

(RCB) dispensary, has also trained RCB volunteers in hygiene interventions and keyhole gardens. The MOH is seeking to restart the FBI training program for nutritionists to meet current and future demand.

The MOH's National Nutrition Policy (MOH 2012) is complemented by the National Protocol for Integrated Treatment of Acute Malnutrition, which includes guidance for inpatient care and community-based Positive Deviance/Hearth (PD/Hearth) actions. This protocol was drafted by PRONIANUT with the contribution of UNICEF and implementing partners. However, to date there is no protocol addressing identification, prevention, and remediation of chronic malnutrition.

In light of the variety of approaches being used to implement PD/Hearth to address acute malnutrition, the GOB's desire to reduce dependency, harmonize health staff's functions across provinces, and ensure that MOH-promulgated guidelines are adhered to, PRONIANUT has indicated that all future PD/Hearth activities will be introduced and monitored by CHWs and HPTs, especially in the absence of an external partner. Health and international nongovernmental organization staff deem that populations are generally too poor to contribute to demonstration meals at PD/Hearth sessions. They believe that, without external provision of basic commodities to conduct the sessions, participation will dwindle. Given the CHWs' core job description, skills, and insufficient supervisory structure, it is ambitious to have them introduce, organize, and monitor all PD/Hearth activities.

4.2 USAID/Burundi Mission Strategies and Programs

4.2.1 USG Global Health Initiative Strategy for Burundi

The Global Health Initiative (GHI) is the conduit through which the USG helps partner countries improve health outcomes through country-owned and sustainable strategies. This initiative supports achievement of the health-related Millennium Development Goals (MDGs) and specific targets related to maternal, newborn, and child health; reproductive health/family planning; HIV/AIDS; malaria; and tuberculosis. To promote synergy of USG investments, the GHI seeks to leverage, build on, and strengthen systems in partner countries, creating efficiencies and impact (USAID, Global Health Office 2013). USAID/Burundi is planning to spend up to US\$160 million over the next 5 years on GHI activities in four areas: HIV/AIDS, malaria prevention, maternal and child health, and family planning.

The USG builds on successes and lessons learned to support GOB priorities in maternal, newborn, and child health; reproductive health/family planning; malaria; nutrition; and HIV/AIDS for the 2011–2015 period. This is done through investments and activities aimed at achieving three interrelated results:

- Strengthened health management information systems
- Improved behavior and demand for health services
- Improved quality of health services

4.2.2 Recent, Planned, and Ongoing USAID Projects

The Maternal and Child Health program, implemented in Muyinga and Kayanza provinces, focuses on service provision and health system strengthening at the facility and community levels. Key areas supported include: antenatal care (ANC), immunization, malaria and HIV/AIDS prevention and treatment, integrated management of childhood illness (IMCI), Essential Nutrition Actions, monitoring and evaluation, improving the technical capacity of health care providers, quality assurance, and awareness raising.

Two Title II development food assistance programs funded through USAID/FFP have operated in Kayanza, Kirundo, Muyinga, Cankuzo, and Ruyigi provinces. The Multi-Year Assistance Program

(MYAP) conducted in Kirundo, Kayanza, and Muyinga (initiated in 2009) was completed in August 2012; activities in the other two provinces (initiated in 2010) continue through October 2014. These programs support antenatal and postnatal care, breastfeeding, child growth monitoring, immunization, IMCI, essential nutrition and hygiene actions, food diversification, recuperation of malnourished children, behavior change communication (BCC), improving the technical capacity of health care providers, quality assurance, and awareness raising focused on these key areas. Both programs use the Care Group model with “lead mothers”²⁸ living alongside community members to complement activities of CHWs.

Adopting a preventive approach, one program specifically targets pregnant and lactating women and children under 2 to take advantage of the critical 1,000-day window for a young child’s physical and cognitive development. The *Tubaramure* program (“Let’s help them grow” in Kirundi) uses the Preventing Malnutrition in Children under 2 Approach (PM2A) and aims to reduce chronic malnutrition by providing rations of corn-soy blend and oil to pregnant and lactating women and children 6–23 months, as well as a protective household ration. The program also requires beneficiaries to participate in social and behavior change communication (SBCC) activities and requires the use of preventive and primary health care and nutrition services.

Several research activities are embedded within the project, including an impact evaluation of various durations and timing of distribution of the rations, a process evaluation of the delivery of the project, and a cost and cost-effectiveness study. While the project’s results will not be available until 2014, there is some concern that the project’s heavy reliance on the provision of food aid to prevent malnutrition is contrary to current GOB ambitions to limit dependency on external aid.

USAID/Burundi’s Health sector issued the Integrated Health Project (IHP) request for proposals on June 8, 2013. The project, which will operate from FY 2014–FY 2019 with a budget of US\$45 million to US\$71 million, is intended to help the GOB, communities, and civil society improve the health status of populations in the targeted project areas of Karusi, Kayanza, Kirundo, and Muyinga provinces. Building on previous and ongoing USG investments, the project will focus on increasing the use of quality integrated health and support services, underpinned by strengthened health systems and structures. At the end of the project’s five years, the GOB, civil society organizations, and supported communities will have demonstrably increased capacity to deliver quality integrated health and support services and communications and behavioral interventions (USAID 2013).

USAID/Burundi’s Economic Growth sector is planning the multi-year Economic Growth Project (EGP) project. EGP’s preliminary focus will be to reduce food insecurity and improve household nutrition through increased availability of and access to a diverse set of foods. EGP will develop value chains for legumes and coffee and will promote market linkage access to these value chains for producer groups and other future Title II beneficiaries.

Other USAID projects include:

- Economic Development Loan Guarantee Fund through Interbank Burundi (2008–2015)
- Ngozi University Higher Education Development, implemented by University of South Carolina (2008–2013)
- A seed and food testing laboratory established at Ngozi University (2012–2014)
- Family planning and reproductive health programs
- Health management information systems

²⁸ A lead mother is identified by her peers to be a role model of good conduct, use of resources, and hygiene practices.

5. Recommendations for a Title II Program in Burundi

5.1 Objectives and Desired Outcomes

The overall goal for the Title II development food aid program in Burundi is to “reduce chronic malnutrition and food insecurity among vulnerable households.”

This FSCF guides targeting and programming of Title II resources to reduce the chronic malnutrition and food insecurity and strengthen the economic status of poor and vulnerable populations, while also investing to connect producers to markets, strengthen nutrition-related health services, and improve local food security governance.

The Title II program will help improve the nutritional status of pregnant and lactating women and children under 2 in vulnerable households, as well as food availability, access, and utilization. The program also will help reduce the vulnerability to food insecurity of individuals, households, and communities. The program will enhance 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. To strengthen and complement efforts to reduce chronic malnutrition and food insecurity among vulnerable households in selected communities, the next Title II program must also engage at the national level to strengthen the development, adoption, and implementation of national policies with direct relevance to nutrition and food security. The program will also coordinate closely with GOB and USAID partners to strengthen and increase access and utilization of family planning services and promote diet diversification.

All activity pathways will lead to the reduction of chronic malnutrition, and program impact will be measured primarily by reductions in rates of chronic malnutrition among children under 5 (i.e., height-for-age).

Program outcomes and intermediate results for the Title II program should derive from the results framework proposed in the application. The program priorities and priority activity areas discussed below can be organized into a range of different results frameworks depending upon how the applicant organizes project activities. The program priorities and priority activities in this FSCF represent a road map to achieving sustainable reductions in chronic malnutrition and food insecurity in target communities. Applicants’ results frameworks should show linkages/complementarities with USAID/Burundi’s new Integrated Health Program (IHP) and Economic Growth Project (EGP) program.

