

ANNUAL REPORT OF THE HUMANITARIAN/RESIDENT COORDINATOR ON THE USE OF CERF GRANTS

Country	Burundi
Humanitarian / Resident Coordinator	Youssef Mahmoud
Reporting Period	1 January – 31 December 2008

I. Executive Summary

Two allocations were granted to Burundi in 2008: one from the rapid response window (\$1.6 million) and one from the underfunded window (\$3.6 million). In both cases and in absence of a Consolidated Humanitarian Appeal for the first time in seven years, CERF funding provided much needed emergency support to tackle both the food crisis and underfunded emergencies in a context of transition and fragile recovery.

The initial rapid response allocation came at a critical time for Burundi, one of the countries hardest hit by the soaring food prices with an increase of more than 130 percent between 2007 and 2008. It enabled strengthening the health and nutrition response to needs of 1,100 new severe acute malnourished children and the extension of screening programs for 16,000 children. The purchase of seeds and tools for 40,000 families recently returned from Tanzania prevented a large number of repatriated refugees from falling into the cycle of severe food insecurity.

The underfunded grant enabled meeting critical food needs for 15,000 Burundian refugees from 1972 who were repatriated in 2008. This group was initially not included in the planning of UN agencies as their return started when both Burundian and Tanzanian Governments reached an agreement on the naturalization process of those willing to remain in Tanzania. The same grant provided a much needed food return package for Burundians expelled from Tanzania.

It also allowed the construction of 2,360 semi-permanent shelters for those refugees from 1972 returning to Burundi with few—if any—links to their motherland and no real place to call home. Support to water programmes ensured that 10,000 people (5,000 school children) benefited from new or rehabilitated water catchments in two of the provinces with the most returnees. Refugees' children recently repatriated who had never lived in Burundi were also able to integrate in to the Burundian education system by attending CERF-funded intensive language classes. In the communes of Nyanza and Rumonge, both with the highest number of returned refugees, CERF funding authorized the speedy deployment of an efficient health referral system and a health emergency telecommunication network to reduce maternal mortality.

Overall the two CERF grants played a key role in avoiding delays for much needed humanitarian response despite the progressive recovery of Burundi after more than a decade of conflict. The fragility of such recovery and the high vulnerability of most of the population to any economic or climatic shocks still call for timely and temporary support. As such, CERF funding not only reinforced the response to the most pressing humanitarian needs but furthermore reinforced the consolidation of peace and social cohesion.

Total amount of humanitarian funding required and received during the reporting year	REQUIRED: RECEIVED:	N/A N/A		
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 5,200,000		
Total amount of CERF funding received by funding window	RAPID RESPONSE: UNDERFUNDED:	\$ 1,600,000 \$ 3,600,000		
	GRAND TOTAL:	\$ 5,200,000		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM: NGOS: GOVERNMENT: OTHER:	\$ 3,801,047 \$ 1,076,260 \$ N/A \$ N/A		
	TOTAL:	\$ 5,187,947 (\$4,877,307) ¹		
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	RR 55,000 HH	16,000	6,000	N/A
	UF 21,250 HH	63,750	N/A	N/A
Geographic areas of implementation targeted with CERF funding	Nationwide with particular focus on repatriation areas (South and South-east)			

II. Background

Populations were already made food insecure by successive droughts in 2007 and 2008 and by progressive degradation of soils in such a densely populated environment. For 2008, the net deficit in foodstuffs was estimated at 367,000 tonnes of cereal-equivalent (or 33 percent of the domestic production). From 1993 to 2008 the population increased from 6 million to more than 8 million inhabitants, while the average yearly food production per capita decreased by 25 percent thus making Burundians even more vulnerable to shocks.

As a result of these factors, only 16 percent of the population is food secure. Food price increases have aggravated negative coping mechanisms such as the reduction in the quantity of food and quality of meals directly affecting the nutritional status of women and children. Food insecurity can also lead to other protection risks such as possible displacement, increased likelihood of the most vulnerable having to resort to exploitative employment, increased risks of prostitution, child labour and human trafficking as survival mechanisms. This has direct consequences for children and women in particular.

The high cost of transport at both a national and international level made food even more expensive, and this caused the food crisis to affect all Burundians. Some 36.5 percent of the urban populations are chronically food insecure and FAO recorded price increases of 139 percent for basic food items between 2007 and 2008, meanwhile, daily wages for casual labour have decreased to the extent that 2 days of work are required to buy 1kg of beans.

In addition to this general state of vulnerability, repatriation of refugees from Tanzania adds additional pressure on the already scarce resources of the communities. Since March 2008, UNHCR has begun to assist the return of refugees who fled in 1972 and were living in settlements in Tanzania. This year has had the biggest number of returnees since the start

¹ Amount received in country, does not include 7 percent which remain at Headquarters

of the operation in 2002, with some 95,000 returnees (of whom 30,000 are from 1972 group). The arrival of some 20,000 Burundians who were deported from Tanzania since 2006 adds further burden to the reintegration challenges. The Government of Tanzania expects the return of over 55,000 refugees from the 1972 Group to end by October 2009. Since 30,000 returned in 2008, an estimated 25,000 will still return in 2009, among them are vulnerable, elderly and landless individuals and families.

