



CNIDH

**INDEPENDENT NATIONAL
COMMISSION
FOR HUMAN RIGHTS**

**NATIONAL ASSESSMENT OF COV-19 IMPACT
ON THE RIGHTS AND WELFARE OF CHILDREN
WITH DISABILITIES IN AFRICA: CASE OF BURUNDI**

FINAL REPORT

BUJUMBURA, SEPTEMBER 2022

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ACRWC	African Committee of Experts on the Rights and Welfare of the Child
FCDC	Family and Community Development Centers
INCHR	Independent National Commission for Human Rights
CED	Council for Education and Development
COVID-19	Coronavirus 19
CDP	Center for Disabled People
FDPAB	Federation of Disabled People's Associations of Burundi
WHO	World Health Organization
NGOs	Non Governmental Organizations
AUO	African Union Organization
NANHRI	Network of African National Human Rights Institutions
ToR	Terms of Reference
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WV	World Vision

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EXECUTIVE SUMMARY

The Mission of national assessment of COVID-19 impact on rights and welfare of children with disabilities in Africa: Case of Burundi has two major targets: (i) the rights and (ii) welfare of children with disabilities in Africa and more particularly in Burundi with the aim of capitalizing on the effects of the COVID-19 pandemic on children with disabilities. This evaluation specifically targets to provide a comprehensive assessment detailing how the rights of children with disabilities in Burundi have been protected, violated and/or neglected during the COVID-19 pandemic, to gather disability-focused data of children, to develop response strategies to the COVID-19 with the aim of ensuring the integration and strengthening of the rights of children with disabilities and to provide comprehensive, multi-levelled actions and recommendations.

Additional and specific challenges faced by children living with disabilities: The COVID-19 pandemic causes several challenges that societies face in their daily activities. This situation is observed in centers for people with disabilities (CDP) and elsewhere in Burundi. This is why the people in charge of the institutions encountered affirmed that the disabled children presented maladjustments and vulnerability. Some children refused to attend classes until they dropped out. Others confirmed that during the period when the society presented several positive cases of covid-19, there were difficulties related to external subsidies, to the visits of parents to the CDP to see their children. As some families having children with disabilities had economic problems, they had difficulties protecting themselves against covid-19.

The children surveyed say that normal children easily observe barrier gestures (84.55%). The answers obtained expressed by the children surveyed revealed two important factors that lead to great vulnerability of children living with disabilities, these are the nature of the disability (77.73%) and the economic situation of the family (58.64%). The other factors that are apprehended at different levels are the personality and behavior of the parents of Children with disabilities, CWD (33.64%) and having disabled parents (43.64%).

Adaptation of families of children living with disabilities to the socio-economic upheavals caused by the pandemic: This last challenge requires implementing the adaptation mechanisms into consideration. Most of the people we met answered that the parents of the children did not have any additional problems to the existing problems before the pandemic, the only challenge they had were difficulties related to supervising the children at home during the holidays. With regard to Covid-19, Burundi has put in place a system of protection and prevention against the Covid-19 pandemic, in particular the availability of soap at a lower cost, screening centers and medicines for positive cases. Respondents say that isolation/confinement (63.18%) has an impact on the welfare of children with disabilities, 43.64% of the children interviewed believe that the Covid-19 pandemic has led to schooling

problems, food supply problems (31.36%), malnutrition (31.36%) and development difficulties (41.36%).

New considerations enabled Equal Access for children with disabilities: There are some considerations to enable equal access to public services. All Burundian children, including those who live with disabilities, have equal access to e-learning and personalized WASH devices. Both allow them to safely and comfortably protect themselves against Covid-19 and adhere to the same guidelines.

WASH devices have been set up in CDP and these centers began to take an interest in online learning for children living with disabilities. Burundi has a big lack of necessary tools.

Covid-19 pandemic Consequences on the mental health of children living with disabilities: Mental health is an essential component of health. It is a state of welfare in which a person can develop himself, overcome the normal stresses of life, perform productive work and contribute to the life of his community. All Burundian people, including disabled people, have encountered the Covid-19 pandemic consequences. It is a real fact. There are no significant impacts on mental health and knowledge. Some disabled children have fear of being contaminated by Covid-19 in the CDP. The children attach importance to prevention and protection against Covid-19 because most of the children (84.55%) believe that the Covid-19 pandemic leads to death and that lack of medicines (52.27%) have a great impact on the lives of children. Less than 50% of the children surveyed say that the lack of health care resources (33.18%) and the difficulties of obtaining treatment (40.91%) have had an impact on the rights and welfare of children with disabilities.

State and non-state actors' efforts: The CDP did not receive much additional assistance from state or NGOs in order to fight against Covid-19. But they hope that some NGOs start the process of raising awareness and advocating for substantial support given the situation of the Covid-19 in Burundi. Most of these children say that the local administration (50.45%) and the CDP (65.45%) intervene the most in their favor. The situation in which children living with disabilities live in Burundi is somewhat the same as other children because the closure of borders and travel bans during the pandemic have exacerbated the supply problems for imports of both food and medicine. This condition has been observed in CDP and has impacted the welfare of children in general and the disabled in particular. Minimum subsidies are given to CHP, such as four million Burundian francs per year (4000000 BIF, either 1569 USD).

Integration of children with disabilities into Covid-19 recovery efforts: Some NGOs, such as COOPED organized training to help children improve their morals. No governmental institution came to ask for their opinion in the making of these kinds of reports while the others are unaware that this process exists.

Special measures taken against violations of the rights of children with disabilities right: Many CDP centers have been put in place such as listening services and toll-free telephone numbers so that people can report violations such as harassment, violence and especially sexual violence.

Conclusion

The Convention on the Rights of Persons with Disabilities proclaims the need for the development of children with disabilities by enshrining their right to live and develop appropriately for their welfare.

Thus, these children are not discriminated against in the taking of prevention and protection measures against covid-19 even if they present more vulnerability and maladjustment compared to normal children. Children living with disabilities benefit from WASH systems, e-learning, and training on the use of barrier gestures in the same way as other children.

The government of Burundi intervenes to offer the best life to children living with disabilities by giving a grant of 4 million Burundian francs (1569 \$US) to centers for people with disabilities (CDP) each year. These centers need multifaceted support to supervise and protect children living with disabilities.

NGOs, local administration and CDP are the main structures involved in the survival and development of children living with disabilities in Burundi. NGOs raise awareness and advocate for significant and sufficient support for the moral, mental and social development of children living with disabilities and adapt them to participation in school, social, economic and political activities. Listening services have been initiated to denounce violations against children such as harassment, violence and especially sexual violations.

Burundi does not have an action plan for the prevention and protection specifically for children with disabilities against Covid-19 at the national level or a related policy.

The impacts of Covid-19 on children with disabilities are multi-sectoral including the sectors of education, nutrition, health, etc. In order to eliminate/reduce these impacts, the INCHR is vested with the powers of the advisory role with national institutions and specific missions of protection, promotion of human rights including those of children living with disabilities in Burundi.

The Covid-19 has indeed had a negative impact on the way of life of children with disabilities here in Burundi, in particular:

- Failure to adapt to anti-covid-19 measures;
- The weak involvement of the Government in the management and care of children with disabilities;
- The low means of the CDP housing these children;
- The ignorance of those in charge of CDP and/or of these children with regard to human rights in general and the rights of children with disabilities in particular;
- The lack of specific hospitals for this category of people.

From the above, we strongly conclude that the impact of Covid-19 on the welfare of children with disabilities here in Burundi is a reality that requires strong intervention from everyone, including

government services, civil society and regional and international NGOs working in the field of the protection of children's rights in general and children with disabilities in particular.

Recommendations

Effective and continuous actions are to be carried out in several directions:

1. Training and awareness-raising for CDP responsible, parents and guardians but also for children on the rights, welfare and social inclusion of children with disabilities is necessary;
2. Put in place a specific policy, strategy and action plan for the prevention and protection of children living with disabilities against Covid-19 at the national level;
3. Recruitment of health personnel specialized in the care and treatment of Children with disabilities or at least the establishment of hospitals and hospital centers for specific treatment of children with disabilities and the reduction in the cost of care;
4. Raising awareness of the role of parenting and multiplying programs aimed at preserving the welfare of children, the WASH system and family unity;
5. Raising awareness among Representatives and staff of centers for children with disabilities on prevention and response measures to Covid-19;
6. Educate the community on the consequences of Covid-19;
7. Set up special anti covid-19 centers for Children with disabilities;
8. Adopt a law making it mandatory to report cases of abuse of children with disabilities;
9. Burundi should ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa;
10. Burundi should ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa;
11. Burundi should implement the ACERWC Guiding Note on Children's Rights during COVID-19;
12. Burundi should implement the ACERWC's Concluding Observations and recommendations of the initial report of the Republic of Burundi;
13. Intensify interventions aimed at changing community attitudes and behaviors;
14. Set up therapeutic nurseries;
15. Set up free support services for children with disabilities;
16. Increase the budget allocated to the protection of children in general and children with disabilities in particular;
17. Ensure better assessments and monitoring of covid-19 cases in children with disabilities;
18. Guarantee the quality and existence of holistic care services for children with disabilities in Burundi.

Chapter. 1. INTRODUCTION

Children with disabilities in the world are estimated at nearly 240 million - 15% of the world- if we take into account the UNICEF report (2021) which shows that around 80% of these children are in developing countries. UNICEF estimates that 90% of children with disabilities in the developing world do not go to school. That's 9 children out of 10. Discrimination is the main cause of the violation of the fundamental rights of these children: physical, psychological and emotional violence is a reality from which children with disabilities often suffer in their family, institutional and social environment.

Burundi is one of the poorest countries in the world: more than 67% of the population lives below the poverty line with a population density of around 300 inhabitants per km². Some are vulnerable including children with disabilities. The latter are helped by international and local organizations in their access to basic services (health care, access to drinking water and food) and specific services (particularly related to health and rehabilitation) and to social and economic life of the country (Handicap International, 2016).

The partial studies carried out confirm that only a small proportion of children with disabilities in Burundi go to school and that those with access to education are generally in specialized centers, thus depriving them of their full family and social development. Extreme household poverty is one of the determinants of children with disabilities not attending school or dropping out of school, in addition to the lack of care or technical mobility aids (Handicap International, 2017).

An unusual event of the coronavirus (Covid-19) pandemic has hit the world since December 2019 from Wuhan, a Chinese city, and has spread across the world to Burundi, thus hampering certain social and economic activities including the activities of children with disabilities.

This disease has led the whole world to adopt a new behavior to protect them. The World Health Organization (WHO) has put in place barrier gestures to try to minimize the transmission of the disease, in particular (i) washing your hands, (ii) coughing and sneezing into your elbow, (iii) using a single-use handkerchief, (iv) wear a disposable or washable mask, (v) stay away from others and limit contact, (vi) Ventilate each living room. This new type of life and behavior has upset the system of life of the population including children with disabilities in the enjoyment of their rights and their welfare.

It is this phenomenon that prompted the Network of African National Human Rights Institutions (NANHRI) in collaboration with the Independent National Commission for Human

Rights (INCHR) in Burundi to undertake a mission to assess the impact of Covid-19 on the rights and welfare of children with disabilities in Burundi.

1.1. CONTEXT

The Network of African National Human Rights Institutions (NANHRI), made up of 46 national human rights institutions, including the Independent National Commission for Human Rights (INCHR) in Burundi, provides capacity building, facilitates coordination and cooperation between the INCHR and other key human rights actors at the regional and international levels.

There is an African Committee of Experts on the Rights and Welfare of the Child (ACRWC) deriving its mandate from Articles 32 and 46 of the African Charter on the Rights and Welfare of Child whose role is to (i) promote and protect the rights enshrined by the African Charter on the Rights and Welfare of Children, (ii) monitor the implementation and ensure the protection of the rights enshrined in the charter, (iii) interpret the provisions of this charter at the request of a State party, an institution of the Organization of African Unity or any other person or institution recognized by the Organization of African Unity. The appearance of the Covid-19 pandemic in Burundi has had consequences on the enjoyment of the rights and welfare of children and more particularly children living with disabilities.

To this end, deep concern was felt by ACRWC in 2020 about the devastating impacts of the covid-19 pandemic on the rights and welfare of children in Africa. This situation prompted the two institutions (ACRWC and NANHRI) to undertake a series of national assessments on the impacts of the pandemic on the rights and welfare of children with disabilities. The results of these studies could allow states and human rights institutions to know the intervention strategies put in place by states in the post Covid-19 era for the protection and effective promotion of rights and welfare of children with disabilities.

This study will also make it possible to know how children with disabilities are included in interventions to ensure better and robust protection of their rights by tackling existing inequalities and disparities. The wish is that Burundi rebuilds better after the pandemic.

This national assessment of the impacts of the Covid-19 pandemic is based on the following main documents (i) the African Charter on the Rights and Welfare of the Child, (ii) The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities, (iii) the profile of Burundi in terms of child protection of 2010, (iv) the convention on the rights of persons with disabilities of 1989, (v) advice on the wearing of masks by children in the community in the context of the covid-19 pandemic. Annex of advice on wearing a mask in the context of Covid-19 from UNICEF and WHO, 2020, (vi) the ACRWC's Agenda 2040 for children, adopted in 2016, (vii) the ACRWC's Guidance note on children's rights during covid-19 of April 2020, (viii) laws and regulations for the protection of the rights and welfare of children and more particularly children living with a disability in Burundi, (ix) the African Union's 2063 agenda.