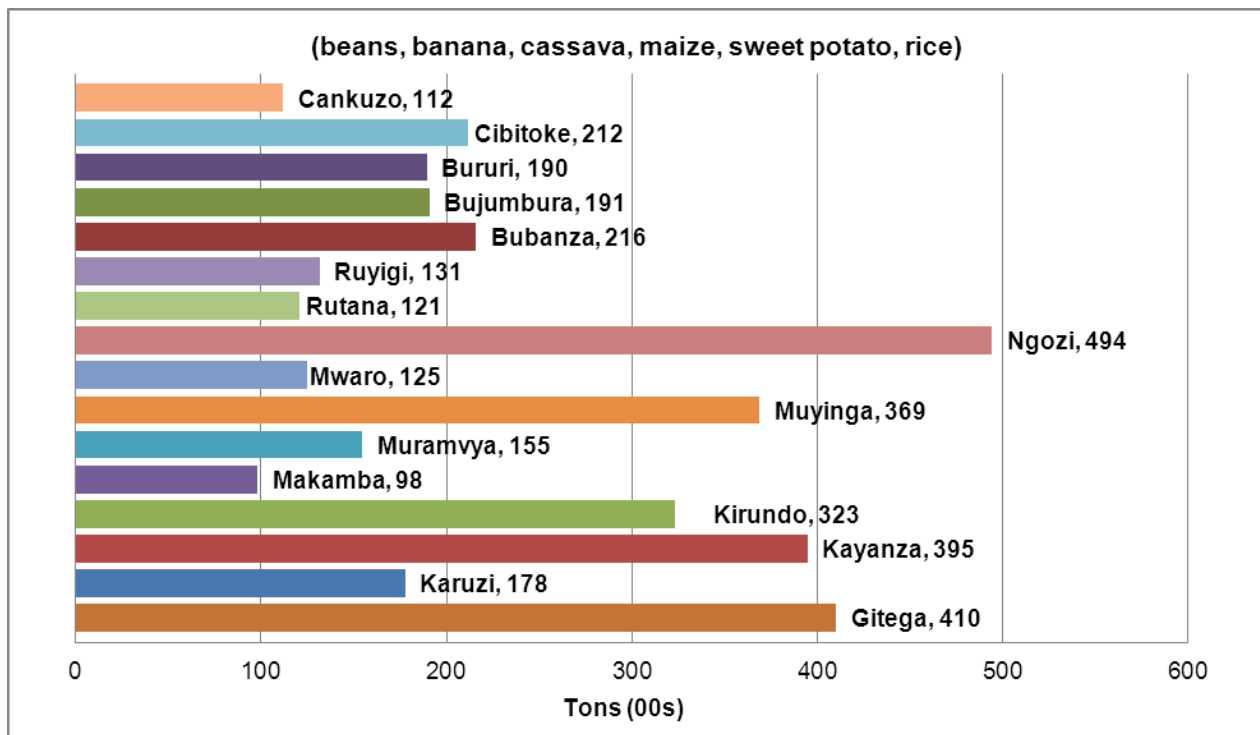
5.2 Geographic Priorities

This assessment proposes that the Title II development food assistance program should consider targeting areas within **Gitega, Karusi, Kayanza, and/or Kirundo, Muyinga Ngozi, provinces**, taking into account the benefits of effective complementarity between Title II activities and activities of IHP and EGP in those provinces (or part of those provinces). The cumulative effect of these investments is likely to have much more impact than the implementation of these projects in isolation. Applicants are encouraged to select one of these provinces for the next program, seeking to cover the entire province and contiguous areas, and should select areas that lend themselves to the greatest overlap with IHP and EGP.

The countrywide prevalence of malnutrition suggests no particular provincial targeting. The broad food basket consumed by most households in the country (bananas, cassava, climbing and bush beans, maize, sweet potatoes, taro, and Irish potatoes) tends to mitigate provincial differences in crops grown. Cropping patterns also do not suggest a particular geographic focus, particularly considering that the leading crop-producing areas are also the most densely populated. A synthesis of poverty, chronic malnutrition (stunting), and food security data shows that Gitega, Kayanza, Karusi, and Ngozi currently have the highest incidence of chronic malnutrition.

In terms of the aggregate production of the primary food crops—beans, maize, cassava, bananas, sweet potatoes, and rice—the top five producing provinces are Ngozi, Gitega, Kayanza, Muyinga, and Kirundo. They are also the country’s most populated provinces. The five are geographically contiguous, with four stretching across Burundi’s northern boundary and Gitega in the country’s midsection. The five provinces nearly envelop Karusi (except on the southeastern side). As the BEST analysis points out, a GOB survey (Evaluation des Récoltes, des Approvisionnements Alimentaires, et de la Situation Nutritionnelle, Saison 2010 A) shows that Kirundo and Ruyigi were the most food-insecure in 2010, followed by Ngozi, Kayanza, Gitega, Karusi, Cankuzo, Muyinga, and Rutana. Ruyigi had the highest food deficits during 2009–2010, and Cankuzo ranked second.

Figure 8. Combined Crop Production by Province



Source: CountrySTAT 2013

The choice of areas of intervention should take into account the high prevalence of chronic malnutrition and food insecurity (provinces or targeted communes within provinces) and should complement the work of USAID’s IHP and EGP projects in those same areas.

Table 13. Synthesis of Provinces with Highest Need and Geographic Complementarity with Other USAID Programs

Location	Highest rates of food insecurity	Highest rates of stunting	Lowest BMI rates	Highest incidence of poverty	IHP	EGP	Provinces with the most need and optimal overlap
Ngozi	In some communes	X		X		X	X
Gitega	In some communes	X	X			X	X
Muyinga		X			X	X	X
Karusi		X			X	X	X
Kayanza	In some communes	X	X	X	X		X
Kirundo	X	X		X	X		X

Sources: DHS 2010, IHP Request for Proposals 2013, EGP Concept Paper 2012.

5.3 Recommended Program Priorities

The development food assistance program in Burundi should encompass activities designed to synergistically achieve the following three key priorities for addressing chronic malnutrition and food insecurity in the targeted geographic areas:

- Program Priority 1: To reduce chronic malnutrition among children under 5
- Program Priority 2: To increase household food availability and access through increased productivity
- Program Priority 3: To increase household incomes to improve household diet diversity
- Cross-Cutting Program Priority 4: Engage in national policy processes of direct relevance to reducing chronic malnutrition and food insecurity

The FSCF assessment team developed the recommended priorities for the next phase of the Title II program based on interviews with a range of GOB, bilateral, multilateral, U.N., and NGO stakeholders; semi-structured group interviews with community members and beneficiaries of the current MYAP; and a systematic review of GOB, international public organization, NGO, and other program documentation, sector studies, policy papers, and population surveys. These priorities were also identified in the context of USAID and GOB strategies and priorities for the country. The priorities also reflect the observations and expertise of the authors and the accumulated experiences of current Title II partners in Burundi.

For each priority activity presented in **Table 14**, the FSCF highlights specific project activities that applicants may consider as well as key priorities for implementing the activities effectively. This FSCF does not address in detail the full range of project activities that may be conducted in every potential target zone. Based on their local assessments, applicants may identify, prioritize, and design project activities (with a corresponding results framework) that they believe will most effectively reduce chronic malnutrition and food insecurity in a specific setting.

Each priority activity area should strengthen resilience for sustainable impact, including reducing the risks and impact of shocks, increasing adaptive capacities, and improving governance. Resilience focuses on the overlap of poverty and shocks, which produces household, community, or regional crises that magnify

vulnerabilities and erode household assets. Shocks and stresses may have a collective impact on households in an area or region and may take the form of sudden natural events such as floods or landslides, or may occur more gradually such as increasing temperature trends or economic volatility. Other household events are more idiosyncratic, such as a family death, prolonged sickness, or loss of remittance support. These various shocks can have profound impacts on households regardless of income or social status. For the poorest and most vulnerable, even small shocks can put households over the edge, requiring them to sell productive assets, forgo health care, or reduce food consumption. Recovery potential for these households is low. Consequently, the Title II program interventions should directly or indirectly address resilience because it is directly linked to improved social and economic conditions of the program's targeted vulnerable population.

The Title II program should undertake activities related to food security in accordance with conservation agriculture (CA)—environmental protection and restoration principles that are essential to integrating resilience into the agriculture sector. Some rural communities may have little appreciation for the importance of reforestation, watershed management, and erosion control. For example, loss of topsoil on Hill slopes has become a greater threat to productivity as Hill households have extended slope planting by removing trees and shrubs, which are natural erosion inhibitors. Sensitization will be needed beginning in the project's early stages when communities and Title II program staff discuss and plan project activities.

CA in Burundi involves three improved agriculture practices: minimum soil disturbance (especially through direct seeding rather than plowing), permanent organic soil cover (especially through use of cover crops), and crop rotation and intercropping. Sensitization is required in this context to encourage adoption of these practices. Other improved practices to consider include use of improved seeds, integrated pest management techniques to reduce the use of pesticides, improved soil fertility management, and careful water management.

Applicants also should note that feeder road construction and maintenance in Burundi have worsened deforestation, as newly accessible areas are often cleared of trees for charcoal production. Road construction activities may be accompanied by reforestation to protect the environment and to provide income-earning opportunities on nearby communal lands, using trees like eucalyptus and pine.

Table 14. USAID/Title II Program Priorities and Activities in Burundi

Overall Goal: To reduce chronic malnutrition and food insecurity among vulnerable households		
Program Priority 1: To reduce chronic malnutrition among children under 5	Program Priority 2: To increase household food availability and access through increased productivity	Program Priority 3: To increase household incomes to improve household diet diversity
Priority Activity 1.1: Prevent chronic malnutrition in children under 2	Priority Activity 2.1: Households increase and diversify crop production through improved productivity	Priority Activity 3.1: Households increase income generated through improved market linkages and off-farm activities
Priority Activity 1.2: Pregnant and lactating women and children seek preventive care and treatment for illness	Priority Activity 2.2: Households increase and diversify livestock production through improved productivity	Priority Activity 3.2: Households increase production and consumption of micronutrient-rich foods
Priority Activity 1.3: Promote healthy family size		Priority Activity 3.3: Design and implement an SBCC strategy to encourage diet diversity and improved nutritional outcomes
Priority Activity 1.4: Increase use of potable water and sanitation infrastructure		
Priority Activity Area 1.5/2.3/3.4: Promote the creation and income generation of savings and credit groups		
Cross-Cutting Program Priority 4: Engage in national policy processes of direct relevance to reducing chronic malnutrition and food insecurity		
Cross-Cutting Priority Activity 4.1: Engage at the national level to strengthen nutrition policy implementation, communication planning, and coordination	Cross-Cutting Priority Activity 4.2: Engage at the national level to strengthen the implementation of climate-smart water resource management and agriculture policies	Cross-Cutting Priority Activity 4.3: Engage at the national level to strengthen the development and implementation of food policies focused on food access, prices, and fortification
Key Design and Implementation Considerations: Integrated programming, geographic and vulnerable group targeting, gender equality and female empowerment, development approach, resilience, sustainability and exit strategy, self-financing and self-sustaining models, early warning and disaster risk reduction, capacity strengthening, social and behavior change, local governance, environmental monitoring and mitigation		

Title II program staff should be trained to treat the agricultural interventions as having food access, income, and diet quality/diversity objectives to avoid stove-piping agricultural activities solely as income generators. It is vital that projects work with community leaders and groups to develop a conceptual and cultural framework for defining nutrition and food security objectives. This, and their active participation and awareness of project activities, will enable community members to better understand that nutrition, health, food access, agriculture, livelihoods, gender issues, and income should all be given appropriate weight in project planning and implementation.

