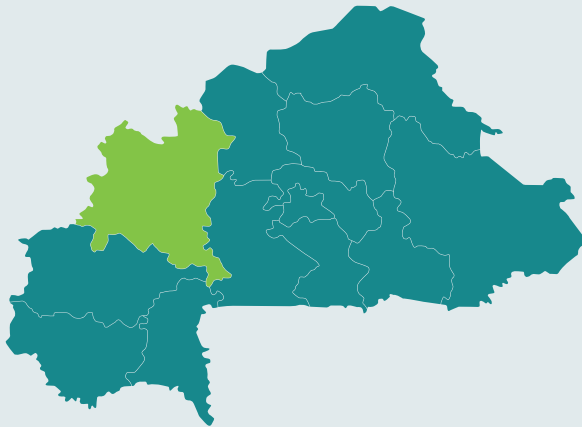


# NUTRITIONAL PROFILE

## BURKINA FASO



### GENERAL DATA UPDATED IN 2019 FROM GPHR 2006 <sup>[5]</sup>

Total population  
**2 030 595**

Women of childbearing age  
**452 971**

Expected pregnancies  
**118 497**

Children 0 to 6 months  
**46 105**

Children 6 to 23 months  
**122 038**

Number of health districts  
**06**

Number of health facilities  
**268**

Number of villages  
**993**

Number of farming hamlets  
**454**

Number of municipalities  
**47**

Number of community-based health workers  
**1961**

## 📍 Boucle du Mouhoun Region

**I**n Burkina Faso, malnutrition and especially undernutrition among women of childbearing age and children under five years of age contributes to unnecessary maternal, newborn and child deaths. This negatively impacts the economic and social development of the country.<sup>[1]</sup>

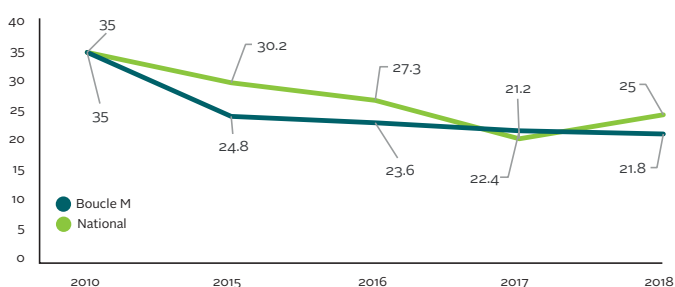
The main causes of maternal mortality in Burkina are hemorrhages, infections and uterine rupture.<sup>[2]</sup> Nutrition interventions such as iron and folic acid supplementation prevent anemia in pregnant women and can limit the possible complications of post partum haemorrhage. Monitoring weight gain during pregnancy helps to ensure that pregnant women gain a healthy weight and prevents low birth weight.

Undernutrition is associated with 35% of infant deaths.<sup>[3]</sup> The risk of mortality is two times higher in infants who are not put to the breast within the first hour of birth.<sup>[4]</sup> For children who are not exclusively breastfed during the first six months of life, the risk of dying is three to four times higher than for those exclusively breastfed in low- and middle-income countries.<sup>[4]</sup>

The National scaling up plan for promotion of optimal infant and young child (IYCF) feeding practices has set targets for 2025 of 80% exclusive breastfeeding and 30% minimum acceptable diet for children aged 6-23 months to reduce infant mortality and prevent malnutrition. Meeting this challenge requires changes in family practices as well as improvements in the quality and coverage of health services. This profile focuses on key nutrition-related indicators in the Boucle du Mouhoun Region.

## I. HEALTH AND NUTRITION INDICATORS

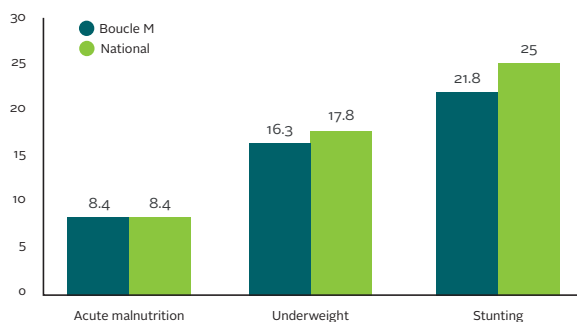
**Trends in stunting of children (0-59 months) in the Boucle du Mouhoun Region compared to the national level from 2010 to 2018** <sup>[6]</sup>



