Burundi is a small, landlocked country in Central Africa with a population of 10.2 million and has one of the highest population densities in Africa. It is a chronically poor country with 81 per cent of the population living on less than 1.25 US dollars a day. More than 90 per cent of its population are involved in agriculture, with the majority of people being subsistence farmers. Burundi’s population is currently growing rapidly in spite of significant health and environmental factors, adding to pressure on land resources. Environmental issues add to the vulnerability caused by population growth in a largely subsistence economy. Deforestation for firewood leads to soil erosion and landslides. Unstable seasonal rain patterns are leading some regions to face regular drought and chronic food insecurity. Many Burundians are reliant on external food assistance. The country suffered a devastating war that began in 1993 and caused over 300,000 deaths and displaced some 1.2 million people (16 per cent of the population). A peace agreement with the last remaining rebel group was signed in 2006.

Burundi Red Cross

The Burundi Red Cross (BRC) was founded in 1963 and has branches in each of the country’s 17 provinces. Over the last five years since the end of the country’s civil war, the BRC has prioritized building its staff and volunteer capacity based on the grassroots methodology to mobilize volunteers at the community level to provide social services and assistance to the most vulnerable within their communities. This approach has allowed them to recruit, train and retain a range of 50 to 500 volunteers in nearly every one of the country’s 2,850 communities. These community volunteers then work with the 129 BRC committees in the country which look to the provincial branches and national headquarters for leadership as needed. Today, some 300,000 BRC volunteers are active, with only 200 staff at the provincial and national levels.

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Burundi Flash Floods

Five days of heavy downpour in the last week of March 2011 had severe consequences for the residents of Ngagara, Cibitoke and Kinama, three impoverished and densely populated suburbs of Bujumbura, the capital of Burundi. The flooding severely affected these areas known for high poverty and weak infrastructure. Approximately 305 families (1,500 people) lost their homes and belongings and had to be relocated to a temporary camp. The flooding led to a rapid increase in cholera cases, prompting the Government and the BRC to quickly respond to affected families and treat and prevent additional cases of cholera and other waterborne diseases in the heavily populated area.

Red Cross Action

As the flood waters rose in Bujumbura, the BRC deployed emergency teams to conduct assessments with the Government to identify the immediate needs of the affected people, focusing on the most vulnerable populations. Simultaneously, the BRC mobilized volunteer teams to disseminate hygiene messages and disinfect the areas concerned to help minimize and prevent further outbreaks of cholera. In the initial phase of the response, the BRC was the only humanitarian agency to respond to the floods and soon its resources were stretched too thinly.

Despite the BRC’s successes in resource mobilisation and existing partnerships within the country, the BRC reached out to the International Federation of Red Cross and Red Crescent Societies (IFRC) to request a grant of 29,829 Swiss francs from the Disaster Relief Emergency Fund (DREF) to meet the outstanding needs from the floods. The funds helped cover the cost of purchasing and distributing essential supplies — such as soap, water containers.

“We initially thought we could manage with our own resources and through partnerships we have here in Burundi. In further discussions with senior staff in the National Society it became very clear that we needed to access DREF funds. We consider DREF as a last resort; if we can intervene with our own resources we will always prefer that.”

Charles Manirambona, BRC Head of First Aid Department
and blankets — and replenishing the preparedness stocks which had already been distributed, as well as supporting the campaigns to reduce the incidence of cholera and other waterborne diseases.

**Added Value of DREF**

**Rapid scale-up:** The DREF funding helped the BRC to scale up its activities and to purchase the required items for the targeted 137 most vulnerable families to resume a more dignified lifestyle. Further, it aided the BRC to quickly disinfect areas affected by the floods and help communities prevent further cases of cholera and other waterborne diseases.

