Burundi

Nutrition

Sectoral and thematic Report

January - December 2018

Home garden for food diversification in Makamba province (©UNICEF/Burundi 2018/H. Deogratias)

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Table of Contents

Abbreviations and Acronyms

BMZ – Federal Ministry for Economic Cooperation and Development

CMAM – Community Based Management of Acute Malnutrition

DHS – Demographic and Health Survey

GDP – Gross Domestic Product

KFW – Kreditanstalt für Wiederaufbau (German Government owned Development Bank)

IFA – Iron and Folic Acid

IYCF – Infant and Young Child Feeding

MNP – Micronutrient Powder

MoH – Ministry of Health

MCHW – Maternal and Child Health Week

NGO – Non-Governmental Organisation

OCHA – Office for Coordination of Humanitarian Affairs

PMC – Population Media Centre

PRONANUT – National Nutrition Programme

RUTF – Ready to Use Therapeutic Food

SAM – Severe Acute Malnourished children

SUN – Scaling Up Nutrition

TOR – Terms of Reference

VSLA – Village Saving and Loan Association

UNICEF – United Nations Children Fund

USAID/FFP – United State Agency for International Development/ Food for Peace

WHA – World Health Assembly

Executive Summary

The results of the Burundi's third Demographic and Health Survey (DHS III, 2017) showed that chronic malnutrition, which is an underlying cause of vulnerability for several childhood illnesses, improved only slightly from 58 % of children under-five being stunted (chronic malnutrition) in 2010 to 56 % in 2017, with significant disparities between urban and rural areas where the prevalence of stunting has remained high at 58.8 %. Regarding micronutrient deficiencies, anaemia in children and women has greatly deteriorated and affects 61 % of children aged 6 to 59 months and 39 % of women aged 15 to 49 years according the DHS III.

The national nutrition SMART survey conducted in March 2018, confirmed DHS III (2017) results with high stunting rate at 57 %. Acute malnutrition rate was at 4,5 % below the recommended threshold of 5% by the World Health Organization (WHO). About 77 % of children received complementary feeding at the appropriate age of 6 to 8 months, a significant increase compared to the 2010 (30 %, DHS II). In Burundi, the Government coordinates the nutrition sector through the National Nutrition Programme with UNICEF as co-lead supporting the reinforcement of sectoral emergency preparedness and response.

In 2018, the nutrition programme contributed to ensuring that children and women, especially the most vulnerable and hard-to-reach, utilise more quality essential health and nutrition services and benefit from positive health and nutrition care practices through the delivery of a comprehensive multisectoral package across the facility and community platforms with a specific focus on the first 1,000 days of life.

Successful coordination of nutrition programmes, especially the German Government (BMZ) and Swiss Government (SDC) funded programmes through the national "Scaling Up Nutrition" Secretariat helped achieve key expected results for children and women. The multisectoral nutrition package that integrates home fortification for stunting reduction has been extend to three provinces (Makamba, Ngozi and Rutana) covering 15 % of health districts, out of the initial target of 17 %. UNICEF supported the launch of the Home fortification in 2018 in these 3 provinces. As a result, a first cohort of 84,800 children under two years were reached. In one year, CMAM geographic coverage also increased from 33 % to 53 %, effective from January 2018. With regard to operations, 418 nutrition therapeutic centres were functional with a total 56,430 (29,344 girls and 27,086 boys) new admissions treated. Finally, two round of vitamin A supplementation were organized in 2018 reaching 82,4 % and 88 % of children 6-59 months for the first and the second round, respectively.

Despite important progress made over the past years Burundi's chronic malnutrition (stunting) prevalence remains the highest in the world. Based on experience from previous years, UNICEF considers that a stronger approach to address stunting in Burundi during the first 1,000 days of life is essential to increase the impact on stunting reduction through an improved maternal health, and nutrition and new-born care.

UNICEF Burundi's 2010-2018 Country Programme ended in December 2018. As part of its new country programme 2019-2023, UNICEF will continue in the short term (2019-2020) its on-going work for IYCF promotion including home fortification with Micro Nutrient Powder. In the medium term (2019-2023), UNICEF will support the delivery of a comprehensive multisectoral package including earlier child development across the facility and community platforms with a specific focus on the first 1,000 days of life.

Strategic Context in 2018

Burundi remains one of the poorest countries in the world. Its current gross domestic product per capita of US$ 320.1 is among the lowest in the world (World Bank, 2017) and the country ranks 185 out of 189 countries on human development (UNDP, 2017). Child poverty is widespread with nearly 7 out of 10 children (69 %) living in households that have insufficient means to meet their basic needs. In rural areas, where many children live, child poverty stands at a particularly alarming rate of 72 %, as compared to 33 % in urban areas.

Burundi is the third densely populated country in Africa (413 inhabitants per square km) with 49 % of the 11.8 million population being children under the age of 18 years and 23 % of whom are between 10 to 19 years old (ISTEEBU, 2017). Although in decline, the total fertility rate remains high (4.6 children per woman) and the population is growing at a yearly rate of 2.6 %. By 2050, the number of children is expected to exceed 6.7 million, compared to 5.7 million today. In this context, pressure on education and health systems and demand for nutrition, WASH, protection and participation are expected to remain strong.

