

World Vision Burundi



IMPACT REPORT 2020



For Children, For Change, For Life.

www.wvi.org/Burundi

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Acronyms

CHW/HV: Community health worker/
health volunteer

CLTS: Community Led Total Sanitation

CSB: Corn Soya Blend

FY: Fiscal Year

INGOs: International Non-Governmental
Organizations

MoH: Ministry of Health

PSDEF: Plan Sectoriel pour le développement,
de l'éducation et de la formation

PPS: Probability to Proportion Sampling

TP: Technical Programmes

UNOCHA: United Nations Office for
Coordination of Humanitarian Affairs

VSLA: Village Saving and Lending Association

WASH: Water, Sanitation and Hygiene

WVIB: World Vision International, Burundi
Field Office.



Message from the National Director

Dear readers,

Partners, donors and friends of World Vision, it is with great pleasure that I bring to you this impact report

The details of this report make it clear that the achievements reported are the result of excellent collaboration between staff, stakeholders and the families we serve.

In FY20 and throughout the cycle staff and partners remained enthusiastic about the contributions to our great strategic goal, despite the COVID 19 pandemic. This report documents FY20 accomplishments as well as cumulative reach and impact of FY16-20 cycle interventions. The number of children reached within the reporting

period as demonstrated by the progress on outputs, shows the relevance of the project models, and especially the commitment of staff who worked unwaveringly hard to implement them.

I proudly invite you to read this story of our transformation as the learning in this report will not only improve our future work, but will guide decisions in an effort to increase WVIB sustainability, impact and influence. Our sincere thanks go to the Government of Burundi, our sponsors, donors, various implementing partners, WVIB staff and the communities we serve who combined their efforts to make these results possible.

About WVIB (Who we are)

Our Vision

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

Our Mission

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

Core Values

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

World Vision is an international Christian relief, development and advocacy organization dedicated to working with children, families and communities to overcome poverty and injustice.

We work alongside families and with local, national, and global partners, helping children take an active role with their families in building lives free of need and full of promise. We speak the truth against injustice, and continuously challenge ourselves and others to do our utmost for those we serve.

Our aspiration is to help ensure girls and boys enjoy good health, are educated for life, experience the love of God and their neighbors and are cared for, protected and participate in improving their lives.

We have been working in Burundi since 1994 with our basic model being the Area Program addressing context specific issues within a geographically defined community.



