

CONTINGENCY PLAN

BURUNDI

2015 Post Elections

September 2015 to February 2016

Prepared by the Humanitarian Country Team with OCHA support

STRATEGIC SUMMARY

President Pierre Nkurunziza's decision to run for a controversial third term in office plunged Burundi in its deepest political crisis since the end of its civil war. Rather than consolidating the fragile peace and stability Burundians enjoyed in recent years, these latest elections, considered as not credible by most observers, seem to have further increased mistrust among Burundian stakeholders and put the country in a new uncertainty. As a result of the crisis, a different humanitarian situation has emerged within Burundi and close to 200,000 Burundians have sought asylum in the neighbouring countries. In this context and given the potential for the crisis to continue or even escalate, humanitarian agencies in Burundi have revised their plan to ensure adequate measures are in place to help save lives and alleviate acute suffering through the provision of necessary coordinated protection and assistance for people in need. When the political and security situation improve, partners are also committed to restore self-reliance through recovery activities targeting the most vulnerable people to build their resilience to shock and lay the foundations for durable solutions.

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500,000 Estimated number of people who might be affected

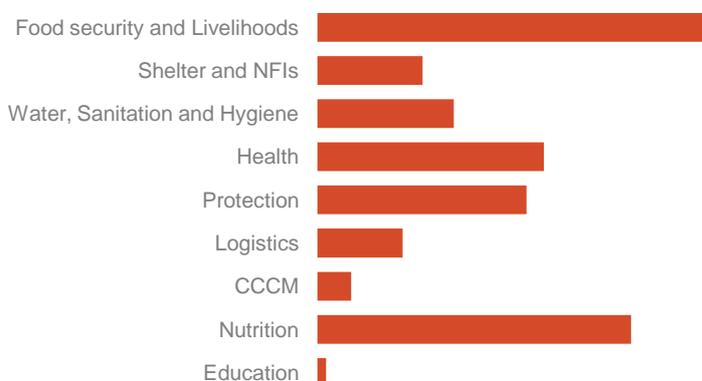


\$32,540,325 is the estimated total funding required to prepare and respond to the humanitarian needs of up to 400,000 Burundians

up to **400,000** Estimated number of people who might be targeted



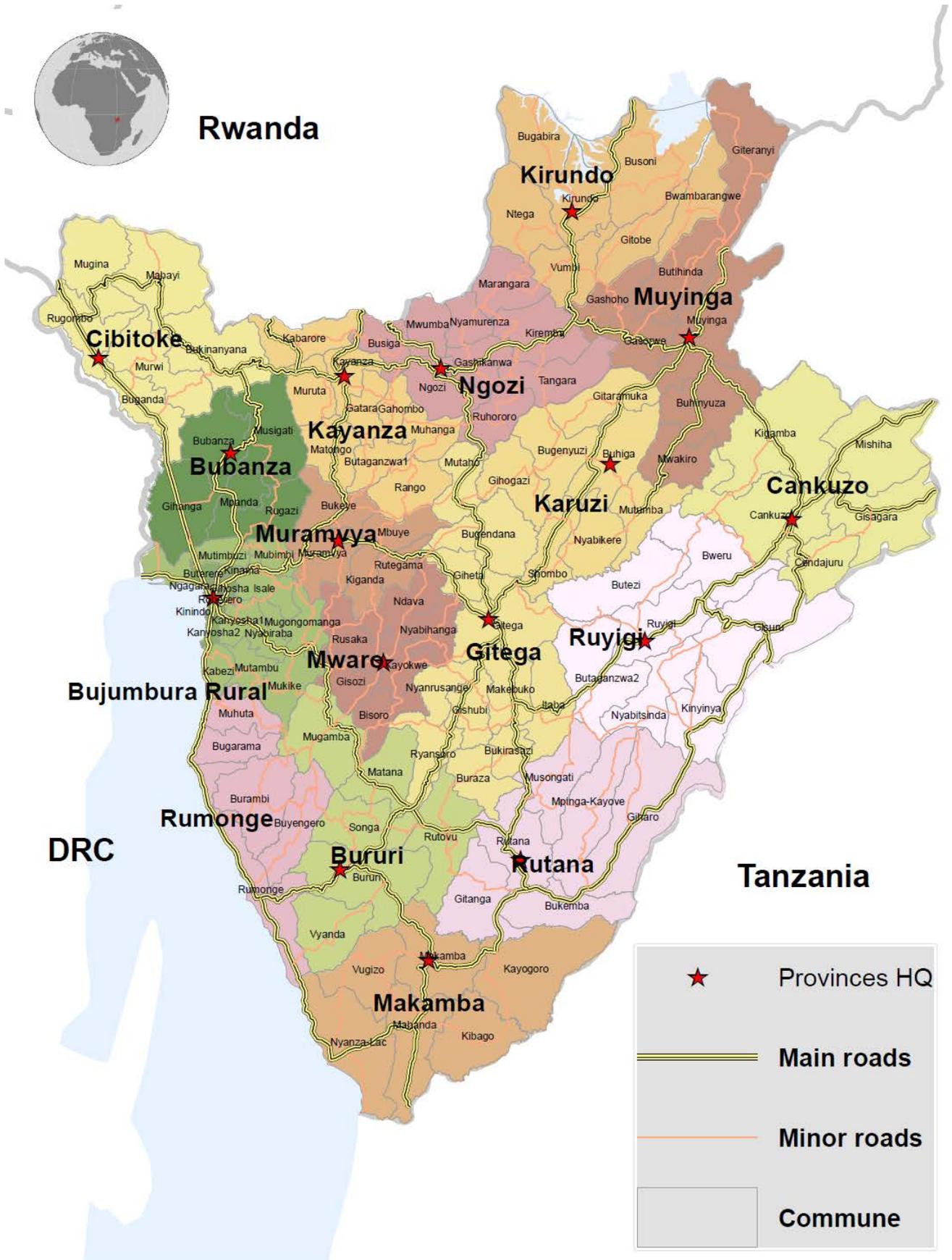
Estimated preparedness and response requirements by sector (funding gaps)



Burundi: Political Map of Burundi (26 Aug 2015) 



Rwanda



⚠ The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 ⚠ Creation date: 26 Aug 2015 Feedback: ochaea@un.org www.unocha.org www.reliefweb.int

SITUATION & RISK ANALYSIS

1. Country Information and Context Analysis

Burundi conducted its scheduled parliamentary, local, presidential and senatorial elections amid failure in the political dialogue and persistent calls to delay the elections to help improve the electoral environment marked by violence and profound mistrust between Burundian political stakeholders.

The Burundian Electoral Commission declared President Nkurunziza winner of the 21 July 2015 presidential election for a controversial additional term. On 27 July, the UN Electoral Observation Mission in Burundi (MENUB) concluded in a statement that “while Election Day was relatively peaceful and conducted adequately, the overall environment was not conducive for an inclusive, free and credible electoral process.”

The decision of the incumbent President to run for another term precipitated a deep political and socio-economic crisis. Deadly protests followed ruling CNDD-FDD party’s 25 April 2015 decision to designate incumbent President Nkurunziza as its flag-bearer for another term in office. In this context of rising political tensions, army general Godefroid Niyombare led a failed coup on 13 May 2015. Clashes were reported between Burundi National Forces and an unknown group, including the fighting that erupted on 10 July in Kayanza province, near the border with Rwanda. Many prominent political and military figures opposed to the Nkurunziza’s third mandate move, including members of the CNDD-FDD itself, fled the country.

The unstable situation in Burundi is marked by human rights violations including extra-judicial executions, arbitrary arrest and detention of persons opposing the third term. The Office of the High Commissioner for Human Rights (OHCHR) in Burundi confirmed on 28 September 2015 that at least 134 people had been killed since the beginning of election-related violence, mostly among the opposition. OHCHR Burundi also reported that hundreds of people had been arrested and detained many of whom have been subjected to torture, cruel inhuman and degrading treatment.

Tensions and sporadic violence continued after the elections, particularly in Bujumbura, including with the assassination on 2 August of General Adolphe Nshimirimana, a close aid of President Nkurunziza, and Burundi’s former Army Chief of Staff, Colonel Jean Bikomagu on 15 August. The UN Secretary-General Ban Ki-moon said in a statement that he was “troubled by the trend of politically-motivated violence in Burundi” and reiterated the need for all “Burundians to resume an inclusive dialogue without delay to peacefully settle their differences”. The Chairperson of the African Union Commission, Dr. Nkosazana Dlamini Zuma warned against the potential of violence to further escalate in Burundi with “catastrophic consequences both for the country itself and for the region as a whole”.

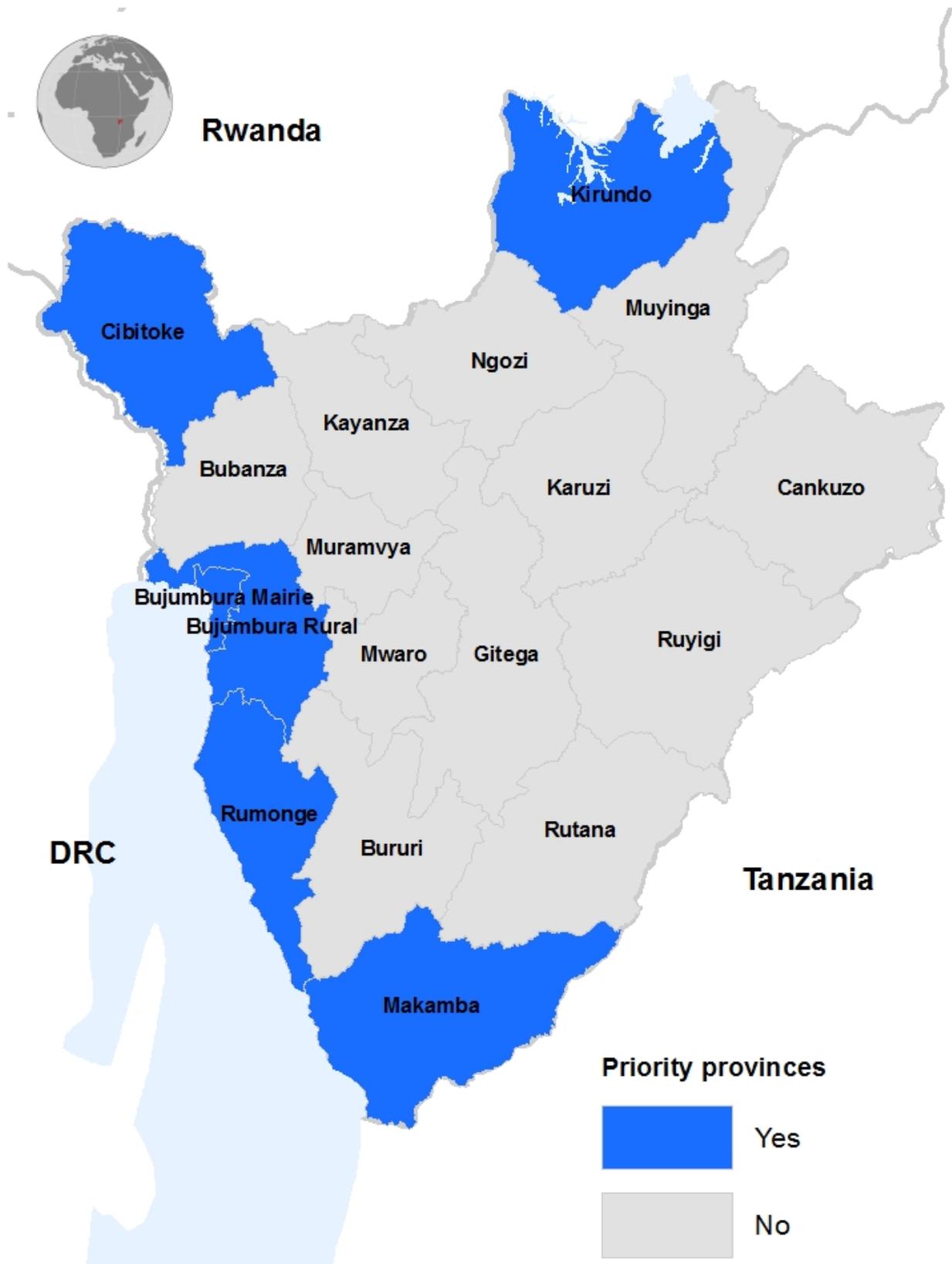
Rather than consolidating the fragile peace and stability that Burundi enjoyed in recent years, these latest elections seem to have further polarized political stakeholders and plunged the country into a new uncertainty. On 1 August 2015, a group of Burundian opposition figures, including former heads of state, met in Addis Ababa and decided to set up a National Council for the Respect of the Arusha Agreement and the Restoration of the Rule of Law (RNAREC). They elected Léonard Nyangoma as their leader.

2. Summary of Risks

Burundi is a fragile country vulnerable to multiple risks (e.g. conflicts, natural disasters, epidemics, food insecurity and malnutrition). This proposed plan focuses exclusively on risks related to the impact of the 2015 general elections. All other risks are considered under the national contingency plan and other related planning documents.

Priority humanitarian intervention areas are identified in 6 provinces: Bujumbura Mairie, Bujumbura rural, Makamba, Rumonge, Cibitoke, and Kirundo. However, a close monitoring of the situation in the entire country is required in order to confirm or adjust the above list.