There are a high percentage of vulnerable persons among the returnees: data from mid-2008 implies that 26.7 percent of households were classified as vulnerable². Among these returnees, vulnerable households will benefit as a priority from UNHCR's assistance. In addition, Tanzania plans to close its last camp, Mtabila, (mostly "1993 refugees" from the south) by mid-2009, which will add to the need for humanitarian action in southern Burundi. Most of the former "1972 refugees" (some 80 percent) do not have access to land upon return, and an even higher rate find their shelters destroyed. These problems add to problems related to food security, health care, and education. Some of the "1972 refugees" have lost all social connections or ties with Burundi, making it more difficult for them to benefit from traditional mechanisms of solidarity.

III. Implementation and results

Rapid response

Health and Nutrition Cluster

The CERF contribution was critical to facilitating a rapid and well-coordinated response. The timely and flexible funds allowed UNICEF, as cluster lead for nutrition, to urgently reduce the vulnerability of children and women to the increasing nutrition insecurity exacerbated by the food crisis. Meanwhile, it facilitated disbursements to implementing partners and enabled coordination with both national and international partners.

Procurement and distribution of 83 MT of plumpy nut and micronutrients supplies (folic acid, Amoxicillin) allowed treatment and case management of 1,100 new severe acute malnourished children on a monthly basis for six months. In addition, the provision of 20,000 MUAC (Mid upper Arm Circumference) allowed the extension of the screening at community level of over 16,000 children.

CERF has made humanitarian reform objectives a reality, providing more timely and predictable funding in emergencies, thus improving response and saving lives.

Food Security Cluster

The CERF grant has provided timely and rapid assistance to populations affected by acute food insecurity during the preparation of the first agricultural season 2009 (2009 A). Evaluation of yields done after the second season (2008 B) highlighted a group of 236,000 vulnerable households in need of assistance (about 14 percent of the total population).

CERF funding allowed FAO, in cooperation with other UN agencies, to support populations recently repatriated in the provinces of Bujumbura rural and Bubanza by providing a seeds and hoe package to enable them to start agricultural activities upon return. CERF funding has also contributed to respond to the humanitarian needs of vulnerable populations seriously impacted by the rise of food prices observed throughout 2008.

² Data from UNHCR Evaluation of Repatriation Convoys from settlements in Tanzania, 12 May to 8 June 2008.

The purchase of seeds could cover the needs of 40,000 households through direct distributions (22 percent of total households supported during the first season 2009). In addition 5,000 households were trained by partner NGOs to intensive market garden production and small scale irrigation. Cassava and sweet potato cuttings were also distributed to 10,000 households.

FAO has worked in close cooperation with partner NGOs (CEPBU, BAQN, PARMA ALIMENTA) from the onset of planning activities to the end of the agricultural season. Monitoring and evaluation of the progress was done through the monthly cluster (GSAN) meetings and through joint field visits with Agriculture and Livestock Department's officials. A general assessment of distributions was conducted one month after the delivery of assistance to households.

The FAO Emergency Unit has received complementary funding from the UE, Belgium, Sweden and Spain. It made it possible to extend the CERF-funded project within the CERF areas of intervention as well as other regions.

Underfunded

Food Security Cluster

CERF funding enabled WFP to meet critical food needs for 15,000 Burundian returnees of the 1972 caseload for 1.5 months. This assistance was crucial in the promotion of the repatriation process as it allowed for the smooth reintegration of these returnees not included in the initial planning figures for assistance. The immediate food needs of the 15,000 returnees were met through the provision of various food commodities amounting to the 2100 kcal per person per day recommended by WHO.

WFP, with CERF funds, was able to procure some 383 MT of mixed food commodities including cereal, oil, sugar, salt and CSB which was distributed to 15,000 returnees of the 1972 caseload. Food distribution was done at the different transit centres by GTZ, UNHCR's main implementing partner. The rest of the funds contributed to the completion of the six-month food return package which was distributed by CARITAS – WFP's cooperating partner at the parish level – closer to the returnees' areas of return. The food provided through CERF funding contributed to the stabilization of nutrition levels within households where food was distributed and met the immediate food needs of these vulnerable households.

WFP has in place an integrated monitoring and evaluation (M&E) system with indicators for food distributed and number of beneficiary reached by sex and age groups. In addition, the office undertook regular field visits and held meetings with partners including UNHCR, GTZ and CARITAS. WFP is a member of the government's High-Level Commission on Return and Reintegration which provides oversight for the Returnee Assistance Programme and others. One of the decisions of the High Level Committee was the harmonisation of all assistance to the returnees and illegal migrants.