The recurrent socio-political crises further impact the situation. Although the overall situation in the country has improved since 2017 following the 2015 socio-political unrests which exacerbated the vulnerability countrywide, around 95,000 children are still internally displaced (IOM, October 2018) and over 150,000 children are refugees in neighbouring countries (UNHCR, November 2018).

Donor contributions to the state budget fell from 49.5 % in 2015 to 30.2 % in 2016 and 28.4 % in 2017. Coupled with the ongoing economic decline, this decrease in Government revenue has resulted in budget cuts in key social sectors and had a negative impact on the provision of basic social services to the population, including the provision of nutrition services to children and women. The budget allocated to the Ministry of Public Health (MoH) rose in 2017 compared to 2016, but the budgetary allocation remains 24.3 % below the 2015's level (Burundi's State Budget, 2017).

1. Trends in children well-being and nutrition in Burundi

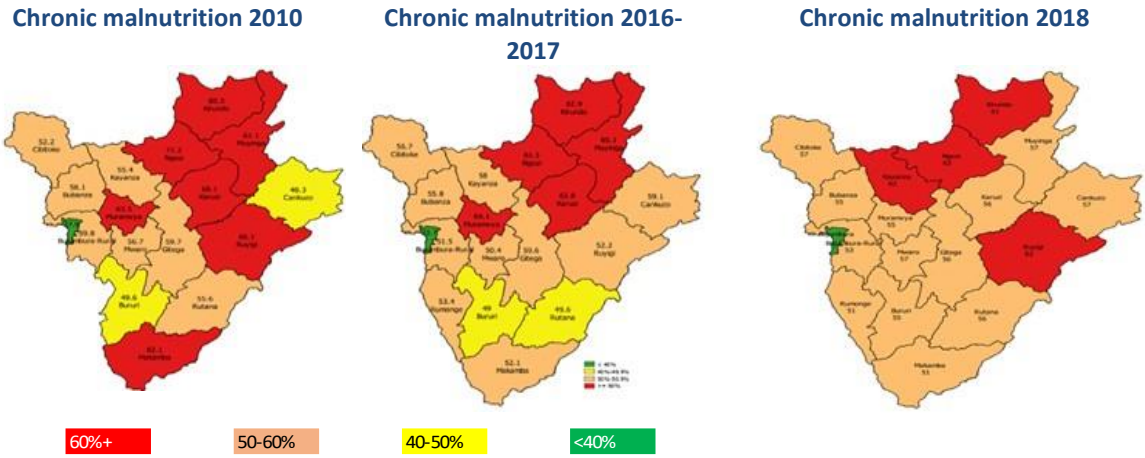
The results of the third Demographic and Health Survey (DHS-III, 2017), completed between October 2016 and March 2017, show a slight improvement in child well-being. Between 2010 (DHS-II) and 2017, the under-five mortality rate has decreased from 96 to 78 deaths per 1,000 live births, the neonatal mortality rate fell from 29 to 23 per 1,000, and the maternal mortality ratio declined from 500 to 334 per 100,000 live births. However, the prevalence remains high despite a context of free health services (including free essential drugs) for children under five and pregnant women, supported by performance-based financing programmes.

Chronic malnutrition, remains a big challenge with 56% (DHS-III, 2017) of children under-five being stunted compared to 58 % in 2010 (DHS-II). The 2018 SMART nutrition survey confirmed this prominent level of stunting (57 %).

Micronutrients deficiencies remain prevalent with anaemia affecting 61% of children aged 6 to 59 months and 39% of women aged 15 to 49 years. Poor complementary feeding practices after 6 months is also noted with only 10% of children aged 6 to 23 months consuming a minimum adequate diet (MAD). Insufficient access to safe water and sanitation, poor hygiene practices combined with low investment in community approaches increase children vulnerability to repeated episodes of preventable childhood diseases and malnutrition.

In rural areas, the prevalence of stunting has remained high (58.8 %) compare to urban area (27 %). Globally the nutrition situation slightly improved from 2010 to 2017 and 2018 as shown in the map below, but much needs to be done to reach international and national targets to reduce up to 48 % the stunting prevalence by end of 2018. As compared to urban area, the risk for a child from rural areas being stunted is now more than twice.

Figure 1: Trend in Stunting prevalence in Burundi among children 6-59 months



2. UNICEF position in the Nutrition Sector and SUN Movement Coordination

UNICEF is the co-lead of the Nutrition sector with the MoH through the National Nutrition Programme (PRONIANUT) and plays a key role in the coordination of the nutrition sectoral emergency preparedness and response. UNICEF is the lead agency and a key contributor to the Scaling-Up Nutrition (SUN) movement in Burundi. SUN Burundi is institutionally established at the Office of the Second Vice-President, which shows high political engagement of the Government of Burundi in the fight against under nutrition. Many SUN networks are active in the country, such as Government, United Nations, civil society, academic, private sector, including at provincial level where two multisectoral platform were established in Gitega and Cankuzo provinces.

