



# VAWG in Burundi: Evidence Review

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**Query:** Please summarise the evidence on violence against women and girls (VAWG) in Burundi, including:

- **Key issues, drivers and impact of VAWG in Burundi**, including analysis of who is most vulnerable to violence among women and girls (e.g. women returnees, women refugees, internally displaced women, women and girls with disabilities, women and girls living in poverty, and older women), the drivers behind violence against women and girls, and the impact this is having on the ability of women and girls to reach their full potential. This should include analysis of VAWG rates in a context with significant humanitarian need and high levels of food insecurity, and in times of economic decline (e.g. during economic shocks caused by COVID-19 and Ukraine war).
- **What works to prevent VAWG in humanitarian programmes in Burundi**, drawing on evidence from previous and existing programmes and where possible pulling out lessons for future programming and policy engagement

## Key takeaways:

**Women in Burundi face extremely high rates of violence**, including physical and sexual violence (by any perpetrator) and intimate partner violence. The prevalence of lifetime and past 12 month sexual and/ or physical IPV is higher in Burundi than global and regional estimates. The estimated lifetime physical/ sexual IPV is 27% globally, 33% in the African region, and 48.5% in Burundi.<sup>1</sup> In 2017, 28% of ever partnered women and girls aged 15-49 years old had experienced intimate partner physical and/or sexual violence within the past 12 months.<sup>2</sup>

**Women in Burundi face violence multiple forms of violence, across multiple settings.** Pressing issues include violence against women related to land disputes, trafficking of women and girls, and violence against internally displaced women and Burundian refugees in neighbouring countries.

**Groups who experience intersecting inequalities are at heightened risk of VAWG.** This includes but is not limited to adolescent girls, women and girls with disabilities, and widowed, divorced and LGBTQ+ women who all face increased risk of violence in Burundi.

**VAWG in Burundi is caused by multiple, overlapping drivers.** These include deeply rooted social norms and gender roles, food insecurity, perpetrator alcohol consumption, and social isolation, and for Burundian refugees in neighbouring countries, insecurity within refugee camps.

**The impacts of VAWG in Burundi are widespread and severe.** They include negative impacts on survivors' mental and physical health, adolescent pregnancies, and access to education.

**There is limited evidence on what works to prevent VAWG in humanitarian programmes in Burundi.** Most primary prevention approaches focus on raising awareness through group activities, youth theatre and engaging men and boys. There have also been attempts at reducing GBV risks in cash and voucher assistance. Although one example was found of disability-inclusive VAWG humanitarian programming, there is limited documentation of how humanitarian programmes have targeted women and girls at highest risk of violence.

**Prevention interventions have not been rigorously evaluated and are relatively small-scale,** for example 3-day workshops, possibly reflecting the limited funding for preventing VAWG in humanitarian contexts. Given the lack of evidence from Burundi, it is challenging to draw lessons for future programming and policy engagement. There is slightly more (although still limited) global evidence that community-based programming targeting social norms can be a promising approach in humanitarian settings. Economic empowerment/cash transfers and adolescent girl focused initiatives also have some positive effects on risk factors, although further research is needed to demonstrate impact on violence prevention.<sup>3</sup>

**Incorporating monitoring, evaluation and learning about what works to prevent VAWG** into the design of any new humanitarian programmes in Burundi would therefore contribute significantly to the evidence base. As part of this, it would be important to build in opportunities for regional collaboration and sharing lessons between frontline GBV practitioners.

# 1. Key issues, drivers and impact of VAWG in Burundi

This review found very limited evidence from documents written in English around the prevalence, drivers or impact of VAWG in Burundi. Evidence from UN Women, Burundi's DHS survey, academic articles and anecdotal reports suggests that Burundian women are at risk of multiple forms of violence including non-partner violence, intimate partner violence, economic violence, and violence associated with land rights. Women with disabilities, adolescent girls, LBTQ+ women, refugees, pregnant women and widows are at particular risk of violence. This violence is driven by social norms, gender roles, insecurity within internally displaced people camps, alcohol consumption by perpetrators and isolation (especially for women with disabilities). For Burundian women refugees in neighbouring countries, VAWG is also driven by insecurity within refugee camps. This report found evidence of a clear continuum of violence, starting at home and following women through displacement, into neighbouring country refugee camps, and after their eventual return to Burundi. The impacts are multiple and include, poor mental and physical health, barriers to accessing education, and adolescent pregnancies. Further research into the prevalence, drivers and impacts of VAWG against Burundian women from diverse backgrounds is needed to achieve a comprehensive understanding of the current situation for women in these communities.

