

# Burundi

## Executive Summary 2006

The post-conflict political and institutional transition in Burundi made significant progress in 2006, marked by gradual but sustained advancement of the Arusha peace process and the establishment of a new Government. With the support of regional Governments and the UN peacekeeping mission in Burundi (ONUB), elections were successfully completed. The Disarmament, Demobilization and Reintegration Programme (DDR) continued to make progress, and military integration and police reform were being implemented. However, despite this, the cessation of hostilities reached in May 2005 between the Burundian Transitional Government and the Front National de Libération (FNL) did not hold and the FNL remained outside the peace process. As a result, protection of civilian populations remained a major humanitarian concern in areas still insecure. In September 2006, however, the rebel group and the Government signed a comprehensive ceasefire agreement.



As Burundians tried to consolidate peace, the country faced declining humanitarian and development standards and structural poverty. Access to basic services (notably in education and health) remained limited due to a lack in infrastructure and capacity. Population movements declined with slightly more than 100,000 internally displaced persons (IDPs) and an estimated 50,000 Burundian returnees in 2006. At the same time, there were still an estimated 350,000 Burundian refugees in Tanzania. It was expected that the number of returnees would increase very quickly if the ceasefire lasted and economic recovery picks-up.

Given this situation, the Emergency Relief Coordinator allocated \$4.1 million from the CERF under-funded emergencies window in 2006 to Burundi. The first allocation of \$2.1 million was made in May, followed by another \$2 million in August 2006.

**Table 1: Agencies that received funds in 2006**

<b>Total amount of humanitarian funding required – 2006</b>	■ \$123,012,389 <sup>1</sup> (\$93,043,347 contributed)
<b>Total amount of CERF funding received by underfunded window:</b>	■ \$4,069,847
<b>Total amount of CERF funding for direct UN/IOM implementation</b>	■ \$4,069,847

<sup>1</sup> Consolidated Appeal for Burundi 2006, Mid-year review July 2006

<b>Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):</b>	<ul style="list-style-type: none"> <li>■ Vulnerable households: 1,192,250</li> <li>■ Children: 1,534,839,</li> <li>■ Women: 241,167</li> </ul>
<b>Geographic areas of implementation:</b>	<ul style="list-style-type: none"> <li>■ 15 of 17 provinces: Cankuzo, Makamba, Muyinga, Ruyigi, Rutana, Kirundo, Kayanza, Ngozi, Karuzi, Gitega, Bururi, Bubanza, Cibitoke, Bujumbura Rural and Bujumbura Mairie</li> </ul>

### ***Decision-making***

In compliance with CERF related guidelines, the Humanitarian Coordinator convened two meetings with the Inter-agency Standing Committee (IASC) country team to review Consolidated Appeal Process (CAP) priority projects that had received no or insufficient funding. During these meetings, the IASC country team, including NGOs, identified three and six projects, respectively, for the first and second rounds of CERF funding. These projects met with CERF criteria and had no other source of funding available. Consultations were made with main humanitarian donors while the Government was informed of the allocations made. The decision-making process consisted of an in-depth common analysis, which reflected the status and the gaps in the on-going humanitarian response in Burundi.

The 2006 humanitarian strategic priorities were unanimously defined in consultation with national and international NGOs, UN agencies and donors during the 2006 CAP workshop. The approach focused on addressing the immediate needs of the most vulnerable populations while providing support to community recovery and population reinsertion. Preventing and responding to health emergencies, as well as food security and nutritional crises also constituted the main axes of humanitarian action in 2006. Supporting transition programmes focusing on socio-economic population reinsertion and community recovery was equally a priority area. However, the above-mentioned humanitarian actors decided to revise these strategic priorities in the 2006 CAP Mid-year Review document. During the second half of 2006, the same priorities were maintained while including early warning and rapid response capacities. Greater emphasis was similarly put on strengthening the support to the Government's coordination capacities.