Program Priority 1: To Reduce Chronic Malnutrition among Children under 5

More than half the children under 5 in Burundi are stunted, and in certain areas stunting reaches 70%. This is indicative of chronic intergenerational malnutrition and has dire consequences for the development of the child and the community. It is well established that stunted children have a greater risk of morbidity, mortality, decreased schooling, and decreased earnings later in life (Black et al. 2008). The most immediate causes of malnutrition are inadequate dietary intake and disease. Inadequate dietary intake can stem from household food insecurity, inadequate care, and/or lack of knowledge of desired feeding practices. Disease can be also caused by inadequate care, an unhealthy household environment, and/or lack of access to health services. As the causes of malnutrition are multifaceted, integrated

programming addressing its various determinants within the community has the greatest potential to improve the nutritional status of children.

Efforts to address chronic malnutrition in Burundi are nascent. PRONIANUT developed a 2013 National Strategic Multi-Sectoral Plan to Fight against Malnutrition (MOH, draft July 2013) that translates the 2012 National Nutrition Policy into concrete interventions, which in the case of chronic malnutrition is limited to the promotion of breastfeeding, micronutrient supplementation, and the establishment of PD/Hearth. However, despite the efforts of PRONIANUT and other major stakeholders to coordinate on nutrition, major constraints remain, including a general lack of awareness and understanding of what chronic malnutrition means, including its deleterious impacts, the scale of the problem, and the lack of commensurate funding. PRONIANUT, as a part of the MOH, does not have the autonomy to ensure adequate funding. During the launch of the SUN movement and the multisector platform on food security and nutrition, the GOB's major recommendation was to remind stakeholders to always follow the new national strategy. The need to strengthen coordination among partners was also highlighted.

The Title II program, with its coordinated multisector activities, has a large role to play in preventing malnutrition in the communities where it intervenes. In addition to the agricultural and livelihoods activities, preventive maternal and child health, nutrition, and child-spacing activities need to be implemented. It will be important that these and other similar program components that place a particular emphasis on delivering benefits to women include substantial sensitization components among men, community leaders, and other applicable role models (e.g., mothers-in-law) so that efforts to improve women's access to resources do not have an unintended negative impact on women's labor or time.

Priority Activity 1.1: Prevent Chronic Malnutrition among Children under 2

Focus on the 1,000 days. The first 2 years of a child's life are critical for his/her growth and development. As seen in Figure 4: Percentage of Children in Burundi Who Are Stunted, by Age Group, these are also the years in which significant growth faltering occurs in Burundi and after which the rate of stunting peaks at an alarming level. Therefore, efforts at preventing growth faltering and chronic malnutrition rates should be focused on the first 2 years of life and the pregnancy period (the critical "1,000 days"), in addition to the preconception period. Attention should also be paid to maintaining these gains throughout the first 5 years, the most developmentally formative years of children's lives.

A life-cycle preventive approach to addressing malnutrition starts with ensuring adequate nutrition in the mother before conception. The high fertility rates in Burundi are also a risk factor for young child malnutrition. Adolescent mothers—and their children—are at an especially higher risk of malnutrition; these women also face increased risk of adverse pregnancy outcomes. It is essential for the Title II program to educate the community on the importance of adequate nutrition for women prior to pregnancy as well as during pregnancy and in addition increase knowledge of and refer women and men to family planning services. A preventive MCHN program should include the following activities:

- Promoting child spacing and use of family planning
- Social and behavior change communication (SBCC)
- A conditional preventive food ration for the mother and child during the 1,000 days and a protective household ration
- Promoting Essential Nutrition Actions and Key Hygiene Behaviors
- Improving infant and young child feeding practices (IYCF) including promoting exclusive breastfeeding in the first 6 months
- Strengthening the use of health services
- Water and sanitation

- Antenatal care (ANC)
- Immunizations
- Micronutrient supplementation
- Deworming
- Malaria prevention and control

The Title II program will work in a complementary, reinforcing manner with other USAID and other government and donor programs. Although the Title II program is not expected to deliver all of the interventions and messages above, it should seek opportunities for partnership to ensure the availability and the quality of such services in the communities they serve.

Priority Activity 1.1a: Children under 2 Are Fed Appropriately for Their Age

The breastfeeding trend is positive; the median duration of exclusive breastfeeding in Burundi is 4.7 months, compared to the international recommendations of 6 months (DHS 2010). Recent gains in breastfeeding should be maintained, and therefore the promotion of early initiation and exclusivity should continue, as they are life-saving practices with significant nutrition benefits.

Complementary feeding indicators show poor feeding practices for infants and young children. It is intended for these Title II projects to increase food availability and access within the household and to diversify food availability for household consumption and for purchase within the broader community. Activities should encourage and promote the consumption of a nutritious complementary diet for children 6–23 months, with a focus on the appropriate diversity and number of food groups and on the frequency of feeding appropriate for each age group. Increased harvests will engender disposable income to increase food purchases, which will aid in diversifying children’s diets. Given women’s limited control over resources and decision-making power, particularly among young women, it will be critical to actively involve men in maternal and child nutrition. It is important for project participants to be involved in both the agriculture and livelihoods activities as well as those targeting improved health.

Local determinants of malnutrition. Before the Title II program is implemented in any commune, awardees are strongly encouraged to conduct formative research to better understand the causes of malnutrition in their areas of intervention and to set baseline and life-of-program targets. This research should include qualitative and quantitative data collection. Qualitative data collection could include interviews with key informants (CHWs, primary health center staff) and potential beneficiaries to understand attitudes and behaviors that may help explain the prevalence of malnutrition in the targeted communities. Previous knowledge of the local determinants of malnutrition is helpful in guiding the formative research but should not replace an awardee’s own efforts to conduct focused data collection to inform programming. For example, awardees might discover that the behavioral determinants of malnutrition vary widely from region to region and are likely to require varying SBCC strategies and messages to address the appropriate determinants. A Local Determinants of Malnutrition study for some provinces (former MYAP and current Title II research areas) may be available.

To ensure full impact of the SBCC strategy, approaches should include key community leaders (sometimes referred to as notables or kings). In addition, the SBCC strategy should target and involve men as a part of an inclusive approach to include both parents in maternal and child nutrition activities. Men’s support is essential to promote and improve household behaviors and support women in adopting and practicing appropriate health and nutrition behaviors. These recommendations for SBCC messages, audiences, and strategies are not exhaustive; awardees will need to adapt them to the local context and to the results of their formative research.

Essential Nutrition Actions and key hygiene practices. USAID and its partners developed seven Essential Nutrition Actions (ENA), which are proven interventions to reduce child malnutrition that are centered on the first 1,000 days (Guyon and Quinn 2011). It is recommended that the Title II program also adopt and promote the ENA in tandem with the promotion of key hygiene behaviors as outlined in **Box 4**.

Box 4. Essential Nutrition Actions and Key Hygiene Actions

Essential Nutrition Actions

1. Promotion of optimal nutrition for women
2. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
3. Promotion of adequate intake of iodine by all members of the household
4. Promotion of optimal breastfeeding during the first 6 months
5. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
6. Promotion of optimal nutritional care of sick and severely malnourished children
7. Prevention of vitamin A deficiency in women and children

Source: Guyon and Quinn. Booklet on Key Essential Nutrition Action Messages, 2011.

Key Hygiene Actions

1. Safe treatment and storage of water at point-of-use

- Treat water to make it safe to drink. Treatment options include:
 - Hypochlorite (chlorine) solution
 - Boiling
 - Solar disinfection
 - Commercial filter
- Store treated water safely in a covered narrow-neck container with a tap, if possible. Pour water into a clean pitcher to serve or use a ladle that hangs on the wall to dispense water. Do not touch the water inside the container with hands.

2. Safe preparation and storage of food

- Wash hands before preparing food and feeding children.
- Use clean utensils and dishes.
- Clean food preparation areas with soap and water.
- Cover food with netting or cloth or store food in covered containers to protect it from insects, pests, and other animals.
- Separate raw and cooked food.
- Eat food within 2 hours of preparation.
- Use treated water to wash raw foods.
- Cook food thoroughly.

3. Wash hands using correct technique at critical times

- Handwashing with **soap** is the best way to prevent the spread of infection from person to person.
- Just rinsing hands is not enough. You have to use soap or ash every time you wash your hands.
- Wash hands under poured or flowing water. This removes the dirt and germs. A wash basin in which many people wash their hands in the same water does not prevent infection.
- Wash your hands **before** handling, preparing, or eating food and before feeding someone or giving medicines, and wash hands often during food preparation.
- Wash your hands **after** going to the toilet, cleaning a person who has defecated, blowing your nose, coughing, sneezing, or handling an animal or animal waste
- Wash your hands both before and after tending to someone who is sick.