## 1.1 Key issues

**Non-partner violence:** There are no official national statistics available on the prevalence of physical or sexual non-partner violence against women and girls in Burundi.<sup>4</sup> One report documenting the experiences of Burundian refugees in Tanzania from 2015, found that over half of the 110,000 refugees reported experiencing GBV on their arrival in Tanzania.<sup>5</sup> Within Nyarugusu camp in 2015 alone, at least 651 incidents of GBV were reported by Burundian refugees.<sup>6</sup> Of these, 70% were incidences of sexual violence and almost half were rape cases which required medical care. Twelve percent of survivors were minors.

**Intimate partner violence:** In 2017 48.5% of ever partnered women and girls aged 15-49 years old had experienced intimate partner physical and/or sexual violence at least once in their lifetime, with 27.9% experiencing this within the past 12 months.<sup>7</sup> Women refugees returning to Burundi are at particular risk of intimate partner violence (IPV) and often lack effective community support mechanisms and awareness of legal and other services available to address these risks.<sup>8</sup> The risk of IPV to women returnees increased during the COVID-19 pandemic, linked to movement restrictions in Burundi.<sup>9</sup>

**Abandonment by partners:** This review found one report highlighting that women refugees returning to Burundi are at particular risk of being abandoned by their husbands or male partners. This exposes them to economic hardship and potential destitution along with other protection risks, which may increase their risk of exploitation and abuse.<sup>10</sup>

**Economic violence:** This review found limited evidence around the prevalence of economic violence against women and girls in Burundi. However, a report from 2017 based on focus group discussions with women refugees with disabilities and their carers suggests that women with disabilities are at particular risk of financial exploitation and rape, especially when they are unable to pay back loans.<sup>11</sup>

**Land rights and violence:** There is limited documented information about Burundian women's experience of violence related to land rights. Testimonies from refugee women returning to Burundi in 2012, suggests this group are at particular risk of this type of violence. These testimonies highlighted that family members who had stayed in the country during the war, now occupied the land of women returnees and threatened severe violence and murder if they tried to reclaim that land.<sup>12</sup>

**Trafficking:** The 2022 Trafficking in Persons Report for Burundi highlights that women and children, especially orphans, are at particular risk of human trafficking into forced domestic labour and sex trafficking to neighbouring countries and countries such as Saudi Arabia and Kuwait.<sup>13</sup> This is driven by economic necessity due to financial insecurity in Burundi and coercion by traffickers. Some families also accept payment from traffickers, who then exploit their children and adults with disabilities.

**Child, early and forced marriage:** In 2021, 19% of women aged 20-24 were first married or in union before the age of 18.<sup>14</sup> A 2021 needs assessment of the situation of returnees in the three provinces of Kirundo, Ruyigi and Cankuzo found the highest levels of early marriage in Kirundo province (38%), followed by Ruyigi (13%) and Cankuzo (12%). Drivers of early marriage included economic pressures (44% of children) and societal pressures (29%), and it is therefore likely that economic shocks associated with the COVID-19 pandemic and global inflation of food prices may affect child, early and forced marriage.<sup>15</sup>

**Gaps in evidence:** This report found no evidence related to the prevalence, drivers or impact of online VAWG in Burundi.

### **Groups at high risk of VAWG**

**Women with disabilities:** Women and girls with disabilities in low and middle-income countries are two to four times more likely than women without disabilities to experience IPV.<sup>16</sup> According to pooled analysis of two population-based surveys in Cameroon and Burundi, 15.5% of women with disabilities, older than 15 years, were likely to experience physical violence, and in Burundi, women with disabilities were more likely to experience recent physical IPV than those without disabilities.<sup>17</sup> Women with visual and cognitive disabilities were subject to the highest rates of sexual violence among women with disabilities. Research in 2013 with 160 Burundian refugees and 13 humanitarian practitioners by the Women Refugee Committee found that most participants with disabilities had experienced rape.<sup>18</sup> Of these, some experienced rape by multiple perpetrators on a regular basis, while others disclosed they had had children because of this



violence. This research concluded that young people and children with intellectual disabilities were at heightened risk of sexual violence. People with intellectual disabilities were more likely to experience violence in the community, while women and girls with mobility challenges were more likely to experience violence within the home by men from outside their household. Discussions with women refugees with disabilities from 2017, found that women with disabilities are also at risk of sexual exploitation and rape if they are unable to pay back loans.<sup>19</sup>

**LBTQ+ women:** This review found limited information about the prevalence of violence against LBTQ+ women in Burundi. Under the Penal Code of 2009, same-sex sexual activity for men and women is criminalised, with anecdotal evidence suggesting this law has been used to extort LBTQ+ women.<sup>20</sup> There have also been some reports of LBTQ+ women being subjected to discrimination and violence including harassment, threats and intimidation in recent years, but it is not clear how widespread this is. Given that same-sex sexual activity is criminalised in Burundi, there is likely to be a substantial gap in GBV reporting by individuals from the LBTQ+ community, due to the dangers of doing so.