In collaboration with UNICEF, WFP provided food rations in support of the "catch – up" programme for returnee children of the 1972 caseload. The objective was to encourage school attendance as children were introduced to French and Kirundi languages and to facilitate their absorption into the formal school system. WFP also collaborated with the Burundi Red Cross Society in providing food assistance to Burundian illegal migrants expelled from Tanzania.

FAO's project is still running and has so far enabled covering the remaining part of the targeted households that could not be included as per the initial FAO humanitarian

assistance plan prepared in 2008 for refugees in order to assist them in their return or resettlement. The CERF also enabled the inclusion of host families/communities that would otherwise not have been considered. Seed fairs (for staple food), fruit trees, vegetable crop and livestock distributions have already taken place to complement the action carried out through other but limited funding sources.

Shelter and NFI (Multisectoral Assistance to Returnees and IDPs/Protection of Uprooted People)

The construction of ten temporary transit centres was an urgent and efficient response to the need of the 1972 group in Southern Burundi who were unable to access their land or who did not have a place of return. The ten centres have been constructed by PARESI³, the Government partner (Ministry of Solidarity Minister for National Solidarity, Repatriation, National Reconstruction, Human Rights and Gender).

Semi-permanent individual shelters for 2,360 households were built in Makamba, Bururi and Rutana provinces. Due to the decrease of price material, this project will be able to cover the needs for 2,360 households instead of the 1,850 planned.

In 2008, the project assisted **280 households** (more than 1,500 individuals) from the 1972 group of Burundian refugees who were able to access to their land in Rumonge (province of Bururi). Apart from the technical assistance for the manufacture of bricks and the raising of walls, each beneficiary received through our implementing partner GTZ, a construction materials kit including roofing and latrine materials.

Water Sanitation and Hygiene Cluster:

The intervention aimed at improving access to basic services such as water. As an example, the project benefited more than 10,000 people. It enabled supporting the water catchments covering more than 5,000 children (returnees out of school) in the provinces of Makamba and Bururi.

UNICEF conducted several field visits and held regular meetings with partners (NGOs and government) at the central level and in the field to monitor progress implementation of the activities.

A bi-weekly coordination meeting has been set up, led by the Ministry in charge of the reintegration program with NGOs partners and UN agencies.

Education Cluster:

In the education sector, the objective is to ensure the reintegration of returnees and out of school children into the education system which requires a multifaceted approach based on the particular needs of the children. The CERF-funded intensive language program targets repatriated children who were schooled in a Tanzanian school system and used Kiswahili and English as the languages of instruction and learning, hence finding it difficult to studying in a purely Kirundi and French speaking environment in Burundi. The program enables these children to continue their education in Burundi, thereby facilitating their transition and reintegration in the school system as well as in socio-cultural and eventually economic activities.

This program is complemented by other initiatives such as a catch-up program for out-of-school returnee children, vocational education program for youth, and construction of Child-

³ PARESI: Projet d'Appui au Rapatriement Et à la Réintégration des Sinistrés

Friendly Schools. These initiatives are implemented through various actors including Ministry of Education, NGO and a local construction firm, with technical and in-kind support from UNICEF and funding of the European Commission, comprehensively contributing to reducing vulnerability of the returnee population by promoting school, social and economic reintegration.

Health and Nutrition Cluster:

Access to second-level referral services remained a serious problem. The capacity to carry out emergency surgical procedures is limited and the costs of a surgical intervention are prohibitive. Thanks to the CERF funding a referral system is functioning correctly in Rumonge and Nyanza Lac communes. It has reinforced human resources and has established a proper communication system and emergency transportation. The two hospitals have now the personnel and/or equipment to respond to obstetrical emergencies. As a contribution to the MDGs (5th goal), CERF funding helped in the reduction of the number of maternal mortality cases in Nyanza Lac (Makamba) and Rumonge (Bururi) due the functionality of the referral system with a total number of 11,500 deliveries facilitated to date.

The timely and flexible funds from CERF allowed WHO in collaboration with other UN agencies and partners to fulfil the gap of setting up a communication system in Rumonge and Nyanza Lac with appropriate equipment and drugs for reducing maternal mortality. As an example, one ambulance was made available for Nyanza Lac hospital for emergency obstetrical cases references with 8 VHF radio and solar panels were installed in health centres.

The Epidemics Response and surveillance activities were implemented with the Ministry of Public Health, local communities, international and national NGOs for the management of cholera epidemic in Rumonge and Nyanza Lac.

WHO organized regular field visits in Nyanza Lac and Rumonge. The implementation steps were carried out in a parallel way in the two provinces. Training of the beneficiaries on the implementation of the obstetric emergencies and on the management tools of the system was undertaken. The training has made it possible to strengthen the organizational and technical capacities in order to manage the referral system. A weekly coordination meeting has been set up, led by the Ministry in charge of the reintegration program with NGOs partners and UN agencies. A monthly report is prepared and shared with all the partners in the concerned regions.