The unanimous decision by humanitarian partners to include support to Government capacities was very timely with the 1 May 2006 Presidential decree on free health care for children under five years of age and pregnant women. With a sudden high increase in the number of under-fives seeking medical assistance, and the serious constraints facing the rest of the population, an Essential Care Package (ECP)<sup>2</sup> was deemed necessary.

The needs of affected populations were jointly identified by humanitarian actors. This joint decision constituted the main humanitarian strategy for 2006 concerning humanitarian response. There were no challenges during the identification process.

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<sup>2</sup> ECP aims to reinforce epidemiologic surveillance and supporting epidemic response by improving alert systems, as well as strengthening referral hospitals and rapid referral systems

## ***Implementation***

The above-mentioned ECP project was developed as a joint project with input from other major health actors. This promoted collaboration between partners through a signed Memorandum of Understanding between four UN agencies (WHO, UNICEF, UNHCR and UNFPA). For this project, CERF funds were requested for only two agencies (WHO and UNICEF). Partnership between both agencies was based on their comparative advantages:

WHO was responsible for:

- Collaboration with the Ministry of Health to provide coordination;
- Technical support and evaluation of health interventions; and
- Essential capacity building in the affected provinces was through trainings and supervision. Supervision and coordination of activities with partners was necessary to ensure that health activities were implemented closely following the National Health Development Plan.

UNICEF was responsible for:

- The establishment of essential health services by providing important drugs, health kits, equipment and logistical support; and
- UNICEF similarly provided health and nutrition education to reinforce the capacity of communities. The main implementing partners were the Ministry of Health at the national level and NGOs at provincial levels.

The FAO project entitled *“Distribution of disease-free cassava cuttings”*, which benefited from CERF funding, involved the active participation of various of partners. The transportation of a bulky material such as cassava cuttings and planting them in time required good preparation and a network of many partners. Within the framework of the project, 14 Provincial Directorates of Agriculture and Livestock together with eleven NGOs (LVIA, Concern, ACORD, VISPE, GVC, CORD, World Vision, CARE, Caritas Belgique, GTZ, Solidarité) were associated in identifying beneficiaries, supervising in the planting of the cassava and fertilizer application. This synergetic approach was critical to the project success and it is now being promoted by FAO/TCEO (FAO Technical Operations and Rehabilitation Division in Rome) in the implementation of all its projects. The quality of the partnership between FAO/TCEO and NGOs is recommended at all levels as a prerequisite to delivering humanitarian assistance with a lasting impact on the livelihoods of beneficiaries.

Furthermore, the above-mentioned FAO project initially targeted the provinces of Kirundo, Muyinga and Cibitoke. During its implementation, and in accordance with the National Commission for the Cassava Mosaic Disease Mitigation, the provinces of Bubanza, Bujumbura rural, Bururi, Makamba, Rutana, Ruyigi, Karuzi and Cankuzo, hosting large numbers of returnees, were included. More than 700 farmers' associations contributed to the implementation of the project.

Excellent partnership was ensured through the WHO CERF funded project on *“Comprehensive Emergency Nutrition Programme in Kirundo, Muyinga, and Rutana Provinces, Burundi”*. WHO was the recipient agency for funding while the International Medical Corps (IMC) was largely responsible for the implementation of the project. This nutrition project was conducted over a four-month period responding to increased food insecurity and targeted those most vulnerable to malnutrition. The Ministry of Health took a more active role in planning and implementing the nutrition programme. UNICEF, VALID International, and the Ministry of Health assisted International Medical Corps (IMC) in establishing a pilot community-based therapeutic care

programme (CTC) in Muyinga Province, the first to be implemented in Burundi. Community mobilization with a variety of activities was conducted to evaluate the needs of affected communities, strengthen the relationship with the community and foster their participation in the new programme. Many partners, including OFDA, ECHO, Médecins Sans Frontières, and Action Contre la Faim, visited the pilot community-based therapeutic service in Muyinga Province.

