

Integrating Gender and Nutrition within Agricultural Extension Services

# Burundi

## Landscape Analysis

Prepared by Nargiza Ludgate and S. Joyous Tata

September 2015





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Technical editing and production by Nargiza Ludgate, Joyous Tata, and Katy Heinz

This report was produced as part of the United States Agency for International Development (USAID) and US Government Feed the Future project “Integrating Gender and Nutrition within Extension and Advisory Services” (INGENAES).

[www.ingenaes.illinois.edu](http://www.ingenaes.illinois.edu)

Leader with Associates Cooperative Agreement No. AID-OAA-LA-14-00008.

The report was made possible by the generous support of the American people through USAID. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States government.

# **Burundi**

# Landscape Analysis

Working document

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## Abbreviations

AFR/SD	Bureau for Africa/Office of Sustainable Development
BFS	Bureau for Food Security
Burundi	Republic of Burundi
CDC	Country Development Cooperation
CRS	Catholic Relief Services
DRC	Democratic Republic of the Congo
EAS	Extension and advisory services
FAO	Food and Agriculture Organization
FFP	Food for Peace
FFPFS	Food for Peace Food Security
FTF	Feed the Future
FY	Fiscal year
GDP	Gross domestic product
GGGI	Global Gender Gap Index
GHI	Global Health Initiative
GII	Gender Inequality Index
GOB	Government of Burundi
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IFPRI	International Food Policy and Research Institute
IMF	International Monetary Fund
INGENAES	Integration Gender and Nutrition within Agricultural Extension Services
Kcal	Kilocalorie
MINAGRIE	Ministry of Agriculture and Livestock
MOH	Ministry of Health
MPI	Multidimensional Poverty Index
NGOs	Non-governmental organizations
PMTCT	Prevention of mother-to-child transmission
PNIA	National Agricultural Investment Plan
SBCC	Social and behavior change communication
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WB	World Bank
WDC	Washington, DC
WFP	World Food Program

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## Introduction

The Integrating Gender and Nutrition within Agricultural Extension Services (INGENAES) project is funded through the Bureau for Food Security (BFS) of the United States Agency for International Development (USAID) to support the Presidential Feed the Future (FTF) Initiative, which strives to increase agricultural productivity and the incomes of both men and women in rural areas who rely on agriculture for their livelihoods<sup>1</sup>.

This landscape study provides an overview of Burundi's agriculture and the status of the country's extension system. It also provides information on the prevalence of poverty, nutrition and gender related issues in the country with special focus on rural areas. The report summarizes Burundi's current agricultural and nutrition policy and details the strategic goals and objectives of USAID and other donors in the country. Finally, since the end of the 1993-2005 war, Burundi hosted a number of United States Government (USG) funded projects aimed at rebuilding the war-devastated nation and economy. The report provides a summary of the on-going projects by the USG and other donors in the country related to agriculture extension, and gender and nutrition impacts.

INGENAES supports the development of improved extension and advisory systems (EAS) to reduce gender gaps in agricultural extension services, increase empowerment of women farmers, and improve gender and nutrition integration within extension services by directly or indirectly assisting multiple types of stakeholders within a country, such as farmers, producer groups, cooperatives, policy makers, technical specialists, development non-governmental organization (NGO) practitioners, and donors. INGENAES efforts will strengthen the capacity of key stakeholders and provide the fora and networks for them to coordinate and reach agreement on policies and strategies to implement improved EAS that better meet the needs of men and women farmers. While INGENAES project will not directly monitor beneficiary impact, it will focus on changes in institutions that directly impact men and women who access agricultural information, training, technologies and nutrition information. Improved services empower women and engage men.

INGENAES will strengthen institutions by identifying their needs and strengthening their capacity to effectively integrate gender and nutrition sensitive information and activities into agricultural extension systems with the aim to promote gender equality, improved household nutrition, and increased women incomes and, subsequently, household food security. Based on the identification of four main gaps in extension services in terms of gender and nutrition integration, INGENAES activities can be divided into the following action areas:

- Build more robust, gender-responsive, and nutrition-sensitive institutions, projects, and programs capable of assessing and responding to the needs of both men and women farmers through extension advisory services (EAS);
- Identify and scale proven mechanisms for delivering improved EAS to women farmers;
- Disseminate technologies that improve women's agricultural productivity and increase household nutrition; and,
- Apply effective, nutrition sensitive, extension approaches and tools for engaging both men and women.

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<sup>1</sup> The USAID cooperative agreement (Award No. AID-OAA-LA-14-0008) has been awarded to the prime implementer, the University of Illinois at Urbana-Champaign, the lead organization of the consortium. The consortium also includes the University of California-Davis, the University of Florida, and Cultural Practice, LLC. The project is currently working in select FTF countries.

Indicative activities of the INGENAES project include: learning exchanges, assessments, curricula development, training into action, mentoring relationships, internship experiences, and networks that focus on identifying gender-responsive and nutrition-sensitive innovations that can be promoted by EAS organizations, and adopted by men and women farmers. Developing these outputs collaboratively with agricultural extension experts and other partners will transform extension-relevant institutions working directly with men and women farmers.

In each country INGENAES needs to examine the relationships, identify the key change actors, build their capacity, and provide them the incentives to make changes (e.g., set new policies, employ new management practices, modify organizational structures, make changes in practice, adopt innovations). The key actors will vary from country to country, although policy makers, the Ministries of Agriculture and Health, NGOs and the private sector, and of course, women farmers, are likely to be involved in most countries. Key actors will be identified as part of the needs and scoping assessments. Thus, and in preparation of country level activities, the consortium gathers information and key contacts to develop a landscape study of the agricultural sector in that country, a simple description of the pluralistic extension system, nutrition related initiatives, and gender issues. As such, the landscape study is intended as a preparatory tool and handy reference document for work in country. Each landscape study will be updated periodically as INGENAES continues to engage in that country and identifies new key contacts, organizations, and initiatives.

## Background

The Republic of Burundi (Burundi), slightly smaller than Maryland, is a Central African country located east of the Democratic Republic of the Congo (DRC), north of Rwanda, and west of Tanzania (see country map in Annex 2). Bujumbura is the capital of Burundi. The country is comprised of 17 provinces<sup>2</sup> of which five, Gitega, Karusi, Kayanza, and/or Kirundo, Muyinga and Ngozi, are highly food insecure<sup>3</sup> and being targeted by the USAID Food for Peace (USAID/FFP) Title II Development Food Assistance Program (Collins, Magnani and Ngomirakiza, 2013). Burundi is one of the most densely populated African countries representing three major ethnic sub-groups of Hutu (85%<sup>4</sup>), Tutsi (14%), and Twa (1%). The majority of the population is catholic (62%), and a smaller portion is protestant (24%) (CIA World Factbook, 2014).

The climate is equatorial with large altitude variations in the high plateau (772 - 2,670 m above sea level). The average annual temperature varies from 17 to 23 degree centigrade and it is generally mild. The average annual rainfall is about 150 cm, which falls during the two wet seasons (February-May, and September-November). June-August and December-January are usually dry. The lowest point in the country is Lake Tanganyika (772m above sea level) located in the southwest corner of Burundi (CIA World Factbook, 2014). The capital Bujumbura sits on Lake Tanganyika near the border with DRC.

Burundi is a resource-poor country with an agricultural economy, which accounts for 40% of its gross domestic product (GDP) and nearly 94% of its formal and informal employment (Table I provides information on economically active men and women in formal employment in agriculture). Burundi's economy is also heavily dependent on bilateral and multilateral donor aid (see Annex 4 for USG aid), which accounts for 42% of its national income, the second highest rate in Sub-Saharan Africa (Pedro, 2011; CIA World Factbook, 2014).

