

HIGHLIGHTS

- Malaria epidemic was declared on 13 March 2017
- MIRA : Food insecurity, difficult access to potable water and rising mortality
- Over half million Burundians are displaced

KEY FIGURES

of people in need **3 million⁽¹⁾**
M⁽⁵⁾ F C
1.0M 0.8M 1.2M

of people targeted **1 million⁽¹⁾**
M F C
0.3M 0.3M 0.4M

of IDPs **148,490⁽²⁾**
M: 68.9k F: 79.6k

Congolese refugees **58,000⁽³⁾**
M: 28.3k F: 29.6k

Burundian refugees **401,428⁽³⁾**
M: 186k F: 177k

of food insecure people **3 million⁽⁴⁾**
moderate 2.1 M
severe 0.9 M

FUNDING STATUS

73.7 million
(US\$) required by HRP

19.1 million
Contributed to HRP

4.4 million
Contributed outside HRP

(1) HRP 2017, (https://www.humanitarianresponse.info/system/files/documents/files/hno_burundi_2017_fr_small.pdf)

(2) IOM, DTM table, Feb. 2017

(3) UNHCR, as of 30 March, 2017 (<https://data2.unhcr.org/en/situations/burundi>)

(4) ASIASAN bulletin Dec. 2016 – jan. 2017 (https://www.humanitarianresponse.info/system/files/documents/files/bulletin_asiasan_n_1_dec_jan17.pdf)

(5) M – adult males; F = adult females; C- children.



A man fetching water from a river in the province of Rutana (MIRA).

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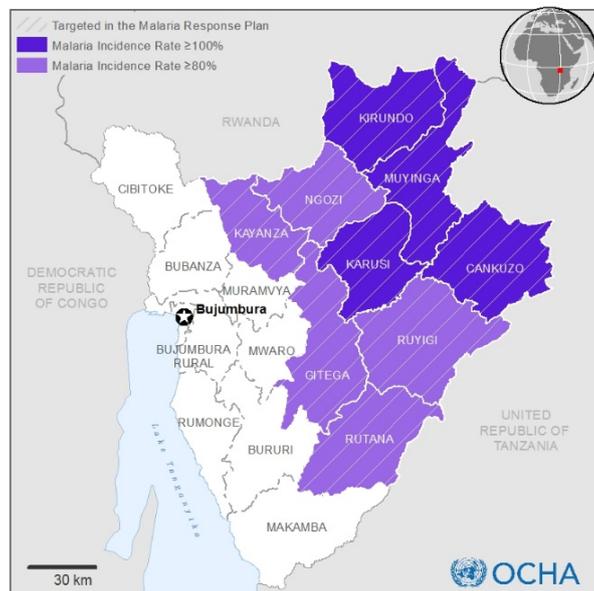
Burundi declares malaria epidemic

A malaria epidemic was declared by the Ministry of Public Health and Fight against AIDS on 13 March 2017. This declaration occurred whilst the number of cases exceeded the epidemic threshold⁴ with more than 8 million cases in 2016, and more than 3,800 deaths, as confirmed by a WHO expert mission in late January 2017. In addition, since the beginning of this year, more than 2.2 million cases and 1,000 deaths have been reported. The preliminary results of the MIRA evaluation (March 2017) indicate that malaria is one of the main causes of death in 84% of the *collines* (hills) visited. The most affected provinces are Cankuzo, Muyinga, Karusi and Kirundo with an incidence rate of 100%.

In order to ensure an immediate, effective and coordinated response, a plan was finalized by the health sector partners under the direction of the Ministry of Health and in collaboration with WHO. A total of US\$ 42 million is required for the implementation of the plan. Approximately US\$ 24 million have been secured by partners such as the World Bank, the Global Fund, KFW, UNICEF, UNFPA, USAID and World Vision International, who are providing essential technical and financial support in the fight against the malaria epidemic.

The main pillars of the response plan include: (i) vector control, including indoor residual spraying campaigns and distributions of Long-Lasting Insecticide-Treated Nets (LLIN); (ii) mass treatment; and (iii) capacity-building and strengthened management, including health structures, personnel and access to medicines. It will be essential to simultaneously align the implementation of the plan's activities with its financing in order to ensure the effectiveness of the response plan.

Provinces targeted in the response plan based on the malaria incidence rate



Sources: Ministry of Health
The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations
Creation date: 20 March 2017

⁴ Average number of cases in the last five years.