To better understand the geographical coverage of different nutrition actors in Burundi a mapping of actors by interventions was completed with UNICEF support. This mapping will help to strengthen coordination and to avoid duplicated efforts.

3. Challenges faced by the Nutrition programme in 2018 and corrective actions

Food insecurity and high burden of childhood morbidity negatively affected child vulnerability in Burundi leading to high admissions in therapeutic nutrition centres**.** UNICEF is the only provider of supplies and resources for CMAM programme with USAID/FFP as the main donor over the past four years.

Funding for the SUN movement remains very limited and all financial support for the mechanism rely on UNICEF. In 2019, UNICEF will continue to support the Government coordination mechanism and ensure they have full leadership in the implementation of the programme. UNICEF expects to use part of its regular resources to support SUN coordination operational costs and will continue advocacy among other agencies and the World Bank to create a real multisectoral coordination body for SUN movement at national level.

Nutrition Results achieved in 2018

UNICEF Burundi 2010-2018 Country Programme ended in December 2018. During this period, UNICEF intervention in the Nutrition sector aimed at preventing chronic malnutrition by strengthening the capacities of targeted communities, ensuring child survival by providing an integrated nutrition-health package through health facilities, and ensuring an emergency nutrition response by strengthening Government's structures, leadership and emergency response capacities.

Results planned in 2018 include:

- **Prevention of chronic malnutrition:** "at least 60 % of villages (sub-hills) in 8 targeted provinces strengthen their capacities to prevent chronic malnutrition"
- **Child survival: "**60 % of health facilities are able to provide an integrated care package for child survival in at least 5 provinces"
- **Nutrition Emergency response:** "Government structures and leadership, and emergency response capacities are strengthened"

At the end of 2018, UNICEF assessed that the overall progress made in relation to the nutrition outcome areas is on track as all the related targets were fully or partially achieved (see result assessment framework below).

Since 2015, the context in Burundi has evolved and UNICEF maintained its development response and get prepared to face increasing humanitarian intervention needs. The office adopted some flexibility in the management of existing funding and prioritised value for money by investing more on appropriate interventions for children. This highlights the relevance and importance of the thematic funding received for the programme.

The following gives an illustration of key results achieved in 2018, through the implementation of community-based interventions for the prevention of chronic malnutrition and the management of severe acute malnutrition among children under-five.

1. Prevention of chronic malnutrition

Important progresses were achieved for the implementation of a multisectoral approach on stunting prevention at community level after the finalization of the Infant and Young Child Feeding (IYCF) counselling package integrating home fortification.

In delivering nutrition specific interventions, UNICEF prioritized the **implementation of communication strategy** for behavioural change, capacity building on the (IYCF package at community level, education and awareness through the mass media (radio) and community theatre for large group dissemination of key messages.

The national **multi-sectoral IYCF counselling package** that includes modules on positive deviance/hearth, infant and young child feeding, home fortification with micronutrient powders, early childhood development communication and other practices was validated, translated in Kirundi, printed and distributed to be used for community-based behaviour change activities by light mothers.

As part of the behaviour change process, capacity of project actors has been reinforced in term of training and equipment.

During the reporting period, health providers at district level as well as community actors including community health workers (CHW), light mothers, agricultural monitors and child protection committee members (CPC) and NGO's staff were trained on IYCF integrated counselling package, in the 3 provinces of Makamba, Rutana and Ngozi covering 7 out of 46health districts, (representing 15%), for an annual target of 17%. During the reporting period, 1,264 community actors in Makamba and Rutana, (community health workers and light mothers) were trained and equipped with essential kits for community awareness raising and cooking demonstration.

Figure 2: Distribution of counselling cards IYCF, cooking demonstration and kits for light mothers in Nyanza Lac Commune, Makamba Province / ©UNICEF/Burundi 2018/ H. Deogratias

These supports were critical in the conduct of an awareness campaign that was organized with the involvement of local and provincial authorities, community and religious leaders on the importance of home fortification, IYCF practices for stunting reduction and anaemia prevention. During this ceremony, cooking demonstration kits and communication tools were distributed to Community Actors.

After each training session, the trained community agents conducted the distribution of MNPs in the community. It is worth noting that this distribution of micronutrients powder (MNP) was launched in June 2018 and rapidly reached nearly 85,000 children under two: 54,802 children (86% of target) in Makamba and Rutana and 29,999 children in October 2018 in Ngozi (94,3% of target).

Table 1: Number of children 6-23 months supplemented with MNP

Provinces	Districts	Communes	Children 6-23 months targeted	Children 6-23 months supplemented with MNP	Couverture
Makamba	**2**	**6**	35,689	29,352	82%
Rutana	**2**	**6**	27,880	25,450	91%
NGOZI	**3**	**9**	31,809	29,999	94%
Total	**7**	**21**	**95,378**	**84,801**	**89%**

Source: MoH /PRONIANUT report-December 2018

Taking stock of these achievements with the catalytic funds received, UNICEF will now focus on supporting MoH mobilize more resources to extend the home fortification program to selected provinces with high stunting prevalence (e.g. above 50%).

