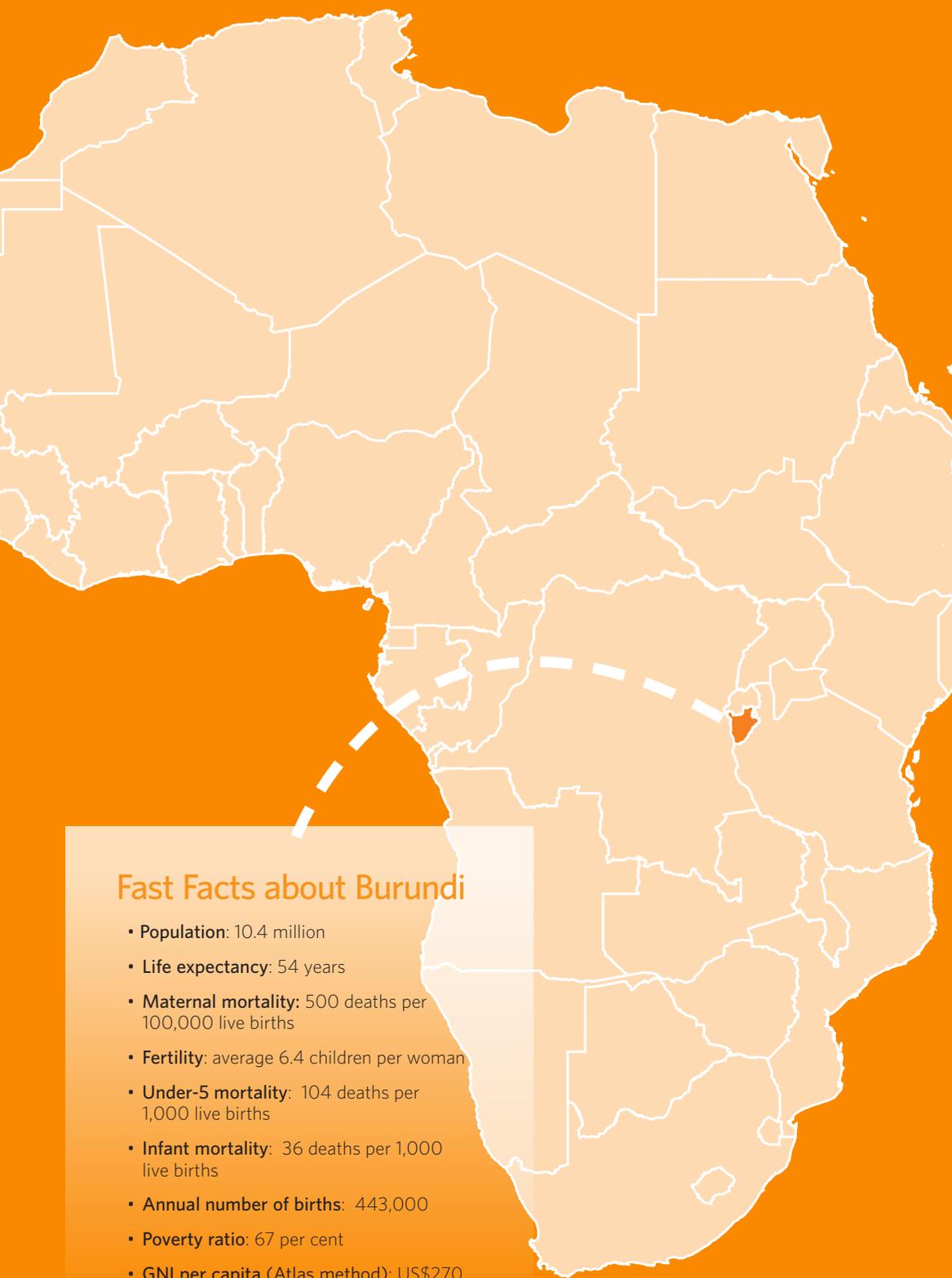


CRISIS IN BURUNDI

RESTORING DIGNITY &
REPRODUCTIVE HEALTH



UNFPA East and
Southern Africa
Regional Office



Fast Facts about Burundi

- **Population:** 10.4 million
- **Life expectancy:** 54 years
- **Maternal mortality:** 500 deaths per 100,000 live births
- **Fertility:** average 6.4 children per woman
- **Under-5 mortality:** 104 deaths per 1,000 live births
- **Infant mortality:** 36 deaths per 1,000 live births
- **Annual number of births:** 443,000
- **Poverty ratio:** 67 per cent
- **GNI per capita (Atlas method):** US\$270