2020 at a glance

With USD 30,494,676 and 270 staff, WVIB cumulatively reached

1,390,326
People which includes

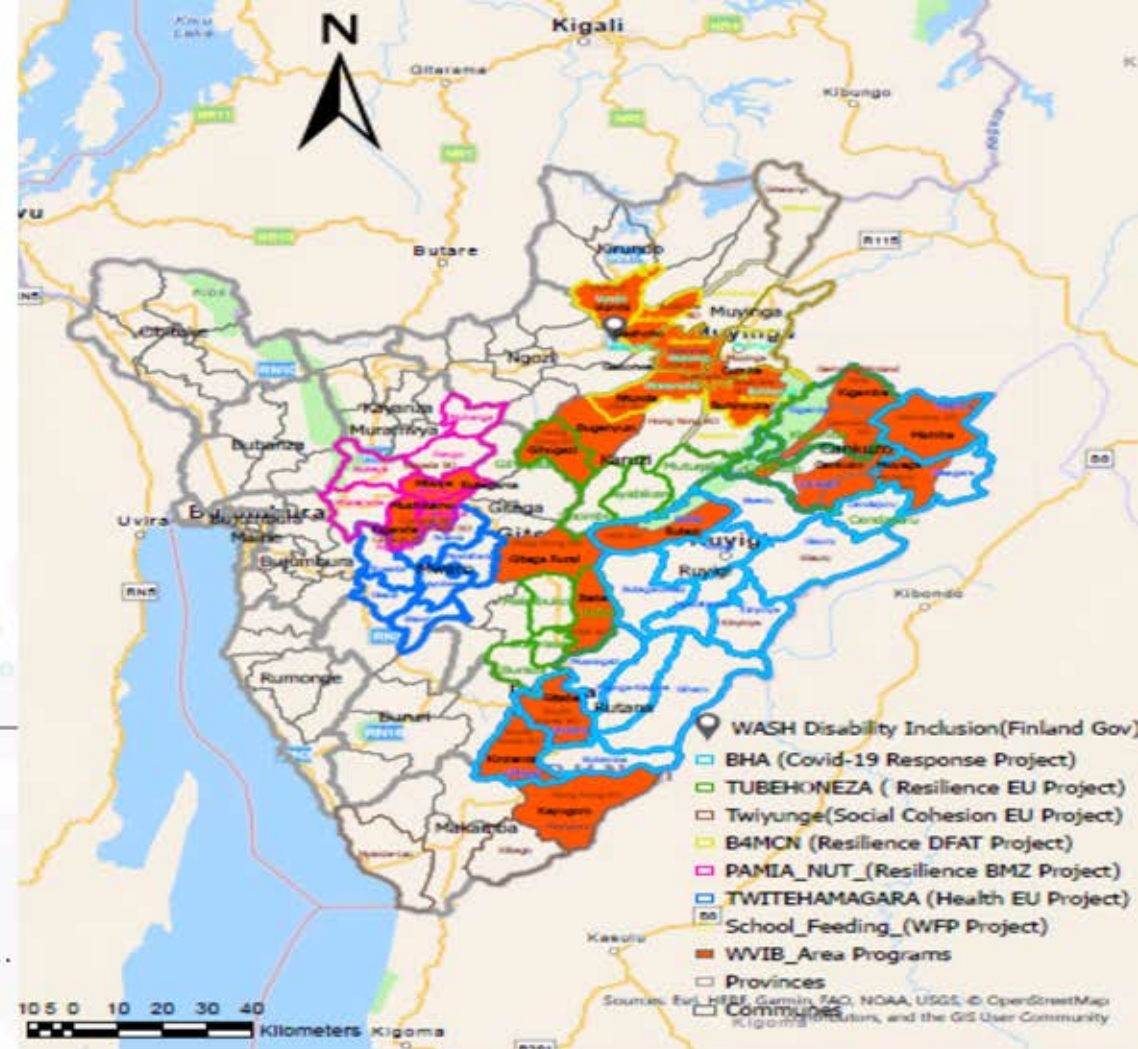
1,117,226
Children

580,958
Girls

536,268
Boys including

58,200
Sponsored children

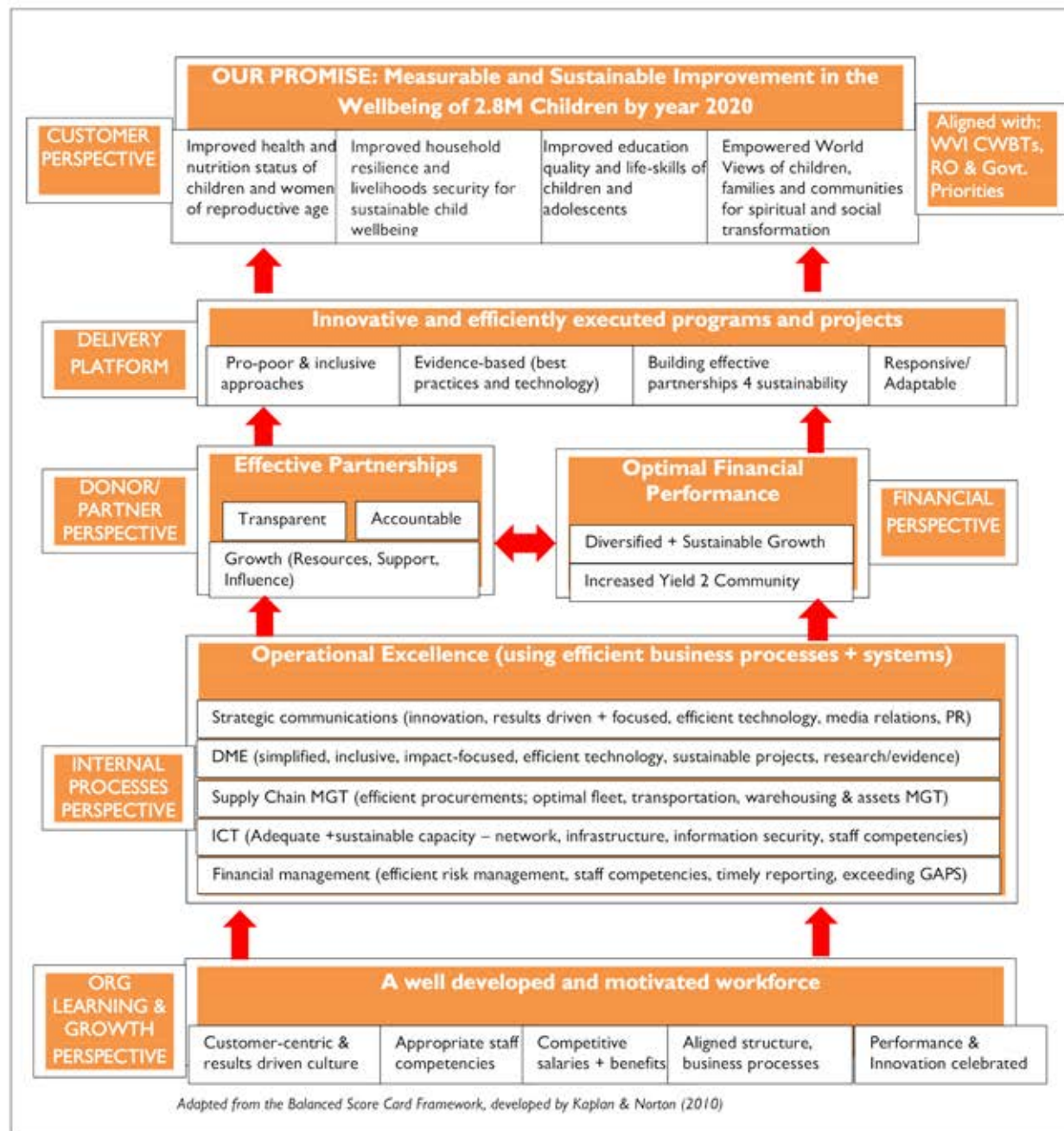
22 Area Programmes and 5 grants distributed in 6 provinces and 52 communes..



World Vision Burundi's Areas of Operations in Fiscal Year 2020

- WVIB is present in 12 provinces
- 22 Area programmes funded through sponsorship and private non sponsorship in 6 provinces (Muramvya, Gitega, Rutana, Cankuzo, Muyinga, Karusi,)
- Multilateral and bilateral grants in 5 provinces (Kirundo, Mwaro, Kayanza, Makamba, and Ruyigi).
- Gifts-in-kind (GIK) in form of Non-Food items (NFIs) and medicine in 18 provinces.
- Key intervention being funded by sponsorship, grants and GIK include: Integrated Food Security and Nutrition, Integrated Health and Water , Hygiene, Sanitation (WASH), Education, Child Protection and Advocacy, Disaster Management and Integrated Humanitarian Response

OUR STRATEGY MAP 2016-2020.



Data Sources

<p>Technical Programmes Evaluation</p>	<p>Household Survey data:</p> <ul style="list-style-type: none"> • 7200 randomly selected primary household caregivers, aged 15-49 years; 400 from each of the 18 Area Programmes and the caregiver survey tool was used to collect data. • Anthropometry measurements was integrated in the HH survey where weight, height, Mid-Upper Arm Circumference (MUAC) and a test of Edema was done on all children aged 6-59 months. Approximately 642 children aged 6-59 months were obtained from 400 HH per in each Area Programme • A two-stage probability proportional to size (PPS) 20 by 20-cluster sampling was done. • Anthropometry measurements data was analyzed using ENA while other Household data was analyzed-using SPSS. • Evaluation data was merged with the baseline data to calculate statistical significant changes <p>Youth Healthy Behavior Survey (YHBS):</p> <ul style="list-style-type: none"> • This survey was administered among the Male and female youth- aged 12-18 years • A two-stage cluster sampling was done whereby, 20 youth (10M, 10F) aged 12-18 were randomly selected from each of the 20 clusters. <p>School-Based Test about Reading (STAR):</p> <ul style="list-style-type: none"> • The tool was be used to collect information on the proportion of children who are able to read an age-appropriate passage and correctly answer at least 80% of associated comprehension questions in order to ascertain 'Proportion of children in Grade 3 achieving at least a minimum proficiency level in reading' • 400 children (200 boys and 200 girls) in grade 3 were sampled STAR in each AP. To obtain these the list of grade 3 children in all schools within Area Programmes were obtained then 200 boys and 200 girls systematically selected
<p>Routine Monitoring Data</p>	<p>Routine output/reach data was obtained from WVI PMIS/HORIZOB and Annual Report. This data has been used to extensively show the contribution of WVIB to the results at the outcome level.</p>
<p>Secondary Data</p>	<p>ISTEEBU, UNICEF and Government Ministries</p>

Integrated Food and Nutrition Security Programme

Problems	Main roots causes	Core project model/approaches	Cumulative Key facts by end of FY20
Extreme Poverty (64% of household affected)	• Poor diversification of income generating activities-Overreliance on agricultural production	Savings for Transformation Ultra Poor Graduation (UPG)	22 Projects Investment- \$5.6M FY 20 investment- \$1.5M People; 294,114 Children reached Boys- 112,777 Girls- 122,177 RC- 60,813 MVC- 49140
	• Low productivity since agriculture is the main source of livelihood (Total annual production of food can only cover 55 days per person per year(WFP report 2020)	Building secure Livelihood (BSL)	
	• Chronic manmade and Natural Disasters & Emergencies	CBDRM	
High Child Malnutrition underweight (27%), stunting (54%)	• High hunger score (More than 50% of the population are food insecure)	PD Hearth and CMAM	
	• Poor dietary diversity • Low production and high prices for diversified agricultural food products • Inappropriate use of agricultural harvest and income due to male domination, unequal decision-making, access/control over resources	Channels of Hope and Empowered World View.	

The five-year plan (FY16-FY20) for integrated food and Nutrition programme security was to improve food security and nutrition status of children under the age of 5 years. Specifically, the programme focused on strengthening the capacity of households to be able to provide well for their children through fostering a culture of savings, Increase skill and knowledge among caregivers of children under five and pregnant women on appropriate feeding behaviour and dietary diversity and promote the production of nutrient-dense food for consumption and market. For each of these interventions, descriptive statistics, associations and significant changes on appropriate indicators measured during the Technical Programmes Evaluation were analyzed as presented in the tables and charts below. Besides, the results are triangulated with routine monitoring data on key outputs and partners reports on similar interventions.



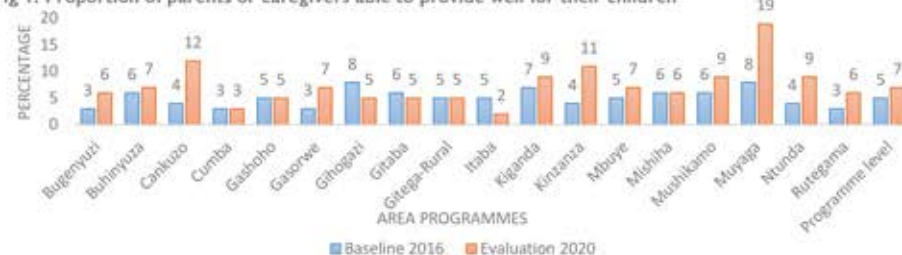
Table I: Savings for transformation beneficiary reach

Key WVIB interventions reach data	FY20		FY16-20 Cumulative Reach	
	Male	female	Male	female
Number of community members (men, women, boys, girls) accessing business development services	7360		25032	
Number of most vulnerable children supported by savings groups members and farmer groups	5310		24207	
Number of functional savings groups	330		2909	
Number of active savings groups members	3953	3556	29237	44384

Parents or caregivers ability to provide well for their children.