**Maternal health indicators**

	Boucle M	National
Prevalence of underweight among women of reproductive age (Body mass index <18.5 kg/m <sup>2</sup> ) (WRA) <sup>[7]</sup>	13	15.7
Prevalence of anemia among women of reproductive age (%) <sup>[8]</sup>	63.1	61.9

**Status of malnutrition among children < 5 years of age in 2018** <sup>[6]</sup>

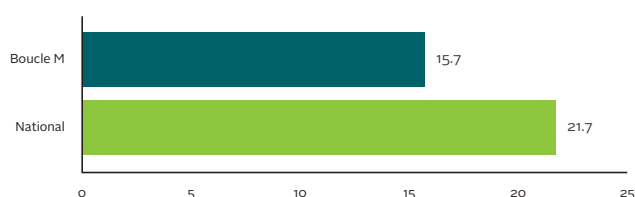


**Maternal and child health indicators**

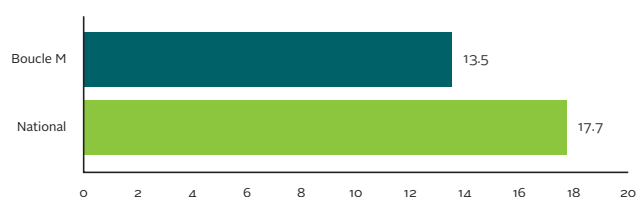
	Boucle M	National
Maternal mortality rate (100,000 live births) <sup>[9]</sup>	ND	330
Infant mortality rate (per thousand live births) <sup>[9]</sup>	ND	81.6
Low birth weight <sup>[2]</sup>	9.1	9.7

## II. CAUSES OF UNDERNUTRITION

**Food security (Prevalence of food insecure households)** <sup>[10]</sup>



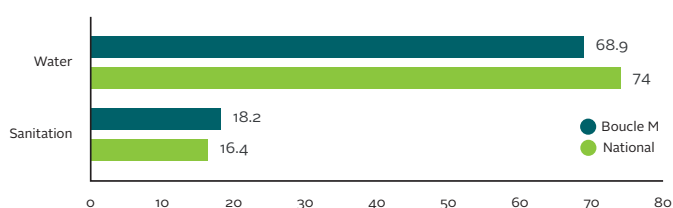
**Proportion of children < 5 years with diarrhea (2 weeks before the ENN 2018)** <sup>[6]</sup>



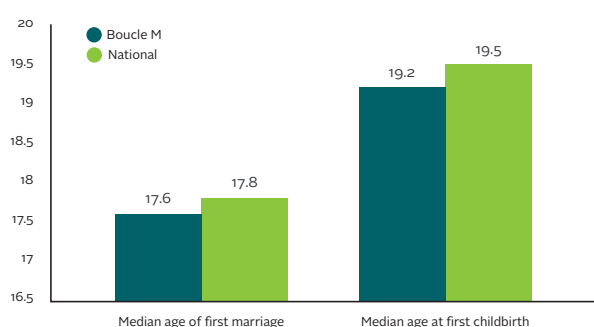
**Maternal, infant and young child nutrition practices in the region in 2018** <sup>[6]</sup>

	Boucle M (%)	National (%)
Dietary diversity of WRA	9.3	15.2
Early initiation of breastfeeding (EIBF)	53.3	59.5
Exclusive breastfeeding (EBF)	63.2	55.8
Continued breastfeeding at 1 year	97.9	92.4
Minimum meal frequency	54.8	54.2
Minimum dietary diversity in children aged 6-23 months	26.6	24.6

