IN BRIEF

LANDSCAPE OF CARE WORK IN BURUNDI

UN WOMEN

Photo: UNICEF Burundi

Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising all human rights and strengthening human capabilities. Care work is disproportionately carried out by women and girls in households in Burundi just like it is the case globally. Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically pertains to the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work with the target "through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate."

Definitions

Care work consists of activities and relations to meet the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied.[1] It includes direct caregiving activities related to caring for children, the elderly, people with illnesses and people with disabilities, as well as indirect or domestic work such as cooking, cleaning and collecting water, food and firewood.[2] It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the global south.[3]

Unpaid care work refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).[4]

Paid care work refers to providing direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.[5]

Establishing ***comprehensive care systems*** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses and children while adopting an intersectional approach is crucial. **A comprehensive care system** is defined as "a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centered approach."[6]

Burundi is one of the poorest economies in the world, with a majority of the population reliant on agriculture. Its low levels of social and economic development are exhibited by its low Human Development Index (HDI) value of 0.426 in 2021, ranking it 187 out of 189 countries.[7] Normative expectations shape women's role in Burundi and reinforce the gendered nature of care work. Women and men report agreeing to the belief in *kingi* y'irembo: "She is responsible for everything at home."[8]

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services to promote shared responsibility for this essential work amongst the government, private sector, households and communities. Policy emphasis on care work is crucial for addressing gender disparities, promoting women's empowerment and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work and gender equality.

The overall purpose of this brief is to present an overview of Burundi's existing care services, systems and infrastructure. Using this analysis, the study aims to demonstrate gaps in data and policy on care. A mixed methods research approach which consisted of a desk review of existing publications and academic records, combining both quantitative and qualitative data sources was used in the study. The review was light-touch and did not allow in-depth exploration of all legislation and policies. To this end, section 2 discusses Burundi's historical and contextual backdrop. Section 3 explores the extent of care work and care needs in the country. Section 4 dives into the relevant legislative, institutional and policy environment and gaps. Finally, Section 5 concludes and provides policy recommendations.

Country background

Situated in East Africa, Burundi is a low-income, landlocked nation with a population of 12.9 million in 2022.[9] The country's Gross Domestic Product (GDP) per capita was 262.2 USD in 2022. Still, GDP per capita growth(annual) has stagnated to less than 0.5 per cent in the last 20 years, largely due to financing constraints, rising public debt and the economy's inability to keep up with the population growth. Although agriculture contributed to only 27.6 per cent of GDP in 2022, about 80 per cent of the population worked in agriculture in the same year.[10] It is one of sub-Saharan Africa's most densely populated country. Its population density was 489 people per square kilometre in 2021 and about 86 per cent of the population lived in rural areas in 2022.[11] The latest Multidimensional Poverty Index report from 2016/17 found a national poverty headcount ratio of 74.4, far higher than the world average.[12]

Burundi gained independence from Belgium in 1962. A protracted civil war began in 1993 following the assassination of the country's first democratically elected Hutu president, Melchior Ndadaye. The civil war was largely a result of ethnic tensions between Hutu and Tutsi communities. During the civil war, an estimated 300,000 people were killed and 550 thousand people were displaced.[13] The majority of the refugees moved to neighbouring Tanzania and Rwanda. The civil war ended in 2006, with the peace agreement of the Arusha Accord in 2000 playing a pivotal role. More recently, in 2015, Pierre Nkurunziza's decision to run for a controversial third term of presidency led to widespread protests and an attempted coup. Burundi continues to grapple with challenges related to political stability and ethnic reconciliation.

Deep gender-based inequality exists across all aspects of life in Burundi and the country's strong patriarchal system shapes sociocultural expectations of women and men.[14] This is embodied in the words *umukenyezi* and *umushingantahe*. *Umukenyezi,* the word for an ideal woman which describes "the one who ties her loincloth on thorns and walks without flinching and without the outside world noticing her pain." In contrast, *umushingantahe* describes an ideal man as "the one who embodies power, respect, and value."[15] Women and girls experience high rates of violence, early marriages, limited access to resources and limited legal recourse.[16] Given the high population density, land is a vital and scarce resource. Unfortunately, women and girls traditionally do not inherit anything from their fathers, and women's succession rights do not have full legal protection.