A significant change in parents ability to provide well for their children was registered from 5% to 7% chi square p value $0.045 < 0.05$. The change is also observed in 11 Area Programmes. There was no change in three programmes; Cumba, Gashoho, Mishiha and Gitega Rural while Gihogazi, Gitaba and Itaba registered a significant drop proportion of parents able to provide well for their children. Despite the changes, majority (93%) of the parents are still not able to provide well for their children. One of underlying factors for the inability to care for the children by majority of caregivers is overreliance on agriculture, while land is scarce in Burundi. In FY 20 Technical programmes evaluation indicated a decline from 29% to 14% in proportion of households who have access secondary source of income. The decline was observed across all APs apart from Cumba Area Programme that registered a significant improvement in proportion of households with a secondary source of income from 24% to 33%. Generally, poverty levels are high in Burundi with nearly half of the population living under poverty line. FY16-20 strategy period was mired by political insecurity. The country was also sanctioned and many financiers pulled out raising high inflation rates. Through the implementation of savings for transformation, model (S4T) model, the Technical Programme addressed the challenges by educating and encouraging community members in all the Area programmes to join savings groups in order to access credit facilities locally to start businesses. Table I shows Cumulative reach data on the savings and business from 2016 to 2020.

Fig 1: Proportion of parents or caregivers able to provide well for their children

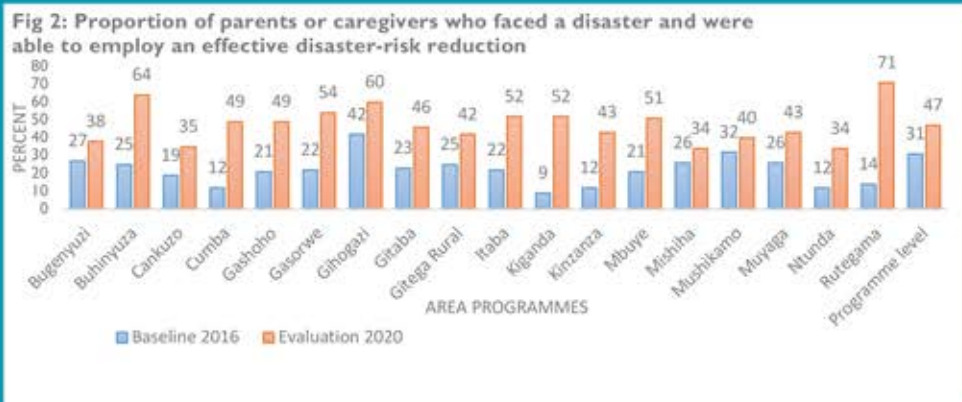


Fidelite, 15 years old from Nyanzuki hill Rutana Commune expresses her gratitude to WVIB for sensitizing her parents to join a savings group. "my parents could not afford food and school fees. After being sensitized by the programme, they joined a savings group called twitezimbere which has helped them to save money and access loans. My parents used loans to start banana business whose proceeds enabled them rare a goat and a cow. Manure from the animals improved soil fertility thus increasing crop yield. "The saving group also supports farmers to sell chicken to schools enabling members to afford school fees for their children

Claira a 12 year RC expresses how savings group saved her parents from quarrelling due to poverty. "My mother joined a savings group called ABAKENYEZI TURASHOBOYE initiated by World Vision in collaboration with SOPRAD. saved and accessed a loan which enabled her to start a business of pineapples and bricks making. The proceeds from the business she has bought a cow and bicycle for transporting goods" Claira and her four siblings had dropped out of school due to family conflicts but now they are back to school.

Julien HAKIZIMANA, a 35 years old and a father of 2 children from Gihogazi commune. "In the past, my income was very low and could not even afford food for my family. The small loans I took from IVSLAs was used to meet basic needs. My lands was infertile and was not enough productive, my wife was underweight (40 Kg while she was pregnant) and my first born dropped school. After attending a workshop planned by world vision on income generating activities, I started the breeding of hens. In two years (2017-2019) I had 94 hens producing eggs and organic manure. I sell eggs and collect organic manure to improve soil fertility. In 2020, the farming land produce more yield than before and the health status of my family members have been improved" said Julien. "I am now attending school regularly and back to school I have food especially eggs" Said Fiston, Son of Julien.

Table 2: Community Disaster Preparedness and recovery strengthening reach data.



Another factor contributing to inability of parents to provide well for their children is the frequent occurrence of natural disasters; floods and landslides. According to UNOCHA reports, about 110,000 people are displaced internally inside the country, primarily due to manmade and natural disasters. IFAN technical programme has been building resilience to disasters through strengthening community capacity in disaster preparedness and management. WVIB also integrated emergency response and recovery interventions into the Technical programme. FY 20 Technical Programmes Evaluation results revealed a significant improvement in Proportion of households who faced a disaster and were able to recover from 31% at baseline to 47% at Evaluation. There was also significant improvement across the 18 area programmes as shown in fig 2. All area programmes collaborated with Provincial and commune disaster departments to strengthen Community Disaster Preparedness Plans whose reach is presented in table 2 below:

Key WVIB interventions reach data	FY20	FY16-20 Cumulative Reach
Number of communities with updated disaster preparedness plans (DPPs)	452	56805
Number of vulnerable population assisted to rebuild their livelihoods after an emergency	2254	78048

story of change

“The community where I live used to face critical issues related to erosion, flooding, and soil infertility resulting to poor crop production. Since my parents are peasant farmers who rely heavily on agricultural production for our upkeep, the situation negatively affected my school attendance due to lack of food. But now after World Vision interventions, there is enough and diversified food, and I no longer miss my class actually.” Said Thadee a grade 8, 13-year-old boy from Kinzanza community.

The prevalence of stunting in children under five reduced from 67% at baseline to 58 at evaluation. Although the change is significant at chi square P-value 0.048, the rate across all APs are still high and within SDGs worst category threshold as observed in fig 3. Burundi has one of the highest rates of chronic malnutrition (stunting or low height-for-age) globally (56 percent), affecting over 1 million children under 5 years. There was an insignificant reduction in prevalence of underweight from 36% at baseline to 33% at evaluation. The slight improvements are also observed across all the 18 Area Programmes as shown on fig 4: According to ISTEERU national data, underweight prevalence's have remained virtually unchanged over the same period. Nationally according to UNICEF 2019 Boys are more affected than girls (59.4 and 52.4 per cent respectively a fact that is also confirmed by the WVIB Technical programmes evaluation conducted in FY 20 as shown in fig 3 and 4 Following this pattern, the Area programme with the lowest prevalence of stunting and underweight is Rutegama. In the rest of the APs, the prevalence of stunting is above 50 percent and underweight ranges from 30 percent to 37. In addition to poverty, high fertility rate, maternal education and household wealth levels, the nutritional knowledge of mothers and feeding care practices, as well as access to affordable nutrient dense food are among the reasons for high malnutrition across all APs. WVIB Technical programmes evaluation registered a decline in promotion of women who increased dietary food consumption during pregnancy from 12% during 2016 Baseline to 11% at 2020 Evaluation. Dietary diversity among children under the age of five also reduced from 25% at baseline to 15% at Evaluation. WVIB contributes to the efforts of the government of Burundi and its nutrition partners to reduce chronic malnutrition in children under five years of age by focusing on empowering household to increase the production of nutrient dense food through building secure livelihood model as well as increasing knowledge on appropriate feeding practices through PDhearth model. WVIB through IFAN TP also supports the rehabilitation of acutely malnourished children through CMAM model. Table 3 shows reach data on these interventions for FY20 as well cumulative beneficiaries reached from 2016.

Nutrition status of children under 5 years.