**Access to sanitation and drinking water in 2018** <sup>[11]</sup>



**Median age of first marriages and first childbirth** <sup>[7]</sup>



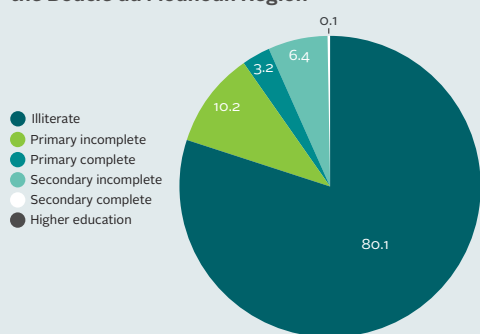
### IMMEDIATE ACTIONS

Systematically promote breastfeeding: EIBF and EBF

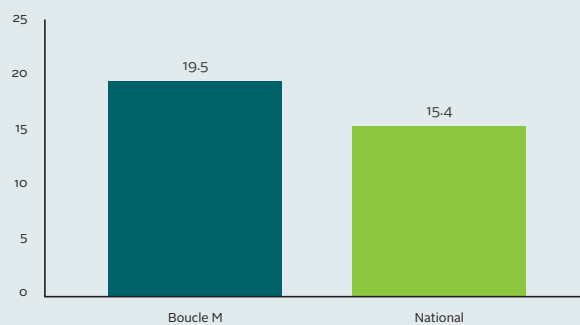
Focus on food diversification for women and children aged 6 to 23 months

Focus on food diversity by promoting multisectoral actions.

Level of education of women of childbearing age in the Boucle du Mouhoun Region [7]

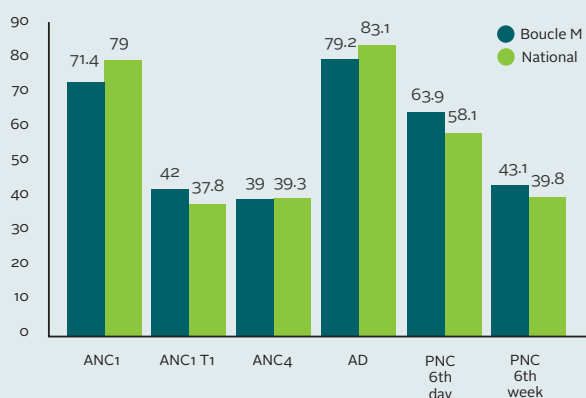


Proportion of women who suffered domestic violence [7]



### III. NUTRITION PROMOTION PLATFORMS, AND ANTENATAL AND CHILD HEALTH CARE

Coverage of maternal and neonatal health services by platform of care in the region in 2018 [3]



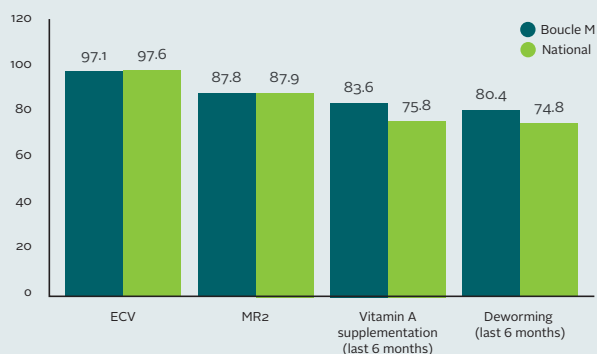
#### PRIORITY ACTIONS

Ensure the effective integration of malnutrition prevention interventions into reproductive, maternal, newborn and child health platforms (ANC, assisted delivery, PNC, Well-Child Visit/Growth Monitoring and Promotion, IMCI) by the health facilities.

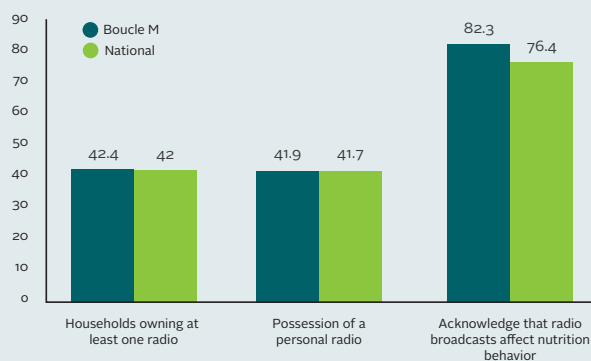
Strengthen the capacity and supervision of providers and ASBCs for the implementation of the maternal nutrition and IYCF package

Strengthen the systematic collection and use of data on maternal, newborn and child nutrition interventions

Children's use of health services in the region in 2018 [2]



Household media use in the region in 2018 [12]



## GLOBAL NUTRITION TARGETS FOR 2025



### Chronic malnutrition

40% reduction in the number of stunted children under 5 years



### Anemia

50% reduction in the prevalence of anemia in women of reproductive age



### Underweight

30% reduction in the prevalence of low birthweight



### Overweight

No increase in overweight in children under 5 years of age



### Breastfeeding

Increase the EBF rate to at least 50%



### Wasting

Reduce and maintain the prevalence of acute malnutrition in children under 5 years of age below 5%

## DEFINITIONS

**Child mortality:** Number of deaths of children under 5 years of age (from all causes) per 1000 live births over a period of 5 years

**Maternal mortality:** Number of maternal deaths per 100 000 live births as a proportion of the population at risk over a five-year period.

