



Economic and Social Council

Distr.  
LIMITED

E/ICEF/1997/P/L.19  
1 July 1997

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND  
Executive Board  
Third regular session 1997  
9-12 September 1997  
Item 4 of the provisional agenda\*

FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME\*\*

Burundi

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Burundi with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of \$2,640,000 from general resources, subject to the availability of funds, and \$6,600,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 1999.

\* E/ICEF/1997/20.

\*\* The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

BASIC DATA  
(1995 unless otherwise stated)

Child population (millions, 0-18 years)	3.2
U5MR (per 1,000 live births)	176
IMR (per 1,000 live births)	106
Underweight (% moderate and severe) (1992)	37
Maternal mortality rate (per 100,000 live births) (1990)	1 300
Literacy (% male/female)	49/23
Primary school enrolment (% net, male/female) (1992)	56/47
Primary school children reaching grade 5 (%) (1991)	74
Access to safe water (%)	59
Access to health services (%) (1990)	80
GNP per capita	\$160

One-year-olds fully immunized against:

tuberculosis:	77 per cent
diphtheria/pertussis/tetanus:	63 per cent
measles:	50 per cent
poliomyelitis:	62 per cent

Pregnant women immunized against:

tetanus:	30 per cent
----------	-------------

THE SITUATION OF CHILDREN AND WOMEN

1. The civil war continues to worsen the situation of children. Since the beginning of the crisis, nearly 1 million people are either dead or uprooted as refugees or internally displaced persons (IDPs). Widespread political instability has undermined the country's ability to resolve the crisis. Estimates for 1996 indicated a significant drop in the gross domestic product, negative domestic savings and inflation of up to 40 per cent. The level of foreign aid assistance was only 25 per cent of that in 1992. Budget allocations for education and health have fallen by over 60 per cent from 1994. Although Burundi has more than 540 registered community groups, the crisis has severely limited their capacities to support families and children. Underlying causes of poverty include land pressure, high fertility, a narrowly-based economy and excessive reliance on external aid. The overall effects on women and children, particularly in rural areas, have been devastating.

2. According to a 1996 household consumption survey, poverty since 1990 has increased from 36 to 57 per cent in rural areas and from 42 to 59 per cent in cities and towns. The most vulnerable households, with an average family size of more than six, are often headed by single, illiterate woman. Although the subregional embargo imposed in July 1996 has eased in 1997, it has reduced access to social services and diminished family purchasing power, preventing families from buying educational materials and medicines.

3. Reduced access to basic health services and the deterioration of water and sanitation facilities have increased the number of disease outbreaks. Many health workers have been killed or have fled, and medical supplies and vehicles have been stolen. Distribution systems for pharmaceuticals have deteriorated. Health indicators - historically comparable to sub-Saharan African averages - have worsened since 1993. Malnutrition and disease have combined to make acute

respiratory infections and diarrhoeal dehydration the leading causes of death among children. More than 80 per cent of women give birth at home, one out of four without assistance. Approximately one fifth of babies are born with low birth weight caused primarily by poor maternal and adolescent nutrition. National studies show that 40 per cent of children under the age of three years suffer from chronic malnutrition. The incidence of acute childhood malnutrition has doubled from 6 to 12 per cent. Data indicate that 15-20 per cent of urban and 1-2 per cent of rural populations are HIV positive. During 1993-1996, immunization rates have declined from 81 to 61 per cent.

4. The impact of the crisis on the education sector has also been severe. Fighting has damaged schools, furnishings have been used for firewood and buildings have been occupied by IDPs seeking shelter. The number of teachers in primary and secondary schools has declined by 20 and 40 per cent, respectively. In response, the Government recruited more than 3,000 underqualified or unqualified teachers, seriously reducing the quality of instruction. Estimates indicate a decline in primary school net enrolment from 52 to 29 per cent. Many children are victims of violence and torture or have witnessed brutality towards their families and neighbours. The conflict and its socio-economic consequences have eroded people's hope.

