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Burundi: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Burundi. According to the 2016–2017 Demographic and Health Survey (DHS), the country has one of the highest rates of chronic malnutrition (stunting or low height-for-age) globally (56 percent), affecting over 1 million children under 5 years (Institut de Statistiques et d'Études Économiques du Burundi [ISTEEBU] and ICF International 2017).

Background

Burundi's population is expected to increase by approximately 46 percent (to 15.3 million) by 2030 and more than double by 2050 (to 23.5 million). Eighty-eight percent of the population resides in rural areas and 45 percent of the population is under 15 (Population Reference Bureau 2017). While the fertility rate in Burundi has declined over the past decade, it remains high. According to the 2016–2017 DHS, women in Burundi have an average of 5.5 children, compared to 6.4 children per woman in 2010 (ISTEEBU and ICF International 2017). Burundi is the second most densely populated country in Africa and among the five poorest countries in the world. While the level of poverty in sub-Saharan Africa has reduced overall, the level of poverty in Burundi has stagnated; as of 2016, 78 percent of the population was living on less than US\$1.90 a day (World Bank 2017, Sachs et al. 2017). The agriculture sector employs 90 percent of the population and poverty disproportionately affects rural farmers (World Bank 2017).

Burundi is susceptible to such natural disasters as flooding and landslides, which have displaced thousands of families. As of December 2017, there were an estimated 40,272 internally displaced households, 68 percent of which were displaced due to natural disasters (International Organization for Migration [IOM Burundi] 2017). While certain provinces in Burundi are susceptible to flooding, the 2015 El Niño caused flooding in provinces that do not usually experience such high levels of rain, destroying homes and farm land (IFRC 2017).

The effects of Burundi's civil war, which ended in 2005, are still being felt. The reelection of President Pierre Nkurunziza to a third consecutive term in 2015 led to a political crisis and renewed violence; efforts to mediate the situation remain stalled. According to the UN Commission of Inquiry on Burundi, there are reasonable grounds to believe that crimes against humanity have been committed; Burundi has withdrawn from the Rome Treaty and the International Criminal Court (World Bank 2017, Office of the United Nations High Commissioner for Human Rights [OHCHR] 2017 and 2018). Thirty-two percent of Burundi's internally displaced persons have left their homes for socio-political reasons and over 425,000 people have left the country to seek refuge in neighboring Tanzania, Rwanda, Democratic Republic of the Congo (DRC), and Uganda (IOM Burundi 2017, United Nations High Commissioner for Refugees [UNHCR] 2017).

Currently, Burundi ranks 132nd out of 157 countries in terms of progress toward meeting the Sustainable Development Goals (Sachs et al. 2017). According to the most recent data, the maternal mortality ratio is 712 per 100,000 live births, 27 percent of female deaths are related to pregnancy or childbearing, and one in 13 children will die before reaching 5 years (ISTEEBU and ICF International 2017, WHO 2015).

Nutrition and Food Security Situation

Ongoing conflict and political instability, coupled with recurrent natural disasters and epidemics, have had dire effects on Burundi's nutrition and food security situation. As of 2014, which is the last year for which reliable data are available, Burundi ranked last on the Global Hunger Index (Global Hunger Index 2017). Approximately 2.6 million people were projected to be food insecure as of October 2017 and recent Famine Early Warning Systems Network

(FEWS NET) estimates do not show an improvement. The food security situation is expected to remain stressed through May 2018, with some poor households reaching crisis levels of food insecurity (FEWS NET 2017, UNHCR 2018).

At 56 percent, Burundi's child stunting prevalence is among the highest in the world; stunting levels among children under 5 have only dropped by 2 percentage points between 2010 and 2016–2017. Similarly, underweight and wasting prevalences have remained virtually unchanged over the same period. Rural areas have a much higher prevalence of stunting than urban areas, at 59 percent and 28 percent, respectively. Following this pattern, the province with the lowest prevalence of stunting (24 percent) is Bujumbura Mairie, the most urban of the provinces. In the rest of the country, which is more rural, the prevalence of stunting ranges from 49 percent in Bururi to 66 percent in Muyinga (ISTEEBU and ICF International 2017).