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<sup>2</sup> These are Bubanza, Bujumbura Mairie, Bujumbura Rural, Bururi, Cankuzo, Cibitoke, Gitega, Karuzi, Kayanza, Kirundo, Makamba, Muramvya, Muyinga, Mwaro, Ngozi, Rutana, and Ruyigi

<sup>3</sup> Many households in these provinces are extremely poor and unable to access food.

<sup>4</sup> All percentages are rounded in this report.

**Table 1: Burundi population snapshot**

Item	2008-2012	2013-2017	Change
Total population	9.85 million	10.16 million	3% increase
Rural population	88.8 %	79.7 %	10% decrease
Urban population	11 %	12 % <sup>5</sup>	1% increase
Population economically active (PEA)	50 %	49 %	1% decrease
PEA in agriculture	44 %	43 %	1% increase
Male PEA in agriculture	19 %	11 %	8% decrease
Female PEA in agriculture	24 %	25 %	1% increase
Human Development Index [highest=1]	0.3864	0.3894	Incremental increase
Gender Inequality Index [equality=0, inequality=1]	0.506	0.501	Incremental improvement

Source: Food and Agriculture Organization (FAO) Aquastat Database, 2015. (All values are estimated for 5-year average)

The ethnically driven war in 1993-2005 devastated the country and its people, causing more than 200,000 deaths and displacing over 550,000<sup>6</sup> people both internally and externally into neighboring countries. The war was extremely disruptive to agriculture, which was and remains the main livelihood source for rural households. Roughly 80% of the estimated population lives below the poverty line of less than US\$1.25 per day (CIA World Factbook 2014; International Monetary Fund (IMF), 2012). At this level of poverty, a household's ability to meet basic needs for food and health is severely challenged. According to the Ministry of Health (MOH), 81% of the population has to sell household assets (e.g., livestock) or borrow money to cover medical expenses (as cited in Collins et al., 2013, p. 4).

In 2010, the multidimensional poverty index (MPI) for Burundi was 0.454, which was a considerable improvement for Burundi compared to its 2005 MPI score of 0.53. The percentage of MPI poor population decreased from 85% in 2005 to 81% in 2010. A similar trend was characteristic to the average intensity of deprivation, which fell to 56% in 2010 from 63% in 2005 (reflecting small improvements in education, health and living standards). The prevalence of MPI poor in rural areas is very high compared to urban areas (0.48 vs. 0.21 respectively). This is particularly disturbing when taking into account the fact that the majority of the population still resides in rural areas (Table 1). Thus 14% of the population is still vulnerable to poverty, while half of the population (51%) struggles with severe poverty. Among the contributing factors to the high MPI are the high incidences of child mortality, wide-spread malnutrition, lack of education among the general population and the lack of basic standards of living such as improved access to clean water, sanitation and a health care infrastructure (Alkire, Roche, Santos and Seth, 2011; Oxford Poverty and Human Development Initiative (OPHI), 2015).

#### Major causes of rural poverty in Burundi

- High population pressure on over-farmed land of average size of less than 0.5ha per household
- Insecurity and displacement
- Frequent droughts
- Shortage of agricultural inputs and credit
- Low productivity of labor
- High rates of illiteracy (especially among rural women)
- Increased number of female-headed households

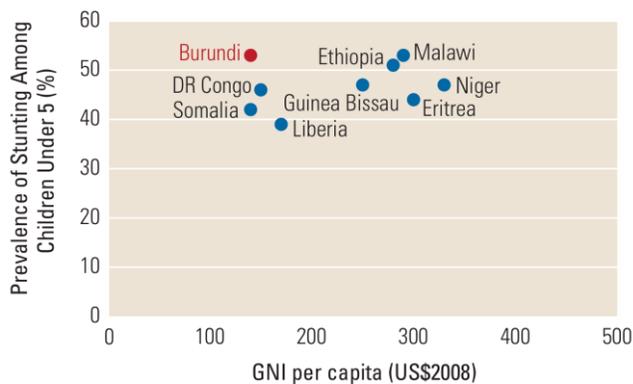
Source: IFAD Rural Poverty Portal

<sup>5</sup> 60% of total urban population resides in the capital Bujumbura.

<sup>6</sup> Burundi Civil War. Retrieved from <http://www.globalsecurity.org/military/world/war/burundi.htm>

The population of Burundi is young; with 45% of the total population under age 15 and 50% under age 20. Women enter marriage at the median age of 20.3 years, which results in high fertility (6.4 birth per woman on average). The death of newborns is high (22%). The death of children under 5 is also high, caused primarily by chronic malnutrition and diseases such as respiratory tract infections, malaria and waterborne diseases (see Collins et al., 2013). Burundi is the 5<sup>th</sup> out of 136 countries with the highest stunting (chronical malnourishment) occurrence). Nearly 58% of children under 5 are stunted, ranging from 55% to 62% across the country and as high as 71% in Ngozi (see Annex 3). Stunting starts early in life and by 24-35 months of age 66% of the children are stunted. 29% of the children under 5 are underweight and 6% are wasted. About 11% of infants are born low weight. The main causes for acute stunting and underweight is continual hunger, coupled with poor nutrition, frequent births, and inadequate birth spacing among mothers. Among adults, HIV is widespread prompted by the displacement of people during the 1993-2005 civil war, which increased the populations' exposure to HIV/AIDS (United Nations Children's Fund (UNICEF), 2009; Collins et al., 2013; Hunger Report, 2015).

**FIGURE 1 Burundi has Higher Rates of Stunting than its Income Peers**



Source: Stunting rates were obtained from the WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank's World Development Indicators.

Source: World Bank

## Agriculture

Agricultural land is comprised of 39% of arable land (approximately 1 million ha), 16% of permanent crops, and 19% of permanent pasture. Forests occupy 7% of the total land area (CIA World Factbook, 2014). In terms of production systems, 87% of the arable land is under food crops, the majority of which is consumed by households (80%). About 7% is planted with cash crops such as coffee, cotton, tea, and palm oil, which accounts for 90% of Burundi's exports (Collins et al., 2013; CIA World Factbook 2014). Other agricultural products produced during the major cropping seasons (Table 2) include corn, sorghum, sweet potatoes, bananas, cassava (manioc, tapioca), beef, milk and hides. Agriculture is predominantly subsistence based and characterized as low-input and low-cost, which relies on large swathes of land brought into production instead of intensive farming (raising productivity on existing land). Although in recent years, the production of rice, bananas and sweet potatoes has seen some positive increases due to better farming practices (World Food Program (WFP), 2008; Collins et al., 2013).

Small land holdings dominate Burundi's agriculture, with 86% of the households farming less than 0.5ha. Female-headed households (accounting for a fifth of rural heads of household) cultivate smaller plots compared to male-headed households (33% cultivating 0.25ha or less vs. 18.6% respectively). Such small divisions of land among households have contributed to the household's inability to produce enough food for family's consumption (WFP, 2008; Curtis, 2012).

Population growth and the reliance of rural households on subsistence farming has increased farm land fragmentation, with average land holdings per household decreasing from 0.7ha in 1979 to less than 0.5ha in 2009<sup>7</sup> (as cited in IMF 2012 report, Collins et al., 2013). This is also coupled with other agro-ecological challenges: soil erosion as a result of overgrazing and hillside farming, the expansion of agriculture into marginal lands, deforestation (due to uncontrolled cutting of trees for fuel), and wildlife habitat loss. Moreover, other socio-economic factors of farming (lack of access to production resources (fertilizer, seed, and water), extension information, technology, and credit) also contribute to household and the country's food insecurity (Collins et al., 2013). More than 50% of the total population is persistently undernourished while 67% of the total population is hungry (International Food Policy Research Institute (IFPRI), 2011; Hunger Report, 2015).