**Refugees and internally displaced women:** Women who are refugees or internally displaced face risks of GBV within refugee and internally displaced people IDP camps. In 2019, UNHCR documented 456 new cases of sexual violence in the Burundian IDP camps and in Bujumbura.<sup>21</sup> Of these, 436 survivors were women, and 20 were men. The majority (152) of the cases were rape, followed by 69 instances of domestic violence.

**Widows:** The war in Burundi has left many widows of all ages, homeless due to irreparable damages, dispossession by family members and lack of resources to build homes.<sup>22</sup> The children of widows are also at high risk of dropping out of school due to a lack of resources to meet their basic needs. These factors are likely to put widows and their children at higher risk of violence and exploitation.

**Pregnant women:** This review found limited evidence related to the prevalence of GBV against pregnant women in Burundi. However, according to the 2016-2017 DHS survey, 10% of women aged 15-49 had experienced acts of physical violence during pregnancy.<sup>23</sup>

**Gaps in evidence:** This review found no evidence related to the prevalence of GBV against women journalists, activists and human rights defenders, sex workers, or older women. Older women are often overlooked globally, with VAWG surveys often failing to capture information on women above age 49.

## 1.2 Drivers

Violence against women and girls is driven by multiple factors, underpinned by patriarchal oppression and gender inequality, which intersect with other inequalities and socioeconomic factors. In addition to the drivers discussed below, COVID-19 has exacerbated VAWG in Burundi.

**Social norms:** Social norms are a root cause of VAWG globally, with gendered expectations about the appropriate roles of men and women and access to and control over resources, sustaining

power imbalances that are used to justify VAWG. In Burundi, these social norms manifest as views that men are justified in beating their wives. According to the 2016-2017 DHS survey, 62% of women believe men are justified in beating their wives for one of a number of reasons.<sup>24</sup> In detail, 52% of women believe a man is justified in beating his wife when she neglects her children, and 42% believe this is justified when they refuse to have sex with their husband. Further, 39% of women believe a man is justified in beating his wife if she goes out without telling him, and 30% believe this is the case if she argues with him. Social norms in Burundi have also led to harmful practices in some communities, where girls who have been raped are forced to marry their attacker in an attempt by families to avoid the social shame and stigma associated with these attacks.<sup>25</sup>

**Gender roles:** Gender roles in Burundi, which place the responsibility for collecting firewood on women, also place women at higher risk of VAWG. Research with Burundian refugee women in Tanzania from 2015, found that 25% of reported cases of GBV occurred outside of camps, often while women were collecting firewood.<sup>26</sup> Of the attacks that occurred while collecting firewood, 90% involved rape or sexual assault.

**Food insecurity:** Around 1.4 million people are estimated to be currently facing acute food insecurity in Burundi, with the main drivers being high food prices, the socioeconomic impact of the COVID-19 pandemic, and the impact of erratic February-May rains in central and southeastern areas on pulses production.<sup>27</sup> In November 2022, UNHCR warned that rising food insecurity and poverty in Burundi is increasing the risks of various forms of violence for displaced women and girls, including intimate partner violence, child marriage, trafficking and sexual exploitation and abuse.<sup>28</sup> Although there is limited evidence from Burundi, there is a growing body of evidence from humanitarian settings linking food insecurity with various forms of VAWG, emphasising the need to address GBV risks in the food security sector.<sup>29</sup>

**Safety and insecurity within refugee camps:** Burundian refugee women living in Tanzania are at exacerbated risk of GBV due to insecurity while living in refugee camps. During a mapping of the refugee camp zones in Nyarugusu from 2015, women refugees were asked to identify areas of the camp they considered safe.<sup>30</sup> With the exception of the camp hospital, police station and GBV resource centre, all groups of women labelled most areas of the camp as dangerous. They identified the showers, latrines and shelters as particular danger points, as well as labelling food distribution sites as unsafe. These women identified areas beyond the camp, where women collected firewood, as the most dangerous area for them.

**Alcohol consumption:** Another factor that drives GBV in Burundi is alcohol consumption by male partners. According to the 2016-2017 DHS survey, 55% of women whose husband "is sometimes drunk" reported they had been subjected to IPV, compared to 82% of those whose husband was "often drunk", and 32% of women whose husband did not drink.<sup>31</sup>

**Isolation:** Women with disabilities are at risk of being isolated from other women with disabilities.<sup>32</sup> This is due to long distances between the homes of women with disabilities and the cost of transportation, among other factors. This isolation may increase the risk of violence against

women with disabilities and limit the ability for survivors with disabilities to access services or support networks.

