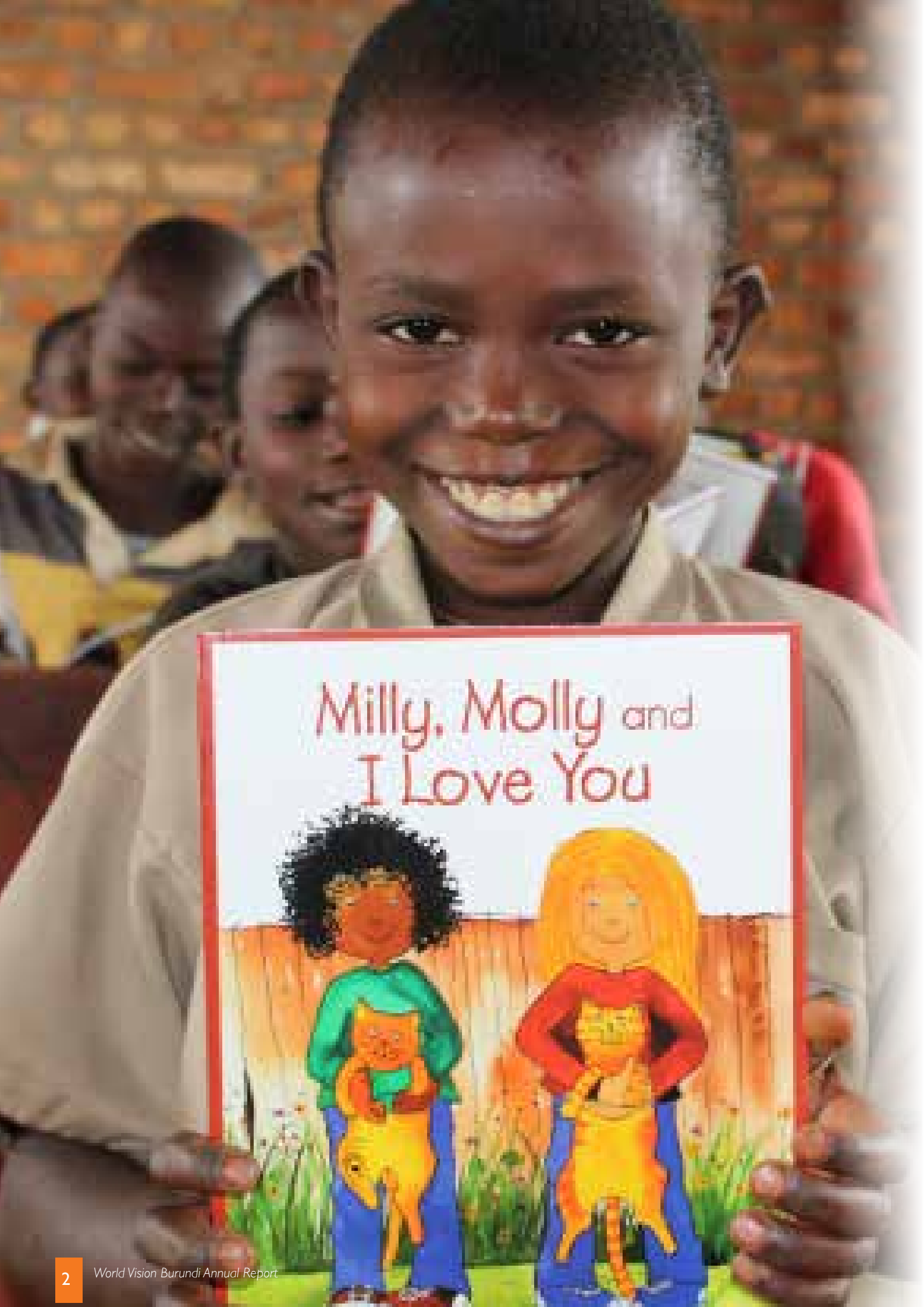


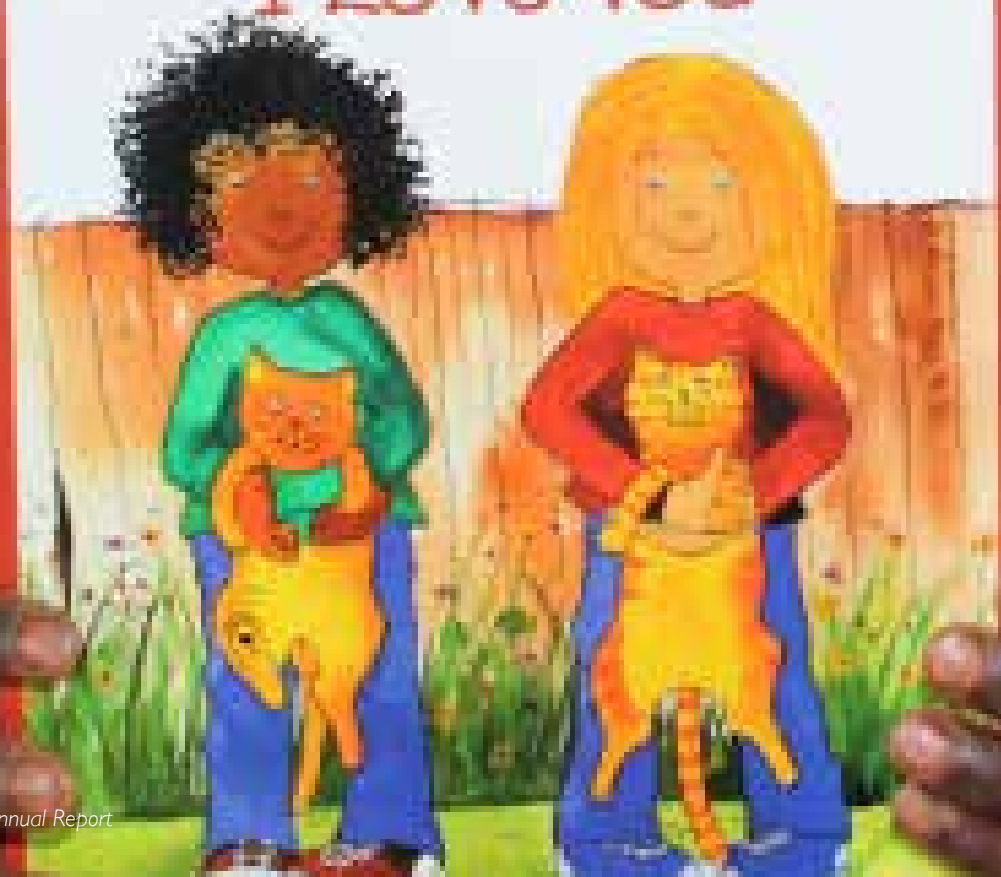


# ANNUAL REPORT

2017 Burundi



# Milly, Molly and I Love You



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# Our Vision

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Our vision for every child, life in all its fullness;  
Our prayer for every heart, the will to make it so.

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# Our Core Values

We are Christian  
We are committed to the poor  
We value people  
We are stewards  
We are partners  
We are responsive

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# Our Mission

World Vision is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote humanitarian transformation, seeking justice and bear witness to the good news of the Kingdom of God.

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# Who We Are

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. We serve alongside the poor and oppressed as a demonstration of God's unconditional love for all people – regardless of religion, race, ethnicity or gender.

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*This Annual Report 2017 provides an overview of World Vision Burundi work from 1st October 2016 to 30 September 2017*

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# ACRONYMS

ADH: Aktion Deutschland Hilft

CHW/HV: Community Health Workers/ Health Volunteers

DHS: Demographic and Health Survey

ECD: Early Childhood Development

FY: Fiscal year

FARN: Foyer d'Apprentissage et de Réhabilitation Nutritionnelle

GIK: Gift-In-Kind

GMP: Growth Monitoring and Promotion

GoG: Government of Germany

IOM: International Organization for Migration

LB: Literacy Boost

MoE: Ministry of Education

OCHA: Office for Coordination of Humanitarian Affairs

PACEF: Programme d'Appui à la Consolidation de l'Enseignement Fondamental

PD Hearth: Positive Deviant Hearth

UNDP: United Nations Development Programme

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

VSLAs: Village Saving and Lending Associations

WASH: Water, Sanitation and Hygiene



**Marthe Bengue**  
World Vision Burundi,  
National Director

### Welcome to our 2017 annual report!

World Vision Burundi made a strong contribution towards its 2017 goal of ensuring well-being for the most vulnerable children. We thank God for the success made towards this goal alongside our staff and partners. One of our success factors was working with partners who included churches, Faith based organizations, the government and other likeminded organizations. The communities we work with have demonstrated a strong will for their own development which is demonstrated by their participation and engagement as change agents.

We are grateful for the sponsors and donors who have graciously trusted us with resources so as to make a contribution in Burundi. Our donors include the Federal Foreign Office of Germany, International Organization of Migration (IOM), Australian Government, United Nations Development Programme (UNDP), World Food Programme (WFP), Japanese Social Development Fund/World Bank, Aktion Deutschland Hilft (ADH), United Nations Children's Fund (UNICEF) and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). Their support enabled us achieve the results reported herein.