Fig3: Prevalence stunting among children under five

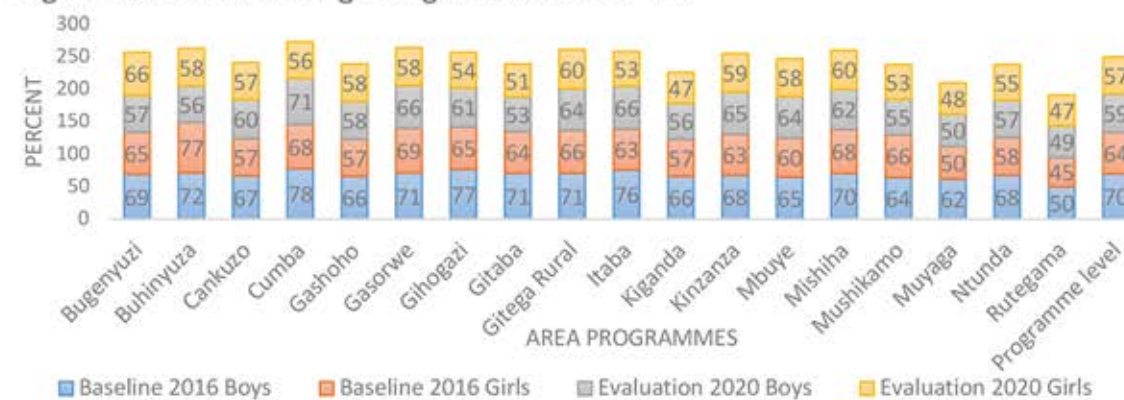
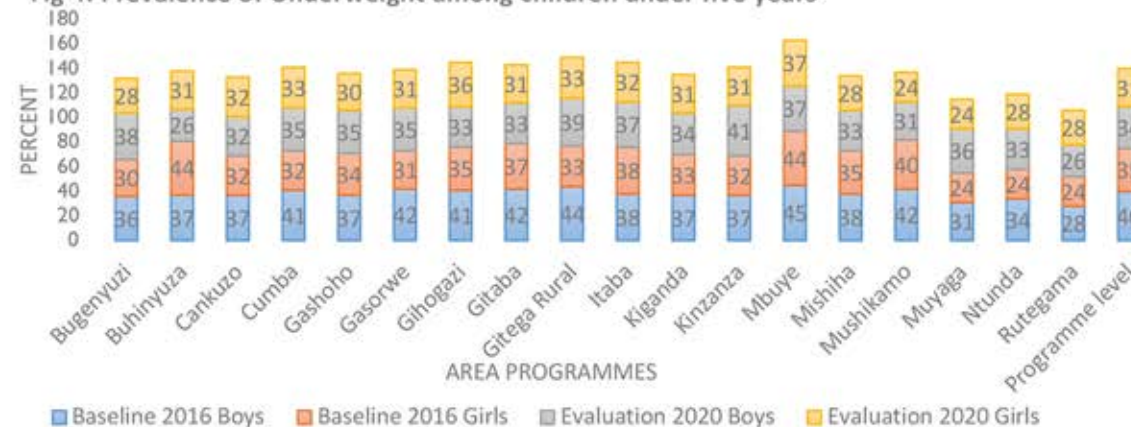


Fig 4: Prevalence of Underweight among children under five years



³Institut de Statistiques et d'Études Économiques du Burundi [ISTEEBU]

Through PD hearth model. WVIB through IFAN TP also supports the rehabilitation of acutely malnourished children through CMAM model.

Table 3 : Data for FY20 and cumulative data from 2016.

Key WVIB interventions reach data	FY20	FY16-20 Cumulative Reach
Number of farmers (or individuals) receiving agricultural inputs and assets (BSL)	18315	90202
Number of farmers who have accessed to agricultural extension services (BSL)	8738	53533
Number of children aged 6-59 months admitted into Outpatient Therapeutic Programme (OTP) (CMAM)	415	5473
Number of hills launched Malnutrition Free Village (MAFVI)	3	17
Number of children participating in PD/'Hearth' sessions who gained 400 grams in one month	1528	14257
Number of children enrolled in nutrition programs who have been rehabilitated	1983	19926
Quantity of bio fortified bean seeds (MAC 44, RWR2245) distributed	110,728 kg	532,525 kg
Quantity of improved maize seeds (ZM 601, Isega, hybrid) distributed	28,180 kg	185,826 kg
Number of improved sweet potato cuttings distributed	17,434,427	5,525,250
Improved small livestock distributed (goats, pigs, rabbits)	2,178	48,490

Story of change

Aline NDAYISABA, a mother of 2 children, lives in the locality of Shorero,, province Karusi. In September 2019, her son Eddy Persi KWIZERA was among the children screened and was suffering from malnutrition. And was admitted into PDHeart. "Before my son joined the PDHeart session, I used to take him to the health center at least once a month and he did not eat properly," said Eddy Persi KWIZERA's mother. "I learned how to clean myself in order to avoid diarrhea, the components of a balanced diet and its preparation, family planning and many other factors that promote the growth and well-being of our children," she added

Annick KWIGIZE, a community health worker in Shorero locality, said the 3-year-old, who last year suffered from moderate acute malnutrition, is doing well. "Before his integration into FARN in November 2019, Eddy Persi KWIZERA was 10.5kg, when he left he was 11.6kg and today thanks to the changes in his diet, he weighs 14kg" she informed. The young mother of two children confirmed this statement, adding that she is very grateful for the interventions of the Organization

Integrated Health and WASH

Problems	Main roots causes	Core project model	Key facts by end of FY20
High Maternal (394/100000) Infant (47/1000), and under five (78/1000) mortality rates	<ul style="list-style-type: none"> High prevalence of childhood illnesses Poor birth spacing: 35.5 percent of women in a union are using contraceptives (Global Health Statistic report 2018)- Lack of knowledge on timing and spacing of pregnancy. Harmful cultural practices such as wife inheritance and inability for women to make informed decision for their life Changes in epidemiological landscape of the malaria vector in some regions, leading to mosquito resistance to drug resistance 	TTC COMMS-ICCM	10 Projects Investment- \$3.6M FY 20 investment- \$1.1M People: 357114 Children: 211,903 Boys: 110,190, Girls: 101,713 MVC: 44,500 RC: 35843
Poor access and utilization quality health care services	<ul style="list-style-type: none"> Inadequate resource allocation leading to the low capacity of health facilities to deliver quality health services and poor support to CHW Health facilities are poorly equipped with basic supplies, equipment's, sanitation and hygiene facilities 		
Poor access to clean drinking water, utilization of sanitation facilities and handwashing behaviour	<ul style="list-style-type: none"> Limited funding opportunity, which lead to poor investment in WASH infrastructure. Topography: some communities are located at high level and this lead pumping system to be very expensive. Lack of knowledge on best hygiene practices and poor access to information related to proper sanitation 	IWASH	10 Projects Investment: \$5.1 People: 720,224 Children 308,940 Boys: 151,430 Girls: 157,610

The Integrated Health and WASH technical programme seeks to improve the health status of children under the age of five years and women of reproductive age. The programme specifically focuses on reducing the incidence and prevalence of common childhood diseases, utilization of maternal health services, and access to protected water sources, sanitation facilities and promotion of hygiene practices.



*Malaria 82%(DHS 2016-2017), Acute Respiratory Infection in children under-five 22%(DHS 2016-2017), Diarrhea causes 90% of deaths of children aged 0-11 months,(DHS 2016-2017), Anemia in children under-five (61%) and among pregnant women (39%) (DHS 2016-2017)

Fig 5: Proportion of children under 5 with presumed pneumonia who were taken to appropriate health provider