Ongoing humanitarian responses through CERF funds (US\$ 3.5 million):

- Nearly **120,000 people** had access to **seeds** in time to prepare for the 2017B (FAO) agricultural season.
- Approximately **162,000 people**, including vulnerable people, benefitted from a first round of **protective food rations** (WFP).
- A second round is underway for approximately 180,000 people.
- Since March, DTM has already covered 11 of 18 provinces: Cibitoke, Bubanza, Bujumbura Rural, Makamba, Rumonge, Gitega, Ruyigi, Rutana, Cankuzo, Muyinga and Kirundo.
- Almost all the funds have been used.

MIRA: Food insecurity, problematic access to drinking water and increasing mortality

A joint multi-sectoral rapid assessment of needs (MIRA⁵) was conducted by different partners of the humanitarian community from the 7th to the 10th March in 57 *collines* (hills) located in ten provinces in Burundi. The preliminary results of this assessment confirmed the existence of several humanitarian issues:

Food insecurity has intensified: the percentage of *collines* where people eat only one meal a day has risen from 7% last year to 84% today and food crop production has fallen sharply (by at least a quarter) from last year. Household food stocks were extremely reduced

or already depleted. This situation has forced households in 90% of the *collines* to adopt negative coping mechanisms such as theft, internal and external displacement, sale of productive capital and survival sex.

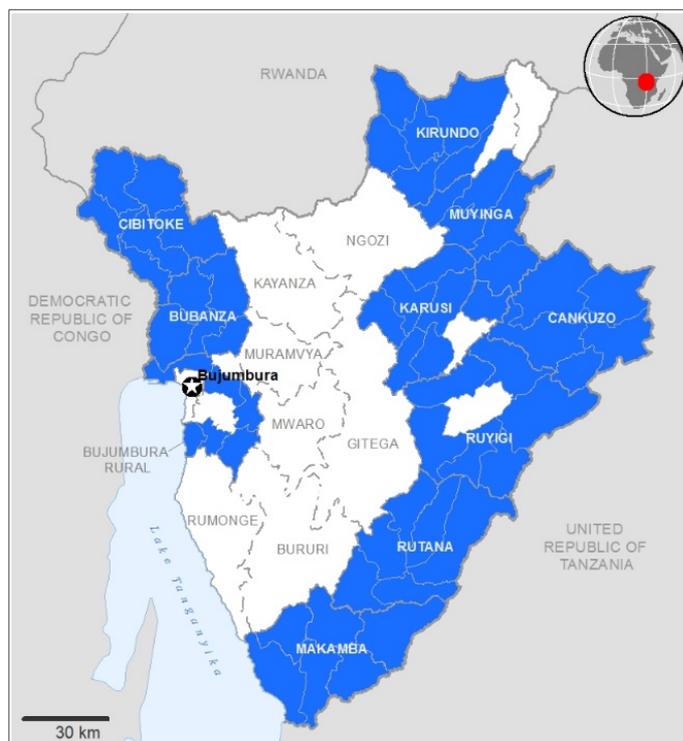
Access to drinking water remains very problematic: in 12% of the *collines* surveyed, people do not have access to drinking water, especially in the provinces of Rutana, Kirundo, Bujumbura Rural and Ruyigi. The sources of water are more than one kilometer away in two-thirds of the *collines* that have access to safe drinking water, and it is collected by women / girls. In an environment where 86% of the *collines* are conducive to violence, women and girls are at particular risk when the source of drinking water is far.

The assessment also indicates an abnormal increase in **deaths** vis-à-vis the same period last year. The main causes of these deaths are malaria and malnutrition. In one out of five *collines* there is no functional health structure. Lack of adequate personnel and facilities in health centers has been reported as a challenge limiting access to healthcare.

The evaluators also reported that the socio-economic situation is conducive to tensions and conflict in several *collines*. The main reasons are violence (including theft, insecurity as regards women and girls, or violence against girls and boys) in 42% of the *collines*, access to food in 30% of the *collines* or access to agricultural land in a 25% of the *collines*.

The full evaluation report, including information on the severity of needs in the areas of emergency shelter, education, logistics, nutrition, protection, health, food security and water, sanitation and hygiene will be shared by the beginning of May.