### 1.3 Impact

Violence against women and girls has serious impacts for individuals, communities and society globally. There are significant gaps in evidence from Burundi about the impact of VAWG on women and girls. However, this review did identify evidence that:

**Physical and mental health:** VAWG against women in Burundi has substantial impacts on the physical health of survivors. According to the 2016-2017 DHS survey, 42% of women had been injured due to the perpetration of physical or sexual violence against them.<sup>33</sup> In addition, women in Burundi who have survived IPV, are unlikely to seek help. According to the 2016-2017 DHS survey, only 35% of women sought help to end instances of IPV.<sup>34</sup> Based on global evidence, we can predict that survivors of VAWG are likely to experience declines in mental well-being as well as physical health, which without access to services can have wide-reaching impacts including a likely reduction in the ability of women to engage in economic opportunities and other forms of public life.

**Adolescent pregnancies:** In 2017, 8.3% of a group of almost 4000 adolescent girls aged 15-19 years old surveyed in Burundi were identified as mothers.<sup>35</sup> This research did not examine sexual violence as a potential driving factor of adolescent pregnancies but did find that child brides were 9 times as likely to bear children during adolescence than those who got married between the age of 18 and 19.

**Access to education:** As well as child marriage, we can predict that instances of rape against children will result in pregnancies in some cases. In 2018, the Burundi Ministry of Education banned pregnant girls from attending school.<sup>36</sup> This is likely to have a severe impact on survivors of sexual violence, exposing them to further violence outside of school and limiting their educational development. In addition, violence against LGBTQI+ children in Burundi is reported to lead to lead many to drop out of school due to discrimination and violence at the hands of teachers and students.<sup>37</sup>

**Gaps in evidence:** This review was unable to find evidence on the impact of VAWG on women's participation in politics and activism, on wider communities, or on economic development.

## 2. What works to prevent VAWG in humanitarian programmes in Burundi

### 2.1 Evidence from previous and existing programmes

The humanitarian situation in Burundi is slowly improving – from 2.3 million in need in 2021 to 1.8 million in 2022 – but there remains a need for continued investment and coordinated humanitarian programming. Current threats that are likely to exacerbate violence against women and girls include natural disasters, the socioeconomic consequences of the COVID-19 pandemic, as well as economic pressures with latest inflation rates of 19.6%.<sup>38</sup>

Several humanitarian programmatic approaches have been used in Burundi. This query mapped existing and previous programmes (see Annex 1 for mapping) and identified a total of ten programmes, as shown in the table below.

Intervention		Approach	Evaluation
1	<b>Komeza Wige ('Keep Studying')</b> (2022-2024)	Activities to address school-related GBV as part of a multi-year education programme for children aged 3-18 who are internally displaced or returned to the country	Ongoing – likely being commissioned
2	<b>UNICEF GBV and child protection work</b> (ongoing)	Awareness raising and providing GBV services for adolescent girls and child survivors of sexual violence and sexual exploitation and abuse in its humanitarian programming.	Ongoing
3	<b>Twiteho Amagara ('Let's Take Care of Our Health')</b> (2019-2022)	Youth theatre activities, holistic support to GBV survivors including free healthcare, mobile legal clinics	Ongoing – currently being commissioned
4	<b>Mobile and Remote GBV Service Delivery</b> (2017-2018)	Mobile teams with community focal points – group activities, GBV case management and hotline	Mixed methods - interviews, FGDs and analysis of monitoring data
5	<b>Building capacity for disability inclusion in GBV programming in humanitarian settings</b> (2013-2015)	Disability inclusive GBV programming, including community awareness raising, home visits to provide GBV case management, and targeted economic activities (Village Savings and Loan Associations)	Participatory including interviews and FGDs
6	<b>#GenderCash</b> (2019)	Reducing GBV risks in cash and voucher assistance in Burundi	Documentation of good practice in 3-day workshop



7	<b>Collaboration of frontline actors for more effective GBV programme measurement</b> (2019)	Using innovative solutions to measure GBV for displaced women and girls	Documentation of good practice in 3-day workshop
8	<b>Social Action for Development</b> (ongoing)	Economic and social empowerment for survivors, including learning activities, vocational training, medical care and psychosocial support	Not documented
9	<b>PLUVIF</b> (2010-2017)	Advocacy, raising awareness, engaging men and boys, provision of holistic services	Not documented
10	<b>Burundi Counter-Trafficking Project</b> (2019-2022)	Building capacity of Government to prevent and respond to human trafficking, including of women and girls for commercial sexual exploitation.	Ongoing - Not documented

Key findings on the types of GBV programmatic approaches that have been tried in humanitarian programming in Burundi include:

- **A limited number of primary prevention approaches have been used** to prevent VAWG before it starts, mostly focused on raising awareness through group activities, youth theatre and engaging men and boys. There have also been attempts at reducing GBV risks in cash and voucher assistance.
- **Most humanitarian interventions focus on secondary and tertiary prevention, rather than primary prevention**<sup>39</sup> of violence, which aims to stop violence before it starts by tackling the root causes. Interventions focused on secondary prevention aim to reduce the frequency and severity of new incidences of violence where violence has already taken place (e.g. GBV case management), and some are focused on tertiary prevention which aims to respond to the immediate needs of survivors (e.g. medical care and legal support).
- **GBV prevention activities are relatively small-scale**, for example 3-day workshops, possibly reflecting the limited funding for GBV in humanitarian contexts. Recent data shows that GBV funding represents a very small, but increasing, proportion of total humanitarian assistance – growing from 0.43% (2020) to 0.83% (2021).<sup>40</sup>
- **No interventions have been rigorously evaluated** with randomised controlled trials, or baseline/endline studies, which reflects the wider global trend of limited evaluations and documentation of evidence of GBV in humanitarian settings. For example, a rigorous global review of programmes to prevent violence found that only 10% were in humanitarian settings.<sup>41</sup>
- **Few interventions which target groups at highest risk of violence**, with the only documented example found being a disability inclusive GBV programme from 2013 to 2015.

- **Interventions tackle a range of types of violence**, including intimate partner violence, sexual violence, school-related gender-based violence, and trafficking of women and girls. This report could find no interventions in Burundi aimed at preventing sexual exploitation and abuse (SEA).

Due to the limited documentation of humanitarian programming to prevent GBV, few lessons are available for future programming and policy engagement

- **Need to involve diverse groups of women and girls at all stages**, including women and girls who face multiple and intersecting discriminations and are at increased risk of violence. One example was found of a programme that built capacity for disability inclusion in GBV programming in humanitarian settings, but this was many years ago (2013-2015). Groups that have been identified as at higher risk of violence include women and girls with disabilities, migrant and refugee women, adolescent girls, sex workers, women who are illiterate, amongst others.
- **Importance of engaging with men**, particularly if any humanitarian programme is likely to increase protection risks, for example providing cash and voucher assistance targeting women in the family.
- **Need to build strong GBV referral pathways** into humanitarian programming.
- **Importance of regional collaboration and sharing lessons between frontline GBV practitioners** in short workshops (typically 3 days) can be an effective use of time in a humanitarian setting. This review identified a couple of examples of documented workshops where GBV practitioners shared valuable lessons about how to prevent violence. In one workshop, practitioners heard from private sector innovators (Safaricom, Ushandi, and Samuel foundation/IHUB Nairobi) about different potential GBV solutions. The workshop also used SPRINT and storyboarding methodologies to identify and agree more effective GBV solutions.
- **Need for documentation of good practice.** Although humanitarian programmes are increasingly institutionalising GBV risk mitigation as well as activities to prevent GBV, there is currently very limited evidence on these activities or documentation of how they have improved GBV-related outcomes, let alone rigorous impact evaluations – partly reflecting the limited funding for GBV programming in humanitarian contexts globally. Incorporating monitoring and learning activities into the design of new programmes aimed at preventing violence in humanitarian settings would therefore contribute significantly to the evidence base.

## Annex 1: Mapping of programmes

1. 'Komeza Wige' Multi-year Education Resilience Programme	
Description of programme activities	Addressing school-related GBV is part of this 3-year education programme which aims to improve the continuity of education for crisis-affected children and adolescents, including those who have been internally displaced or returned to the country. It includes building SRGBV into data collection mechanisms during emergencies, training teachers in SRGBV and how to refer students to appropriate service providers, developing Codes of Conduct and complaints management systems. It will also use culturally appropriate mechanism of 'school aunts and fathers' who are trained to listen to and counsel children with emotional and other protection issues, such as GBV.
Timeframe	Jan 2022 – Dec 2024
Implementers	UNICEF and World Vision International in collaboration with RET International, Right to Play, Jesuit Refugee Service (JRS) and War Child Holland (WCH).
Coverage	Cibitoke and Makamba, which have been prioritized because of the emergencies that have affected and continue to affect them (high rates of repatriation after conflict, natural disasters and the ensuing internal displacement)
Type of VAWG	School-related GBV
Evaluation methods	Not evaluated
Impact on VAWG	UNICEF
Other impacts	Not documented
Lessons learned	Not documented
Further information	Education Cannot Wait (2022) <a href="#">ECW Multi-Year Resilience Programme</a> UNICEF (2022) <a href="#">Launching of the Multi-Year Resilience Programme for the Education System in Burundi</a>

2. UNICEF GBV and Child protection work	
Description of programme activities	UNICEF is integrating and improving access and quality of GBV assistance for adolescent girls and child survivors of sexual violence and sexual exploitation and abuse in its humanitarian programming. Includes a focus on awareness raising.
Timeframe	Ongoing
Implementers	UNICEF and its partners
Coverage	Not clear
Type of VAWG	GBV with focus on SEAH and sexual violence