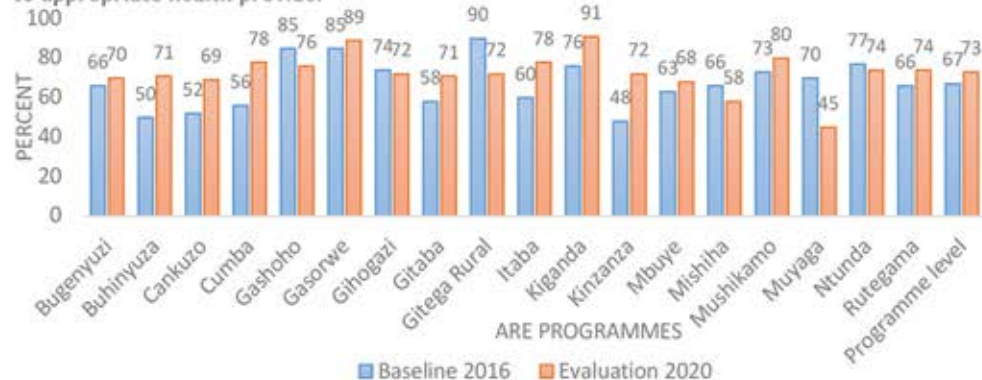
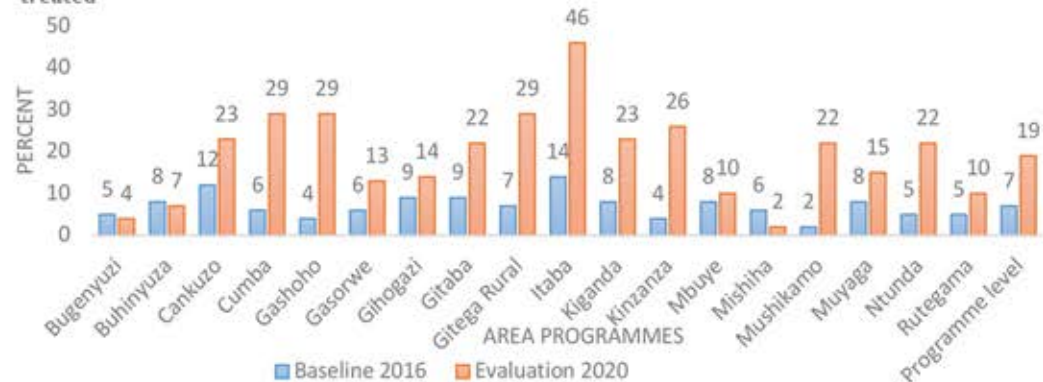


Fig 6: Proportion of children under 5 with Diarrhea who were appropriately treated



In overall at the programme, level the, proportion of children under5 with presumed pneumonia who were taken to appropriate health provider slightly increased from 67% during the baseline to 73% at Evaluation. The improvement was also registered across 15 Are Programmes. Five Are Programmes registered a decline. The results are presented in Fig 5.

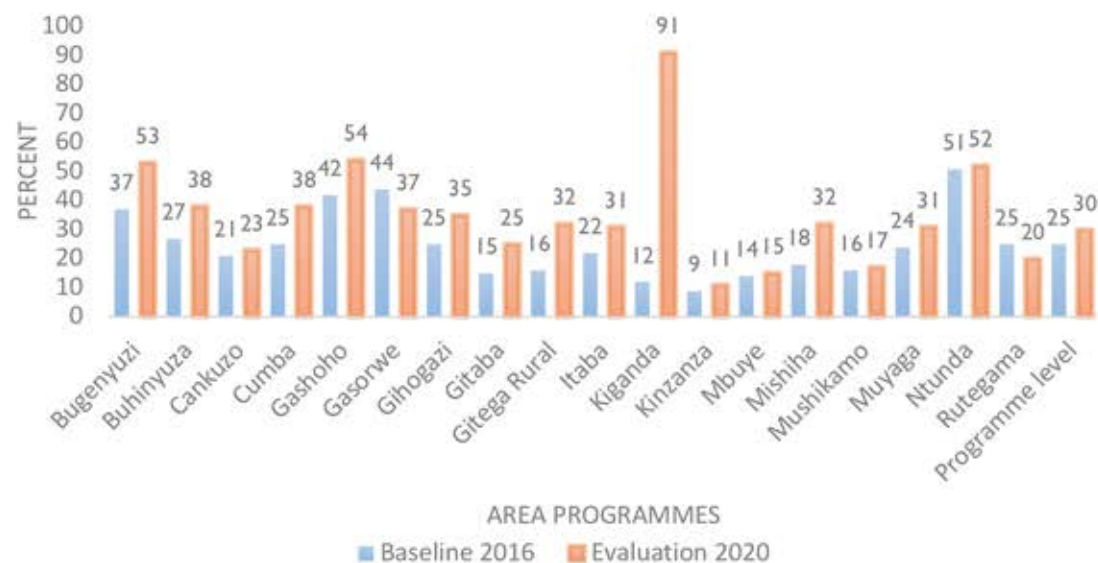
As shown in figure 6, the proportion of children under 5 with diarrhea who were appropriately treated increased from 7% to 19%. Significant Improvements were observed in 15 Area Programmes. Bugenyuzi, Buhinyuza and Mishiha registered a decline.

Although the results in fig 5 and 6 show an improvement in health seeking behaviours for childhood illnesses in Burundi, the average status in Area Programmes is lower than national averages. 2016-17 Burundi Demographic and Health Survey (BDHS) revealed that 80.55% of women in Burundi sought health care for their children's illness. FY 20 TP evaluation recorded an insignificant change in proportion of mothers who had at least four or more antenatal visits from 62% at baseline to 63.5% at evaluation. The same trend was observed across all the Area programmes where 2016 baseline values and 2020 evaluation values remained within the same confidence interval. WVIB has been working with the Ministry of health and other partners to strengthen maternal health care regarding women's healthcare accessibility and increasing knowledge and attitude towards health seeking behaviours. Reach data on specific interventions by WVIB geared towards strengthening health-seeking behaviour is presented in table 4.

Table 4: Strengthening Health seeking behaviour through ttC and ICCM/COMMs

Key WVIB interventions reach data	FY20	FY16-20 Cumulative Reach
Number of children 0-23 months served by ttC CHW/HV:	389	32685
Number of pregnant women who received at least one visit from a ttC CHW/HV:2008	2008	14738
Number and percent of ttC registered caregivers of children aged 0-23 months who received the minimum number of home visits from a ttC CHW/HV	773	14681
Number of children who received health checks from a trained health care provide	91989	665064
Number of health facilities which report no stock-out of key relevant 7-11 essential drugs and commodities	305	1164

Fig 7: Proportion of women married or in a reunion who are using modern contraceptive method



As shown in fig 7, there was an improvement in proportion of women using contraceptives in all area programmes although still in red category of SDGs threshold apart from Kiganda. Data from UNICEF and ISTEERU indicate an alarming rate of 78 children under the age of 5 who die in every 1000 live births which is equivalent to more than 30,000 children who will still die before their fifth birthday. Evidence has also shown that more newborn deaths could be avoided through adequate birth spacing, quality health care, appropriate health preventive behaviour, and adequate training of health workers. As part of strengthening health seeking Behaviour WVIB integrated birth spacing messaging in all health interventions especially promotion of the use of contraceptive. The reach data for promotion of birth spacing behaviour is shown on table 5.

Key WVIB interventions reach data	FY20	FY16-20
# of adults given training or counseling on sexual and reproductive health (SRH)	10084	51960
Number and percent of pregnant women who received at least 1 visit from a ttC CHW/	2008	14738

Proportion of household using improved sanitation facilities (for defecation) in all Area programs increased except in Itaba AP where there was a decrease of 2%.

Fig8: Proportion of households using improved sanitation facilities (for defecation)