WHO facilitated the training of health personnel to improve provincial health team capacity in Makamba and Bururi provinces with funding from additional donors. This was coupled with the distribution of essential medicines and emergency medical equipment with CERF funding.

In the nutrition sector, UNICEF received other emergency funds from EC/ECHO and the government of Japan in order to expand and complement the intervention in other provinces, to conduct nutritional surveys and to purchase therapeutic items for nutritional assistance in the Community Therapeutic Care (CTC) programs and Therapeutic Feeding Centres (TFC).

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Agriculture/Food Security	08-FAO-036 "Emergency Operations to support livelihood of vulnerable households affected by food crisis"	1,000,001	55,000 rural and sub-urban households mostly affected by the food crisis in 2008	- DPAE Bubanza and Bujumbura - Burundi Pentecostal Church Council (CEPBU), - Office of Bujumbura northern neighbourhoods associations (BAQN), - NGO PARMA ALIMENTA	At least 5,000 persons get 2,100 Kcal /day thanks to the following activities: distribution of market produce seeds kit (300 gr), along with related package and training on market produce gardening	<ul style="list-style-type: none"> ▪ Partnership contract signed between FAO and three NGOs to support beneficiaries in urban zones and suburbs in Bujumbura Mairie, Bujumbura rural and Bubanza. ▪ Purchased and distributed: 1,500 kg of seeds, 5,000 rakes, 500 spraying kits, 6,000 watering cans, 5,000 hoes, 5,000 transplant tools, 2,500 shovels, 70MT fertilizers (urea), 54T de DAP fertilizer, 10T de KCl, 1,250kg Dithane and 1,250 litres insecticide. Expenses: 1,500 kg of marsh seeds ▪ Inputs were distributed by partner NGOs as family kits. ▪ 100 hectares of market produce were planted. Yields were evaluated at 200 kg of fresh produces per household. ▪ Training in Kirundi with technical sheets was prepared and 1,000 households able to read and to write received it.
					40,000 rural vulnerable households including a major part of repatriated refugees receive the required equipment for small scale farming (bean seeds, vegetable seeds and one hoe)	<ul style="list-style-type: none"> ▪ Purchased and distributed: 400MT beans, 50,000 hoes. ▪ For the preparation of first season 2009A, 40,000 beneficiaries in the provinces of Bubanza (13,700), Bujumbura rural (21,500) and Bujumbura mairie (4,800) received each a kit with 20 kg of seeds and one hoe. ▪ This assistance covered 90 percent of needs of identified households in the three provinces.

					At least 10,000 households have sweet potatoes and cassava cuttings and hoes.	<ul style="list-style-type: none"> ▪ Purchased and distributed: 2,000,000 of cassava cuttings and 5,000,000 of sweet potato cuttings. ▪ Number of beneficiaries: 4,000 households in Bubanza, 1,000 in Bujumbura city and 6,000 in Bujumbura Rural province. Each household received 500 sweet potato cuttings and 200 of cassava cuttings. ▪ These cuttings have led to 200 hectares of cassava and 62.5 hectares of sweet potato. ▪ Distribution of 10,000 hoes.
					200 manual pumps have been put in place and are operational for micro-watering of marsh agriculture	<ul style="list-style-type: none"> ▪ Purchased and distributed: 300 pumps (1 for 15 households). ▪ Each pump can water 0.75 ha of market produce per day.
Agriculture	08-FAO-052					<ul style="list-style-type: none"> ▪ This project will be reported on in the 2009 Report as activities are ongoing.
Food Assistance	08-WFP-098 Providing food assistance to returning refugees (1972 case load)	370,818	7,290 male and 7,710 female provided. < 5 years: 3,150 5-18years: 5,400 >18 years:6,450	Gesellschaft für die Technische Zusammenarbeit (GTZ) and Caritas Burundi	The food needs of returnees (1972 caseload) is maintained at acceptable level (minimum of 2100 kcal per day and person)	<ul style="list-style-type: none"> ▪ Purchase and distribution of 383 mt of food to 15,000 returnees at the transit sites in Makamba, Musinga and Ruyigi and at parish level ▪ Providing 27mt of food to 1,225 children attending “the catch-up programme”