1.2. OBJECTIVE OF EVALUATION

As indicated in the ToRs, the national assessment mission of the impact of Covid-19 has two major targets: the rights and welfare of children with disabilities in Africa and more particularly in Burundi with the aim of capitalizing on the effects of the Covid-19 pandemic on children with disabilities. This evaluation specifically targets:

1. Provide a comprehensive assessment detailing how the rights of children with disabilities in Africa have been protected and (or) violated and neglected during the COVID-19 pandemic, detailing and highlighting areas that need to be addressed
2. Gather disability-focused data in children that can help design recommendations and solutions to understand pre-existing gaps and tailor responses to how state and non-state actors might address the current inequalities faced by children with disabilities, as revealed by the COVID-19 pandemic;
3. Develop response strategies to the COVID-19 pandemic and INCHR complaint handling systems, with the aim of ensuring the integration and strengthening of the rights of children with disabilities;
4. Provide comprehensive, multi-leveled actions and recommendations that can be taken by relevant actors to better integrate the rights and needs of children with disabilities into Covid-19 recovery efforts”.

To achieve these objectives, the following deliverables are expected at the end of the mission:

1. An initial report on the understanding of the mandate and the methodological approach. After signing the contract, the research team and approach to be used including details of the key questions to be included in the guidelines and a list of any documentation, information and investigation required, the methodology to be followed, the proposed sources of data and collection procedures, the distribution of tasks between the members of the team and a chronogram of the mandate. The report is discussed before the beginning of the mission during an initial interview.
2. Questionnaire, interview questions and any other document necessary to collect information from the Member State and the stakeholders;
3. Preliminary report of the conclusions of the evaluation, which will be subject to a validation process in the form of an online seminar organized by CERFE/NANHRI. The Consultant will be responsible for facilitating and reporting.
4. The final conclusions of the evaluation incorporate all comments from the webinar or validation/review workshop in accordance with the objectives and scope of the mission mentioned below.
5. The expanded Evaluation Report and all confidential information should be submitted to ACRWC and NANHRI at the end of the assignment.”

The consulting team assessed the impact of Covid-19 with reference to the following questions:

1. What are the additional and specific challenges faced by children living with disabilities in Burundi, in light of the Covid-19 pandemic/crisis?
2. How have the families of children living with disabilities been able to adapt to the socio-economic upheavals caused by the pandemic?
3. To what extent have the new considerations enabled Equal Access for children with disabilities? For example, can children living with disabilities access online learning; are there personalized WASH devices that can also allow them to safely and comfortably adhere to Covid-19 guidelines?
4. What were the consequences of the Covid-19 pandemic on the mental health of children living with disabilities?
5. What efforts are being made by state and non-state actors to ensure that relevant actors leave no one behind and build back better?
6. How have children with disabilities been integrated into Covid-19 recovery efforts?
7. What Special measures have been put in place to ensure that children living with disabilities can report violations such as harassment, violence, in particular sexual and gender-based violence?

1.3. METHODOLOGY

The mission focuses on the assessment of the impact of Covid-19 on the rights and welfare of children living with disabilities in Burundi. This mission followed a quantitative and qualitative analysis method combined with a participatory approach including representatives of Ministries, Centers for the Disabled and Defenders of Human Rights, children and the INCHR.

Indeed, it was carried out on the basis of documentary review, face-to-face interview survey and focus groups. This was done with the aim of producing a document determining the state of children living with disabilities and how these children coped with the Covid-19 pandemic in order to give related conclusions.

A mission scoping meeting took place between INCHR and the consultants. The methodology and tools to be used for data collection were presented as well as the indicative schedule of activities. A start-up report including the methodology and data collection tools was sent to the INCHR. The exploitation of the documents allowed us to clarify certain concepts used in this study, to immerse ourselves in the problem of the Covid-19 some existing data before analyzing the legal, political and institutional framework of the protection of children. A total of four data collection tools were developed. The training of interviewers is another step that serves to familiarize interviewers with the tools mentioned above, which had previously been translated into Kirundi.

Data collection: the review of the literature made it possible to make a synthesis of the secondary data available. The consultants used three types of questionnaires addressed specifically to institutions in charge of human rights, to children living with disabilities and to focus groups. As a result, the survey took place in 11 centers for the disabled in six targeted provinces. In total, 231 people were involved throughout the survey area, including heads of institutions. In each center, data was collected through face-to-face interview surveys, focus groups and individual interviews. For the qualitative survey, a total of 11 discussions were organized for the institutions identified by the INCHR in collaboration with the consultants. For the quantitative survey, the sample of 220 children was drawn at random per center for children living with a disability. The centers visited are distributed in the provinces of Bujumbura Mairie, Bujumbura, Gitega, Bubanza, Muyinga and Makamba. A total of 20 children were planned per center.

Table-1: Participation by province in the quantitative survey

PROVINCES	N = 220	%
GITEGA	80	36.36
BUJUMBURA MAIRIE	60	27.27
MAKAMBA	20	9.09
MUYINGA	20	9.09
BUJUMBURA	20	9.09
BUBANZA	20	9.09

Sources : *Authors, April 2022*

Data processing: At the level of quantitative and qualitative data, the consultants established the reference situation after observing the existence of the regulatory texts adopted by Burundi in terms of respect for the rights and welfare of children living with disability in the face of the Covid-19 pandemic. Secondary data has been used when deemed useful.

Analysis and interpretation of the results: the analysis and interpretation of the results took into account the information collected in the field by the team of consultants.

Drafting of the report: the content of this report followed the guidelines proposed by the ToRs as well as the plan proposed in the methodological note drawn up by the team of consultants and approved by the INCHR and NANHRI.

Presentation of the final conclusions: the report is presented online to the stakeholders concerned by the evaluation mission. The table below illustrates the activities carried out and the actors involved according to the schedule for the execution of the mission.

Table 2: Activities carried out and actors involved according to the mission execution schedule

DATES	CEN TRE RU MU RI	SA IN T KI ZI O	C ES D A- N D P	CEN RE AKA MURI	C. ETOIL E DU MATIN	LYCE E ANUR A GIHA NGA	C E N T R E B A K A N J A	EP H A T A- JO H NS O N	U W IR A GI Y E F O U N D A T I O N	C E N T R E M U T W E N ZI	CEN TRE ST BER NAR D MA KA MBA
March 24 th , 2022			X		X						
March 25 th , 2022	X										
March 28 th , 2022				X							
March 29 th , 2022										X	
March 30 th , 2022								X	X		
March 31 st , 2022		X									
April 01 st , 2022						X	X				
April 04 th , 2022											X

Sources: Methodological note, evaluation of the impact of Cov19 on the rights and welfare of children with disabilities, March 2022

1.4. ARTICULATION OF WORK

The evaluation report is structured around four parts: (i) Introduction, (ii) Overview on the rights and welfare of children with disabilities and on Covid-19, (iii) Covid-19 impact on the rights and welfare of children with disabilities, (iv) conclusion and recommendations.

Chapter 2. OVERVIEW ON THE RIGHTS AND WELFARE OF CHILDREN LIVING WITH DISABILITIES AND ON COVID-19

Children living with disabilities are people with physical, mental, intellectual or sensory impairments which in interaction with various barriers, may hinder their full and effective participation in social life on an equal basis with others. In order to enjoy their rights, the General Assembly of the United Nations adopted, in 2006, the convention on the rights of children living with disabilities. The aim was to promote, protect and ensure the full and equal enjoyment of all human rights and all fundamental freedoms, including promoting respect for their inherent dignity. The obligation to respect the rights and welfare of children with disabilities can also be found in other international instruments such as the International Convention on the Rights of the Child (Art.23) adopted on November 20, 1989, the African Charter on the Rights and Welfare of the Child (art.13) adopted in July 1990 during the 26th Conference of Heads of State and Government of the Organization of African Unity (OAU), now the African Union, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, The Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol ([A/RES/61/106](#)) adopted on 13 December 2006 at the United Nations Headquarters in New York, etc.

The Republic of Burundi set up regulations of the activities of private centers for disabled people in 1982, the adoption of the Law 1/03 of 10 January 2018 on the protection and promotion of the rights of people with disabilities, of the Law 1/20 of 3 June 2014 amending Law 1/22 of 18 September 2009 on the Electoral Code addresses disability and the Decree 100/216 of 4 August 2011 relating to the structure, functioning and missions of the Ministry of national solidarity, social affairs, human rights and gender frames disability, the ratification of Burundi to the ACRWC in June 2004, to improve the missions of the centers. We have particularly the following elements:

- Help people with disabilities to adapt physically and psychologically in society;
- Provide people with disabilities with the assistance, training, care and advice necessary to ensure their full integration into the social environment;
- Educate and inform the public to make them aware of the rights and duties of people with disabilities in the different areas of socio-economic life;
- Participate in the implementation of effective measures for the prevention and disability and rehabilitation of disabled people.
- Since 1985, the State of Burundi has participated financially in the operation of centers for people with disabilities (CDP) and these CDP receive tax or customs facilities. In 1986, certain articles

of the 1985 decree were modified by inserting other points allowing their socio-professional reintegration, in particular:

- Provide the disabled with craft training and implement their social reintegration;
- Make profitable the goods and equipment made available in order to participate in the operation and extension of the services;
- Provide assistance and advice on social problems that hinder the necessary reclassification of people with disabilities in society.
- Burundi has ratified the convention on the rights of persons with disabilities and its optional protocol by law 01/07 of March 26, 2014. Currently, the Republic of Burundi has an Independent National Commission for Human Rights (INCHR) created by law 1/04 of January 5, 2011. There are many organizations that represent and defend the rights and welfare of people with disabilities, including:

- ✓ Network of Centers for Persons with Disabilities in Burundi (RCDPB);
- ✓ Network of Associations of Persons with Disabilities in Burundi (RAPHB);
- ✓ Union of Disabled People of Burundi (UPHB);
- ✓ Federation of Associations of Disabled People of Burundi (FAPHB).

In Burundi, the Ministry of National Solidarity, Social affairs, Human Rights and Gender deals with disability. Its Department of Social Integration is responsible for ensuring the protection of vulnerable people, including children with disabilities. In terms of access, people with disabilities in general and children in particular have difficulty accessing public buildings, public transportation, education, job training, health care, and other basic needs. Through its Department of Social integration, the Ministry of National Solidarity, Social affairs, Human Rights and Gender examines whether target groups such as children with disabilities are informed of their rights and duties as well as how to access these rights. The Government of Burundi has taken measures to strengthen the political participation of persons with disabilities in the affairs of the State. In addition, there is a need to introduce disability rights education in schools and universities across the country.

The World Health Organization recognizes three types of disabilities:

- Physical disability;
- Sensory disability;
- Mental disability.

Children with these types of disabilities have difficulty living like others in their fragility and the obstacles that these differences cause in their daily lives. They need special accommodation and as far as possible, appropriate and free assistance. These children must have effective access to education and re-education, training and preparation for employment so that they can integrate well the society. They must be able to access recreational activities and services to ensure their personal development. Disability is the source of discrimination which was recognized in 1989 during the adoption of the

international convention on the rights of the child and in 2009 in the international convention on the rights of persons with disabilities.

In the analysis of the situation of respect for children's rights in 2009, it was noted that the whole world has between 500 and 650 million people living with a disability, i.e. 10% of the world population, including more than 200 million children and nearly 90% of these children live in developing countries while in 2021, UNICEF estimated that children with disabilities numbered 240 million. It should be emphasized that disability has several origins, the major causes of which are war, disease and poverty.

The world was shaken by a widespread health crisis due to the Covid-19 pandemic first observed in China (Wuhan) in 2019. This forced the WHO to prepare a global response to the pandemic. Almost the whole world has observed the use of prevention measures such as wearing a surgical or fabric mask of category 1 when the distance of one meter cannot be respected and in places where this is compulsory, hand washing very regularly with water and soap or hydro-alcoholic gel, distancing respecting one meter from each other, sneezing into the elbow or into a handkerchief, greeting without shaking hands and hugs and avoiding touching the face especially the nose and mouth.

The health crisis of the Covid-19 pandemic quickly turned into a socio-economic crisis coupled with a human rights protection crisis. This has exacerbated the vulnerability of the least protected groups in society (children, women, the disabled, etc.). In this situation, poverty plays a decisive role in the way of dealing with the handicap. In families where the income is just enough to survive, each member must contribute to providing for the needs of the family and does not deal with the handicap of the children. The number of people who have been affected by Covid-19 is estimated at 492,194,394 cases worldwide, or 6,314 cases per 100,000 inhabitants (6.3%), including 6,154,002 cases of death, or 78,95/100,000 inhabitants (0.07895%) and 603,702 people who were cured, i.e. 7.74 per 100,000 inhabitants (0.00774%). Overall, the number of vaccines against Covid-19 is estimated at 11,183,087,530 doses worldwide¹. If we consider the case of Burundi, the number of cases of Covid-19 amounted to 38,588 cases of people, or 345.15 cases per 100,000 inhabitants (0.345%), who were affected by the Covid-19. 19 including 38 cases of death, i.e. 0.34 cases per 100,000 inhabitants (<https://www.covinfo.fr/monde>, 6/04/2022) and the number of vaccines is estimated at 12,464 doses administered (<https://covid19.who.int/>, 4/4/2022). It should be noted that from the quantities of doses of vaccines received, it was used at the rate of 0.71% (SINOPHARM), 2.25% (JOHNSON) and overall, the rate of vaccination with Covid-19 is 1.06 % (Covid-19 Pandemic Response Report, December 31, 2021).

¹ <https://covid19.who.int/>, 4/4/2022

Chapter 3. COVID-19 IMPACT ON THE RIGHTS AND WELFARE OF CHILDREN LIVING WITH DISABILITIES

The characteristics of the surveyed population are analyzed in relation to the quantitative and qualitative survey.