In support to **Behaviour Change Communication (BCC) activities within communities**, UNICEF worked closely with the Ministry of Health (MoH) to the conduct of mass media IYCF promotion through radio broadcasting and community theatre and reinforce community based interpersonal communication which was organized by Community Health Workers and light mothers through a partnership with the Population Media Center (PMC), a specialized NGO for this type of activity. This partnership allowed the production and broadcasting of 21 radio programs including games and competitions on the national, private and community radio stations.

A Light mother distributing MNP to beneficiaries (Photo ©UNICEF/Burundi 2018 / H. Deogratias)

Similarly, to previous years, UNICEF contributed to the implementation of **two rounds of Mother and Child Health Weeks** (MCHW). A total of 1,466,082 children aged 0-59 months were supplemented with Vitamin A for the first round (84 % coverage) and 1,313,044 (85 %) children aged 12-59 months were dewormed. During the second round of the MCHW in November 1,555,225 children aged 6-59 months were provided with Vitamin A (88,4 % of coverage) and 1,341,762 children aged 12-59 months were dewormed (89 % of coverage).

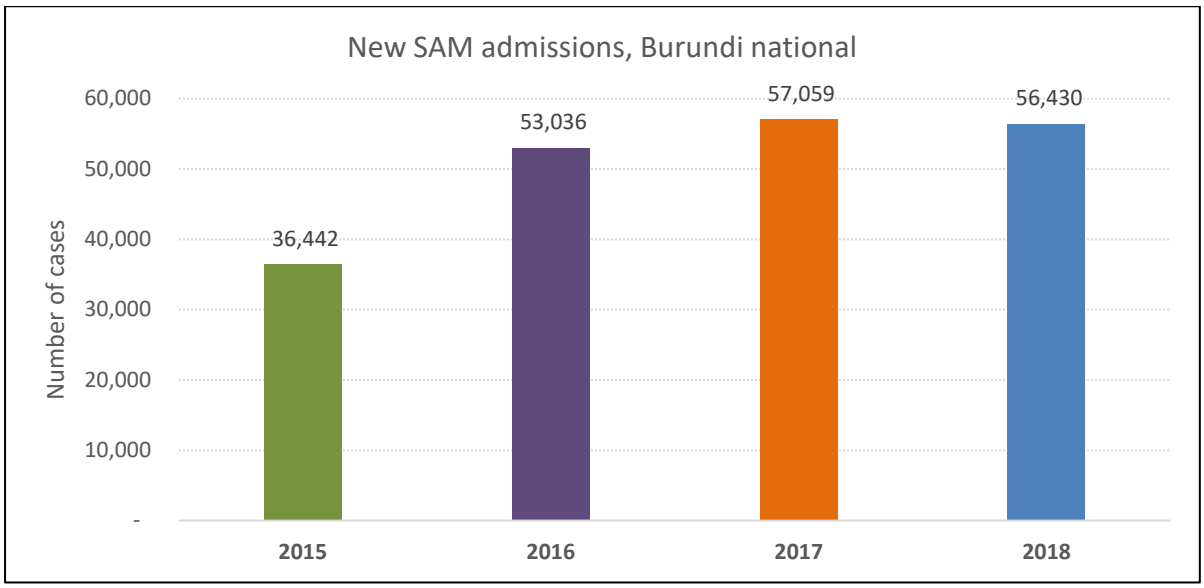
2. Child survival and Treatment of severe acute malnourished children (SAM)

In 2018, child survival interventions, such as the management of SAM, were implemented in additional health facilities. The national coverage increased from 33 % to 53 % of health facilities within all 18 provinces. The CMAM programme is also effective in all 46 health districts with a total admission of 56,430 SAM children recorded during the reporting period.

All nutrition surveys (DHS, SMART) revealed a low prevalence of acute malnutrition among children under five years. From the 2018 national nutrition survey, prevalence of global acute decline below the international threshold of 5%. However, according to routine data from the Ministry of Health (DHSI2), the number of new admissions has been steadily climbing since 2016. The graph below illustrates the variation in severe acute malnutrition (SAM) cases admissions in 2018, 2017 and 2016 compared to 2015. In 2018, a total of 56,430 SAM cases (29,344 girls and 27,086 boys) against 57,059[1] SAM cases in 2017 were admitted and treated in 418 health facilities and districts hospitals. The graph below shows an increase in SAM admissions in the past 3 years compared to 2015 data.

[1] This is the total annual SAM admission; in previous report(COAR), the compilation was up to October 2017

Figure 2: Trend in SAM admissions from 2015 to 2018



Source: DHIS2/MoH- March 2019

Performance indicators are maintained within SHPERE standards (89% cured, 1% death, 5% defaulter and 5% non-respondent).