#### PROGRAMME COOPERATION, 1993-1997

5. The existing programme of cooperation was prepared in 1992 and the programme design and staffing structure addressed the fundamental problems facing Burundian children at that time. Since Executive Board approval of the country programme, the situation, marked by periods of extreme violence, has changed dramatically.

6. The overall strategy was revised to sharpen the programme focus and to respond more effectively to immediate needs arising from the crisis. Meanwhile, the crisis paralysed many government structures, prompting a substantial shift in overall programme strategy, including establishing formal partnerships with local and international non-governmental organizations (NGOs) for service delivery. In 1996, the number of projects decreased from 28 to 14 to focus on essential activities and provide beneficiaries with a minimum package of services.

7. Major activities in the education sector included providing approximately 49,000 needy schoolchildren with education materials, 3,000 internally displaced children with primary education through temporary schools, and over 3,000 primary school teachers with training. A peace education project was introduced through formal and non-formal education with the production of 8,000 teachers' manuals and 28,000 children's storybooks promoting peaceful conflict resolution. The children in acute distress project registered approximately 19,000 unaccompanied children in accessible areas and developed community-level psycho-social support mechanisms and materials to benefit traumatized children.

8. The health and nutrition programme supported the continued functioning of health services by providing essential drugs to some 125 health facilities per year in virtually every province and training some 200 health workers. The expanded programme on immunization (EPI)-Plus maintained coverage rates and included the vaccination of 25,000 children during Provincial Immunization Days in 1996. The supplementary feeding and nutritional rehabilitation project provided food supplements to between 40,000 to 60,000 children per year, plus scales and height charts to some 135 health centres. The water and environmental sanitation programme will have reached more than 500,000 beneficiaries by 1997.

9. Emergency preparedness activities supporting all programmes included the establishment of two outposts in Burundi's northern and eastern regions and three cross-border offices with warehouses in Ngara and Kigoma (United Republic of Tanzania) and Uvira (Democratic Republic of Congo). There was the opening of the outposts and a national network of seven warehouses to decentralize stocks, overcome insecurity and provide strong logistical support to partners at community level.

#### Lessons learned

10. The 1995 mid-term review (MTR) revealed that continuing to use the original programme framework in too rigid a manner, given the accelerating and complex humanitarian crisis, had contributed to poor coordination, synergy and integration of activities and resources, thus reducing programme effectiveness. The Government emphasized the need for closer integration across programmes for assistance to war-affected populations with multiple needs, modification of existing strategies and the addition of new activities to instill the programme flexibility required during an emergency. The Government and NGO partners participated in a programme review and a sectoral evaluation followed by the development of an emergency country management and security plan which worked to maximize the impact of assistance in areas with extremely limited access.

11. Lessons learned during programme implementation in cooperation with partners revealed areas for improvement. In education and children in especially difficult circumstances, there is a need to support the Government in developing policies to untangle the complex web of legal and social issues facing children in especially difficult circumstances, particularly orphans and street children. Priority actions included the introduction of a peace education curriculum to build social cohesion and primary education for displaced children through the construction of temporary classrooms. In the health programme, a lack of emergency procedures (e.g. stockpiling, communications, transport of goods/personnel) was shown to impede activities in the current environment. This led to strengthened management capacities, in collaboration with Government and NGO partners, for stock controls, logistics, monitoring of essential drugs distribution and utilization and support to partners for more systematic data collection for EPI and disease surveillance. In water and environmental sanitation, the lack of secure access to parts of the country led to the training of beneficiaries in the repair of simple water systems and the construction and maintenance of sanitation facilities supported by the use of incentives (in-kind donations of soap, biscuits, etc.) for internally displaced and other highly vulnerable populations.

12. The review indicated that the conflict had greatly disrupted the Government's ability to implement activities. It also revealed that collaboration with NGOs and community groups had improved resource utilization and the targeting of vulnerable groups (returnee, displaced, dispersed and urban poor populations) with limited or no access to services, especially in insecure areas where UNICEF is unable to work. Partnerships established with organizations such as Action Contre la Faim (Action Against Hunger), Catholic Relief Services, Médecins sans Frontières (Doctors with Borders) and World Vision helped to boost service coverage, especially in the areas of nutrition and family training. The lack of information and data on the full social impact of ongoing violence on children hampered the delivery of assistance.