Evaluation methods	Not evaluated
Impact on VAWG	UNICEF and its partners continued awareness raising reinforcing GBV risk mitigation in all child protection interventions and facilitated 35,958 children (22,346 girls) to access GBV risk mitigation services. In addition, 14,301 adults (including 6,130 men and 8,171 women) benefitted from the same services.
Other impacts	Not documented
Lessons learned	Not documented
Further information	UNICEF (2022) <a href="#">Burundi Humanitarian Situation Report January – June 2022.</a>

### 3. Twiteho Amagara ('Let's Take Care of Our Health')

Description of programme activities	Strengthening the health system to increase access to quality health services, including prevention of GBV. Activities include: <ul style="list-style-type: none"> <li>• Youth theatre activities and group discussions on GBV issues</li> <li>• Holistic support to GBV survivors, including family and community care, free medical care and psychosocial support, socio-professional reintegration</li> <li>• Mobile legal clinics offering legal information and assistance in legal proceedings</li> </ul>
Timeframe	2019-2022
Implementers	HealthNet TPO Burundi, WeWorld-GVC, Medica Mondiale, Pathfinder International – funded by the EU
Coverage	Nationwide
Type of VAWG	All forms
Evaluation methods	Ongoing – external evaluation currently being commissioned
Impact on VAWG	No evidence yet (ongoing)
Other impacts	No evidence yet (ongoing)
Lessons learned	No evidence yet (ongoing)
Further information	Twiteho amagara: <a href="https://www.pathfinder.org/projects/twiteho-amagara/">https://www.pathfinder.org/projects/twiteho-amagara/</a>

#### 4. Mobile and Remote GBV Service Delivery

Description of programme activities	Mobile teams provided GBV services to communities who are hard to reach, primarily due to distance. Programming included group activities tailored to local interests, GBV case management and one-on-one support sessions women and girls. 20 community focal points ("community activists") coordinated activities for women and girls in safe spaces at mobile sites. Four IRC staff members ("social assistants") moved from the central office on rotation to these sites to provide information about GBV and case management services for survivors. In addition, an informal hotline ("Service Support Line") provided remote supervision. Beneficiaries could also use this line to call staff directly for additional support.
Timeframe	2017-2018
Implementers	International Rescue Committee
Coverage	Bujumbura and Makamba provinces
Type of VAWG	All forms of GBV
Evaluation methods	Feasibility and acceptability study involving a cross-sectional mixed-methods evaluation (72 interviews and focus group discussions with a total of 27 participants), together with analysis of monitoring data.
Impact on VAWG	<ul style="list-style-type: none"> <li>Beneficiaries were satisfied with mobile and remote services, including staff warmth and relatability, staff trustworthiness, safety and privacy of the space for group activities and privacy of the space for case management.</li> </ul>
Other impacts	No information provided
Lessons learned	<ul style="list-style-type: none"> <li>Groups who were identified as vulnerable/underserved included students, parents, women who are illiterate, sex workers.</li> <li>Some stakeholders suggested the need to target men with prevention activities</li> <li>To increase accessibility, women suggested more group activities, sensitisation, use of radio, provision of transport, and adjustments for people with disabilities.</li> </ul>
Further information	Doyle K James, L. E., Welton-Mitchell, C., Laird, B., Neiman A., & O'Connor, M. (2018). <a href="#">Feasibility and acceptability study of the IRC's mobile and remote GBV service delivery in Myanmar, Burundi and Iraq</a> . The International Rescue Committee.



## 5. Building capacity for disability inclusion in GBV programming in humanitarian settings

Description of programme activities	<p>The project included three phases of work:</p> <ul style="list-style-type: none"> <li>• Group discussions with women and girls with disabilities and female care-givers to identify GBV needs and capacities, as well as barriers and facilitators to access and inclusion in activities</li> <li>• Implementation of pilot actions to promote disability inclusion in existing GBV activities, including targeted Village Savings and Loan Associations (VSLAs) for persons with disabilities and their caregivers, community awareness raising, home visits to provide GBV case management for persons with disabilities at risk, and recruiting women with disabilities as community mobilisers</li> <li>• A participatory evaluation to identify effective strategies and positive practices</li> </ul>
Timeframe	2013-2015
Implementers	Women's Refugee Commission (WRC) and International Rescue Committee (IRC)
Coverage	Bujumbura — Urban setting Kinama, Mussasa and Bwagiriza — Camp settings (Also in Jordan, Ethiopia and the Northern Caucasus in the Russian Federation)
Type of VAWG	Sexual violence, intimate partner violence, and sexual exploitation
Evaluation methods	Participatory evaluation, including group discussions with Congolese refugees with disabilities and their caregivers (161 participants), interview with a girl with disabilities and her caregiver (1 interview — 2 people), consultations with humanitarian actors (13 people)
Impact on VAWG	<ul style="list-style-type: none"> <li>• Women with disabilities felt less isolated and shared the importance of support with other survivors of violence, caregivers and others.</li> <li>• GBV practitioners reported increased confidence in adapting GBV programming to be more inclusive and survivor-centred for women and girls with disabilities</li> <li>• Increased engagement of women with disabilities in GBV programming</li> </ul>
Other impacts	<ul style="list-style-type: none"> <li>• Strengthened peer networks and social capital – adolescent girls reported that organised activities were a useful way to meet other girls with disabilities, share ideas, discuss their hopes</li> <li>• Increased representation and participation in other community activities.</li> </ul>
Lessons learned	<ul style="list-style-type: none"> <li>• Importance of initial group discussions in understanding the needs and priorities of women with and without disabilities, and caregivers.</li> <li>• Need for staff training, particularly in how to communicate effectively with women with more severe difficulties in communication, or with psychosocial and intellectual disabilities.</li> </ul>
Further information	Women's Refugee Commission (2015) <a href="#">"I See That It Is Possible" Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings</a> , New York: WRC and IRC.

