

Burundi is the second most densely populated country in sub-Saharan Africa. It ranks very low (185 out of 189 countries) on the human development index and over 65% of the population lives below the national poverty line.

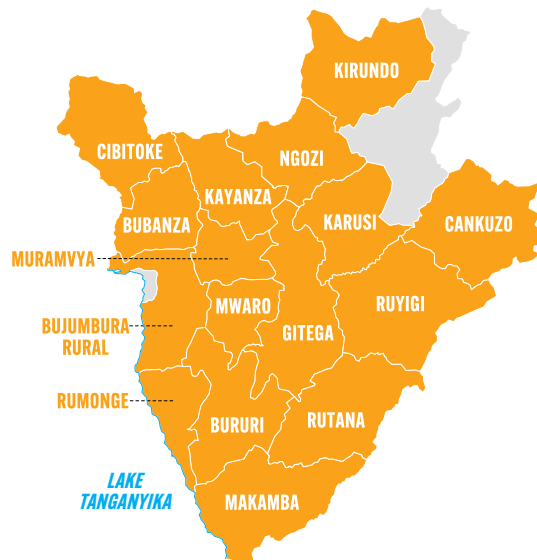
Burundi's rate of global acute malnutrition (GAM) is estimated at 6.1% among children under five years. 1.1% suffer from severe acute malnutrition (SAM). Regional disparities exist across the 18 provinces in the country with 9 provinces being classified in an "alert" situation and 3 provinces (Karusi, Kayanza and Kirundo) having relatively high rates of acute malnutrition. In the refugee camps, survey results have indicated a decrease in acute malnutrition across all camps between 2013 and 2017.

The main determinants of wasting include poor quality of food intake by children, high levels of food insecurity, high incidence of childhood illnesses and poor water, sanitation and hygiene practices. With reference to the food consumption classification, data shows that 7.6% of households are classified as "poor", 21.1% are "borderline" and 71.2% are "acceptable". This scoring is a proxy to a household's caloric availability. Dietary diversity scores reveal 35.3% of households being "low", 39.9% being "middle" and 24.8% are "high". It is also noted that food intake of children is poor even in provinces where acute food insecurity is low, suggesting poor knowledge and awareness on infant and young child feeding (IYCF) practices. High levels of food insecurity impact 44% of households across the country. Furthermore, rates of childhood illnesses include fever at 38%, diarrhea at 31% and respiratory tract infections at 19%. These rates are further compounded by diseases (malaria, measles, water-borne), and the effects of the Covid-19 pandemic. Finally, anemia in women of reproductive age (15-49 years) remains high across all provinces and iron folic acid (IFA) supplementation is a priority activity to reduce maternal and newborn mortality.

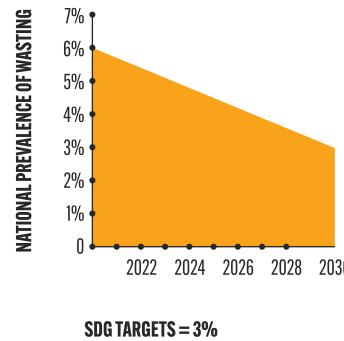
Burundi also faces climatic hazards, water deficits, the El Nino phenomenon, epidemics, and population displacement. The occurrence of these shocks negatively impacts the vulnerability of children as well as pregnant and lactating women, increasing their risk of acute malnutrition. Among these vulnerable populations are internally displaced people and returnees.

There is a large network of actors and community platforms (community health workers, Maman Lumieres, agricultural monitors, etc.) who promote nutrition sensitive agricultural practices, essential nutrition practices and early detection of malnutrition in Burundi. The management of acute malnutrition is integrated into the health system with 100% coverage for hospital care, 80% for outpatient therapeutic care and 20% for complementary feeding practices. The management of moderate acute malnutrition (MAM) covers only 4 out of the 16 priority provinces of the country, threatening a deterioration in the nutrition status of children due to a rise in the total number of SAM cases.