Nutrition	08-CEF-057 “Strengthening humanitarian response in the nutrition sector to respond to the increasing food insecurity”	600,012	1,100 new severe acute malnourished children treated on monthly basis during six months.	Ministry of Health, International Medical Corps (IMC), and Gruppo de Volontari Civili (GVC)	<ul style="list-style-type: none"> ■ At least 6,000 pregnant and lactating women and 16,000 severe acute malnourished children rehabilitated through medical and nutritional treatment and their families improve nutritional status. ■ Parents and care givers acquired knowledge on appropriate child feeding practices. ■ Nutritional information system functional and nutritional information available. 	<ul style="list-style-type: none"> ■ Procurement and distribution of therapeutic products (6,000 boxes) allowed treatment of 1,100 new severe acute malnourished children every month, during six months. ■ Purchase of micronutrients (1,500 Folic acid 5mg tabs/PAC-1000; 500 Amoxicillin 250mg caps/tabs/PAC-1000; 5,000 Sul.met.+trim.pdr/o.s.240mg/5ml/BOT100ml) complemented the material already available in 102 out patient treatment centres. ■ The NGO IMC worked in Kirundo and Muyinga provinces in order to set up the CTC program and to extend the activities in those affected provinces where food insecurity increased drastically in the last quarter of 2008. ■ Promotion of child feeding and care practices towards mother and children during the mother and child health week in January 2009 (initially planned for December 2008 but postponed to January 2009 because of the health staff strike) in order to provide and inform on best practices for child care. ■ A consultant was recruited for three months to provide support and follow-up to the community-based therapeutic care (CTCs) programs in affected areas.
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Water and Sanitation	08-CEF-074 <i>“Support to the reintegration of returnees in Makamba, Bururi and Rutana provinces”</i>	255,377	10,000 people will have access to safe water	COPED (Council for Education and Development) and Burundian Red Cross both are local NGOs.	<ul style="list-style-type: none"> ■ All returnees and host community have access to safe water and all returnees in temporary settlement have access to water and sanitation facilities. 	<ul style="list-style-type: none"> ■ The partner NGO COPED is building a water supply system to reach several water collection points: the temporary settlements of Gitara I & II (benefiting 240 households); the resettlement village named “Peace Village of Gitara” (benefiting 202 households); one school (benefiting 275 pupils); one market (reaching approximately 1,500 persons); the two transit centres for repatriated refugees of 1972 and for Burundians expelled (1,000 persons per month) from Tanzania. Additionally 6,000 persons of the local host community will have access to safe drinking water at the end of the project. ■ A consultant was recruited for 4 months to continue the needs assessment in the areas of return and also to set up the activities in the three provinces, specifically in the temporary settlements.
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Education	08-CEF-074 “Support to the reintegration of returnees in Makamba, Bururi and Rutana provinces”	326,314	5,700 returnee children in primary schools in three concerned provinces.	Ministry of Primary and Secondary Education	<ul style="list-style-type: none"> ■ Five thousand out-of-school returnee children are supported in their school reintegration to protect them from child recruitment in armed forces, child exploitation and delinquency. 	<ul style="list-style-type: none"> ■ The funds allowed the Ministry of Education to identify returnee children in three provinces, to identify barriers to school reintegration, and to design and implement a need-based program that support returnee children to uphold their right to education. Specifically: <ul style="list-style-type: none"> ■ An assessment of the situation of school access and retention of returnee children was conducted by two consultants hired through this funding. This study, which identified obstacles to school reintegration of returnee children, is shared among partners, and is being used as a basis for response actions. ■ Teaching modules tailored to returnee pupils that need intensive French and Kirundi language courses were elaborated by the Ministry of Education. 5,700 identified primary school pupils in three concerned provinces who are children of 1972 refugees are benefiting from this language courses. This time-critical program prevents returnee children from losing many years of education acquired outside Burundi, or from dropping out as a consequence. ■ 1,800 pupils in areas of heavy repatriation will benefit from 6 semi-permanent classrooms at Musenyi which are under construction, and from an additional 30 classrooms whose walls were built by the community and that are complemented by CERF-funded iron sheets, nails, cement and pupils' desks.
Nutrition	08-CEF-074 “Support to the reintegration of returnees in Makamba, Bururi and Rutana provinces”	88,346		Bureau Provincial de la Santé	<ul style="list-style-type: none"> ■ All malnourished children, pregnant and lactating women received appropriate treatment. 	<ul style="list-style-type: none"> ■ The activities have been postponed for 2009 because of the health personnel's strike from September to December 2008.