**Global acute malnutrition (GAM)** is defined by the presence of bilateral edema and/or wasting expressed by a z-weight-for-height (WFH) score < -2SD of the median of the reference population.

**Stunting (chronic malnutrition)** is defined by a height-for-age (HAZ) z-score < -2SD of the median of the reference population.

**Antenatal care (ANC):** Proportion of pregnant women seen in prenatal consultation during a given period.

**Assisted delivery (AD):** Proportion of births assisted by skilled personnel in a health facility during a given period.

**Postnatal care (PNC):** Proportion of women having given birth seen at the 6th week in a postnatal consultation compared to the number of women seen during the period.

**FIC:** Fully immunized child

**MR2:** Second dose of vaccine against measles and rubella

**Vitamin A supplementation:** Proportion of children aged 6-59 months who received a vitamin A capsule in the last 6 months.

**Deworming:** Proportion of children aged 12-59 months who have been dewormed in the last 6 months.

**Minimum dietary diversity for women of reproductive age (WRA):** Proportion of women aged 15-49 years who have consumed at least 5 out of 10 distinct food groups.

**Early initiation of breastfeeding (EIBF):** Proportion of children 0-23 months who were breastfed within one hour of birth.

**Exclusive breastfeeding (EBF):** Proportion of children 0-5 months old who are exclusively breastfed.

**Continued breastfeeding at one year:** Proportion of children aged 12-15 months who are still breastfed.

**Minimum meal frequency:** Proportion of children aged 6-23 months who received solid, semi-solid or soft foods at a minimum frequency (breastfed children 6-8 months: at least two meals per day; breastfed children 9-23 months: at least 3 meals per day; non-breastfed children: 6-23 months: 4 meals per day).

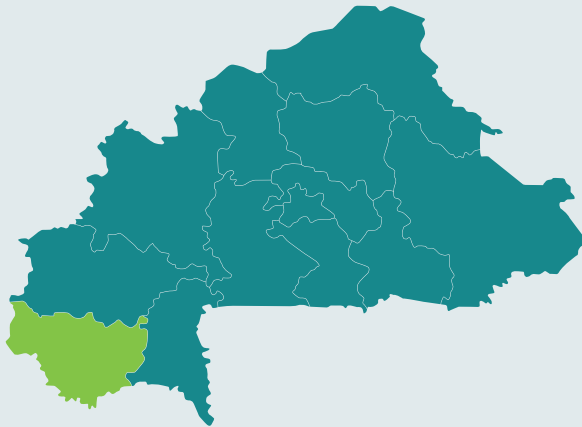
**Minimum dietary diversity in children 6 to 23 months:** Proportion of children aged 6-23 months who received at least 4 of 7 distinct food groups.

## REFERENCES

- [1] Programme alimentaire mondial, Burkina Faso, Le coût de la faim au Burkina Faso, l'incidence sociale et économique de la sous-nutrition chez l'enfant au BF
- [2] Ministère de la santé, Burkina Faso, Direction générale des études et des statistiques sectorielles, Annuaire statistiques, 2010 à 2018
- [3] Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition: Global and regional exposures and health consequences. The lancet. 2008;371(9608):243-260
- [4] Smith, Emily R., Lisa Hurt, Ranadip Chowdhury, Bireswar Sinha, Wafaie Fawzi, and Karen M. Edmond. 2017. "Delayed breastfeeding initiation and infant survival: A systematic review and meta-analysis." PLoS ONE 12 (7): e0180722. doi:10.1371/journal.pone.0180722. <http://dx.doi.org/10.1371/journal.pone.0180722>
- [5] Institut national des statistiques et de la démographie, Burkina Faso, Recensement général de la population et de l'habitation, Projection de la population des régions et districts du pays de 2011-2020 (DGESS 2010)
- [6] Ministère de la santé, Burkina Faso, Direction de la nutrition, Enquête nutritionnelle nationale, 2010 à 2018
- [7] Institut National des statistiques et de la démographie, Burkina Faso, Enquête démographique et de la santé, 2010
- [8] Ministère de la santé, Burkina Faso, Direction de la nutrition, Enquête nationale d'Iode et d'Anémie au Burkina Faso (ENIAB), 2014
- [9] Institut national des statistiques et de la démographie, Burkina Faso, enquête module démographie et santé, 2015
- [10] Burkina Faso, Ministère de l'Agriculture et de l'aménagement hydraulique, Direction générale des études et des statistiques sectorielles, Evaluation de la situation des ménages en situation d'urgence, 2018
- [11] Ministère de l'eau et de l'assainissement, Burkina Faso, Programme national d'approvisionnement en eau potable, Rapport du bilan annuel de l'année 2018, Mars 2019
- [12] UNICEF, Burkina Faso, étude des radios du Burkina Faso : Typologies, audiences et perspectives, Avril 2018