In terms of livestock, 70% of the households own some type of small livestock including sheep, goats, guinea pigs, poultry, and rabbits, whereas fewer households own cows. Livestock production has been devastated by prolonged war (due to theft, vandalism and reduction in pasture land), and is still struggling to recover due to high cost of fodder and high price for animals. Fewer households can afford fodder and animals due to the lack of financial resources. The decline in livestock rearing decreased the use of manure, which was the main fertilizer available to farmers. The Government of Burundi (GOB) has a plan to rebuild

**Table 2: Major cropping seasons**

Cropping season A	Cropping season B	Cropping season C
September – February	February - July	Dry summer period
Accounts for 25-35% of production	50-65% of production	10-15% of production
Maize, sweet and Irish potato, sorghum, banana & groundnuts	Beans, Irish and sweet potatoes, vegetables	Rice, maize, Irish and sweet potato, beans

Source: Collins et al., 2013

<sup>7</sup> The traditional land inheritance system favors male offspring who receive a subdivision of father's land resulting in smaller fragmented agricultural plots per household.

the national herd stock by supporting intensive livestock breeding, distributing fodder seed, and strengthening veterinary services, however the plan requires a big budget to continue. A small livestock production program has also been proposed to help poor rural households with food security (WFP, 2008; IMF, 2012; Collins et al., 2013).

## Agricultural Challenges

Burundi has many challenges in agriculture because of country's geography, unsustainable agricultural practices, undeveloped infrastructure, and weak government and institutional capacity. Due to the country's hilly landscape, the use of mechanized farming is marginal, resulting in lower productivity (Collins et al., 2013). The underdeveloped irrigation and drainage infrastructure limits crop production during dry spells or due to waterlogging because the water doesn't drain properly after heavy rains (IMF, 2012). According to Collins et al (2013), the climate change models predict that Burundi would experience more extreme weather conditions in the future characterized by high winds, hail, and extended droughts. This requires that GOB and donors invest in developing and promoting new seed varieties and animal stock that are adaptable to changing climate and promote climate-smart crops and livestock production techniques.

Many households are landless and therefore they are particularly vulnerable to food insecurity. Among these are Batwa (pygmy) households, who used to hunt and make metal hunting and farming tools in the past. Because of deforestation, Batwa people lost their traditional livelihood and were forced to work as farm labor, which is characterized by low pay. Other landless households include refugees, internally displaced people, and former combatants. To reduce the landless effect, the GOB has offered a resettlement program to help returnees acquire land in the eastern and western lowlands. These areas were depopulated by war and are characterized by unfavorable farming conditions (degraded soils and low rainfall); however, the government is developing an irrigation infrastructure to boost rice, cotton, and palm oil production there. Nevertheless, the returnees prefer to re-settle in their places of origin adding pressure to already overstretched land and other natural resources (WFP, 2008; Kohlhagen, 2012).

Finally, the rural and agricultural infrastructure to support production is very weak. Burundi has few storage facilities and processing units, thus leading to significant harvest losses, especially for perishable products such as vegetables and dairy. The development of infrastructure would help boost the value chain approach in creating jobs for young men and women, adding value to the primary product, and create demand for agricultural products both internally and externally. The absence of adequate roads, markets and other transportation infrastructure is another impediment to the country's economic stagnation and limited development (IMF, 2012).

## Nutrition

Limited income-generating opportunities outside of agriculture, and small-scale subsistence farming continue the problem of inadequate food production, supply, and availability in Burundi. According to FAOSTAT (2013), food deficits have worsened since the mid-1980s as caloric intake per capita available from staple foods has decreased from over 1400 kilocalorie (kcal) in 1985 to less than 1100 kcal in 2009. The majority of subsistence farmers grow inadequate food supplies and struggle between crop harvests. Hunger due to crop failure, and serious sickness or death due to malnutrition, are still common. According to the IFPRI's 2011 Global Hunger Index, Burundi still has the level of hunger that falls within the "extremely alarming" category.

The 2008 WFP vulnerability assessment report<sup>8</sup> concluded that poor households were more likely to have wasted children. Furthermore, 40-60% of households have poor diet diversity and consume less than adequate amounts for full functioning. Food consumption patterns are further exacerbated by women's unequal position in the household. Although women bear the largest share of the agriculturally productive activities and 100% of the reproductive responsibilities in the household, their limited participation in decision-making, with regard to household expenditures, negatively affects women's empowerment, which leads to poor nutrition for children (WFP, 2008).

Among regions, Northern and Central Eastern Highlands have the highest occurrence of chronic malnutrition (see Table 3). These regions are characterized with high population density, similar climatic conditions (droughts and periodic hail) and problems such as soil erosion and undeveloped swamplands.

#### Major causes of chronic malnutrition related to agriculture

- Subsistence agriculture
- Limited food availability
- Limited livestock ownership
- Low productivity
- Limited access to agricultural inputs and extension
- Extreme poverty
- Climate change
- Poor farm management practices

Table 3: Poverty, food security, and chronic malnutrition, by region

Region	Province	Poverty		Food Security			% Chronic Malnutrition
		% Asset Poor	% Lowest Wealth Quintile	% Poor FCS	% Borderline FCS	% Acceptable FCS	
Northern	Kirundo	23.9	24.5	2.2	22.8	75.0	62.1
	Muyinga	26.7	24.5	8.6	22.6	68.7	
	Ngozi	26.6	17.8	8.2	33.1	58.7	
	Kayanza	28.4	27.8	1.3	29.7	69.0	
Central Eastern	Cankuzo	30.1	22.0	8.7	25.4	66.0	61.5
	Ruyigi	28.6	13.7	4.4	20.8	74.9	
	Karusi	38.6	29.7	10.6	30.4	59.0	
	Gitega	26.0	35.7	3.7	18.4	77.9	
Western	Cibitoke	33.4	37.8	7.7	28.6	63.7	55.1
	Bubanza	36.1	46.3	3.8	26.5	69.7	
	Bujumbura Rural	30.0	28.1	6.0	24.1	69.9	
Southern	Bururi	17.9	15.2	1.0	8.8	90.2	56.0
	Makamba	20.7	15.6	0.6	7.1	92.3	
	Rutana	22.7	16.9	3.1	16.2	80.7	
	Mwaro	16.8	29.4	2.6	25.8	71.7	

Sources: Burundi DHS 2010 and CFSVA WFP 2008

Source: Collins et al., 2013, p. 30.

Post-harvest storage losses also contribute to food shortfalls coupled with aflatoxin formation<sup>9</sup> affecting maize and groundnut harvests. This dire situation is further aggravated by the lack of awareness and preventative/avoidance practices among women and children on the dangers of aflatoxin poison (Collins et al., 2013).

### Women's status

Burundi is largely a patriarchal society where women depend on men for their livelihood, access to resources and decision-making capacity. Only 8% of the women have independent titles to land ownership, while 54% of the women share title with their sons, husbands, or fathers (WFP, 2008). The farm work is

<sup>8</sup> Analyzed household food consumption patterns against a wealth index.

<sup>9</sup> Aflatoxin formation is a fungal toxin produced by a fungus - *asperigillus flavus*, which is carcinogenic.

done primarily by women, who are involved in land preparation, planting, cultivation and harvesting accounting for 62%-70% of the total farm work hours. In addition, land fragmentation has added an additional toll on women's time because they have to walk from one field to another, often at considerable distance. Moreover, changing rain patterns, soil degradation and the low return from agricultural enterprises have resulted in men's outmigration to larger cities or neighboring countries increasing the farming drudgery on women (Curtis, 2012; Collins et al., 2013).