Burundian refugees awaiting transportation to a refugee camp in Tanzania.
© UNFPA

Our Work in Burundi

UNFPA has worked in Burundi since 1980 and throughout its civil war. After 2006, peace allowed UNFPA and its partners to expand their outreach, resulting in a promising progress curve for the reproductive health of Burundians:

- Assisted births rose from 18 per cent in 2000 to 73 per cent in 2013.
- Modern contraceptive use rose from 3 per cent in 2000 to 31 per cent in 2013.
- No contraceptives stock-out between 2009-2015.
- 1,688 obstetric fistulas were repaired between 2010-2013.

Burundi exploded in pre-electoral violence in April 2015. Starting with street protests in Bujumbura, the capital, the conflict spread quickly through the tiny country with Africa's highest population density and a history of ethnic and political violence. A 13-year-old civil war that left 300,000 dead ended in 2006. Just when the nation was rebuilding its social fabric and improving the economy, the socio-political unrest erased those gains and has brought untold misery.

Between April and August, some 221,000 Burundians fled to neighbouring countries and many were also internally displaced.

Presidential elections boycotted by the opposition took place at the end of August. The United Nations warns that the humanitarian situation could deteriorate quickly, even without full-blown conflict, given Burundi's fragility: contracting economy, rising food prices and suspension of foreign aid by main donors. With continuing reports of human rights violations, the situation remains tense.



Between June and mid-August 2015, UNFPA assisted

10,800

people in Burundi, including

315

survivors of gender-based violence.



Burundian refugees waiting for transportation to Nyarugusu refugee camp in Kigoma, Tanzania.

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How does the Crisis Impact Burundi?

Health needs. An already weak health system is quickly fraying. Roadblocks, attacks, fear and insecurity translate into reduced access to reproductive health services for both providers and users.

In June 2015, UNFPA and the Burundi Red Cross assessed health needs in eight violence-wracked provinces. Among the findings:

- 25 per cent fewer antenatal care visits
- 10 per cent drop in births by skilled attendants
- 40 per cent fewer family planning consultations
- Depletion of essential drugs
- Most affected are Bujumbura Mairie and Rumonge provinces

Internally displaced (IDPs). The exact number of IDPs is not known because many stay with family or friends and are not registered. Accurate information on displacement patterns and numbers is urgently needed.

Returns. By end August, the United Nations reported some 50,000 returnees. However, many move back and forth across borders, making humanitarian planning difficult. In Kirundu province, in late August, UNFPA distributed 822 dignity kits to returnees from Rwanda.

Gender-based violence. Already prevalent, gender-based violence (GBV) appears to have worsened. Although the Burundi Red Cross and the Seruka Centre for victims of sexual violence have documented acts of GBV allegedly committed by militia and men in uniform (see related story), the number of reported GBV cases has halved. Displacement, roadblocks, fear of retribution and shame prevent victims from seeking help. Reinforcing the quality and coverage of GBV prevention services and immediate response to survivors is a top priority.

UNFPA Leads GBV Emergency Response

- UNFPA is the lead agency for the Working Group on Gender Based Violence in Humanitarian Emergencies in Burundi, set up in June 2015.
- Working Group Tasks: set up quick information systems, fundraising and advocacy, gender analysis, monitor GBV activities in the emergency response, promote the code against sexual abuse among aid workers, provide help for survivors, strengthen responses and service delivery (safety, psychosocial, medical and legal), train service providers and roll out information campaigns.
- In mid-August, a GBV Standard Operation Procedures document was developed at a workshop led by UNFPA with national and international partners.