# NUTRITIONAL PROFILE

## BURKINA FASO



### GENERAL DATA UPDATED IN 2019 FROM GPHR 2006 <sup>[5]</sup>

Total population  
**851 276**

Women of childbearing age  
**115 004**

Pregnancies expected  
**147 624**

Children 0 to 6 months  
**17575**

Children 6 to 23 months  
**51 938**

Number of health districts  
**03**

Number of health facilities  
**102**

Number of villages  
**275**

Number of farming hamlets  
**736**

Number of municipalities  
**17**

Number of community-based health workers  
**978**

## 📍 Cascades Region

**I**n Burkina Faso, malnutrition and especially undernutrition among women of childbearing age and children under five years of age contributes to unnecessary maternal, newborn and child deaths. This negatively impacts the economic and social development of the country.<sup>[1]</sup>

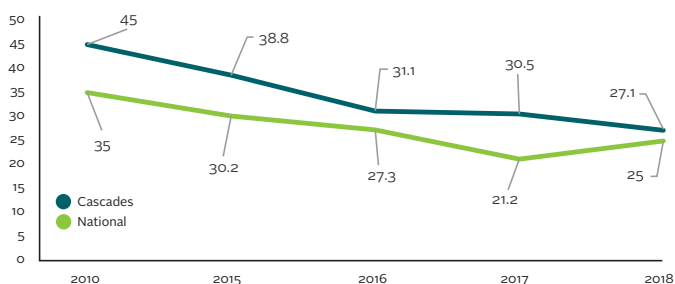
The main causes of maternal mortality in Burkina are hemorrhages, infections and uterine rupture.<sup>[2]</sup> Nutrition interventions such as iron and folic acid supplementation prevent anemia in pregnant women and can limit the possible complications of post partum haemorrhage. Monitoring weight gain during pregnancy helps to ensure that pregnant women gain a healthy weight and prevents low birth weight.

Undernutrition is associated with 35% of infant deaths.<sup>[3]</sup> The risk of mortality is two times higher in infants who are not put to the breast within the first hour of birth.<sup>[4]</sup> For children who are not exclusively breastfed during the first six months of life, the risk of dying is three to four times higher than for those exclusively breastfed in low- and middle-income countries.<sup>[4]</sup>

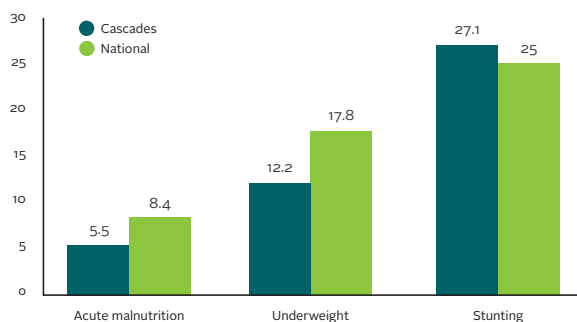
The National scaling up plan for promotion of optimal infant and young child (IYCF) feeding practices has set targets for 2025 of 80% exclusive breastfeeding and 30% minimum acceptable diet for children aged 6-23 months to reduce infant mortality and prevent malnutrition. Meeting this challenge requires changes in family practices as well as improvements in the quality and coverage of health services. This profile focuses on key nutrition-related indicators in the Cascades Region.