## Results

**Table 2: Results achieved in 2006**

Agency	Funding	Number of Beneficiaries	Activities
<b>WHO</b>	\$ 440,801	<ul style="list-style-type: none"> <li>Health Centers/Beneficiaries in ten provinces</li> </ul>	<ul style="list-style-type: none"> <li>Response to health epidemics and disease control</li> <li>Comprehensive Emergency Nutrition Programme - Therapeutic Feeding in three provinces</li> </ul>
<b>UNHCR</b>	\$1,945,671	<ul style="list-style-type: none"> <li>Repatriation and Reintegration of Burundian Refugees</li> </ul>	<ul style="list-style-type: none"> <li>Construction of roofing for 3,266 houses for returning families prior to the resumption of the rainy season</li> <li>By roofing these houses, the beneficiaries's health conditions will improve and they will be protected against heavy ongoing rains and floods.</li> </ul>
<b>FAO</b>	\$ 600,000	<ul style="list-style-type: none"> <li>3,000 returning families</li> <li>10,000 vulnerable households</li> </ul>	<ul style="list-style-type: none"> <li>The massive distribution of disease-free cassava planting material</li> <li>Emergency rehabilitation of marshlands five provinces (Cankuzo, Ruyigi, Makamba, Rutana and Muyinga)</li> <li>Distribution of hoes, market garden seeds, beans, fertilizer and lime</li> <li>Some households received pedal pumps, watering cans and wheelbarrows</li> </ul>

## **Lessons Learned**

Ninety percent of agencies that received CERF funding were very satisfied with the speed at which funds were disbursed as it allowed them to start projects as planned.

However, this was not the case with the WHO project, '*Comprehensive Emergency Nutrition Programme in Kirundo, Muyinga and Rutana Provinces*'. The main implementing partner was International Medical Corps (IMC) but because IMC could not submit the project directly for consideration under CERF funding, WHO became the recipient UN agency for funds. The implementation of the project was delayed because of the protracted process in transferring the funds from WHO to IMC. It would be recommended that CERF explores ways to improve the access for NGOs in order to ensure the prompt availability of funds.

IMC reported the following challenges faced during the implementation of the WHO CERF funded project on a "*Comprehensive Emergency Nutrition Programme in Kirundo, Muyinga, and Rutana Provinces, Burundi*":

- Due to the short duration of the project, it was difficult to assess the longer-term impact in terms of improved nutrition and food security, particularly given the flooding that affected Muyinga Province and cultivating season 2006;
- The torrential rains during December prevented mothers from bringing adequate variety or quantities of food to community groups;
- Poor food security rendered the rural population poorer. An increase in beneficiaries in the Muyinga nutrition services was noticed;
- There was a stock theft at Muyinga warehouse and 160 liters of cooking oil for the nutrition programme was stolen - a hole was dug in the perimeter wall to gain access. The police investigated the theft but the culprits were never apprehended.

Regarding the FAO project on the distribution of disease-free cassava cuttings, a number of constraints were observed. The loss of 10 to 30 percent of cassava cuttings in some areas were because of long transportation and inappropriate storage of the cassava cuttings together with pests such as termites. Appropriate treatments against termites were recommended and applied.

## **CERF in Action**

### **The story of Ezechiel Niragira, expelled from Tanzania in September 2006**



“My name is Ezechiel Niragira, I am 33 years old. My wife, Léocadie Manariyo and I have three children. We became separated and I do not know where my family is. I arrived in Burundi from Tanzania in August 2006 and I am receiving assistance from the Red Cross and PARESI (a Government project in charge of reintegrating war-affected persons) in the Kinazi transit camp.

When I was young, I learned that my parents were from the Busoni commune in Kirundo province in Burundi. My father died when I was ten years old and my mother and I moved to the Giteranyi commune where we lived for a short time before moving to Tanzania. Shortly after our arrival, my mother re-married a Tanzanian but my new family did not want to take care of me despite my mother's protests. I have not seen her since then. I left the house and struggled for my survival until our host country Government recently decided to expel all Burundians illegally settled in Tanzania.