Coming Out of the Dark

Help for rape survivors

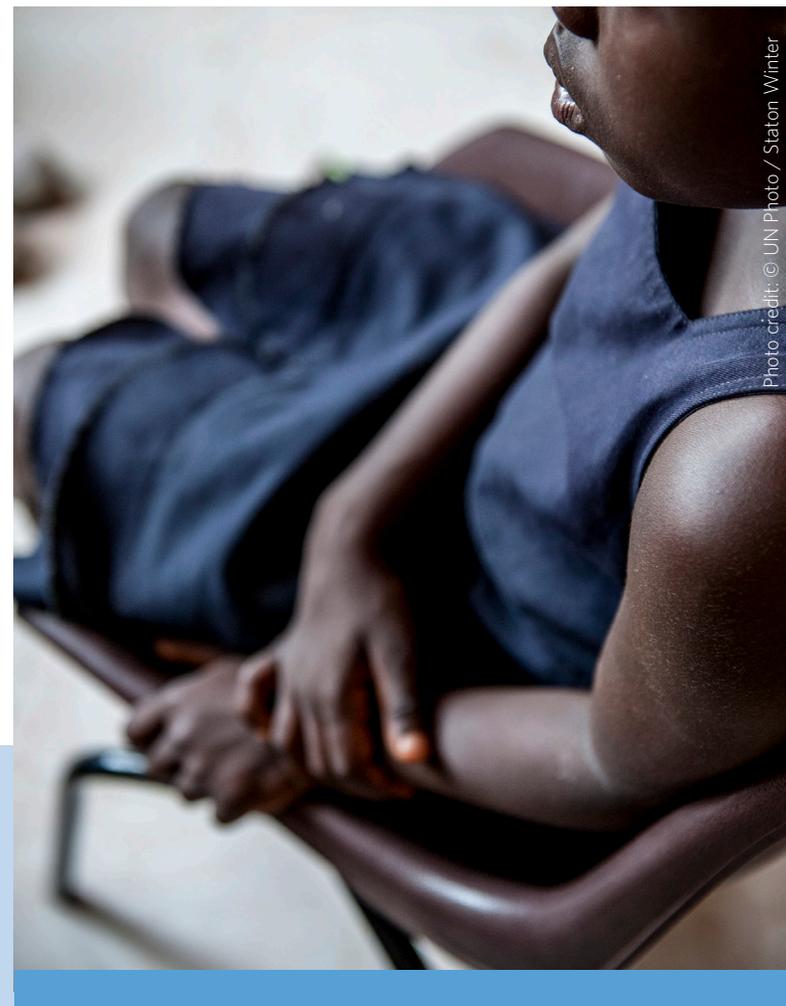
Fifteen-year-old KY* stopped going to school in May 2015. She loved school. But as Burundi became engulfed in political violence, the short walk became dangerous. Demonstrators, police, soldiers and militiamen roamed the streets of her hometown, Kigina, 140 km northeast of Bujumbura, the capital. There were shootings, killings, stray bullets, barricades, people fleeing. KY, the only child of a single mother, was sad to miss school.

One day, her mother went to town to inquire about a nephew wounded in the protests. KY was cleaning the yard in the early afternoon when she heard gunfire and cries. A man in police uniform with a gun leapt into the yard and demanded to search the house for protesters. Once inside, he raped her.

Hours later, the mother found KY lying on the floor, terrified, dried blood on her skirt. She lost no time and took the child to the Seruka centre for survivors of sexual violence in Bujumbura.

Seruka means “coming out of the dark” in the national language, Kirundi. Open 24/7, Seruka provides the needed spectrum of care: preventing pregnancy, hepatitis B, HIV and other sexually transmitted diseases and providing psychological and logistical help.

**Name withheld to protect her privacy*



Mother and daughter stayed at Seruka’s emergency shelter because KY was terrified of going home. Later she was loath to return to school for fear of being seen as unclean. Rape is taboo and brings shame in Burundi. Counsellors helped KY work through these feelings.

In its first ten years of existence, Seruka has treated nearly 14,000 rape survivors. Since 2008, UNFPA has supported Seruka in many ways, from supplying dignity and reproductive health kits to paying staff salaries. UNFPA also supports the Red Cross and other institutions helping adolescent survivors of gender-based violence.

Timely and professional intervention after rape is critical. For KY, Seruka’s support has gone a long way towards helping her cope with trauma and be strong.

By Nadège Ininahazwe, UNFPA Burundi



Left and above: Burundian women waiting to be transported to Nyarugusu refugee camp in Kigoma, Tanzania. Tanzania had an influx of Burundian refugees through Kagunga village; UNFPA responded to the crisis by providing reproductive health services and commodities. © UNFPA

221,000 Refugees in Neighbouring Countries

Protecting dignity and reproductive health

In just four months, the crisis in Burundi provoked a massive influx of 221,000 refugees into neighbouring countries* and displaced tens of thousands of people internally.

The host countries – DRC, Rwanda, Tanzania and Uganda – are poor and already shelter huge numbers of refugees of various nationalities, compounding a humanitarian emergency that is critically underfunded. Resources are stretched to breaking point, camps are overcrowded, and health systems are unable to cope.

Many refugees fled in a hurry and took nothing except the clothes on their backs. Some tell harrowing stories of rape and killings by militia along the way. They are traumatized and need psychological care.