	WRC and IRC (2015) <a href="#">Towards inclusion of refugee women with disabilities and care-givers of persons with disabilities in existing women's protection and empowerment programming provided by IRC in Burundi</a> , Making it Work Good Practices
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## 6. #GenderCash - Reducing GBV risks in cash and voucher assistance in Burundi

Description of programme activities	As part of the #GenderCash workstream led by CARE and UN Women, a 3-day workshop for GBV and CVA actors in Burundi shared good practices being rolled out in existing projects in Burundi and drafted a common workplan among CVA and protection actors.
Timeframe	2019
Implementers	UNFPA, Swiss Agency for Development and Cooperation (SDC), Cash Working Group (Burundi), Sous-Sector VBG Burundi
Coverage	Nationwide
Type of VAWG	All forms
Evaluation methods	No evaluation
Impact on VAWG	<p>Agreed a common workplan</p> <ul style="list-style-type: none"> <li>• Finalization and roll-out of key contacts in case of GBV incidents (referral pathways) and the GBV Pocket Guide to all frontline workers.</li> <li>• Capacity building on GBV and endorsement of a code of conduct - for all people involved in CVA.</li> <li>• Finalization of a list of contextualized questions for focus group discussions with beneficiaries to support programme teams to identify, with beneficiaries, GBV risks and potential mitigation measures in CVA.</li> <li>• Joint CVA-GBV assessment to identify GBV risks in areas where CVA is used.</li> <li>• Advocacy towards donors to ensure that there is at least one key GBV/Gender indicator in all projects using CVA in Burundi.</li> </ul>
Other impacts	No information
Lessons learned	<ul style="list-style-type: none"> <li>• Mixed women &amp; men's committees can help to identify potential GBV risks and refer GBV cases in a confidential and secure manner</li> <li>• Engage with men throughout the programme, especially if CVA is given to women in the family. Make sure men are involved in programme design, to avoid creating protection risks.</li> <li>• A strong GBV referral pathway closely linked to the CVA Complaint &amp; Feedback Mechanism helps to ensure accountability.</li> <li>• CVA distribution points can be used to share GBV prevention messages.</li> </ul>

	<ul style="list-style-type: none"> <li>CVA should be rolled out in conjunction with livelihood strengthening programmes, especially for women-headed households to help prevent negative coping mechanisms (sexual exploitation, child marriage, etc.)</li> </ul>
Further information	UNFPA (2019) <a href="#">Burundi Case Study #GenderCash Revolution: How can we reduce GBV risks in cash and voucher assistance?</a>

## 7. Collaboration of frontline actors for more effective GBV programme measurement

Description of programme activities	The project aimed to identify innovative opportunities to strengthen the measurement of GBV programming in East Africa. It included a 3-day workshop that brought frontline actors together to share and analyse the problem and develop regional solutions.
Timeframe	2019
Implementers	International Rescue Committee
Coverage	Burundi, DRC, Tanzania
Type of VAWG	All forms of GBV for Congolese and Burundian displaced women and girls
Evaluation methods	Not evaluated
Impact on VAWG	<ul style="list-style-type: none"> <li>Identification of better measure outcomes for GBV survivors in the region</li> <li>Deeper understanding of local GBV solutions for displaced women and girls – including what works and doesn't, and how to measure GBV</li> </ul>
Other impacts	Not documented
Lessons learned	<ul style="list-style-type: none"> <li>Importance of hearing from innovators to find new more effective solution, including private sector innovators (Safaricom; Ushandi; Samuel foundation/IHUB Nairobi)</li> <li>Value of SPRINT and storyboarding to find GBV solutions</li> </ul>
Further information	IRC/HIF/Elrha (2019) <a href="#">Collaboration of frontline actors for more effective GBV programme measurement 2019</a>