Geographical coverage of the MIRA evaluation



A MIRA team measuring the MUAC of a child in Bubanza province. / OCHA Burundi

⁵ MIRA: Multisector Initial Rapid Assessment

The Green Line or "Hotline" of the humanitarian community - Issue 109:

- **Date:** Since October 2015
- **Objective:** to obtain timely information on affected populations and facilitate rapid and integrated interventions
- **Role:** to report cases requiring humanitarian assistance to relevant governmental sectors and institutions, including the police (in cases of reported GBVs)
- **Partners involved:** Burundi Red Cross (CRB), International Organization for Migration (IOM), World Vision International (WVI) and the Office for the Coordination of Humanitarian Affairs (OCHA)
- **Results:**
 - 4,664 calls, 82.7% of which came from men and 17.3% from women
 - 74% of cases were treated,
 - 23.3% referred to the sectors concerned
 - 2.7% under process



Advertising panel of the Hotline in Bujumbura

For more information, visit:

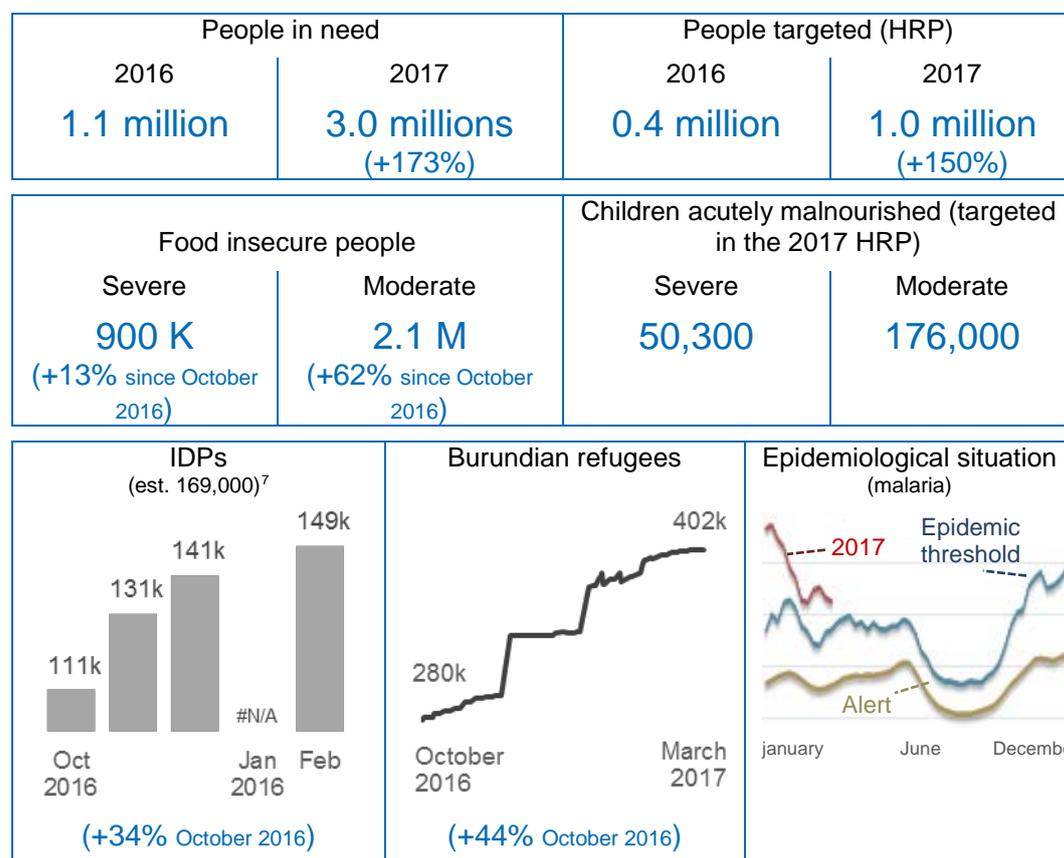
<http://burundi.communityresponsemap.org>

Over 570,000 Burundians displaced

More than half a million Burundians have left their provinces of origin to either other provinces or other countries. Out of the estimated 169,000 internally displaced persons (IDPs) across the country, nearly 148,500 were surveyed in 11 of the 18 provinces through the Displacement Tracking Matrix (DTM). According to the DTM report of February 2017, about 63% of these displacements were caused by natural disasters. It is estimated that two out of every three IDP face food insecurity.

UNHCR reports that nearly 401,000 Burundians have moved out of the country and have applied for asylum in Tanzania (59%), Rwanda (21%), the Democratic Republic of Congo (9%), and Uganda (8.4%) since April 2015⁶. On the Tanzanian side, the Government announced in January 2017 its decision to revoke the "prima facie" status and to introduce the individual determination process of refugee status for all Burundian asylum-seekers. As a result of this decision, an increasing number of cases of refusal to enter Tanzania has been reported, some of which may violate the principle of non-refoulement.