3. Nutrition emergency preparedness and response

Over the past years, the Government of Burundi has shown high level engagement by ensuring active multisectoral coordination for nutrition through the national SUN movement. UNICEF has provided technical and financial support to the SUN movement, especially in the implementation of SUN annual work plan such as the conduct of annual auto evaluation exercise, mapping of nutrition actors and interventions, development of the new strategy (PSMSAN 2019-2023), and participation to international nutrition events.

The mapping exercise conducted in 2018, has highlighted that only 3 out of 17 provinces most affected by stunting are adequately covered by key nutrition interventions for stunting reduction, hence the need for the mobilization of additional resources to scale up nutrition programme coverage and extend nutrition sensitives interventions. The SUN movement has completed an **annual auto evaluation exercise** for 2017-2018. Some SUN networks such as Government, UN, civil society and academic were found active but there is a need to accelerate the nomination of parliament and private sector networks which can be of great support for advocating better allocation of national resources as well as mobilization of external resources. Finally, as the **national nutrition and food security strategic plan** (PSMSAN) has ended in 2018, the development of a new plan started in the reporting year with the definition of the main strategic interventions for the 2019-2023 PSMSAN.

In 2018, UNICEF Burundi supported the participation of a Burundian delegation (SUN and MoH) in an exchange mission to Madagascar. The objective of this south-south exchange visit was to learn from Madagascar the factors associated with a successful coordination of nutrition programme as well as the level of Government commitment required to establish a multisectoral coordination body in charge of nutrition at all levels.

On the **emergency preparedness part**, the nutrition sector has established a monthly coordination meeting organized and led by PRONIANUT to facilitate the coordination of nutrition partners and

stakeholders. UNICEF, as co-lead of nutrition support, provided technical assistance to the coordination, the development of Humanitarian Need Overview (HNO) and Nutrition Humanitarian Response Plan (HRP). A 3W (Who does What, Where) mapping exercise for the nutrition sector was completed and a minimum package of 12 nutrition interventions were defined by all partners to ensure harmonization and alignment. Under the leadership of MoH, at least eight monthly nutrition coordination meetings were organized up to October 2018.

1Measurement of Height for children during the SMART Nutrition survey ©UNICEF/Burundi/ 2018, J. Sacha

On **evidence generation**, UNICEF provided support in the organization of a national nutrition SMART survey, including by ensuring its dissemination. For the first time, the government under the lead of National Institute for Statistics (ISTEEBU) conduct a national SMART nutrition survey to inform nutrition situation to identify most affected districts by undernutrition and in term to orient nutrition programmes. Results show an improvement of minimum acceptable diet at 28% compare to 10% in 2016 (DHS II and III), but stunting prevalence still high at 57%.

Challenges faced by the Nutrition Sector in 2018

Although important progress was achieved in 2018, especially on community nutrition for the prevention of stunting, challenges remain in the implementation, supervision and monitoring of nutrition interventions. To address the monitoring challenges, specific tools for community level monitoring were developed, but additional technical support is still needed to implement them. The use of innovative technologies (Rapid SMS) to ease timely reporting will be also considered in close collaboration with MoH.

Domestic resources for the nutrition programme remain low at 3 % and UNICEF as nutrition sector lead among other UN Agencies, continue regular coordination meeting to overcome resource mobilization issues, including finding innovative funding source to support the scaling up of nutrition interventions.

Results Assessment Table

The table below presents additional results by key context specific indicators in the Nutrition sector. It is also providing details on the results achieved over the years.

NUTRITION OUTCOME AND CONTEXT SPECIFIC INDICATORS*								
1. Standard outcome Indicators								
No.	**Programme Focus and Intervention Areas**	**Indicator**	**Baseline**		**Target**		**Status as of 31 December 2018**	**Rating**
			Year	**Value**	**Year**	**Value**		
1	**Prevention of stunting and other forms of malnutrition**	Standard Indicator - (NOT VALID after Dec 31, 2018) Children aged 6-59 months covered with Vitamin A in semester 2	2014	85	2018	85	88%	Fully achieved
		Standard Indicator - (NOT VALID after Dec 31, 2018) Proportion of vitamin A supplementation doses procured through national budget	2016	45%	2018	45%	45%	Fully achieved
2	**Child survival interventions**	Standard Indicator - (NOT VALID after Dec 31, 2018) Children aged 6-59 months affected by SAM who are admitted into treatment (whether or not supported by UNICEF)	2014	33,506	2018	60,000	56,430	Fully achieved
		% of key community actors (light mothers) with capacity to provide IYCF counselling services to communities	2015	20	2018	100	100	Fully achieved
		Standard Indicator - Percentage of health facilities that provide treatment services for the management of SAM	2016	33%	2018	53%	53%	Fully achieved

Financial Analysis

Table 1: 2018 Planned budget by Thematic Sector

Nutrition

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Intermediate Results	Funding Type[1]	Planned Budget[2]
001 - 2014 CHRONIC MALNUTRITION	RR	610,129
	ORR	2,614,933
	ORE	0
003 - 2014 CHILD SURVIVAL INTERVENTIONS	RR	123,183
	ORR	3,282,526
	ORE	52,372
004 - 2014 H&N IN EMERGENCIES	RR	251,329
	ORR	478,623
	ORE	6,947,628
Total Budget		**14,360,722**