## 8. Social Action for Development

Description of programme activities	Economic and social empowerment for survivors, including learning activities, vocational training, medical care and psychosocial support. Includes a focus on adolescent girls through child-friendly spaces and community-based day care centres – e.g. for adolescents displaced by flooding in Gatumba in 2020
Timeframe	Ongoing
Implementers	Social Action for Development with support from UNICEF, Global Humanitarian Fund and Spanish Natcom

Coverage	Maramvya Sobel camp for people displaced by the flooding in Gatumba by Lake Tanganyika in 2020
Type of VAWG	Sexual violence
Evaluation methods	Not evaluated
Impact on VAWG	Not documented
Other impacts	Not documented
Lessons learned	Not documented
Further information	UNICEF (2022) <a href="#">Josephine finds her life back</a>

## 9. PLUVIF (Project de lutte contre les violences faites aux femmes – Combatting Violence against Women)

Description of programme activities	Activities by 11 member collectives (made up of 1,790 women's groups) included advocacy, raising awareness, engaging men and boys, provision of holistic services (healthcare, legal, psychosocial and economic support)
Timeframe	2010-2017
Implementers	Concertation des Collectifs des Associations Féminines, Great Lakes Region (COCAFEM/GL) and the following collective in Burundi: CAFOB, Dushirehamwe and RFP in Burundi
Coverage	Burundi, Rwanda and DRC
Type of VAWG	All VAWG, but with focus on conflict zones
Evaluation methods	Not evaluated
Impact on VAWG	No information available online
Other impacts	No information available online
Lessons learned	No information available online
Further information	CECI (2022) <a href="#">Combatting Violence against Women: PLUVIF</a>

## 10. Burundi Counter-Trafficking Project

Description of programme activities	The project aims to strengthen the Government's capacity to prevent and respond to human trafficking. Includes provision of support to Burundian girls who have been trafficked internationally for commercial sexual exploitation in Kenya, Rwanda, Uganda, DRC and countries in the Middle East.
Timeframe	2019-2022
Implementers	International Organisation for Migration (IOM) with Government of Burundi, funded by the Kingdom of Netherlands (US\$3 million)
Coverage	Burundi
Type of VAWG	Trafficking
Evaluation methods	Not evaluated
Impact on VAWG	<ul style="list-style-type: none"> <li>• The US 2021 Trafficking in Persons (TiP) Report noted that Burundi has made "considerable strides" to reducing human trafficking, which is reflected in moving Burundi from Tier 3 to Tier 2 Watch List classification.</li> <li>• Over 1,000 victims of human trafficking have been identified and assisted in Burundi since 2017.</li> <li>• Significantly increase in investigations and prosecutions of suspected trafficking offenses, convicted traffickers, and referred victims for assistance.</li> <li>• Anti-trafficking training for law enforcement, prosecutors and judicial officials.</li> <li>• New national data collection system on law enforcement's efforts to combat human trafficking.</li> </ul>
Other impacts	No information available online
Lessons learned	Need to do more to meet minimum standards, including finalising standard operating procedures and developing a national referral mechanism to identify and refer victims to appropriate services.
Further information	<p>IOM Burundi (2021) <a href="#">Burundi improves anti-trafficking efforts according to United States 2021 Report: Press Release</a></p> <p>IOM Burundi (2021) <a href="#">Beyond the Call of Duty: Assisting Victims of Trafficking in Burundi.</a></p>



## Annex 2: Methodology

This rapid research query has been conducted as systematically as possible, under tight time constraints (up to 6 days).

**Step 1: Search** – Evidence was identified through online desk-based research. Searches were conducted using Google and relevant electronic databases using key search terms including but not restricted to: Burundi AND gender based violence, GBV, violence against women, VAWG, violence against girls, violence against children, intimate partner violence, IPV, sexual violence, physical violence, emotional/ psychological violence, economic violence, child marriage, trafficking, SRGBV, online violence AND drivers, causes OR impacts, consequences, effects AND COVID-19, economic crisis, war, social norms, poverty, child pregnancy, humanitarian AND intervention, evaluation, project, programme, program.

**Step 2: Inclusion** - To be eligible for inclusion in this rapid evidence review and mapping, reports had to fulfil the following criteria:

- **Focus:** Evidence on VAWG in Burundi with focus on key issues, prevalence, drivers and impacts. Programme documents, evaluations, and research on previous and existing VAWG prevention interventions in Burundi-, with focus on evidence of impact and lessons learned.
- **Time period:** From January 2010 to present.
- **Language:** English.
- **Publication status:** Publicly available – in almost all cases published online
- **Geographic focus:** Burundi
- **Format:** Research reports, evaluation reports, peer-reviewed journal articles, systematic reviews, rapid assessments, grey literature
- **Study design:** All study types, designs, and methodologies including primary and secondary studies with clear methodologies to enable an assessment of quality

## Endnotes

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