3.1. Quantitative survey

The quantitative survey was carried out in 11 centers for children living with disabilities distributed in six provinces, thus making it possible to obtain representative indicators. The target population has been chosen according to geographical representation and according to areas where the INCHR branches operate. We also considered areas where we could find Centers for disabled children.

The target population is made up of children with a disability, and who live in a center for the disabled, who answered the questions put to them. The province of origin, age, gender, level of education, professional activity and physical condition are variables that make it possible to describe the population surveyed.

The quantitative survey involved 220 children living in centers for Handicap whose age is between 7-38 years old. Children living with disabilities (CWD) of Gitega province in the Center-East region are the most represented (36.36%) while those of the province of MAKAMBA province in the South region, provinces of BUBANZA and BUJUMBURA in the West region and MUYINGA in the NorthEast region, are the least represented (9.09%).

We believe that the difference in the participation rate by province can be explained by the number of centers for the disabled that exist in Burundi. The provinces of Gitega and Bujumbura Mairie have many centers for the disabled compared to others. The male sex is more represented at 53.64% while the female sex is represented at 46.36.7%. The target group being children living with disabilities who have been accommodated in centers for disabled people (CDP).

According to the target population, it can be concluded that boys are more handicapped than girls. Among the children responding to the questionnaire, 99.06% have a disability while 0.91% do not have a disability. Regarding the level of training, the level of study of the children who responded to the questionnaire is varied, we would mention professional schools, primary (fundamental), secondary (post-fundamental).

The majority of respondents are in the category of those who have in the fundamental cycle (primary) (61.36%), followed by those who are in post fundamental (secondary) (37.73%); then come the children who are in the trades (0.91%). The analysis shows that children with disabilities are taken care of in the CDP and the majority of these children attend schools. The following table presents these characteristics.

Table-3: Characteristics of the surveyed population

Characteristics		N = 220
Characteristics by province of origin	Province	%
	Gitega	36.36
	Mairie	27.27
	Makamba	9.09
	Makamba	9.09
	Bubanza	9.09
	Muyinga	9.09
Characteristics by sex	Sex	%
	Female	46.36
	Male	53.64
Existence of a Disability	Disability	%
	No	0.91
	Yes	99.09
Study level	Level of studies	%
	Trades education (métier)	0.91
	Primary (fondamentale)	61.36
	Secondary (Post fondamentale)	37.73
Age	Average age	16.90 years

Sources : Authors, April 2022

Concerning the occupation of the child, all children living with a disability or not met (100%) are in instruction in the centers for disabled (CDP).

Looking at the average age of 16.90 years, the professional occupation and the level of study attained by the children surveyed, it emerges from this analysis that the quantitative survey hit a target that fits well with children living with a disability who could face the Covid-19 pandemic in difficult conditions and encounter consequences linked to the new disease requiring new protective practices such as wearing a mask, distancing, etc.

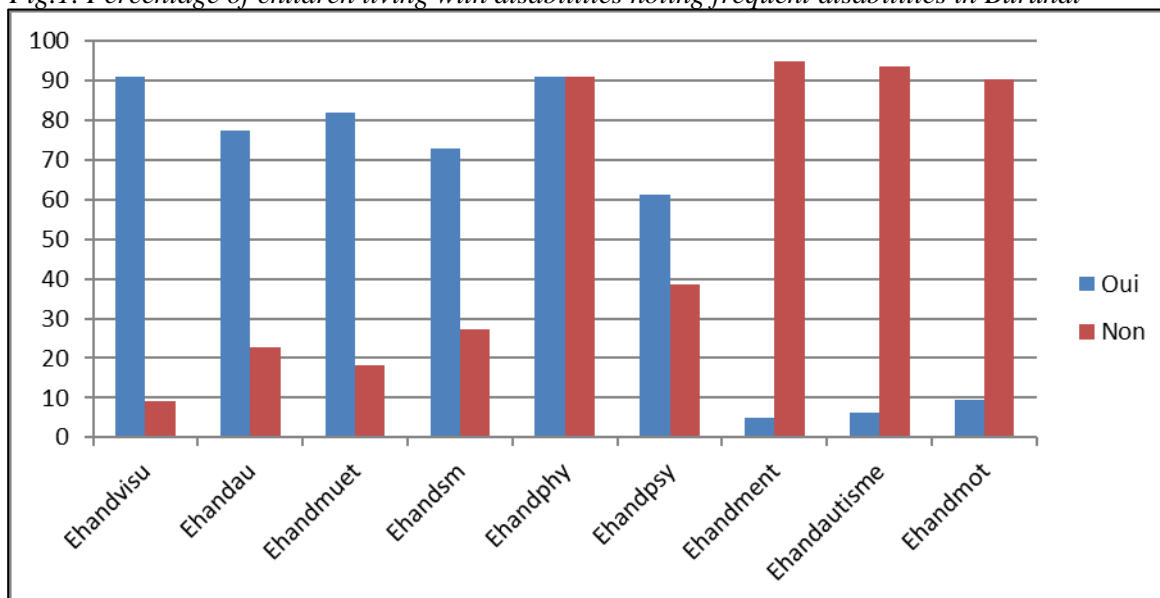
3.1.1. State of knowledge of children living with disabilities

3.1.1.1. Knowledge of the types of disability existing in Burundian society

In Burundi, there are several types of disability: blindness, deafness, dumbness, deaf-mutism, physical disability, mental disability, sexual impotence, autism and motor disability. CWD children were asked if they knew the types of disabilities frequently observed in Burundi.

The results of the survey (fig.1) show that six disabilities are more familiar to children living with disabilities. The majority of the children said that blindness and physical handicap occur the most (90.91%), followed by deafness (77.27%), dumbness (81.82%), deaf-mutism (72.73%), and handicap psychic (61.36%). The illnesses least observed by children living with disabilities are mental disability (5.05%), autism (6.39%), and motor disability (9.59%).

Fig.1. Percentage of children living with disabilities noting frequent disabilities in Burundi



Source: Authors, April 2022

Yes: Oui

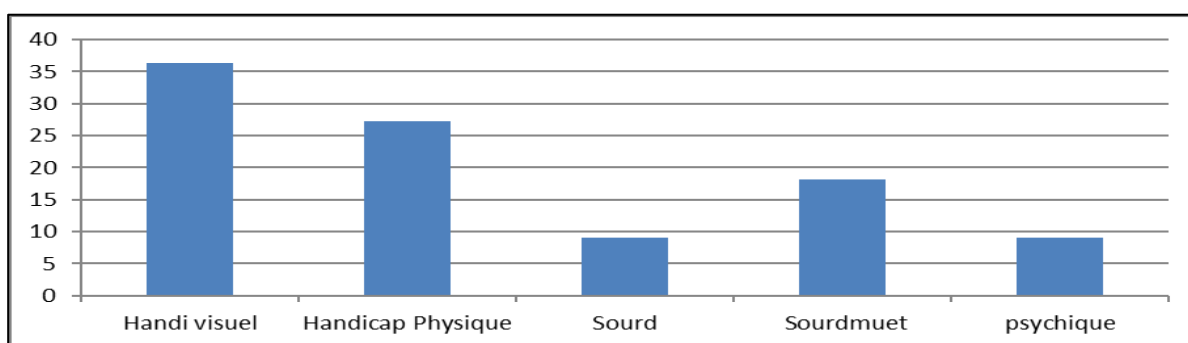
No: Non

Legend:

- **Ehandvisu** : Existence of visual impairment;
- **Ehandau** : Existence of hearing impairment;
- **Ehandmuet** : Existence of mute disability;
- **Ehandsm** : Existence of deaf-mute disability;
- **Ehandphy**: Existence of physical disability;
- **Ehandpsy** : Existence of psychological handicap;
- **Ehandment** : Existence of mental disability;
- **Ehandautisme** : Existence of autism disability;
- **Ehandmot** : Existence of motor disability.

The most common disabling diseases are blindness and physical disability. This situation can be explained by the level of poverty of families in rural areas who do not attach more importance to the handicapped situations of children. The nutritional situation in terms of balanced foods for pregnant women and children under five. Children living with disabilities who answered the questions have 7 types of disabilities and most children have blindness (visual impairment) (36.36%), physical disability (27.7%) and deaf mute (18.18%) while that the other forms of disability least represented in CDP centers are deafness (9.09%) and mental disability (9.09%) (fig.2).

Fig.2. Forms of disability of children encountered in CDP in Burundi



Legend.

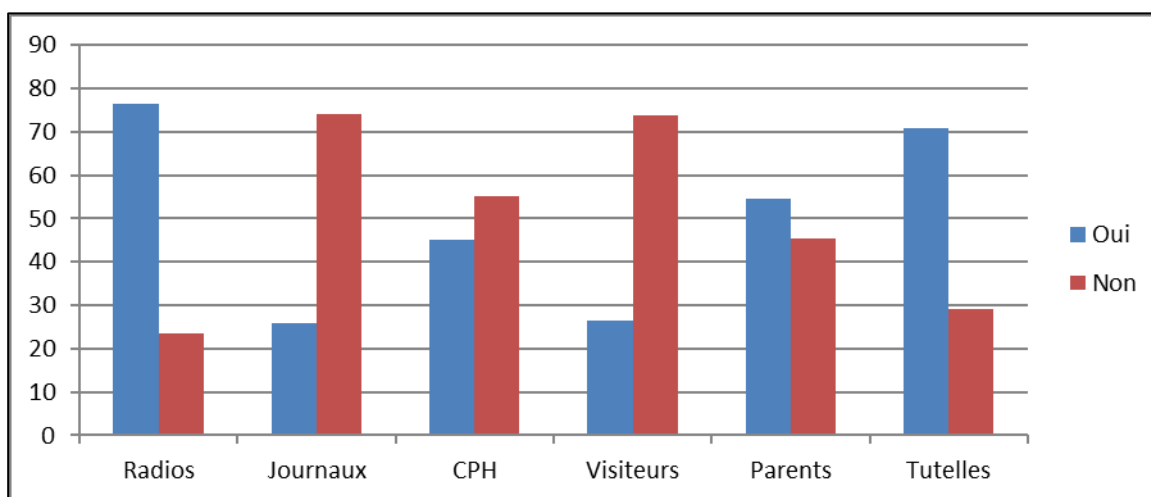
- *Handi visuel: visual disabilities;*
- *Handicap physique: Physical disability;*
- *sourd-muet: deaf-mute disability;*
- *psychique: psychological disability;*
- *sourd: deaf disability.*

Blindness and physical disabilities are more frequent and are the main diseases with paralytic disorders observed in CDP in Burundi. 97.73% of CWD say that there are other children living with a disability who are not in CDP. As these children are in school, the majority of these children (93.18%) are aware of the existence of international texts for the protection of children living with disabilities.

3.1.1.2. Sources of information for children with disabilities about Covid-19

All children who responded to the question of whether they are aware of the existence of Covid-19 claim to have heard of Covid-19 (100%). The results of our study show that 76.36% of children have heard it through the radios, 25.91% of children find information on Covid-19 in newspapers, 45% of these children have been made aware by CDP, and 26.36% of children learned of the existence of the Covid-19 pandemic from visitors, 54.55% of children were informed by parents that this disease exists. Children living with disabilities are informed by guardianship at 70.91% (fig.3).

Fig.3. Channels for transmitting information to children with disabilities regarding Covid-19



Legend:

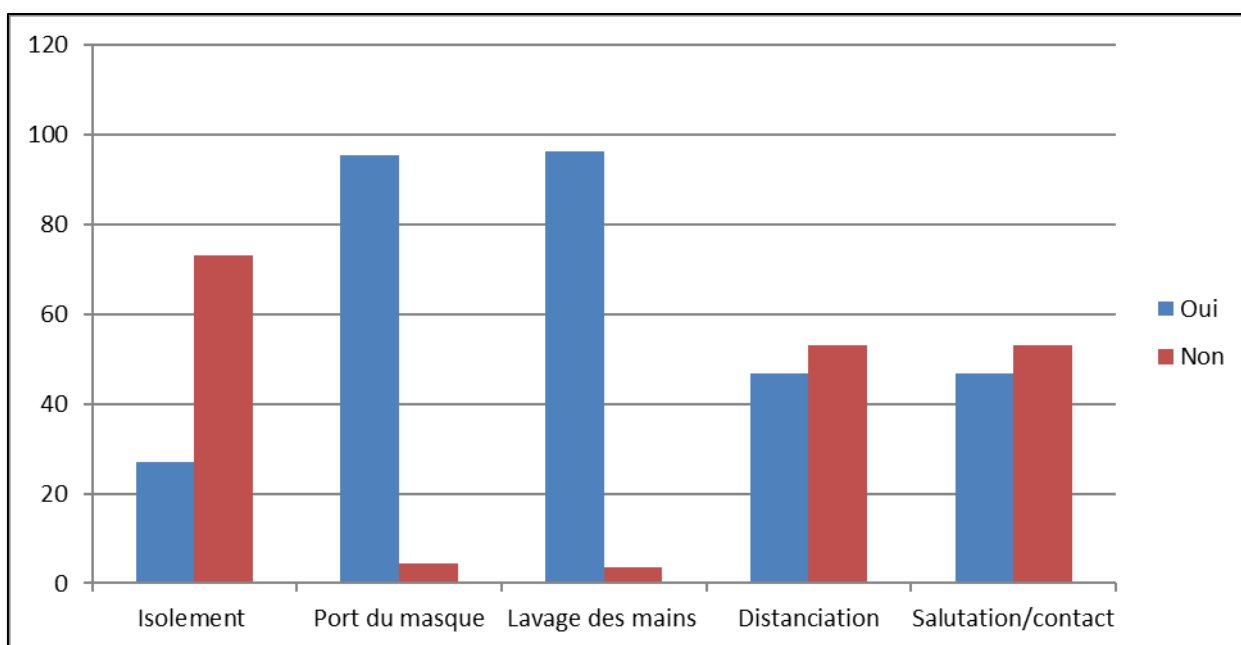
- *Radios: radios;*
- *Journaux: Journal/newsletter;*
- *CHP: Center for persons disabled*
- *Visiteurs: visitors*
- *Tutelle: mentor*

In general, radios in Burundi are the best channels for information on Covid-19, followed by guardianship compared to other sources of information identified for children living with disabilities. The centers for the disabled (CDP) did not optimally inform the child about the behavior to adopt in the face of this disease and few visitors made efforts to alert these children. This could be due to the lack of appropriate information tools and techniques given the scale of the pandemic.