During the past year, we responded to the humanitarian needs that emerged, which included the Malaria outbreak, drought, prevention of malnutrition, support

# Message From The National Director

to food insecure populations, and wash interventions. From these responses, 89,000 children received Malaria treatment from community health workers, 58,000 mosquito nets were distributed, 106,316 households were covered by residual insecticide spraying to prevent further breeding of the mosquitos. According to World Vision surveys, malaria cases reduced significantly in months that followed the interventions in Cankuzo and Rutana provinces. Since April 2017, 7,332 most insecure households were assisted with agricultural inputs in Cankuzo, Rutana and Karusi provinces.

WVB also intensified cash programming to fight against malnutrition while at the same time enhancing ownership of projects as beneficiaries were encouraged to invest in activities that would support them after projects. 18,283 households were assisted under cash transfer to rebuild their livelihoods.

I also thank all staff, partners, and supporters who made unique contributions to contribute to the wellbeing of children and their families.

# World Vision Burundi's Areas of Operations in Fiscal Year 2017

World Vision Burundi (WVB) is present in 6 provinces (Muramvya, Gitega, Rutana, Cankuzo, Muyinga, Karusi) for long term Area Programs (APs) supported by sponsorship and private non sponsorship funding. The funding for World Vision Burundi's work comes largely from private sources, including individuals, corporations and foundations. Additional funding comes from governments and multilateral agencies. In addition to cash contributions, World Vision Burundi accepts gifts-in-kind (GIK), typically in the form of Non-Food items (NFIs) and medicine. WVB's interventions in the reporting period include both development and humanitarian aspects: Integrated Food Security and Nutrition, Integrated Health and Water, Hygiene, Sanitation (Wash), Education, Child Protection and Advocacy, and Disaster management and Integrated Humanitarian Response.





## Integrated Food Security, livelihoods and Nutrition

### Our Goal

Improved nutrition security for children under 5, pregnant and lactating mothers by 2020

### Food Security and Nutrition situation in Burundi

In Burundi, food insecurity still prevails, and makes families vulnerable especially in lean seasons. During the last FY, the Office for Coordination of Humanitarian Affairs (OCHA) data show that around 3 million people (including 2 million children) suffered food shortage due to rains shortage. In many areas, land is infertile, fragmented, and over-exploited. This is coupled with lack of quality inputs, crop pests and diseases, and poor performance of extension services while agriculture employs more than 90% of the population [CIA world Fact book] intensifies food insecurity.