Camps are not free of gender-based violence. Crowded tents, poor lighting, the need to fetch firewood outside the camp, and a climate of uncertainty and frustration create risks for women and girls. Funding is specially needed to set up effective protection, reporting and health mechanisms to prevent violence and care for survivors.

The United Nations estimates that 320,000 refugees will require assistance.

** Figures by UNHCR, November 2015*

BURUNDI SITUATION:

Displacement of Burundians into neighbouring countries

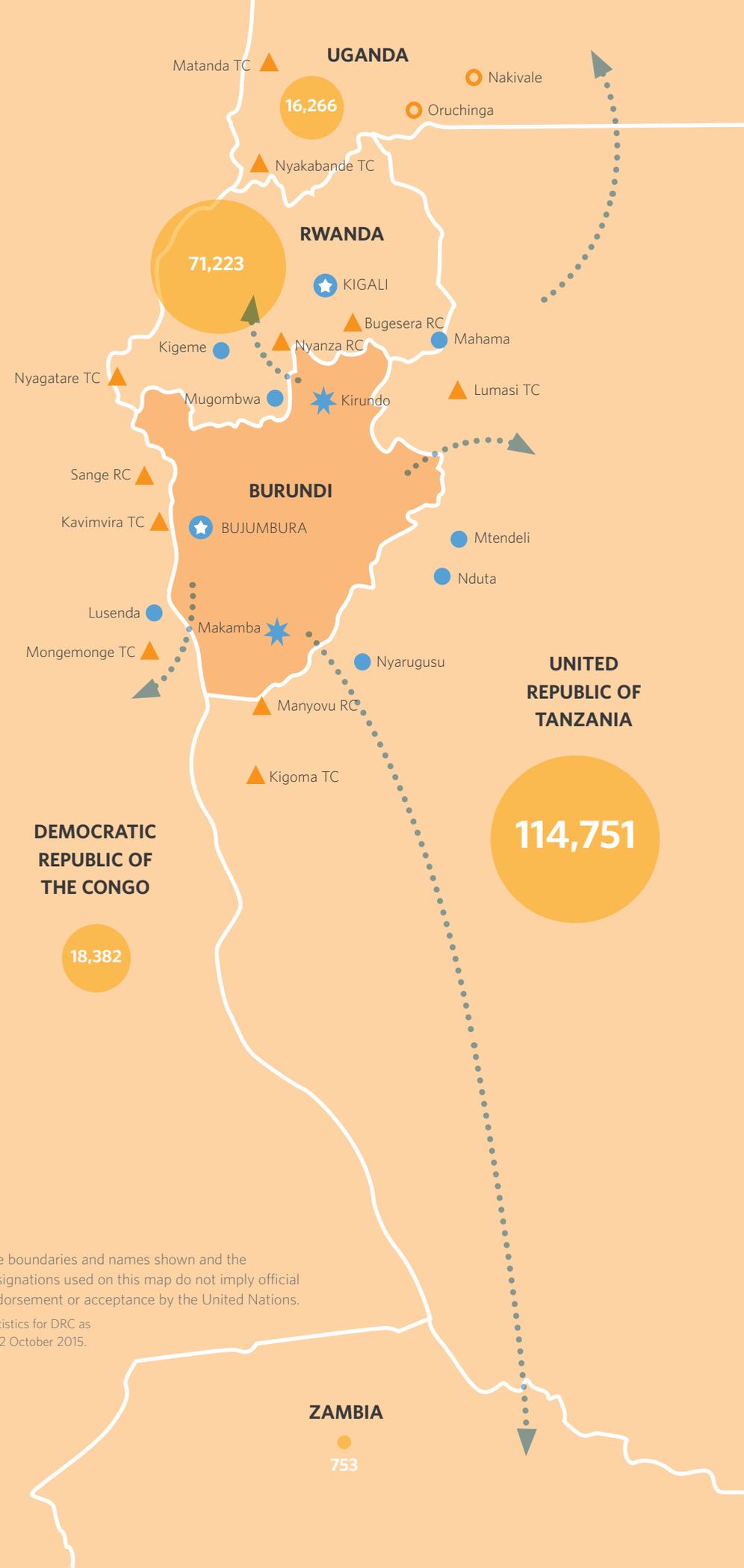
As of 17 November 2015

221,375 newly arrived refugees from BURUNDI in neighbouring countries

114,751	from	United Republic of Tanzania	52%
71,223	from	Rwanda	32%
18,382	from	DRC	8%
16,266	from	Uganda	7%
753	from	Zambia	0.3%

LEGEND

-  Capital city
-  Town of interest
-  Refugee camp
-  Refugee settlement
-  Refugee reception/transit centre
-  New arrivals from Burundi



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

Statistics for DRC as of 12 October 2015.