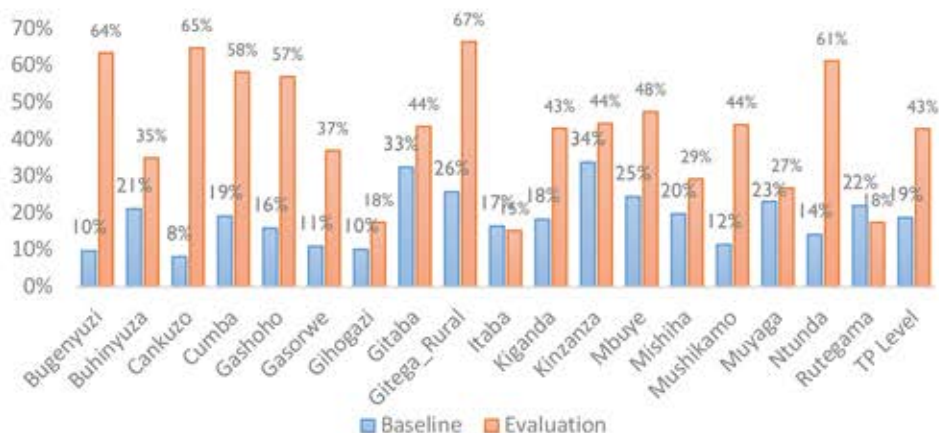
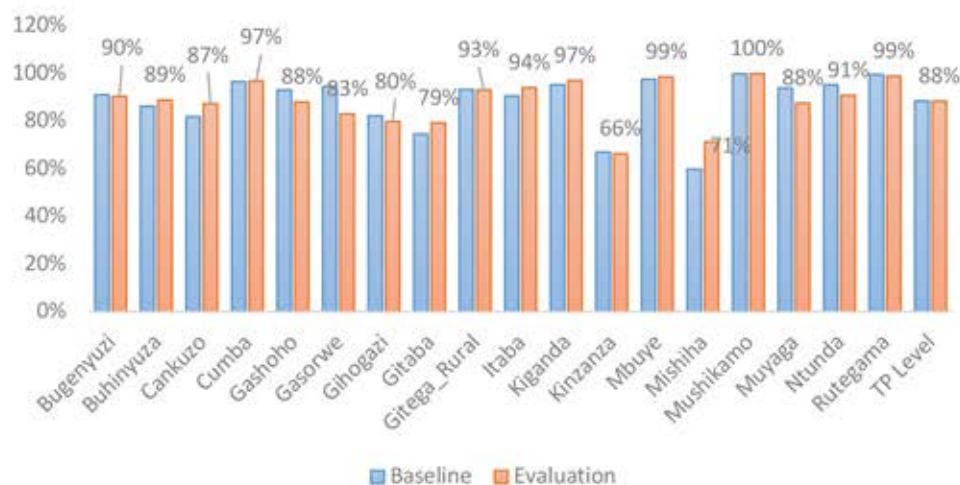


Fig 9: Proportion of households using an improved drinking water source



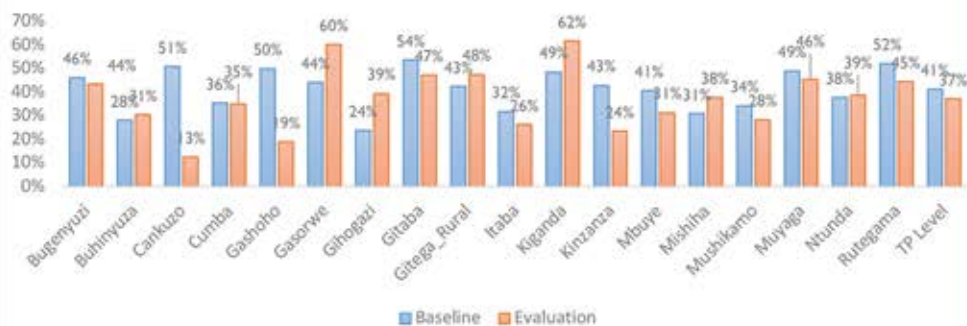
The following outputs realized across programmes contributed to the results.

Key WWIB interventions reach data	FY20	FY16-20
People with access to household sanitation facilities	56.307	415.110
Children with access to basic sanitation facilities, at education	17.417	64.142
Improved, sex-separated block latrine stalls, on premises of Education facilities:	150	462
Facilities with appropriate student to latrine ratio:	14	58
Education facilities with menstrual hygiene and management facilities in place	18	28
Key WWIB interventions reach data	FY20	FY16-20
People with access to a basic drinking water source in communities:	42.915	179.274
Taps installed from successful water supply systems in communities:	62	300
Water points from non-functioning water sources rehabilitated in communities:	63	259
Children at an education facility with access to basic drinking water:	5.865	44.441
Education facilities reached with a basic drinking water source	11	90
Number of taps installed from successful water supply systems for primary use by, education facilities	47	162
Number of km of pure drinking water supply	130 km	268.65 km
Number of springs constructed	56	150
Number of water management committees formed or reactivated and trained, for resource mobilisation, maintenance and repair of water points	-	973
Block latrines built or rehabilitated for health centers	38	91

Generally, changes were not significant in access to basic drinking water, Majority of the APs (14) are in Yellow category of SDG threshold, Three in green two; Kinzanza and Mishiha in red Category due to limited water aquifers.

Significant improvements in handwashing behaviour was realized in Gasorwe, Kiganda, Mishiha and Bugenyuzi as presented in fig 10. However, there was a reduction in 14 Area Programmes and at the Technical Programme level. According UNICEF July 2020 report, less than half (46 percent) of Burundi, population has access to basic sanitation services and only a sliver (6 percent) can access basic handwashing facilities with soap. For the nearly 65 percent of Burundians who live in poverty, earning less than \$1.27 a day, soap is a luxury item.

Fig 10: Proportion of parents or caregivers with appropriate hand-washing behaviour



AKIMANA Diella, 16 years old, a student in 8th grade at Lycée Ndava full Gospel in Cankuzo commune, Province Cankuzo in the in eastern of Burundi.

“It was very hard for us girls. The old toilets had no doors and this lack of privacy was very embarrassing for us! Moreover, we were too many students for only four latrines in that old block. Therefore, it is a great relief for us to have these new latrines.
”Said Diella

Since one year almost, this school has new sanitary facilities made of a latrine block with 3 parts: one for boys with a urinal, one for girls and one for students living with a disability

For the 186 students of this school, it is joy because going to the toilet is finally the relief it is supposed to be, much more students with disabilities have also been taken into account by reserving toilets adapted to their situation.

Key WVIB interventions reach data	FY20	FY16-20
People who were enabled to participate in community hygiene behavior change programming:	84.800	315.853
Children who have access to a basic handwashing facility at an education facility:	24.513	101.610
Education facilities reached with basic handwashing facilities available	42	185
Health facilities with basic handwashing facilities available:	12	35
WASH committees formed or reactivated and trained, with a resource mobilization system setup for maintenance and repair	125	973

Story of change

Water Supply Systems

Province	Commune	Hills	Activities	Length	Budget	Funding Source	Number of taps		
Rutana	Bukemba	Nkombe 1 and 2	Mecanized borehole	2.4	213,462	US	12		
Rutana	Bukemba	Bugiga, Nyarugusye, Butambara, Butare	Nyaciha Gravity water system (Phase I et Phae 2)	24.1	234,553	Hong Kong	13		
Gitega	Gitega	Rubamvyi, Songa, Rugari, Gitamo	Gaseba Ceru Water supply	6.8	104,471	Sponsorship	7		
Karusi	Nshombo	Kiryama And Bukirasazi	Bukirasazi Water systems	8	134,832	Tubehoneza UE	8		
Muramvya	Rutegama	Camumandu, Rutegama, Nyarunazi, Marummane, Munanira I	Makaba water systems	11.3	112,418	Sponsorship	9		
Ruyigi	Gisuru	Gisuru, Bugana, Ruyanga, Rusange and Nkembe	Kutwabacuzi water system	28.3	331,227	Twiteho amagara UE	6		
Cankuzo	Mishiha	Kaniha and Rutsindu	Runyankende Water system	7	144,528	Hong Kong	7		
Description	FY 2018			FY 2019			FY2020		
	Linear	Number	Budget	Linear	Number	Budget	Linear	Number	Budget
Drinking water supply	59.55		1,212,497,428	78.72		2,241,939,121	130.38		4,394,632,834
Springs constructed		32	60,777,200		62	92,913,917		56	108,050,714
School latrines and for health centers		32	766,428,011		21	560,750,025		38	2,123,988,505



Education

Problems	Main roots causes	Core project model	Key facts by end of FY20
<ul style="list-style-type: none"> • Poor quality of teaching and learning in schools • High school dropout (8% nationally and 20% in some areas of Muyinga, High repetition rate: 27.7% (BPSE: Bureau de la Planification et des Statistiques de l'Education,2018). Transition to secondary schools is at 49% • Low literacy levels Literacy among 15 years and above (68%), Children in grade 3 able to read in the language of instruction (59.6%)(TP evaluation 2020 	<ul style="list-style-type: none"> • Poor school learning environment • Low parental involvement • Unequal distribution of resources • Low parental involvement in promoting retention and safety in schools and community • Weak child rights systems and structures • Low capacity of SMCs to sustain retention interventions • Lack of hygiene care in open and bad latrines especially for girls • Poor education foundational skills leading • Poor curriculum delivery due to inadequate teaching methods. • Lack of Teachers monitoring support by quality assurance visits with trained official • Insufficient teaching materials which are updated and tested as good ones\ • Very overcrowded classrooms • Lack of role models in some communities • High adult illiteracy: 36% women, 24% men (EDS 2016-2017). 	<ul style="list-style-type: none"> Unlock Literacy Learning roots 	<ul style="list-style-type: none"> 8 Projects Investment-\$10.6M FY 20 investment-\$1.9M People; 148,908 Children: 119,658 Boys: 56,968, Girls: 62,222 MVC: 25128 RC; 25090