Burundi: Priority provinces map (26 Aug 2015) 



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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3. Scenarios and triggers

Below is a table of likely scenario and triggers that informed this contingency plan which considers the deteriorating socio-economic conditions. It is worth highlighting that Burundi's international partners fund 52% of the country's national budget. Some of these partners have decided to suspend part of their direct support to the Government. Furthermore, the government has reported substantial losses in internal tax revenues as the country's economy continue to be hit hard by the political crisis over the past few months.

Most likely Scenario		
Elements	Triggers/conditions	Humanitarian Consequences
<ul style="list-style-type: none"> - Continued political tensions amid limited progress in the inclusive dialogue leading to sporadic localized violence and protection issues, including population displacement within Burundi and in the neighbouring countries. - Limited international financial support and decrease in internal revenues lead to a further deterioration of socio-economic conditions in the country, interrupting or limiting access to basic services for many Burundians. 	<ul style="list-style-type: none"> - Lack or failure in the inclusive dialogue among Burundian stakeholders. - An indifferent and divided international community is unable to apply sufficient pressure on Burundian stakeholders to push for a political solution to the crisis -The government is unable to find adequate alternative funding sources outside its traditional donors who are reluctant to continue to do business as usual after the elections. <p>Increase in the prices of basic services</p>	<ul style="list-style-type: none"> - Serious Violations of Human Rights and international humanitarian law (e.g. killings, abductions, intimidation, targeted attacks against civilians) - Slow onset of a new humanitarian situation with continued population displacement within and outside of the country, soaring food prices, and significant disruption in the provision of basic social services. <p>Some Burundian refugees in the neighboring countries return and require life-saving as well as recovery and reintegration support</p>

4. Humanitarian Consequences

The humanitarian impact from the current political crisis is expected to be slow and gradually visible with sporadic escalations. Localised violence and the continued deterioration of socio-economic conditions are expected to be among the key drivers of humanitarian needs in the coming months.

Partners in Burundi are currently confronted with a very atypical humanitarian situation. Whereas previous crisis situations had generated massive internal population displacement in the country, such phenomenon has so far been limited within Burundi. Many of the few internally displaced persons (IDPs) relocate to their ancestral homes in the rural areas of stay with host families and friends. They are reluctant to identify themselves as IDPs for fear of being linked to a political agenda which has subsequently complicated humanitarian agencies' efforts to assess and respond to their needs.

Cross-border population movement has remained so far one of the most visible humanitarian aspects of the crisis. As of 2 September 2015, UNHCR reports that 193, 604 Burundians had sought asylum in the neighbouring

countries since April 2015. The majority refugees are in Tanzania – 89,537 people; 75, 551 in Rwanda; 14,322 in the Democratic Republic of Congo; 13,396 people have crossed to Uganda, and 500 in Zambia.

However, the fact that there has not yet been large-scale internal population displacement in Burundi does not equate that there are no emerging humanitarian needs in the country. The crisis has exacerbated an already dire situation in various intervention sectors, including: i) food security particularly in Kirundo and Makamba (Nyanza-Lac commune in particular) provinces; ii) nutrition in Nyanza-Lac commune in particular with GAM rates increasing from 2,5% in 2014 to 8.3 % in August 2015, according to a nutrition survey conducted by Pathfinder International in collaboration with partners; and iii) Health with additional demand related to the treatment of people wounded during protests as well the cholera outbreak in Nyanza-Lac commune; decreased access to maternal and child health services due to insecurity iv) Protection risks, including child protection and SGBV, remains a key concern.

Violence has continued since late April between security forces and opponents to President Nkurunziza's third mandate, particularly in some Bujumbura's neighbourhoods. On 28 September, the UN Human Rights Office said it had registered 134 killings as well as hundreds of cases of arbitrary arrest and detention since April 2015, including 704 arrests since the beginning of September 2015 alone. In some instances, children have been among those arrested and/or detained.

Due to ongoing violence, threats and intimidation towards opposition supporters and fear amongst communities of further violence, displacement is likely to continue. Displacement leads to serious impacts including separation of families in the course of displacement; limited access to basic services; loss of their typical means of livelihood which in some cases leads to harmful practices; and crowded living conditions in host communities and collective shelters; and the protracted nature of displacement exacerbates vulnerability, tensions and safety risks.

A rapid assessment conducted by IRC in May 2015 highlights that many cases of violence (or risk of violence) particularly against women and children occur during population movements at host and departure areas, on the road to the border, at the border and in Tanzania. People who move are predominantly young people and women with their children who are very vulnerable. According to a Save the Children assessment in June 2015 other risks of forced population movement include theft, physical, sexual violence, unwanted pregnancies and the separation of families. According to data from specialized centres and hospitals supported by UNFPA, 4,869 cases of GBV were reported in 2013 (including the different types of GBV), 3,914 cases in 2014 and 1,262 cases in the first half of 2015, a situation which is totally unacceptable. It should be noted that this is the only data provided by the UNFPA partners.

The current lean season is expected to last longer in most border provinces given cross-border movements and the fact that many people sold their harvest very early and at very low prices to probably cross the border to seek asylum in the neighbouring countries if the situation deteriorates in Burundi. Owing to the security situation, seasonal workers (both within and to neighbouring countries) have seen their livelihoods disrupted. WFP and partners have provided food distribution to around 100,000 most vulnerable people particularly in Kirundo, in the north, and Makamba provinces, in the south. Those are among the provinces worse affected by population movement.

The already fragile health system has weakened further. Stocks of essential medicine are reducing rapidly amid disruption in the supply chain. This situation, among other factors, is complicating the provision of free health care for children below the age of five and pregnant women. A joint assessment conducted in June 2015 the Burundi Red Cross and UNFPA support in eight (8) affected provinces, revealed a decline in the utilization of reproductive health services between January and May compared to the same period in 2014; up to 14% decrease in ante natal care visits, 18% childbirth by skilled attendance and 4, 5% reduction for adolescent and youth reproductive health services. Gains made in recent years in reducing maternal deaths risk being reversed if the current situation continues.

Going forward, there is a concern about the larger socio-economic impact of the political crisis. Bujumbura, the centre of economic activities, has been paralyzed for months, causing a major slowdown of the already weak economy. On 21 September 2015, Domitien Ndiwokubwayo, Commissioner of the Burundi Revenue Authority, acknowledged that 2015 would be a “very difficult year.” He reported 76.2 billion Burundian Francs (about US \$49 million) tax revenues shortfall since January 2015.

Meanwhile, Burundi depends heavily on outside support. Approximately 52 per cent of Burundian national budget is financed by international partners, some of whom have decided to suspend their cooperation with Burundi over the political crisis. Given the continued economic slowdown and the existing vulnerabilities in Burundi, the suspension or withdrawal of outside support may lead to a further deterioration of living conditions for most Burundians and trigger new acute humanitarian needs in the country.

Even before the current political crisis, Burundi was already confronted with many other humanitarian challenges, despite its decade-long post-conflict environment. While some 90 per cent of its population relies exclusively on agriculture, Burundi is affected by alarming hunger levels, topping the Global Hunger Index for the past three years in a row. Every year, over 1 million Burundians are on average affected by severe food insecurity and therefore require immediate assistance. Malnutrition is also a nationwide concern with around 48 percent of stunting, on average. The country has an estimated 78,000 IDPs displaced during past conflicts. With persisting instability in the region, Burundi is also host to some 50,000 refugees, mostly from neighbouring Democratic Republic of Congo. About 80,000 Burundian returnees and expellees from Tanzania in late 2012 continue to go through a slow reintegration processes especially given complex land tenure issues in the country. Burundi remains among the world’s poorest countries, ranking 180/187 in the 2014 Human Development Index report (more general data about Burundi is annexed to this document).

The humanitarian response within Burundi will aim to protect vulnerable groups and meet immediate needs and restore livelihoods, including delivering basic social services to the most vulnerable people affected by the political crisis and its associated socio-economic and humanitarian impact. Resources will also be needed to effectively realize the transition from relief-centered to recovery oriented assistance.

4. Response & Operational Capacity

Burundi is currently experiencing a decade-long post-conflict situation since its last civil war, which officially ended in 2005. Recent efforts in Burundi are therefore concentrated on recovery and development programs. Agencies continue at the same time to respond to the existing humanitarian needs, though constraints, such as limited financial resources are causing gaps in the response.

UN humanitarian agencies (e.g. WFP, UNICEF, UNHCR, WHO, UNFPA), IOM, some international NGOs (e.g. IRC, Concern, AHA) and the Burundi National Red Cross (as first-line responder) are present in Burundi. Although their presence and capacities are mainly concentrated in the capital Bujumbura, many have other sub-offices in some other provinces (e.g. Gitega, Ruyigi, Muyinga, Rutana, Makamba and Ngozi) or are able to quickly reopen new sub-offices if there is a need. The Burundi Red Cross is present throughout the country.

While in-country capacities can be quickly mobilized (as proven during the February 2014 floods that affected some 20,000 people in Bujumbura), they would require strengthening, including through regional support, to ensure a more effective response, should there be a new major humanitarian situation. There have been numerous recent efforts to strengthen in-country humanitarian capacity and to reinforce inter-agency/sector coordination.

The Government’s capacity to coordinate and respond to humanitarian needs require strengthening as well. The Government has in place a Disaster Risk Reduction National Platform, which is led by the Ministry of Public Security’s Civil Protection Department. A constant recommendation by international partners to consider locating the Platform in the Office of the First-Vice-President of Burundi to strengthen its ability to coordinate

across government ministries has yet to be implemented. As there is no budgetary allocation for disaster risk management activities in Burundi, international partners have also suggested that the Platform develop a National Disaster Risk Management policy, which can later form the basis of legislation for parliamentary review and possible funding. However, there has been no progress in this area to date.

It is assessed through this contingency planning exercise that current in-country response capacity would cope with emerging humanitarian needs of up to 10,000 people in the first weeks of a crisis. Capacities are likely to be overstretched if the number of people in need of humanitarian assistance surpasses this number.

Given that humanitarian partners anticipate that some 400,000 people could be affected if the situation deteriorates further within Burundi, urgent additional resources are required to increase the current in-country capacity. Resources will also be needed to effectively realize the transition from relief-centered to recovery oriented assistance. The Government counterpart is not expected to deliver any major humanitarian assistance in a complex emergency context.

5. Gaps and constraints

The national disaster response capacity in place requires strengthening. It is anticipated that a crisis cell led by a relevant line ministry (depending on the emergency) would be established in case of an emergency. Given that the national platform is only an Office under the Civil Protection Department of the Ministry of Public Security, it has in the past faced challenges to coordinate across government ministries, even in a natural disaster context. The Government does not pre-allocate any financial resources for disaster prevention and management. Ad hoc resource mobilization efforts are undertaken when an emergency strikes.

One of the capacity gaps in the provision of humanitarian assistance and protection is related to the limited number and capacity of emergency partners in the country. While the Burundi Red Cross is very well established throughout the country, there is a need to reinforce its response capacity. NGOs in Burundi have been more dedicated to development-oriented activities. Surge emergency personnel will therefore be required for these NGOs and UN Agencies should there be a need to activate this contingency plan.

Security is expected to be another major constraint. Currently, the capital Bujumbura and the province of Bujumbura rural are under UN security level 4 (substantial) while all other provinces in the country are under security level 3 (moderate). Risks include crimes, civil unrest, terrorism and armed conflict. On 14 August 2015, the Chairman of the UN International Civil Service Commission declared Burundi a non-family duty station.

In a context of post-electoral crisis and associated violence, the security situation could deteriorate further in many areas of the country, including with potential targeted attacks against humanitarian workers and their assets, access restrictions and interference in humanitarian operations by conflicting parties. In this context, there have been some calls stressing the need to ensure that the UN Department for Security and Safety has adequate capacity to conduct all required security risk assessments to further enhance preparedness and response as needed if the contingency plan is activated.

Humanitarian agencies could also face funding constraints for emergency preparedness and response activities. Since the beginning of the current crisis, humanitarian partners reported that they have only received US\$ 6,762,482.

6. Planning figures for humanitarian assistance

Humanitarian partners anticipate that about half a million people would be affected by a continued political crisis within the next six months. This would include an estimated: i) 100,000 people expected to seek asylum in the neighbouring countries; ii) 50,000 Burundian refugee returnees; iii) 50,000 internally displaced Burundians and their host communities; and iv) hundreds of thousands of other Burundians, including old caseloads of returnees

and internally displaced persons. Overall, an estimated 400,000 people are likely to require humanitarian assistance within Burundi.

These planning figures do not include already existing humanitarian programmes in the country, including refugees hosted in Burundi and Burundian refugees currently in the neighbouring countries.

