

BURUNDI



Country Snapshot



Adult Literacy:	63% male, 51 % female
Life expectancy:	43.2 years
HIV/AIDS:	6% to 11%
Gross enrollment in primary and secondary education:	35%
Population:	6.6 million
Pop Density:	250 people km ²
Annual Per capita income:	\$100
GDP:	Ranked 174 of 177 countries
Gender Empowerment Measures:	Ranked 132 out of 140

Source: Human Development Report 2005

Program Overview

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CARE started working in Burundi in 1994 to help those affected by civil unrest. Its initial programs focused on distribution of non-food items to internally displaced people and returning refugees in the northern part of the country. During the following years, CARE managed refugee camps inside the country and across the border in the eastern Democratic Republic of Congo.

Burundi has by now successfully conducted democratic elections at all levels across the country. The new government faces many challenges, including rebuilding the infrastructure, the economy, governance structures and fostering a climate of trust amongst the population. The government, which has prioritized a decentralized decision making structure, has promoted the role of women in governance with 30% of elected officials being women.

Cross Cutting Themes

Peace building/ conflict sensitivity

The existing social framework and large disparities in the control of power and decision making in Burundi demand that all CARE programs address household and community level conflicts on issues of resource utilization and management. By adopting conflict sensitive strategies and Do No Harm approaches, all CARE programs seek to reinforce conflict resolution structures and mechanisms.

Support to Civil Society

A climate of peace, reconciliation and security are critical prerequisites for Burundi's economic recovery, for effectively addressing poverty and for promoting social justice through good governance. Breaking down centrally controlled power structures while reinforcing the ability of local organizations to promote peace and development in Burundi is essential. CARE works with local partners and builds their capacity to be viable players in the country.

Empowerment – Gender Equity and Diversity

All CARE programs seek to empower what are traditionally marginalized populations, specifically women and the Batwa. The organization works with mixed associations and encourages the participation of these two marginalized groups, particularly when it comes to decision making roles. More recently, CARE has established several projects that focus on women's empowerment.

Current Projects

Umwizero – A Positive Future for Women in Burundi 2006 to 2008

This program seeks to use Solidarity Groups as a channel for increasing women's social and economic status by increasing their involvement in household decision-making along with increasing their access to, and control over, productive assets.

The program seeks to increase individual skills in health, hygiene, management of credit and savings groups, and literacy. The program also addresses power relations by creating networks and engaging in local level advocacy efforts.

Photography: © CARE





Nzokira – “I will overcome” – 2006 to 2008

This three-year program, funded by DFID and covering half of Burundi, works in collaboration with the National Council for the Fight against HIV/AIDS and the National Policy in Support of Orphans and Vulnerable Children. Under the lead of Catholic Relief Services, CARE works with 12 local NGOs in 8 provinces to reduce the impacts of HIV/AIDS, violence and poverty on orphans and vulnerable children and to promote their child rights. Among the services offered are placement into families, psychosocial and legal assistance, access to health services, vocational training, and support to households to improve their economic well-being and food security.

Kazozaza Keza – Women’s empowerment through credit and savings – until June 2007

This project works primarily with women’s associations to establish credit and savings solidarity groups. By creating trust and management mechanisms this project aims to increase the role of women in decision making in both the household and the community. A specific aim is to integrate women into traditional conflict resolution structures.

Gezaho (“Stop!”) – Community Based Prevention and Management of Sexual Violence - Sept 2006-Sept 2007

Working together with local partners and the Ministry of Health, this project provides medical and psycho-social support to victims of violence in health centres as well as establishing community mechanisms for the prevention of sexual violence.

Learning from Peace and Conflict Impact Monitoring Until Mar 2008

This is the second phase of a project that aims to develop strategies for integrating peace building activities in all interventions. The project also aims to improve monitoring and evaluation of peace projects by involving community members in the selection of indicators.

Community Support for Traumatized Children in Burundi Until end of 2007

This program works with local partners and Parents Teachers Associations to establish support structures for children traumatized by the war. The project provides support to teachers in identifying and addressing trauma as well as strengthening the role of the school in the community by reinforcing Parent Teachers Associations.

Development and Strengthening of Civil Society for Human Rights - end of June 2007

By working with civil society organisations, this program seeks to promote democratic attitudes and behaviors. In partnership with six local NGOs and over two hundred community-based organisations, the program aims to improve the quality of their services and their ability to promote human rights.

Record - Strengthening Local Organization Capacity for Development – end of Dec 2007

In this project, CARE Burundi aims to strengthen the technical and organizational capacity of local non governmental organizations and community based organizations to deliver quality services in agriculture, livestock, income generating activities, HIV/AIDS, and promotion of decision-making roles to poor households in the Gitega province.

Programme d’Action Communautaire pour Un Développement Durable Phase I ends in Dec. 2007 (Phase II 2008 to 2010)

This Dutch-funded program is implemented by both CARE Burundi and CARE DRC. This is a complex effort that aims to address immediate rehabilitation needs while creating a foundation for long-term development in the two countries. All activities are implemented through local partners and the program has a strong capacity building component. In Burundi, the program focuses on four sectors: education, water, agriculture and micro-finance and has a cross cutting theme of peace building and reconciliation using local conflict resolution bodies, the media and non-governmental organizations.

Livelihood Security Program – ends in September 2007

This program is funded by USAID and works with vulnerable farmers to increase their agricultural production. The main objectives of the program are to build the capacity of local community structures for self-help; reinforce local associations

and conflict resolution structures; facilitate the formulation and implementation of a community-based post harvest marketing strategy and promote the use of seed storage facilities; and increase income at household level while improving nutrition.

The Livelihood Consortium – ends in September 2007

The above mentioned livelihood security programme falls within the USAID funded Livelihood Security Initiative. CARE is the lead organisation of this consortium that comprises Africare, Catholic Relief Services and World Vision. In addition to the above mentioned activities, the consortium manages a grant for local and international NGOs doing complementary activities specifically related to conflict as well as a research project that looks at land use and conflict.

Maternal and Child Health and Nutritional Improvement Ends in September 2007

In partnership with Population Service International the project addresses: malaria prevention and control through increased use of insecticide-treated mosquito nets; maternal and child nutrition through increased micronutrient rations; diarrheal disease through improved hygiene, increased use of oral rehydration therapy; and increased immunization coverage through social mobilization in support of national immunization days.

Emergency Food Assistance Until Jan 2007 with likely renewal but reduced scope

For the past 8 years, CARE has been the World Food Program’s (WFP) primary food distribution partner. Recently, CARE has worked with WFP to increase the involvement of local partners. In 2006, CARE reduced its food distribution coverage from 16 of the 17 provinces to 8 and started working with the local Red Cross. In 2007 the project is likely to continue with reduced coverage as WFP reduces its targeted distributions.

Major Donors

The Bureau of Population, Refugee and Migration; DFID; The European Commission; the United States Agency for International Development; the World Food Program; Oxfam Netherlands (Novib).

CARE International members supporting current programs

CARE Austria, CARE UK, CARE Netherlands, CARE Norway, CARE USA

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