Table 2: for Report: Thematic Contributions Received for Thematic Pool

Nutrition

Donors	Grant Number*	Contribution Amount	Programmable Amount
Belgian Committee for UNICEF	SC1499040065	35,558.00	33,865
Belgian Committee for UNICEF	SC1899030011	26,900.76	25,620
Total		**62,458.76**	**59,484.53**

Table 3: 2018 Expenditures in the Thematic Sector (in US Dollars)

Nutrition and Health

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	-4,516	1,465,444	407,462	1,868,390
21-02 Immunization	28,079	3,258,205	127,842	3,414,126
21-03 Child Health	837,551	2,951,342	1,748,105	5,536,998
21-04 Prevention of stunting and other forms of malnutrition	-2,222	1,734,555	488,960	2,221,293
21-05 Treatment of severe acute malnutrition	2,127,250	1,958,950	668,337	4,754,537
21-07 HIV prevention	-1,402	435,065	157,534	591,197
Total	2,984,740	11,803,561	3,598,239	18,386,540

Table 4: Thematic expenses by Results Area

21 Survive and Thrive NUTRITION	
Row Labels	Expense
Other Resources - Emergency	100,949
21-03 Child Health	21,822
21-04 Prevention of stunting and other forms of malnutrition	3,025
21-05 Treatment of severe acute malnutrition	76,102
Other Resources - Regular	31,226
21-03 Child Health	337
21-05 Treatment of severe acute malnutrition	30,889
Grand Total	**132,175**

Table 5: Expenses by Specific Intervention Codes

21 Survive and Thrive Health and Nutrition	
Row Labels	Expense
21-01-01 Community and home based maternal and newborn care	451,621
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	1,281,964
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	226
21-02-01 Demand for immunization (C4D)	263
21-02-04 Purchase of vaccines and devices	3,375,199
21-02-05 Immunization operations	1,515
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	2,005,639
21-03-02 IMNCI facilities	-18,802
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	2,515,936
21-03-08 Tuberculosis (diagnosis, care and treatment)	446,547
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	1,415,472
21-04-03 Vitamin A supplementation in early childhood (children under 5)	241,482
21-04-05 Maternal nutrition, including information, supplementation and counselling	263,362
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	94,171
21-05-01 Care for children with severe acute malnutrition	2,415,044
21-05-04 Data, research, evaluation, evidence generation, synthesis, and use for SAM and nutrition in emergencies	2,087,581
21-07-01 ART for PMTCT	538,084
26-01-01 Country programme process (including UNDAF planning and CCA)	157,359
26-01-03 Humanitarian planning and review activities (HRP, RRP, UNICEF HAC)	865
26-02-04 Stimulating demand for and capacity to use data	23,250
26-02-05 Administrative data, registers and non-MICS household surveys and censuses	5,455

26-02-08 Programme monitoring	45,334
26-03-02 Capacity and skills development for social behaviour change	240,888
26-03-03 Children, adolescent and youth engagement and participation	26,111
26-03-04 Community engagement, participation and accountability	1,167
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	3,436
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	12,952
26-03-99 Technical assistance - Cross - sectoral communication for development	1,494
26-05-01 Building evaluation capacity in UNICEF and the UN system	143,797
26-06-02 Innovation activities	57,000
26-06-04 Leading advocate	72,767
26-06-06 Supporter engagement	8,773
26-06-07 Leading brand	4,931
26-06-08 Emergency preparedness (cross-sectoral)	71,387
28-07-03 Country office leadership and direction	70,866
28-07-04 Management and Operations support at CO	323,404
Grand Total	**18,386,540**

TABLE 6: Planned Budget and Available Resources for 2019
Health and Nutrition

Intermediate Result	Funding Type	Planned Budget [1]	Funded Budget [1]	Shortfall [2]
001 - ACCESS TO QUALITY, INTEGRATED FACILITY-BASED SERVICES	ORE	2,547,267	1,100,289	1,446,978
	ORR	2,353,315	3,463,727	-1,110,412
	RR	595,593	605,320	-9,727
002 - INCREASED KNOWLEDGE ON OPTIMAL PRACTICES	ORE	0	0	0
	ORR	2,021,100	2,974,757	-953,656
	RR	708,155	719,720	-11,565
003 - ENHANCED GOUVERNMENT CAPACITY	ORE	1,452,733	627,506	825,227
	ORR	634,187	933,429	-299,241
	RR	858,252	872,269	-14,016
Sub-total Other Resources - Emergency		4,000,000	1,727,795	2,272,205
Sub-total Other Resources - Regular		5,008,603	7,371,912	-2,363,309
Sub-total Regular Resources		2,162,000	2,197,309	-35,309
Total for 2019		**11,170,603**	**11,297,016**	-126,413

Future Work Plan

Despite important progress made over the years Burundi's chronic malnutrition (stunting) prevalence remains the highest in the world. Based on experience from previous years, UNICEF considers that a stronger approach to address stunting in Burundi during the first 1,000 days of life is essential to increase the impact on stunting reduction through an improved maternal health, and nutrition and new-born care.