Overview of the extent of care work and care needs

There is limited availability of up-to-date information and data on indicators that reflect gender issues in Burundi. For instance, the last census in Burundi was conducted in 2008. Specifically, data on unpaid care work through time use surveys and key labour market indicators like the gender pay gap are systematically lacking and do not seem to be a policy priority. Although indicators like the gender pay gap are not direct measures of care work, they indirectly showcase the impact of unpaid care work responsibilities on women. For instance, women's responsibilities for unpaid care work can contribute to the gender pay gap.[17] With this caveat in mind, this section presents data from the latest nationally representative surveys, international data sources and smaller studies to give an overview of the extent of care work and care needs in the country.

Demographic trends and care needs

With 46 per cent of the population between 0 and 14 years and 2 per cent of the population above 65 years or older in 2022, the number of dependents with high care needs in the country is substantial. The size of the disabled population is unknown.[18] Burundi's population is transitioning from about 6.8 births per woman in 2001 to 5.2 in 2021 as fertility rates are dropping.[19] On the other hand, the estimated life expectancy has increased in the same period from 48 years to 62 years.[20] Based on these demographic statistics, the number of dependents is set to decrease in the coming years. However, this does not mean that care needs in the country will decline with time-Fast rates of urbanisation (growth rate of 13.4 per cent in 2019),[21] demographic shifts and climate change are resulting in intense care challenges.

Burundi was ranked 22nd most vulnerable country to climate change in the world and global research shows that climate change disproportionately increases women's and girls' responsibilities for providing care work.[22] Climate change has led to extreme precipitation flood risks and rapid land degradation. The latter is a significant cause of concern since a majority of this densely populated country's population relies on agriculture for livelihood. Land scarcity is also a big driver of intercommunal conflict. The country loses 1.6 per cent of its GDP to land degradation annually as confirmed by a 2017 Country Environmental Analysis. Land degradation is expected to increase by 200 per cent by 2050.[23] Climate change makes communities more vulnerable to poverty and livelihood loss.[24] Climate change is also the main driver of internal displacement in Burundi. Between 2018 and 2022, approximately 332,000 people were affected by natural disasters, particularly torrential rains and floods and 113,500 people were displaced.[25] Amongst displaced populations, women usually strive to meet the needs of children, the elderly and other vulnerable family members in unfamiliar and challenging environments.