4. Sanitary disposal of feces

- Always use a latrine.
- Dispose of the infant's/child's feces in a latrine.
- Wash hands after going to the toilet, changing a child's diaper, or cleaning a person who has defecated.
- Keep the house and compound clear of animal feces

Source: Integrating Water, Sanitation and Hygiene into Nutrition, WASHplus. 2013; World Health Organization; USAID. 2010. How to integrate water, sanitation and hygiene into HIV programmes.

Food aid. In food-insecure environments with high prevalence of child malnutrition, there is evidence that preventive food aid rations can be an effective complement to preventive MCHN programming. Preventive rations have been shown to be more effective at reducing stunting, when compared with recuperative supplementary feeding (similar to the existing PD/hearth approach in Burundi) (Ruel et al., 2010, FANTA-2, 2010). To prevent malnutrition among children under 2 using the 1,000-day approach, food aid rations can be integrated into a standard package of health and nutrition interventions for all pregnant and lactating women, children 0–23 months, and caregivers of children under 2. Age-based targeting of food rations to all children 6–23 months and pregnant and lactating women, independent of nutritional status, is an effective approach to reduce and prevent chronic malnutrition at a population level in a targeted program area. Research on the Preventing Malnutrition among Children under 2 Approach (PM2A) is currently being implemented in the northeastern regions of Burundi. Embedded within the current PM2A program is a series of research activities that aim to answer questions regarding various aspects of the PM2A, such as the duration and timing of the intervention needed to achieve the greatest impact on malnutrition. In addition, research is being done in other settings on the adequate size and type of both the individual and household rations. Valuable lessons will be learned from this research, and the next round of Title II development programs should seek to apply these lessons in the design and implementation of their programs.

This approach includes three core services provided to MCHN beneficiaries:

- Food rations provided for the individual woman and child, conditional on participation in MCHN services (An additional household ration may also be provided, to accommodate for sharing.)
- Preventive and curative health and nutrition services for children and women, according to national protocols
- SBCC, generally through community-level participation in MCHN-focused activities

In implementing this food-assisted approach, applicants should also provide a sound exit strategy for the food aid component such that beneficiaries graduate from the program and benefit from other program elements, such as livelihoods and savings/credit activities. While the next Title II program in Burundi will initially directly distribute food aid to MCHN program beneficiaries during the first 1,000 days and monetize food aid to cover the costs of program operations, an important opportunity may exist in the program’s later years to use a portion of monetization proceeds to purchase locally grown foods, e.g., using domestic cereals and other local ingredients to produce complementary foods for infants that can be fortified. This approach could be used for sustainable development and be expanded to provide support for Burundi’s agriculture and increase availability of nutritious foods after the program ends.

Box 5. Where Can the Food-Assisted 1,000-Day Approach Be Fully Implemented?		
Appropriate in food-insecure communities with:		Situation in highly food-insecure areas of Burundi
1	High levels of stunting or underweight	✓ Yes, very high level, warranting intervention (WHO)
2	An accessible minimum package of maternal and child health services	✓ Burundi is working toward providing access to health and nutrition services that would benefit from Title II support
3	Relative political and social stability	✓ Yes
4	Limited in- and out-migration	✓ Yes
5	Capacity to absorb the food without distortions to markets	✓ Yes
6	Host-country government support for PM2A	✓ Targeting of vulnerable groups expressed in National Nutrition Policy (2012)

Source: Title II Technical Reference Materials 2010

Priority Activity 1.2: Pregnant and Lactating Women and Children Seek Preventive Care and Treatment for Illness

Diarrhea, respiratory infections, and parasitic infections can impact children's growth. Treatment requires access to health services, but access to transportation is the major obstacle for the use of health services in Burundi. Identifying solutions to this and other identified obstacles requires joint efforts with actors in various technical fields and could include input from livelihoods activities (e.g., road rehabilitation) and SBCC interventions (e.g., to increase awareness among women and men of the importance of care-seeking for mothers and children).

In the process of mobilizing participating households to participate in targeted nutrition and health activities (Priority Activity 1.1), it will be important to work in coordination with health center treatment activities (including treatment of acute malnutrition), conducted at each sub-Hill by CHWs, especially for activities such as growth monitoring, referrals for diagnosis and treatment, family planning, agriculture, water and sanitation. All local resources should be integrated whenever possible, not excluding CHWs, HPTs, and other health center staff, especially as trainers or resource persons, and local leadership should have a role in mobilizing and monitoring activities.

Coordination with health programs. USAID's IHP has the mandate of assisting the GOB, communities, and civil society to improve the health status of assisted populations in the targeted program areas. IHP will focus on increasing the use of quality integrated health and support services, underpinned by strengthened health systems and structures. Given similar geographical coverage, the Title II program should identify opportunities to collaborate with the IHP. This includes regular community-level growth monitoring, counseling, and referrals for definitive diagnosis and treatment by health centers.

MOH districts and local officials, with UNICEF's support, have conducted successful national maternal and child health weeks in all communities throughout Burundi. The Title II program should coordinate with and support this effort, which provides immunization, deworming, and vitamin A services.

Rehabilitation of acutely malnourished children. Despite preventive efforts, some children may become moderately or severely acutely malnourished. It will be necessary to screen children for moderate and severe acute malnutrition. Children identified as severely acutely malnourished with medical complications should be referred and admitted to a facility that treats children with severe acute malnutrition (SAM). Children with SAM who do not have complications should be referred to the Community-Based Management of Acute Malnutrition activities in the area. As Food for Peace is currently funding the supplementary feeding program in eight provinces through WFP, as well as the therapeutic feeding program (using RUTF) in all provinces through UNICEF, Title II program beneficiaries in need could be referred to these programs.

Priority Activity 1.3: Promote Healthy Family Size

Strengthening delivery of and referral to family planning services. Given Burundi's high fertility rate and its impact on young child nutrition, it will be important for the next Title II program to work toward strengthening the family planning service delivery system in partnership with the GOB and other implementing partners in the targeted geographic area. It also will be necessary to establish an effective referral system so women participating in program activities can access family planning services through the government health system or other implementing partners, such as IHP. The Burundi DHS 2010 finds that contraceptive use is only 13% among married women of childbearing age and that the unmet need for contraception is 54%; as such increasing knowledge, access, and use of contraceptive methods will need to be an important emphasis of the next program. This is important to emphasize to men and women of

childbearing age, including adolescent girls and pregnant and lactating women. Title II program activities should use a multilayered SBCC approach that targets audiences at multiple levels to provide men and women with information on family planning methods and improve linkages to services with the aim of improving knowledge of these methods and of promoting a healthy family size. The Title II program should coordinate effectively with both IHP and GOB family planning services.

Priority Activity 1.4: Increase Use of Potable Water and Sanitation Infrastructure

The next Title II development program in Burundi should use a community-based approach to improve households' access to safe water supplies, use of water treatment, and use of safe water storage, as well as access to and use of sanitary facilities. In coordination and collaboration with commune officials and water management committees (where they exist), water point development plans should be established and water management committees elected by communities and strengthened to help ensure water is available for household and garden use.

In addition, the Title II program should use SBCC activities to improve handwashing behaviors at critical moments. The program should partner with other organizations working in this area and involve local partners and leaders to build culturally acceptable household latrines, as well as install and maintain sanitation infrastructure in public venues such as markets, schools, and health centers.

Program Priority 2: To Increase Household Food Availability and Access through Increased Productivity

Improved agricultural productivity is essential to decrease food insecurity and hunger, and is a critical factor in increasing household incomes and reducing poverty. The program should address several important constraints to agricultural productivity, including land and soil degradation; poor water resource management; lack of access to quality seeds, fertilizer, and other inputs; limited use of improved agriculture techniques; absence of GOB or private extension and support services; absence of drying, processing, and storage infrastructure; lack of access to credit; and low human capital and organizational capacity. The Title II program can build on existing initiatives including the IFAD livestock program in several provinces and MINAGRIE's national Livestock Restoration project.

Priority Activity 2.1: Households Increase and Diversify Crop Production through Improved Productivity

A primary factor to consider when selecting crops is their ability to shorten the lean season peaks (March–April and October–November) for participating farmers. The crops selected should enhance resilience by increasing food availability, increasing the nutritional composition of foods provided for household consumption, diversifying household production, and reducing the level of overall vulnerability to climatic and other shocks. This effort can be enhanced by testing improved varieties with shorter maturities or greater tolerance to drought, heat, or cold. Collectively, the crops selected should enhance production for both household consumption and sale.

Burundi's development food assistance program should design agricultural activities in the context of a comprehensive, sustainable, and transparent land use plan that includes irrigated land, including marshland rehabilitation, rainfed/upland plots, and household gardening. Applicants should also explore opportunities for advocacy on land tenure issues, which have become a major problem for post-conflict returnees resettling in Burundi. Land use and ownership are governed by conflicting customary practices and statutory law. Development projects may explore opportunities for sensitively advocating for these

landless people and other land-poor individuals, such as widows. Transparency and equity in community land use planning and in planning by producer groups will also reduce the potential for conflict over land.

Organization and capacity strengthening of producers. The Title II program should establish associations and informal producer groups, emphasize good governance practices, build general human capacity, train extensively in improved production practices, and link with existing technical, extension, and market actors for sustainability. Training topics should include literacy and numeracy instruction, improved production practices, and methods to promote linkages with existing extension services and market actors.