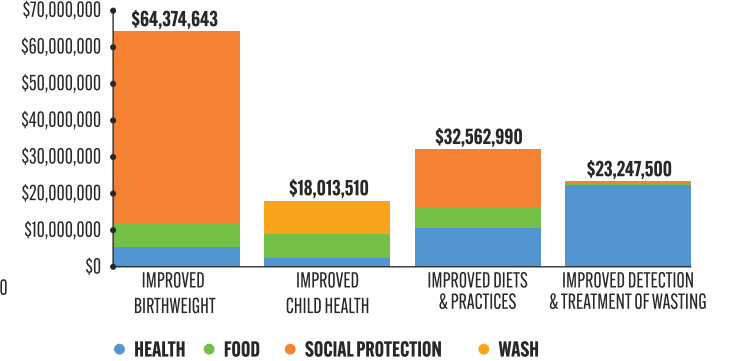
GEOGRAPHICAL PRIORITY AREAS



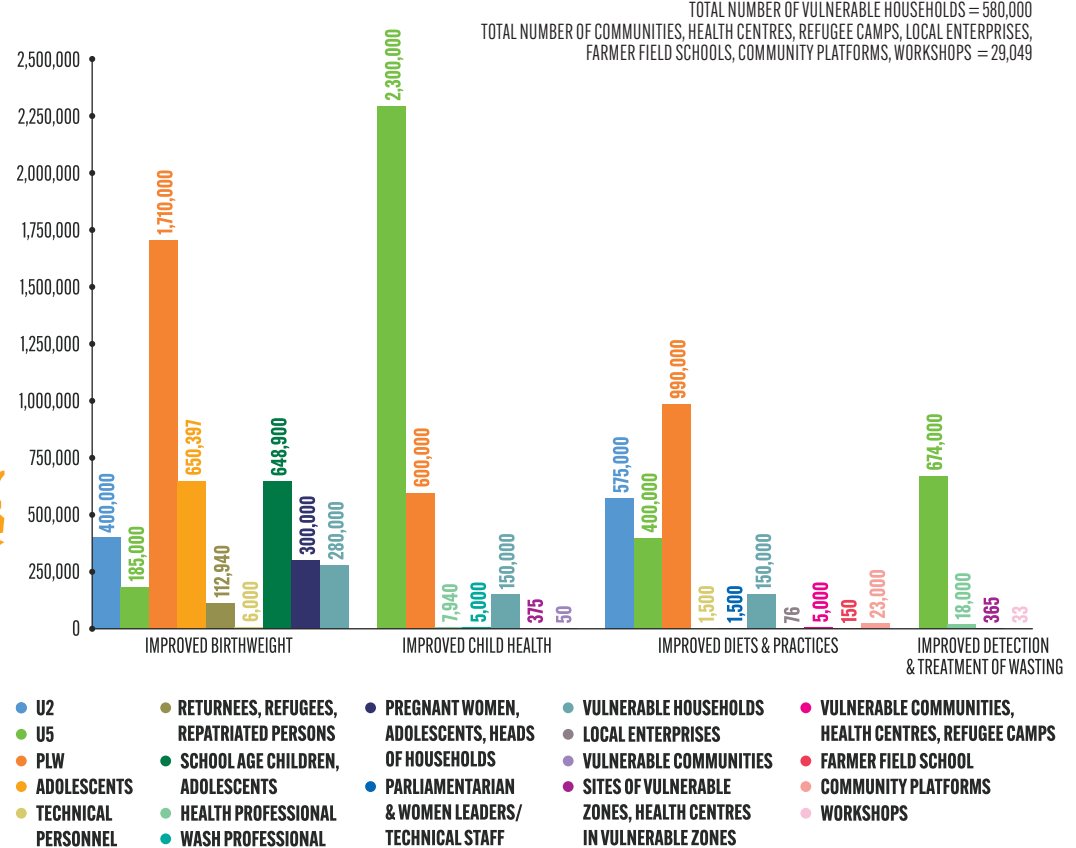
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- REDUCE LOW BIRTHWEIGHT TO 7%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO > 85%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 80% OF THE POPULATION

OUTCOME 1 REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Promote social and behavioral change interventions on maternal nutrition targeting adolescent girls and women (including refugees and internally displaced migrants)</p> <p>Promote social mobilization and sensitization of young people on healthy eating habits and culinary skills, through the establishment of Youth Friendly Health Centers and schools.</p> <p>Strengthen health facility and community capacity on basic and emergency obstetric and newborn care, danger signs, sexual and reproductive health and rights (SRHR), and adolescent and youth sexual and reproductive health (AYSRH).</p> <p>Strengthen the prevention of anemia and infectious complications in pregnant and breastfeeding women (Iron and folic acid supplementation, deworming, use of impregnated mosquito nets and vaccination)</p> <p>Provide treatment for moderate acute malnutrition in pregnant and lactating women (PLW)</p>
FOOD	<p>Support the production and promotion of biofortified foods (orange-fleshed sweet potato and beans, etc.) and the regular renewal of crop varieties that can adapt to climate change for an adequate and diversified maternal diet.</p> <p>Support the food value chain of local agricultural, animal and fishery products and their sustainable use by communities.</p> <p>Promotion of gender and nutrition sensitive agriculture and livestock.</p> <p>Support food systems that provide healthy and nutritious food (which meets the needs of children and women / girls).</p> <p>Establishment of standards and guidelines for supplying school canteens with local products.</p> <p>Promotion of vegetable gardens.</p>
SOCIAL PROTECTION	<p>Support and facilitate access for pregnant women and adolescent girls to mutual health insurance and administrative documents (Marriage certificate, birth, death certificate).</p> <p>Promote the use of school platforms to support efforts to reach adolescent girls with school feeding as well as nutrition and reproductive health education.</p> <p>Improve coverage of food assistance and blanket feeding programs.</p> <p>Ensure access of children and adolescents to the school feeding program.</p> <p>Extend cash transfer programs for pregnant women and adolescent heads of households.</p>