Differences in stunting levels can be seen according to maternal education and wealth levels—40 percent of children whose mothers have secondary education or higher are stunted, while the prevalence rises to 61 percent of children whose mothers had no formal education. Similarly, 31 percent of children in the highest wealth quintile are stunted, while 69 percent of children in the lowest wealth quintile are stunted. The level of stunting increases with age; 36 percent of children 6–8 months are stunted, with the prevalence steadily increasing and peaking at 66 percent among children 36–47 months. The high prevalence of stunting among children 36–47 months may be a result of the early cessation of exclusive breastfeeding and inadequate complementary feeding of children 6–23 months of age. The prevalence of exclusive breastfeeding drops dramatically among children 4–5 months: 64 percent of children 4–5 months are exclusively breastfed, while the prevalence of exclusive breastfeeding among children 0–3 months is 93 percent (ISTEEBU and ICF International 2017). This change puts children at risk of exposure to pathogens that may be transmitted due to unsafe water and poor food hygiene practices, which can lead to an increase in repeated infections and exacerbate the risk of malnutrition.

Childbearing begins early in Burundi. By 19 years, 29 percent of adolescent girls had begun childbearing in 2016–2017, which is a slight decrease from 31 percent in 2010 (ISTEEBU and ICF International 2017; ISTEEBU, Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), and ICF International 2012). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death, than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of mothers under 18 years in sub-Saharan Africa, and as such, early child-bearing is a key driver of malnutrition (Fink et al. 2014). Anemia rates among women of reproductive age and adolescent girls have increased dramatically, from 45 percent and 19 percent respectively, in 2010, to 61 percent and 39 percent respectively in 2016–2017 (ISTEEBU and ICF International 2017; ISTEEBU, MSPLS, and ICF International 2012). This further increases the risk of low birth weight that also contributes to child stunting.

Implementing sanitation practices is a challenge in Burundi. While 75 percent of the population has access to an improved water source, 95 percent do not treat their drinking water. Only 34 percent have access to an improved toilet, with 56 percent using non-slab or open latrines (ISTEEBU, MSPLS, and ICF International 2012). These practices, coupled with flooding, increase the risk of disease. Burundi has suffered from recurrent cholera and malaria outbreaks, which further exacerbate the nutrition situation. As of October 2017, there were more than 6.6 million cases of malaria (OHCHR 2017). While recurrent infection contributes to high levels of chronic malnutrition, it also has a more immediate impact on levels of acute malnutrition (wasting or low weight-for-height). Nine out of Burundi's 18 provinces are classified as having medium levels of acute malnutrition (between 5 and 9 percent according to WHO/UNICEF prevalence thresholds). Wasting is most prevalent in Kirundo (7.4 percent), Kayanza (7.4 percent), and Karusi (8.1 percent) provinces. Malaria, diarrhea, and poor diet quality are all contributing factors to acute malnutrition in the country (IPC 2017; WHO and UNICEF 2017).

Burundi Nutrition Data (DHS 2010 and 2016–2017)		
Population 2016 (UNICEF 2017)	10.5 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	1.9 million	
	2010	2016-2017*
Prevalence of stunting among children under 5 years (0–59 months)	58%	56%
Prevalence of underweight among children under 5 years (0–59 months)	29%	29%
Prevalence of wasting among children under 5 years (0–59 months)	6%	5%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	11%	NA
Prevalence of anemia among children 6–59 months	45%	61%
Prevalence of anemia among women of reproductive age (15–49 years)	19%	39%
Prevalence of thinness among women of reproductive age (15–49 years)	16%	NA
Prevalence of thinness among adolescent girls (15–19 years)	21%	NA
Prevalence of children 0–5 months exclusively breastfed	69%	83%
Prevalence of children 4–5 months exclusively breastfed	53%	64%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	74%	NA
Prevalence of children who receive a pre-lacteal feed	7%	NA
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	9%	NA
Prevalence of overweight/obesity among children under 5 years (0–59 months)	3%	1%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	8%	NA
Coverage of iron for pregnant women (for at least 90 days)	7%	NA
Coverage of vitamin A supplements for children (6–59 months in the last 6 months)	81%	NA
Percentage of children 6–59 months living in households with iodized salt	96%	NA

NA: Not Available

* The EDSB-III 2016–2017 Key Indicators Report included a limited set of indicators. The full DHS report had not been released as of the publication date of this brief.