Democratic Republic of Congo

Burundian refugees: 18,000
Planning figure: 30,000

The majority of Burundian refugees are in South Kivu, with smaller groups in Katanga and Maniema provinces. About 6,000 live with host families and some 7,000 are in the Lusenda camp, 60 km from Uvira, in South Kivu.

Poorly equipped and plagued by drug shortages, the Lusenda health centre and nearby Nundo Referral Hospital can't meet the ballooning needs. UNFPA assists Lusenda with medical supplies and equipment for maternal and newborn services, family planning and training for health workers.

But this is a drop in the ocean of needs. Among the most pressing: contraceptives, maternal and newborn health services, STI and ARV treatment, and gender-based violence prevention and response.

Tanzania

Burundian refugees: 115,000
Planning figure: 150,000

The bulk of Burundian refugees lives at the Nyarugusu camp in northern Kigoma region, home already to 61,700 Congolese refugees. Because its capacity is vastly exceeded, the plan is to build a new camp nearby to host 30,000 people.

UNFPA's main partner, the Tanzania Red Cross, is overwhelmed running the camp's health centres. UNFPA has fielded two midwives and two maternal and child health aides but many more are needed to provide a minimum of care for 150,000 refugees and 9,000 locals.

Young refugees - more than half are under 18 years old - require learning and recreation spaces and youth-friendly reproductive health services.

Treatment for survivors of sexual violence is badly needed. By the end of April, refugees had reported 200 rapes while fleeing and 37 in the camp. Protection mechanisms in the camp must be beefed up and people sensitized to the issue. There is limited supply of dignity kits and sanitary material.

Mahama camp was set up for Burundian refugees in Rwanda.
© UNFPA/Marie Claire Iryanyawera

Uganda

Burundian refugees: 16,000
Planning figure: 20,000

Although it doesn't share a border with Burundi, Uganda has received 16,266 Burundians, in addition to hosting nearly half a million refugees from various countries.

Uganda's policy is to settle refugees through provision of basic services, plots of land and farming tools. Accordingly, the majority of Burundians live in 11 villages at Nakivale settlement, in the southwest. Seventy-seven per cent of the refugees are women and children.

Nakivale already hosts 82,000 refugees from 12 countries grouped in some 70 villages. It is a combustible mix: old and new refugees and local people competing for scarce resources. Fostering peaceful co-existence is critical. Clashes could fuel gender-based violence and existing protection structures are limited.

Nakivale's five health centres are inadequately equipped for essential and emergency obstetrical services. They suffer frequent stock-outs of essential drugs and medical supplies, contraceptives, condoms and post-rape kits. Health staff are overburdened, with one midwife per 300 pregnant women.

Rwanda

Burundian refugees: 71,000
Planning figure: 120,000

In April and again in June, refugees were streaming from Burundi into Rwanda at the rate of 3,000 a day. The Rwandan government set up a new camp, Mahama, in Eastern province, with a capacity for 60,000 people.

By mid-September, 44,000 refugees were hosted in Mahama, 22,000 in Kigali and the remainder at Bugesera, Nyanza and Nyagatara reception centres.

In Mahama camp, UNFPA has provided sexual and reproductive health services for 11,500 women but health facilities are understaffed, with midwives especially needed (see related story). Some 10,500 young people lack learning and play spaces, youth-friendly health services, help to avoid teenage pregnancy, STIs and HIV, and options for medical male circumcision.



Long walk to safe motherhood

Fleeing from Burundi to Rwanda

It's all joy and smiles in the maternity ward at the Mahama refugee camp in south eastern Rwanda. Four young moms cuddle their day-old babies under the midwife's watchful eye. Just a few days earlier, the heavily pregnant women were trudging day and night through the bush to flee Burundi's deadly violence and reach safety in Rwanda.

Her firstborn strapped to her back, Chantal Uwamahoro, 25, walked for four days, barely resting at night. "I expected the worst to happen," she recalls.

So did Eveline Kamurera, 24, who was in pain during her two-day trek. "I did not expect to give birth normally," she says.

Midwife Philomène Nyirahabiyaremye looks every bit as happy as the new moms. On average she delivers three babies every day. In just two months, 56 babies were born in the camp. A good many more are on the way - the antenatal unit sees 60 pregnant women a day.