46%

of the population under 14 years

2%

of the population are 65 years and above

332,000

people were affected by natural disasters

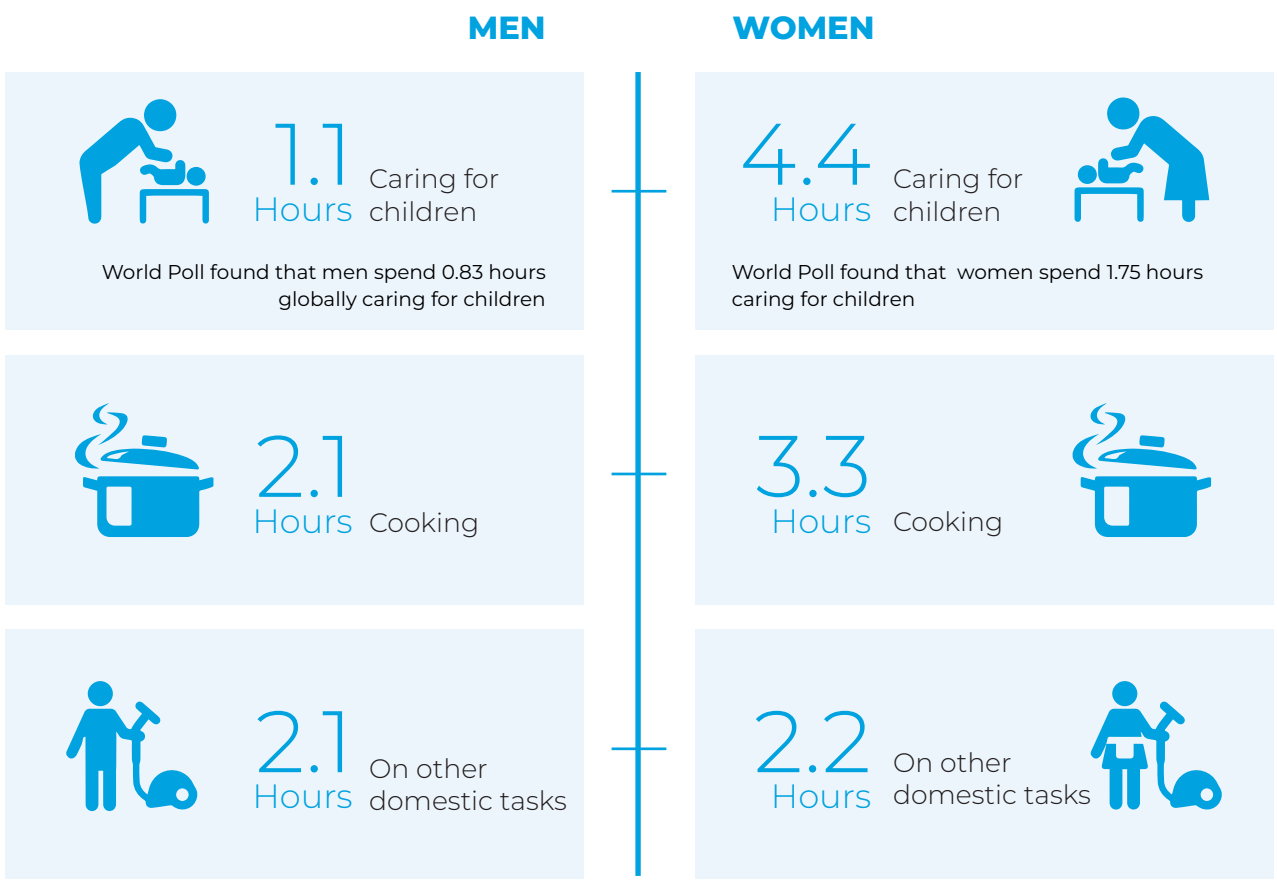
113,500

people were displaced

Distribution of unpaid care work

Women in sub-Saharan Africa spend 3.5 times more time on unpaid care work daily than men (263 minutes vs 78 minutes). Domestic services, as opposed to direct care for dependents, make up the more significant proportion of time spent on unpaid care work.[26]

TIME SPENT ON UNPAID CARE WORK



This means that on average, women spend 5 hours and 30 minutes more on unpaid care work daily than their male counterparts.[27]

Similarly, ILO calculations based on the Gallup World Poll found that women spend 1.75 hours caring for children while men spend 0.83 hours on the same activity daily.[28]

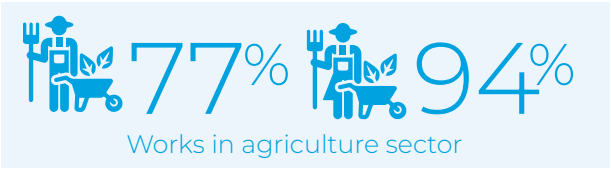
Although data on time spent by girls and boys is unavailable, studies find it is socially acceptable for girls to drop out of school to undertake unpaid domestic work tasks. Overall, this highlights the gender distribution of unpaid care work between women and men in households.

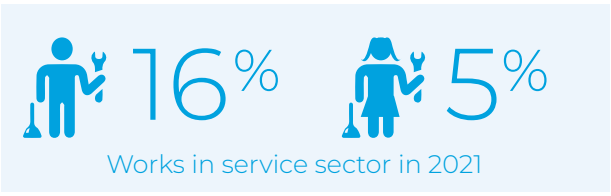
Labour force and paid care sector

Collating data from labour force and household surveys from 27 African countries[29] shows that the most important reason cited by women for being out of the labour force was unpaid care work (34.4 per cent of women cited this).[30]

Employment rate in Burundi, 2022.[31]

Gender employment gap





16 per cent of working men employed in the service sector in 2021.[32]

More women are self-employed than men in 2021.[33]

While there are many reasons for women's higher participation in agriculture and self-employment activities, women's disproportionate responsibilities for unpaid care work are an important contributor in the country.[34]

Care sectors comprise of education, health and social services and domestic workers. Unfortunately, no data could be found to characterise the size of this sector. Globally, the working conditions of domestic workers are characterised by informality, poor working conditions and low remuneration. Although women make up a minority of healthcare workers (41 per cent in 2011), there is evidence for substantial vertical segregation with women occupying low-paying and low-status administrative and support roles. Nurses, midwives and health management staff were the only category of medical workers dominated by women in 2011.[35] Unfortunately, no data after 2011 could confirm whether these trends have remained the same in the last decade. However, the latest data from other low-income countries corroborate these findings.[36] A similar pattern of vertical segregation is found in the education sector. About 25 per cent of all primary school women and 26 per cent of all secondary school teachers were women in 2022.[37] In 2018, approximately 14 per cent of all tertiary school academic staff were women.[38]

Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. Care-sensitive humanitarian policies that support a care society contribute to gender equality, women's safety and empowerment and the overall well-being of communities. They are essential in addressing inequalities in unpaid care work and inequalities in the labour force, including paid care sectors. With this context, this section examines legislation, institutions and policies on care in the country against the four pillars of a purple economy-universal social infrastructure, labour market regulations, physical infrastructure, and enabling macroeconomic environment.[39]

Burundi's National Development Plan (NDP) for 2018-2027 is essential for transforming the country's economic, social and demographic structure. It aims to structurally change the economy to create decent jobs for all and improve social welfare. The National Peacebuilding Program developed in 2020 operationalises the NDP by providing a reference for all interventions.

Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet care demands. Adequately financed social care infrastructure that pays living wages to its workers is important for valuing, rewarding and redistributing care work. There is a lack of socialised care infrastructure in Burundi and sparse regulation of privately provided care services.

Healthcare

The National Health Development Plan III for 2019-2023 and National Health Policy for 2016-2025 commit to introducing reforms and strategies to improve the population's health. The country aims to provide universal health coverage. However, free healthcare is available to children below the age of five, pregnant women, retirees and their dependents. Despite signing the Abuja Declaration which seeks to increase government spending on health to at least 15 per cent of its national budget, Burundi allocated 9.6 per cent of its budget to health in the 2022-23 budget.[40] Its health expenditure is challenged by its high debt burden with public debt at 66 per cent of GDP in 2022.[41] Burundi's healthcare system faces various challenges. It faces a shortage of facilities, medical personnel and essential medical equipment which characterises its infrastructure. There were 0.1 physicians per 1,000 people and 0.8 nurses and midwives per 1,000 people in 2021.[42]

In contrast, WHO estimates that at least 2.5 medical staff, including physicians, nurses and midwives are needed per 1,000 people to adequately cover primary care in a country.[43] Accessibility to healthcare services is a major issue, especially in remote and underserved areas. Limited transportation infrastructure and financial barriers contribute to difficulties in reaching healthcare facilities, exacerbating health disparities. Maternal and child health remain significant concerns with challenges in reducing maternal mortality rates (392 deaths per 100,000 live births in 2016/17 against the SDG target of 70 deaths by 2030) and improving child mortality (78 deaths per 1,000 live births in 2016/17 against the SDG target of 25 by 2030).[44] Healthcare facilities and personnel are also not equipped and trained respectively to adequately support survivors of sexual and gender-based violence against women.[45]

Childcare

The education system in Burundi consists of preschool, foundational, post-foundational and primary school education or foundational education which has been free since 2005. The large youth composition of the population, along with demographic pressure, has put a strain on Burundi's education system and overall education outcomes are mixed. However, the Burundi government has undergone significant reforms in the last decade. Burundi has allocated about 20 per cent of its budget annually from 2018/19 to 2021/22 towards education.[46] This aligns with UNESCO's guidelines, which recommend 15-20 per cent of government expenditure on education.[47] Additionally, the student-teacher ratio is 48:1 which aligns with the government's target of 50:1 and above the sub-Saharan average of 37:1.[48]

Early childhood development (ECD), a care-intensive period in the development stage of a child's life, could be particularly strengthened in the country. There are five categories of preschools in the country-community religious preschools, *sous convention*, community *garderies communautaires*, preschool circles "*cercles prescolaires,*" and private and public preschools. Although primary school enrolment is nearly universal, pre-primary gross school enrolment was only 11 per cent in 2019/20. This suggests that the majority of care responsibilities for children in this age group fall on households and communities. About a third of primary school children go to a private school. Recognising the need for reform, Burundi launched its first national ECD Strategy 2021-2027, a comprehensive national plan to reinforce and complete existing ECD strategies. However, a comprehensive ECD financing strategy remains missing.[49] It is unclear if the ECD strategy will encompass interventions that target caregivers and wider families.

Care for Persons with Disability

Burundi signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on 26 April 2007 and ratified it on 26 March 2014. The optional protocol of the same convention was also ratified in the same period. The Ministry of National Solidarity, Social Affairs, Human Rights and Gender deals with issues related to persons with disability. The National Committee of the Rights of People with Disabilities *Comité National des Droits des Personnes Handicapées (CNDHP)* was also established to address the violations and rights of persons with disability. Numerous organisations such as the Network of Centre for Persons with Disabilities in Burundi *Réseau des*

Centres pour Personnes Handicapées au Burundi (RCPHB), the Network of Associations of Persons with Disabilities in Burundi *le Réseau des Associations des Personnes Handicapées au Burundi (RAPHB)*, the Union of Persons with Disabilities of Burundi *l'Union des Personnes Handicapées du Burundi (UPHB)* and the Federation of Associations of Persons with Disabilities of Burundi *la Fédération des Associations des Personnes Handicapées du Burundi (FAPHB)* have also been representing and advocating for rights of persons with disability.