The immediate needs of affected people are likely to be in the following areas:

- Protection, including monitoring/tracking displacement and return, child protection and SGBV
- Food assistance and livelihoods support
- Provision of essential household items particularly in communities affected by population displacement and return
- Water, sanitation and hygiene, with priority in communities affected by displacement and/or return or areas prone to water-borne and communicable disease
- Provision of essential health care to all affected people in need including psychosocial, access to HIV, treatment of cholera, measles and other water-borne and communicable diseases, Reproductive health Minimum Initial Service Package in crisis (RH/MISP) including maternal and newborn health care and clinical care for survivors of SGBV
- Education
- Nutrition support such as management of acute malnutrition, home fortification and promotion of Infant and Young Child Feeding (IYCF) practices

Other elements that could exacerbate the humanitarian impact of a possible electoral conflict and people's vulnerability include:

- Lack of dialogue or failure of the dialogue among Burundian stakeholders
- Suspension of international financial support for Burundi
- Outbreak of epidemics (e.g. cholera with the resume of rain period, measles)
- Seasonal floods during the upcoming rainy season
- Deterioration of the nutrition situation due to low production and limited access to food items
- Burundi's long civil war history with an estimated 35,000 demobilized combatants and at least 100,000 small arms in the country
- Large youth population and rampant unemployment
- Complex land tenure issues and related communal conflicts

People's coping capacities are already much stretched. Burundi is the second most densely populated country in Africa after Rwanda. While some 90 per cent of its population relies exclusively on agriculture, Burundi is affected by alarming hunger levels, topping the Global Hunger Index for the past three years in a row. Chronic malnutrition is also a nationwide concern with around 48 percent of stunting, on average. Population growth is still on the rise while there are very limited alternative livelihoods opportunities outside agriculture. In case of post election violence, most affected people would rely on international protection and assistance for their survival.

RESPONSE STRATEGY

1. Objectives & Response Activities

Given the continuing political tensions after the 2015 general elections, humanitarian partners in Burundi have decided to work together to develop a plan, based on the available in-country capacity, to deal with the initial phase of any emergency, pending the arrival of any required regional or international support. In this context, they have initiated several preparedness activities with the following strategic goal:

Humanitarian agencies in Burundi have minimum preparedness measures and response capacity in place to provide protection and emergency assistance to people in need, while preparing to respond to a more large-scale humanitarian crisis situation if conflicts and violence spread throughout the country.

The following two strategic objectives have been adopted to help meet the above stated goal:

01

Minimum preparedness measures and response capacities are in place to meet the immediate needs of people at the onset of a crisis.

- An inter-agency contingency plan is developed to support preparedness and response efforts
- Minimum coordination and operational arrangements are in place to facilitate timely and effective humanitarian response
- Humanitarian relief items to assist people during the initial phase of the crisis are prepositioned in all potential hotspot areas
- An inter-agency rapid relief team is set up to plan and provide multi sectoral response to emergency needs.

02

Provide coordinated protection and assistance to respond to immediate humanitarian needs, and support the resumption of livelihoods activities for people affected by post-electoral violence.

- Advocacy and awareness raising to promote respect for international human rights and humanitarian law and principles
- Provide protection services for persons with specific vulnerabilities
- Most vulnerable people receive food assistance
- Water, sanitation and hygiene services for the most affected people
- Households, displaced in particular, are provided with emergency shelter and non-food items
- Children and pregnant and lactating women screened and identified as acutely malnourished are admitted for treatment
- Emergency primary healthcare, reproductive health and psychosocial services are provided for people in need
- Safe camps for displaced people
- Protection monitoring/assessment missions are undertaken
- Land, house and properties issues are addressed
- Children and adolescents have access to emergency education
- Children have access to safe spaces or associated with support networks of children, youth and women
- Survivors of GBC have safe access to medical services, psychosocial and legal support
- Households assisted with livelihood support
- Humanitarian Cross border management and coordination of migrants, including TCNs (Third country nationals), as well as counter trafficking prevention and awareness.

Protection mainstreaming will be promoted across all sectors by incorporating protection principles in humanitarian assistance and promoting access, safety and dignity in humanitarian aid. Protection principles that must be taken into account in all humanitarian activities are: (1) Avoid causing harm - (2) Equality - and (3) Relevance of humanitarian assistance provided.

In recent years, Burundi has taken various steps towards establishing a protective normative framework in favour of displaced persons. It is a signatory to both the African Union Convention for the protection and assistance of internally displaced persons (Kampala Convention) and the International Conference for the Great Lakes Region's Pact for Peace, Security, Stability and Development and its 10 protocols including on the protection of IDPs.

SECTOR OPERATIONAL DELIVERY PLAN SUMMARY

FOOD SECURITY AND LIVELIHOOD

Supports Objective 1 and 2

Activities	Indicator	Target
<ul style="list-style-type: none"> • Provide early warning information • Organize food security working group meetings 	<ul style="list-style-type: none"> • Early warning timely report produced • High level of participation to the FS meetings, consensus built on priorities and who will do what 	Recommendations of food needs and given to partners within the first 72h 1 meeting/week
<ul style="list-style-type: none"> • Conduct emergency food security assessments; 	<ul style="list-style-type: none"> • Emergency needs assessment report timely done, results quickly disseminated and used to build common response strategy 	Identified number of people in need of emergency food assistance and agricultural inputs identified within 10 days
<ul style="list-style-type: none"> • Establish and validate the list of beneficiaries (with criteria) per categories 	<ul style="list-style-type: none"> • list of beneficiaries with specific criteria done, endorsed by the members of the sector and used for the response 	80% of the most vulnerable people are targeted within 15 days and criteria acknowledged to the community
<ul style="list-style-type: none"> • Provide food assistance (including in the form of voucher or cash transfers) to targeted beneficiaries 	<ul style="list-style-type: none"> • Quantity and quality of food assistance distributed on time, disaggregated by type, as % of planned • Number of women, men, boys and girls receiving food assistance on time, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned ; 	100% of planned food or cash distributed (quantity, quality and timeliness) within 10 days 100% of affected/targeted people are assisted
<ul style="list-style-type: none"> • Agricultural inputs and material (seeds, fertilizers, tools, small livestock, etc.) 	<ul style="list-style-type: none"> • Number of households receiving kits of agricultural inputs and material before the planting season 	80,000 HH assisted before the planting season
<ul style="list-style-type: none"> • Income generating activities to support livelihoods early recovery 	<ul style="list-style-type: none"> • Income generating activities, that are running on the communities are improving the living conditions of the poorest 	200 IGRs

<ul style="list-style-type: none"> • Conduct “After Action Review” and Post-distribution monitoring exercises 	<ul style="list-style-type: none"> • Quality and usefulness of the reports on the outcomes indicators: <ul style="list-style-type: none"> - Food consumption score¹, disaggregated by sex of household head. Target: Reduced prevalence of poor food consumption of targeted households/individuals by 80% ; - Diet diversity score, disaggregated by sex of household head. Target: Increased diet diversity score of targeted households; - Coping strategy index, disaggregated by sex of household head. Target: Coping strategy index of 80% of targeted households reduced or stabilized; - Lessons learned / best practices identified shared. 	<p>At least 80% of assisted households have an acceptable food consumption score, increased their DDS and reduced their CSI.</p>
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SHELTER AND NON-FOOD ITEMS (NFI)

Supports Objective 1 and 2

Activities	Indicator	Target
<ul style="list-style-type: none"> • Map existing stock partners capacities for shelter and NFI kits 	<ul style="list-style-type: none"> • All existing shelter and NFI kits are mapped and gaps are identified, a monitoring process is put in place to follow the change of stocks 	All
<ul style="list-style-type: none"> • Procure and preposition shelter kits for most vulnerable households 	<ul style="list-style-type: none"> • Number of shelter kits procured and prepositioned before the crisis 	10,000
<ul style="list-style-type: none"> • Procure and preposition NFI kits for most vulnerable households 	<ul style="list-style-type: none"> • Number of NFI kits procured and prepositioned before the crisis 	28,000
<ul style="list-style-type: none"> • Propose a cash transfer approach to address needs of people in shelter and NFI 	<ul style="list-style-type: none"> • Feasibility study of cash transfer assistance to substitute the provision of in-kind NFI and shelter kits, results discussed and cash transfer strategy agreed among the sector participants 	Set up of a TWiG
<ul style="list-style-type: none"> • Distribution of shelter kits if an emergency response is needed 	<ul style="list-style-type: none"> • Number of vulnerable persons receiving shelter kits is in accordance with the planning assumptions 	50,000
<ul style="list-style-type: none"> • Distribution of NFI kits if an emergency response is needed 	<ul style="list-style-type: none"> • Number of vulnerable persons receiving NFI kits is in accordance with the planning assumptions 	140,000
<ul style="list-style-type: none"> • Monitoring of the implementation of the distribution against set timeline and quality standards 	<ul style="list-style-type: none"> • Sector partners are in compliance with roll-out plan and implementation schedule and provide feed back 	All partners use agreed upon standards and

¹ Food consumption score (FCS) ≤ 21 = poor food consumption; FCS 21.5– 35 = borderline food consumption; FCS > 35 = acceptable food consumption

		implement them
<ul style="list-style-type: none"> Adoption of set coordination mechanism and implementation 	<ul style="list-style-type: none"> Sector partners agree with the set coordination and conduct weekly meetings in the capital, providing useful inputs to support the coordination 	All partners regularly attend and are proactive
<ul style="list-style-type: none"> Design, adoption and implementation of SOPs and common tools 	<ul style="list-style-type: none"> Sector partners contribute to, adopt and timely implement SOPs in all geographic areas of intervention 	All partners implement the Agreed SoPs
<ul style="list-style-type: none"> Technical assessment of collective centres pre-identifies to potentially host IDPs jointly with CCCM sectoral group 	<ul style="list-style-type: none"> Sector partners to evaluate the technical compliance with standards of possible collective centres that may host IDPs before the crisis 	Number of collective centres assessed on time

WATER, SANITATION AND HYGIENE (WASH)

Supports Objective: 1 and 2

Activities	Indicator	Target
<ul style="list-style-type: none"> Coordinate the WASH sector/cluster interventions and information sharing 	<ul style="list-style-type: none"> All wash actors are participating to the WASH coordination meetings, action points are designed and put into action 	High level of participation to the Regular sector/cluster meetings
<ul style="list-style-type: none"> Provide potable water for 85% of the affected population through water trucking and water supply network 	<ul style="list-style-type: none"> Number of people having at least 7.5 liters of safe drinking water within one week 	85% of the affected population, including IDPs and host communities
<ul style="list-style-type: none"> Provide temporary toilets and showers separated for women and men for 70% of affected population 	<ul style="list-style-type: none"> Minimum of 70% of people having access and use of sanitation facilities including showers separated for men and women after x weeks 	70% of the affected population effectively using temporary toilets and showers
<ul style="list-style-type: none"> Sensitize the affected population on hygiene promotion including key messages of good hygiene practices 	<ul style="list-style-type: none"> Number of people sensitized on good hygiene practices and changing their practices, reduction of the population having water born diseases 	70% of the affected population using the recommendations
<ul style="list-style-type: none"> Provide safe water collection, storage tools and hygiene kit for 85% of the affected population 	<ul style="list-style-type: none"> Number of people having and using hygiene kits and safe water collection and storage reduction of the population having water born diseases 	85% of the affected population, including IDPs and host communities correctly use hygiene kits and safe water collection and storage
<ul style="list-style-type: none"> Provide WASH services to schools and other learning spaces in the affected areas 	<ul style="list-style-type: none"> Number of children having access to WASH services at schools and other learning spaces reduction of the population having water born diseases 	80,000 children get reliable WASH services

HEALTH

Supports Objective 1 and 2

Activities	Indicator	Target
<ul style="list-style-type: none"> Strengthen health facilities 	<ul style="list-style-type: none"> Number of health facilities fully functioning in emergency affected areas 	80 % of the population has access to health facilities
<ul style="list-style-type: none"> Pre-position emergency kit (Including rape treatment kits and medical tents) 	<ul style="list-style-type: none"> Percentage of health facilities benefiting from emergency kit pre-positioned covering the needs of the area covered for a period of 6 Months 	100%
<ul style="list-style-type: none"> Provide emergency health care to people in need 	<ul style="list-style-type: none"> Percentage of people receiving emergency health care 	80 %
<ul style="list-style-type: none"> Pre-position clean delivery and emergency obstetrical care kits for safe deliveries in hotspots sites and health facilities for 4200 women expected to deliver during 3 month 	<ul style="list-style-type: none"> Number of IDP sites and health facilities with prepositioned clean delivery kits for immediate response (Clean delivery kit-2B , kit 6 and kit 11) Percentage of women who received clean delivery individual kits (2A) 	40 100 %
<ul style="list-style-type: none"> Train health providers of 40 targeted health facilities in 6 provinces on emergency obstetric and newborn care (Kirundo, Cibitoke, Bujumbura Commune, Bujumbura Rural, Rumonge, Makamba) 	<ul style="list-style-type: none"> Percentage of targeted health facilities with capacity to provide quality Emergency Obstetric and Newborn care 	100 %
<ul style="list-style-type: none"> Collect obstetric and newborn data and reporting in 40 supported health centres and IDPs sites 	<ul style="list-style-type: none"> Percentage of health centre and IDP sites with obstetric and newborn data 	98%
<ul style="list-style-type: none"> Conduct sensitization and condom distribution activities in IDPs sites for HIV prevention and condom use 	<ul style="list-style-type: none"> Number of sensitization activities conducted Number of persons targeted Number of condoms distributed 	24 sensitization activities 691 200 condoms
<ul style="list-style-type: none"> Train health providers and humanitarian NGOs actors on Minimum Initial Service Package (MISP) 	<ul style="list-style-type: none"> Number of health providers and NGO actors trained on MISP 	60 persons
<ul style="list-style-type: none"> Provide psychosocial support to displaced and affected people 	<ul style="list-style-type: none"> Existence of enough group and individual counselling sessions to support 	In collective centres and camps
Provide youth friendly services for affected male and female adolescents and youth	<ul style="list-style-type: none"> Number of male and female adolescents and youth supported Number of hotspots where youth friendly services are accessible to youth. 	5,000
<ul style="list-style-type: none"> Provide essential drugs to affected children under 15 years and pregnant women 	<ul style="list-style-type: none"> Number of children under 15 years and pregnant women reached with essential drugs 	175,000 (about 8% of the 1,700,000 children <5y and 475,000 pregnant women)