"These mothers have nothing for the babies," says Ms. Nyirahabiyaremye. "Luckily we have UNFPA dignity kits to give them."

Of the 71,000 Burundian refugees in Rwanda, 50,000 live in the rows of white tents at Mahama. Since the camp opened in April 2015, UNFPA has helped in many ways:

- Supplying emergency reproductive health kits to Mahama camp clinic and Kirehe District Hospital and training staff to use them



Above: Midwife Philomène Nyirahabiyaremye (left), new mothers Evelyne Kamurera (centre) and Chantal Uwamahoro (right) and their babies in the maternity ward at Mahama refugee camp.
©UNFPA / David Ssekyanzi

- Offering family planning services, with 150 female clients in the first weeks
- Providing emergency contraception
- Distributing male and female condoms
- Training 80 community health workers
- Putting in place a monitoring system to ensure reliable data and quality in reproductive health services

This assistance is critical for the refugees. It means that, at the end of a desperate journey, a safe maternity ward welcomes new lives.

By David Ssekyanzi



Burundian refugees receiving UNFPA dignity kits for women. © UNFPA

Dignity Kits

Dignity kits make a big difference in a woman's daily life. Having the essential supplies for personal hygiene restores women's mobility, family functioning and economic activity, as well as confidence and self-esteem.

The content is tailored to needs. In refugee camps, a kit may include a flashlight and a whistle for protection. Kits for new mothers have baby clothes, wraps and mosquito nets. Generally, kits include sanitary napkins and underwear, soap, toothbrush and toothpaste, comb, towel, bags and a bucket.

To escape violence in Burundi's Kirundo province, Francine Nyabenda crossed the border into Rwanda. In August she returned home. *"We left all our goods behind and we found nothing when we returned,"* she said. *"I thank UNFPA for giving me these supplies that will allow me to recover my dignity as woman."*

Who needs our help?

	total affected population	women aged 15-49 years	pregnant women	women and girls likely to experience sexual violence	adolescents
Burundi:	400,000 people requiring humanitarian assistance	100,000	10,000 pregnant women (an anticipated 8,000 deliveries, 2,000 miscarriages and complications of abortion, 400 Caesarean sections)	2,000	80,000
Democratic Republic of Congo:	30,000 refugees	7,500	750 pregnant women (an anticipated 600 deliveries, 150 miscarriages and complications of abortion, 38 Caesarean sections)	150	6,000
Rwanda:	120,000 refugees	30,000	3,000 pregnant women (an anticipated 2,800 deliveries, 200 miscarriages and complications of abortion, 140 Caesarean sections)	600	24,000
Tanzania:	150,000 Burundian refugees and 61,750 Congolese refugees	37,500	3,750 pregnant women (an anticipated 3,000 deliveries, 750 miscarriages and complications of abortion, 150 Caesarean sections)	750	30,000
Uganda:	20,000 refugees	5,000	500 pregnant women (an anticipated 400 deliveries, 100 miscarriages and complications of abortion, 20 Caesarean sections)	100	4,000

The following are planning figures, based on projections, to be reviewed as the crisis evolves.

What we will do

Our priority is the wellbeing of mothers and newborns, adolescents, and survivors of gender-based violence (GBV). To this end, UNFPA and our partners will:

- Equip health centres for emergency obstetric care, antenatal and postnatal services
- Ensure supplementary food for pregnant and nursing mothers
- Supply dignity kits for women and adolescent girls
- Involve men in HIV and GBV prevention
- Support youth-friendly reproductive health services
- Organize recreational spaces for young people
- Set up protection coordination committees for children and survivors of GBV
- Build capacity of service providers through training
- Provide post-rape kits, medical supplies, tents and other critical items
- Make real time data available for sexual and reproductive health and gender-based violence programming



A Burundian refugee receives family planning services at a clinic in Mahama refugee camp, Rwanda. © UNFPA / David Ssekyanzi

What will it cost?

In very difficult conditions, UNFPA and its partners multiply interventions among internally displaced and refugee populations to improve reproductive health services and care for survivors of gender-based violence. To continue and expand our work between September 2015 and March 2016, we require:

September 2015 - March 2016	
COUNTRY	BUDGET
Burundi	US\$2,000,000
DRC	US\$1,000,000
Rwanda	US\$2,000,000
Tanzania	US\$3,000,000
Uganda	US\$688,932
TOTAL REQUIREMENTS:	US\$ 8,688,932



A Burundian refugee couple receiving family planning services, Tanzania. © UNFPA



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