Persons with disability face difficulties in accessing education, health services, public buildings and transportation in the country. Although the Constitution prohibits discrimination against persons with disability, enforcement of the rights of persons with disability is limited.[50] Social protection programmes such as cash transfers targeting vulnerable groups benefit persons with disability. However, these are not widely known or available.[51] No government programmes or policies specifically targeting and supporting caregivers of disabled persons could be found.

Elderly care

The state of elderly care in Burundi faces several challenges which include limited resources, social and cultural factors and a lack of dedicated services for older people. Traditionally, older individuals are often cared for within the extended family and there is a cultural expectation that family members will support elderly relatives. Unfortunately, few social security measures exist to support the elderly population. One of the few measures is a pension scheme which exists for old-age, invalidity and death benefits. It is administered by the National Institute for Social Security (INSS) and the National Office for Occupational Pensions and Risks (ONPR). There is almost no access to income support for the elderly.[52] Free healthcare to elderly persons is not available but is being considered by the Ministry of Human Rights, Social Affairs and Gender.[53]

Labour Market Regulation

Labour market regulations can promote work-life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can shift social norms and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in low-income countries like Burundi, where a small percentage of the population is employed in the formal sector as wage employees. Although labour laws apply to the informal sector, they are rarely enforced in such settings.[54] The labour law prohibits discrimination based on age and gender in employment and at work. The Constitution enforces equal pay for work of equal value.

The country's labour law has provisions for 12 weeks of maternity leave with a possibility of extension to 14 weeks. It also provides employees with one hour a day for nursing for the first six months. Every woman employee on maternity leave is entitled to 50 per cent of her pay and the contract cannot be terminated during the leave period. The legislation does not provide full coverage to women who give birth to stillborn infants for six weeks. Given the high rate of stillbirths in Burundi, 26.1 stillbirths per 1000 total births, as compared to the global average of 13.9 stillbirths per 1000 total births in 2019, such maternity cover is essential.[55] Parental leave is vital for redistributing care work since it does not limit early infant care responsibilities to the mothers. However, no laws and policies related to parental leave exist. There is a provision for 14 days of paternity leave from the date of the child's birth.

No minimum wage exists, but domestic workers have partial rights and protection. The law provides the right to collective bargaining and the right to form and join independent unions

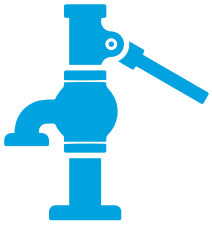
with restrictions. Trade union density increased from 1.7 per cent in 2009 to 4.5 per cent[56] in 2020, mainly due to the affiliation of workers from the informal economy. The most recent Labour Code of 2020 also made significant improvements for the informal economy and domestic workers. It introduced temporary work, subcontracting, homework contracts, temporary work, daily work and part-time work contracts with a maximum of 15 hours per week.[57] Such provisions help people with caregiving responsibilities seeking flexible working arrangements.

Enabling Macroeconomic Environment

Although macroeconomic policies are a large area of concern when it comes to care work, this sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic disadvantage resulting from unpaid care responsibilities and related unequal employment opportunities. The Ministry of National Solidarity, Social Affairs, Human Rights and Gender coordinates the social protection system in the country through the Permanent Executive Secretariat of the National Social Protection Commission. The National Social Protection Policy focuses on education, family benefits, economic integration of the young, unemployment protection and public work programmes to address the needs of children, the young and the elderly. Social health protection, protection for vulnerable groups and strengthening governance are transversal issues identified by the policy. Budget allocation to social protection was 12.1 per cent of the total budget, and in real terms, this allocation has only increased by 0.2 per cent per year between 2011 and 2020/21. Overall, the low budget allocation to social protection is insufficient to meet the population's needs.