13. Insecurity, the lack of access to many areas, reduced government capacities and other factors reduced output and efficiency of programme implementation across sectors. This was addressed through the introduction of measures including 24-hour radio communications and a security plan for national staff.

RECOMMENDED PROGRAMME COOPERATION, 1998-1999

Estimated annual expenditure

(In thousands of United States dollars)

	<u>1998</u>	<u>1999</u>	<u>Total</u>
<u>General resources</u>			
Health and nutrition	200	200	400
Education and children in distress	160	135	295
Water and environmental sanitation	300	300	600
Information, advocacy and social mobilization	271	272	543
Planning, monitoring and evaluation	205	205	410
Cross-sectoral costs	<u>184</u>	<u>208</u>	<u>392</u>
Subtotal	<u>1 320</u>	<u>1 320</u>	<u>2 640</u>
<u>Supplementary funding</u>			
Health and nutrition	1 014	1 014	2 028
Education and children in distress	1 238	1 222	2 460
Water and environmental sanitation	625	625	1 250
Information, Advocacy and social mobilization	178	178	356
Planning, monitoring and evaluation	50	50	100
Cross-sectoral costs	<u>195</u>	<u>211</u>	<u>406</u>
Subtotal	<u>3 300</u>	<u>3 300</u>	<u>6 600</u>
Total	<u>4 620</u>	<u>4 620</u>	<u>9 240</u>

Objectives and strategies

14. Development of the country programme objectives and strategies arose from a series of in-depth consultations with the Government, relevant United Nations agencies, NGO and civil society partners conducted after the 1995 MTR. The overall objectives of this "bridging" programme are to assist Burundians to: (a) strengthen the capacity of civil society to promote and implement laws and restore values respecting children and their rights; (b) strengthen family- and community-level networks to analyse their situation, set priorities and monitor risk to children and women; and (c) strengthen advocacy activities to expand coverage of vulnerable groups and develop mechanisms targeting displaced, regrouped and urban poor populations. The programme will support primarily local-level governmental structures to assist parents and community and women's groups. Interventions carried out by NGOs and community networks will reinforce the role of women in the community and strengthen the potential for building peace by targeting children in primary school.

15. Four specific longer-term strategies provide the foundation for child protection and family survival: (a) support to existing government social services in key sectors through strengthening policy development and the role of Government in setting standards at the central level, as well as planning and implementation at the local level; (b) collaboration with registered community groups to build capacities and empower communities and strengthening of subnational administrative mechanisms to protect children, advocate for child rights and promote conflict resolution; (c) the creation of community networks

for child protection and care through NGOs specialized in community mobilization; and (d) monitoring risk by working with partners to establish local-level health surveillance and child information systems in conflict-affected areas, with broad community participation.

16. There will be an increased field presence for rapid, effective service delivery to all groups. Civilian-based local rapid response teams, supported by the Government, will be trained in emergency preparedness, information-gathering techniques and service delivery procedures. Programme planning and implementation will be undertaken according to the evolving security situation in each geographic area, using a cross-sectoral view of needs and responses to promote synergy. The programme will support the Government, NGOs and community groups to provide the most vulnerable with a minimum package of services.

#### Health and nutrition

17. The health programme aims to support existing health services at the community level and reverse declining coverage levels for key activities. Vaccination services will reach at least 75 per cent of children under five years of age in camps for all antigens and 90 per cent for measles by supplying all functioning health facilities with vaccines, immunization materials and equipment. An EPI acceleration campaign, preceded by social mobilization activities, will employ mobile teams using an outreach approach to immunize children and women in camps far from health care facilities. The programme will supply one half of all functioning health centres with essential drugs and provide supplementary nutritional support to malnourished children with the aim of introducing community-based activities for improved child-care feeding and weaning practices. The nutrition component will include advocacy with the Government for continued monitoring of iodine levels in important salt and micronutrient supplementation for children under five years old and nursing mothers. The Ministry of Health will receive support to develop policies and strengthen capacities to manage, distribute and use essential drugs. Some 200 community health workers and traditional birth attendants will be trained.