## I. HEALTH AND NUTRITION INDICATORS

**Trends in stunting of children (0-59 months) in the Cascades Region compared to the national level from 2010 to 2018** <sup>[6]</sup>



**Status of malnutrition among children < 5 years of age in 2018** <sup>[6]</sup>



**Maternal health indicators**

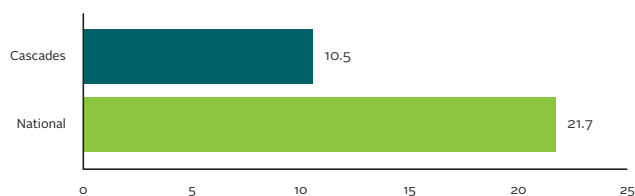
	Cascades	National
Prevalence of underweight among women of reproductive age (Body mass index <18.5 kg/m <sup>2</sup> ) (WRA) <sup>[7]</sup>	8.9	15.7
Prevalence of anemia among women of reproductive age (%) <sup>[8]</sup>	51.2	61.9

**Maternal and child health indicators**

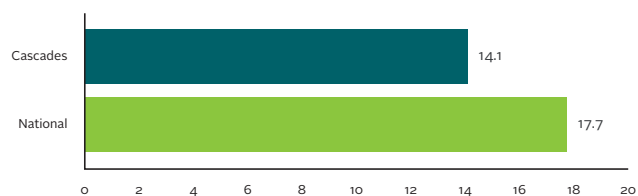
	Cascades	National
Maternal mortality rate (100,000 live births) <sup>[9]</sup>	ND	330
Infant mortality rate (per thousand live births) <sup>[9]</sup>	ND	81.6
Low birth weight <sup>[2]</sup>	10.9	9.7

## II. CAUSES OF UNDERNUTRITION

**Food security (Prevalence of food insecure households)** <sup>[10]</sup>



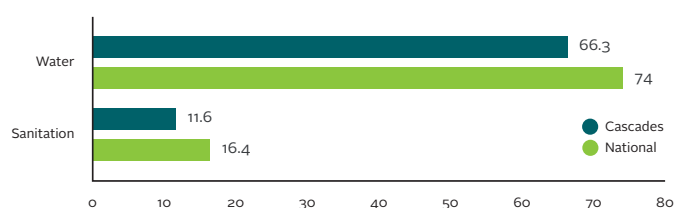
**Proportion of children < 5 years with diarrhea (2 weeks before the ENN 2018)** <sup>[6]</sup>



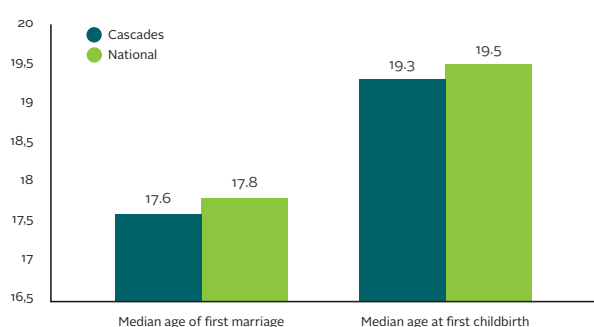
**Maternal, infant and young child nutrition practices in the region in 2018** <sup>[6]</sup>

	Cascades	National
Divetary diversity of WRA	18.8	15.2
Early initiation of breastfeeding (EIBF)	48	59.5
Exclusive breastfeeding (EBF)	36.3	55.8
Continued breastfeeding at 1 year	90.8	92.4
Minimum meal frequency	58.8	54.2
Minimum dietary diversity in children aged 6-23 months	29.6	24.6