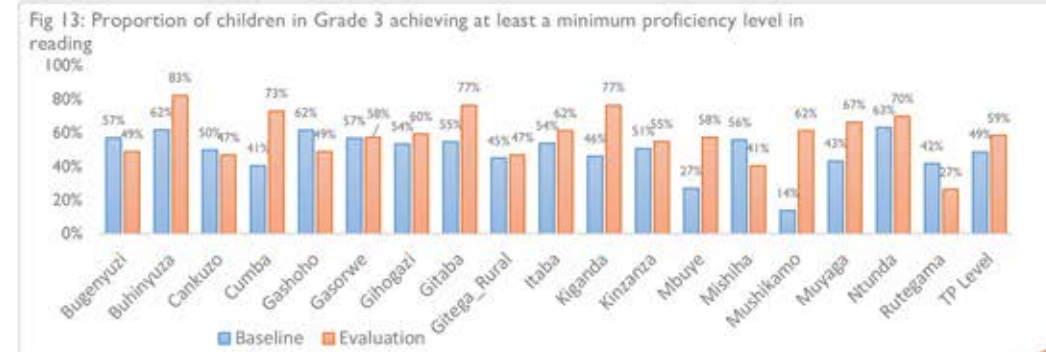
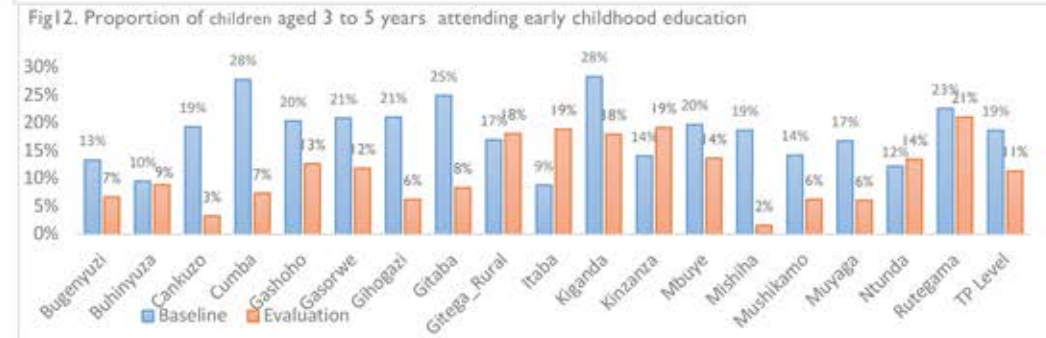
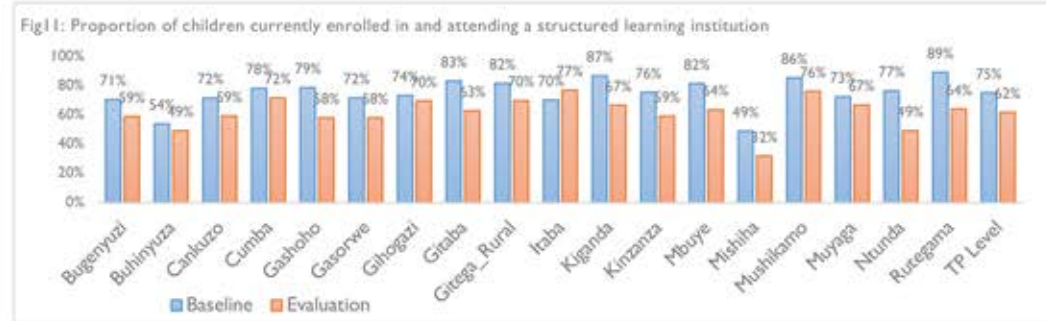
The education technical programme focused on contributing to improved quality of education and life-skills among school going children and adolescents. Specifically the programme contributed to improved reading and numeracy skills among primary school aged children and access to quality pre-school and primary education. The core, models used were unlock literacy and learning roots. The specific approaches used included teacher capacity strengthening in literacy & numeracy delivery methodologies, equipping community based volunteers to facilitate community based literacy and numeracy events, supporting the establishment functional ECD centers, advocacy and community conversations on school learning environment.

The proportion of children currently enrolled in and attending a structure learning institution reduced from 75% to 62%. The reduction is also observed across all the 18 Area Programmes. In overall all the APs below the SDG acceptable threshold with the highest Itaba at 77% and lowest is Mishiha at 32% as observed in Fig 11.

Similarly, the proportion of children aged 3 to 5 years attending early childhood education is very at 11% and in all programmes; there was significant reduction between the baseline and Evaluation. Validation of the results with the Ministry of Education officials revealed the reasons of drop in attendance being poor learning conditions in schools, parental ignorance and domestic conflicts demotivating some children from attending school regularly. Girls are also affected due to lack of sanitary towels during menstrual period.

Concerning literacy levels, there was an improvement in proportion of children in grade 3 achieving minimum proficiency level in reading from 49% at baseline in 2016 to 59% at evaluation in 2020. Improvements are also observed across 13 Area programmes out of which eight-implemented Education technical programme directly.

Despite the improvement, the values are still below the acceptable SDG threshold category. Children's early grade reading skills are generally poor in Burundi. The situation seems to have slightly improved but not the required standard. The problem could be due many children not having access to books in their local language or highly skilled teachers.



WVIB's Education TP addressed the education challenges through promoting a culture of reading both in schools and at home, supporting the capacity building of teachers and contributing to equipping of schools with class rooms and learning materials. In Gashoho, Muyaga, Itaba, Gitega Rural, Kiganda and Buhinyuza Area Programs, 20164 children (12254 boys, 13910 girls) from grade 1 to grade 3 have been taught using Unlock Literacy teaching methodology to develop in them numeracy and literacy skills. "I can read now. I know well all the letters and I can correctly join them in words and sentences without any

problem. I am grateful to WVIB for the children literacy program in our neighborhood". Said Milka, a 7 years girls of Gashoho AP. In Gashoho, Muyaga, Itaba, Gitega Rural, Kiganda and Gohogazi Area program, 10750 children including 5620 boys and 5130 girls have regularly attended ECD centers and have improved reading and numeracy skills with support of 118 community literacy volunteers. In Gashoho, Muyaga, Itaba and Gitega Rural Area Program, 18 classrooms and 2 block of latrines were constructed enabling 810 children (399 boys, 411 girls) to attend school regularly.

Table 5 : Key interventions carried out in the education sector

Key WVIB interventions reach data	FY20	FY16-20 Cumulative Reach
Number of Teachers capacity build.	19372	81,226
Number of children who have been taught using the LB teaching methodology	20338	151913
Number of reading camps (or clubs) established	1517	4357
Number of ECD centers established or rehabilitated	15	160
Number of all children aged 3 – 6 years (including the most vulnerable) that are currently attending ECD center.	305	1164
Number of classrooms built or rehabilitated	31	438
Number of benches distributed	1,800	3829
Number of books distributed		143,000
Number of constructed latrines or rehabilitated in schools	120	834
Number of schools supplied with drinking water	5	22

Story of change

My father had forbidden me to go to school because he wanted me to stay at home to tend the herd, fetch water and cultivate the fields. "Flora told us" I saw the neighbors come to our house to see Dad but I didn't know the reason for the visit. It was only after a few days that I knew they were coming to ask him to let me continue my studies. The advice was successful and I went back to school," she added. Through the awareness meetings conducted in the celebrating family and EWV framework, 95 were trained, they sensitized others. These sensitizations reached 204 households, including the parents of Flora ITANGISHA, from the RUKOBE community in Rutana commune.