Two months ago, while I was away, my wife and children disappeared. My neighbors told me that they were forced to leave by young Government officials who told them that there was no room for them in Tanzania. My family was pushed into a police truck and was not allowed to take any belongings with them. Most probably, they were dropped off at the Kobero boarder. Initially I decided to hide in the forest but after four days I decided to go to Kinazi in Burundi where humanitarian organizations were helping expelled Burundians. I still have not found my family and I do not know where they are.

PARESI and the Red Cross<sup>3</sup> are supporting me with food, shelter and are trying to find my family. I want to say thank you to the humanitarian organizations for their support, and I hope to find my family soon. I have nowhere to go since I have no land, and no parents who could support me. Other Burundians who arrived with me in the camp have already been transferred by PARESI to their communes of origin. I am still waiting for the Government to fulfill their promise to give me land on which I can build my house”.

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<sup>3</sup> PARESI and the Red Cross are main implementing partners for the UNHCR CERF funded project: ‘Repatriation and Reintegration of Burundian Refugees’

## **ANNEX1 CERF 2006 Statistics with Implementing Partners in Burundi**

<b>CERF Project</b>	<b>Agency</b>	<b>Project Title</b>	<b>Implementing Partners</b>	<b>Sector</b>	<b>Funding</b>
06-FAO-194	FAO	Distribution of disease-free cassava cuttings and diversification of other root-crops	<ul style="list-style-type: none"> <li>Ministry of Agriculture (14 Provincial Directorates of Agriculture and Livestock)</li> <li>WFP</li> <li>11 NGOs (LVIA, Concern, ACORD, VISPE, GVC, CORD, World Vision, CARE, Caritas Belgique, GTZ, Solidarité), local associations and private sector</li> </ul>	Agriculture	\$300,000
06-FAO-136	FAO	Emergency agricultural assistance to the local rural vulnerable populations of natural disasters and conflict, including repatriation and reintegration of particularly vulnerable groups	<ul style="list-style-type: none"> <li>Local associations, Ministry of Agriculture and Livestock</li> </ul>	Food	\$300,000
06-HCR-137	UNHCR	Return and Reintegration of Burundian refugees	<ul style="list-style-type: none"> <li>NGOs, PARESI (Programme d'Appui à la Réintégration des Sinistrés, Ministère de la Solidarité Nationale), APADE (Association pour la Paix et le Développement)</li> <li>COPED (Conseil Pour l'Education et le Développement)</li> <li>WOI (World Outreach Initiatives)</li> <li>GTZ (Coopération Allemande)</li> <li>CISV (Comunità Impegno Servizio Volontariato)</li> </ul>	Multi-sector	\$699,955
06-HCR-275	UNHCR	Repatriation and Reintegration of Burundian Refugees	<ul style="list-style-type: none"> <li>Ministry of National Solidarity, Gender and Human Rights,</li> <li>PARESI</li> <li>IRC</li> <li>Red Cross</li> </ul>	Multi-sector	\$325,195
06-HCR-193	UNCHR	Repatriation and Reintegration of Burundian refugees	<ul style="list-style-type: none"> <li>CARITAS</li> <li>ARP</li> <li>CADI</li> <li>SOLIDARITES</li> <li>COPED</li> <li>CISV</li> <li>GTZ</li> </ul>	Multi-sector	\$920,521
06-WHO-199	WHO	Comprehensive Emergency Nutrition Programme in Kirundo, Muyinga and Rutana Provinces	<ul style="list-style-type: none"> <li>International Medical Corps (IMC)</li> </ul>	Health	\$134,781
06-WHO-192	WHO	Response to Health Epidemics and Disease Control	<ul style="list-style-type: none"> <li>Ministry of Public Health, local communities, international and national NGOs</li> </ul>	Health	\$306,020

06-WHO-135	WHO	Increase access to an Essential Care Package for IDPs, Refugees and other vulnerable populations in Burundi	<ul style="list-style-type: none"> <li>UNICEF</li> <li>Ministry of Health</li> <li>NGOs</li> </ul>	Health	\$1,083,375
Total		\$4,069,847			