses by Specific Intervention Code

	Expense
03 WASH	
03-01-01 Rural water supply	811,641
03-01-03 Water safety (including Household Water Treatment and Safe Storage)	1,966
03-01-04 Water Supply Sustainability	-42,405
03-02-01 Open defecation elimination and improved sanitation: rural	121,134
03-04-01 WASH in Schools (general)	131,088
03-04-02 WASH in Schools hygiene promotion	393,475
03-05-01 WASH coordination # humanitarian	29,557
03-05-02 WASH emergency preparedness	830,078
03-05-04 WASH emergency response # Sanitation	71,447
03-05-05 WASH emergency response - Hygiene	35,197
03-06-01 WASH sector coordination (non-humanitarian)	801
03-06-03 WASH # General	301,059
03-06-08 WASH monitoring and bottleneck analysis	12,968
08-01-01 Country programme process	31,458
08-01-06 Planning # General	31,113
08-01-07 Humanitarian Planning (CAP/SRP, HAC) and review related activities	942
08-02-01 Situation Analysis or Update on women and children	32
08-02-04 DevInfo	1,919
08-02-08 Monitoring # General	30,804
08-02-09 Emergency rapid assessments	15,501
08-03-01 Cross-sectoral Communication for Development	39,864
08-03-02 Communication for Development at sub-national level	48,341
08-04-01 Parenting programmes / parenting education and support	2,779
08-06-01 Building evaluation capacity in UNICEF and the UN system	15,442
08-06-02 Building global/regional/national stakeholder evaluation capacity	13,357

08-09-01 Innovation activities	35,159
08-09-03 Environmental sustainability # climate change adaptation	3,464
08-09-06 Other # non-classifiable cross-sectoral activities	244,710
08-09-09 Digital outreach	2,093
08-09-10 Brand building and visibility	4,999
08-09-11 Emergency preparedness and response (General)	28,160
10-07-12 Management and Operations support at CO	-61
7921 Operations # financial and administration	2,989
Unknown	67,347
Grand Total	3,318,416

Table 6: Planned budget for 2016

	Funding			Shortfall
Intermediate Result	type	Planned	Funded	
124 - WATER, SANITATION AND HYGIENE				
001 - WASH INTERVENTIONS IN PRIMARY SCHOOLS	S/Total	855,000	594,068	260,932
	ORE	-	7,821	
	ORR	-	297,765	
	RR	-	288,483	
002 - WASH INTERVENTIONS IN COMMUNITIES	S/Total	1,230,000	964,726	265,274
	ORE	-	253,443	
	ORR	-	177,018	
	RR	-	534,265	
003 - GOVERNANCE SUPPORT TO WASH SECTOR	S/Total	590,500	376,093	214,407
	ORR	-	123,447	
	RR	-	252,646	
	S/Total	0	1,146,534	(1,146,534)

OOA WASH FMEDS FNSV DDEDADDNESS AND	ORE	-	937,841	
004 - WASH EMERGENCY PREPARDNESS AND RESPONSE	ORR	-	(6)	
	RR	-	208,699	
Total		2,675,500	3,081,421	(405,921)

Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

Other Resources shortfall represents ORR funding required for the achievements of results in 2016.

Future Work Plan

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 periurban 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. 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.

While humanitarian response is planned countrywide, UNICEF WASH priority provinces in 2017 are Makamba, Cibitoke, Bujumbura Rural, Kirundo, Rutana, Ruyigi, Cankuzo, Muyinga, Rumonge, Bujumbura Mairie, Bubanza and Ngozi.

Furthermore, UNICEF has started the development of its upcoming CPD for Burundi. WASH program will focus on three main strategic points: (i) strengthening a nationwide enabling environment critical for the effective delivery of results for children, (ii) improving access to WASH services in schools, health care facilities and communities, and (iii) building the capacity of households, communities and systems to ensure their resilience to shocks, including climate-related emergencies.

Expression of Thanks

UNICEF is grateful to all donors that contribute to the WASH Thematic Fund for their generous contributions. A special acknowledgement is addressed this year to the Belgian National Committee for UNICEF for its country thematic contribution to support WASH interventions in Burundi. All their contribution made a tremendous difference in the life of many children and those caring for them in 2016.

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

Annexes: 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. <u>English Video: Empowering communities against cholera</u>. <u>French Video: Combattre le choléra</u>

3. Donor feedback formIn a separate attachment