The country's most important social protection programmes include free health care for part of the population, scholarships and other subsidies for tertiary education, subsidies for agricultural inputs, health insurance and other assistance targeted to vulnerable groups.[58] Merankabandi is an important social transfer programme that aims to provide decent living conditions to the poorest households. Its pilot programme targeted at 56,090 households between 2018 and 2022 in Gitega, Karuzi, Kirundo and Ruyigi. The cash transfer was one component that gave out approximately USD 24 to households every 2 months for 30 months and community-based social and behavioural change (SBC) messages to caregivers in the household to improve children's nutritional and caregiving practices. The programme is set to expand to 250,000 households across 18 provinces over the next five years.[59]

Physical Infrastructure



Burundi's basic physical infrastructure could be strengthened, especially in rural areas. There is substantial scope for reducing households' domestic work, particularly for women, by providing essential care-supportive infrastructure. Women are primarily responsible for managing water and fuel needs in households. Traditional cooking methods often have negative health and environmental impacts and are time-consuming and physically demanding. However, in 2020, only 0.1 per cent of rural Burundi and 0.2 per cent of urban Burundi had access to clean fuel and technology for cooking.[60] In addition, only 62 per cent of the population has access to at least essential drinking water services.[61]

Mobile phones and the internet can also reduce domestic care work responsibilities, offering various communication, information and organisational benefits that can help caregivers and care receivers. For example, they allow access to e-commerce platforms in urban areas and access to information on topics such as healthcare. In Burundi, only 10.2 per cent of the population had access to the internet in 2021 (62.8 per cent

in urban areas and 1.6 per cent in rural areas).[62] About 58 per cent of the population has a mobile phone subscription in 2022.[63] Caregivers, especially women, could save time and energy spent on care work if basic physical infrastructure such as clean energy, clean water, sanitation facilities and time and labour-saving technologies such as washing-related equipment, roads and transportation, digital technology and the internet were available.

Conclusion and recommendations

In conclusion, this snapshot of care systems in Burundi reveals a complex landscape shaped by various factors, including economic challenges, climate change and resource limitations. As one of the poorest countries in the world, Burundi faces substantial challenges in catering to the care demands of its population. Care and gendered aspects of the social organisation of care are not recognised as a policy priority in the country. A few recommendations that emerge from this analysis are as follows:

Overall, data production in the country has been inconsistent and irregular. Thus, there are significant gaps in reliable data. Data on gender issues in household surveys and time-use surveys may be conducted regularly to measure and monitor the social organisation of care work and the impacts of care work on individuals and the economy.

Research may be promoted to understand better how policy initiatives and interventions affect the social organisation of care work. Programmatic interventions could also be encouraged to collect data on time use to understand their impact on the extent and distribution of care work.

Not only are women and girls more vulnerable to the effects of climate change, but the social organisation of care work and their responsibilities towards unpaid care activities are significantly affected by climate change and mitigation and adaptation strategies. Thus, investments to combat climate change should consider the needs of women and girls.

As a country with high rates of sexual and gender-based violence and inadequate capacity to adequately address sexual gender based violence cases, there is much scope for the health care system to integrate programmes that support caregivers in providing help to women who face sexual and gender-based violence. This includes training them in women's reproductive health and psycho-social support.

The government may consider gender-sensitive investment in adequate infrastructure for electricity, fuel and WASH facilities. Such care-supportive infrastructure reduces household responsibilities for unpaid domestic work.

Efforts to fund women's organisations in Burundi would be beneficial in addressing and representing women's caregiving and care receiving needs. This would ideally include concrete and practical steps to increase collaboration with Non-Governmental Organisations and Women Rights Organisations to ensure robust implementation of gendered policies and strategies.

Given the country's economic challenges and resource constraints, investment in community care structures such as community-based health can be particularly effective. This could include capacity development of community health workers and teachers.

Efforts to expand social protection programmes to the elderly population and caregivers of elderly populations and persons with disability would lead to a better realisation of the rights of this population group.

References

1 Feminist scholars have argued that care for the environment, including women's care for animals, plants and shared spaces, should also be considered care work. For further reading, refer to Oxfam Policy & Practice. 'Caring in a Changing Climate: Centering Care Work in Climate Action'. Accessed: 27 March 2024. https://policy-practice.oxfam.org/resources/caring-in-a-changing-climate-centering-care-work-in-climate-action-621353/.

This paper recognises that the boundaries between paid labour contributing to household income and unpaid caregiving tasks within households are porous. For instance, caring for animals and selling animal products from these animals in the marketplace could be called subsistence work as well as care work. In the interest of harmony with international standards, this paper does not include such activities in its definition of care work.

2 UN System Policy Paper on Care – Forthcoming 2024, UN Women, UNDP, ILO, ECLAC, OHCHR.

3 The Africa Care Index. The Africa Women's Development and Communication Network , 2022. Available at https://www.undp.org/sites/g/files/zskgke326/files/2022-09/The%20Africa%20Care%20Index%202022_E-version_14%20Sept%202022.pdf

4 UN System Policy Paper on Care – Forthcoming, 2024, UN Women, UNDP, ILO, ECLAC, OHCHR.

5 Ibid, note 5.

6 UN Women and ECLAC 2021. "Towards the Construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for Implementation." p. 22. Available at https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2021/11/TowardsConstructionCareSystems_Nov15-21%20v04.pdf

7 United Nations Development Programme, 2022. "Human Development Report 2021-22: Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World." New York.