Establish demonstration plots. These plots can be created in each Hill (hilltops, slopes, and flat lands/marshlands) to field-test improved varieties (rice, beans, maize, cassava, sweet potatoes) with a small area devoted to vegetables. Improved agronomic practices such as land preparation; seed planting spacing, depth, and timing; fertilization with manure and inorganic fertilizer; weeding; pest management; harvesting; and post-harvest handling should be compared and evaluated in terms of cost and returns as well as crop quality. Plot location can be determined by the community and association members. Plots on slopes should include erosion control measures and fodder plantings. Men and women should be involved in the crop demonstrations based on their respective roles in farming. This will allow for nutrition counseling to be tied into the crop demonstrations. Field days at demonstration plots should include DPAE agriculture extension agents and an association member tasked to provide support services to other association members.

Establish seed multiplication. Seed multiplication of preferred varieties can be determined based on demonstration plot performance and member feedback. Projects can provide vouchers to participating households for the initial two to three production seasons to facilitate purchase of improved seeds and fertilizer. Projects also can negotiate with the association managing the multiplication for a portion of the multiplied seed to be distributed to other associations or non-association members at below-market rates.

Improve drainage and irrigation infrastructure systems. More extensive and costly marshland drainage and irrigation improvements can be done in a selected number of marshlands. Drip irrigation can be incorporated into all plots on slopes and hilltops to offer an additional comparative measure of productivity.

Reduce post-harvest losses. Tests can be conducted with low-tech methods using locally available materials (e.g., enclosed and sealed structures above ground level) and imported relatively low-cost products such as grain bags to determine efficacy, costs, and benefits in reducing post-harvest losses. Testing may also include more costly ceramic beads for groups with greater resources. Busoni and Bugabira communes in Kirundo province can serve as examples.

Priority Activity 2.2: Households Increase and Diversify Livestock Production through Improved Productivity

A livestock component offers multiple benefits—such as household production diversification, improved soil fertility, income generation, and diet diversity opportunities—and can be implemented simultaneously as an association or community program with direct individual household benefits. This component should use strategic, holistic land and livestock management to strengthen resilience by reducing land deterioration and boosting production of crops or forage. This approach is analogous to CA in that it teaches livestock management principles and practices that result in “ecologically regenerative, economically viable, and socially sound management” (The Savory Institute, 2013).

Increase animal ownership. Initial focus should be on increasing animal ownership via vouchers for households without animals (local cow breeds, goats/sheep, pigs, and native chickens, particularly layers). More expensive cattle should be limited to households with sufficient land and the resources to raise forage. Recipient households will agree to participate in training for feeding, animal health, hygiene and sanitation, and reproduction. Recipients should be required to contribute cattle, goat, and pig offspring or to provide siring services to others in the association or community. Lessons can be drawn from IFAD livestock projects and the one-cow-per-family program in Rwanda.

Inputs and veterinary services. Where national or private veterinary services are inaccessible, applicants should consider establishing such services, such as by employing and training local paravets and/or by supporting project-affiliated retail outlets to offer veterinary supplies. A fee-for-service model should be considered to ensure financial viability. A veterinary center should be established in each commune, most likely at DPAAE offices, to provide training on artificial insemination, proper animal husbandry, disease management, and other topics to DPAAE agents and association or other community members. Private vets should be invited to participate in training to improve or refresh their competencies. The Institut Pasteur currently works in animal health in Burundi and may be a good source of additional information on these types of activities.

Artificial insemination. A cow breeding improvement program based on artificial insemination should be established with imported Friesian semen to produce exotic crossbreeds that can produce more milk for household consumption and surplus sales, as well as more manure.

Forage, grazing, and feed production. The importance of feed availability requires that forage production be integrated into the livestock component. Though forage production may be considered an alternative, and therefore even a competitor, of staple crop production, emphasis on planting forage on slopes as an erosion control measure will mitigate this potential concern. Other feeding sources may include cassava and maize crops and residues and banana beer mash.

Grazing lands are increasingly pressured by land degradation, overgrazing, climate change, and population encroachment. Applicants may wish to explore controlled grazing, which promotes soil and grass restoration, reduces risk of theft, facilitates milk production, and protects young animals from predators.

Program Priority 3: To Increase Household Incomes to Improve Household Diet Diversity

The role of increased availability and access to food in improving nutritional outcomes, i.e., the linkages between agriculture and nutritional outcomes, is tenuous. Researchers and development practitioners tend to agree that while the availability of more and better quality food as well as greater household income is not sufficient to improve nutrition, it is necessary for sustainable improvements.

Priority Activity 3.1: Households Increase Income Generated through Improved Market Linkages and Off-Farm Activities

In addition to strengthening production, key factors for increasing income include organizing and training producers for commercialization, improving market linkages for selling surplus raw and processed products, investing in processing, strengthening quality control and introducing quality standards, improving collection efforts, and reducing transport costs.

Alternative livelihood opportunities through off-farm activities offer additional household income potential for improving household resilience through purchase of foods, productive assets, or increasing savings. This activity area is designed for all households in the target areas with particular emphasis on

landless households, poorer female-headed households, youth, or others who cannot take advantage of the crop demonstration knowledge transfer and input vouchers. Tailored capacity strengthening, and perhaps vocational training, will be required for these participants. A life-skills approach may be appropriate in which the training package aims to build practical skills, confidence, self-esteem, and a narrow set of income-generating skills among these socially marginalized participants. Improving the income-generating potential for youth is equally important, and they should be considered for participation in livelihood skills improvements. While projects should include both young men and women, specific outreach should target young women and encourage their participation in savings groups and education sessions, either separately or with mothers.

Organization and capacity strengthening of producers. Not all individuals and producer groups will be ready to engage in agribusiness. But as farmers produce more surplus over household consumption needs, groups should move toward agricultural commercialization. Key areas for training include literacy, numeracy, value chain concepts, market analysis, establishing linkages to market actors, and rudimentary sorting and grading to achieve premium prices. Also, analysis of costs and returns to group sales can encourage farmers to work together. The Title II program may support establishment of links between agribusiness groups and other institutions that can help provide technical assistance with marketing. Organizing producers to assemble products at a greater volume also reduces costs for traders, an important factor in cases where transport costs can easily account for half of a commodity's final retail price. Women tend to manage household income in Burundi (although they do not always have an equal voice on household expenditures). Because of this, women may be welcomed into agribusiness activities and serve as treasurers of group leadership committees. SBCC will be required to enable women to move into committee chair positions or to interact directly with market or agency actors.

Increase processing. Demonstration plot activities (Priority Activity Area 2.1) can be expanded to include solar and other low-cost technology for drying cassava, sweet potatoes, vegetables, and fruits. Local markets for value-added products should also be explored, such as cassava and maize flour as ingredients for complementary foods or as livestock feed additives, or starch as an industrial input for glues or paper finishing. The weak electricity grid is a substantial hindrance to expanding most processing activities. The absence of a cold chain is a significant problem for the small but growing fresh milk and processed dairy products value chains, and as food processing grows, power interruptions will become a greater constraint. One solution is costly petroleum-based generators; another is flexible timing of processing runs to avoid brownout periods.

Market information systems. While some smallholders check market prices via cellphone before selling, most smallholders are pure price takers with little knowledge of market prices and specific seasonal price trends. Projects should investigate the feasibility and costs of SMS-based systems for transmitting market prices to help producers earn higher unit prices by selecting when and where to market their products.

Vocational training. Landless laborers include the Batwa population, which has lost traditional livelihoods, and resettled returnees. Both groups, which have very different profiles, may not yet have gained the skills and resources necessary to fully integrate into the local economy. The Title II program should conduct a market analysis to identify viable livelihood activities for which unmet demand exists. Livelihood alternatives such as vocational training should be a target for those who are involved in informal or part-time agriculture and the unemployed. Though the Title II program should improve household incomes from agriculture—which will indirectly improve the incomes of others in the nearby

Hills and communes via the multiplier effect²⁹—these households can also benefit from vocational training to improve their off-farm labor opportunities.

Food for Work or Assets. Food for Work or Food for Assets can be used to improve market infrastructure, such as building or expanding market facilities, maintaining or rehabilitating market feeder roads, developing marshlands irrigation, or erosion control plantings on slopes.

Additional income generating activities that may be considered by Applicants include the following:

Small grants program. Small grants may be provided to groups and associations investing in health and nutrition activities—such as small yogurt and cheese processing operations, milling, flour fortification, or sanitation campaigns—and in support of animal husbandry and small ruminants. This program should include pre-application training in the sub-grant application process, transparent and participatory award selection, and monitoring of activities. This may also include sub-grantee training in financial management and reporting.

Provide crop insurance. This may be considered for users of improved inputs for two to three crop seasons to reduce the risk of unfavorable weather impact on crop yields and mitigate farmer reticence to try new production methods. The primary objective is for the project to encourage trial and adoption of improved inputs and techniques over the short term. While a sustainable crop insurance scheme is a preferred outcome, it is beyond the scope of the program. A committed local public or private entity would be required to ensure a sustainable outcome for crop insurance.

Introduce a warrantage system to communities.³⁰ Producer group storage facilities offer an opportunity to facilitate credit access through a warrantage system whereby producers use stored grain as collateral to obtain credit from a bank or other credit institution. Group members agree to store a specified volume of grain in a secure warehouse in exchange for credit to buy inputs for the next season (or finance income generating activities), which also allows the members to take advantage of later seasonal sales when prices are generally higher. The project can facilitate access to credit institutions.