Global and Regional Commitment to Nutrition and Agriculture

Burundi has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Burundi pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2013	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The United Nations, donors, and civil society networks are in place; the civil society network has been decentralized in some communes. A network for parliamentarians has been established but still needs to be officially launched (SUN 2017).
2009	Comprehensive Africa Agriculture	CAADP is an Africa-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in

	Development Programme (CAADP) Compact	African countries through agricultural development (New Partnership for Africa's Development 2009).
2017-2021	East African Community (EAC) Food Security Action Plan (FSAP)	The EAC FSAP implementation is expected to cover the 6 EAC partner states and proposes actions that cover all dimensions of food security including food availability, access, utilization, and stability.

National Nutrition Policies/Legislation, Strategies, and Initiatives

Burundi's commitment to improving nutrition is outlined in the following documents, which are aligned with the government's Vision 2025; the Strategic Framework for Fighting Poverty, 2nd Generation (CSLP II) 2012–2016; and the Strategic Multi-Sectoral Plan for Food and Nutritional Security (PSMSAN) (2014–2017–extended to 2018).

- National Agricultural Development Strategy (SAN)
- National Agricultural Investment Plan (PNIA)
- National Social Protection Policy (2011)
- National Health Policy (2016–2025)
- National Nutrition Policy (2013)

All national programs and projects on nutrition are currently coordinated through the Integrated Program for Food and Nutrition (*Programme National Intégré pour l'Alimentation et la Nutrition [PRONIANUT]*) (Collins, C. et al. 2013). Burundi is developing a National Development Plan that will replace the CLSP II. It is expected to be released in 2018.

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Burundi.

Selected Projects and Programs Incorporating Nutrition in Burundi		
Name	Dates	Description
Integrated Health Project in Burundi (IHPB)	2013–2018	IHPB works to increase capacity and strengthen integrated health systems, services, and communication across facilities and communities. Project activities related to nutrition include training health care providers on the management of acute malnutrition and infant and young child feeding practices. The project also works with community health workers to conduct nutrition screening and referrals and has integrated nutrition screening for women as part of its integrated mobile health teams (FHI 360 2017).
Food for Peace (FFP) Project: AMASHIGA	2014–2019	AMASHIGA is working in the province of Muyinga to reduce chronic malnutrition in children under 5; ensure households have access to adequate nutritious food; support government structures, civil society, and the private sector to implement effective and equitable nutrition strategies; and support households and communities to adopt gender-equitable decision-making (CRS 2015).
FFP Emergency Food Assistance	2015–2019	FFP provides funding to World Food Programme and UNICEF to provide emergency food assistance, including general food distribution; food vouchers; food-for-assets activities; targeted supplementary feeding for children under 2 years and pregnant and lactating women; and ready-to-use therapeutic food to treat severe acute malnutrition in children under 5. FFP is also working with UNICEF to conduct a nutrition survey to identify the regions of the country most affected by acute malnutrition (USAID 2017).