3.1.1.3. Practices of children living with disabilities in protection against Covid-19

The children who answered the question relating to the means used to protect themselves from the Covid-19 pandemic applied the prevention measures differently. To this end, wearing a mask (95.45%), washing hands regularly (96.36%) and greeting by physical contact (63.18%) are practices used by most children living with disabilities. Isolation (26.94%) and distancing (46.82%) are barrier gestures that have not been used by most children living with disabilities (fig.4.).

Fig.4. Level of use of barrier gestures by children living with disabilities



Source: Authors, April 2022.

Yes: Oui

No: Non

Legend:

- *Port du masque: Wearing a mask*
- *Lavage des mains: Hand washing*
- *Isolement: Isolation*
- *Salutations: Cheers*
- *Distanciation: distancing*

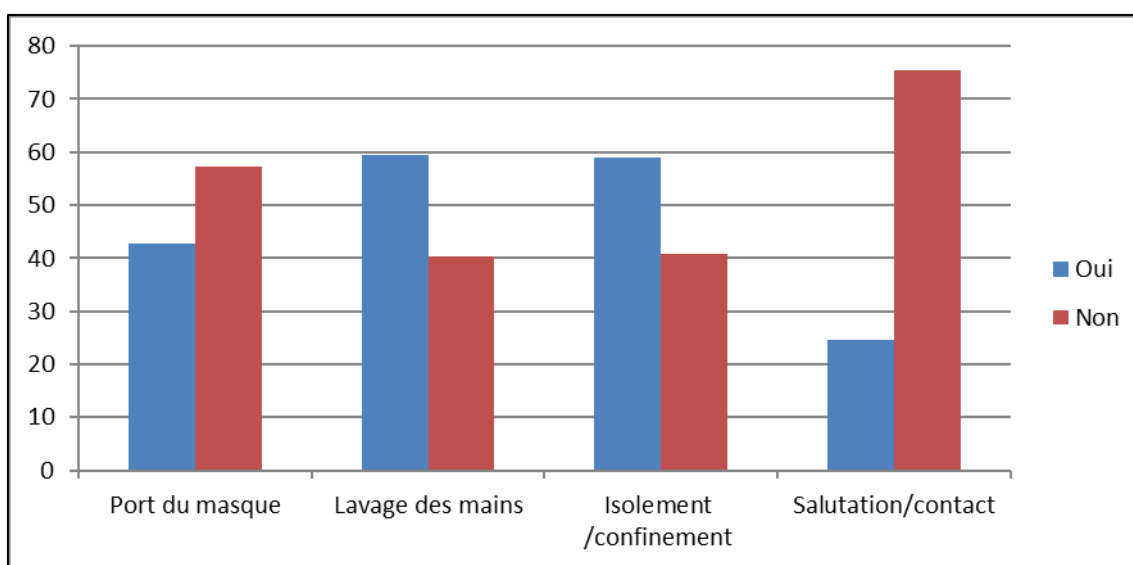
From the start of the pandemic, wearing a mask and hand washing have been easily applicable practices in human societies. In Burundi, these practices are in use up to the level of people living with disabilities and on a voluntary basis. People with disabilities need people by their side from time to time to accompany them in different activities they do. This is why it is difficult to separate a child with a

disability from his companion if compensation mechanisms are not put in place, such as motorized chairs for those with a physical disability problem.

3.1.1.4. Difficulties of children with disabilities in observing prevention measures and testing

Children living with disabilities know that normal children are less likely to have problems observing barrier gestures (84.55%) but 11.82% of children say that even normal children have problems applying barrier gestures. At the level of each barrier gesture, the results of the study show that hand washing (59.55%) and confinement (59.09%) are practices that are difficult to observe by children living with disabilities, given that most of the children surveyed suffer from physical and visual impairment.

Fig.5. Difficulties of children living with disabilities to observe barrier gestures



Source : Authors, April 2022.

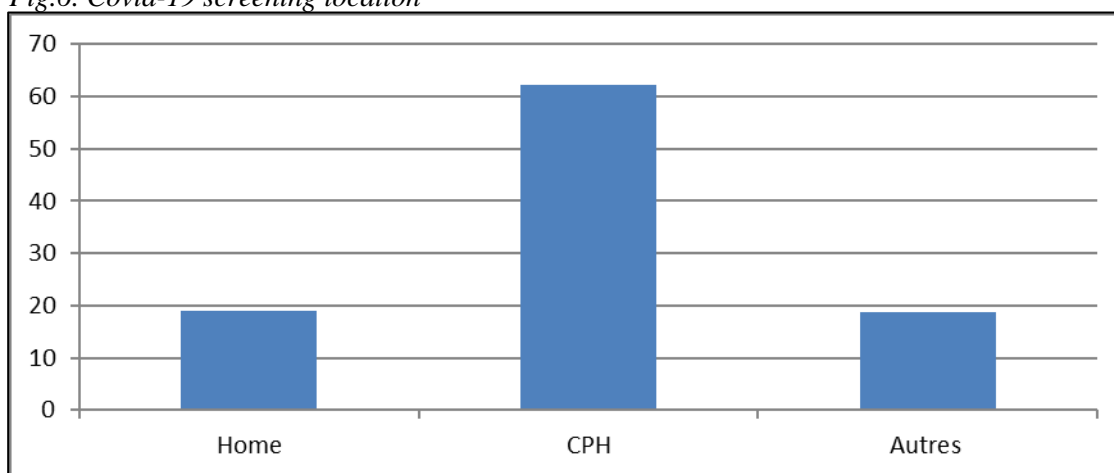
Yes: Oui

No: Non

- *Port du masque: Wearing a mask*
- *Lavage des mains: Hand washing*
- *Isolement: Isolation*
- *Salutations: Cheers*

In terms of screening, the results of the survey show that 95.45% of children were screened and among them, 90.91% of these children had a negative test. The results also show that most of these children took only one test (43.64%), 31.36% of children took two tests, 15% took three tests for Covid-19, but it was also noted that 4.55% of children interviewed were not tested for Covid-19.

Fig.6. Covid-19 screening location



Source. Authors, April 2022

Legend:

Home: Home;

CPH: CDP;

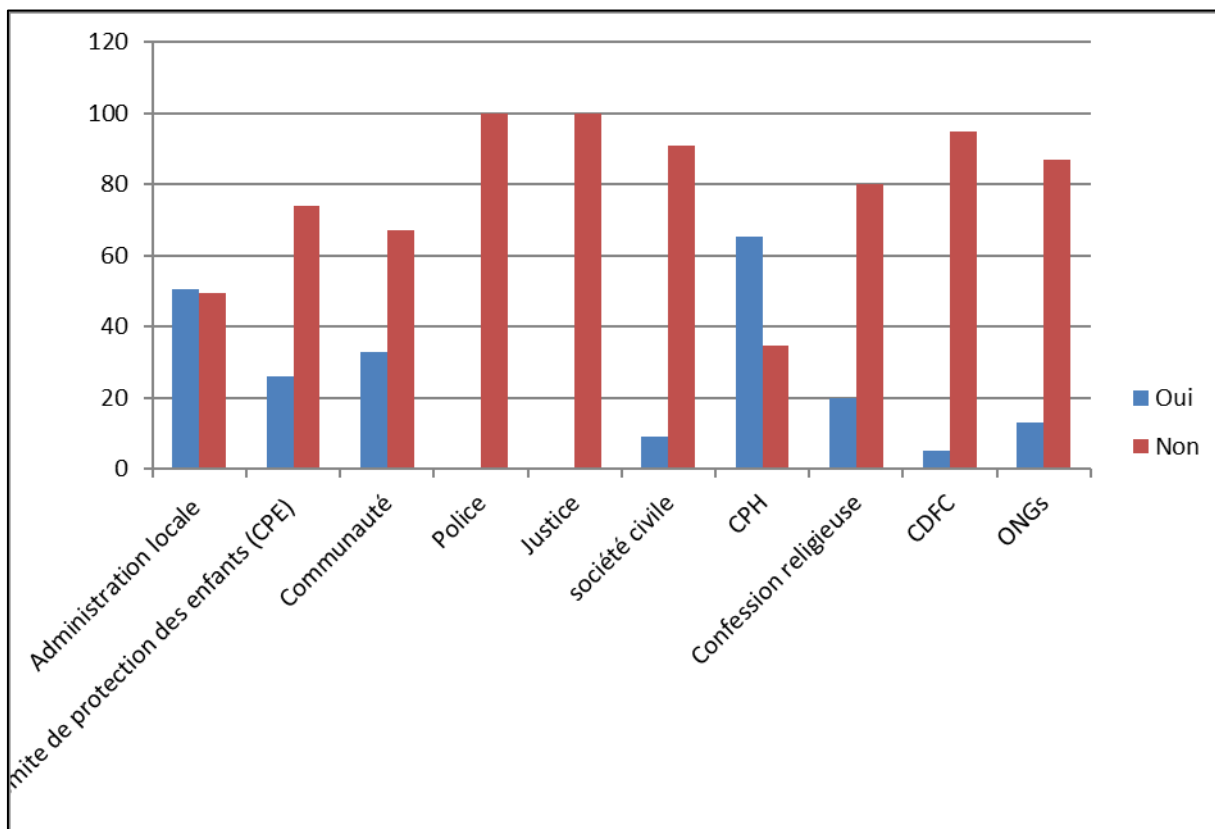
Autres: others.

Fig.6 shows that most of the children interviewed (62.27%) were screened at the respective disability center. The others were screened at home (19.09%) or elsewhere (18.64%). In short, children living with disabilities have been facilitated in terms of screening for Covid-19 in view of their state of disability to check their health status.

3.1.1.5. Knowledge of administrative entities and partners involved in the protection of children living with disabilities (CWD)

It was necessary to know the level of knowledge of children with disabilities on the participation of administrative entities and partners involved in the protection of children living with disabilities. To this end, the results of our study show that the children surveyed do not know much about the agents who intervene in the defense of their rights and the satisfaction of their welfare. Most of these children say that the local administration (50.45%) and the CDP (65.45%) intervene the most in their favor.

Fig.7. Administrative entities or partners involved in the protection of CWD children



Source. Authors, April 2022

Yes: Oui

No: Non

Legend:

- Administration locale: Local administration;
- Comité de protection des enfants: Child Protection Committee;
- Communauté: Community;
- Police: Police;
- Justice: Justice;
- Société civile: Civil society;
- CDP: CDP;
- Confession religieuse: Religious denomination;
- CDFC: CDFC;
- ONGs: NGOs.

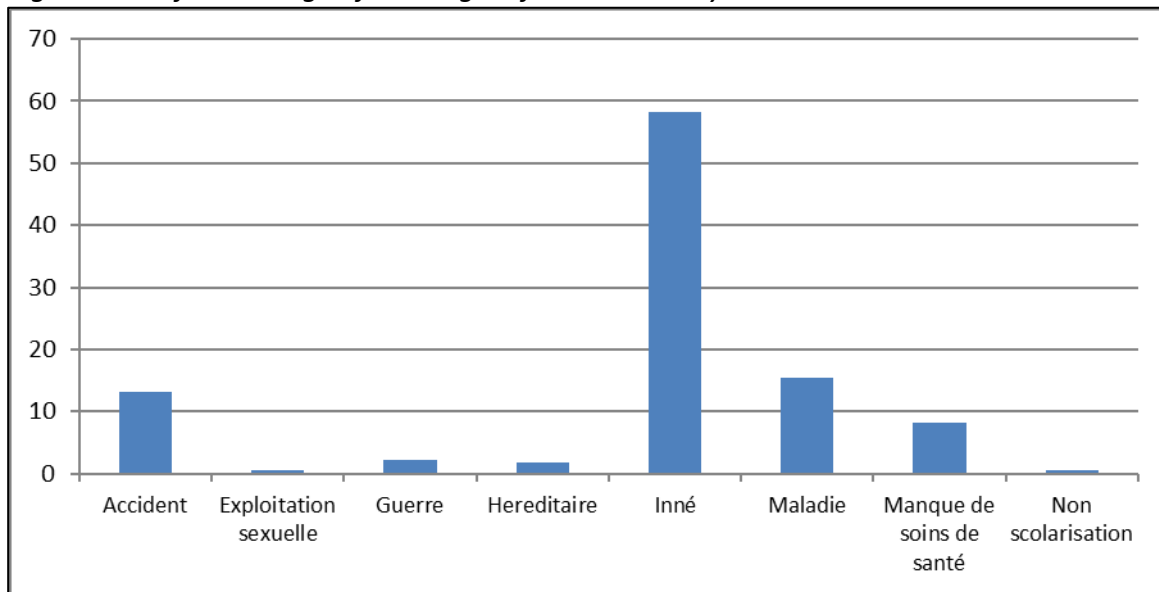
This shows that children do not have sufficient information on those involved in the protection of children and the defense of respect for their rights.