Priority Activity 3.2: Households Increase Production and Consumption of Micronutrient-Rich Foods

Promote production of indigenous plants. Underused and neglected indigenous plant species have been traditionally used for their food, fiber, fodder, oil, or medicinal properties. In Burundi these include wild species of lenga-lenga (amaranth), which is found in more arid eastern regions. Domesticated lenga-lenga is milder in taste and requires more water to grow. Some varieties of eucalyptus leaves are commonly used to treat nausea, while other weeds are used to brew tea to sooth sore throats. These species fall within the broad basket of minor crops. These were once more widely grown but are falling out of favor for a number of reasons, such as an emphasis on staple crop production, changing tastes, or planting commercial vegetable varieties to meet market demand. They are typically easier to grow because they are adapted to marginal soils, require no fertilizer, are more resistant to pests and diseases than other

²⁹ The multiplier effect has shown that the growth of the agricultural sector strongly influences the growth of the non-agricultural sector in rural areas, the value of which reflects country-specific parameters. A number of studies by John Mellor and other practitioners have shown that rising agriculture sector incomes stimulate demand for locally produced goods and services in rural areas, i.e., households with more income purchase more clothing, household items, school supplies, carpentry services, etc. The income of people selling these goods and services to farming households increases, which increases their consumption spending.

³⁰ The IMF currently supports a warrantage system in Burundi. CAPAD, the federation of agriculture co-ops, worked with the IMF to establish a loan program for small rice farmers. Farmers receive a loan against their harvest, which is then placed in community storage for later sales when prices are higher. CAPAD guaranteed 25% of the value of each loan. CAPAD hopes to expand on this success in other crops.

varieties, and can help diversify household production systems, income, and diets. These traditional plant species may provide a niche opportunity in some Title II program areas where soil depletion is severe or in more remote areas.

Promote production of nutrient-rich varieties. In mid-2012, 13 new climbing bean varieties were released in Rwanda, including 5 biofortified varieties rich in iron and zinc. The varieties were bred by the Rwanda Agriculture Board in partnership with the International Center for Tropical Agriculture (CIAT) over an 8-year period using conventional breeding methods. These varieties are or will soon be available in Burundi and can be included for planting comparisons in some of the demo plots discussed in Priority Activity 2.1. Other biofortified crop varieties include orange-fleshed sweet potatoes, which are rich in vitamin A; cassava varieties with higher levels of beta carotene; and golden rice with higher vitamin A content. Other developments include iron-rich rice, beans, and pearl millet; vitamin A-rich maize, and zinc-rich rice and wheat.

Promote food fortification through public-private partnerships. Micronutrient fortificants can be added to food at different stages of the value chain, e.g., applying zinc to the soil, adding iodine in irrigation water, fortifying cereal flour in the milling process, and households adding micronutrient powders (MNP) to prepared foods. Some of these approaches such as promoting MNP or mill fortification will likely require coordination with and perhaps the approval of GOB. Other approaches may pose an opportunity for the Title II program to support public-private partnerships for food fortification. One example which has replication potential is the BASOMA project near Gitega, which is supported by the Free Methodist Church. The operation uses two small milling machines to produce a maize, soya, and sorghum flour blend for complementary feeding of children in a nearby hospital and school; however, the flour has no micronutrient fortification. The Title II program could identify communities that have an interest in committing in-kind resources to establish a similar operation with the added fortification step.

Priority Activity 3.3: Design and Implement an SBCC Strategy to Encourage Diet Diversity and Improved Nutritional Outcomes

There are a host of culturally influenced behaviors that are damaging to the nutritional status of adolescents, women, and children. Programs will need to identify high impact, achievable behaviors on which to focus their community-based behavior change program. Community mobilization, counseling, education/group counseling, and community mobilization around these issues can achieve meaningful, long-lasting change.

Conduct formative research. Formative research can be used to develop SBCC tools, materials, and approaches to improve household diet diversity and nutrition practices. The Title II program should build on and work in tandem with the SBCC activities under Program Priority 1, adapting messages and materials to local norms and barriers, which vary across the program area. Because women's empowerment and decision making are limited, social and behavior change that improves the enabling environment and works with household decision-makers and influencers will be essential. This research can address the issue of gender inequity when there is insufficient food for the household, finding ways to share the burden among adult household members especially when a woman is pregnant or lactating and requires even more calories. It can be useful in developing approaches to encourage consumption of animal-source foods, indigenous plant species, nutrient-rich foods, more equitable intra-household food allocation, and confronting unhealthy food taboos.

Household nutrition counseling. Care groups, savings and credit associations, producer associations, and community gardens present ideal fora for introducing household nutrition counseling and

demonstrations, individually or in groups. The products of farm production and of keyhole gardens can be used to complement purchased food items. This may be reinforced through home visits for households with underweight and malnourished children. School gardens and active learning by children in-school and out-of-school also serve as excellent learning environments for children and their parents.

Priority Activity 1.5/2.3/3.4: Promote the Creation and Income Generation of Savings and Credit Groups

Once the first or second increased harvest allows households to create some surplus, projects could introduce activities directly addressing the creation of a household safety net and optimum utilization of foods, including training households and producers in relevant basic business skills and family financial management. The Title II program could establish savings groups and provide training on basic financial management. These groups could also serve as venue for discussions on household decision making, women's empowerment, and good nutrition practices. There are many issues around household cash management that are relevant to food security and warrant attention when designing SBCC messages. For example, men's expenditures on alcohol are both a public health hazard and a tremendous economic expense.³¹ Formative research is essential for identifying priority messages about supporting health and nutritional status through household expenditure and investment.

Experience shows that savings and credit groups can be a valuable add-on to MCHN programs, as they provide participants (mainly women) with resources to undertake MCHN-related activities such as buying vegetable or fruit seeds/seedlings for gardening. For this reason, savings and credit groups are presented as a cross-cutting priority activity area. They can be linked to women's groups established for disseminating best practices for prevention and rehabilitation of child malnutrition, agricultural producers' groups (even before entering into formal agribusiness activities), and income-generating groups (e.g., for female-headed households). There may be opportunities to work with agricultural microfinance institutions to develop and pilot the very small-scale products most appropriate for the kinds of producer groups Title II programs traditionally target.

Cross-Cutting Program Priority 4: Engage in National Policy Processes of Direct Relevance to Reducing Chronic Malnutrition and Food Insecurity

Support to national-level nutrition priorities. The significant need for support to reduce chronic malnutrition in Burundi, the increasing number of GOB and civil society organizations engaged in addressing this issue, and the potential for private sector contribution argue in favor of targeted support to national-level policy and coordination efforts. Illustrative examples are support for:

- Development of the GOB's National Nutrition Policy communication strategy
- PRONIANUT's development of guidance addressing chronic malnutrition
- The SUN coordination's work plan in areas such as monitoring and evaluation or donor coordination
- A national food fortification policy focusing on the micronutrient needs of children, especially those under 5
- The National Water Policy to improve community-level management of ground and surface water in view of increasing food production, potable water supply, and sanitation

³¹ Burundi ranks among the top 30 countries in the world in terms of recorded alcohol consumption. It ranks among the top 15 for estimated unrecorded alcohol consumption (WHO Global Status Report on Alcohol 2004).

Cross-Cutting Priority Activity 4.1: Engage at the National Level to Strengthen Nutrition Policy Implementation, Communication Planning, and Coordination

The GOB and many partners are increasingly addressing chronic malnutrition through a variety of initiatives. The recent launch of the National Nutrition Policy, the membership of the GOB to the SUN movement, and the general commitment of donors and implementing partners to better integrate interventions to maximize results argue for improved coordination and robust communication and training tools. The Title II program can support USAID/Burundi in its commitment to assist the GOB to reduce chronic malnutrition by providing short-term technical assistance in a number of areas, such as the National Nutrition Policy communication plan, the SUN coordination's monitoring and evaluation plan or coordinating mechanism, and PRONIANUT's development of guidance for MOH health center and outreach staff for community-level prevention, identification and care for chronic malnutrition. Key stakeholders are the MOH, MINAGRIE, PRONIANUT, U.N. agencies, and other implementing partners.

Cross-Cutting Priority Activity 4.2: Engage at the National Level to Strengthen the Implementation of Climate-Smart Water Resource Management and Agriculture Policies

Water systems for agriculture blend private initiatives such as digging shallow tube wells and constructing small water catchment basins with public infrastructure such as major marshland irrigations systems, dams, and surface water canals and drainage systems. Water systems for sanitation and other household uses have been a publicly managed service. Seventy-two percent of the population has access to safe drinking water and 46% have access to basic sanitation facilities. Only 12%–15% of the marshes are developed to support agriculture, and the Moso and Imbo lowlands have not been adequately developed for irrigated production (IMF 2012). Increased food production and improved water supply for drinking, sanitation, and other household uses will require improved public sector water management of ground and surface water, considering water recharge rates and environmental impacts of marshlands rehabilitation. The Title II program may assist USAID in its support of the GOB's Integrated Water Resources Management Action Plan, which is an objective of the National Water Policy (IMF 2012). The key stakeholders are the Ministry of Water, Environment, Planning and Development; the Directorate General for Water and Energy; the Directorate General of Rural Water and Electricity; and MINAGRIE.

