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## Burkina Faso: Nutrition Profile

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Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Burkina Faso, since around 672,000 children under 5 years (21 percent) suffer from chronic malnutrition (stunting or low height-for-age) and 10 percent suffer from acute malnutrition (wasting or low weight-for-height) (Ministère de la Santé [MOH] et al. 2018).

### Background

A landlocked sub-Saharan country, Burkina Faso is among the poorest countries in the world—44 percent of its population lives below the international poverty line of US\$1.90 per day (UNICEF 2017)—and it ranks 185<sup>th</sup> out of 188 countries on UNDP’s 2016 Human Development Index (UNDP 2016). In 2015, a new president was democratically elected for the first time in 30 years. This significant political change was brought about by violent street protests and general dissatisfaction with the political and economic situation in Burkina Faso. An increase in terrorist attacks and an influx of Malian refugees also impacts the political context and food security (World Bank 2017; World Food Programme [WFP] 2017). The new government is committed to improving the economy and addressing food insecurity in the country; it has released several new policies related to economic growth (National Plan for Economic and Social Development–PNDES), resilience (PRP–AGIR), and food security (National Food and Nutrition Security Policy–PNSAN) in 2016 (Murphy et al. 2017).

The agricultural sector employs around 80 percent of the population, and generates roughly a third of the country’s GDP, but struggles to produce an adequate supply of food (USAID 2018). Variable rainfall, land degradation, deforestation, and desertification all negatively impact Burkina Faso’s agricultural efforts (USAID 2018). Agriculture production typically supports subsistence livelihoods and while the country has seen reductions in food insecurity, more than 3.5 million Burkinabe (20 percent) are food insecure (USAID 2018). The *2017 Global Hunger Index* reports that Burkina Faso faces a serious level of hunger (International Food Policy Research Institute, Concern Worldwide, and Welthungerhilfe 2017).

Rapid population growth, gender inequality, and low levels of educational attainment contribute to food insecurity and poverty in Burkina Faso. The estimated population growth rate is 3.1 percent per year and seven out of 10 Burkinabe are younger than 30 (World Bank 2013). Women marry at a young age, have an average of 6 children, and lack control over their fertility, household decision making, and time. Women have less access to land, capital, and farming inputs, which limits their productive capacity and undermines their ability to achieve or adequately support household food security. Only 23 percent of women and 36 percent of men are literate. Among urban women, 52 percent are literate, compared to 11 percent of rural women (Institut National de la Statistique et de la Démographie [INSD] and ICF International 2012). The government has taken an active role in increasing primary education enrollment for girls through the National Strategy for Promotion of Girl’s Education and has invested in better school infrastructure (Murphy et al. 2017). Higher literacy rates for younger women suggest that concerted efforts to promote girls’ education have been fruitful (INSD and ICF International 2012).

Currently, Burkina Faso ranks 138<sup>th</sup> out of 157 countries in terms of progress toward meeting the Sustainable Development Goals (Sachs et al. 2017). While maternal mortality has been greatly reduced in Burkina Faso—from 440 deaths per 100,000 live births in 1998–1999 to 341 in 2010, thanks in part to subsidized obstetric and neonatal emergency care—the lifetime maternal risk of death is still 1 in 44 (INSD and ICF International 2012; Save the Children 2015). In addition, although Burkina Faso still has some of the highest child mortality rates in the world, the country has

seen large reductions in its neonatal, infant, and under-5 mortality rates between 2003 and 2010. Neonatal mortality dropped from 33 to 28 deaths per 1,000 live births, infant mortality dropped from 81 to 65 deaths per 1,000 live births, and under-5 mortality dropped from 184 to 129 deaths per 1,000 live births (INSD and ICF International 2012). These reductions are likely due, in part, to increased access to and utilization of health services for children under 5 and obstetric services, although issues with the health system remain (Murphy et al. 2017). The National Nutrition Policy lists malaria, neonatal conditions, acute respiratory infections, and diarrhea as major causes of infant and neonatal mortality and asserts that malnutrition is the underlying cause of 35 percent of infant and child deaths (MOH 2016).

## **Nutrition and Food Security Situation**

According to the 2017 National Nutrition Survey, referred to as the “SMART” survey, 21 percent of children under 5 are stunted, which is considered high according to the 2017 WHO/UNICEF public health prevalence thresholds (MOH 2017; WHO and UNICEF 2017). Stunting prevalence has improved since 2003 when the prevalence nationwide was 43 percent (INSD and ORC Macro 2004). Stunting prevalence differs dramatically among regions, with the highest prevalence (39 percent) in the Sahel and the lowest (6 percent) in Centre (MOH 2018). Acute malnutrition (wasting) affects around 9 percent of children under 5, a “medium” prevalence according to the WHO/UNICEF thresholds (MOH et al. 2015; WHO and UNICEF 2017).