**Essential health, water and sanitation training:** The BRC is combining a number of useful tools for the training of their volunteers — such as Participatory Hygiene and Sanitation Transformation (PHAST) and Epidemic Disease Control Manual for volunteers — which is particularly beneficial for small National Societies with strong community volunteer networks responding to the needs of target populations. To respond to this operation, volunteers received specific refresher training on how best to sensitize communities on the transmission of waterborne diseases, promotion of key messages about hygiene, maintenance and proper use of latrines, and the prevention of cholera and other diarrhoeal diseases in conjunction with the Ministry of Health. The immediate impact resulted in no new reported cases of cholera and other diarrhoeal disease cases decreased considerably within two weeks after beginning the hygiene promotion activities, disinfecting the affected areas and distributing safe water along with household water storage containers.

**Valuable partner in humanitarian response:** The BRC’s proactive intervention in this flood response as well as in previous interventions was well perceived by all stakeholders; the BRC is considered a valuable partner to the Government, UNICEF, World Food Programme and others. Further, with each disaster response in the past couple of years, some of which were funded through DREF — including the floods operation in February 2010 and election preparedness in December 2010 — the BRC partnership with the Department of Civil Protection has intensified. The BRC trains members of this department in disaster management; their teams join up for assessments and planning of disaster response interventions; they often approach donors together; and in emergencies, they share responsibilities and sometimes resources.

**Long-term impact:** Given the continuing presence of the BRC’s volunteers among the communities displaced by the floods, correct hygiene and sanitation measures have been maintained well after the end of the DREF operation. In August 2011 when there was an outbreak of cholera in Bujumbura and several districts in the west of the country, no cholera cases were reported in the communities where the trained BRC volunteers continued to utilize their hygiene promotion and health knowledge. Additionally, the disinfection material purchased with DREF funding in April was used in various neighbourhoods in Bujumbura to prevent the further spread of the most recent cholera outbreak.

**Increasing volunteer interest:** Volunteer mobilization has become easier and methodical for the BRC as their grassroots and mutual aid approach has allowed them to recruit, train and retain a range of 50 to 500 volunteers in nearly every one of the country’s 2,850 communities. The existing and new

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**What is DREF?**

The International Federation of Red Cross and Red Crescent Societies’ (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked funds to ensure immediate financial support is available for Red Cross and Red Crescent emergency disaster response operations. The DREF is a vital part of the IFRC’s disaster response system and increases the ability of Red Cross and Red Crescent National Societies to respond rapidly to humanitarian crises and disasters around the world.
volunteers are eager to engage in the BRC’s disaster response operations, like the response to the 2011 floods. In addition, the volunteers went above and beyond the scope of the project and worked with community members to help them rebuild their houses.

**BRC’s Operational Lessons Learned**

- **Coordination:** The coordination of all actors and the information exchange enabled complementary interventions for the beneficiaries and helped prevent duplication of activities and avoid gaps in assistance. For example, the BRC worked with UNICEF in the temporary camp — UNICEF funded the water supply while the BRC transported the water, provided water containers, disinfected the area and promoted safe hygiene.

- **Transparency and community involvement:** In line with the BRC’s grassroots approach, throughout all stages of the response the BRC involved communities and village units to identify the most vulnerable families and validate beneficiary lists together to ensure transparency of the relief item distributions. This also contributed towards Red Cross visibility and trust among communities.

- **Preparedness during response and recovery:** Volunteer training on water, sanitation and hygiene promotion — as required during these floods — is essential because not only does it directly improve the current response, but the skills will be used in response to future disasters. Further, in situations such as a cholera outbreak, families and entire communities are motivated to learn and help stop an epidemic from spreading. Similarly, training boosts volunteer motivation while enhancing their capacity to help as well as the communities’ perception of them. Training and awareness activities are valuable and sustainable during these times.

- **Monitoring recommendations:** Following the disaster operation, the BRC’s disaster management team outlined the necessity for more systematic monitoring and evaluation of emergencies, including the opportunity to review ongoing and past operations to ensure their relevance and impact.

Frank, a Burundi Red Cross volunteer of nine years, gets into protective gear to spray homes in the cholera-affected areas of Bujumbura.