OUTCOME 3 IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Support the scaling up and strengthening of interventions promoting IYCF practices through integration into maternal and child health services. (Make the IYCF protocol, guidelines and tools available to all health facilities; capacity building, monitoring and evaluation).</p> <p>Implement and monitor the interventions included in the early childhood development strategy.</p> <p>Promote the Baby Friendly Hospital Initiative (BFHI) and baby-friendly communities to advocate, protect and support breastfeeding in health services and communities.</p> <p>Promote good IYCF practices at the community level including for breastfeeding and adequate and appropriate complementary feeding at the age of the child through community leaders, CHWs, light mothers and other community approaches.</p> <p>Micronutrient supplementation for children 6 to 23 months old.</p> <p>Home fortification by micronutrient powder supplementation of children from 2 to 12 years old</p> <p>Support the process of developing and adopting the marketing code for breastmilk substitutes and support monitoring of its implementation</p>
FOOD	<p>Support the establishment of units for the production of nutritious (fortified) foods based on local products.</p> <p>Improve the analysis of determinants of complementary feeding according to the systems approach to guide decision-making as well as the design of interventions to improve the diets and nutritional status of children 6-23 months.</p> <p>Support the strengthening of nutritional and culinary education for households with children aged 6-23 months.</p> <p>Support for vulnerable households for the production of foods with high nutritional value (seeds, tillage equipment, etc).</p>
SOCIAL PROTECTION	<p>Support the improvement of access to age appropriate nutritious, affordable and sustainable foods through social protection transfers (cash or in kind) targeting children aged 6-23 months and lactating women (at risk).</p> <p>Provide unconditional food assistance to vulnerable households, including refugees, displaced persons and blanket feeding assistance to children 6 to 23 months, pregnant and breastfeeding women, etc during lean periods and other situations of crisis.</p>

OUTCOME 2 IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Capacity building for improving the quality of services and strengthening of the technical platform including a health insurance system for all.</p> <p>Increase the coverage of integrated structures for the care of childhood illnesses including SAM at institutional and community level (IMCI, IMAM, Reproductive, Maternal, Neonatal, Infant and Adolescent Health (RMNCAH))</p> <p>Ensure the management of moderate acute malnutrition (MAM) in children under 5 years old.</p> <p>Promote the integration of essential nutrition actions in all health services and at the community level (production and dissemination of directives, tools and implementation approaches).</p>
FOOD	<p>Support capacity building for the improvement of food quality standards and control to ensure the availability of healthy foods.</p> <p>Ensure food security through improved technologies for food storage and handling throughout the food value chain.</p> <p>Promote the improvement of storage / conservation of crops through community granaries / silos / hermetically sealed bags.</p>
WASH	<p>Improve access to drinking water and basic sanitation services at the level of communities, health facilities, refugee camps and schools.</p> <p>Strengthen the management capacities of drinking water and basic sanitation infrastructure at the community level, health facilities, refugee camps and schools.</p> <p>Strengthen the management capacities of drinking water and basic sanitation infrastructure at the community level, health facilities, refugee camps and schools.</p> <p>Improve access to drinking water and hygiene at a basic level for communities, health facilities, refugee camps and schools.</p> <p>Capacity building for the management and maintenance of drinking water and basic sanitation infrastructure at the community level, health facilities, refugee camps and schools.</p> <p>Promotion of good hygiene and sanitation practices</p> <p>Popularize "Tippy Tap", support for local soap production</p> <p>Provide price subsidy for national soap</p> <p>SBCC WASH promotion of hygiene practices and child care in households.</p>

OUTCOME 4 IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Support capacity building in the management of the supply chain (construction or rehabilitation of storage stores at District level, make resources available for logistics, decentralize the Medicines and Equipment Purchasing Center, increase the health staff to ensure treatment for malnutrition, etc)</p> <p>Institutional and community capacity building for early screening and detection (mother MUAC) and quality of case management of malnutrition in health services.</p> <p>Support the integration of the prevention and management of malnutrition into the medical school curriculum.</p> <p>Strengthen the national health information system for the production of GAM data, in order to support and inform decision-making, including in emergency situations.</p> <p>Strengthen the national program for the management of acute malnutrition: treatment of SAM at the health facility level and MAM at community level in children under 5 years old.</p> <p>Support the implementation of a pilot study on the simplified protocol in the management of acute malnutrition.</p>
FOOD	<p>Establish an incentive framework to facilitate private sector investments in the local production of specialized nutritious foods.</p> <p>Establish an incentive framework to facilitate private sector investments in the local production of specialized nutritious foods.</p> <p>Support the establishment of a legal framework for the supply of specialized nutritious foods.</p>
SOCIAL PROTECTION	<p>Support the operationalization of social services at the health facility level by providing assistance (cash / live) to accompanying persons of malnourished children in the care structures.</p>