Poor infant and young child feeding practices are pervasive in Burkina Faso and are significant drivers of both stunting and wasting in the country. Only 56 percent of infants are breastfed within one hour of birth, and only 48 percent of infants are exclusively breastfed for the first 6 months of life (MOH et al. 2017). Inadequate complementary feeding is also highly prevalent in Burkina Faso, as only 14 percent of children 6–23 months receive a minimally acceptable diet (MOH et al. 2017).

Poor maternal nutrition, especially among adolescent girls, significantly contributes to an intergenerational cycle of malnutrition and poverty. Sixty-two percent of women of reproductive age suffer from anemia (MOH 2014) and 16 percent are underweight (BMI < 18.5). Twenty-three percent of adolescent girls 15–19 years are underweight (INSD and ICF International 2012).

Fifty-eight percent of adolescents have begun childbearing by 19 years, which has remained stagnant since 1998 (INSD and Macro International Inc. 2000; INSD and ICF International 2012). The high prevalence of adolescent underweight combined with the persistently high adolescent pregnancy rate is a disturbing trend. Adolescent pregnancy is associated with a 50 percent increased risk of stillbirths and neonatal deaths, and an increased risk of low birth weight, premature birth, asphyxia, and maternal mortality (Bhutta et al. 2013; WHO 2007). The risk of stunting is 33 percent higher among first-born children of mothers under 18 years in sub-Saharan Africa, and as such, early pregnancy is a key driver of malnutrition (Fink et al. 2014). Reducing the adolescent fertility rate and delaying first pregnancies beyond adolescence will reduce the risk of low birth weight and stunting in children and will allow adolescent girls to grow to their full potential, protecting their own nutritional status over the long term.

The 2014 National Iodine Status and Anemia Survey found that both pregnant women and school-age children were deficient in iodine, and only 23 percent of households in Burkina Faso had adequately iodized salt (MOH 2014). Although the vitamin A supplementation program reaches 76 percent of children under 5, this is lower than the 87 percent coverage achieved in 2015 (MOH et al. 2015; MOH 2018). In addition, the 2010 DHS found only 35 percent of children 6–23 months consuming vitamin A-rich foods in the 24 hours prior to the survey. As such, vitamin A deficiency may still be an issue, particularly among that age group (MOH 2013; INSD and ICF International 2012). In addition, anemia is a widespread problem at 83 percent among children under 5 (MOH 2014).

Burkina Faso Nutrition Data (SMART 2015 and 2017)		
Population 2016 (UNICEF 2017)	18.7 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	3.2 million	
	MOH 2015	MOH 2017
Prevalence of stunting among children under 5 years (0–59 months)	30%	21%
Prevalence of underweight among children under 5 years (0–59 months)	23%	16%
Prevalence of wasting among children under 5 years (0–59 months)	10%	9%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	14%***	NA
Prevalence of anemia among children 6–59 months	83%*	NA
Prevalence of anemia among women of reproductive age (15–49 years)	62%*	NA
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m <sup>2</sup> )	16%	NA
Prevalence of thinness among adolescent girls (15–19 years)	23%***	NA
Prevalence of children 0–5 months exclusively breastfed	47%	48%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	47%	56%
Prevalence of children who receive a pre-lacteal feed	36%***	NA
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	14%	14%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	1%	2%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	11%***	NA
Coverage of iron for pregnant women (for at least 90 days)	50%***	NA
Coverage of vitamin A supplements for children (6–59 months)	87%**	76%
Percentage of children 6–59 months living in households with iodized salt	23%*	NA

NA: Not Available

\*MOH 2014; \*\*MOH 2013; \*\*\* INSD and ICF International 2012.

## Global and Regional Commitment to Nutrition and Agriculture

Burkina Faso has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2011	Scaling Up Nutrition (SUN) Movement	In 2011, Burkina Faso joined SUN, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. Within Burkina Faso, three networks were created: the UN system network to support governance (FAO, WHO, WFP, and UNICEF), the civil society network (RESONUT), and the donor network, convened by the European Union

		(EU). SUN's priority commitments in Burkina Faso for 2017–2018 are to support capacity development of nutrition-sensitive individuals and organizations, as well as supporting the collection, analysis, and use of nutrition data in the country, including the design of an online nutrition data platform, supported by the EU, that includes the country's available nutrition data (SUN 2017).
2012	Committing to Child Survival: A Promise Renewed	Burkina Faso pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2012	Global Alliance for Resilience Initiative	The Global Alliance for Resilience Initiative fosters resilience in West Africa and the Sahel. Burkina Faso's national resilience priorities have been developed and approved by the government with support from USAID, which also supports implementation, capacity building, and monitoring and evaluation.
2011	Abuja Declaration	In the Abuja Declaration, African Union members, including Burkina Faso, committed to allocate 15 percent of their national budgets to the health sector.
2015	Arusha Declaration	In the Arusha Declaration, the Federation of African Nutrition Societies called on governments to commit 3 percent of sectoral budgets to nutrition.
2014	Malabo Declaration	The Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods is an agreement by African Union members, including Burkina Faso, to address food security by allocating

