

Burundi Nutrition Country Fiche

Burundi has one of the highest stunting prevalence in the world: nearly six in ten children under the age of five were stunted in 2010 (most recent survey). Without additional efforts, this will not improve in the coming years since the stunting trend appears to be rising. Prior to the recent political events and deterioration of the situation, the Government of Burundi had expressed a strong willingness to address undernutrition. New institutional arrangements for nutrition were established in 2014. Building on its experience, the EU will contribute to the fight against undernutrition under the leadership of its agriculture and food security sector. The latter will act in synergy with other sectors (including health).

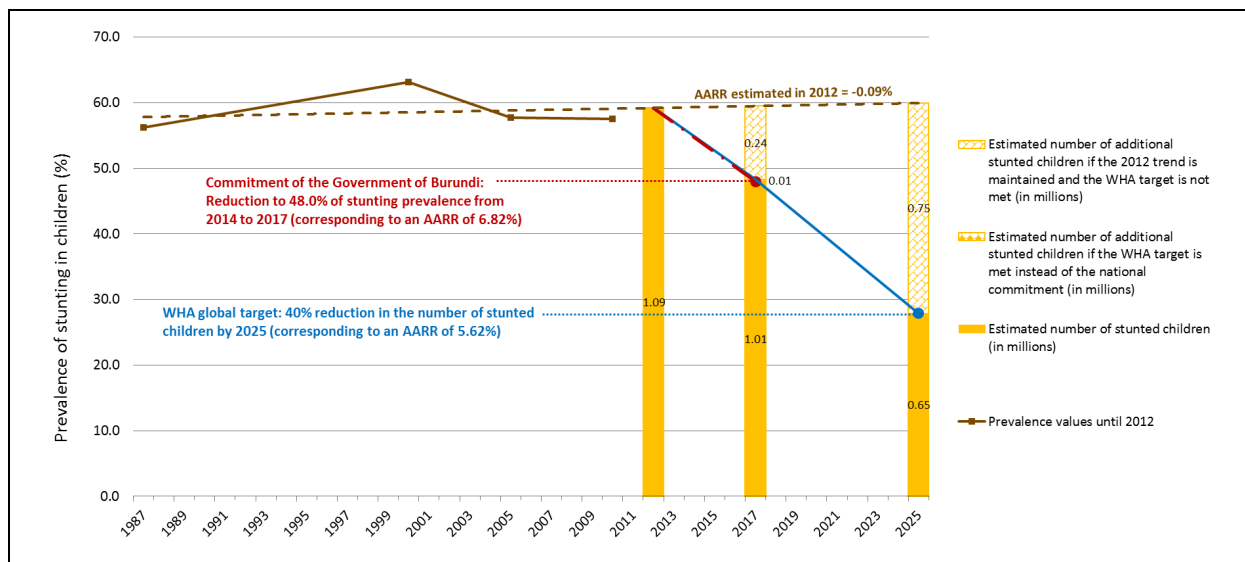
Progress against the World Health Assembly targets¹

WHA Nutrition Indicators	GNR 2015 analysis of progress ²
Stunting of children under-five years of age	Yellow
Wasting of children under-five years of age	Red
Overweight of children under-five years of age	Yellow
Anaemia of women of reproductive age	Green
Low birth weight	NA
Exclusive breastfeeding of infants under six months	Green

Data last referenced by EU

Prevalence	Year
57.5%	2010 ³
6.1%	2010 ³
2.9%	2010 ³
19%	2010 ⁴
10.7%	2010 ⁴
69.3%	2010 ⁴

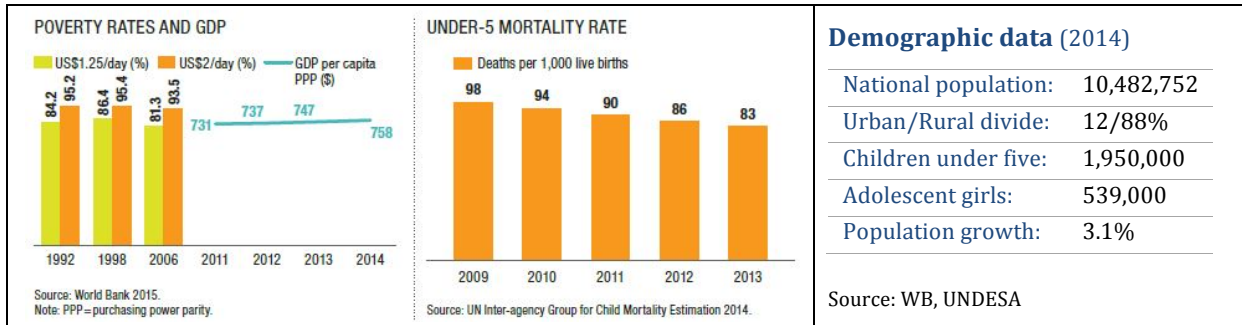
EU Analysis of Stunting Trends and Projections