8 Iradukunda, Francois, Renee Bullock, Anne Rietveld, and Boudy van Schagen 2019. "Understanding Gender Roles and Practices in the Household and on the Farm: Implications for Banana Disease Management Innovation Processes in Burundi." *Outlook on Agriculture* 48(1), pp 37-47.

9 World Bank: "World Development Indicators."

10 Ibid.

11 Ibid.

12 UNDP 2023. Global Multidimensional Poverty Index available at https://hdr.undp.org/system/files/documents/hdp-document/2023mpireportenpdf.pdf

13 ILO 2017. "Jobs and Livelihoods for a peaceful and resilient Burundi." Available at https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/---ilo-dar_es_salaam/documents/publication/wcms_566283.pdf

14 Hillenbrand, Emily, Pranati Mohanraj, Jemimah Njuki, Domitille Ntakobakinvuna, and Abinet Sitotaw. '"There Is Still Something Missing": Comparing a Gender-Sensitive and Gender-Transformative Approach in Burundi'. Development in Practice 33 (11 August 2022): 1–12. https://doi.org/10.1080/09614524.2022.2107613 .

15 Davlashyan, Naira, and Clarisse Shaka 2021. "How a New Approach to Fighting Domestic Violence Ii Changing Lives in Burundi." Euro News.

16 Sinha, R., and Djankov S. 2023. "The Halting Gender Reforms in Burundi." Discussion Paper No. 875. Available at https://www.fmg.ac.uk/sites/default/files/2023-05/DP875.pdf. London School of Economics.

17 Ferrant, G., Pesando, L. M., & Nowacka, K. 2014. "Unpaid Care Work: The Missing Link in the Analysis of Gender Gaps in Labour Outcomes. Boulogne Billancourt: OECD Development Center."

18 World Bank: "World Development Indicators."

19 Ibid.

20 Ibid.

21 'Urbanization in Burundi: Building Inclusive & Sustainable Cities'. Accessed: 26 March 2024. https://unhabitat.org/burundi.

22 World Bank Blogs. 'Burundi: Scaling up Climate Resilience in the Land of 3,000 Hills'. Accessed: 26 March 2024. https://blogs.worldbank.org/en/africacan/burundi-scaling-climate-resilience-land-3000-hills.

23 Ibid.

24 Tall, A., Dampha, N.K., Ndayiragije, N., Von Berg, M., Raina, L. and Manirambona, A. (2022). "Tackling Climate Change, Land Degradation and Fragility – Diagnosing Drivers of Climate and Environmental Fragility in Burundi's Colline Landscapes: Towards a Multi-Sector Investment Plan to Scale up Climate Resilience. A World Bank Advisory Services and Analytics (ASA) Report.

25 IOM 2022. "Burundi – Emergency Tracking Overview – Natural Disasters: January 2018–March 2022." International Organization for Migration.

26 Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino 2018. "*Care Work and Care Jobs for the Future of Decent Work*." Geneva: International Labour Organization.

27 Eissler, Sarah, and Leva Rouhani. 2022. USAID/ Burundi Integrated Country Strategy Gender Analysis Report. Prepared by Banyan Global.

28 Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino. 2018. Care Work and Care Jobs for the Future of Decent Work. Geneva: International Labour Organization.

29 Angola, Botswana, Burkina Faso, Cameroon, Congo, Democratic Republic of Congo, Côte d'Ivoire, Egypt, Ethiopia, the Gambia, Ghana, Liberia, Madagascar, Malawi, Mali, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe

30 Ibid.

31 World Bank: "World Development Indicators."

32 Ibid.

33 Ibid.

34 Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino. 2018. "*Care Work and Care Jobs for the Future of Decent Work*." Geneva: International Labour Organization."

35 Eissler, Sarah, and Leva Rouhani. 2022. USAID/ Burundi Integrated Country Strategy Gender Analysis Report. Prepared by Banyan Global.

36 Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino. 2018. "*Care Work and Care Jobs for the Future of Decent Work*." Geneva: International Labour Organization.