HIV	08-CEF-074 “Support to the reintegration of returnees in Makamba, Bururi and Rutana provinces”	86,808	More than 13,000 youth people	AHA & local Theatre group & “Sport sans frontiere”	<ul style="list-style-type: none"> ■ Ensure access to voluntary testing and HIV information 	<ul style="list-style-type: none"> ■ HIV rapid test was provided to the VCT Centre in Makamba, reference centre for the area of intervention. ■ Information material already procured will be positioned at the commune level for HIV prevention and VCT testing centre. ■ A new partnership was developed with the NGO « sport sans frontiere » in three provinces in order to accelerate HIV prevention amongst returnees and the host communities: direct beneficiaries 2 persons per youth centres (21 youth centres in total) + 1 person per camp for a targeted number of 44 people / indirect beneficiaries 12,137 children between 13 and 18 years old and all youths transiting in the temporary settlements and transit centres in Musenyi/Gitara area. The beneficiaries participate in sports activities organized by the youth centres leaders and access to information for HIV prevention through these activities. The managers of youth centres have been trained on HIV and life skills education and sports organization for HIV prevention.
SGBV	08-CEF-074 “Support to the reintegration of returnees in Makamba, Bururi and Rutana provinces”	37,605	6,000 returnees and host community and 100 victims of sexual violence	HealthNet Transcultural Psychosocial Organization (HN / TPO)	<ul style="list-style-type: none"> ■ Sensitization on SGBV amongst returnees and host community ■ All victims of SGBV have access to PEP kit and are integrated in a psychosocial support program 	<ul style="list-style-type: none"> ■ The partner HealthNet TPO continues to support the sensitization on SGBV amongst 6,000 returnees in three sites in Makamba province. This sensitization will be part of the project on psychosocial support to expelled people from Tanzania with specific attention the children. ■ No victims of sexual violence recorded up to this point.

Health	08-WHO-061 <i>“Enhancing emergency management of obstetrical maternal and neonatal complications through an expanded operational referral system for returnees ”</i>	\$333,171	Pregnant women in need of emergency obstetrical services (72,000 deliveries within refugees and expellees in Bururi, Makamba and Rutana provinces)	Ministry of Health	<ul style="list-style-type: none"> ▪ Obstetrical cases well monitored and managed; ▪ Capacity to detect and confirm common and communicable disease strengthened; ▪ Coordination of health sector intervention improved; ▪ Health system to respond to health problems strengthened; ▪ Risk of disease outbreak addressed and reduced. 	<ul style="list-style-type: none"> ▪ Procurement and distribution of therapeutic products essential drugs (for 10,000 people for three months). ▪ Purchase of eight solar panels for Nyanza Lac ▪ Purchase of 20 Radio VHF for supporting the communication system ▪ Purchase of an ambulance for Nyanza Lac district ▪ Training of health personnel (52 health staff on the management of emergency obstetrical cases) ▪ Installation of the radio VHF and solar panels in Rumonge and Nyanza Lac (ongoing activity) ▪ Successful management of two cholera epidemics in Nyanza Lac and Rumonge ▪ The capacity of the Ministry of Health was strengthened for the adequate response to all epidemic situations that occurred.
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Health	<p>08-FPA-036 “Reinforcement of the health System through the functionality of health districts and the management of emergencies, epidemics and natural disasters in Kirundo, Bururi et Makamba health province”</p>	\$142 300	50,000 women, 50,000 individuals (and vulnerable populations) in Kirundo	<p>Programme National de Santé de la Reproduction « PNSR » et Districts sanitaires du Ministère de la Santé Publique</p> <p>Association Burundaise pour le Bien Etre Familial « ABUBEF</p>	<ul style="list-style-type: none"> ■ Prise en charge des urgences obstétricales améliorée ■ Services de SR offerts par la clinique mobile renforcé 	<ul style="list-style-type: none"> ■ Distribution des kits de SR (100 boîtes d'accouchement eutocique, 5 328 paires de gants stériles, 8 dopplers, 20 boîtes de césariennes, 8 lampes gynécologiques, 2560 pièces d'alèzes en coton, 80 casarques en coton et 300 tabliers en platic) dans 52 centres de santé et 8 hôpitaux de districts répartis dans les 3 provinces de Kirundo, Makamba et Burundi pour améliorer la qualité de la prise en charge des urgences obstétricales et néonatales afin de réduire les taux de mortalités maternelle et infantile ■ Les services intégrés de santé de la reproduction/test du VIH et vaccination des nourrissons offerts par la clinique mobile dans les 3 communes de la province de Bururi ont été renforcés par la fourniture des produits SR. Ainsi, de janvier à la fin du mois d'août 2009, cette clinique mobile a enregistré : 1241 femmes venues pour les consultations prénatales, 1 410 nourrissons vaccinés, 2528 jeunes dont 770 garçons ayant bénéficié des services de SR, 640 cas d'infections sexuellement transmissibles dont seulement 38 cas chez les hommes, 650 visites des clientes de planification familiale et 2032 personnes venues pour le test du VIH dont 843 hommes ■ Participation de la communauté à travers le réseau de 299 animateurs communautaires jeunes et adultes dans la mobilisation de la population pour accroître la demande des services de la clinique mobile. Ces animateurs informent la communauté sur le paquet de services disponibles et le calendrier de descentes de la clinique sur les collines. Ainsi, 6 122 personnes dont 54,7% de femmes ont reçus des informations sur divers thèmes de la santé de la reproduction accroître la demande des services de la clinique mobile ; ■ Octroi des kits de dignité aux femmes et filles rapatriés de la Tanzanie.
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<p>Multi sectoral assistance to returnees and IDPs</p>	<p>08-HCR-037 08-SB-BDI-RP334 “Support to the repatriation and reintegration of 1972 Burundian refugees in Makamba, Bururi and Rutana provinces”</p>	<p>\$1,316,100</p>	<p>420 households benefited from transit centres</p> <p>2,360 households received materials for individual shelters</p>	<p>PARESI 114,877.43</p> <p>GTZ 132,462.40</p>	<ul style="list-style-type: none"> ▪ Durable integration of some 1,850 families who are returning to Burundi from Tanzania through the provision individual basic shelters by purchasing roofing material, cement and other local materials. ▪ Facilitation the repatriation process of refugees (mainly caseload of 1972) from Tanzania through the construction of additional small temporary transit centres 	<ul style="list-style-type: none"> ▪ Construction of 10 temporary transit centres in Makamba, Bururi and Rutana provinces ▪ Construction of semi-permanent individual shelters for 280 households in Rumonge (province of Bururi) ; includes international and local purchasing of all construction material <p><i>Important note:</i></p> <ul style="list-style-type: none"> - Unit cost of \$472 includes all costs - The remaining 220 (500-280) shelters will be covered by COPED in 2009. <ul style="list-style-type: none"> ▪ Purchase of roofing materials for 2,080 shelters to be built in 2009 ▪ Construction of semi-permanent individual shelters for 2,080 households Activity will start in Q1 2009 - includes the 220 shelters initially planned to be constructed by GTZ
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V. CERF IN ACTION