Implications for Development Planners⁵

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of -0.09% (brown dotted line) as well as the projected AARRs of 6.82% (red broken line) and 5.62% (blue line) to meet the government's own commitment and the WHA target (respectively). In 2012, **1,090,000 children under-five were stunted**. Given the current trend and considering the population growth, 1,400,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 750,000 children and avert them from stunting.

Economics and Demography



Key Dimensions of Nutrition

Fifty-eight percent of children under the age of five years in Burundi are stunted – a situation that has not changed in over two decades. This prevalence is very high according to WHO standards. Undernutrition is characterised by major inequity. Stunting is particularly high in rural areas with a prevalence of 60% versus 38% in urban areas. Poor households are more affected than wealthier ones: 70% versus 41%. Stunting is also higher amongst children whose mothers had little or no schooling, when the interval between two births is below two years and when water/sanitation is sub-optimal. Beside its devastating human cost, economic losses attributable to child malnutrition have been estimated at twice the annual budget of the Ministry of Health. Moreover, with the current trend, the prevalence and the number of stunted children are expected to rise. Anaemia is also of public health concern with 44.5% of children under the age of five years affected.

Nutrition Governance

Member of SUN Movement: Yes since 2013	HANCI ranking (out of 45): 37 th (Very low commitment)
Government's commitment to nutrition (including N4G event): Reduce stunting by 10% from 58% to 48% by 2017.	
Multi-sectoral policy framework for nutrition: A National Strategic Plan for nutrition is being finalised.	
Multi-sectoral platform for nutrition coordination: A multi-sectoral/multi-stakeholder platform was set up in 2014. It includes (i) a steering committee (PMSAN) with seven line ministries, the 2 nd vice presidency, the donor convenor and one UN agency lead, (ii) the secretariat which includes the focal point in the 2 nd vice presidency and the REACH facilitators, (iii) a technical committee grouping ministries, secretariat, academic focal points, religious groupings and civil society as well as UN agencies and donors.	



Support of the EU and Member States

NIP Focal Sector(s) for nutrition 2014-2020: 1) Agriculture and food security.

Depending on the political situation, the EU Delegation will consider the following areas of support:

Enhance mobilisation and political commitment for nutrition:

- Strong involvement in the SUN through its « donor convener » role.
- Possible funding to the SUN movement secretariat and participation in the committees and task forces.
- Advocacy for multi-sector approach, experience sharing, inclusion of nutrition indicators in programs.
- EU Joint Programming and monitoring of EU commitments for food security and nutrition (from Germany, Belgium, France and Netherlands).

Scaling-up actions:

- Support to Agriculture: information and communications related to nutrition; definition of an integrated package of interventions to address stunting; support to the SUN at local level; nutrition-sensitive agriculture; improve marketing opportunities; monitor specific food security and nutrition indicators; advocate for actions with proven effectiveness to other donors.
- Support to Health with a focus on pregnant and lactating women and children under-five.
- Support to Energy: conservation, processing of agricultural products, support to micro-energy, and energy savings at household level.
- Water supply, hygiene and sanitation related activities.

Strengthen expertise and knowledge-base:

- Through support from the EC Nutrition Advisory Service (NAS).
- Establishment of the National Information Platform for Nutrition (NIPN) to enhance a shared understanding of malnutrition, its causes and ways to address it.
- Funding for studies/evaluations to test/validate technical choices.
- Participation in the reflection on the impact of non-contributory social protection on nutrition.

¹ http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/

² Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.

³ Demographic and Health Survey 2010 and additional analysis from UNICEF/WHO/WB 2014.

⁴ Demographic and Health Survey 2010.

⁵ The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool (<http://www.who.int/nutrition/trackingtool/en/>) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.