High prevalence of malaria disease affected the agricultural workforce and the country registered around 6.5 million cases (approx. 60 per cent of the Burundi population). This led to low crops productivity, low household incomes and lack of disaster coping mechanism for households. This lack of food and income in households is leading to high prevalence of malnutrition especially among children aged 0-5 years. This makes them more prone to diseases.

According to the 2016/2017 Burundi Demographic Health Survey (DHS) III, prevalence of stunting was 56% (59% M, 52%F). The same survey shows that across all 18 Burundi provinces, Muyinga had the highest chronic malnutrition rates of 65.6%, followed by Muramvya (64.1) and Karusi (62.8%). Some reasons behind this phenomenon are large families/uncontrolled population growth, persistent droughts, soil infertility, poor nutrition practices, and lack of diversified quality seeds, etc.

The DHS survey showed that stunting was mainly influenced by the mother's level of education. Other factors that contribute to high levels of malnutrition in Burundi include poor hygiene and sanitation practices, high levels of infectious diseases and limited access to maternal and child health and nutrition services.

### What is World Vision doing?

The focus of WVB is improving agricultural production and increasing household income. In FY 17 this was done through promotion of improved production techniques, improving access to quality inputs and farming practices through lead farmer extension approach to produce high quality iron fortified beans, hybrid maize and passion fruits. World Vision in partnership with the Government provided technical supervision to farming groups to ensure the recommended standards were followed and provide technical support. Through Gift in Kind (GIK) for work, World Vision engage communities in tree planting and digging contour bands for soil conservation.

In a bid to connect community members with community savings and loans services, Village Savings and Lending Associations (VSLAs) were initiated and mentored, and this allowed members to engage in small businesses.

In fighting malnutrition, volunteers were trained on how to identify early symptoms, and how to prepare balanced diets for their children through the Positive Deviant (PD) Hearth approach. Further, pregnant and lactating mothers and children aged 6-23 months were supplemented with Ready to use supplementary Food (RUSF). To break the intergenerational malnutrition cycle, Adolescent Girls were supplemented in Multiple Micronutrients (MMNs).

To avoid any child growth faltering, Child Growth monitoring and Promotion was undertaken in all World Vision Operational Areas. Community Members (Men, Women, young girls and boys) were capacitated on promotion of nutrition sensitive and specific interventions including Infant Young Child Feeding (IYCF), Growth Monitoring and Promotion (GMP), Micronutrient Deficiencies prevention, Food supplementation, linkages of VSLAs to nutrition interventions, WASH, prevention and treatment of





### Key Achievements for FY-17

- 22,522 farmers received agricultural inputs and assets
- 4,754 of the trained farmers applied improved and sustainable agricultural techniques
- 15,545 of farmers had accessed to agricultural extension services
- 580,480 US\$ cumulative savings by the Savings Groups
- 47,399 vulnerable people were assisted to rebuild their livelihoods after an emergency
- 20,000 trees were planted through GIK
- 782 Kilometers of contour bands constructed through GIK
- 7,385 children participating in PD/'Hearth' sessions gained 400 grams in one month
- 2,674 Kitchen garden established for Most vulnerable households (HH) through GIK
- 10 new Foyer d'Apprentissage et de Réhabilitation Nutritionnelle (FARN) sites were established
- 3760 Adolescent girls were supplemented in Multiple Micronutrients
- 9045 Pregnant and Lactating Women were supplemented in Ready to Use Supplementary Food (RUSF)
- 32157 Children aged 6-23months supplemented in Plumpy doz
- 65783 children aged 0-36 months followed up in Growth Monitoring and Promotion sessions
- 74128 community members educated/sensitized on Infant, Young Child Feeding (IYCF)



## Integrated Health, Water, Sanitation and Hygiene

### Our Goal

Improved health status of children under five, and women of reproductive age.

#### What is the situation?

Data available (DHS-III, 2016-2017) show that infant mortality is at 47 per 1,000 live births, while juvenile and infant-juvenile mortality rates are at 33 ‰ and 78 ‰.

Mainly those deaths are due to acute respiratory infections, acute malnutrition, diarrhea, and malaria. Infectious and endemic diseases coupled with the effects of acute threaten life, particularly among pregnant women and children under five years of age.

In Burundi, even though considerable progress has been made in terms of access to water, more than 37% of the population, mainly in remote areas, is still affected by lack of access to drinking water. These communities walk several kilometers to get water. This phenomenon particularly affects children's education due to lateness, fatigue and absenteeism as they, alongside women are for fetching water.

Diseases related to water and sanitation are the main causes of death in children and according to UNICEF, 1 in 12 children die before the age of 5.

#### What is World Vision doing?

World Vision scaled up the Timed and Targeted Counselling (ttC) and Integrated Community Case Management approach carried out by Community Health Workers (CHW) and Home Visitors (HV). This helped to overcome the long distances to health facilities, hence timely treatment of diseases. The CHWs treated malaria, diarrhea and pneumonia among children at community level.

To improve access to water, nonfunctional water points were rehabilitated from 4 existing water supply schemes. Boreholes were drilled in partnership with Think East Africa to reach the most vulnerable communities.

In the domain of hygiene, communities were sensitized on construction of latrines and hand washing practices. World Vision particularly worked with community health Workers (CHW) in health promotion.