3.1.2. Knowledge of sources of children's disabilities in Burundi

3.1.2.1. Knowledge of children about the origin of disability

The state of disability of children is caused by various origins. The children themselves expressed the different sources of disabilities observed. The results illustrated in (fig.7) show that the situation of disability of innate origin (58.18%) is more dominant, followed by illness (15.45%) and accidents (13.18%).

Fig.7. Level of knowledge of the origin of their disability



Source: Authors, April 2022

Legend:

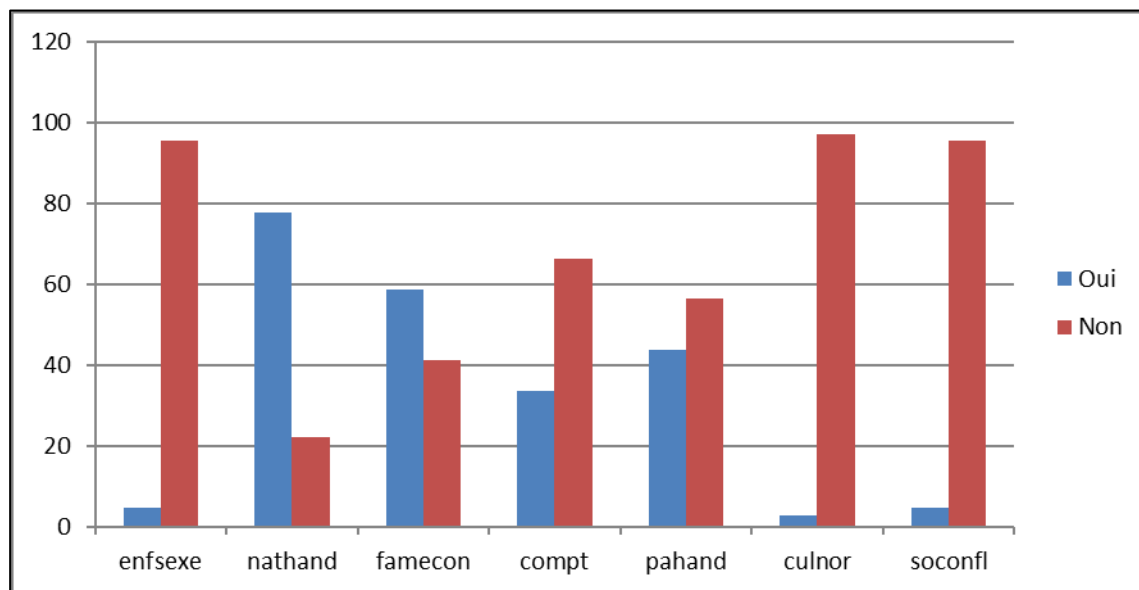
- Accident: Accident
- Exploitation sexuelle: Sexual exploitation
- Guerre: war;
- Héritaire: Hereditary;
- Innée:innate;
- Maladie:illness;
- Manque de soins de santé: Lack of health care
- La non- scolarisation: No-schooling.

The surveyed population has the situation of disability from various origins. One could think that it is related to the lack of vaccines against tetanus or other vaccines or the problem of monitoring pregnant women in health centers. A specific study on the handicap from birth is to be planned in order to be able to explain this predominance.

3.1. 2.2. Knowledge of vulnerability factors of children with disabilities to Covid-19

The vulnerability of children with disabilities to Covid-19 is real and is caused by several factors including the sex of the child, the nature of the disability, the economic situation of the family, the personality or behavior of the parents, parents living with disabilities, cultural norms, social conflicts, war, etc. The answers obtained expressed by the children surveyed revealed two important factors that lead to great vulnerability in children living with disabilities, these are the nature of the disability (77.73%) and the economic situation of the family (58.64%). The other factors that are apprehended at different levels are the personality and behavior of the parents of CWD (33.64%) and having disabled parents (43.64%) (fig.8).

Fig.8. Vulnerability factors of children living with disabilities



Source: Authors, April 2022

Yes: Oui

No: Non

Legend:

enfsexe: Child's gender ;

nathand: Nature of disability ;

famecon: Family economy ;

compt: parental behavior or CDP ;

pahand: Parents with disabilities ;

culnor: Cultural norms ;

soconfl: Social conflicts and wars

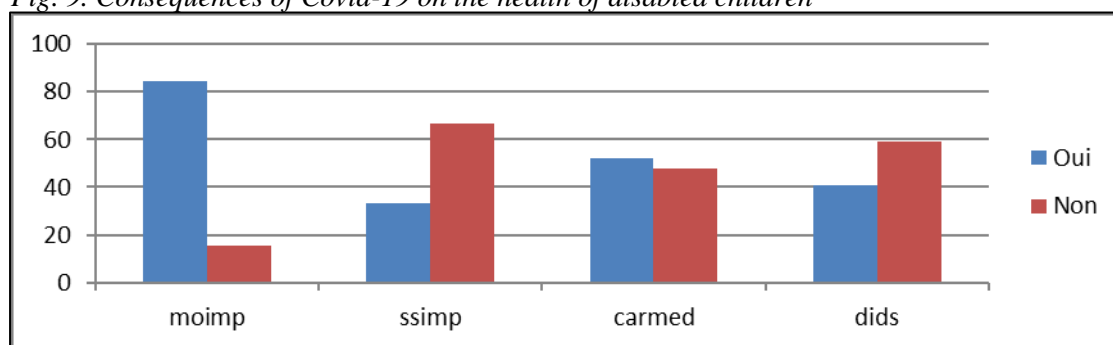
If we take into account the perception of respondents, for Burundi, social conflicts, cultural norms, and the sex of the child are not largely factors that make children living with disability more vulnerable to Covid-19 (fig.8).

3.1.3. Knowledge of children living with disabilities regarding the consequences of Covid-19

3.1.3.1. Consequences of Covid-19 on the health of children living with disabilities

The Covid-19 pandemic has had a significant impact on the global economy. The implementation of WHO guidelines for the prevention and protection against Covid-19 has resulted in the disruption of mores, border closures and the disrespect of people's rights and welfare. This affects the realization of the rights of the children with disabilities in the world, in general, and Burundi in particular. The answers given by the children surveyed show that these children attach importance to prevention and protection against Covid-19 because most of children (84.55%) believe that the Covid-19 pandemic leads to death and that lack of medicines (52.27%) have a great impact on the lives of children. Less than 50% of the children surveyed say that the lack of health care resources (33.18%) and the difficulties of obtaining treatment (40.91%) have had an impact on the rights and welfare of children with disabilities.

Fig. 9. Consequences of Covid-19 on the health of disabled children



Source: Authors, April 2022

Yes: Oui No: Non

Legend:

Moimp: Death impact;

Ssimp: Lack of health care;

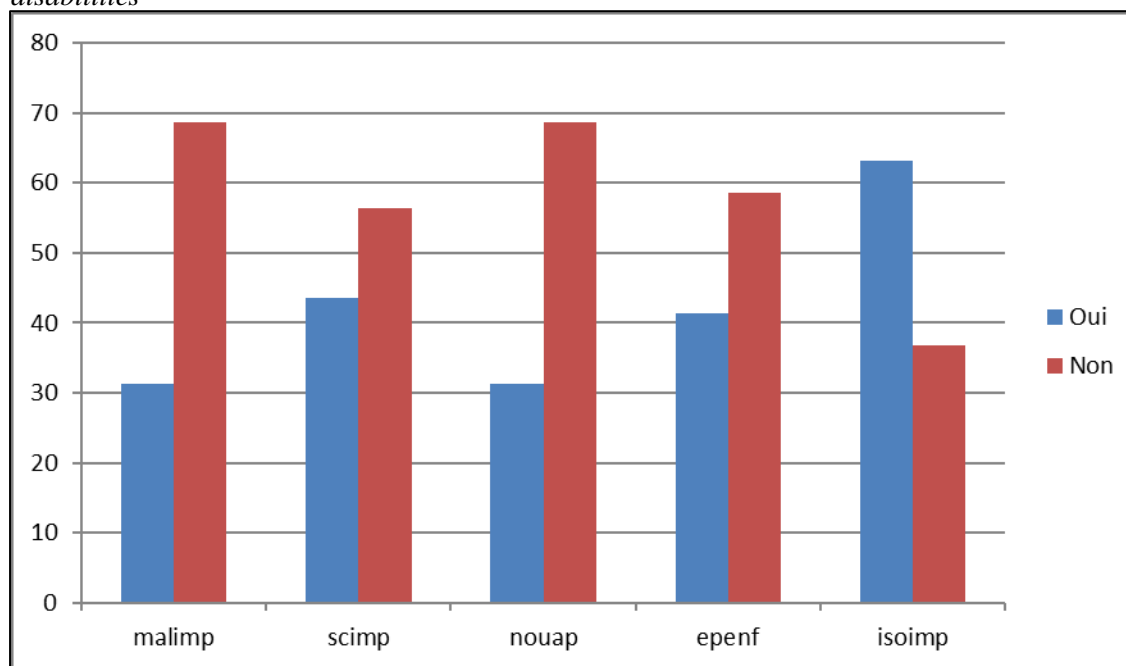
Carmed: Lack of medicaments from abroad;

Dids: Difficulties getting treatment.

3.1.3.2. Consequences of Covid-19 on the welfare of CWDs?

The Well-being encompasses the quality of life in a broad sense. Children living with disabilities or normal children all have the same aspirations for life. It refers to the economic situation of the child, his relations with his peers, his political rights and his development. However, complying with barrier gestures for the control of Covid-19 prevention implies certain human rights violation such as the border closures, confinement and social distancing with various consequences on schooling, food supply, refusal to play, etc. The results obtained (fig.10) show that 63.18% of the children surveyed say that isolation/confinement has an impact on the welfare of children with disabilities, 43.64% of the children interviewed believe that the Covid-19 pandemic has led to schooling problems, food supply problems (31.36%), malnutrition (31.36%) and development difficulties (41.36%).”

Fig. 10. Consequences of the Covid-19 pandemic on the welfare of children living with disabilities



Source: Authors, April 2022

Yes: Oui

No: Non

Legend:

- *Malimp: Malnutrition impact;*
- *Scimp: Schooling problem;*
- *Nouap: Problem of food supply from abroad;*
- *Epenf: Difficulty of development of children with disabilities;*
- *Isoimp: Isolation Impact*

The situation in which children living with disabilities live in Burundi is somewhat the same as other children because the closure of borders and travel bans during the pandemic have exacerbated the supply problems for imports of both food and medicine. This condition has been observed in CDP and has impacted the welfare of children in general and the disabled in particular.

3.2. Qualitative survey

Qualitative data was collected through individual interviews and group discussions (Focus group) of people from 5 provinces in different regions plus the Bujumbura Township. The individual interview involved at least 18 people in total. It should be noted in passing that three of them did not respond favorably to our request, which implies that fifteen people actually participated in the interview.

Three target groups have been identified for the qualitative part of the study. The first group of our target were made up of Representatives or Directors of different ages, from Centers for disabled people, the vast majority of whom were Sisters of the Catholic Church aged at least of

18, while the second and third target groups were composed respectively of institutional representatives (the Ministries and the regional branches of the INCHR).

Due to time pressure for data collection and other challenges, only 15 interviews were conducted as shown above. Some key people did not have the opportunity to answer our questions, although this could increase the chances of collecting the maximum amount of qualitative data. These include the representatives of the Ministry of Public Health and the Fight against AIDS and the Ministry of the Interior and Public Security. We point out that even for the Ministry of National Solidarity, Social Affairs, Human Rights and Gender, this interview took us more than two weeks of waiting.

Regarding the characteristics of the focus group participants, the discussion groups were composed of 4-8 participants. The discussions were heterogeneous. In total, three group discussions were held with representatives of institutions and managers of the Centers. Similarly, 4 focus groups were conducted in the survey area.

As for the characteristics of the participants in the individual interviews, they are key people as broken down in the table below.

Table 5: Breakdown of respondents in individual interviews

The representation of INCHR Branches	The Representation of Centers for the disabled	The Representation of Ministries
3	11	2

Qualitative data complement and clarify quantitative data.

3.2.1. Detailed legal and policy framework for the protection of the rights of persons with disabilities

Burundi, like many other countries around the world, has ratified a number of regional and international human rights instruments. In accordance with its obligations, Burundi always submits reports which are examined by the various bodies established by these treaties. These bodies are committees of independent experts created according to the provisions of the treaty and responsible for monitoring its application. From the foregoing, Burundi implements these conventions by implementing the clauses relating thereto. This is why for the question, "What concrete measures have been taken by Burundi to implement the United Nations Convention on the Rights of People with Disabilities, including children with disabilities?"» our respondents affirm that Burundi implements the United Nations Convention on the Rights of People with Disabilities through the submission of reports. But, we also found that among our respondents, especially among CDP managers, a good number are not even aware of the existence of this convention.

Regarding the question, "Has Burundi already submitted its baseline report on disability with reference to the African Commission on Human and Peoples' Rights?", the answers go in the same direction as for the first question only some of our respondents confirmed to us that no state body comes to ask their opinion in the making of these kinds of reports while the others are unaware that this process exists. Therefore regarding the questions of "If Yes, was the baseline report compiled with the active participation of organizations dealing with people living with disabilities, including children with disabilities?" and whether "the baseline report periodical compiled with the active participation of organizations working with people living with disabilities?", almost all of our informants did not respond favorably to this question.