37 The World Bank Databank.

38 Ibid.

39 "The purple economy refers to an economic order organized around sustainability of caring labor through a redistributive internalization of the costs of care into the workings of the system" İlkkaracan, İ. 2016. The Purple Economy Complimenting [sic] the Green: Towards Sustainable Economies, Caring Societies. Gender and Macroeconomics: Current State of Research and Future Directions. 9 March 2016. Levy Economics Institute and Hewlett Foundation, New York. Pg 1

40 UNICEF 2020. Health. Financial Law 2020-2021. Available https://www.unicef.org/esa/media/8021/file/UNICEF-Burundi-2020-Health-Budget-Brief-EN.pdf

41 Bank, African Development. 'Burundi Economic Outlook'. African Development Bank Group. African Development Bank Group, 28 March 2019. https://www.afdb.org/en/countries/east-africa/burundi/burundi-economic-outlook.

42 World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.

43 World Health Organisation Report, 2006

44 UNICEF 2020. Health. Financial Law 2020-2021. Available at https://www.unicef.org/esa/media/8021/file/UNICEF-Burundi-2020-Health-Budget-Brief-EN.pdf

45 Eissler, Sarah, and Leva Rouhani. 2022. USAID/ Burundi Integrated Country Strategy Gender Analysis Report. Prepared by Banyan Global.

46 UNICEF. Early Childhood in Burundi. Available at https://www.unicef.org/esa/media/10781/file/UNICEF-Burundi-Cost-Benefit-Analysis-Investments-Early-Childhood-2021-EN.pdf

47 UNESCO IITE. 'Education 2030: Incheon Declaration and Framework for Action Towards Inclusive and Equitable Quality Education and Lifelong Learning for All'. Accessed: 8

May 2024. https://iite.unesco.org/publications/education-2030-incheon-declaration-framework-action-towards-inclusive-equitable-quality-education-lifelong-learning/.

48 UNICEF 2018. Burundi: Addressing The Challenges And Opportunities In Basic Education. Available at https://www.unicef.org/esa/media/6066/file/UNICEF_%26_World_Bank_Burundi-Education_PER-2019.pdf

49 UNICEF 2022. "Early Childhood Development. Burundi. Available at https://www.unicef.org/burundi/media/2891/file/8_ENG_petite%20enfance_BudgetBrief%202022-2023.pdf%20.pdf

50 United States Department of State. 'Burundi'. Accessed: 26 March 2024. https://www.state.gov/reports/2022-country-reports-on-human-rights-practices/burundi/.

51 Ibid.

52 NIMPAYE, E. (2022). Governance and performance of social security organizations: the case of Burundian organizations of a public nature. Revue Française d'Economie et de Gestion, 3(1).

53 'IWACU English News | The Voices of Burundi. Accessed: 30 April 2024. https://www.iwacu-burundi.org/englishnews/older-persons-denounce-inaccessibility-to-health-care-in-burundi/

54 ILO | International Labour Standards Country Profile. Accessed: 30 April 2024. https://www.ilo.org/dyn/normlex/en/f?p=1000:11110:0::NO:11110:P11110_COUNTRY_ID:103466

55 Hug, L., Mishra, A., Lee, S., You, D., Moran, A., Strong, K.L. and Cao, B., 2020. A Neglected Tragedy of the Global Burden of Stillbirths: Report of the UN Inter-Agency Group for Child Mortality Estimation.

56 Danish Trade Union Development Agency 2021. Labour Market Profile Burundi–2021/2022. Available at https://www.ulandssekretariatet.dk/wp-content/uploads/2021/08/LMP-Burundi-2021-final-version.pdf

57 Danish Trade Union Development Agency 2021. Labour Market Profile Burundi – 2021/2022. Available at https://www.ulandssekretariatet.dk/wp-content/uploads/2021/08/LMP-Burundi-2021-final-version.pdf

58 UNICEF 2021. "Social Protection." Burundi. Accessed: 27 March 2024. https://www.unicef.org/esa/media/10191/file/UNICEF-Burundi-2021-2022-Social-protection-Budget-Brief-EN.pdf

59 UNICEF. Angood, C., Rudert, C., & Spadafora, T. R. 2023. National Social Assistance Programmes To Improve Child Nutrition: Lessons from Burundi, Ethiopia and Tanzania. Field Exchange 69, 16.

60 World Bank: "World Development Indicators."

61 Ibid.

62 Ibid.

63 Ibid.

East and Southern Africa Regional Office
UN Gigiri Complex, UN Avenue;
Block M, Ground Floor
P.O. Box 30218- 00100 Nairobi, Kenya
Tel: +254 20 762 4778

africa.unwomen.org
Email: esaro.publications@unwomen.org
unwomenafrica
unwomenafrica
unwomen
unwomenafrica