GIK contribution in Health, and WASH (GIK for work)

- 42 water points rehabilitated
- 1,762 latrines constructed
- 100 hand washing facilities established



### Key Achievements for FY 17

- 77,790 children received health checks from a trained health care provider
- 12,491 children 0-23 months were served by CHW through ttC
- 4,511 pregnant women received at least 1 visit from CHW
- 16,782 adults were given training or counseling on sexual and reproductive health (SRH)
- 56,406 children aged 2 to 59 months were treated with Aritesinate /amodiaquine for malaria by community health workers at home
- 7437 children 2 to 59 months were treated with oral rehydration therapy for diarrhea by community health workers at home
- 2925 children 2 to 59 months were treated with Amoxicillin brister for pneumonia by community health workers at home,
- 82,501 persons have access to improved drinking water source
- 6,757 school children gained access to water
- 4 successful boreholes completed and commissioned
- 137 water points from non-functioning water sources rehabilitated
- 126 communities certified as open defecation free (ODF)
- 396 WASH committees formed or reactivated and trained, with fee collection systems
- 187128 people with access to basic (improved) household sanitation facilities,
- More than 15 of functional basic (improved) sanitation facilities built in schools.
- 8,516 school children who have gained access to improved sanitation facilities at schools.





## Education Sector

### Our Goal

Improved Quality of Education and Life Skills of Children and Adolescents

#### What is the situation?

The Burundi Government has placed education at the heart of its long-term development vision.

However, enrollment in pre-schools is still low. The government has not yet made this level a priority as there is currently no learning institutions on Early Childhood Development (ECD) in Burundi. As such, there are no ECD teachers and facilities—particularly in rural public schools. According to MoE 2017 report, the gross enrolment rate in pre-primary is 10%.

Also, according to the same report, the government still faces challenges related to congestion in schools despite its commitment to constructing more classrooms. Schools congestion leads to poor learning environment which is characterized by high ratios: classroom to pupil ratio (1/74), pupil to textbook ratio (5/1), pupil to desk ratio (4/1) and teacher to pupil ratio (1/46).

Besides, the hiring of teachers is not necessarily done proportionally to the number of built classrooms due to government budget constraints. All these factors result in poor quality of basic education as evidenced by the low transition rate from basic education to secondary school (57.7%), repetition rate in grades 1&2 (26, 2 %), in grades 3&4 (19,9%), in grades 5&6 (19,2%) in 2015 and 12-18 years children completion rate (3.70%).

#### What is World Vision doing?

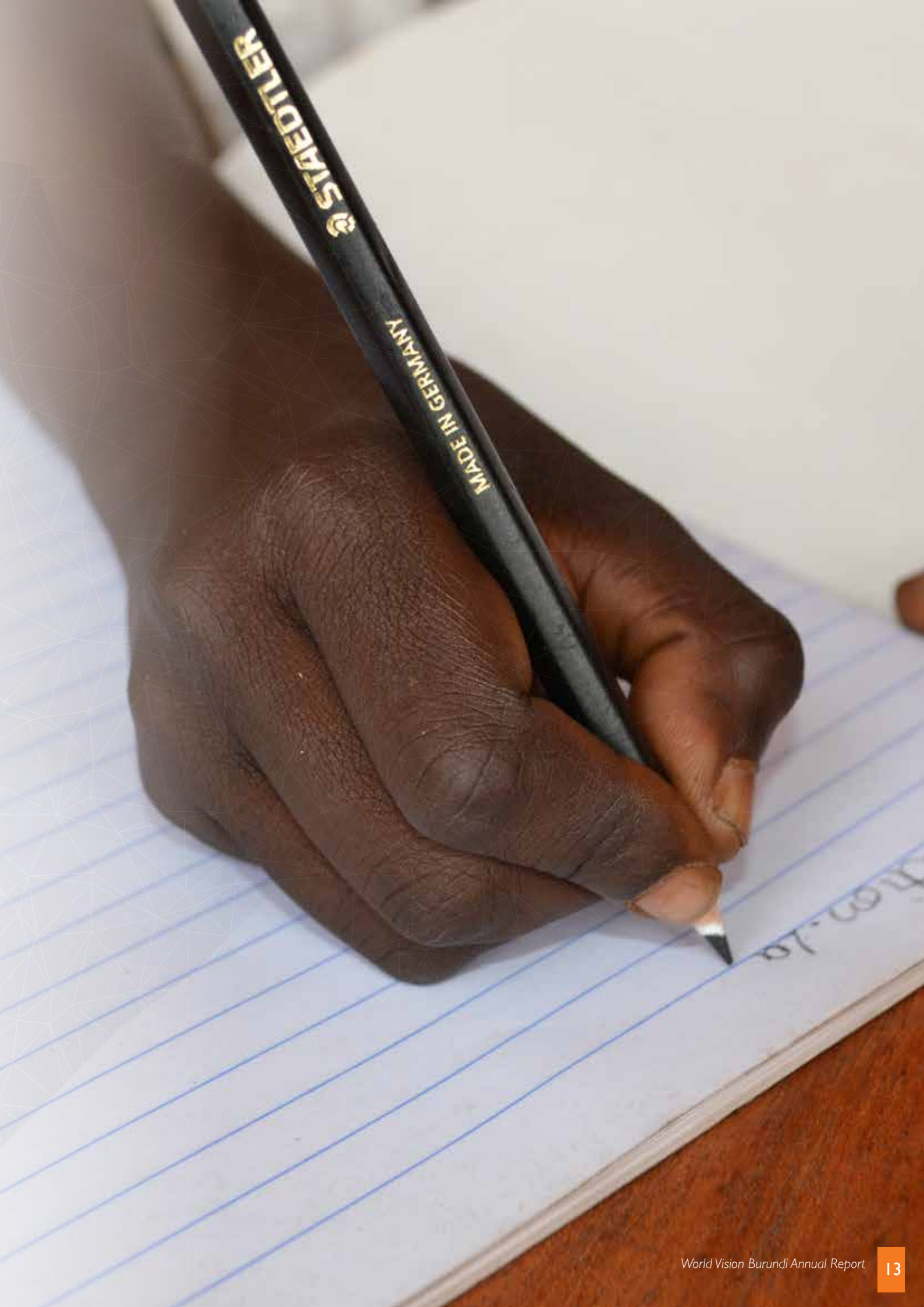
World Vision Burundi has initiated reading camps to equip children with reading and writing skills. Children not yet enrolled in schools are better prepared for education through this programme.