On the question of "How were children with disabilities treated, protected and supported during the COVID-19 pandemic?", our respondents affirm that children living with disabilities were well treated, protected and supported because the anti-Covid-19 measures have been scrupulously followed and even the Government and certain donors have provided free protective equipment for these children. Regarding concern about whether there is a framework to protect children with disabilities from Covid-19 and what measures have been taken to deal with it", respondents told us that they are not aware of any specific framework for children with disabilities but the one existing is for all Burundians for the welfare of everyone and the measures are general at the national level.

3.2.2. Appropriate institutions created or strengthened, policies formulated conventions on the rights of persons living with disabilities and legislation at the national level

As Burundi has ratified the existing Convention on the Rights of Persons living with Disabilities as well as regional instruments such as the African Children's Charter, which includes children, it has everything necessary to facilitate the implementation of the recommendations of this Convention and this can be seen in the responses of our respondents in the field. For example, for the question "Does Burundi have a national institution for the supervision, coordination and integration of disability issues, including children with disabilities?", the people contacted told us about the Ministry of National Solidarity, Social Affairs, Human Rights and Gender. This Ministry has a department in charge of these issues. The same Ministry welcomes people with concerns or issues related to disabilities in Burundi. Here we must also mention the INCHR, which is a national commission exclusively in charge of issues related to human rights, their adoption, interpretation and implementation. This then answers the following question: "Does Burundi have offices in charge of people living with disabilities including children with disabilities or contact people in all ministries/agencies?". The responses of our respondents converged on this Ministry in charge of human rights, although a small number are still unaware of this. It is also in the same vein as for the questions "Does Burundi have a national policy on people living with disabilities and inclusion, including children with disabilities?" and "Does Burundi have a national action plan on the integration and inclusion of disabled people?". Here,

our respondents answered these questions positively while explaining that the Ministry of National Solidarity, Social Affairs, Human Rights and Gender takes care of everything and as much as possible.

To close this series of questions, we wanted, via our respondents, to know if there is a specific action plan for the protection of children with disabilities against Covid-19 and what were the impacts of the actions taken to protect them against Covid-19?". On this question, our respondents affirmed that there is no specific action plan for the protection of children with disabilities against Covid-19 at the national level but that apart from the national plan which includes everyone, the Centers have adopted strict measures for the accompaniment and protection of these children. They also mentioned that there is a related budget while also saying that the latter is general since the pandemic has not had much impact here in Burundi.

3.2.3. National resources allocated to sectors in implementing the National Disability Action Plan

The total expenditure of the State or the expenses of the General Budget of the State (Budget) is a document established by the government and voted by the Parliament which forecasts and defines the expenditure and the income that the State has the right to commit and collect for the coming year. So given that Burundi provides a budget each year to cover its national action plan, areas of all sectors receive their share. Thus, for the question of "Has the national budget allocated funds to address the specificities of disability and disability integration programs and services?", our respondents mostly answered yes to this question and they even gave exact amounts like four million Burundian francs per year (4000000 BIF). But, they also mentioned that this money is very minimal which immediately answers this second question, "What was the budget envelope allocated to the protection of children with disabilities against the Covid-19 pandemic?" because the amount in itself was not satisfying even before the complexity of the Covid-19 pandemic where almost everything was increased, including the primary needs of children such as food. We also noticed that the amount allocated to the centers was not the same.

3.2.4. Programs recognizing the rights and needs of children with disabilities and their caregivers

Burundi's national action plan covers different aspects of the country. It is with this in mind that, for issues such as "Have the provisions of Article 13 of the African Charter on the Rights and Welfare of the Child (1999) been incorporated into the national action plan and programs for children?", our respondents overwhelmingly claim that all human rights issues, including the rights of minorities such as children living with disabilities, are included in its action plan.

This comes to say that even if for the question, "has Burundi adopted strategies/tools to inform parents, guardians and caregivers of children living with disabilities of available services and support for the promotion and the protection of their rights such as media campaigns, rallies, etc.?", the majority of respondents say they do not receive more information that they need.

According to them, it is a technical failure but the institutions in charge of that exist. That's why most of them ignore many things related to the rights of children with disabilities. But, they said that sometimes even private entities such as non-governmental organizations are providing training related to human rights.”

3.2.5. Participation of young people living with a disability in the spheres of improved life

Burundi is a country of 27,834 km² with an estimated population of 12 million, 50% of whom are under 17 years old and 2/3 under 25 years old. According to projections, the population of working age will have increased by 96.7% in 2030² you understand then that the Government cannot ignore part of its entire population, including their aspirations for welfare, knowledge and human values, which enable them to consider their future with competence. It must also assume their future roles and responsibilities while actively engaging them in a process of reflection on the desired future and sustainable development. This is why several initiatives have been made for the youth in general and for youth living with a disability in particular.

From the above, questions like "Do national youth policies and programs include young people living with disabilities?" and "Is there a quota from national statistics for the inclusion of young people with disabilities in national youth programmes?" and "Is there a percentage (%) of the national budget allocated to young people with disabilities in the general youth programming?" and "Are there young people living with disabilities in leadership positions in grassroots associations, ministerial and administrative departments?", although they were not answered with a resounding yes, most mentioned the initiatives for young people in general which aim at their development and their welfare. Young people living with a disability are not excluded but their participation always depends on their capacity. For example, a Bank for young people has been created, a support program (PAEEJ) for them has been set up with a Guaranteed Impulse Fund (FIGA) to help them easily receive bank loans. Our respondents assured us that some of their laureates are at the University and others run associations for self-development, which comes to answer the question "Are there any structures/organizations of young people living with disabilities?". From the question "Are young people with disabilities participating in programs to fight the COVID-19 pandemic?", respondents answered that participation in the fight is everyone's concern. that the pandemic does not spare anyone, even people living with disabilities. Everyone does it wherever they are. The question to know whether "Has the Covid-19 pandemic impacted the participation of young disabled people in usual activities and how", the answers prove that the impact is general, especially in terms of the free movement of children. You can realize that the majority of children complain about their freedom to move and enjoy easily.

² ISTEEBU, Projection de la population. Projections démographiques 2010-2050, <http://www.isteebu.bi/index.php/publications/rapports-d-enquetes/projection-de-la-population>

Respondents said that this disruption is not due to positive cases but to restrictive measures against the pandemic.

As for "How the rights of children with disabilities in Burundi have been protected and (or) violated and neglected during the Covid-19 pandemic?", those who answered our questions focused mainly on how their rights were protected and affirmed that they did everything necessary since they felt that children with disabilities were more vulnerable to Covid-19.

3.2.6. Non-discrimination, equality, freedom from exploitation and cruelty towards people with disabilities on their legal and political representation

Burundi attaches great importance to non-discrimination, equality, freedom from exploitation and cruelty towards people with disabilities. Reason why the following question: "Does Burundi have a legal protection and supervision mechanism that takes into account discrimination based on disability and violence?" Was answered that they don't know the protection mechanisms. But the Ministry of National Solidarity, Social Affairs, Human Rights and Gender as well as the INCHR ensures that everything goes well in addition to a commission housed within the Presidency of the Republic which is in charge of the questions of people with disabilities. On the question "Which institutions deal with disability-based rights violations?" Our respondents say that there are institutions that address disability-based rights violations. These are the INCHR, Ministry of National Solidarity, Social Affairs, Human Rights and Gender, the Presidency and CDFC. On the question regarding forms of communication "Are forms of communication such as signs, pictograms, easy and tactile language used in rallies, television reports and courts of law?" The people we met talked about personal arrangement. But there are some applications of one of these languages to the National Radio-Television of Burundi (RTNB). Regarding the differential treatment between normal and disabled people, the question, "Has Covid-19 been taken into account in the equal management of the pandemic among disabled and non-disabled children? How was this equality instituted?" was answered by saying that in Burundi, there is no difference in the treatment of Covid-19 between these two types of individuals.

3.2.7. Strengthening of health services and rehabilitation of people living with disabilities

The Government of Burundi has made considerable progress in the health sector in terms of decentralization and expansion of services. Despite this, the health situation remains worrying and the Covid-19 has aggravated the situation not by its aspect of being contaminated by many people but because the pandemic has upset the country especially on its economic and social aspect.

Therefore, regarding the question "Do training programs for health professionals include disability and the right and health-related rehabilitation issues?", respondents said that there are not only programs training for health professionals but also programs for community health.

Therefore, disability, rights and health-related rehabilitation issues are included. This was related to the question "Are rehabilitation services part of the basic health care program and financing?" where our respondents affirmed to receive not only people from the ministry but also from different NGOs operating there through their projects for grassroots society.

For this next question "Does Burundi have services such as primary health clinics and a referral system that provides affordable access to rehabilitation and specialized health services, particularly for the disabled?", our respondents said that these clinics do not exist except for a single one, CNAR center which is a center for the physically disabled only. However, they added that all other hospitals receive them according to their assistance needs. But according to the question "Are assistive devices provided in state institutions and at minimal or no cost to persons living with disabilities?", persons with disabilities in general and children with disabilities in particular do not receive any favors related to their disability. They are treated like the others, they say. As for the question "How is COVID-19 taken into account in health services for people living with disabilities and especially children?", our respondents told us that they did not see any special treatment for these disabled children. During this period of COVID-19, there were no particular cases of treatment different from the usual and those who fell ill did not receive special treatment based on disability or not. They only mentioned that World Vision reserved special attention to these children but for only a moment.

3.2.8. Actions taken against Covid-19 with regard to the rights and welfare of children with disability

The Covid-19 pandemic causes several challenges that societies face in their daily activities. This situation is observed in centers for people with disabilities and elsewhere in Burundi. This is why to the question "What are the additional and specific challenges faced by children living with disabilities in Burundi, in light of the Covid-19 pandemic/crisis?", the persons in charge of the institutions met affirm that the disabled children presented maladjustments and vulnerability. Some children refused to attend classes until they gave up. Some others confirm that during the period when the society presented several positive cases of Covid-19, there were difficulties related to external subsidies, parents' visits to the CDP to see their children. As some families having children with disabilities had economic problems, they had problems protecting themselves against Covid-19.

This last challenge espouses the adaptation considerations posed to the following question "How have the families of children living with disabilities been able to adapt to the socio-economic upheavals caused by the pandemic?". Most of the people who met gave answers that the parents of the children did not have any additional problems to the existing problems before the pandemic, only they had problems supervising the children at home during the holidays.

With regard to Covid-19, Burundi has put in place a system of protection and prevention against the Covid-19 pandemic, in particular the availability of soap at a lower cost, screening centers

and medicines for positive cases. The answers given to the question “To what extent have the new considerations enabled Equal Access for children with disabilities?” For example, can children living with disabilities access online learning, are there personalized WASH devices that can also allow them to safely and comfortably adhere to Covid-19 guidelines?”, illustrate that WASH devices have been set up in CDP and that these centers are beginning to take an interest in online learning for children living with disabilities, but that they lack the necessary tools.

Mental health is an essential component of health. It is a state of welfare in which a person can develop himself, overcome the normal stresses of life, perform productive work and contribute to the life of his community. To this question “What were the consequences of the Covid-19 pandemic on the mental health of children living with disabilities? ”, the respondents proved that the consequences of the Covid-19 pandemic are real and that, to their knowledge, there have been no impacts on mental health, but they speak of the fear of children living in the CDP.

On this question “What efforts are made by state and non-state actors to ensure that relevant actors leave no one behind and build back better? “, the respondents lament that these institutions have not made additional efforts to help children with disabilities but that they are in the process of raising awareness and advocating for substantial support given the situation of the Covid-19 in Burundi.

The question on the integration of children with disabilities “How have children with disabilities been integrated into the recovery efforts of the Covid-19? was positively answered and that this is done through training offered by COOPED to help children improve their morals.

For the following question “What Special measures have been put in place to ensure that children living with disabilities can report violations such as harassment, violence, in particular sexual and gender-based violence? “, respondents said special measures have been put in place such as listening services and toll-free telephone numbers so that people can report violations such as harassment, violence and especially sexual violence.

Chapter 4 CONCLUSION AND RECOMMENDATIONS

4.1. Conclusion

International Conventions on the Rights of Persons with Disabilities as well as the regional human rights instruments, especially the ACRWC proclaim the need for the development of children with disabilities by enshrining their right to live and develop appropriately for their welfare. Thus, the rights set out in this convention provide for the satisfaction of essential needs for this development.

In Burundi, many actors campaign for the rights of children with disabilities. The 2018 Constitution, the various laws and regulations, such as the Law Number 1/03 of January 10, 2018 on the promotion and protection of the rights of persons with disabilities in Burundi related to human rights in general and the rights of children in particular, the various policies and the various institutions in charge of the promotion and protection of human rights constitute a framework that is legal, political and institutional and tools favorable to the rights of the child. However, it is clear that there is still a long way to go. According to our research, the implementation of the legal and political framework is not fully effective in Burundi in terms of protecting the rights of people living with disabilities.

This study made it possible to acquire the inventory of the impact of Covid-19 on the welfare of children with disabilities in Burundi but also how these children with disabilities are included in interventions to guarantee a better and solid protection of their rights by addressing existing inequalities and disparities.

To achieve this objective, a methodology combining several research tools, the questionnaire, the interview guide for focus groups and individual interviews, was developed. Various key informants were approached in the four regions of the country, in different centers and institutions, in the North, South, Center-East and West to complete the information obtained through the documentary review.

