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.

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**OUTCOME 1**
**REDUCE LOW BIRTHWEIGHT TO 7%**

**SYSTEM**
**PRIORITY ACTION/SERVICE**

**HEALTH**
- 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 social and reproductive health (YSRSH).
- Strengthen the prevention of sexual and intimate violence in pregnant and breastfeeding women (iron and folic acid supplementation, screening, use of remained medications and vaccination).
- Provide treatment for moderate acute malnutrition in young and lactating women (PMN).

**FOOD**
- Support the production and promotion of fortified foods (orange-fleshed sweet potatoes and beans, etc.) and the regular renewal of crop varieties that can adapt to climate change for an adequate diversified maternal diet.
- Support the value chain of local agricultural, animal, and fishery products and their sustainable use by communities.
- Promote gender and nutrition-sensitive agriculture and livestock.
- Support food systems that provide healthy and nutritious food (which meets the needs of children and women/girls).
- Promotion of vegetable gardens.
- Support the operationalization of social services at the health facility level by providing assistance (cash/in kind) to accompanying persons of malnourished children.

**SOCIAL PROTECTION**
- Support and facilitate access for pregnant women and adolescent girls to maternal health insurance and administrative documents (Marriage certificate, birth, death certificate).
- Promote the use of school platforms to support efforts to reach adolescent girls with school feeding as well as nutrition and reproductive health education.
- Provision of maternal nutritional support and advice (vitamin A, folic acid, iron, etc.);

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

**SYSTEM**
**PRIORITY ACTION/SERVICE**

**HEALTH**
- Ensure coverage of primary health care services for the population, including immunization, family planning, and maternal and child health.
- Provide unconditional food assistance to vulnerable households, including refugees, displaced persons and blanket feeding assistance to children 6 to 23 months.
- Support the improvement of access to age-appropriate nutritious foods through social protection transfers (cash or in kind) targeting children aged 6-23 months and lactating women (at risk).

**FOOD**
- Provide social mobilization and sensitization of young people on healthy eating habits and culinary skills, through the establishment of Community Youth Health Centers.
- Support for vulnerable households for the production of foods with high nutritional value (seeds, tillage equipment, etc).

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

**SYSTEM**
**PRIORITY ACTION/SERVICE**

**HEALTH**
- Implement and monitor the interventions included in the early childhood development strategies.
- Promote the Baby Friendly Hospital Initiative (BFHI) and baby-friendly communities to advocate, protect and support breastfeeding in health services and communities.
- Support the integration of the prevention and management of malnutrition into the medical school curriculum.
- Develop and implement strategies to improve 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).
- Support the extension of social services at the health facility level by providing assistance (cash/in kind) to accompanying persons of malnourished children.

**FOOD**
- Support the operationalization of social services at the health facility level by providing assistance (cash/in kind) to accompanying persons of malnourished children.
- Support the implementation of 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).

**SOCIAL PROTECTION**
- Support for vulnerable households for the production of foods with high nutritional value (seeds, tillage equipment, etc).

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

**SYSTEM**
**PRIORITY ACTION/SERVICE**

**HEALTH**
- Ensure the management of moderate acute malnutrition (MAM) in children under 5 years old.
- Support the extension of social services at the health facility level by providing assistance (cash/in kind) to accompanying persons of malnourished children.

**FOOD**
- Support the establishment of social services at the health facility level by providing assistance (cash / in kind) to accompanying persons of malnourished children in the care structures.

**SOCIAL PROTECTION**
- Support the establishment of a framework to facilitate private sector investments in the local production of specialized nutritious foods.
- Support the establishment of a legal framework for the supply of specialized nutritious foods.