PROTECTION (including child protection and Sexual and Gender-Based Violence)

Supports Objective 1 and 2

Activities	Indicator	Target
<ul style="list-style-type: none"> Overall coordination, monitoring and reporting on protection activities 	<ul style="list-style-type: none"> All protection actors are regularly participating to the protection coordination meetings, action points are designed and put into action 	01 per week
<ul style="list-style-type: none"> Profiling of newly displaced people staying in spontaneous settlements/camps/collective centres 	<ul style="list-style-type: none"> Percentage of newly displaced people identified and registered 	50%
<ul style="list-style-type: none"> Provide safe and dignified transportation and support to TCNs 	<ul style="list-style-type: none"> Number of TCNs benefiting from support and transportation 	At least 50%
<ul style="list-style-type: none"> Ensure inclusion of indicators related to protection in multi-sectoral assessments and monitoring 	<ul style="list-style-type: none"> Percentage of multi-sectoral assessments and monitoring reporting on indicators related to protection 	100%
<ul style="list-style-type: none"> Strengthen community conflict resolution mechanisms 	<ul style="list-style-type: none"> Percentage of newly emerged community conflicts resolved through community resolution mechanisms Number of persons trained on mediation and peaceful conflict resolution techniques 	50 % 180 (30 per each of the six prioritized target locations)
<ul style="list-style-type: none"> Conduct efficient and systematic protection monitoring 	<ul style="list-style-type: none"> Percentage of people in need who benefit from protection monitoring 	50 %
<ul style="list-style-type: none"> Coordinate the Child Protection response through the sub-sector and its technical working groups 	<ul style="list-style-type: none"> All child protection actors are regularly participating to the protection coordination meetings, action points are designed and put into action 	01 per week
<ul style="list-style-type: none"> Birth registration and provision of birth certificates 	<ul style="list-style-type: none"> Percentage of children and issued documentation under regular birth registration procedure 	40 %
<ul style="list-style-type: none"> Conduct Child Protection Rapid Assessment CPRA 	<ul style="list-style-type: none"> CPRA completed and related report made available. 	1 assessments which covers each affected area and related report produced
<ul style="list-style-type: none"> Identify, document, trace and reunify separated and unaccompanied children 	<ul style="list-style-type: none"> Percentage of identified separated and unaccompanied children reunified with their caregivers 	30%
<ul style="list-style-type: none"> Identify and provide adequate support services to distressed children and children victims of violence, abuse and exploitation 	<ul style="list-style-type: none"> Number of children that received adequate psychosocial support services 	10,000
<ul style="list-style-type: none"> Create safe community spaces, playgrounds and recreational areas for children 	<ul style="list-style-type: none"> Number of safe spaces established Number of children that have access to safe, child-friendly spaces and recreational activities 	80 16,000
<ul style="list-style-type: none"> Monitor and report on grave violations and other serious protection concerns for children , including arbitrary detention and child recruitment 	<ul style="list-style-type: none"> Percentage of grave child rights' violation cases reported that are closely monitored without putting children at risk 	100 %

<ul style="list-style-type: none"> Disseminate messages on prevention of violence against children and prevention of family separation 	<ul style="list-style-type: none"> Number of people targeted with child protection messages on prevention of violence and of family separation 	400,000
<ul style="list-style-type: none"> Coordinate GBV response through the sub sector 	All GVB actors are regularly participating to the GVB sub sector coordination meetings, action points are designed and put into action	At least 2 per month
<ul style="list-style-type: none"> Establish/strengthen referral pathways in each district in the targeted provinces 	<ul style="list-style-type: none"> All district-level hospitals have trained doctors in clinical management of rape and the necessary equipment and drugs required Number of district-level female police officers with the capacity to respond/investigate GBV cases Number of social workers available to provide specialized psychosocial support 	<p>22 district hospitals</p> <p>22 – 1 police officers per commune</p> <p>22 – 1 per district/provincial hospital providing clinical management of rape (CMR)</p>
<ul style="list-style-type: none"> Pre-position dignity and rape treatment kits 	<ul style="list-style-type: none"> Number of dignity kits timely pre-positioned for affected women and girls Number of Rape Treatment kits timely pre-positioned in health facilities for survivors' immediate medical care. 	<p>3,000 dignity kits</p> <p>40 rape treatment kits</p>
<ul style="list-style-type: none"> Provide holistic GBV support to victims 	<ul style="list-style-type: none"> Percentage of GBV survivors provided with holistic assistance (medical, psychosocial, legal, etc.) 	100% of survivors supported, cases reported (disaggregated)
<ul style="list-style-type: none"> Establish safe spaces for women and girls to access psychosocial support activities and information on available services 	<ul style="list-style-type: none"> Number of safe spaces identified and operationalized Number of women and girls who can access services in safe spaces 	<p>06 safe spaces</p> <p>10,000 women and girls</p>
<ul style="list-style-type: none"> Disseminate, particularly via national and subnational radio broadcasts, prevention messages and information related to availability of GBV response services 	<ul style="list-style-type: none"> Number of times radio messages are broadcast Number of sensitization campaigns conducted Impact of the sensitization 	<p>At least once a day</p> <p>1 campaign/site or affected area</p>
<ul style="list-style-type: none"> Provide disaggregated data on GBV survivors reported / supported 	<ul style="list-style-type: none"> Existence of a data collection mechanism on GBV survivors reported / supported 	100% GBV survivors
<ul style="list-style-type: none"> Provide training on victims of trafficking identification and referral Conduct information campaigns on trafficking awareness 	<ul style="list-style-type: none"> Number of staff trained Number of individuals who receive information material 	Relevant actors, CCCM and DTM staff working on protection, inclusive of child protection, with a special emphasis on law enforcement bodies
<ul style="list-style-type: none"> Establish a Complaint & Feedback Mechanism/Table (CFM) on each food and NFI assistance distribution site 	<ul style="list-style-type: none"> Number of CFMs established and functioning 	At least 10
<ul style="list-style-type: none"> Provide safe and dignified transportation and support to TCNs 	<ul style="list-style-type: none"> Number of TCNs benefiting from support and transportation 	At least 50%

LOGISTICS

Supports Objective 1 and 2

Activities	Indicator	Target
• Coordinate the logistic sector through information sharing with partners	• All logistics actors are regularly participating to the log coordination meetings, action points are designed and put into action	1 per week
• Enhance storage capacity and install MSUs for the storage of food commodities and NFIs.	• Increase (%) in storage capacity for emergency operations in the country • Number of additional mobile storage units (MSUs).	10% 10 MSUs
• Enhance transport capacity by requesting 10 additional trucks from the regional fleet	Number of additional trucks deployed in the country within 72 hours after formal request from the humanitarian community in Burundi	10
• Boost logistics capacity of partner in term of storage and transport of NFIs relief items	• Logistics needs from partners are timely met	10% of total logistics needs
• Provide support in Customs Clearance of relief item	• Percentage of relief items cleared within 2 days	95%
• Update the customs information guide for incoming shipments and Obtain global exemption for incoming food commodities for relief operations.	• Yearly global customs exemption is be in place	All incoming shipments benefit from customs exemptions

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

Supports Objective 1 and 2

Activities	Indicator	Target
• Coordination of CCCM activities with all relevant stakeholders and development of commonly agreed upon coordination tools and best practices	• All Camp Coordination actors are regularly participating to the protection coordination meetings, action points are designed and put into action • and relevant procedures, strategy and action plans elaborated	• 1 biweekly meeting
• Coordination of collective settlements	• Information management including registration of residents • Capacity building • Provision of appropriate support to national authorities for government ownership of the protection and assistance strategy for collective settlements • Monitoring of protection and assistance in all collective settlements and advocacy to feel the gaps	• Relevant IM products issued on a regular basis (3W, maps....) • 4 trainings held • Regular meetings and exchange with government on collective settlement situation • Regular data collection on assistance and protection delivered in collective settlements jointly with camp management actors
• Camp management activities in the collective settlements	• Community mobilization operational • Coordination of actors and activities within the collective settlements	• Number of committees elected and trained and community participation mechanisms established • Coordination meetings held in collective settlements

	<ul style="list-style-type: none"> Monitoring of protection and assistance at collective settlement level and advocacy to feel the gaps Information management at site level 	<ul style="list-style-type: none"> Regular data collection on assistance and protection delivered in collective settlements Type of data collected in collective settlements
<ul style="list-style-type: none"> Administration of collective settlements 	<ul style="list-style-type: none"> Enforcement of security in collective settlements successful Provision of land for the set up of collective settlements and negotiation for occupancy rights Issuance of administrative documents to collective settlements residents 	<ul style="list-style-type: none"> Type of law and order enforcement mechanisms in collective settlements No dispute on presence of IDP on sites and in collective centres Number and quality of documents issued
<ul style="list-style-type: none"> Pre-identification and assessment of potential collective settlements that could host IDPs jointly with the shelter/NFI sectoral group 	<ul style="list-style-type: none"> Sector partners to timely evaluate the technical compliance with standards of possible collective centres that may host IDPs 	<ul style="list-style-type: none"> Number of collective centres assessed
<ul style="list-style-type: none"> Provide safe and dignified transportation and support to TCNs 	Number of TCNs benefiting from support and transportation	At least 50%
<ul style="list-style-type: none"> Monitor internal displacements in targeted provinces and map humanitarian needs of IDPs, including in collective settlements, if any 	<ul style="list-style-type: none"> Displacements monitored in ten of the most affected provinces 	<ul style="list-style-type: none"> Assessment carried out regularly in 10 targeted provinces

NUTRITION

Supports Objective: 1 and 2

Activities	Indicator	Target
One nutrition sector is ensuring nutrition coordination mechanism	Number of functioning nutrition sector in place, all nutrition actors are regularly participating to the nut coordination meetings, action points are designed and put into action	One nutrition sector
Conduct at least one nutrition community (MUAC) assessment based on the needs identified in the joint rapid assessment	Number of nutrition community (MUAC) assessments done on time, based on the needs identified in the joint rapid assessment mission	At least one nutrition community (MUAC) assessment done based on the needs identified in the joint rapid assessment mission
Provide micronutrient powders to 70% of children aged 6 to 23 months in the affected population	Percentage of children aged 6-23 months who benefit from home fortification with micronutrient powders	70% of children aged 6-23 months benefit from MNP
Manage adequately SAM for at least 75% of children in the provinces affected by emergency	Percentage of children suffering of SAM who have recovered in the provinces affected by emergency	>75% recovered
Manage adequately MAM for at least 80% of moderately malnourished children under 5 and pregnant and lactating women in the provinces affected by emergency	Recovery rate	>75%

Provide nutritious specialized food to children aged 6-59 months and pregnant and lactating women to stabilize or prevent acute malnutrition during displacement	Proportion of eligible population who participate in programme (coverage)	> 50%
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EDUCATION

Supports Objective: 1 and 2:

Activities	Indicator	Target
<ul style="list-style-type: none"> Provide school kits, learning material and Recreational and ECD kits for 80,000 school aged children and 1,143 teachers 	<ul style="list-style-type: none"> 80,000 children have been provided with school and learning materials 1,143 teachers received learning material 	80,000 displaced school children (60,000 primary school aged and 20,000 pre-learning children)
<ul style="list-style-type: none"> Provide and equip 143 tents 	143 emergency classrooms tents are provided on time in the most relevant sites	143 tents
<ul style="list-style-type: none"> Conduct a rapid assessment of the emergency situation 	<ul style="list-style-type: none"> Report of the rapid assessment is available on time to support decision tacking 	1 assessment
<ul style="list-style-type: none"> Train 1,143 existing teachers and 50 education service providers 	<ul style="list-style-type: none"> 1,143 teachers trained ready to be dispatched where needed 50 education service providers trained 	1,143 teachers 50 educators service providers
<ul style="list-style-type: none"> Conduct sensitization and advocacy activities to not use school as IDPs sites and fighting location 	<ul style="list-style-type: none"> number of schools not occupied or occupied for a very short time in IDPS zones 	20 in 10 provinces (2sessions per province)
<ul style="list-style-type: none"> Coordination and monitoring 	<ul style="list-style-type: none"> All education actors are regularly participating to the education coordination meetings, action points are designed and put into action 	Weekly Meetings, monthly joint field missions, creation of Databases
<ul style="list-style-type: none"> Implement emergency school meals programme in provinces with high number of returnees (only schools not currently assisted by the ongoing project). 	<ul style="list-style-type: none"> Number of school children reached with school meals programme Quantity of food distributed, expressed as a percentage of the plan 	30,000 school children 1,000 mt of mixed food
<ul style="list-style-type: none"> Provide mobile fuel efficient stoves to new schools with emergency school meals programme 	<ul style="list-style-type: none"> Number of mobile fuel efficient stoves provided to schools 	100

COORDINATION & MANAGEMENT ARRANGEMENTS

1. HCT

Humanitarian coordination is currently led by the UN Resident Coordinator (RC) who acts at the same time as UNDP Resident Representative and UN Designated Official. The Office of the Resident Coordinator and OCHA Regional Office for Eastern Africa, including through its presence in Burundi, support the RC carry out the Humanitarian Coordination function.