In the short term (2019-2020), UNICEF will continue its on-going work for dissemination of the IYCF counselling package and communication strategy; including home fortification with Micro Nutrient Powder. Community-based stunting prevention will be strengthened in 7 or more out of 46 targeted health districts using different multisectoral implementation approaches as well as implementation of Positive Deviance Hearth, programming on Early Childhood Development, encouraging, supporting and promoting breastfeeding with a mother, baby and child friendly community's perspective (BFCI) and integrating in the package some nutrition-sensitive interventions (WASH, child protection, food security/agriculture, gender, climate change, etc.). Efforts will also be done in the selected health districts to further address the issues related to the iron and folic acid supply chain by disseminating the micronutrient guidelines with health staff.

In the medium term (2019-2023), UNICEF will support the delivery of a comprehensive multisectoral package across the facility and community platforms with a specific focus on the first 1,000 days of life. Building on the existing network of community key actors, community-based nutrition interventions will be scaled up with additional integration into the health system and linkages with agriculture/food security, WASH, ECD, iCCM and social protection will be made.

UNICEF will also support the generation of evidence, particularly evidence related to equity. Results-based monitoring will enable the MoH, the SUN Secretariat, nutrition multi-sectoral partners and UNICEF to identify bottlenecks and develop feasible solutions at the national and sub-national levels and improve the quality of nutrition programming and stunting prevention.

UNICEF will also continue to support SUN secretariat to finalize and development the second generation of the multisectoral platform of food security and nutrition following by a national Nutrition Forum and donors round table.

Expression of Thanks

UNICEF would like to take this opportunity to express its sincere appreciation to all donors that contributed to the Nutrition Thematic Fund for their generous financial contribution in support of children in Burundi.

UNICEF is appreciative and acknowledges the Government of Burundi, UN agencies, NGOs, civil society and other donors for their effective partnership, which has helped achieve key results for children and women throughout the country.

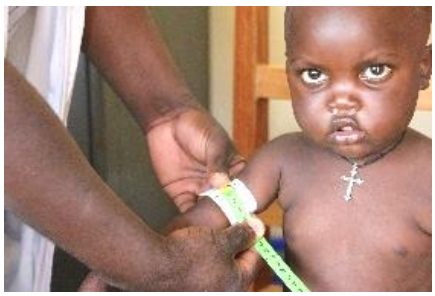
On behalf of the entire UNICEF Burundi Team, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of children in Burundi.

Human Interest Stories – UNICEF Burundi

"Last year, my daughter miraculously recovered in a month". *(Emmanuelline N., Farmer)*

Colline Muhororo – Burundi : NIYINDEREYE Emmanuelline is a 25-year-old, married, farmer living in the Vuma sub-hill. UNICEF met her at the Health Center (CDS) of Mageyo in Isare commune while, carrying her third child of 6 months for consultation, she brought her two biggest daughters, Tuyisenge Cynthia, 7 years old and Akimana Angel Nelly , 3 years.

Sitting impatiently with the infant and trying to hold Angel Nelly's hand and comfort while Tuyisenge fell asleep, Emmanuelline told UNICEF that she had come in the morning on foot alone, since her two babies Cynthia and Ange Nelly had fever for two days with an increasing temperature. Moreover, Angel Nelly seemed very weak, sad and bloated face, disinterested in everything.



Emmanuelline was far from thinking that one of his children, Ange Nelly, was relapsing from malnutrition. She appeared surprised when the head of the nutritional service presented her the test results which concluded that Ange Nelly suffered from severe malnutrition. Indeed, the CDS systematically integrate the Outpatient Therapeutic Service (STA) with routine examinations; a screening of malnutrition was systematically done for the 2 children.

The mother thought it was just a fever. She admitted that during the previous weeks, Angel Nelly seemed very calm, with less appetite with a preference for only certain types of food. *"Angel Nelly does not like vegetables and eats mostly sweet potatoes,"* she says. However, she self-proclaimed that it was essentially her fault: "*It's all my fault and my ignorance. I do not have enough money and do not know how to mix the food for her* ". Indeed, since last year, Ange Nelly had been screened as malnourished and was enrolled within the program to receive a nutritional treatment: **Ready to Use Therapeutic Food** (RUTF). Angel Nelly had then recovered very quickly, in only one month and had spent a whole year in perfect health condition. Only those signs of fever had alerted her mother.