Risk analysis



Several factors show there has been an **increase in humanitarian needs** and a deterioration of the vulnerability levels. The number of food insecure people is estimated to have increased from 2.1 million to 3 million (of whom 900,000 are in the severe phase) between October 2016 and January 2017. However, the second agricultural season in 2017 benefits from more favorable rainfall and should therefore show improvements vis-à-vis the previous seasons and also as the result of the humanitarian assistance provided

⁶ UNHCR, as of 3 April 2017: <https://data2.unhcr.org/en/situations/burundi>.

⁷ 169,000 IDPs in the country, 148,500 registered by the DTM in 11 out of 18 provinces

at the beginning of the season (seeds, fertilizers, small equipment and food). The IPC and EFSA⁸ reports will provide new data on the **severity of the food situation** in the country. Data are expected to be ready by the beginning of May and the survey report will include projections for June and July. The Demographic and Health Survey (DHS), whose results will be known around the same time, will provide information on **acute malnutrition** rates.

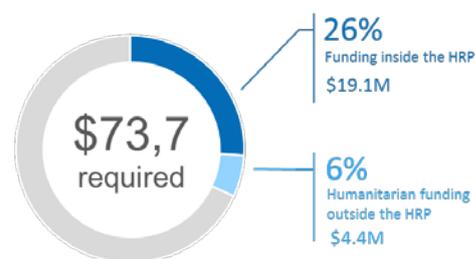
WHO reports that the number of **malaria** cases is still above the epidemic threshold. It is essential that the response plan developed by the Ministry of Health in collaboration with the health sector partners be funded and implemented quickly, in a coordinated and effective manner. Currently, US\$ 8 million are still needed to finance the plan.

Finally, **internal and external displacements** continue to increase. These trends can be explained in particular by the current socio-economic situation, climatic hazards and food insecurity. Similarly, a possible massive return of Burundian refugees and other migrants should not be ignored following the recent statement by Tanzania. UNHCR and IOM continue to monitor the situation at the border.

Humanitarian funding

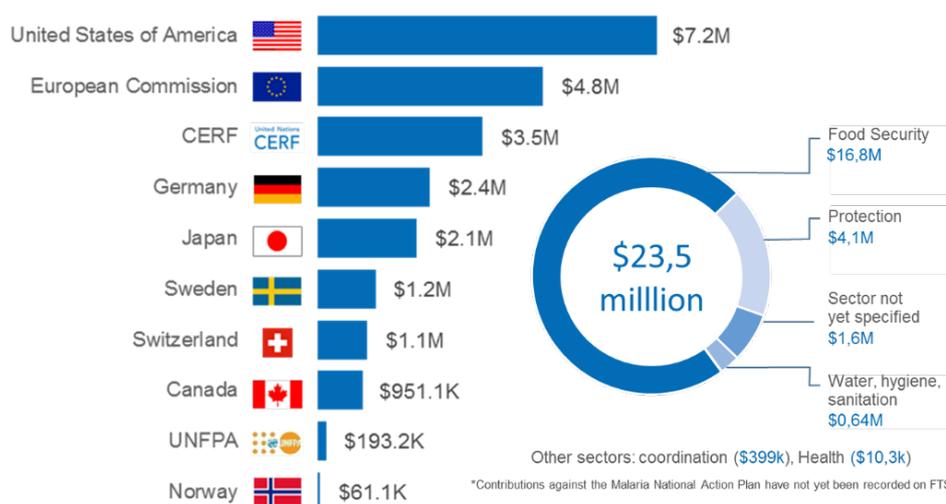
The funds required for the 2017 Burundi's Humanitarian Response Plan (HRP) are estimated at US\$ 73,7 million.

To date, the funding level recorded on FTS under the HRP is US\$ 19.1 million, or 26% of the required amount. In addition to these contributions, is an amount of US\$ 4.4 million for supplementary activities outside the HRP.



HRP sectoral response plans can be viewed online at: [HRP Burundi – Sector Frameworks](#). (click on the link)

Humanitarian funding registered by FTS⁹



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Humanitarian bulletins and other information materials on Burundi are available at:

<https://www.humanitarianresponse.info/en/operations/burundi> | www.unocha.org | www.reliefweb.int

⁸ IPC: Integrated Food Security Phase Classification | EFSA: Emergency Food Security Assessment

⁹ FTS : Financial Tracking Service - <https://fts.unocha.org>