Didier ININHAZWE, aged 13, a school hygiene club child, in primary school grade 5 testifies how his life has improved since WV trained him on hygiene.

"My life has improved after the training on hygiene care and best practices. Before I was usually attacked by diarrhea and my clothes were dirty, I was not able to attend school as other children do since I was fragile and my health was precarious. In addition, I was about to drop out school because my parents were tired and I myself got angry as my classmates criticized me saying that I am always sick because of my parents were not taking care of me, but now I and my siblings are no longer attacked by diarrhea and our clothes are always clean and I try to help my colleagues to follow my example so that they can say bye to diarrhea and other diseases." Says Didier

Enhancing Child wellbeing monitoring, Community Engagement and Advocacy

The community engagement and child sponsorship plans seeks to contribute to care, protection and participation of children, within their families and community. Specifically the plan focuses on transformed community's perceptions, beliefs and relationships that support children to thrive, empowering children as agents of change in their community, promoting the adoption of practices that support children care, protection and participation.

The core, models utilized in key community transformational conversations included Channels of Hope (COH), Celebrating families, Citizen Voice and Action. Empowered worldview approach was integrated in all the enabling models to instill confidence, attitudes and behavior among people that affect change in the communities.

Integration of Celebrating families, COH, CVA and implementations of innovative initiatives like Empowered World View (EWV) transformed 18,508 households of 106,315 children. They were rescued from alcoholism and traditional African practices which led to 2,564 children out of 3,384 who had dropped out going back to school. The interventions registered significant improvement in three out of six outcome level indicators as shown in the table below:

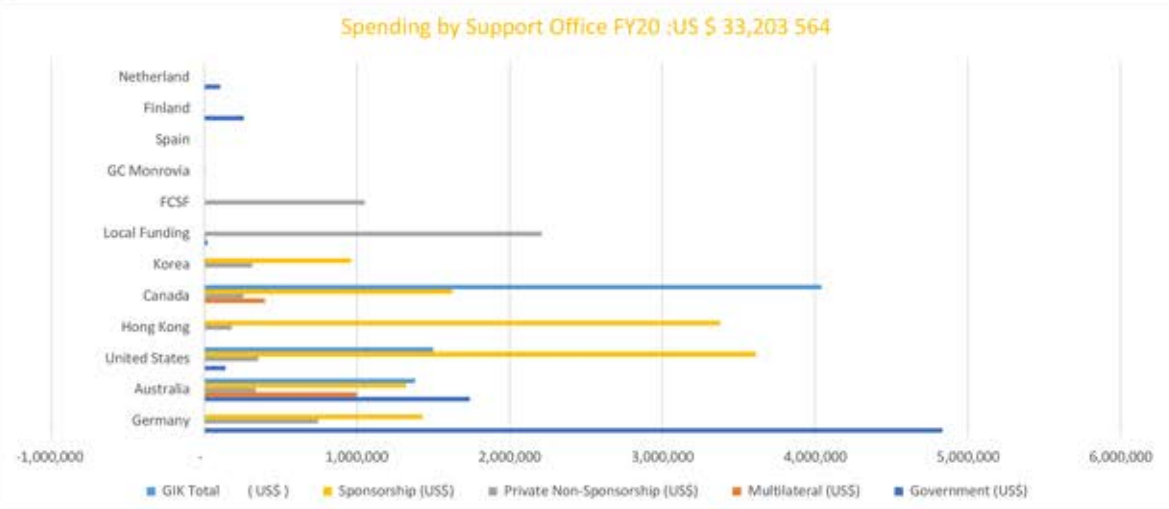
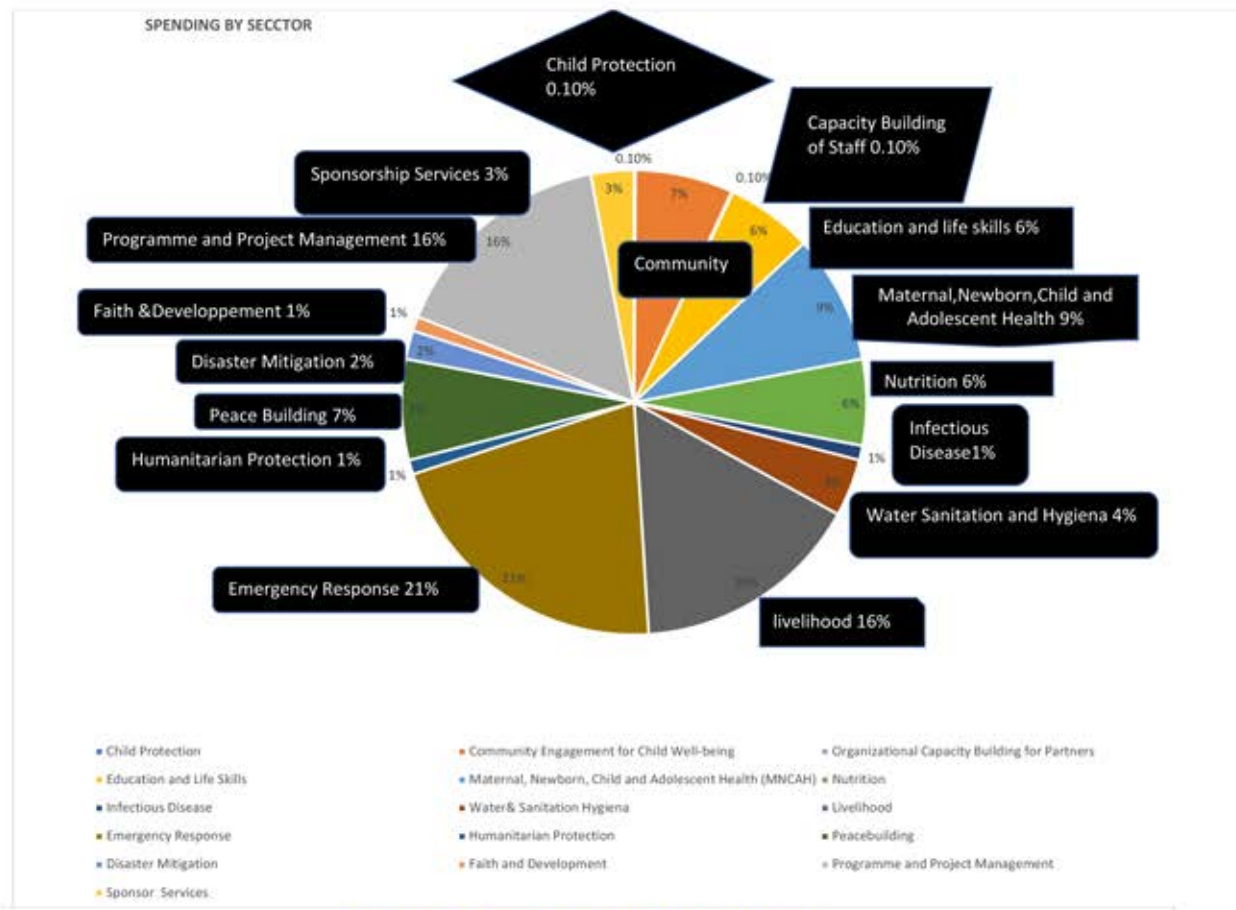


Indicator	Baseline (2016)	TP Evaluation (2020)
Proportion of parents or caregivers who feel that their community is safe for children	73%	55.90%
Proportion of households where children ideas are listened to and acted upon where appropriate	29.20%	48.70%
Proportion of children whose births were registered	83.95%	91.30%
Proportion of adolescents who rank themselves as thriving on the ladder of life	17.50%	29.20%
Proportion of adolescents who feel that the community is a safe place	78.50%	60.20%

¹ Population who feel safe where they are living; SDG Threshold: Best 100% Green >= 80% Yellow 50% <= value <= 80% Red 20% Worst 34.8%

² Birth Registration SDG Threshold: Best 100% Green >= 98% Yellow 75% <= value <= 98% Red 25% Worst 10.3%

Financial Profile



Partnerships for Impact

Our special thanks to different partners listed that enabled us to reach more vulnerable children in Burundi. Your support was of great value during fiscal year 2020:





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