Cross-Cutting Priority Activity 4.3: Engage at the National Level to Strengthen the Development and Implementation of Food Policies Focused on Food Access, Prices, and Fortification

Some efforts to address micronutrient deficiencies can be driven by the Title II program, such as promoting the production of micronutrient-rich crops like iron- rich beans or orange-fleshed sweet potatoes, or supporting public-private partnerships to establish small enterprises to produce fortified flour. Other activities such as promoting the use of MNP, scaling up flour milling fortification, or promoting food fortification standards, will involve the participation of GOB and thus is beyond the implementation scope of a Title II program. The Title II program can help USAID support the GOB in drafting a national fortification policy that meets international standards and support the rollout of a national household fortification program that focuses on micronutrient needs of children, especially those under 5. Title II program efforts may include assisting USAID to develop policy position briefs and building support among program partners and beneficiaries. Key stakeholders are the SUN focal point in the Office of the Second Vice President, PRONIANUT, U.N. stakeholders, and civil society.

5.4 Key Design and Implementation Considerations

Strengthening resilience among households and communities is an essential consideration for all design elements of the Title II program; program strategies, approaches, and methodologies should demonstrably contribute to strengthen resilience.

Integrated programming. The sustainability of program results can be improved by well-implemented integrated programming. In a development food assistance program, integrated programming must simultaneously address chronic malnutrition and food availability, access, and utilization issues in all geographic target areas and sustainably strengthen resilience. Effective integrated programming requires applicants to be adept at promoting information sharing internally across technical sectors and externally with other USAID and non-USAID programs, and encouraging joint field visits. Only when the MCHN staff, for example, understand the objectives and approaches of the livelihoods team or the agronomists on staff, will efforts to integrate programming truly begin.

Program sustainability also can be improved through the use of community participatory approaches. These approaches focus on ensuring community ownership and responsibility from the beginning of implementation, with communities helping to establish program objectives and engaging in the planning and monitoring processes.

It is advisable that prevention of chronic malnutrition, implementation of agriculture and livestock production, and increasing household expenditures on more nutritious foods for household consumption be seamlessly interwoven with existing service providers (health center- and community-based) and supported by community and government leaders at all levels. This will increase the likelihood of targeting the same households with knowledge and opportunities to expand their current livelihoods and ability to avoid chronic malnutrition.

The program should work closely with activities conducted by MINAGRIE, the MOH, and partner communes and should ensure complementarity of planning, technical expertise, and monitoring. Targeting and coordination should be complementary with other projects and programs within the same geographic area, including other USG and other donor programs and projects and, for IHP and EGP, share a common set of indicators.

Geographic and vulnerable group targeting. Given the imperative for the program to coordinate closely with health districts and health centers, it is advisable that the selected communes be contiguous and fall within the same health district for efficiency and impact. Although commune and health district borders are not totally aligned, this will nonetheless facilitate complete project integration within a commune and support collaboration between both entities on health-related activities. It is also advisable to include all the communes within a health district, as health district staff must dedicate efforts equitably throughout the catchment area.³² This will also promote long-term partnerships between health districts and communes in addressing local health issues.

It is recommended to target all households within a community. While landless laborers comprise the most vulnerable households, there are few off-farm livelihoods to satisfy their resource needs. It is anticipated that the demand for their labor will increase when program objectives are met.

Monitoring and evaluation. As is the case for every Title II development program, applicants should develop an effective monitoring and reporting system that is responsive to internal management needs, USAID's Evaluation Policy,³³ and the reporting requirements of USAID/FFP, the Mission, and the U.S. Department of State. Program success at impact and higher-level outcome levels will be measured by the collection of baseline and final evaluation indicators. These will be collected either by awardees or by an external contractor supervised by USAID/FFP (USAID/FFP will make a determination on who should

³² This results in the following estimates: 4–6 communes, 80–100 Hills, and an estimated 50,000–60,000 total beneficiary households (or 425,000–500,000 persons).

³³ The USAID Evaluation Policy can be found at <http://www.usaid.gov/sites/default/files/documents/1868/USAIDEvaluationPolicy.pdf>.

collect the data for each award). Baseline and final evaluation indicators will examine changes in economic status and household access to food, as well as children's and women's nutritional status. Some of these indicators are contextual only. In addition, awardees must collect USAID/FFP annual monitoring indicators. Several of the annual monitoring indicators are "Required"; all programs must collect them. Others are "Required if Applicable" and must be collected by all programs implementing relevant program interventions. "Standard" indicators make up the third category. These are not required, but USAID/FFP strongly recommends their collection for programs implementing relevant interventions. Finally, awardees are responsible for planning and implementing a mid-term evaluation approximately halfway through the life of each program. Applicants should refer to the current set of USAID/FFP indicators for clarification on USAID/FFP baseline/final evaluation and annual monitoring indicators.

Gender integration in programming design and implementation. The USAID Gender Policy clearly identifies Gender integration as a mandatory consideration in all USAID programming; The USAID Gender Policy can be found at <http://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/addressing-gender-programming>. Gender integration requires identifying and addressing, in all policies and programs, gender differences and inequalities, as well as the roles of women and men. The goal of gender integration is to promote gender equality and improve programming and policy outcomes. Applicants are required to explain explicitly how gender issues (such as identifying and understanding the causes of gender inequalities; the differences in roles, responsibilities, and needs of men and women; and the relationships between men and women, within the same sex, and between older and younger men and women) are linked to the three dimensions of food security and how gender will be integrated into all program elements.

A gender analysis must be completed within the first year of the new program and can be undertaken in tandem with the formative research that will be conducted to strengthen program design. Gender analysis refers to the systematic gathering and analysis of information on gender differences and social relations to identify and understand the different roles, divisions of labor, resources, constraints, needs, opportunities/capacities, and interests of men and women (and girls and boys) in a given context. The objective of the gender analysis is to provide a deeper understanding of current gender issues at the community and household levels in program target areas, and this analysis should extend beyond a review of aggregate national level data on gender. At the community level, gender issues are dynamic and can change in positive or negative ways—promoting or undermining gender equality. The gender analysis should seek an understanding of current issues and changing trends that may affect program implementation. A better understanding of the influence of gender in program target areas— particularly how gender issues affect access to program interventions, decision making, and behavior change or program uptake—is important for achieving program nutrition and food security objectives.

Title II development programs must ensure a gender-sensitive program design by including such approaches as providing women entrepreneurs with access to financial services, encouraging women's and girls' involvement in decision making at the community level, improving access and control over health care, and involving women in all conflict resolution and peace-building activities. Burundian women face a significant disadvantage as evidenced by their limited decision-making power and lack of access to productive resources and improved inputs for farming. In addition, women tend to have a higher share of the labor burden within the household. Although the government is trying to rectify some inequities through pending legislation, cultural factors that form gender roles and attitudes are not easy to change. Identifying and addressing the current gender constraints will be extremely important to ensure that programs reach their objectives. Some lessons learned from recent Title II programming reveal that:

- Gender must be core to project design.

- Localization and careful timing of activities including skills building allows easy participation by women.
- A group approach is more attractive to women than men and provides peer support and learning for women.
- Given the skewed workload between men and women, new agriculture and irrigation approaches should aim to reduce the labor burden on women.
- Male involvement in maternal and child health and nutrition should be mainstreamed through training and relevant materials.
- Implementers should have a strong understanding of gender and decision-making dynamics around use of income from agribusiness and VSL.

Integrating gender into a Title II development program does not mean that the program must be exclusively or even primarily focused on women. Integrating gender is about sufficiently understanding the social context in the program area to create an enabling environment at the community level so that men and women can interact, participate, and gain equitably from program efforts in nutrition and food security.

The revised version of the Automated Directives System (ADS) 205, issued in July 2013,³⁴ provides guidance on how to implement USAID’s gender equality and female empowerment policy. Applicants applying for the next Title II program in Burundi should note the requirements in ADS 201, 202, 203, and 205 for integrating gender equality and women’s empowerment into all phases of programming, budgeting, and reporting. ADS 205 will define what a gender analysis is and explain how program offices and technical teams must incorporate the findings of the gender analysis throughout the program cycle, including in country strategies and projects.

Environmental monitoring and mitigation. The identification and prevention of potential detrimental environmental impacts of USAID Title II assistance are critical to ensuring that interventions do not harm the intended beneficiaries or general environment. Mitigation and management of potential environmental impacts must be an integral part of program design. USAID’s Regulation 216 has a range of procedures and tools to assess and mitigate potential environmental impacts of USG-funded activities. Once environmental impact management actions are identified in the planning stage, implementers can integrate these activities throughout the course of the project. Programmatic integration will ensure more consistent management of potential and identified environmental impacts. Prospective applicants should prepare an environmental mitigation and monitoring plan providing guidance on how technical assistance will be used to mitigate impacts throughout the project.

Development approach, sustainability, and exit strategy. USAID/FFP seeks to implement effective models, build capacity, and create an enabling environment adapted to the Burundi context. Therefore, applicants must provide an overall development strategy that seeks to create, wherever possible, self-financing and self-transferring models that will continue to spread under their own momentum both during and after the project. It is the expectation that these models will be adopted and adapted by a significant proportion of the population. Many examples of this type of intervention exist, but one particularly successful example of this type of model is the Farmer-Managed Natural Regeneration system that is spreading in Niger.³⁵

³⁴ ADS 205 can be found at <http://www.usaid.gov/ads/policy/200/205>.