To improve access to, and quality of education, World Vision Burundi, through 'Programme d'Appui à la Consolidation de l'Enseignement Fondamental' (PACEF) translated as Basic education strengthening programme, trained trainers on teaching methodologies who, in turn, trained teachers across the country. This was done in partnership with UNICEF and Ministry of Education (MoE). By the end of the project, 5,000 teachers and 3,000 head teachers will have been trained. With this, children will benefit from more engaging and quality teaching/learning methodologies. This teacher preparation at scale (nationally) with sustain WV's efforts that seek to improve the quality of basic education.

To increase access to education a number of classrooms, blocks of latrines and administrative blocks for education personnel were constructed mainly through Privates Non Sponsorship (PNS) funding.

### Key Achievements

- 266 cycle 4 (grades 7,8,9) teacher trainers trained on improved teaching methodologies
- 3,927 teachers trained on improved teaching methodologies
- 250,031 children benefited from more engaging and quality teaching/learning
- 772 teachers trained on literacy & numeracy methodologies
- 20,927 children were taught using the Literacy Boost (LB) teaching methodology
- 314 reading camps (or clubs) established
- 90 ECD centers established or rehabilitated
- 4,295 children aged 3 – 6 years (including the most vulnerable) are currently attending ECD centers.
- 440 reading camps constructed through GIK
- 19 classrooms, 5 blocks of latrines and 2 administrative blocks constructed.





## Advocacy and Child Protection

### Our Goal

Sustainable care, protection and participation of children, within their families and community

#### What is the situation?

The upsurge of school dropouts and the non-enrolment of Batwa children, the high rate of early and school pregnancies, the persistence of the street children phenomenon and child labor, cases of child trafficking, and deaths among young children are the main challenges that burundian children are facing.

Children in Burundi are equally confronted with deep-rooted child neglect practices including emotional, nutritional, educational and medical neglect, lack of hygiene, inadequate supervision and non-registration of children at birth. Children are caught in domestic violence that hinder their physical, intellectual and spiritual development.

This results in school dropout, rampant rural to urban migration, while exposing children to risks of exploitation and abuse. The Technical Programme quantitative and qualitative baseline conducted in FY16 revealed worrying levels of child neglect:

#### What is World Vision doing?

World Vision Burundi in partnership with the Government and other partners launched “It takes the World to End Violence against Children. In Burundi, the campaign “Humura Kibondo” was designed to tackle “child neglect” in all its forms.

Joint efforts with various local and international partners under the coordination of the Ministry of Human Rights, Social Affairs and Gender is expected to contribute to the well-being of 5,5 million children by 2021.

Activities were also conducted to empower children as agents of change through children clubs and participation in Child Protection Committees, School Management Committees. World Vision Burundi also works with community members to improve shelter especially for the most vulnerable families.

#### Our approaches

- Empowered World View
- Spiritual nurture of children,
- Channels of Hope for Gender
- Celebrating families
- It takes the World to end Violence Against Children (Ending child neglect in Burundi)
- Citizen Voice and Action

## Child neglect indicators

Indicators	Trend		
	Average	Highest	Lowest
Proportion of children whose births were registered	84%	Ntunda: 96.2% Gitaba: 94.4%	Mushikamo (Rutegama): 61,9%
Proportion of households where children ideas are listened to and acted upon where appropriate	29%	Rutegama: 45.5%	Cumba: 20.2%
Proportion of parents or caregivers who used physical punishment or abuse as a means of disciplining their children	75,1%	Mishiha: 63.6%	Kinzanza (Gitanga): 81.4%
Proportion of adolescents who have a strong connection with their parent or caregiver	3,9%	Mishiha: 7.5%	Mbuye: 1.2%
Proportion of children who take a bath and change clothes at least once a week	66%	Muyaga: 74.1%	Mbuye: 57%
Proportion of children who have dropped out of school	11,5 %	Rutegama: 4.8%	Mishiha: 26,4%
Proportion of children under 5 with fever who were appropriately treated	24,5%	Ntunda: 72.00%	Kiganda: 29.9%

### Key Achievements for FY 17

- The design of the “It Takes a World to End Violence against Children” was completed and the campaign launched
- 216 community-based Child Protection Committees are functional
- 15585 children (7064 boys and 8521 girls) participate in children clubs/forums
- 626 improved shelters were constructed for the most vulnerable through GIK
- 74 children actively participated in annual review process
- Through the Empowered World View process, 6 witchdoctors stopped the practice. This translates to appropriate health seeking.



## Disaster Management and Integrated Humanitarian Response

### What is the situation?

Millions of people in Burundi have been infected with malaria. According to the Ministry of Health, around 6.5 million cases were reported, while around 2,980 people died, from 01 January to the end of September 2017. Children are the most vulnerable to malaria infection and make up the majority of Burundi's cases.

Refugees who fled the country in fear of violence in 2015 are voluntarily returning to Burundi, with support from UNHCR and other international agencies. Around 5,000 refugees returned by the end of September 2017 and the number is expected to increase in 2018, as long as the security situation in Burundi remains stable. Returnees need support to restart their lives and to be accepted and reintegrated into their communities.

As food insecurity prevailed, around 3.5 million people, (incl. 2 million children) was affected and 3 million children were reported to be malnourished.