As part of the efforts to strengthen humanitarian preparedness and response efforts in the country, humanitarian agencies have agreed to re-establish the Humanitarian Country Team (HCT). Led by the UN RC, the HCT, which brings together Country Representatives of UN emergency agencies, IOM, representatives of NGOs, donors and the Red Cross, is responsible for setting out the strategy of the joint humanitarian response, and for taking policy decisions on the direction of the humanitarian operation.

At the operational levels, humanitarian partners have agreed on the following sectors and leadership arrangements:

SECTOR	LEAD
Food security and livelihoods	WFP/FAO
Education	UNICEF
Water, sanitation and hygiene	UNICEF
Nutrition	UNICEF
Protection	UNHCR ²
Shelter and Non-Food Items	IOM/UNHCR
Camp Coordination and Camp Management	UNHCR/IOM
Logistics	WFP
Health	WHO

OCHA has established a presence in Burundi to support these coordination arrangements, including facilitating an inter-sector coordination forum to look into among others cross-cutting issues. An Early Recovery Strategy will supplement this document to define the specific interventions led by UNDP in the fields of resilience, reintegration and return in consultation with all relevant partners including national counterparts, donors and UN agencies. Any assessed required funding for recovery will be reflected accordingly.

2. Coordination with Government/Civil Society and National NGOs/Donors

The President of the national platform is tasked to mobilize and coordinate humanitarian response, in collaboration with technical line ministries who co-lead sector groups with UN agencies, and relevant provincial/commune authorities depending on the affected geographical areas. The Burundi Red Cross and national as international NGOs and UN humanitarian agencies participate in the response through this mechanism. It is anticipated that a crisis cell led by a relevant line ministry depending on the emergency would be established.

² with child protection and SGBV sub-sectors led by UNICEF and UNFPA, respectively

Burundi's First Vice-President has the authority to call for international assistance when the magnitude and duration of an emergency is beyond the national response capacity.

OPERATIONAL SUPPORT ARRANGEMENTS

1. Needs Assessments

OCHA Regional Office for East Africa, in collaboration with UN Regional Agencies, has agreed to support humanitarian partners in Burundi develops a common inter-sector/agency assessment tool. In this context, an initial training of key sector focal point on Multi-agency Rapid Assessment (MIRA) was conducted during the first week of March 2015. Following this initial training, participants agreed among others to: i) endorse MIRA as a rapid assessment tool; ii) Government led its implementation; iii) conduct another MIRA training for focal points of line ministries; iv) consolidate existing secondary data; and v) readapt MIRA evaluation form to the Burundian context.

2. Information Management

Information Management focal points have been identified within all sectors. OCHA EA will provide regular support to these focal points, including on existing information management tools and services. These include establishing and maintaining an inter-agency web platform for managing information (www.humanitarianresponse.info), contact management system and regular mapping of "who is doing what where", known as 3 W.)

3. Response Monitoring

Humanitarian agencies have agreed to establish a collective monitoring mechanism of some key indicators. This will help review and compare on a regular basis any evolving trends, and inform humanitarian programming. OCHA will support this effort by offering coordination.

Overall response monitoring will be under the responsibility of the response coordination structure. Sector monitoring will be under the responsibility of the sector lead in collaboration with all partners.

If the contingency plan is triggered, sector leads/agencies have agreed to facilitate adequate reporting and information sharing to help monitor the response. Sector leads will also monitor routinely their sector needs, response and gaps and introduce any required adjustments.

4. Common Service Areas

Common services areas will include logistics, security, coordination and telecommunication. A WFP-led logistic sector is place to support the response. For now, the Office of the Resident Coordinator supported by OCHA Regional Office for Eastern Africa will support the Resident Coordinator in his coordination function. The UN Department for Security and Safety (DSS) supports the Designated Official's function.

5. Safety & Security

The UN Department for Security and Safety (DSS) supports the Designated Official's function, with potential support of security officers of UN Agencies. Previous crises in Burundi demonstrated the volatile security context, usage of armed escorts in some areas made the response more difficult and costly. Safe humanitarian access was an issue.

Mitigation measures may include a constant monitoring of all violence triggers. It is also important for DSS to liaise with its national counterparts in sensitive spots to create a culture of cooperation. DSS should organize security training for all humanitarian actors. DSS should also organize security training for all relevant humanitarian partners. All security incidents should be monitored, mapped, analyzed, and shared with all humanitarian partners.

PREPAREDNESS GAPS & ACTIONS

1. Gaps

Several gaps have been identified as part of this contingency planning process:

One of the gaps is related to the limited number and capacity of in-country implementation partners. In general existing capacities in most sectors are only sufficient for about 10,000 people. Shelter stocks in country remain limited.

There are some existing logistics gaps to increase warehousing and transport capacity in terms of storage units and trucks availability. WFP logistics will require additional 10 mobile storage units and 10 trucks to supplement respectively the existing 30 Wiikhalls in Bujumbura and Ngozi warehouses and 16 WFP trucks operating in the field for the current active projects.

The lack of funding in the nutrition sector for specific interventions mainly for SAM and MAM management, home fortification and IYCF promotion is challenging the implementation of regular activities, leading the nutrition program vulnerable to activities essential in the emergency preparedness and response. The lack of contingency and buffer stock for SAM and MAM management is an important limit which could have detrimental effect on the nutrition sector's capacity to ensure adequate services on the on-set of an emergency. While the nutrition sector has assessed that it currently had limited financial or in-kind resources to address new nutrition needs, trained staff and adequate coordination mechanisms are already in place.

Identified gaps in the provision of maternal health services include:

- Access of pregnant women to basic and comprehensive emergency obstetric care ;
- Shortage of RH kits for health centres
- Training of health and community providers in MISIP

There are also gaps in the GBV interventions, including inadequate funding for a greater coverage of services in the country, and therefore care of a greater number of GBV survivors. There is no national GBV hot line. Impunity and the weakness of legal support are real concerns of humanitarian actors working in this sector. Moreover, insecurity has considerably decreased access to GBV centres. Awareness in the community is low and GBV survivors have limited access to information. Populations in situations of mental disability, albinos and ethnic minorities and indigenous (Batwa), already victims of discrimination, suffer more and more sexual violence in favour of this new crisis in Burundi.

Other identified gaps are related to insufficient resources (staff, relief items and funding) for emergency preparedness and response. As per below table, existing capacities are likely to be overstretched if the number of people in need of humanitarian assistance reach beyond 10,000 in the first days or weeks of any given crisis. Most sectors would divert these resources from their existing programmes to respond to a new emergency. Additional resources are therefore required to increase existing capacities to reach at least 50,000 people within the first few weeks of a disaster. Should there be a need to activate this contingency plan, additional emergency personnel will need to be surged into country to support all sectors.

	Sector	Estimated number of people that can be assisted through existing capacities within the first days and weeks of a crisis ³
1	Food security and livelihood	50,000
2	Shelter and Non-Food Items	10,000
3	WASH	50,000
4	Health	5,000
5	Protection	10,000
6	Logistics	50,000
7	Camp Coordination and Camp Management	10,000
8	Nutrition	3,000
9	Education	24,000

2. Preparedness Actions

As part of this preparedness activity and to help maximize in-country capacity, humanitarian agencies have agreed on some of the following actions

- Map existing implementation partners
- Conduct necessary trainings to reinforce partner's implementation capacity
- Assess and reinforce all existing stocks/capacity
- Identify additional warehouses to pre-position existing stocks in potential hotspots areas
- Increase efforts to mobilize additional resources to meet the needs of at least 50,000 people for 8 weeks
- Update agency-specific business continuity plan to ensure adequate humanitarian response in the event that the contingency plan is activated. Update agency-specific business continuity plan to ensure adequate humanitarian response in the event that the contingency plan is activated.
- Conduct an inter-agency simulation exercise.

³ Most of this capacity is to be diverted from existing programmes to respond to the potential emergency

FUNDING REQUIREMENTS

There is no inter-agency consolidated humanitarian appeal in Burundi. The last such appeal was in 2007. When there is a need, OCHA will support humanitarian partners develop Humanitarian programme documents such as a flash appeal, a Humanitarian Need Overview (HNO) and a Strategic Response Plan (SRP), which will include an appeal for funding. This inter-agency contingency plan would be used as an initial basis to develop such documents.

The Burundi Country Team has received several grants from both windows of the Central Emergency Response Fund, the most recent being US\$2.5 million in January 2015. Partners in Burundi are therefore very familiar with the CERF process. To further reinforce partners' capacity in term of humanitarian financing, OCHA Regional Office for Eastern Africa facilitated a CERF workshop in September 2014 in Bujumbura.

Funding received for the current emergency

	Sector	Estimated Funding received for the current emergency (in US\$)
1	Food security and livelihood	3,600,000
2	Shelter and Non-Food Items	750,000
3	WASH	754,196
4	Health	863,286
5	Protection	35,000
6	Logistics	600,000
7	Camp Coordination and Camp Management	0
9	Education	130,000
8	Nutrition	30,000
TOTAL		6,762,482

1. Preparedness Requirement

	Sector	Estimated Funding Requirements for Preparedness in US\$
1	Food security and livelihood	1,600,000
2	Shelter and Non-Food Items	2,325,000
3	WASH	1,409,200
4	Health	142,000
5	Protection	1,675,000 ⁴
6	Logistics	500,000
7	Camp Coordination and Camp Management	70,000
9	Education	200,400
8	Nutrition	837,000
TOTAL		10,036,600

⁴ Includes \$500,000 for Child protection and \$375,000 for SGBV sub-sectors

2. Response Requirements⁵

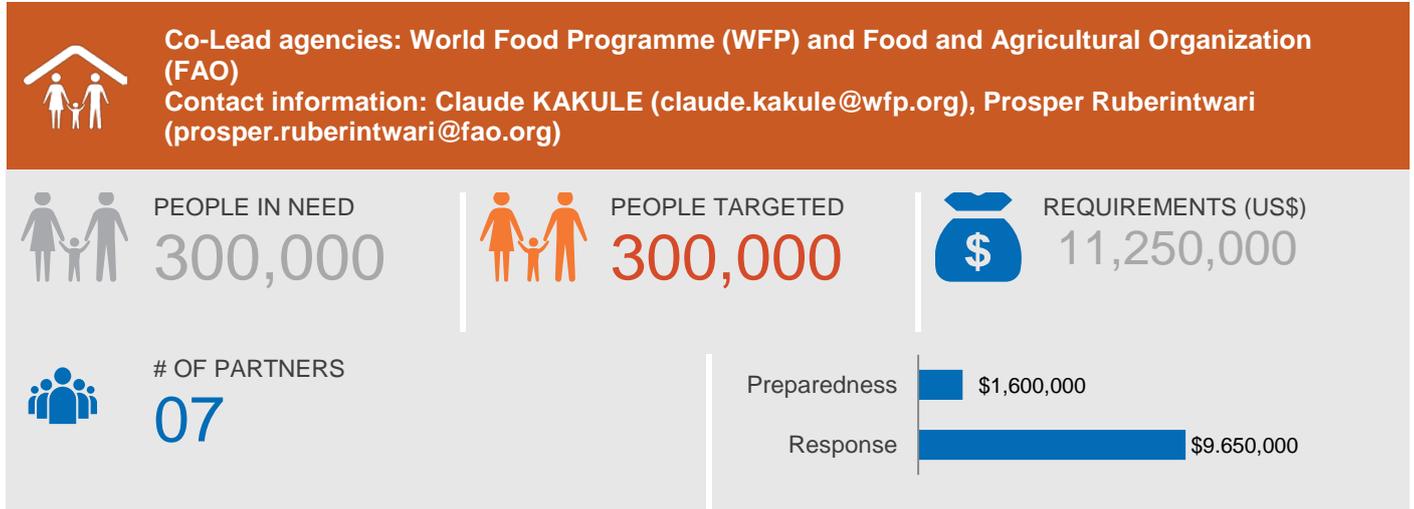
	Sector	Estimated Funding Requirements for Response in US\$
1	Food security and livelihood	9,650,000
2	Shelter and Non-Food Items	775,000
3	WASH	2,392,600
4	Health	4,480,000
5	Protection	2,994,257 ⁶
6	Logistics	2,000,000
7	Camp Coordination and Camp Management	680,000
8	Education	120,000
9	Nutrition	6,174,750
	TOTAL	29,266,207

⁵ For needs of up to 400,000 people for six months

⁶ Includes \$900,000 for child protection and \$280,000 for SGBV sub-sectors

ANNEX I: SECTOR OPERATIONAL DELIVERY PLANS

FOOD SECURITY and LIVELIHOOD



During an emergency situation, including massive population displacement, affected people find themselves unable to address their basic needs including food needs. In this context, emergency food and agricultural support are critical to save lives, protect livelihoods and promote early recovery activities. These are the overall objectives of the food security and livelihoods sector.

Food assistance will take into account the different categories of vulnerable people with particular emphasis on the specific needs of the most vulnerable (children under 5, pregnant and lactating women, the sick, the disabled, the elderly etc.). Existing criteria would be completed by the emergency rapid assessment findings. The Food basket would include cereals (maize, rice), pulses (beans, peas), vegetable oil, salt and biscuits.