		10 percent of the national budget to the agriculture sector, improving agricultural productivity, reducing poverty, and strengthening resilience (AU 2014).
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**Nutrition Policies, Strategies, and Initiatives**

Burkina Faso’s commitment to improving nutrition is outlined in the following documents, which are aligned with the government’s Vision 2025:

- Multisectoral Strategic Nutrition Plan 2016–2020
- National Nutrition Policy 2016
- The National Food and Nutrition Security Policy Triennial Action Plan 2014–2016
- The National Policy on Food and Nutrition Security (2013–2025)
- Country Resilience Priorities (PRP-AGIR-BURKINA) 2016–2020
- Plan for Scaling up IYCF Interventions (2013–2025)
- National Plan for the Rural Sector (PNSR II)
- National Program for Health and Nutrition in School Settings
- Social Protection Plan

Since 2015, the government of Burkina Faso, with support from USAID and other key donors, has made concerted efforts to improve the health and nutrition of women and children. In 2016, the government initiated a program to provide free health care to children under 5 and pregnant and lactating women (Save the Children 2016). This has been scaled up to all districts and the country is now working to implement a universal health care scheme. In addition, the MOH is emphasizing preventive health through the National Public Health Program, the National Program for Health Care Provision, and the National Program for the Governance of the Health System.

Recognizing the impact that nutrition has on the nation’s health, economic development, and growth, the government established the 2016 National Nutrition Policy and the Multisectoral Strategic Nutrition Plan 2016–2020 to address the direct and underlying causes of malnutrition in the country. The policy and plan take into account the objectives of the Sustainable Development Goals, the African Union Strategy 2013–2025, the Rome Declaration on Nutrition and its Framework for Action from the Second International Nutrition Conference in 2014, the Scaling Up Nutrition Movement 2016–2020, and the REACH initiative. Burkina Faso has also committed to the World Health Assembly nutrition targets. In addition to the key nutrition-specific interventions, there is recognition of the need to address water and sanitation issues, gender inequality, and low levels of education as key nutrition-sensitive components.

**USAID Programs: Accelerating Progress in Nutrition**

As of January 2018, the following USAID programs with a nutrition focus were active in Burkina Faso.

<b>Selected Projects and Programs Incorporating Nutrition in Burkina Faso</b>		
<b>Name</b>	<b>Dates</b>	<b>Description</b>
Resilience in the Sahel Enhanced (RISE) initiative: Resilience and Economic Growth in the Sahel – Enhanced Resilience (REGIS-ER)	2013–2018	Following repeated large-scale humanitarian emergencies in the Sahel, USAID implemented the RISE initiative to strengthen resilience in agro-pastoral and marginal agricultural livelihood zones of the Sahel. USAID will reduce chronic vulnerability by increasing economic well-being, strengthening institutions and governance, and improving health and nutrition status.  REGIS-ER is RISE’s flagship multisectoral resilience project that addresses the root causes of chronic vulnerability by increasing the

		capacity of households, villages, and systems to adapt to and recover from shocks and stresses. REGIS-ER integrates sustainable livelihoods, natural resource management, governance, and health and nutrition activities in collaboration with local communities (USAID 2015a).
RISE Initiative: Sahel Resilience Learning Project (SAREL)	2014–2019	SAREL works to strengthen the capacity of key stakeholders to engage in adaptive, evidence-based learning to promote the adoption of methods and innovations that best enhance resilience in the region (USAID 2015b).
RISE Initiative: Resilience in the Sahel Enhanced – Accelerated Growth (REGIS-AG)	2015–2020	REGIS-AG is designed to increase incomes of vulnerable households by increasing the performance and inclusiveness of the cowpea, poultry, and small ruminant value chains. Ultimately, REGIS-AG aims to increase resilience in targeted agro-pastoral and marginal agricultural zones of Niger and Burkina Faso (CNFA 2018).
FFP Families Achieving Sustainable Outcomes (FASO)	2010–2018	FASO addresses chronic, seasonal, and transitory food insecurity and includes activities to improve agricultural production, prevent malnutrition, and improve governance in community-based organizations. It operates in the Tougouri, Manni, and Gayéri health districts in the Eastern and North Central regions (Sage et al. 2017).
FFP Projet Victoire sure la Malnutrition (ViM)	2011–2018	ViM works to reduce food insecurity through increasing and diversifying agricultural production, increasing household incomes, and reducing chronic malnutrition among children and women (ACDIVOCA 2012).
Feed the Future Innovation Lab for Livestock Systems	2015–2020	The Innovation Lab for Livestock Systems works in several countries to sustainably improve livestock productivity and marketing and animal-source food consumption through appropriate improved technologies, capacity development, and policies (Feed the Future Innovation Lab for Livestock Systems n.d.).

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