Women were severely affected by the 1993-2005 war that resulted in the spike of gender-based violence as well as the increased number of female-headed households (see Collins et al., 2013; Njogu and Orchardson-Mazrui, n.d.). Female-headed households are poorer (49% incidence of poverty), a situation that leads to children quitting school to support their family or girls being married off early, continuing the cycle of poverty (IMF, 2012). Gender-based violence is widely spread and considered as a socially acceptable norm to control women (ibid.). Furthermore, the legal, and traditional norms and customs limit women's purchasing ability and inheritance of land and other assets (such as livestock). In addition, women can't sell and profit from their own products made inside the household. Without access to resources, assets and rights, illiterate poor women operate at the margins of the agricultural value chain representing the weakest voice in the production link (Pedro, 2011). Burundi is the only country in East Africa where women have no inheritance rights (Collins et al., 2013). In 2003, the GOB developed a national gender policy to address gender inequalities. The government ratified a number of regional and international provisions guaranteeing equality and equity, including the Convention on the Elimination of All Forms of Discrimination against Women (Resolution 1325). Progress was made increasing women's representation in the political system, improve gender parity in education, and offer women free prenatal care. However, up until 2012 some laws were still pending ratification that could improve and protect women's rights regarding marital property, inheritance, and gifts/bequests, as well as put an end to gender-based violence (IMF, 2012).

Death rates among women are high due to incidences of malaria, HIV/AIDS, and tuberculosis (Collins et al., 2013). Many women also die during childbirth with approximately 740 deaths per 100,000 live births (World Bank (WVB), 2013; Hunger Report, 2015). Rural and poor urban women ages 35-44 suffer from severe anemia (nearly 49%) due to malnutrition and closely spaced pregnancies (IMF, 2012; Collins et al., 2013).

Oddly enough, in terms of Global Gender Gap Index (GGGI), Burundi has made significant progress ranking 17 out of 135 countries with a score of 0.7565, which is on par with several developed countries of Western Europe (Table 4). This was achieved thanks to closing the gender gap in women's economic participation opportunities (ranked 1 out of 135 countries with score of 0.8630) including women's participation in the labor force (83% of women vs. 82% of men), female-to-male earned income, equal wage for similar job, and the percent of highly skilled jobs held by women (World Economic Forum, 2014). However, the results of GGGI need to be cautiously interpreted especially when comparing GGGI with Gender Inequality Index (GII), and between rural and urban settings. Burundi's GI value was 0.501 in 2013, ranking the country 104 out of 149 countries. While 35% of women have political office, there is a large disparity in women's education, especially in the secondary and tertiary levels, resulting in women to undertake low-skilled and low-pay jobs. Lastly, women's health and survival still require tremendous work, especially in the rural areas. For every 100,000 live births, 800 women die from pregnancy-related causes, and the adolescent birth rate is 30.3 births for every 1,000 live births (Human Development Report, 2014).

## AES Institutional Framework

### Agricultural Institutions

Ministry of Agriculture and Livestock (MINAGRIE) is the principal ministry responsible for Burundi's agriculture, while its role has been diminished after reforms in 2005. The reforms were part of the GOB's decentralization efforts to boost private sector development. The ministry is comprised of 4 general directorates among which the General Directorate of Mobilization for Self-Development and Agricultural Extension, which is further, divided into two sub-directorates 1) the Directorate of Agricultural Training and Animation, and 2) the Directorate of Agriculture and Livestock, responsible for extension services. The ministry also manages the Institut des Sciences Agronomiques du Burundi (ISABU), which conducts agricultural research, and the Centre National de Technologie Alimentaire (CNTA), which promotes technological innovations for food processing (Collins et al., 2013).

Mark Curtis's analytical work in East Africa in 2013 stated that MINAGRIE employ 2,803 extension agents of whom 20% are women recruited since 2006. Because farming in Burundi is smallholder-based, each agent serves about 535 farmers of the estimated total 1.5 million farmers. Extension agents are based in each province and operate through the Provincial Departments of Agriculture and Breeding. According to Collins et al (2013), MINAGRIE has created an extension network of the agriculture and livestock extension agents (ALE agent; it is not clear if these agents and above 2,803 extension agents stated above are the same ones). An ALE agent is placed at each of Burundi's 129 communes<sup>10</sup>. There is also an agriculture and livestock service provider assigned to the 2,912 commune subdivisions, called Hills<sup>11</sup> or "colline". The Hill service providers usually have primary school education, whereas ALE agents have completed some agriculture technical training. Curtis (2012) characterized Burundi's AES of poor quality and based on top-down approach with "mass meeting" form of extension used throughout the country. The ministry is interested in strengthening the capacity of extension services, but little progress has been made to date.

Apart from governmental ministries, Burundi has seven agricultural cooperative federations among which six are focused on export crops such as rice, tea, coffee, palm oil, and cotton, and microfinance. The seventh federation has 58 cooperatives representing 1700 local associations in 12 of the 17 provinces. Each association has about 10 farmers, totaling 17,514 members, which is a tiny fraction (1%) of the 90% to 95% of the working population involved in agriculture. Churches and non-religion-based organizations are also active in rural development and the provision of basic health services. The Red Cross/Burundi (RCB) includes thousands of community-level volunteers who provide information on hygiene, sanitation, and crop production in home/keyhole gardens (Collins et al., 2013).

Lastly, Curtis (2012) states that the government extension service has a mandate to serve the whole country. However, it has inadequate and under-resourced human and institutional capacity to serve farmers, especially subsistence-based. There are also a few NGOs involved in extension, although to a limited capacity. Government commodity boards/agencies for cotton and tobacco (COMACO – Company of the Management of Cotton; and BTC – Burundi Tobacco Company) offer their own extension services to their clients – cotton and tobacco farmers.

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<sup>10</sup> Each commune is comprised of 28,000-156,000 people (Collins et al, 2013).

<sup>11</sup> Each Hill is comprised of 10,000 people (Collins et al., 2013).

### **National Agricultural Investment Plan (PNIA), 2012-2017**

Burundi has developed the Plan National d'Investissement Agricole (PNIA) for 2012 to 2017 which is aimed to strengthen the agricultural sector of the country to produce enough food and generate export revenue. The plan was supported by the Comprehensive Africa Agriculture Development Programme (CAADP) and COMESA. PNIA is comprised of four main goals including the provision of food security for all, boosting household incomes, increasing revenues, and producing more raw materials for industrial sector while creating jobs in agricultural processing and services. The plan is focused on promoting sustainable agriculture practices such as agro-forestry and the production of animal fodder crops that can help address declining soil fertility and land degradation. MINAGRIE oversees the implementation of PNIA in partnership an Agricultural and Rural Development Sectoral Group comprised of civil society representatives, other ministries, and donors.

Curtis (2014), in his analysis of PNIAs for five African countries, indicated that the plan lacks explicit focus on: labor saving technologies to help smallholder farmers especially women farmers, prioritization of staple crops over cash crops as they constitute a backbone of countries' food security, and national support to women farmers through priority investment and policy reforms in key services such as extension and training, rural credit programs and agricultural research, as well as improved access to land ownership.

### **Health Institutions**

MOH is primarily concerned with the health aspects of the population. In 2009 the MOH worked with various multilateral and bilateral partners to decentralize its services. As a result, health districts were established to provide services and oversee the work of the provincial health offices and health centers, governed by health committees comprised of community leaders. MOH does not provide any health staff to the communities as it is done by MINAGRIE (Collins et al., 2013).