In order to respond effectively to the overall objective of food security and livelihood assistance, it is imperative to have a good preparation at all levels (tools, planning, partnership, coordination mechanisms, intervention plan, resource mobilization plan etc.). In terms of tools, different actors already have some experience on the rapid assessment tools and methodology. The food assistance and livelihood sector is strengthening its emergency preparedness and response efforts. The already existing agreements/FLA with partners such as Burundi Red Cross, Caritas, PACT, HCB, and FH will be expanded as needed. Initial planning figures have been adopted through adequate resources still need to be mobilized.

Adequate resources will allow the sector of Food Security and Livelihood to:

- Be better prepared to respond to the crisis and ensure a better coordination among partners;
- Ensure immediate improvement of the living conditions of crisis-affected people through provision of essential commodities;
- Reduce and stabilize acute malnutrition among vulnerable displaced people with special attention to specific groups (children under 5, pregnant and lactating women, the sick, the disabled, the elderly etc.);
- Protect livelihoods of affected people;
- Ensure an early recovery for the affected people.

SHELTER and NON-FOOD ITEMS (NFIs)



The shelter/NFI sector, composed of 13 national/international NGO, UN agencies and government entities, remains very committed to preparedness efforts and close monitoring of the humanitarian situation. IOM and UNHCR, as co-leads, ensure coordination of the sectoral group among partner agencies and established a coordination mechanism to identify and address the needs of affected populations in the shelter/NFI sector. Additional partners include: IRC, COPED, ADRA, UNFPA, UNICEF, WVI, Concern Worldwide, Care, Christian Aid and the Burundian Red Cross. The government counterpart is the Ministry of Solidarity.

This groups meets on a weekly basis has mapped existing stocks and their locations, engaged in a reflection to delocalize those stocks to improve the country coverage, defined the composition of standard NFI and shelter kits & designed standard shelter models and strengthened the coordination among its members including by jointly elaborating tools and procedures.

As part of the mapping of members' stocks, it has been reported that the following agencies have prepositioned NFIs: Care, WVI, IOM, UNHCR, Concern Worldwide, Christian Aid and the Red Cross and that those stocks are located in Bujumbura, Muyinga, Ruyigi, Rutana, Makamba, Cibitoke, Kirundo and Ngozi. The sectoral group is finalizing the mapping of stocks and will soon be able to verify if needs could be covered, based on contingency figures and will advocate to mobilize resources if not. Similarly, as this assistance method has proven very successful in other countries, the shelter/NFI sectoral group will study the feasibility of using cash transfer methods to substitute in-kind shelter and/or NFI assistance.

The sectoral group is engaged in defining an NFI score card to determine a commonly agreed upon intervention threshold. As per this commonly agreed trigger, if response in shelter/NFI is required, the activities will include distributing the pre-positioned items and continue to furnish key provincial centres while procuring new items. Agencies are in the process of strengthening division among respective areas of interventions.

The proposed timeline entails:

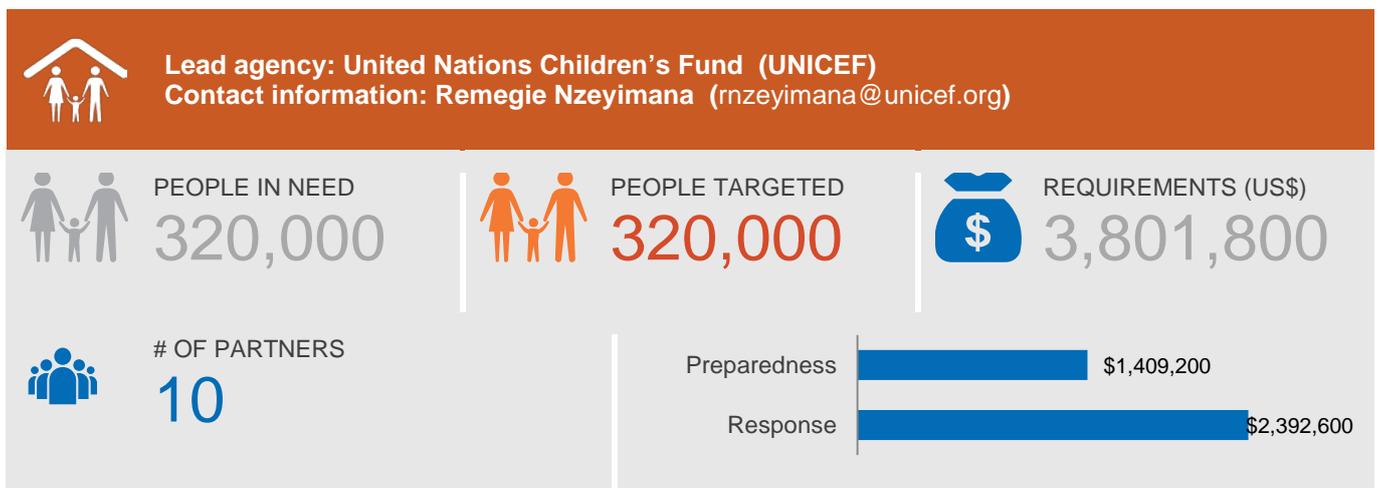
- a. When a response is required, within 72 hours:
 - i. Mobilization and deployment of shelter/NFI kits pre-positioned prior to the crisis.
 - ii. Rapid Assessment to gather further information on shelter/NFI needs.
 - iii. Based on the assessment, positioning, procurement and distribution of shelter/NFI kits.
- b. Within the first 12 weeks
 - i. Critical response and recovery mechanisms put in place.

- ii. Distribution of temporary shelter kits.
- iii. Development of transition and recovery plans (context dependent).

In order to improve coordination and equity in assistance among the different institutions members of the shelter/NFI sectoral group, the sector will further develop its sector strategy, elaborate commonly agreed upon SOPs for distribution and post-distribution monitoring as well as a common methodology to conduct need assessments.

To date an estimated 750,000 USD has been mobilised for the shelter/NFI sector, mostly through prepositioning of non-food items.

WASH



Overall, 80% (approx. 320,000 people) of the 400,000 affected people are potentially targeted, including IDPs and the host communities. Since most of the displaced and returnees are expected to be residing with host communities in the priority areas, WASH sector needs to ensure the WASH services, not only for the displaced and returnees but host communities. The preparedness and response activities are based on the figures above.

As preparedness measures, sector partners (UNICEF, Red Cross/ICRC and Oxfam) aim to pre-position WASH emergency supplies. The WASH situation assessment has taken place in 9 priority provinces (Bujumbura Rural, Cibitoke, Kayanza, Kirundo, Makamba, Ngozi, Rumonge and Rutana) where there is a potential risk of displacements and/or cholera outbreaks. The average drinking water and sanitation coverage in these provinces are 57% (INEA 2012) and 17% (ENHAB 2014) respectively. The potential needs are identified, which includes the risk reduction interventions of improving the existing poor quality of WASH services in potentially affected areas.

The response activities include: (i) access to safe drinking water with at least 7.5 litres per day per person, (ii) access to sanitation facilities such as toilets and showers, separated for men and women, (iii) provide water storage and water collection and storage materials for affected families and finally hygiene kits. The sector plans to provide WASH services for schools and other learning spaces in the affected areas.

The logistical required arrangements are specified in existing standby agreement with the Burundi Red Cross. Mainly, the distribution will be performed by each implementing partner based on its geographical field presence. Overall, the Burundi Red Cross will distribute the majority of pre-positioned items. Particularly in Bujumbura province, the local NGO, OAP, will be the key implementing partner.

The funding requirements have been revised, based on the required risk reduction/preparedness activities and response after the multi-sectoral and sectoral assessments.

HEALTH



People in Burundi face many health challenges. Access to essential primary health services is limited for many Burundians. Epidemic outbreaks, including cholera, are among the major risks identified in the Government-led national contingency plan. Health challenges are likely to increase in case of a new emergency. Aid agencies will need to provide support to primary health care centres in crisis-affected areas. During an emergency situation involving population displacement, people are at a particularly high risk of contracting communicable diseases due to poor sanitation, shortage of water, crowded living conditions and poor immunity, with young children and pregnant women particularly vulnerable. Gender issues, in particular gender-based violence, are also aggravated by crisis and survivors require appropriate medical services. In a crises situation HIV risks are higher for women, young girls, boys and men.

In this context, the health sector is planning to strengthen its emergency preparedness and response capacity, including training of health workers and prepositioning of health kits.

Addressing the needs of pregnant and lactating mothers to avert maternal and newborn suffering and death will be the overriding priorities of humanitarian actors, specifically:

- Basic and comprehensive emergency obstetric care services available to all pregnant women especially to assist in complicated pregnancies and deliveries.
- Enhanced mental and physical wellbeing of pregnant/lactating women and vulnerable women and adolescents of reproductive age through the provision of dignity kits, also to allow for budget substitution, and enhance their security;
- Increased awareness on HIV and GBV prevention for men and boys through awareness sessions and protection networks,
- Enhanced access to quality youth-friendly services for adolescents and youth
- Increased capacity of Service providers to offer quality and timely SRH services through capacity building of RH service providers, psycho-social counsellors, Community Health Workers, Youth-Peers
- Quality life-saving supplies and equipment provided for the critical services to include emergency RH kits, other medical supplies and tents for safe spaces.

Real time data is available for SRH. This will ensure that the response is tailored to the expressed needs of primary and secondary beneficiaries.

PROTECTION

Lead agency: United Nations High Commissioner for Refugees (UNHCR)
Contact information: Madani Tall (tallma@unhcr.org) and Yannick Georges Mbengue (mbengue@unhcr.org)

 **Co-lead for Child Protection: United Nations Children’s Fund (UNICEF)**
Contact information: Aissa Sow (asow@unicef.org)

Co-lead for Sexual and Gender Based-Violence : United Nations Population Fund (UNFPA)
Amira Diallo (amdiallo@unfpa.org) and Gervais Barampanze (barampanze@unfpa.org)

 <p>PEOPLE IN NEED 350,000</p>	 <p>PEOPLE TARGETED 350,000</p>	 <p>REQUIREMENTS (US\$) 4,669,257⁷</p>				
<p> # OF PARTNERS 21 (8 for child protection , 6 for protection delivery and 7 for SGBV)</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Preparedness</td> <td style="width: 50%;"><div style="background-color: #0070c0; width: 60%; height: 15px;"></div> \$1,675,000</td> </tr> <tr> <td>Response</td> <td><div style="background-color: #0070c0; width: 95%; height: 15px;"></div> \$2,994,257</td> </tr> </table>		Preparedness	<div style="background-color: #0070c0; width: 60%; height: 15px;"></div> \$1,675,000	Response	<div style="background-color: #0070c0; width: 95%; height: 15px;"></div> \$2,994,257
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OBJECTIVE: Reinforce the protection of IDPs and conflict-affected people, including of their fundamental human rights, in particular as it relates to women and children

Key Actions

- Proceed to the profiling of newly displaced individual to assess their needs and the type of risks they are exposed to.
- Identify protection needs of the most vulnerable IDPs and conflict-affected people through effective protection monitoring, reporting and response, including promoting safe movement and durable solutions.
- Provide safe and dignified transportation to IDPs and TCNs notably through humanitarian cross-border management.
- Identify and provide timely, safe, and high-quality gender-sensitive prevention and response services to survivors of GBV, victims of trafficking and those with psychosocial consequences.
- Ensure vulnerable people affected by violence have the skills, opportunities and positive coping strategies required to return and reintegrate into their communities in safety.
- Conduct Child Protection Rapid Assessment, following the MIRA.
- Identify, document, trace and reunify separated and unaccompanied children (an estimated 5,000 children may be at risk of family separation).
- Identify and provide adequate support services to distressed children and children victims of violence abuse and exploitation (an estimated 20,000 children affected)
- Create safe community spaces, playgrounds and recreational areas for children and youth (estimated 50,000 children will be in need of Child-Friendly Spaces).
- Monitor the situation of places of detention and residential care centres to identify any abuse and/or child rights violation.

⁷ Includes \$655,000 for SGBV and \$1.4 million for child protection

- Train staff on the identification and the referral of victims of trafficking and conduct information awareness campaigns on the risks of trafficking.
- Provide psychosocial assistance to IDPs in collective centres and camps

The Protection Sector will focus on population profiling, protection monitoring, and advocacy and response services to alleviate the impact of socio-economic instability and security threats upon people affected by the crisis/conflict. Most appropriate assistance will be provided through existing community protection mechanisms (especially in child protection), as well as with the support of civil society organizations and NGOs. A widely established Protection Monitoring System will be put in place with the support of various agencies representations on the field.

The Child Protection sub-sector will coordinate interventions based on the above mentioned priority actions. The actions will be implemented under the coordination of UNICEF and the Ministry of Human Rights, Social Affairs and Gender, by the National Red Cross and other child protection actors based on the mapping already ongoing. The most vulnerable children will be prioritized (namely unaccompanied/separated children and children victims of physical and sexual violence) and special attention will be provided to young children (<6 years) and girls. The distribution of NFIs for the child protection sub-sector will be conducted by the National Red Cross, with which UNICEF has a stand-by agreement. UNICEF also developed a standby agreement with International Rescue Committee that includes among others, key child protection interventions.