#### Education and children in distress

18. War and poverty have thrust more than 100,000 children into especially difficult circumstances. Government and NGO partners will receive support to provide education to some 15,000 displaced, locally-affected and returnee children through the establishment of 150 temporary classrooms and training activities. Two hundred underqualified and 10,000 qualified teachers, as well as school directors and inspectors, will be trained in the use of basic and peace education curricula promoting conflict resolution. Educators and social workers will be trained in the use of psycho-social manuals to enhance their skills in assisting trauma-affected children. NGO partners will receive support to conduct family tracing activities for 5,000 unaccompanied children and materials to support 13,000 children.

#### Water and environmental sanitation

19. The overall objective of the programme is to reduce the incidence of disease by expanding service coverage for 150,000 people exposed to armed conflict. National and local capacities will be reinforced to construct or repair existing infrastructure, improve the maintenance of 500 urban and rural water systems and foster better hygiene and sanitation practices. In the water sector, government and NGO partners will be assisted to repair the piped water distribution system in Bujumbura serving 25,000 people, construct 50 drilled or cement-lined wells equipped with hand-pumps, repair 50 gravity-flow water supply systems in rural areas, protect 200 springs, and re-equip and retrain 200 water and sanitation technicians. These technicians will then organize, train and

supervise hygiene committees in camps and other communities to promote better hygiene practices. In the sanitation sector, provincial-level teams, equipped by the programme, will build 3,000 latrines for the most vulnerable groups and repair 500 latrines at schools, health centres and other public places.

#### Information, advocacy and social mobilization

20. Initiatives focusing on child rights will develop partnerships with media, NGOs, youth and women's groups, and civil society and private sector representatives. These partnerships will use the Convention on the Rights of the Child and Burundi's 1996 Declaration for Child Protection to develop policies and build capacities to reduce violence against children and women and to monitor the situation of child rights. Government and NGO partners working in churches, schools and health facilities will receive support for HIV/AIDS prevention education activities targeting high-risk groups.

#### Planning, monitoring and evaluation

21. Monitoring aims to build the capacities of the Ministry for Planning and Development, concerned sectoral ministries and NGO partners to collect information on current developments from all available channels, facilitate early detection of rapid changes and guide a rapid response. Activities will build capacities to: (a) continuously gather documentation for easy reference and analysis; (b) conduct in-depth sectoral studies and rapid assessments, particularly for updating the situation of IDPs; (c) strengthen information systems in the field; and (d) develop community-based monitoring systems for child protection and social mobilization. Prior to wider application, a pilot activity to build community-based child protection mechanisms will be evaluated. Impact evaluations of the support provided to IDPs will be conducted.

#### Coordination with partners

22. Under the United Nations Resident Coordinator, the UNICEF Burundi office will participate in inter-agency coordination to establish common positions on programming policies, security, contingency planning and information-sharing. The office will establish mechanisms for data collection and analysis of the situation of vulnerable populations in collaboration with the United Nations Department of Humanitarian Affairs (DHA). Coordination will include links with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) to conduct joint emergency actions, particularly in zones and sectors already covered by agreements. These include the supplementary feeding project with WFP and UNHCR logistical support for activities in Cibitoke province. The World Bank, the European Union and bilateral bodies will work with UNICEF in sectors linked to its mandate and expand partnerships with select international and national NGOs.

#### Programme management

23. An extended country programme management plan, integrated budget and consolidated fund-raising strategy will strengthen programme management and operations to resolve operational support problems. Under the established Programme Coordination Committee, the Government, UNICEF and other partners will hold quarterly management and programme reviews to analyse key management indicators, programme progress and impact. Local-level planning and implementation will support community groups and facilitate the delivery of a minimum package of services. Regular programming to support basic services, social rehabilitation and the recovery of local protection mechanisms will be maintained. Emergency interventions to meet mainly short-term relief needs of children and women will be funded through separate appeal mechanisms.