According to Collins et al. (2013), in 2012 the MOH created community health committees for each Hill to oversee their health issues. The communities are also served by an elected or appointed volunteer community health worker for each Hill whose principal tasks are to deliver information, provide trainings, and basic health services to community members. These volunteers have been in service since 1990s and have been instrumental to delivering health care interventions for many emergency situations during the civil war. The volunteers are supervised by the salaried health promotion technicians who are based at the health centers and responsible for hygiene/sanitation and water programs.

In 2009, the MOH received a mandate to establish the Programme National Integre d'Alimentation et de Nutrition (PRONIANUT), which includes nutrition-related research, tool development, training, coordination, monitoring and supervision of all nutrition interventions. Despite being a 'Program' and not a ministerial department, it launched the National Nutrition Policy in July 2013. Burundi has also become a member of the Scaling Up Nutrition (SUN) movement and PRONIANUT is the SUN focal point (ibid.).

### **Scaling Up Nutrition (SUN) movement**

Nutrition has been mainstreamed in the National Agricultural Investment Plan (PNIA) in Burundi, which includes interventions such as the promotion of household gardening, distribution of animals and fertilizer subsidies, and facilitation of access to credit for poor families. The implementation of the PNIA resulted in an increase in food production in the period 2011-2013, which has contributed to a reduction of national malnutrition rates. A multi-sectoral committee to monitor the implementation of the Agricultural Development Plan has been set up, as well as a technical committee, which involves the ministries of health, agriculture, education and community development, Food and Agriculture Organization (FAO), WFP and World Vision (SUN Movement Compendium 2014).

On February 26, 2013, Burundi joined the Scaling Up Nutrition (SUN) movement after finalizing its multi-sectorial roadmap for enhancing nutrition and validating its multi-sectorial strategic plan for food security and nutrition (for more information see <http://scalingupnutrition.org/sun-countries/burundi>). The strategic plan for food security and nutrition has four strategic priorities including reducing the prevalence of undernutrition, promoting breastfeeding, micronutrient supplementation, and responding to chronic food security deficits. The monitoring and evaluation plan that will serve as the common results framework is yet to be developed, however, the PNIA is already being aligned with existing policies and projects of limited geographical coverage have been launched. For instance, the Ministry of Public Health and for the Fight against AIDS, in collaboration with MINAGRIE, PAM, UNICEF and the FAO has rolled out a project to enhance the achievement of the Millennium Development Goals. The MOH in collaboration with MINAGRIE is implementing community and food security programs (ibid.).

To ensure a coherent policy and legal framework, a contextual analysis of malnutrition has been completed. Burundi now has legislative provisions on food fortification, labor laws, the importation and marketing of salt for human consumption and free healthcare for children under five and pregnant women. GOB is committed to enhancing the protection of maternity leave, adopting a new code on the marketing of breast milk substitutes, launching an alliance for food fortification, applying national directives on food for babies and young children, and focusing more on food output and diversification, food security and nutrition education. GOB also intends to develop a communication plan to support its multi-sectorial plan. The drafting and dissemination of guidelines on including nutrition in sectorial strategies and a plan to enhance capacity are seen as necessary to incorporate nutrition in all sectors. MOH and for the Fight against AIDS has already established a budget line for nutrition, however, these efforts will require a transparent fund management, which needs to be developed. A major challenge for Burundi moving forward is to turn these strategies and plans into actions (ibid.).

## East Africa Region's Feed the Future Multi-Year Strategy

Despite the fact that Burundi is not an FTF but an aligned to FTF country, USAID has developed a regional East Africa FTF strategy (East Africa FY 2011-2015 Multi-Year Strategy – see full report at: <http://www.feedthefuture.gov/sites/default/files/resource/files/EastAfricaFeedtheFutureMultiYearStrategy.pdf>) in which Burundi is included under a “limited presence country” category. This means that the East Africa USAID Mission will provide support to programs where FTF has limited presence.

The main goal of the strategy is to “increase access, availability and utilization of African-grown staple foods in regionally integrated markets on the Northern and Central Corridors” (FTF, 2011, p.10). FTF East Africa is investing primarily in: 1) improving the integration of national and regional markets; 2) expanding the region's access to improved technology, knowledge and inputs, and 3) increasing private sector participation in agriculture and nutrition-related activities, with the principal aim of increasing the total quantity of food available to every resident of the East Africa Region<sup>12</sup> (ibid.). Because of Burundi's geographic location, the country falls within the Central Corridor category, which lies to the north of Burundi connecting the DRC, Rwanda and Tanzania on its route to the Indian Ocean.

The FTF Results Framework (see Annex 1) targets the transformation of smallholder and subsistence farmers (especially women-farmers) to reduce poverty and hunger through improved nutrition and attain surplus production. Investments will target the development of linkages along the value chains of various

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<sup>12</sup> Includes Burundi, Djibouti, DRC, Ethiopia, Kenya, Rwanda, Malawi, Sudan, Tanzania, Uganda, and Zambia.

staple crops that address issues regarding small farm sizes, lack of access to land and other productive resources, low productivity, lack or limited access to credit and extension services and technologies, high post-harvest loss, and risky/uncertain local markets. In addition, nutrition education and health-based interventions will accompany smallholder-based agricultural development programs to address the critical “one thousand days” for pregnant and lactating women, and their children under two years of age through nutritional improvements and biofortification, increased food quality and safety, dietary diversity, and health care institutional capacity building (ibid.).

The priority value chains for East Africa include: maize, rice and other grains (such as sorghum and millet), beans and pulses, horticulture crops, and livestock are proposed. These are considered the primary staple crops and products (with export potential) in Burundi (except millet).

The USG will work with many regional economic communities particularly the Common Market for Eastern and Southern Africa (COMESA) and the East African Community (EAC), in which Burundi is represented.

## USAID/Regional Development Cooperation (CDC) Strategy

USAID has not developed a country development cooperation strategy for Burundi although some strategic goals and priority areas are included in the Regional Development Cooperation Strategy developed by the Bureau for Africa/ Office of Sustainable Development (AFR/SD) in 2013 (see full report at <http://www.usaid.gov/sites/default/files/documents/1860/AFR-RDCS.pdf>). The principal purpose of the strategy is the elimination of extreme poverty in Africa [and thus Burundi] (USAID, 2013).

This regional strategy outlines the support that will go to food security and health initiatives, such as FTF, the Global Health Initiative (GHI), and the new African initiatives in power and trade (called Trade Africa and Power Africa). The AFR/SD agricultural team indicates that it will continue its work with the Bureau for Food Security (BFS) on AFR/SD’s Initiative to End Hunger in Africa (IEHA), which overlaps with the FTF initiative in terms of strengthening support links with the Comprehensive Africa Agricultural Development Program (CAADP). Collaboration will continue within the strategy with regard to the Global Health and the Global Climate Change Initiatives. AFR/SD will also engage African governments, the private sector, and civil society to increase the sense of ownership among the client groups (USAID, 2013. p.4).

The report (2013) outlines that USAID’s Africa/SD will focus on various programs. The programs that overlap with the INGENAES project goals include: 1) agricultural growth (through the acceleration of adopting/promoting women-sensitive new technologies), 2) effective and equity-enhancing education and health programs, 3) improving the efficiency of safety nets (especially for the most vulnerable populations, including women), and 4) integrating gender equity principles into economic growth strategies (p. 9).