The actions of the GBV working group will be implemented under coordination of UNFPA and co-facilitation of IRC. The GBV working group will ensure a coordinated and effective action through (i) the availability of quality GBV medical services, psychosocial and legal support, (ii) development standard operational procedures for the prevention and response to GBV and referral pathways, (iii) capacity building of humanitarian actors to timely management or referral of GBV survivors taking in account GBV guiding principles, (iv) identification of all risks of GBV in population displacement or movement to neighbouring countries, and transit sites with response actions to minimize and / or avoid abuse of the rights of women and children as well as for those living with host families.

Advocacy towards local authorities and administrations as well as towards potential belligerents will be a key activity aiming at sensitizing each and everyone on their present and future accountability in threats and violence made against affected population. Moreover, local administration will be encouraged to continue deliver basic assistance services such education, first help assistance, physical protection, access to water and livelihood. (Pop in need: 200.000/targeted: 100.000/location: 20 major displacement sites as well as some urban and semi-rural areas/ period of intervention: Systematic).

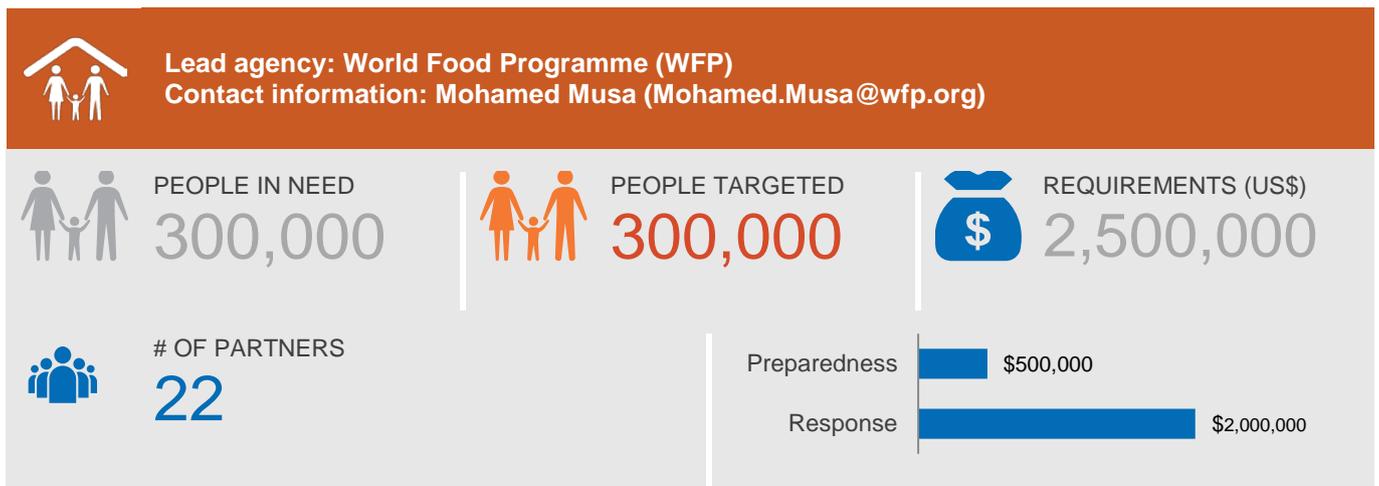
Protection interventions will be targeting all affected areas, depending on accessibility and security, and all most vulnerable people, namely elderly and disabled people, SGBV survivors, separated and unaccompanied children and children victims of violence, abuse and exploitation.

Activities related to psychosocial support of displaced and affected people will be provided in particular in spontaneous settlements and camps (support groups and counsellors). Staff working in camps and settlement and camps will also be trained to identify and refer victims of trafficking while assessing the current trafficking victims.

IOM will carry out the safe and dignify movement of IDPs and TCNs, notable through humanitarian cross-border coordination and conduct trafficking awareness and psychosocial assistance activities to affected populations. UNICEF and National Red Cross have a stand-by agreement to conduct rapid assessments, identify vulnerable children and provide initial response to ensure safety and care for children. Child Protection supplies, namely recreational kits, waist clothing, blankets and kitchen sets were pre-positioned in UNICEF (Bujumbura) and National Red Cross stocks (decentralized). Other supplies are also available at IRC stores

The initial priority assistance can be provided within one or two weeks after the onset of the emergency.

LOGISTICS



Upon activation of the Logistics Sector, WFP as the Lead Agency for Logistics will undertake the coordination role among all logistics stakeholders in the humanitarian relief assistance, and will address all aspects of the supply chain.

With the overall objective of saving lives and preventing a further deterioration in the livelihoods of displaced persons and affected host populations, WFP will enhance its logistics capacity and establish a common coordination and information sharing platform to ensure an uninterrupted supply of food and humanitarian relief items.

To facilitate the delivery and distribution of food and humanitarian relief items, WFP Logistics will increase its warehousing and transport capacities by expanding commercial transporters list and mobilizing more WFP trucks fleet from the region, by providing adequate mobile storage units and office prefabs, road and infrastructure rehabilitation works/equipments in collaboration with commercial/sector/sector partners.

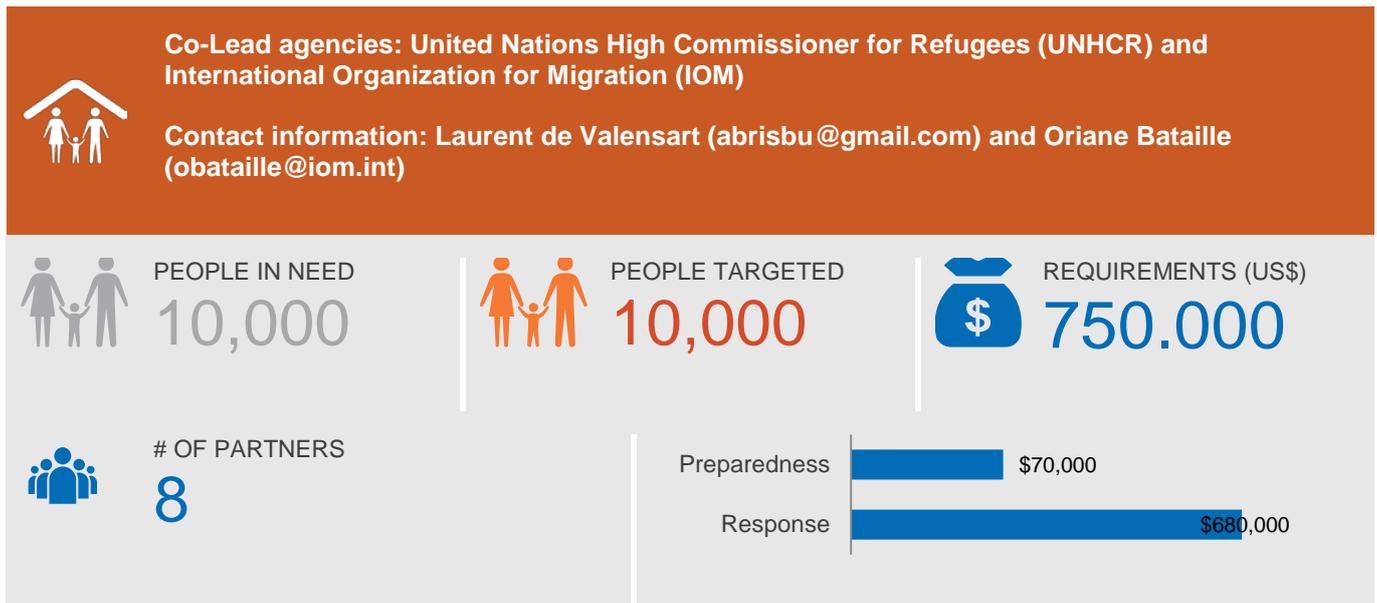
Before any potential emergency, WFP will have to undertake some activities for **preparedness**:

- Order 10 mobile storage units (MSU) which will enable storage requirements. It will also include training of technician for erection of MSUs;
- Undertake negotiation with Kampala for quick deployment of 10 trucks from the regional fleet to enhance transport capacity and be able to respond to emergency needs;
- Amend existing contract for Customs Clearance services and include rates for NFIs clearance
- Order 4 forklifts to enhance handling services for loading and unloading heavy humanitarian cargo at Bujumbura airport and at warehouses;
- Order 6 office prefabs.

For the **response to the emergency**, WFP will provide the following services:

- Coordinate the logistics sector and enhance information sharing between humanitarian actors.
- Organize storage, transport of food assistance to beneficiaries.
- Provide logistic support to the humanitarian community through storage, transportation and customs clearance services for relief items.
- Set-up forward logistics bases in strategic locations.

CAMP COORDINATION AND CAMP MANAGEMENT



To date, while no IDP collective settlements (including camps, sites, collective centres or transit centres) have been set up, the Camp coordination camp management (CCCM) sectoral group, composed of seven (7) national/international NGO, UN agencies and government entities, is engaged in preparedness efforts and close monitoring of the humanitarian situation. IOM and UNHCR, as co-leads, ensure coordination of the sectoral group among partner agencies and established a coordination mechanism to identify and address the potential needs of IDP who may seek refuge in collective settlements. Additional partners include: COPED, Caritas, ONPRA, PARESI, and the Burundian Red Cross. The government counterpart is the Ministry of Human Rights, Social Affairs and gender.

The CCCM sector group as part of its contingency planning activities mapped available capacities in CCCM, identified sector partners, based on past experience and resources, defined key activities to be carried out in case of set up of IDP collective settlements and elaborated a CCCM capacity building strategy. Similarly a threshold to trigger interventions was commonly identified, as follows: for the CCCM sectoral group to engage in response activities in favour of IDPs in collective settlements, the following criteria need to be met:

- That the persons who took refuge in a collective settlement spend at least three (3) days in the settlement and do not plan to return in the following days
- That the collective settlements are accessible to the humanitarian community (unlike dispersed settlements)
- That assistance and protection to IDPs who grouped together in a private building or institution (e.g. Church) will not be provided by the host authorities.

As part of the capacity building strategy, a first training in CCCM was organized and delivered by IOM and UNHCR on 13 August 2015 and aimed at strengthening the capacities of 28 humanitarian (UNICEF, OCHA, Red Cross, Caritas, IOM, UNHCR) and government (ONPRA, PARESI, Ministry of Solidarity, National Platform) partners in camp coordination and camp management. Further training activities will be carried out.

In case of settlement of IDPs in transit centres, collective centres or camps, the sector lead agencies will ensure site coordination, through information management including registration of residents, provision of appropriate support to national authorities for government ownership of the protection and assistance strategy for collective settlements, monitoring of protection and assistance in all collective settlements and advocacy to fill the gaps.

Camp management activities will similarly have to be undertaken to effectively coordinate the protection and assistance to IDPs in collective settlements through the coordination of activities and actors, the monitoring of assistance and protection and subsequent advocacy to fill potential gaps, data collection on IDP population in sites and community mobilisation.

As part of their administration role, the national and local authorities would have to engage in enforcing law and order in displacement sites and ensure the respect of the civilian character of camps, deliver administrative documents to collective settlement residents, allocate land to set up IDP sites if required or negotiate occupancy rights for IDPs as well as solve any dispute with site owners that may arise following the presence of IDPs and/or look for dignified suitable alternatives and lead the identification of durable solutions for IDPs.

The CCCM sector will hold national sector meetings as well as local ones if required to ensure transparent information exchange on basic needs and coordination among stakeholders. Adherence to minimum technical standards and provision of protection will be ensured through data collecting and sharing with relevant stakeholders including the Government of Burundi on beneficiaries needs and the joint elaboration of key tools and guiding documents. The CCCM sector will also maintain close relations with other sectors who will provide services in collective settlements.

In case of IDPs seeking refuge in collective settlements without evident wish to return on short notice, the priority should be targeted to the following activities:

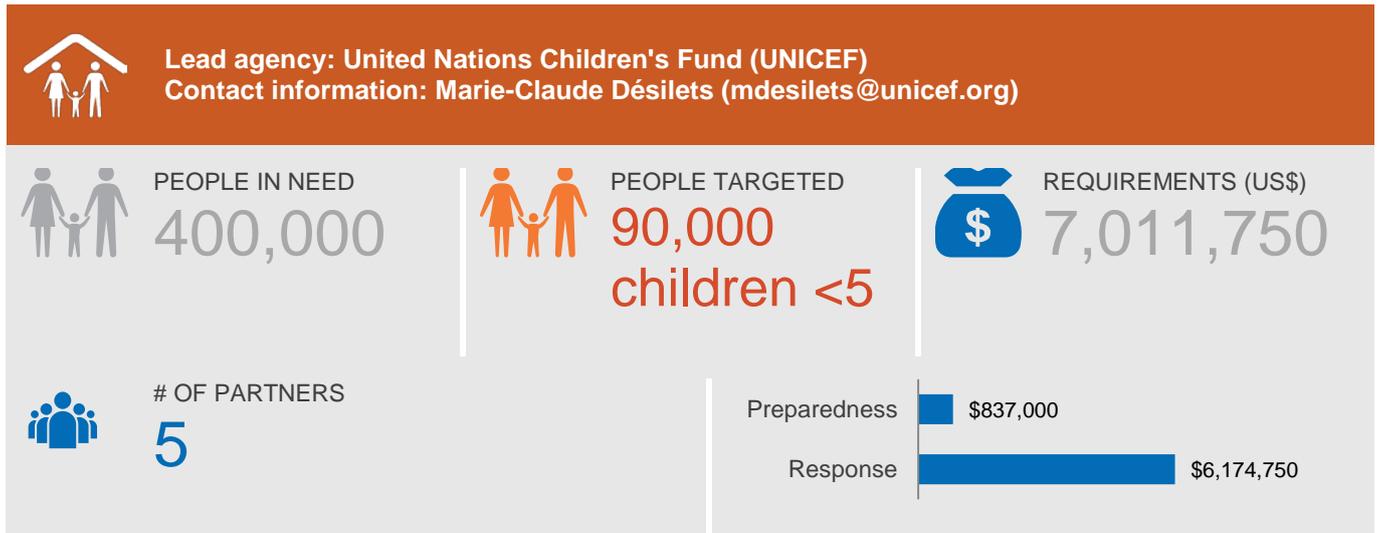
- A rapid and situational assessment (technical mission) of the site capacity in terms of infrastructures (existing site, rehabilitation needs or new settings) as well as human resources will be conducted.
- Gaps and needs in terms of protection and assistance, implementation, technical support and overall coordination mechanisms will be identified.
- Key partners will be deployed including site management agencies and service providers.
- The capacity of the identified stakeholders will be enhanced as needed.