References

- A Promise Renewed. 2017. "Burundi." Available at: <http://www.apromiserenewed.org/countries/burundi/>.
- Collins, Christy, Magnani, Rich, and Ngomirakiza, Evelyn. 2013 *USAID Office of Food for Peace Food Security Country Framework for Burundi* (FY 2014–FY 2019). Washington, D.C.: FHI 360/FANTA.
- CRS. 2015. *AMASHIGA Consortium Quarterly Report Apr–Jun 2015*. Available at: <https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzY0MTkx>.
- FEWS NET. 2017. *Burundi Remote Monitoring Update*. Available at: [https://reliefweb.int/sites/reliefweb.int/files/resources/Burundi December%202017 %20RMU %20Final 0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Burundi%20December%202017%20RMU%20Final%200.pdf).
- FHI 360. *Integrated Health Project in Burundi (IHPB) Quarterly Report April–June 2017*. Available at: http://pdf.usaid.gov/pdf_docs/PA00MX6T.pdf.
- Fink, G., Sudfeld, C.R., Danaei, G., Ezzati, M., Fawzi, W.W. 2014. "Scaling-Up Access to Family Planning May Improve Linear Growth and Child Development in Low and Middle-Income Countries." *PLoS ONE* 9(7): e102391. Doi: 10.1371/journal.pone.0102391.
- Global Hunger Index. 2017. *2017 Global Hunger Index Results: Global, Regional, and National Trends*. Available at: <http://www.globalhungerindex.org/results-2017/>.
- IFRC. 2017. *Emergency Plan of Action Final Report: Burundi Complex Emergency*. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/MDRBI012dfr_prelim.pdf.
- Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU) and ICF International. 2017. *Enquête Démographique et de Santé Burundi 2016–2017 Indicateurs Clés*. Bujumbura, Burundi: ISTEEBU and ICF International.
- Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), and ICF International. 2012. *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi: ISTEEBU, MSPLS, and ICF International.
- IOM Burundi. 2017. *IOM Displacement Tracking Matrix–Burundi*. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/DTM%20Burundi%20Dashboard%20-%20December%202017.pdf>.
- IPC. 2017. *IPC Acute Malnutrition Analysis*. Available at: [https://reliefweb.int/sites/reliefweb.int/files/resources/IPC%20AMN%20Burundi%20communication%20brief%20Sept%202017%20VF%20%28002%29 0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC%20AMN%20Burundi%20communication%20brief%20Sept%202017%20VF%20%28002%29%200.pdf).
- New Partnership for Africa's Development. 2009. "Signed Comprehensive Africa Agriculture Development Programme (CAADP) Compact." Available at: <http://www.nepad.org/sites/default/files/Nigeria-Signed-Compact.pdf>.
- PEPFAR. 2017. *PEPFAR Burundi Country Operational Plan (COP) 2017 Strategic Direction Summary*. Available at: <https://www.pepfar.gov/documents/organization/272004.pdf>.
- Population Reference Bureau. 2017. "2017 World Population Data Sheet." Available at: http://www.prb.org/pdf17/2017_World_Population.pdf.
- Sachs, J., Schmidt-Traub, G., Kroll, C., Durand-Delacre, D., and Teksoz, K. 2017. *SDG Index and Dashboards Report 2017*. New York: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).
- Scaling Up Nutrition. 2017. "Burundi." Available at: <http://scalingupnutrition.org/sun-countries/burundi/>.
- UNHCR. 2017. *Regional Update–Burundi Situation*. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Regional%20Update%20Burundi%20Situation%20-%20October%202017.pdf>.
- UNHCR. 2018. *Burundi Regional Refugee Response Plan: January–December 2018*. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/61188.pdf>.

UNICEF. 2017. *The State of the World's Children 2017*. Available at: <https://www.unicef.org/sowc/>.

URC. 2017. "USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project Burundi." Available at: <http://www.urc-chs.com/projects/usaids-applying-science-strengthen-and-improve-systems-assist-project-burundi>.

USAID. 2017. *Food Assistance Fact Sheet–Burundi*. Available at: <https://www.usaid.gov/burundi/food-assistance>.

WHO. 2015. "Maternal mortality in 1990–2015–Burundi." Available at: http://www.who.int/gho/maternal_health/countries/bdi.pdf.

WHO and UNICEF. 2017. *Report of the Fourth Meeting of the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM)*. Geneva: WHO and New York: UNICEF.

World Bank. 2017. "Burundi Country Overview." Available at: <http://www.worldbank.org/en/country/burundi/overview>.