### What is World Vision doing?

World Vision Burundi made an assessment to identify the most vulnerable persons to malaria in its areas of intervention (Cankuzo, Rutana, Gitega, Karusi and Muramvya provinces). Mosquito nets were distributed.

In Cankuzo, Karusi and Rutana provinces, World Vision in partnership with the ministry of health undertook residual spraying using long-lasting insecticide to reduce breeding of mosquitoes.

World Vision also worked with health facilities through the ministry of health and local partners and was able to avail 7 million tablets to treat malaria. More than 10,000 people were sensitized through community awareness campaigns on malaria prevention and seeking treatment.

Burundi is prone to disasters, and in order to help victims of such incidents, World Vision Burundi in partnership with other humanitarian agencies like UNOCHA, Red Cross Burundi, IOM, and Caritas established an accountability hotline.

### Key Achievements for FY 17

- 106,316 households were sprayed with long-lasting insecticide in Cankuzo, and Rutana provinces
- 58,000 mosquito nets were distributed
- 1,500 malaria case management volunteers were trained
- 89,000 children were treated for malaria by trained community health volunteers
- 5,492 people received support such as food, protection, health, and shelter through Burundi accountability hotline
- 18,283 HHs assisted under cash transfer using 1,644,350 \$ to rebuild their livelihoods
- 7,332 most insecure HHs were assisted with agricultural inputs through the Government of Germany (GoG) project in Cankuzo, Rutana and Karusi since April 2017







## Accountability

World Vision Burundi plans its annual activities with community members. They participate in the implementation, and most importantly, they have to be involved in the assessment of the impact.

For GIK and cash for work programmes, community committees participate in identifying the most vulnerable persons to be targeted. Public beneficiaries validation is then undertaken. The work is monitored by community committees that report abnormalities and suggest what can be improved.

Upon payments, community members as they know each other, supervise the process. This helps to root in these people the culture of ownership.

Two years ago, World Vision initiated anti-corruption campaign to educate staff, partners and beneficiaries about its anti-corruption policy. A phone number was provided and posters were placed in World Vision for people to give suggestions on issues and air views concerning WVB's interventions.

Financial and activity monitoring reports are analyzed on monthly basis and management responses provided. This makes WVB more accountable to the communities and its supporters.





## Success Stories

### A bean variety that cures

Izere Divine, a 6-year-old girl, is an orphan from Kiremba hill, Gasorwe commune, Muyinga province, Northeast of Burundi who gained weight after she was fed with nutritious porridge made of bio-fortified beans. Divine lost her mom at birth and exhibited signs of malnutrition in her early days.

“I feared for her life and was not sure she would bounce back to life,” Anastasia, Divine’s grandmother says. “Divine was weak, and very selective on foods,” she adds. Her hair had turned grey and some parts of her body were swollen. She couldn’t walk, and her grandmother carried her on her back on daily basis. This made the family more vulnerable as Anastasia could no longer actively engage in farming activities. Divine was taken to different rehabilitation centers seeking relief but in vain.

Divine’s weight loss originated in lack of nutrients in the foods she was given, her grandmother now admits. Anastasia could not fend for Divine as she could not afford the nutritious foods that her granddaughter needed.

“I used approximately 15,000 BIF for her diets,” the grandmother says. She fed Divine on milk until she was 7 months. Divine kept relapsing until she was brought in a community crèche that was initiated by women and supported by World Vision. Now, Divine’s life has improved. The community crèche not only offers her a balanced diet, but she also gets to play with other 17 children that cared in the crèche. “She was 5 kgs when she joined the crèche, and added weight to the current 12 kgs,” Anastasia now rejoices.

After the bio-fortified beans were introduced in Kiremba community, World Vision staff trained community members how they can make nutritious porridge out of it. The bio-fortified beans’ flour is complemented with maize, sorghum and soy to make it highly concentrated.

Denise Kamariza, a leader in Terimberebibondo day nursery argues that after they were trained, they came to realize that bio-fortified beans combined with other ingredients like vegetables, can effectively improve the health conditions of their children.

“Here we are taught the alphabet, and given food,” cheerfully says Divine.

According to community members in Kiremba, such community crèches are also meant to instill literacy and numeracy skills at an early age.

Bio-fortified beans are not only limited in providing porridge but also in increasing income as they are more productive than the old varieties they were growing, Kiremba community members testify.

### Healthy and Wealthy

Francine, 11, used to visit her nearby health facility for worms treatment; now she is healthy and no longer needs to be visiting health centre regularly as before. Thanks to increased hygiene in her/his community. Francine is a little girl living in Gitanga commune of Rutana Province, South East of Burundi.

WorldVision recently partnered with her community to implement community led total sanitation (CLTS) approach.

“We started with sensitization sessions on improved hygiene and sanitation,” Remy Ndayizeye, World Vision Burundi’s Hygiene and Sanitation Facilitator explains.

Before CLTS Project, we thought we were too poor to afford improved hygiene and sanitation; 35 years old Jeanine Sindakira, Francine’s mother recounts. After sensitization they realized that they were not as poor as they thought.

“As a family, we thought an improved latrine was that made of cement blocks. Thanks to World Vision, we were sensitized and found we have everything needed to construct an improved latrine,” Jeanine rejoices.