## Food for Peace Food Security Country Framework (and relevance to INGENAES)

USAID’s Office of Food for Peace (FFP) has developed a country framework for FY 2014-2019 (see full report at <http://www.usaid.gov/sites/default/files/documents/1866/FSCF-Burundi-2013-web.pdf>). The framework’s main goal is to “reduce chronic malnutrition and food insecurity among [poor and] vulnerable households”. This will be accomplished through “enhance[ing] resilience among food-insecure households by increasing their skills and assets, diversifying their livelihoods, and strengthening beneficiaries’ ability to deal with and recover from the shocks that compromise their food security and fuel the vicious cycles

that lead to persistently high levels of chronic malnutrition” (Collins et al., 2013, p. 36). The program will also focus on linking producers with markets, strengthening nutrition-related health services, and improving local food security governance. Among the specific populations the Title II program will target the nutritional status of pregnant and lactating women and children under 5 years old.

The three recommended program priorities include:

- Program Priority 1: To reduce chronic malnutrition among children under 5
  - Priority Activity 1.1: Prevent chronic malnutrition among children under 2
  - Priority Activity 1.1a: Children under 2 are fed appropriately for their age
  - Priority Activity 1.2: Pregnant and lactating women and children seek preventive care and treatment of illness
  - Priority Activity 1.3: Promote healthy family size
  - Priority Activity 1.4: Increase use of potable water and sanitation infrastructure
- Program Priority 2: To increase household food availability and access through increased productivity
  - Priority Activity 2.1: Households increase and diversify crop production through improved productivity (With direct relevance to INGENAES => organization and capacity strengthening of producers, establishing demonstration plots, establishing seed multiplication, reducing post-harvest loss, etc.)
  - Priority Activity 2.2: Households increase and diversify livestock production through improved productivity
  - Program Priority 3: To increase household incomes to improve household diet
    - Priority Activity 3.1: Households increase income generated through improved market linkages and off-farm activities (With direct relevance to INGENAES => organization and capacity strengthening of producers, market information systems, vocational training, etc.)
    - Priority Activity 3.2: Households increase production and consumption of micronutrient-rich foods.
    - Priority Activity 3.3: Design and implement a social and behavior change communication (SBCC) strategy to encourage diet diversity and improved nutritional outcomes (With direct relevance to INGENAES => conduct formative research (to inquire about adapting messages and materials to local norms and barriers, increasing women’s empowerment and decision-making, and reducing gender inequalities)
- Cross-cutting Program Priority 4: Engage in a national policy processes of direct relevance to reducing chronic malnutrition and food insecurity (see Collins et al., 2013 for detailed description of Burundi’s framework, p. 40).

FFP focuses on the following provinces: Gitega, Karusi, Kayanza, and/or Kirundo, Muyinga, and Ngozi.

The partners of FFPFS program will be 1) SUN Coordination, 2) PRONIANUT and its province level teams, 3) MINAGRIE and its province-level teams, 4) communes, 5) provincial medical offices, health districts and health centers, 6) USAID’s Integrated

**Gender will be the focus of FFPFS program:**

- Gender is central to project design.
- Selecting appropriate to women training locations and timing will allow increased women’s participation.
- A group approach, more attractive to women than men, will provide peer support and learning platform for women.
- New agriculture and irrigation technologies will target the reduction of labor burden on women.
- Mainstreaming males into maternal and child health and nutrition through training and relevant materials.
- Implementers understand gender and decision-making dynamics around the use of income from agribusiness and village savings and loans.

Source: Collins et al., 2013, (p. 55)

Health Project (IHP) and Economic Growth Project (EGP) projects, 7) United Nations (UN) agencies such as UNICEF for nutrition and fortification, WFP for nutrition, emergency response and early warning, FAO for training and extension services for smallholder farmers, and IFAD for livestock, and 8) University of Ngozi for agriculture and health), the Bujumbura Agronomie Faculty, and Institut des Sciences Agronomique du Burundi (see Collins et al., 2013, p.60).

## Projects by USAID, Other USG Agencies & International Donors

Since 2007, USAID<sup>13</sup> has been providing development assistance to Burundi to help the country raise incomes of rural people, diversify livelihoods, and strengthen value chains for several export crops linking producers to markets (e.g., coffee – working jointly with the WB). USAID has also provided “development-oriented food assistance” intended to improve 1) soil management practices, 2) seed varieties, 3) crop and livestock production practices, 4) wetland rehabilitation, and 5) dietary diversity especially for female-headed households.

USAID has invested in reforms toward improving governance in the country. In August 2011, Burundi accepted the revised version of the national land code which aimed to reduce land conflict, land-associated corruption, and improve land management (particularly improving women’s rights to land ownership and inheritance, as well as protecting Batwa people’s traditional land use practices) (Kohlhagen, 2012). USAID has also helped with a new national water code to improve water quality and availability in the country. USAID has launched a Development Credit Authority loan guarantee program with a local commercial bank to support small and medium-sized agribusinesses. The local Burundian firms were targeted to increase exports through the East Africa Trade and Investment Hub (located in Nairobi, Kenya).

In collaboration with the Dutch Government, USAID launched a business incubator to support business start-ups and fledgling businesses, particularly those owned by women. USAID also supports “Calling all Entrepreneurs” a radio program targeting the livelihoods of youth and the rural population.

Finally, through GHI, USAID/Burundi plans to spend about \$160 million over the next 5 years. The GHI activities will be primarily focused on HIV/AIDS and malaria prevention, maternal and child health, and family planning.

## TUBARAMURE Program

The Tubaramure program is funded by USAID’s Office of FFP (Title II) as a multiyear development assistance program. The main objectives of the program are: “to improve the health and nutritional status of pregnant and lactating women and children under 2 years of age and to strengthen the quality and delivery of health care services” (Leroy, Heckert, Cunningham and Olney, 2014, p. 3). The program consists of three core components: 1) distribution of family and individual food rations; 2) required participation of beneficiaries in behavioral change communication sessions focused on improving health and nutrition-related behaviors; and 3) required use of preventive health services for pregnant and lactating women and children under 2 years of age. The program activities are being conducted in the eastern provinces of Cankuzo and Ruyigi, both bordering Tanzania, which are largely rural, and poorest among the poor provinces in Burundi. The program is being implemented by an NGO consortium comprised of Catholic Relief Services (CRS), as the lead, International Medical Corps (IMC), Food for the Hungry (FH), and CARITAS Burundi (CARITAS) as implementing partners. Tubaramure focuses on

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<sup>13</sup> All information in this section is found on USAID/Burundi webpages (<http://www.usaid.gov/burundi>)

community engagement and collaborated with MOH. In addition, the program includes a research component by IFPRI in collaboration with the consortium of NGOs and with funding from USAID through the Food and Nutrition Technical Assistance Project (FANTA). The objectives of the research agenda are “to assess the impact and cost-effectiveness of Tubaramure on children’s nutritional status, as well as to evaluate the differential and absolute impact of varying the duration of receiving food rations” (Leroy et al., 2014, p. 30).

## AMASHIGA

AMASHIGA is a Burundi term meaning the three stones that support a traditional cooling pot, and the title of a new project awarded to the CRS (see <http://www.crs.org/countries/burundi>). This is a five-year project (2014/15 -2019/20) with \$50 million funding to address malnutrition programs in Muyinga Province. Amashiga will use a “whole-of-community approach” to address household nutrition practices by changing community and household behaviors in relation to food and hygiene. The project will target subsistence agriculturalists to increase agricultural production and sales. Lastly, the project will support GOB with nutrition policy development at the national level (with focus on food fortification techniques to address micro-nutrient deficiencies)<sup>14</sup>.

For contact information on programs, projects/activities in this section see Excel spreadsheet attached.