The results of the investigations obtained in the field as well as those of the documentary research show that the Covid-19 has indeed had a negative impact on the lives of children with disabilities here in Burundi. This impact is manifested by:

- Failure to adapt to anti-Covid-19 measures;
- The weak involvement of the Government in the management and care of children with disabilities;
- The low means of the CDP housing these children;
- The ignorance of those in charge of CDP and/or of these children with regard to human rights in general and the rights of children with disabilities in particular;
- The lack of specific hospitals for this category of people.

Several stakeholders, namely the government, different associations and Institutions, civil society and different NGOs working in the field of human rights, are at work in different corners of the country and are doing their best to promote the welfare, respect the rights of these children and more particularly children with disabilities, and contribute to the management of the Covid-19 pandemic given the vulnerability of these children.

This pandemic contributes to creating an unfavorable situation for the welfare of these disabled children, in particular parents and guardians who no longer visit their children because of a lack of knowledge of protective measures, donors are no longer able to easily send the material and monitor the smooth running of the activities of the financially supported CDP. The consequences of this situation are disastrous on several levels with regard to the lives of children with disabilities in this period of Covid-19.

Initially, the study detected consequences on the children themselves as direct victims of this situation of the pandemic, then consequences on the CDP, on their parents or guardians who, in addition not only to the daily difficulty of managing the particular case of this category of children, and to the pandemic which has come with its complexities, making life itself more complex to take care of these children.

Our study did not find alarming cases of positive cases of Covid-19 in the CDP as well as at the country level in general to rule on the impact at the health level, but indirectly, the pandemic has changed the lifestyle of the children and that of CDP, as well as that of parents and guardians. This observation is generalized at the level of Burundian society.

From the above, we strongly conclude that the impact of Covid-19 on the welfare of children with disabilities here in Burundi is a reality that requires strong intervention from everyone, including government services, civil society and regional and international NGOs working in the field of the protection of children's rights in general and children with disabilities in particular.

4.2. Recommendations

Effective and continuous actions are to be carried out in several directions:

1. Training and awareness-raising for CDP responsible, parents and guardians but also for children on the rights, welfare and social inclusion of children with disabilities is necessary;
2. Put in place a specific policy, strategy and action plan for the prevention and protection of children living with disabilities against Covid-19 at the national level;
3. Recruitment of health personnel specialized in the care and treatment of Children with disabilities or at least the establishment of hospitals and hospital centers for specific treatment of children with disabilities and the reduction in the cost of care;
4. Raising awareness of the role of parenting and multiplying programs aimed at preserving the welfare of children, the WASH system and family unity;

5. Raising awareness among Representatives and staff of centers for children with disabilities on prevention and response measures to Covid-19;
6. Educate the community on the consequences of Covid-19;
7. Set up special anti covid-19 centers for Children with disabilities;
8. Adopt a law making it mandatory to report cases of abuse of children with disabilities;
9. Burundi should ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa;
10. Burundi should ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa;
11. Burundi should implement the ACERWC Guiding Note on Children's Rights during COVID. -19;
12. Burundi should implement the ACERWC's Concluding Observations and recommendations of the initial report of the Republic of Burundi;
13. Intensify interventions aimed at changing community attitudes and behaviors;
14. Set up therapeutic nurseries;
15. Set up free support services for children with disabilities;
16. Increase the budget allocated to the protection of children in general and children with disabilities in particular;
17. Ensure better assessments and monitoring of covid-19 cases in children with disabilities;
18. Guarantee the quality and existence of holistic care services for children with disabilities in Burundi.

THE LIST OF DOCUMENTS CONSULTED

1. **UNICEF, 1989.** The International Convention on the Rights of the Child (CIDE). United Nations International Children's Emergency Fund (UNICEF)
2. **UN, 1948.** The Universal Declaration of Human Rights. United Nations (UN).
3. **IDA, 2006.** Convention on the Rights of Persons with Disabilities. International disability alliance (IDA)
1. **A/RES/2856, 1971.** Declaration of the Rights of the Mentally Retarded by Resolution 2856 of the United Nations General Assembly;
2. **A/RES/3448, 1979.** Declaration of the Rights of Persons with Disabilities adopted by United Nations (UN)
3. **Burundi, 2018.** Law Number 1/03 of January 10, 2018 on the promotion and protection of the rights of persons with disabilities in Burundi;
4. **UA, 2013.** The 2063 agenda of the African Union (AU)
5. **UNDP, 2017.** The 2030 agenda of the United Nations Development Program (UNDP);
6. Burundi, 2010. The 2010 child protection profile of Burundi;
7. **UNICEF and WHO, 2020.** Advice on mask wearing by children in the community in the context of the Covid-19 pandemic: Annex of advice on mask wearing in the context of Covid-19.

ANNEXES

ANNEX-1: Terms of reference for the national assessment mission of the impact of Covid-19 on the rights and welfare of children with disabilities in Africa: case of Burundi

Background

The Network of African National Human Rights Institutions (NANHRI) is a non-profit regional umbrella organization that brings together 46 National Human Rights Institutions (NHRIs) in Africa. It provides capacity building, facilitates coordination and cooperation among NHRIs by linking them with other key human rights actors at the regional and international levels. The African Committee of Experts on the Rights and Welfare of the Child derives its mandate from Articles 32 to 46 of the African Charter on the Rights and Welfare of the Child. The functions of the Committee are to Promote and protect the rights enshrined in the African Charter on the Rights and Welfare of the Child; monitor the implementation and ensure the protection of the rights enshrined in the Charter; interpret the provisions of this Charter at the request of a State Party, an Institution of the Organization of African Unity or any other person or institution recognized by the Organization of African Unity or any State Party.

These two institutions play an important role in the promotion, protection and fulfillment of children's rights in Africa. Recognizing the complementary roles that the two institutions play in the protection and promotion of children's rights in Africa, NANHRI and ACRWC work in synergy to carry out strategic advocacy in order to mobilize the required level of political and social acceptance of protection of the rights of the child.

Disability, combined with underlying health conditions, complicates and aggravates the vulnerability of children exposed to Covid-19. The Kenya National Human Rights Commission, for example, reports that cases of violation of the rights of persons with disabilities between March 15 and June 6, 2020 accounted for 3.6% of the total cases reported to the Commission.

In a guidance note on children's rights during Covid-19 issued by ACRWC in April 2020, the Committee expressed deep concern about the devastating impacts of Covid-19 on rights and welfare of children in Africa, including vulnerable groups such as people with disabilities. With a view to accounting for the cost to children and identifying practical steps that can be taken to mitigate the losses, CEAWC has encouraged AU Member States

to undertake a targeted national assessment on the Covid-19 outbreak and its impact on the rights and welfare of children. The results of the assessment could also inform State intervention strategies in the post-Covid-19 era for the effective protection and promotion of the rights and welfare of children, including those who are handicapped.

As the world, and in particular Africa, grapples with the pandemic, nations have an opportunity to focus on how children with disabilities should be included in all interventions to ensure better and stronger protection of their rights, addressing the inequalities and disparities they face. Building on the African Union's Agenda 2063 and the United Nations' Agenda 2030, all stakeholders have an obligation to take timely, strong, committed and achievable action to protect and promote the rights of children living with a disability, especially now that Africa and the world are faced with the opportunity to build back better, post-pandemic.

Country strategies in the fight against the Covid-19 pandemic, particularly as it concedes the rights of children in Africa, should address the following points:

- a. What are the additional and specific challenges faced by children living with disabilities in Africa, in light of the Covid-19 pandemic/crisis?
- b. How have families of children living with disabilities been able to adapt to the socio-economic upheavals caused by the pandemic?
- c. To what extent have the new considerations enabled equal access for children living with disabilities? For example, can children living with disabilities access online learning; are there personalized WASH devices that can also allow them to safely and comfortably adhere to Covid-19 guidelines?
- d. What has been the impact of the Covid-19 pandemic on the mental health of children living with disabilities?
- e. What efforts are being made by state and non-state actors to ensure that relevant actors leave no one behind and build back better?
- f. How have children with disabilities been integrated into Covid-19 recovery efforts?
- g. What Special measures have been put in place to ensure that children living with disabilities can report violations such as harassment, violence, in particular sexual and gender-based violence?

Goals

Taking note of the devastating impacts of Cov- 19 on the overall rights and welfare of

children in Africa, especially children living with disabilities and with the aim of counting the effects of the pandemic on children with disabilities while taking practical measures to mitigate losses, NANHRI and CEAWC wish to undertake a targeted national assessment of the Covid-19 outbreak and its impact on the rights and welfare of children. NANHRI will work through 5 of its national human rights institutions to provide a comprehensive continental assessment of the impact of Covid-19 on the rights and wellbeing of children in Africa. National assessments will specifically aim to:

- a. Provide a comprehensive assessment detailing how the rights of children with disabilities in Africa have been protected and (or) violated and neglected during the Covid-19 pandemic, detailing and highlighting areas that need to be addressed.
- b. Gather disability-focused data in children that can help design recommendations and solutions to understand pre-existing gaps and tailor responses to how state and non-state actors might address the current inequalities faced by children. faced by children with disabilities, as revealed by the Covid-19 pandemic.
- c. Develop the response strategies to the Covid-19 pandemic and the complaint handling systems of the 5 selected NHRIs, with the aim of ensuring the integration and strengthening of the rights of children with disabilities.

Methodology

It is expected that the data and information collected in these national assessments will be generated through a mixed methods approach, using both primary and secondary research assessment (the consultant may also propose and justify a more appropriate methodology that can be reviewed and accepted). It is intended that the form of this assessment be both qualitative and quantitative.

The stakeholders we intend to target for these assessments are:

- a. Children;
- b. Their parents, guardians and guardians,
- c. State institutions responsible for the protection of the rights of the child,
- d. National Human Rights Institutions especially children's divisions.

Targeted national institutions

The NHRIs chosen for this assessment include: Ghana Commission on Human Rights and Administrative Justice, Ethiopian Human Rights Commission, Malawi Human

Rights Commission, National Human Rights Commission Rights and Fundamental Freedoms of Niger and the National Human Rights Commission of Rwanda.

Expected results

The expected results of this mission are as follows

- a. Provide a comprehensive assessment detailing how the rights of children with disabilities in Burundi have been protected and (or) violated and neglected during the Covid-19 pandemic, detailing and highlighting areas that need to be addressed.
- b. Gather disability-focused data in children that can help design recommendations and solutions to understand pre-existing gaps and tailor responses to how state and non-state actors might address the current inequalities faced by children with disabilities, as revealed by the Covid-19 pandemic.
- c. Develop Covid-19 pandemic response strategies and complaint handling systems of the 5 selected NHRIs, with the aim of ensuring inclusion and strengthening the focus on the rights of children with disabilities.
- d. Provide comprehensive, multi-level actions and recommendations that can be taken by relevant actors to better integrate the rights and needs of children with disabilities into Covid-19 recovery efforts.

Deliverables

The consultant (s) assumes responsibility for the preparation of the following documents:

- a. An inception report outlining the research teams' understanding of the assignment and the approach to be employed, including details of the key issues to be included in the guidelines, and a list of any documentation, information and investigation required. The inception report will be discussed before the start of the mission during an initial meeting.
- b. The questionnaire, interview questions and any other documents needed to collect information from Member States and stakeholders.
- c. The preliminary report of the conclusions of the evaluations, which will be submitted to a validation process in the form of an online seminar organized by CERFE/NANHRI. Consultants will be responsible for facilitating and reporting during the webinar.
- d. The final conclusions of the evaluation incorporating all feedback from the

webinar/validation/review workshop in accordance with the objectives and scope of the assignment mentioned above.

- e. The expanded evaluation report and all confidential information should be submitted to ACRWC and NANHRI.

Proposal Evaluation Criteria

Consultants must comply with child protection and safeguarding policies and principles. If necessary, the consultant must submit to an ethical authorization. ACRWC and NANHRI undertake to guarantee the respect and protection of the rights of persons participating in the collection or analysis of data. All applicants should include in their proposal details of how they will ensure ethics and protection of children in the data collection process. Specifically, the consultant(s) should explain how the appropriate, safe and non-discriminatory participation of all stakeholders will be ensured and how particular attention will be given to the needs of children and other vulnerable groups.

The consultant (s) should also explain how the confidentiality and anonymity of the participants will be guaranteed.

Professional qualification and experience required

- a. The consultant must hold an advanced university degree in law, human rights, children's rights or a related discipline.
- b. At least 10 years of experience working and/or researching, developing and reviewing policies in the area of children's rights and the right to education in the African context;
- c. Excellent knowledge of the African Charter on the Rights and Welfare of the Child and the work of the African Committee of Experts on the Rights and Welfare of the Child;
- d. Demonstrated professional experience in the field of child protection and education in the African context;
- e. First-hand knowledge and experience of the cultural, social, economic and political context of Africa.
- f. Experience working in the AU, UN and other international organizations is desirable;
- g. Excellent analytical skills, using both qualitative and quantitative methods;
- h. Excellent and proven report writing skills;
- i. Ability to deliver a quality product on time.
- j. Ability to deliver a quality product on time.
- k. Willingness and flexibility, especially with regard to the likely effects of the Covid-19 pandemic, and ability to work within Submission deadlines

ANNEX2. Composition of the mission team

NTIZOYIMANA Jean-Claude: Master in Peace Studies / Human Rights and Peaceful Conflict Resolution, Doctoral student in Public International Law, he has more than 10 years' experience in missions related to human rights here in Burundi as a member of civil society. He will act as team leader for this evaluation mission.

Dr Ir Léonard NTAKIRUTIMANA: Agronomist by training, specialist in territorial intelligence and specialized in agricultural economics and management, he has more than 10 years of experience in national assessment missions (Burundi) with in-depth knowledge of the Burundian context. In this evaluation mission, he will act as an evaluation mission expert.