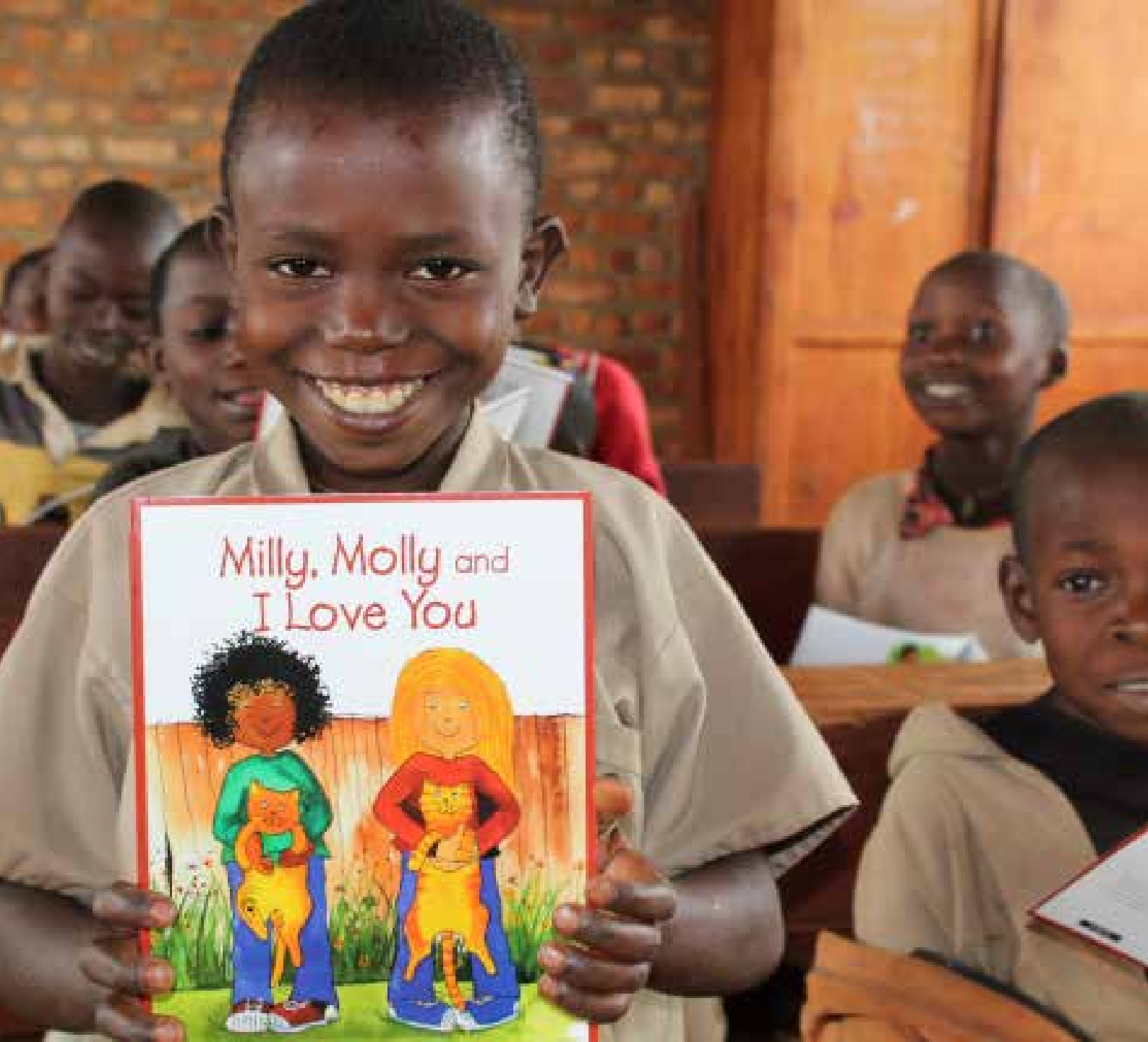
Francine’s home has now an improved latrine that has a covered pit, walls, door and roof.

The family has also set in place a hand-washing facility. I have not been to hospital due to worms for 7 months, “I used to pay 3000BIF (approx. \$2) each time there was a diarrheal cases,” Jeanine still remembers. Now the money that was used for treatment meets other household needs. The mother of seven is herding sheep and has started gathering organic manure from the four sheep she is keeping.

Jeanine hopes to increase food production with the increase of the organic manure production.

Jeanine used to harvest 40kgs of beans per harvesting season, but for the last season, she was able to harvest 250kgs.

All of this because she is no longer visiting health centres and spending much money as before; she joyfully says.



### Books that quenches thirst of learning

Bimenyimana Pamela, a 10-year old girl of Muririmbo primary school, from Bugenyuzi AP, province of Karusi, Northeast did not have textbooks in her English lessons until her school got a supply from World Burundi. Her school has approximately 450 school children; Pamela's class counting 35 of them.

The young girl was very happy when the books were distributed. "It is my first time to own a book", the young girl says. In her spare time at home, she says, she revises what the teacher taught her.

"Through this book, I am learning how to read and speak English words," the young girl says.

English books were missing in Pamela class, and her teacher, Ndereyimana Jonathan, was only relying on grammar manual.

"This is a giant step towards providing quality education to my students. These books are enabling my students to read and make progress in understanding English words," Jonathan says.

Some years ago, Burundi introduced English lessons at basic school level to integrate itself in the East Africa community block as most of its constituents use English as official languages.

"Once I am fit with English, I can travel all over the world," Pamela shares one of her dreams.

## Success story/HEA

### A hotline that brings clean water

“When there is no water in the water tap, I go to fetch some in the lake Tanganyika,” says Aloys Niyonsaba, a 12-year-old boy, living in Cashi site, in the southwestern part of Burundi. A recent elnino occasioned a landslide that damaged a water source that provided clean water to the site that hosts people displaced by elnino rains. The site is hosting 135 households whose shelters were destroyed by the elnino.

“Early in the morning I rushed to the water tap to take some water to shower before going to school, but there was no single drop,” Aloys recounts. “Later, I was told that a landslide damaged the water source,” he adds. Aloys had no other choice than making long distances to fetch drinking water.

The water from lake Tanganyika is dirty and villages closer to it recurrently experience cholera cases. “When the water source was damaged, it only took 4 days to repair it. We called the hotline number, and within a short time, the situation was settled,” Emmanuel Niyonzima, in charge of hygiene at the site says.