## ASSIST – Applying Science to Strengthen and Improve Systems

This ASSIST project is part of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) started in January 2013. It is implemented by the University Research Co., LLC (Award No. AID-OAA-12-00101, see <https://www.usaidassist.org/projects/burundi>)

This project is working with the MOH, GOB, and other USAID implementing partners (FHI360, Pathfinder International, Management Sciences for Health, MEASURE Evaluation, Abt Associates, EngenderHealth, and local non-governmental organizations) to:

- 1) Provide technical assistance at the national, provincial, and district levels (service providers and managers) to implement improvement activities relating to the prevention of mother-to-child transmission of HIV (PMTCT) service integration within existing maternal, newborn, and child health and HIV services;
- 2) Apply collaborative improvement methods that improve uptake of PMTCT services, retention of mothers and infants along the PMTCT cascade, and quality of PMTCT services; and
- 3) Support the MOH to address human performance factors to enhance providers’ productivity, motivation, and compliance with standards (from Assist Project Report, 2014).

ASSIST is working closely with health districts (up to 70 health facilities) and 24 communities. The key target regions are Kirundo (phase I), Muyinga (phase I), Karusi (phase I), Kayanza (phase I), Ngozi (phase II), Gitera (phase II), Bujumbura Mairie (phase II), and Bujumbura Rurale (phase II).

## IHPB - Integrated Health Project in Burundi

IHPB is funded by USAID (FY 2013-2016) to improve the overall health of Burundians by increasing capacity and strengthening integrated health care systems, services and communication across facilities and communities. The project is being implemented by FHI360 (for more information <http://www.fhi360.org/projects/integrated-health-project-burundi-ihpb>).

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<sup>14</sup> Retrieved from <http://burundi.usembassy.gov/pr110314.html>

In collaboration with the GOB, civil society organizations and communities, IHPB works with provincial and district health bureaus to identify priorities and make improvements in health supply chain management, health information systems, planning and coordination, management of community health systems and human resource management. The goals of IHPB are:

- Integrate health services closer to home
- Train community health care workers and volunteers who can improve a family's health and nutrition and ensure access to health centers when needed
- Create opportunities to discuss how services are delivered, measured and improved
- Provide forums that allow women and men to work together to improve family health and support women's access to services
- Increase access to health and behavior change communications that empowers Burundians to make healthier decisions<sup>15</sup>.

Key Regions	Target
Karuzi Kayanza Kirundo Muyinga	
Source: FHI 360	

## Other donor projects/activities

Below are projects and other donors working in the field of agriculture, health/nutrition, and gender:

Donor/Project	Strategy	Description	Link
FAO	2012-2016 FAO Country Programmin g Framework	<ul style="list-style-type: none"> <li>• Professionalization and intensification of the agriculture sector, paying particular attention to women, young people and post-conflict returnees as well as producer organizations.</li> <li>• Sustainable natural resource management, establishing an enabling legislative and institutional environment while facilitating innovative methods and technologies for improved agricultural production and productivity.</li> <li>• Management and use of agricultural information and statistics for informed, sector-wide decision-making.</li> <li>• Support to strategic planning and coordination of the agriculture sector, beginning with key national policies and the building of a sound legal framework.</li> <li>• Home gardening is seen as a key strategy to combating malnutrition. Targeting 10,500 gardens to be established in Ngozi by 2014.</li> </ul>	<a href="http://www.fao.org/3/a-au068e.pdf">http://www.fao.org/3/a-au068e.pdf</a>
CATALIST-2 Project (funded by the Netherlands Ministry of Foreign		<ul style="list-style-type: none"> <li>• CATALIST stands for Catalyze Accelerated Agricultural Intensification for Social and Environmental Stability.</li> </ul>	<a href="http://ifdc.org/catalist-2/">http://ifdc.org/catalist-2/</a>

<sup>15</sup> Retrieved from <http://www.fhi360.org/projects/integrated-health-project-burundi-ihpb>

<p>Affairs and Swiss Agency for Development and Cooperation (SDC) 2012-2016 Implemented by IFDC</p>		<ul style="list-style-type: none"> <li>The project is aimed at improving the livelihoods of smallholder farmers and others in the agricultural value chain while promoting regional trade and business linkages.</li> <li>Works with farmer-based organizations, National and international NGOs, and the Burundi Ministry of Agriculture and Livestock</li> </ul>	
<p>ISSD (funded by the Dutch Embassy) 2014-2018 Implemented by IFDC</p>		<ul style="list-style-type: none"> <li>ISSD stands for Integrated Seed Sector Development.</li> <li>The project is aimed at improving the seed sector and ensuring farmers' access to quality seeds at an affordable price.</li> <li>Plans to create 200 new seed enterprises</li> </ul>	<a href="http://ifdc.org/issd/">http://ifdc.org/issd/</a>
<p>PAN-PNSEB (funded by the Dutch Embassy) 2013-2015 Implemented by IFDC</p>		<ul style="list-style-type: none"> <li>PAN-PNSEB stands for Support Project to the National Subsidized Fertilizer Program in Burundi.</li> <li>The Project is aimed at improving national food security and smallholders' livelihoods via fertilizer subsidies to increase crop production.</li> </ul>	<a href="http://ifdc.org/pan-pnseb/">http://ifdc.org/pan-pnseb/</a>
<p>IFAD – Post-Conflict Reconstructon Transitional Program 2009-2017</p>		<ul style="list-style-type: none"> <li>Target provinces: Bujumbura Rural, Ruyigi, and Bururi</li> <li>Targeting poor smallholders' capacity to protect productive assets, increase productivity, improve nutrition, raise incomes, and improve market access for producer organizations</li> </ul>	<a href="http://operations.ifad.org/web/ifad/operations/country/home/tags/burundi">http://operations.ifad.org/web/ifad/operations/country/home/tags/burundi</a>
<p>IFAD - Livestock Sector Reconstruction Project 2008-2014</p>		<ul style="list-style-type: none"> <li>Target provinces: Bururi, Bujumbura Rural, Cibitoke, Karusi, Kayanza, and Ruyigi</li> <li>Targeting the productivity of small-scale livestock farmers</li> </ul>	
<p>IFAD - Agriculture Intensification and Value Chain Enhancement 2009-2017</p>		<ul style="list-style-type: none"> <li>Target provinces: Gitega, Karusi, Cibitoke, Kayanza, Muramvya, and Bubanza</li> <li>Targeting the development of sustainable, profitable, commercial agriculture for smallholders</li> </ul>	
<p>IFAD - Value Chain Development Program 2010-2019</p>		<ul style="list-style-type: none"> <li>Target provinces: Cibitoke, Karusi, Kayanza, Ngozi, Bubanza, Muramvya, and Gitega</li> <li>Targeting poverty reduction and food insecurity via agricultural value chain development for rice and milk</li> </ul>	
<p>IFAD – National Program for Food Security and Rural Development</p>		<ul style="list-style-type: none"> <li>Target provinces: Imbo and Moso</li> <li>Targeting the development of rice and dairy value chains, supporting the diversification of production, improving</li> </ul>	

2014-2021		nutritional condition of rural communities, and building the institutional capacity of value chain actors	
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## Conclusions

Agriculture is key to the survival of Burundians. It provides basic food, fiber and shelter, as well as serves as the backbone to Burundi's economy. Despite being the most important sector of the economy, agriculture continues to rely on subsistence farming, which heavily relies on women as the primary land users. There is a strong development argument to focus investments in agriculture on women-farmers. Yet, in Burundi women do not have a right to own or inherit land nor do they have equal access to productive resources, extension information and new technology, and credit, which limits their potential to pull Burundi from persistent poverty and hunger.

