

Key nutrition challenges



139 800 children under 5 years were **wasted** in 2021
16 070 of them were **severely wasted**



26 140 pregnant and lactating women were **wasted**

Source: IPC AMN, June 2021.

Child wasting increased from 4.5 percent in 2018 to 5.1 percent in 2019 and 6.1 percent in 2020, above the 'medium' threshold of 5 percent set by the WHO. One district had a prevalence above the 'high' threshold of 10 percent and in 31 out of 47 districts, the prevalence ranged from 5–9.9 percent (SMART 2020).

The prevalence of acute malnutrition tends to peak during the September–December period in a typical year and decreases during the harvest period (January–August) according to the trend analysis of nutritional data (IPC AMN, June 2021).

While stunting levels remain among the highest in Africa, the 2020 National Nutrition Survey showed an improvement with the prevalence of stunting in under 5s declining from 57 percent in 2016 to 54.2 percent in 2019 and to 52.2 percent in 2020 (JME, 2021; IPC AMN, June 2021).

Key drivers

The drivers of Burundi's nutritional challenges include inadequate food intake for children from 6 to 23 months, poor access to minimum dietary requirements, high prevalence of diseases, and poor access to drinking water and improved sanitation facilities.

Caring and feeding practices

Burundi has made progress on infant feeding indicators, with 72 percent of children under 6 months exclusively breastfed (Global Nutrition Report, 2021). Challenges arise once mothers start the introduction of complementary foods from 6 months of age onwards. More than 92 percent of children aged 6–23 months do not benefit from a minimum dietary diversity. More than 93 percent of children aged 6–23 months do not receive a minimum acceptable diet (IPC AMN, June 2021).

Health services and household environment

Other major drivers of children's nutritional status include the high prevalence of childhood diseases, notably diarrhoea, malaria and respiratory infections (IPC AMN, June 2021).

Limited access to drinking water and improved sanitation facilities also inhibit many households from having adequate quantities of safe drinking water and from meeting other basic sanitation needs (IPC AMN, June 2021).

Food security and access to healthy diets

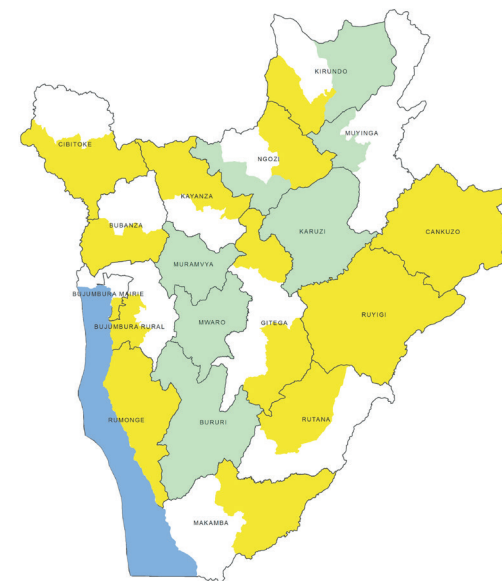
Acute food insecurity linked to recurrent climatic hazards, the economic impact of the COVID-19 pandemic and chronic poverty limited access to nutritious foods.

However, according to the IPC AMN analysis, acute food insecurity was a minor contributing factor for most districts (IPC AMN, June 2021).

MAP 3.10

IPC acute malnutrition situation, January–August 2021

Twenty districts were classified in Alert (IPC AMN Phase 2) and 12 were in Acceptable (IPC AMN Phase 1)



- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Inadequate evidence
- Not analysed

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Burundi IPC AMN Technical Working Group, June 2021.