The Burundi humanitarian platform of agencies that include World Vision Burundi has initiated a hotline number that enables communities to report any disease, epidemic or incident that would endanger their lives. Emmanuel Kayengayenge, coordinator of the platform hotline says that initiating the hotline, speeded up interventions.

“I enjoy clean water as I know that I cannot be contaminated by water borne diseases,” Aloys says.

## Success story/GIK

### Nights free from cold

“I will spend nights free from cold,” says Odille Tuyisenge joyfully. The young girl had only known an old torn blanket in her life.

Odille and her family live in an old mud house. For a long time, she suffered from cold and sometimes sleepless nights as the cold pierced through the cracks of their house, and through the torn blanket. This sometimes made her fall asleep while in class. Odille’s father, Venant Vyamungu, knew how much his 3 children suffered from cold, and he feared they would suffer from pneumonia.

Asked why he did not provide her children with blankets, he reported he could not afford the 10,000 BIF (approx. \$6).

The family’s source of income is sale of banana and other crop harvests. They however suffer low crop productivity due to soil infertility, lack of inputs such as fertilizers, and scarcity of rains.

“How can I think about blankets when I am struggling to provide food for my family?” Venant says. “The little I get is spent on food,” he adds.

World Vision knew that in some families children were suffering from cold. Raymond Ngendakumana, a Child, and Community Development Faciltator (CCDF) in Gashoho say that in many families, cases of pneumonia among children are still high; which necessitates warm clothes and blankets. According to him, once available, blankets are given to the neediest young children especially those staying in poor shelters.

Thanks to a World Vision’s Gift-In-Kind donation, Odille and other children in Cihonda hill were supplied with new blankets. “I also wrap it around myself in the morning as it is very cold here,” she adds.

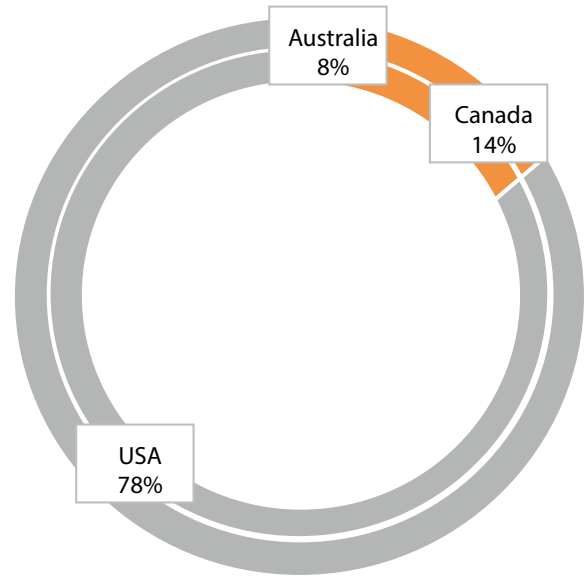
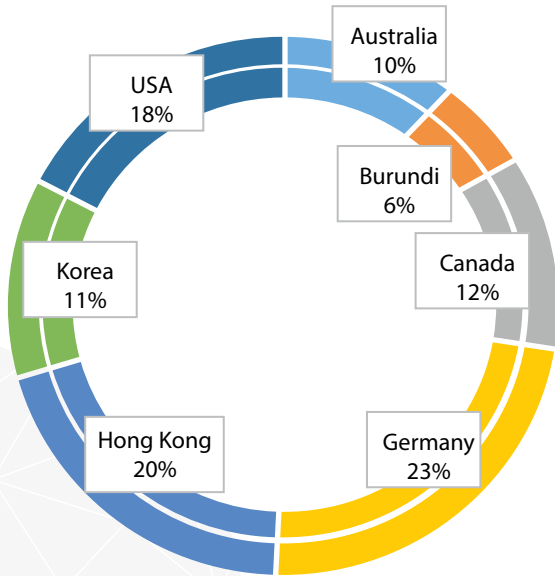
The improved way of life enhances Odille’s education, as she is able to sleep at night and stay awake and alert in class during the day. “I wish to be a nurse in the future,” she says.

# FINANCIAL PROFILE

**FY 17 Total Annual Budget ( Cash and GIK ) = 21,013,746\$**

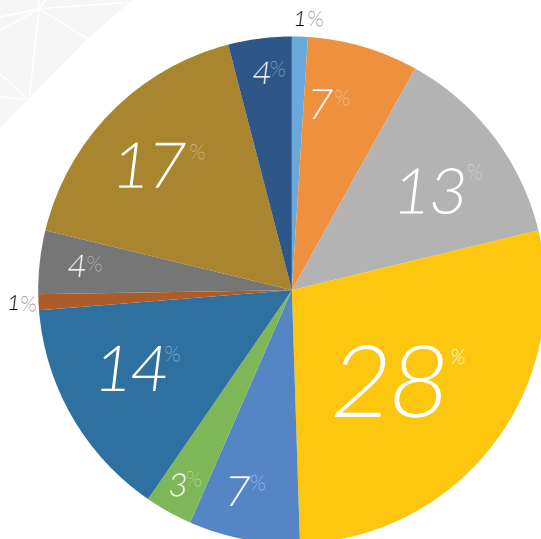
FY 17: Cash = 13,700,949\$

FY 17: GIK = 7,312,797\$



- Australia
- Burundi
- Canada
- Germany
- Hong Kong
- Korea
- USA

## Spending per Sectors in FY17



- Child Protection
- Community Engagement for Child Well-being
- Education and Life Skills
- Health
- Nutrition
- Water and Sanitation
- Agriculture and Food Security
- Economic Development
- Emergency Response
- Programme and Project Management
- Sponsorship Services



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