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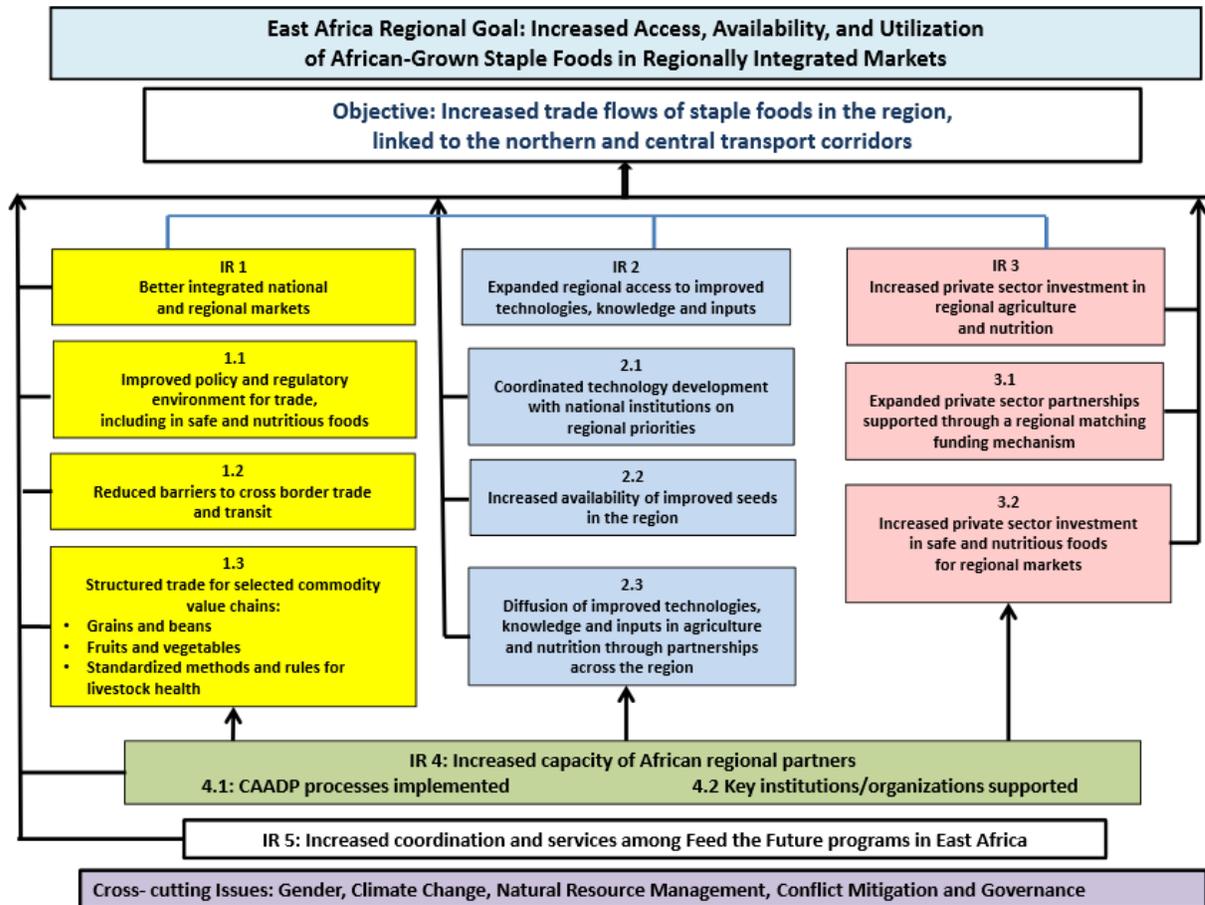
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## Annex I: East Africa Regional FTF Results Framework

Figure 2. East Africa Regional Feed the Future Results Framework



Source: FTF Multi-Year Strategy for East Africa, 2011; p. 13.

## Annex 2: The Map of Burundi



Source: Nations Online Project

## Annex 3: Trends in Child Nutrition and Health Status

Table 10. Trends in Child Nutrition and Health Status

	Bujumbura Municipality	Northern	Central-Eastern	Western	Southern	National	Urban	Rural
<b>Prevalence of Malnutrition</b>								
Percentage of children under 5 stunted	27.6	62.1	61.5	55.1	56.0	57.7	37.8	59.5
Percentage of children 6–59 months underweight	15.2	32.1	33.1	25.1	25.0	28.8	18.0	29.7
Percentage of children 6–59 months wasted	6.1	5.5	5.4	6.2	6.4	5.8	4.8	5.9
<b>Micronutrient Status</b>								
Percentage of children under 5 who are anemic, hemoglobin <11.0 g/dl	39.0	44.9	44.0	50.5	40.4	44.5	39.7	45.0
Percentage of children 6–23 months consuming iron-rich foods in the past 24 hours	50.2	22.9	19.5	36.7	35.4	28.6	49.1	26.7
Percentage of children 6–23 months consuming vitamin A-rich foods in the past 24 hours	76.5	84.3	83.2	82.2	85.9	83.5	79.4	83.9
Percentage of children 6–59 months living in a house with adequately iodized salt	100.0	98.8	99.1	81.0	100.0	95.6	100.0	95.2
Percentage of children 6–59 months who have received a vitamin A supplement in the past 6 months	93.3	83.8	80.7	72.4	81.2	80.7	88.7	80.0
<b>Infant and Young Child Feeding</b>								
Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	63.8	69.4	83.6	74.9	68.7	73.6	65.4	74.4
Median duration (months) of exclusive breastfeeding among children born in the past 3 years	2.8	4.0	3.9	3.5	4.6	4.7	3.0	4.0
<b>Complementary Feeding Practices among Children 6–23 Months</b>								
Percentage of children with minimum diet diversity	36.8	17.5	13.8	14.2	25.0	18.5	35.0	16.9
Percentage with minimum feeding frequency	46.4	29.2	31.6	25.6	42.9	32.8	46.5	31.5
Percentage with minimum acceptable diet	19.5	6.8	7.8	4.8	14.1	8.8	18.5	7.9
<b>Illness Prevalence and Prevention</b>								
Percentage of children 6–59 months who received deworming treatment in the past 6 months	83.8	69.8	57.8	52.9	61.3	62.4	79.6	60.8
Percentage of children under 5 who have slept under an ITN the past night	62.9	34.6	44.8	64.6	39.5	45.5	64.5	43.8
Percentage of children under 5 who experienced diarrhea in preceding 2 weeks	19.7	30.4	22.9	26.1	20.2	25.0	21.2	25.4

Source: Burundi DHS 2010

Source: Collins et al. (2013), p. 23.

## Annex 4: USG Aid Assistance to Burundi

In 2012, Burundi received \$44,649,342 from USG (about \$4.23 aid per person). The aid came from the following USG agencies:

<b>Agencies and Programs</b>	<b>Total (FY 2012)</b>
<b>Economic assistance</b>	\$44,324,342
+ USAID	\$-1,087,493
+ Department of Agriculture	\$19,170,600
+ State Department	\$24,781,518
+ Other economic assistance	\$1,459,717
<b>Military assistance</b>	\$325,000
<b>Total</b>	\$44,649,342

The type of activities/programs supported with FY 2012 aid were:

<b>Activity/Program</b>	<b>Amount</b>	<b>Percent</b>
<b>Development aid</b>	\$212,122	0.5%
<b>Food assistance</b>	\$19,200,000	42.9% (100% through USAID's Title II program)
<b>Health aid</b>	\$23,159,840	51.9% (100% through State Department's Global Health and Child Survival fund)
<b>Security assistance</b>	\$1,463,559	3.3%
<b>Other aid</b>	\$643,221	1.4%

Reference: All information in the annex came from Inside Gov. online portal. Retrieved from: <http://us-foreign-aid.insidegov.com/l/27/Burundi>