Dr Prudence NDAYISHIMIYE: Agro-economist by training, he has more than 20 years of experience in large-scale assessment missions in several countries in Sub-Saharan Africa (Burundi, Burkina Faso, Guinea, Liberia, Rwanda, DRC, Sierra Leone, and Chad) and has a detailed knowledge of the Burundian context.

ANNEX 3. Questionnaire for institutions

Identification of the institution:

Name:

Creation date:

Seat:

Geographic coverage:

Date of data collection:

Identification of respondent:

Full name:

Age:

Gender: M..... F.....

Level of study:

Profession / Function:

Disability: Yes..... No.....

I. A detailed legal and policy framework for the protection of the rights of persons living with disabilities put in place

Q11. What concrete measures have been taken by Burundi to appropriate the United Nations Convention on the Rights of Persons with Disabilities, including children with disabilities?

Q12. Has Burundi already submitted its baseline report on disability with reference to the African Commission on Human and Peoples' Rights?

Q13. If yes, was the baseline report compiled with the active participation of organizations working with people living with disabilities, including children with disabilities?

Q14. Has the periodic report been compiled with the active participation of organizations working with people living with disabilities?

Q15. How were children with disabilities treated, protected and cared for during the Covid-19 pandemic?

Q19. Is there a framework for protecting children with disabilities from Covid-19? What measures have you taken to deal with Covid-19?

II. Appropriate institutions are created/ strengthened and policies formulated for the effective implementation of the provisions of the National Action Plan for Persons Living with Disabilities, the Convention on the Rights of Persons Living with Disabilities and legislation at the national level

Q21. Does Burundi have a national institution for the supervision, coordination and integration of disability issues, including children with disabilities?

Q22. Does Burundi have offices in charge of persons living with disabilities including children with disabilities or focal points in all ministries/agencies?

Q23. Does Burundi have a national policy on people living with disabilities and inclusion, including children with disabilities?

Q24. Does Burundi have a national action plan on mainstreaming and disability inclusion of persons with disabilities?

Q25. Is there a specific action plan to protect children with disabilities against Covid-19? What have been the impacts of actions taken to protect children from Covid-19?

III. National resources allocated to all sectors to implement national action plans on disability and inclusion

Q31. Has the national budget allocated funds to address disability specificities and disability mainstreaming programs and services?

Q32. What was the budgetary envelope allocated to the protection of children with disabilities against the Covid-19 pandemic?

IV. Programs that recognize the rights and needs of children with disabilities and their caregivers are in place.

Q41. Have the provisions of Article 13 of the African Charter on the Rights and Welfare of the Child (1999) been incorporated into the national action plan and programs for children?

Q42. Has Burundi adopted strategies/tools to inform parents, guardians and caregivers of children living with disabilities of available services and support for the promotion and protection of their rights such as media campaigns, gatherings, etc.?

V. Participation of young people living with disabilities in all spheres of improved life.

Q51. Do national youth policies and programs include young people living with disabilities?

Q52. Is there a quota from national statistics for the inclusion of young people with disabilities in national youth programs?

Q53. Is there a percentage (%) of the national budget allocated to young people with disabilities in general youth programming?

Q54. Are there young people with disabilities in leadership positions in grassroots associations, ministerial and administrative departments?

Q55. Are there structures/organizations of young people living with a disability?

Q56. Are young people with disabilities participating in youth COVID-19 pandemic programs?

Q57. Has Covid-19 impacted the participation of young people with disabilities in usual activities? How?

Q58. How have the rights of children with disabilities in Burundi been protected and (or) violated and neglected during the COVID 19 pandemic?

VI. Non-discrimination, equality before the law and freedom from exploitation and cruelty to people living with disabilities are increasingly addressed through better legal and political representation

Q61. Does Burundi have a legal protection and supervision mechanism that takes into account discrimination based on disability and violence?

Q62. Which institutions deal with disability-based rights violations?

Please cite the name(s) of institution(s):

Q63. Are forms of communication such as sign, pictograph, easy and tactile language used in rallies, television reports and courts of law?

Q64. Has Covid-19 been taken into account in the equal management of the pandemic among disabled and non-disabled children? How was this equality instituted?

VII. Health and rehabilitation services for people living with disabilities strengthened

Q71. Do training programs for health professionals include disability and the right and health-related rehabilitation issues?

Q72. Are rehabilitation services part of the basic health care program and funding?

Q73. Does Burundi have services such as primary health clinics and a referral system that provides affordable access to rehabilitation and specialized health services, particularly for the disabled?

Q74. Are assistive devices provided in state institutions and at minimal or no cost to persons living with disabilities?

Q75. How has COV 19 been taken into account in health services for people living with disabilities and especially children with disabilities?

VIII. Actions against Covid-19 with regard to the rights and welfare of children with disabilities

Q81. What are the additional and specific challenges faced by children living with disabilities in Burundi, in light of the COVID-19 pandemic/crisis?

Q82. How have families of children living with disabilities been able to adapt to the socio-economic upheavals caused by the pandemic?

Q83. To what extent have the new considerations enabled equal access for children with disabilities? For example, can children living with disabilities access online learning, are there personalized WASH devices that can also allow them to safely and comfortably adhere to Covid-19 guidelines?

Q84. What were the consequences of the Covid-19 pandemic on the mental health of children living with disabilities?

Q85. What efforts are being made by state and non-state actors to ensure that relevant actors

leave no one behind and build back better?

Q86. How have children with disabilities been included in Covid-19 recovery efforts?

Q87. What special measures have been put in place to ensure that children living with disabilities can report violations such as harassment, violence, especially sexual and gender-based violence?

ANNEX 4. Questionnaire for children with disabilities in the context of Covid-19

Identification of the investigator:

Surname and first name / Amazina:

Date of data collection/ Itariki:

Identification of respondent:

Province/ Intara:

Age/ Imyaka:

Sex/ Igitsina: M..... F.....

Level of study / Amashure:

Occupation / Akazi:

Handicap/ Ubumuga: Yes/ Ego..... No/Oya.....

Theme 1: Inventory of children's disabilities in BURUNDI

1. What types of disabilities are frequently observed in our country?/Ni ubuhe bwoko bw'ubumuga dukunda gusanga ngaha mu gihugu iwacu?

- Visual impairment / Ukutabona
- Hearing impairment or Deafness / Ukutumva
- Mute/Ukutavuga
- Deaf-Mute/ Kutumva ntunavuge
- Physical disability/ Ubumuga bufatiye kumubiri, Ukudatambuka
- Mental disability/Ubumuga butewe ningwara zo mumutwe
- Mental disability/Ubumuga bufatiye muvyiyumviro
- Impotence/Ubumuga bufatiye kubihimba vyirondoka
- Autism / gukuziba amatwi
- Motor disability / Ubumuga bufatiye ukutanyiganza ibihimba vyumubiri
- Other/ibindi, specify.....

2. Do you ever have any of these disabilities / woba ugendana bumwe muri ubwo bumuga?

- Yes/ ego
- No/oya

3. What form of disability do you have? / Woba ugendana ubuhe bumuga?

- Visual impairment / Ukutabona
- Hearing impairment or Deafness / Ukutumva
- Mute/ Ukutavuga
- Deaf-Mute/ Kutumva ntunavuge
- Physical disability/ Ubumuga bufatiye kumubiri, Ukudatambuka
- Mental disability/Ubumuga butewe ningwara zo mumutwe
- Mental disability/Ubumuga bufatiye muvyiyumviro
- Impotence/Ubumuga bufatiye kubihimba vyirondoka
- Autism / gukuziba amatwi
- Motor disability / Ubumuga bufatiye ukutanyiganza ibihimba vyumubiri

- Other/ibindi, specify.....
4. Have you ever seen other children who have any type of disability? / Hari abandi bana mwoba mumaze kubona bagendana ubumuga
- Yes/ Ego
 - No/Oya
5. Are you aware that there are international and national legal instruments that guarantee and protect the rights of children with disabilities? / Mwoba muzi ko hariho amategeko ku rwego mpuzamakungu no kurwego rw'igihugu akingira agateka k'abana bagendana ubumuga?
- Yes/ Ego
 - No/Oya
6. Have you ever heard of Covid-19?/Muramaze kwumva ikiza ca Cov 19?
- Yes/ Ego
 - No/Oya
7. What are the channels that made you aware of this Covid-19 pandemic?
- Radio / Iradiyo
 - Newspapers/ Ibinyamakuru
 - Center for the disabled / Ibigo vyabagendana ubumuga
 - Visitors/ Ingenzi
 - Parents/ Abavyeyi
 - Guardians / Abarezi
 - Others, specify / Ibindi, bivuge.....
8. What means do you use to protect yourself against the Covid-19 pandemic?
- isolation/confinement
 - Wearing masks
 - Hand washing
 - Respect for putting between individuals (disabled)
 - Shaking hands and other contact greetings
9. In your opinion, who have more difficulties with Covid-19 between children living with disabilities and normal children? /Ku bwanyu hagati y'abana bagendana ubumuga nabana batabugendana, nibande bagira ingorane gusumba abandi?
- Children living with a handicap have more difficulties / abana bagendana ubumuga nibo bagira ingorane gusumba
 - Normal children have more difficulties / abana batagendana ubumuga nibo bagira ingorane gusumba
 - Children living with a handicap experience the same difficulties as normal children / abana bagendana ubumuga bagira ingorane zimwe cokimwe nabana badafise ubumuga.
10. What difficulties do you experience as children living with disabilities in relation to Covid-19? / Nizihe ngorane muhura nkabana mugendana ubumuga muriki gihe ca Covid-19?
- Kwambara udufukamunwa bigoranye
 - Gukaraba bigoranye
 - Kudashobora kuba ukwawe (confine) kubera ukeneye uwukwama hafi

- Kudashobora kuramukanya n'abavyeyi
 - Other / ibindi, specify
11. Have you ever been tested for Covid-19? / Woba waripimishije ikiza ca Covid-19?
- Yes/ Ego
 - No/Oya
12. If yes, how many times?..... / Nimba ari ego, kangaha.....
13. If not why? / Nimba ari oya Kubera iki?
14. People helping you to test did they find you at school or you had to move yourself to see them? / Abajewe kubapima ico kiza Covid-19 boba babasanga aho muri canke nimwe muja kubarondera?
15. If you were to go to find them, was it easy? With which means had you to go there? /Nimba arimwe muja kubarondera, mbega biraborohera? Mwangenda gute?
16. What structures are most involved in protecting children with disabilities from the pandemic?/Mwotubwira inzego zifasha abana bagendana ubumuga mu kwikingira ikiza Civ-19?
- The local administration / abajewe intwari y intango
 - Child protection committees (CPE)/ Imigwi ijejwe gukingira abana
 - The community / Ikibano
 - The police/Urwego rw'inyamiramabi
 - Justice/ ubutungana
 - Civil society organizations / amashirahamwe aharanira iterambere ry'abenegihugu.
 - Ibigo bijewe abana bagendana ubumuga mu Burundi
 - Religious denominations / amasengero
 - The CDFCs / ama CDFCs
 - Non-governmental organizations / Amashirahamwe ategamiye Leta
 - Others/ ibindi (ucubivuga)

Theme 2: The causes of children's disabilities in Burundi

17. What caused your disability?/Tubarire icatumye ugira ubwo bumuga?
- Accident/ isanganya
 - Innate/ Niko navutse meze
 - War/Intambara
 - Deprivation of care or negligence / Kutitabwaho
 - Sexual exploitation / ihohoterwa rifatiye ku gitsina
 - Psychological/emotional/mental/gutuntuzwa violence
 - Food-related abuse / kutagaburirwa
 - Abuse related to lack of health care / kutavuzwa
 - Abuse related to non-schooling / kutigishwa
 - Abuse linked to discrimination/Gukumirwa

- Abuse related to the worst forms of work / gukoreshwa ibikorwa biruhisha
 - Other (to be specified)/ibindi (ibihe?)
18. What are the factors that make children with disabilities more vulnerable and exposed to Covid 19?/Ni ibiki bishobora kwunyura imibereho y'umwana agendana ubumuga muriki gihe ca Covid 19
- Sex of the child / igitsina c'umwana
 - Nature of the disability/ Ubwoko bwubumuga
 - Economic situation of the family / ukwo umuryango ubayeho
 - Personality and behavioral characteristics of parents or disability centers / Ubuntu n'inyifato y'ababareze
 - Parents with disabilities/Abavyeyi bagendana ubumuga
 - Cultural norms / Imico n'imigenzo
 - Social conflicts and wars / Amatati yo mukibano n'intambara
 - Others / ibindi (ibihe?)

Theme 3: The consequences of Covid-19 on children with disabilities in Burundi

19. What is the impact of Covid-19 on the health of children with disabilities?/Ni ingaruka nki za Covid-19 ku magara yabana bagendana ubumuga?

- Death/urupfu
- Lack of health care resources / Kutaronka uburyo bwo kwivuza ahariho hose nko hanze
- Deficiency of certain drugs from abroad / Hari imiti yahora iva hanze itakiboneka kubera imbibe zidahita neza
- Difficulties in getting treatment/Kutoroherezwa mukwivuza
- Others / ibindi(ibihe?)

20. What is the impact of Covid-19 on the welfare of children with disabilities?

- Malnutrition; / Kurya nabi
- Problem of schooling / Kudashobora kwiga neza uri muri center for the disabled;
- Food supply problems; / Ikibazo kijanye nogufungura
- Development difficulties between children with disabilities/Ikibazo kijanye no guhabwa ivya nkenywa
- Isolation/Kutaja hamwe n'abandi
- Others/ Ibindi, specify.....