Seeing her with a smile when Angel Nelly starts taking RUTF, UNICEF wanted to know her feelings about nutritional treatment. Emmanuelline answered confidently that Ready-to-Use Therapeutic Food

(RUTF) is a miracle drug*: "Last year, my daughter miraculously recovered in a month"*. She only regrets that she lives a little away from the health center (CDS) where she will come to take them and does not fail to make a plea: *"I have traveled long distances to come for treatment with three children on foot and I would like that a closer CDS can also provide nutritional care. "*

This desire to have nutritional care at the nearest CDS to facilitate access for many children to care is shared by Leonidas Harerimana, Assistant Owner and Manager of Care, CDS Mageyo. Leonidas says*, "The Ready-to-Use Therapeutic Food (RUTF) is a wonder drug that works in a thirty-day period. Many lives have been saved by this ready-to-use food, since the CDS was promoted as STA (Outpatient Ambulatory Therapeutic Service), so that people do not know much how to balance the feeding of the children"*. Of all the 64 cases under treatment until the 3rd quarter of 2018, 59 were already out and cured; which gives the CDS an extraordinary performance.

As for the knowledge of the causes of malnutrition, Habonimana Ezekiel, head of CDS, told UNICEF that malnutrition in this town is linked to people's poverty and the problem of early weaning, with a glaring lack of food supplements in the community. He concludes that RUTF has dramatically helped to cure cases admitted to service.

« Had it not been for Ready-To-Use Therapeutic Food (RUTF), my child would have already died» *(Sandrine NS. Unemployed)*

NSABIMANA Sandrine is a 24-year-old woman from Masango Hill, Birwa Sub-Hill. She is the mother of a child, ITERITEKA Angel Doro. UNICEF met her at the CDS Ruyaga, at the STA. Sandrine recounts that she had a child and unfortunately the father did not accept it. She lives alone in poverty with her parents, and they are forced to work hard to feed her child: *"My dad told me that I have to manage to feed my child"* she says. She does everything to look for work so she can feed her 2,5 year old daughter but still can not find one. Her mother tries to help her a few times but it is not enough.

Currently her daughter, Angel, is suffering from malnutrition due to lack of food. As found by UNICEF, ITERITEKA Angel Doro is a severely malnourished child. Her mother, with a tearful smile, says that the child is anemic, before adding that had it not been for the nutritional and medical treatment she received at the nutritional service of outpatient treatment, her child would have already died.

Curiously, Sandrine knows well the good nutritional practices but unfortunately, she does not find the food easily to be able to diversify the food for her daughter. That's how she came, confident that the CDS care providers will rescue her child. She thinks that if Angel is admitted to the program, she will surely heal.

Daphrosis NIYINNGENZA, the head of the health center, confirms that in the homes, people do not have enough food to vary the diet: *"Children who have a lack of food fall into malnutrition and use the nutritional service that is integrated with the CDS to have appropriate nutritional and medical treatment,*

as per the national protocol of management of the malnutrition which uses the ready-to-use therapeutic food (RUTF)".

The community health worker, NIBOGORA Denise, says that RUTF is a necessary product to rescue severely malnourished children. She says that in the community of her area of responsibility, people are in the dark. She appreciates the support provided by the NGO GVC for community outreach activities on best nutritional practices and that today people are abandoning these practices because of poverty. There is also a lack of food in the community. She asks that even children over five years be included in the care target because, she said, *"there is now a gradual increase in cases of malnutrition in children over five years".*

About Burundi

Burundi remains one of the poorest countries in the world. Its current gross domestic product (GDP) per capita of US$ 320.10[i] is among the lowest in the world and the country is lagging behind in terms of human development ranking (185 out of 189 countries).[ii] Child poverty is widespread with 69 per cent of children living in households that have insufficient means to meet their basic needs. In rural areas, where many children live, child poverty stands at a particularly alarming rate of 72 per cent, compared to 33 per cent in urban areas.[iii]

Burundi has the highest stunting rate in the world (56 per cent). Boys are more affected than girls (59.4 and 52.4 per cent respectively), and rural children are more at risk of being stunted than their urban counterparts (58.8 and 27.8 per cent respectively). In addition to maternal education and household wealth levels, the nutritional knowledge of mothers and feeding care practices, as well as access to safe water and sanitation were identified by UNICEF as important risk factors for both stunting and acute malnutrition. On nutrition, successful results were reported for micronutrient supplementation programmes**,** as well as treatment of severe acute malnutrition (SAM). This is one story that UNICEF came across during one of routinely visits.

About UNICEF Burundi

UNICEF continue its partnership with the Ministry of Health (MoH) to conduct twice-yearly Mother and Child Health Weeks (MCHW) to deliver a package of high-impact interventions for immunization and nutrition. UNICEF Burundi supports the MoH to procure supplies, organize and conduct campaigns, and run promotion and demand creation activities at community level. In addition, in close collaboration with the MoH, the World Food Programme (WFP) and the Food and Agriculture Organization (FAO), with funding from the Swiss Development Corporation (SDC), UNICEF contributes to implementing a multi-faceted community-based model of interventions to address the high burden of chronic malnutrition.

[i] The World Bank, GDP per capita (current US$), https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=BI
[ii] Human Development Indices and Indicators Statistical Update 2018. Available at http://hdr.undp.org/sites/default/files/2018_human_development_statistical_update.pdf
[iii] UNICEF (2017), *Child Poverty in Burundi (Multiple Overlapping Deprivation Analysis (MODA)*.