The Displacement Tracking Matrix will help monitor IDP movements as well as their humanitarian needs in ten (10) of the most affected provinces (Makamba, Kirundo, Bujumbura Mairie, Bujumbura Rural, Rutana, Rumonge, Cibitoke, Bubanza, Ruyigi and Cankuzo) including in collective settlements, if any.

Lastly, as a contingency measure, some potential sites and collective centres will be pre-identified and assessed in case needed to host IDPs, jointly with the shelter/NFI sectoral group.

To date no funding has been received for the CCCM sector.

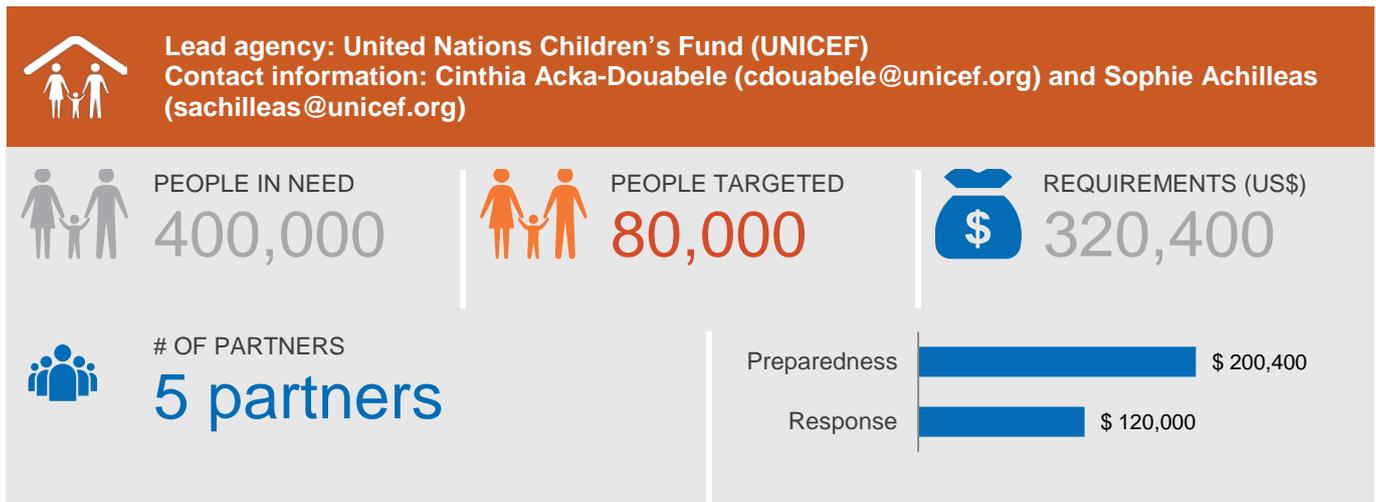
NUTRITION



Objective: Ensure that the nutrition status of girls, boys and women is protected from the effects of humanitarian crisis.

- ✓ Overall, around 400,000 people are potentially affected in case of an emergency. About 90,000 children <5 years will be targeted through community screening for acute malnutrition and IYCF promotion while among them 27,000 aged 6-23 months will benefit from the home fortification with micronutrient powders. Children identified with moderate or severe acute malnutrition will be referred to the appropriate service.
- ✓ Partners will ensure the continuity of the service for the management of severe acute malnutrition with the provision of (i) MUAC for community screening, (ii) RUTF, (iii) micronutrient powders, (iv) educative material on the use of MNP, and (v) IYCF promotion material.
- ✓ The distribution of supplies will go through the MOH regular procurement and delivery system. In case of deterioration of this service, partners will ensure delivery down to the distribution points.
- ✓ Partners will support the MOH in the organization, coordination and information management of the partner's involved in the nutrition sector. Partners will be involved in the community screening for acute malnutrition, IYCF promotion and education on the use of MNP. They might be involved in the management of severe acute malnutrition if the Government cannot offer the service any more.
- ✓ Partners will support blanket feeding for children aged 6- 23 months and management of moderate acute malnutrition in children aged 6 to 59 months through partnership with NGOs.
- ✓ The financial required resources are estimated at the amount of US\$ 2,011,750.

EDUCATION



Objective: Provide support to 80,000 school children to pursue their school without interruption during the crisis

In term of preparedness, standby agreements will be established with NGOs operating in the 10 targeted provinces and stock will be located at 3 provinces to ease the response.

With regard to the response, initially, the sector partners will conduct a joint need assessment to better understand the situation. This assessment will be conducted by the four main partners. The NGOs with standby agreement will then provide education services through the establishment of non formal education settings in the 10 targeted provinces and in the IDPs camps. Teachers and education service providers will be trained to conduct education and recreational activities including psychosocial support or reference to social workers. For this purpose, close collaboration with the child protection sector will be needed. In the other hands, advocacy and social mobilization activities will be conducted to avoid schools to be use as IDPs sites or soldiers rampart. The table above summarises the resources needed.

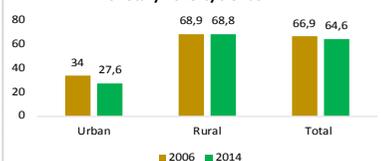
BURUNDI AT A GLANCE 2015 (Ver 31-July-2015)

BURUNDI AT A GLANCE 2015 (Ver 31-July-2015)

Key Economic Indicators

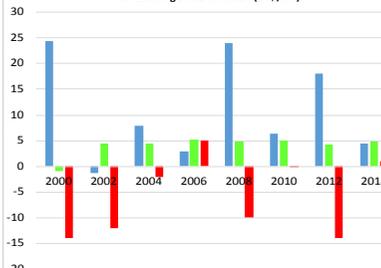
Economic growth rate(average 2011-2014)	MFEDP	4%
Gross National Income per capita , 2014	WB	270US\$
National		64,6%
Population living under poverty (national poverty line), (LCHS, 2014)	Rural	68,8%
	Urban	27,6%
GNI (LCHS, 2014)		0,388
% of households with access to electricity (LCHS, 2014)	Total	7,0%
	Rural	2,0%
	Urban	52,1%
Unemployment rate (LCHS, 2014)	Total	1,6%
	Urban	10%
	Rural	0,8%

Monetary Poverty trends



Total number of population living under poverty has increased between 2006 and 2014, especially in rural areas where live 90% of population
Under-employment is estimated at 42% in rural area against 30.1% in urban area

Inflation rate (annual %) Economic growth rate (%) % Exchange rate variation (US\$/BIF)



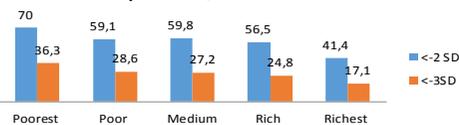
Key Health Indicators

Neo-Natal Mortality (per 1,000 live births), 2014	IMEG	30
Infant Mortality (per 1,000 live births), 2014	IMEG	55
Under-Five Mortality (per 1,000 live births), 2014	IMEG	83
Maternal Mortality (per 100,000 live births), 2014	MMIEG	740
% Births attended by skilled health personnel, 2010	DHS	60%
Antenatal Care / % women 15-49 attended at least once, 2010	DHS	99%
Contraceptive prevalence, women aged 15-49, any method, 2014	UNFPA	27%
Contraceptive prevalence, women aged 15-49, modern method, 2014	UNFPA	22%
Proportion of demand satisfied, women aged 15-49	UNFPA	47%
% of under-fives suffering from underweight	DHS	29%
Chronic malnutrition (Stunting – Height for Age) amongst children <5	DHS	58%

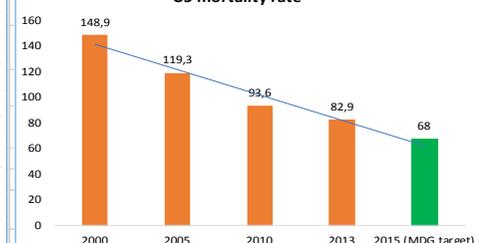
Key HIV/AIDS Indicators

HIV prevalence among 15-49, 2014 (SWCR)		1,3%
% men and women aged 15-49 who would buy vegetables from HIV-positive shopkeeper, 2010 (DHS)	Male	85%
	Female	70%
Adolescents age 15-19 who have comprehensive knowledge of HIV, 2014 (SWCR)	Male	47%
	Female	45%
Adolescents aged 15-19 who know where to buy a condom, 2010 (DHS)	Male	61%
	Female	31%

% of Children Under 5 suffering from Chronic Malnutrition by Wealth Quintiles



US mortality rate



Source: UNICEF, www.childinfo.org, 2015

(*) Nutrition related factors contribute to 35% of child deaths globally (Lancet Maternal and Child Under nutrition Series, 2008).

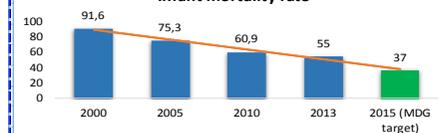
Key Demographic Indicators

Population thousands, 2014 (UNFPA)	Total	10 500
Annual population growth rate, 2014 (UNFPA)	Total	3%
Life expectancy at birth, 2014 (UNFPA)	Male	52
	Female	56
Total fertility rate per woman, 2010-15 (UNFPA)		6,1
Population below 18 years, 2010 (thousands) (SOWC, 2014)		5 002

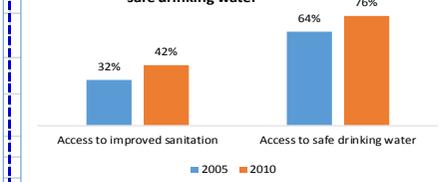
Key Protection & Adolescents Indicators

Children registered at birth, (DHS) 2010		75%
Child labour (5-14 years),		66%
Adolescent Birth Rate (per 1,000 women aged 15-19), 1999-2012 (UNFPA)		65%
% of adolescent population, 2014 (UNFPA)		31%
% women 20-24 years married or in union before age 18, 2010 (DHS)		20%
Adolescents aged 15-19 who had sexual intercourse before age 15, 2010 (DHS, 2010)	Male	9%
	Female	4%
Girls aged 15-19 who are currently married / in union, 2010 (DHS)	Total	65,0%
	Male	55,8%
Adolescents aged 15-19 who think that a husband is justified in hitting or beating his wife under certain circumstances (DHS 2010)	Male	73,9%
	Female	73,9%

Infant mortality rate



% of Pop.with access to improved sanitation and safe drinking water



Other Key Indicators

Ranking on Human Development Index, 2014	UNDP	180 out of 187
Number (and %) of Women holding seats in parliament, 2010	UNDP	34
Life expectancy at birth (total years), 2014	WB	54

Key Education Indicators

Number of pupils in preschool 2013/14	Male	33 390
	Female	33 582
	Total	66 972
Number of pupils in fundamental school 2013/14	Male	1 057 691
	Female	1 030 274
	Total	2 087 965
Gross enrolment rate in primary school (1st-6th grade) 2013/2014	Male	136%
	Female	134%
	Total	135,2%
Net enrolment rate (NER)* in primary school 2013/14 (1st -6th grade / 7-12 years old)	Male	97,3%
	Female	93,6%
	Total	95,4%
Primary school drop-out rate , 2013/14	Male	9,7%
	Female	6,8%
	Total	8,6%
Primary school repetition rate, 2013/14	Male	24,2%
	Female	24,3%
	Total	24,8%
Primary School Completion Rate (6th grade) 2013/14	Male	68,0%
	Female	74,2%
	Total	71,2%
Net enrolment rate in secondary school 2013/14	Male	22,6%
	Female	18,4%
	Total	20,4%
Number of students by classroom, primary school		74
Gender Parity Index 2013/14	Primary	0,99
	Total	61,6%
Adult Literacy Rate >15 years (LCHS, 2014)	Female	54,7%
	Male	69,6%
Share of Education budget in Total public budget, 2014		28,38%
Share of the pre school in education budget(nationales)		0,03%
Share of primary school in total education budget		50,02%
Share of the general and technical school budget in Education budget		27,90%
Share of superior/university budget in Education budget		22,05%

Primary school Net enrolment