FAO: Market gardening to start a new life

More than 95,000 refugees returned to Burundi from Tanzania in 2008. Upon arrival 40,000 of these families received a farming kit from FAO funded by CERF. In this community, Mutimbuzi, there was a market gardening program for 600 households. Upon arrival participants to the programme are installed on 3.5 acres plots with limited access to farming. Starting in October 2008, FAO distributed farming inputs to each household to cultivate two acres of market produce. The selected seeds (cabbage, tomatoes, onions, carrots) give quick yields and complement the standard diet. Fertilizers are also provided. To optimize the use of scarce water, manual water pumps are provided. 15 households manage in common a pump. This intervention has allowed the production of produces for self-consumption one month after the start of the program. Sales of produces (cabbage, onions) provide a precious income between 15 and 30 Euros⁴ per family.



Cabbage next to a house (Rukaramu, Photo CEPBU)

Refugees recently repatriated in Rukaramu zone while attending a demonstration on the use of manual water pumps. (Photo: FAO-CAUR)



Plots with tomatoes and onions, both produce are highly traded in nearby markets (Maramvya, Photo: FAO-CAUR)

⁴ Average annual income in rural areas is estimated 80 EUR/year.

*Let me live Let me study Let
me grow up in my country*

*I am a Burundian child
an African child a child
of the world*

*I need to live in my country I need
to study Kirundi and French I need
to grow up in peace*

*I am a Burundian child
an African child a child
of the world*

---Poem presented by returnee pupils, Province of Bururi, September 2008. Translated by UNICEF Burundi

Since 2002, 478,865 Burundians who had fled to neighbouring countries principally Tanzania during the conflicts of 1972 and 1993 returned or came for the first time to a country they call "home." The year 2008 saw more than 95,000 Burundian refugees crossing the border and finding their permanent or temporary home particularly in the south-eastern provinces of Burundi. This repatriation continues through 2009.

Among the returnees are 45,000 refugees from 1972 "Old Settlements"¹ including 13,200 primary and secondary-age children born in Tanzania and who have studied in the Tanzanian educational system with Kiswahili and English as the languages of instruction, as opposed to Burundi where Kirundi and French are used.

Interruption and partial loss in schooling can have detrimental effects on the lives of these young Burundians. Missing the opportunity to be integrated in an education system means missing the opportunity to thrive in their own country. Disappointment, resentment, delinquency and social exclusion create additional burden to a society that is already suffering from the scar of a decade-long conflict.

CERF allowed a time-critical response to facilitate the school reintegration of returnee children. The intensive language program in Kirundi, French and life skills was designed not only to lower the barrier that these children face linguistically in Burundian schools, but also to facilitate their socio-cultural integration in school and community life. This CERF-supported project helped the Ministry of Education to develop Kirundi and French modules adapted to the needs of returnee pupils, offered a crash training of 185 selected teachers, and made available a half-day intensive class for 5,700 returnee pupils identified in the concerned provinces of Makamba, Bururi and Rutana, for the period of 20 weeks.

While this constitutes a major step towards the children's immediate reintegration into the school system, the lasting impact of their retention and completion of primary school is a combination of several other factors such as family's economic situation, access to land, physical and psycho-social well-being of children and family members, and acceptance capacity of teachers and schools. With the school census taking into consideration the category of returnee children starting 2008-2009 school year, it will facilitate measuring their retention and completion in the subsequent years.

¹ Burundian refugees who fled to Tanzania in 1972 settled in Ulyankulu, Katumba and Mishamo, which are now commonly known as Tanzania's "Old Settlements."