³⁵ A paper describing this system can be found here: <http://www.ifpri.org/publication/agroenvironmental-transformation-sahel>.

Part of a Title II development program’s ability to sustain program impacts depends on exit strategies that are well thought out and implemented. An exit strategy describes how the program intends to withdraw its resources while assuring that the achievement of development goals is not jeopardized and that progress toward these goals continues. An exit strategy may use graduation from specific project areas as steps toward the eventual total withdrawal of resources, or an exit may take place at one time across the entire program area. Steps for developing a successful exit strategy include establishing a clear but flexible timeline linked to the program funding cycle; incorporating exit plans from the beginning of program implementation; implementing exit plans in a gradual, phased manner; and considering an exit timetable that allows sequential graduation of communities and/or components. In circumstances where Title II activities rely on the distribution of imported food aid, sustainability and exit strategies—developed at the program outset—will, over time, indicate how less costly locally produced or regionally procured food can be substituted for Title II commodities.

The impact of the development food assistance program in Burundi is most likely to be sustained in areas where the following factors exist:

- Adequate transfer to community members, groups, and service providers of the skills and knowledge needed to generate desired outcomes
- Empowerment of individuals, communities, and service providers to demand quality services
- Strengthened institutional capacity of community-based organizations and health facilities, as well as improved capacity of key individuals in those organizations
- Recognition by community members of activities’ proven value and their visible outcomes
- Ownership and commitment to continue activities on the part of the community, community group, or government
- Explicit plans for resource generation when consumable supplies (e.g., medicines and immunizations, seeds and agrochemicals, food) are needed to sustain impact (Rogers and Macías 2004), including integration of activities with local food production.

Early warning and disaster risk reduction. The Burundi development food assistance program should strengthen resilience by helping communities undertake a multidimensional analysis of the risks they face and their sources of resilience. This process builds community understanding of the causes and effects of acute and chronic malnutrition and food insecurity. This process also lays a foundation for informing and explaining Title II program design, builds interest in participating in disaster risk reduction activities, clarifies the link between such risk reduction and other program activities (e.g., agriculture and health), and helps lead to the establishment of locally managed mechanisms to respond to local shocks.

The Burundi development food assistance program also should embody disaster risk reduction by lessening people’s exposure to food security shocks and reducing their vulnerability to the adverse effects of those shocks. Applicants may consider including activities to reduce risk in the following areas, based on their own local risk assessment: peace-building, conflict resolution, and governance; gender; community and local government emergency response planning; and community-based sustainable natural resource management and land use planning. Applicants should take into account any early warning mechanisms already existing locally (either community-based or within sectoral ministries—or a network thereof—or local governments).

The projects should be aware of potential crises and be able to adjust implementation schedules and activities accordingly. Projects should also keep informed of the evolution of the design and application of performance-based financing indicators for nutrition and community health, and the application of agriculture indicators already adopted. Noting how health and agriculture offices document and analyze these indicators and understanding the results will inform the projects, partner communes, and

communities of the results and lay the foundation for community-based early warning in health and agriculture.

Capacity strengthening of public and private institutions. Effective partnering and capacity strengthening can improve program implementation, effectiveness, scale, coverage, and sustainability. The process promotes cross-fertilization, transparency, and enhanced potential for a coordinated programming approach. For example, strengthening the capacity of health service providers, community leaders, community volunteers, traditional birth attendants, and lead mothers can have a positive impact on IYCF practices, use of health services, and timely treatment-seeking action for pregnant women with danger signs and for children with MAM, SAM, and childhood illnesses. Capacity strengthening of local partners, community volunteers, and service providers is a high priority for ensuring that the Title II program's food security objectives are achieved and maintained in Burundi.

Capacity strengthening also includes activities designed to improve communities' abilities to organize, plan, and represent their own interests. The Title II program should work through existing associations and cooperatives (women's groups, producer groups, CHW associations, local civil society) to provide technical assistance and financial support to smallholder farmers, while being responsive to requests for supporting new organizations. Tools developed by MINAGRIE and the MOH should be integrated into project work with communities and communes, and ministry staff should serve as technical resources and trainers. For example, commune-assigned agriculture agents should be linked with all agriculture and livestock interventions and work alongside farmer group members via training. But farmer group leaders rather than extension agents should be responsible for implementing group activities.

Specifically, PRONIANUT's continued training and monitoring of the CHW, HPT, and PHO-level nutritionist functions are necessary. Projects should:

- Support PRONIANUT training staff relevant to the Title II program
- Promote regular monitoring by PRONIANUT of project activities and its use of integrated methodologies, promoting its leadership and presentation of results at global fora
- Remain informed of and support UNICEF and MOH efforts to restructure the functions of the HPTs (moving them to PHOs to serve as province-level supervisors) and to task a nurse at each health center with directly liaising with communities and supervising CHWs. These changes could have a significant impact on health center staff's availability and skills and lead to increased cooperation and coordination among community-based health and nutrition activities.

SBCC. There is clearly a need for SBCC in the Burundi development food assistance program. Many less-than-optimal IYCF practices, diet diversity and quality issues, and under-utilization of health services can be addressed through a strong, integrated SBCC component. An effective SBCC strategy depends on good planning, solid formative research, and coverage of all target groups and others who can enable changes in behavior. For example, if a program wants to increase pregnant women's diet diversity, the women themselves must understand and accept the importance of making these changes, and their husbands, other household members, and the community must also buy into these new practices to make them feasible and sustainable.

Formative research. Formative research is the foundation of an effective SBCC strategy and is a critical first step in implementing a new Title II development program. By assessing various health and nutrition practices, formative research helps program design teams understand target group perspectives and the motivation and rationale for certain behaviors. Formative research can also help implementers select key audiences for behavior change, determine the most feasible and effective behaviors to promote, understand what influences those behaviors, and identify the best ways to deliver SBCC. In a Title II development program, formative research is necessary to better understand barriers, constraints, and

facilitators to adoption of improved agricultural technologies and practices, both production and post-harvest; increased market access and use; improved IYCF and care practices; and improved nutrition and health practices for pregnant and lactating women, including adolescent girls. Examples of where formative research will be essential in Burundi include: determination of potential barriers to adopting new IYCF practices and gender equality and female empowerment issues within households in different areas of the country. In addition to formative research, applicants are required to conduct a gender analysis and can undertake a vulnerability assessment to understand the current sociocultural context in which they will operate.

Operations research. Operations research enables programs to identify problems in service delivery and to test programmatic solutions to solve problems in program implementation, especially in countries with limited infrastructure and human resources, such as Burundi. It also provides program managers and policymakers with the information they need to improve existing services. There are five basic steps in the operations research process: 1) identify the problem in service delivery or implementation, 2) identify a solution or strategy to address the problem, 3) test the solution, 4) evaluate and modify the solution as needed, and 5) integrate the solution at scale in the program.

By incorporating well-designed operations research as a key part of program activities, programs can continuously examine the quality of their implementation and identify constraints to delivery, access, and utilization of program activities, adjusting the program as necessary. Operations research is an iterative process that may be conducted at the beginning of the project and repeated during the life of the activity to ensure continued quality in service delivery and program implementation. Done well, operations research can increase the likelihood that the project will attain its stated objectives.

Governance and conflict prevention. Given the slow-onset, “silent” nature of chronic malnutrition, it is often not recognized or is ignored by household members and communities, even when high prevalence has been demonstrated and discussed by health services. Chronic malnutrition touches a majority of households in rural Burundi, demonstrating a pervasive lack of knowledge of its causes and impacts and of the causes of food insecurity. It is not an easy message for leaders or service providers to address directly or for individuals to acknowledge. For these reasons—and because of the need for health center staff and CHWs to maximize the outreach, communication, and advocacy efforts of these leaders—it is important for the development food assistance program to engage the awareness, support, and leadership of commune and traditional leaders in a 4-year campaign to mobilize public opinion and understanding of the issue of chronic malnutrition and food insecurity.

It is also important for project implementation to anticipate conflicts related to ownership of land, communities’ access to public lands bordering fields, and returnees’ property rights—all of which require the attention of commune officials, who can greatly contribute to community outreach in these matters.

5.5 Strategic Partnerships

The Burundi development food assistance program should prioritize strategic partnerships. Partnerships in development can enhance sustainability, mobilize complementary areas of expertise and capacity to an activity, and extend the breadth and reach of programs. Applicants may engage a range of partners in different roles in their programs, based on their own assessments of capabilities required to maximize program impact and sustainability. Applicants should become familiar with the objectives and activities of USAID/Burundi’s IHP and EGP programs. Applicants should indicate how these programs will complement the development food assistance program and vice versa and should include an illustrative results framework that shows the linkages with these other programs.

Particularly important are partnerships with:

- SUN Coordination
- PRONIANUT and province-level team
- MINAGRIE and province-level team
- Communes
- Provincial Medical Offices, health districts and health centers
- USAID's IHP and EGP projects
- U.N. agencies such as UNICEF (nutrition, including fortification); WFP (nutrition, including fortification, emergency response, and early warning); FAO (training and extension services for smallholder producers); and IFAD (livestock);
- University of Ngozi, as a technical and training partner in agriculture and community health; the Bujumbura Agronomy Faculty; and Institut des Sciences Agronomique du Burundi

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