A returnee pupil reading a Kirundi book in the intensive language class.



Returnee pupils performing songs in their "mother" tongue, Kirundi, to their parents, teachers and supporters.



Returnee pupils in the intensive language class.

Implementation of referral system in two districts in Burundi: For reducing the number of maternal mortality cases in Burundi the referral system project was set up to support a referral system for emergency obstetrical cases.

Implementation:

The referral system is composed of three phases as follows:

- Sensitization of the community for informing households on the needs of the access to health services during pregnancy (community involvement and participation).
- Setting up an operational referral system composed of the installation of radio VHF and solar panels coupled with ambulances in the health structures.
- Provision of essential drugs and technical competences at the referral hospital level for a proper management of urgent and complicated obstetrical emergency cases.

Phase one: Sensitization of the community

Meetings were organized to inform the community on the benefit of the project. A community contribution was obtained as annual payment (of one US\$) to participate to a basket funding for the management of system (at least to support the running cost of the ambulance). The involvement of the local administrations and health centres in the implementation of the community part of the project was confirmed with their contribution to the basket funding. All these were formalized with a memorandum of understanding that was signed with the

community with the following component: (i) the community leaders agreed to sensitize and mobilize the population for attending the prenatal consultations, for an assisted delivery with the support of health personnel, traditional home attendants and so forth; (ii) the community agreed to contribute to the solidarity basket funding; (iii) the health authorities should provide support to pregnant women to avoid the three delays (decision to go for health care at health facilities, delay in the transfer of emergency cases from the health centre to a referral hospital and delay in the management of cases at the referral hospital) and finally (iv) the organization of a community for mutual support should be strengthened.

Phase two: setting up an operational referral system composed of radio VHF and solar panels in the health centres

Radio VHF and solar panels were installed in each health centre, in the ambulance and at the referral hospitals on the basis of one radio VHF per health and two solar panels per health centre for the power and the light for night interventions. Health personnel were also trained on the use of these communication equipments.

Cases management

At this stage, essential drugs and proper equipment were provided to health centres and referral hospitals (for free access to health services for all beneficiaries). These were composed of emergency obstetrical kits, equipments for operation theatres.

For being fully complete, a special training sessions were organized for medical officers during three months on how to undertake an emergency surgery such as a caesarean and others. These trainings were organized in Bujumbura in collaboration the National Referral Hospitals whereas 4 Medical officers successfully achieved the training (cost=2,000\$ per medical officer) and were sent back to their provinces where to referral system was installed and where they will provide support for a proper management of emergency obstetrical cases.

Conclusion:

The achievement of the said project was a great innovation in Burundi in terms of enhancing emergency obstetrical cases management with an operational referral system. Many other programs of the health system such as the early warning system, the disease surveillance, the health information system, etc... will benefit from the project. It was a really expensive project to implement with full energy (community involvement, negotiation with national referral hospital for supporting the training of medical officers on short surgical skills, contract with local partners for the installation of the communication system, monitoring and the evaluation and so forth). It will result in saving lives over the implementation period and for long. The priority of the WHO and health partners is to maintain the strategies that are working like the referral system because there is a strong need to support access to health care for the vulnerable populations.



The traditional way of transferring emergency cases in Burundi.



Radio VHF installed in the health centers.



Operation theater well equipped with CERF

Annex: Acronyms and Abbreviations

AHA	Africa Humanitarian Action
BAQN	Bureau des Associations des Quartiers Nord
CEPBU	Conseil des Eglises Pentecôte du Burundi
CERF	Central Emergency Response Fund
COPEDE	Council for Education and Development
CSB	Corn-Soya-Bulgur (nutrition mix)
CTC	Community Therapeutic Care
DPAE	Direction Provinciale de l'Agriculture et de l'Elevage
ECHO	European Commission Humanitarian Organization
FAO	Food and Agriculture Organization
GSAN	Groupe Sécurité Alimentaire et Nutrition
GTZ	Gesellschaft für die Technische Zusammenarbeit
GVC	Gruppo de Volontari Civili
HIV	Human Immunodeficiency Virus
HN / TPO	HealthNet Transcultural Psychosocial Organization
HQ	Head Quarter
IDPs	Internal Displaced Persons
IMC	International Medical Corps
IOM	International Organization for Migration
M& E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoH	Ministry of Health
Mt	Metric tone
MUAC	Mid-upper Arm Circumference
NFI	Non Food Items
NGO	Non-Government Organization
PARESI	Projet d'Appui au Rapatriement Et à la Réintégration des Sinistrés
PEP	Post-Exposure Prophylaxis
RR	CERF Rapid Response Grant
SGBV	Sexual and Gender-Based Violence
TFC	Therapeutic Feeding Centres
UF	CERF Underfunded Grant
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VHF radio	Very High Frequency radio
WFP	World Food Programme
WHO	World Health Organization