**Access to sanitation and drinking water in 2018** <sup>[11]</sup>



**Median age of first marriages and first childbirth** <sup>[7]</sup>



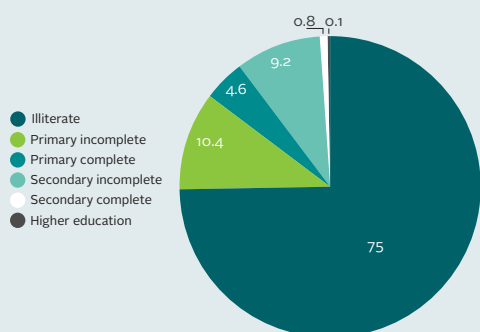
### IMMEDIATE ACTIONS

Systematically promote breastfeeding: EIBF and EBF

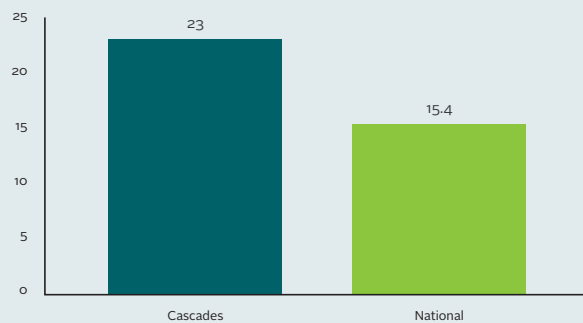
Focus on food diversification for women and children aged 6 to 23 months

Focus on food diversity by promoting multisectoral actions.

Level of education of women of childbearing age in the Cascades Region [7]

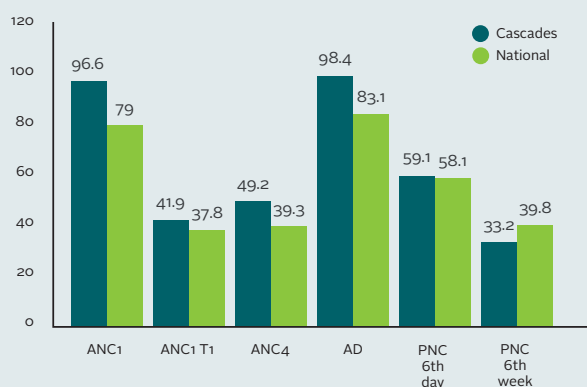


Proportion of women who suffered domestic violence [7]



### III. NUTRITION PROMOTION PLATFORMS, AND ANTENATAL AND CHILD HEALTH CARE INDICATORS

Coverage of maternal and neonatal health services by platform of care in the region in 2018 [3]



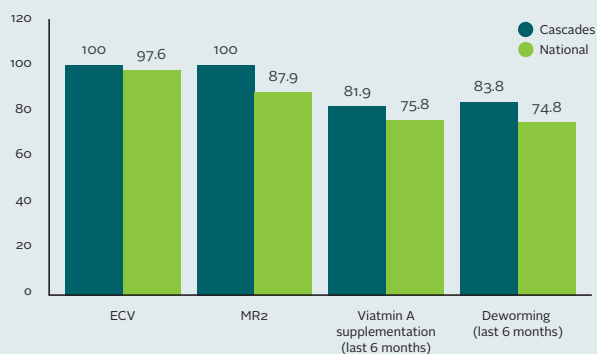
#### PRIORITY ACTIONS

Ensure the effective integration of malnutrition prevention interventions into reproductive, maternal, newborn and child health platforms (ANC, assisted delivery, PNC, Well-Child Visit/Growth Monitoring and Promotion, IMCI) by the health facilities.

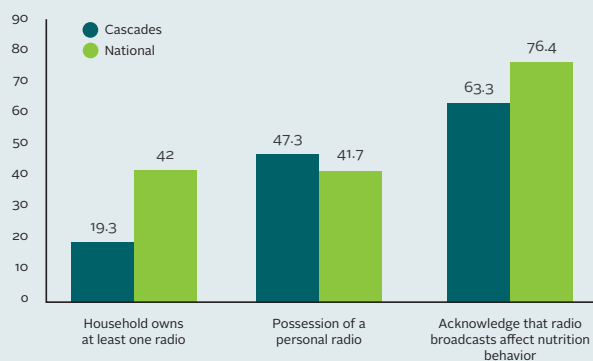
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Strengthen the systematic collection and use of data on maternal, newborn and child nutrition interventions

Children's use of health services in the region in 2018 [2]



Household media use in the region in 2018 [12]



## GLOBAL NUTRITION TARGETS FOR 2025



### Chronic malnutrition

40% reduction in the number of stunted children under 5 years



### Anemia

50% reduction in the prevalence of anemia in women of reproductive age



### Underweight

30% reduction in the prevalence of low birthweight



### Overweight

No increase in overweight in children under 5 years of age



### Breastfeeding

Increase the EBF rate to at least 50%



### Wasting

Reduce and maintain the prevalence of acute malnutrition in children under 5 years of age below 5%

## DEFINITIONS

**Child mortality:** Number of deaths of children under 5 years of age (from all causes) per 1000 live births over a period of 5 years

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**MR2:** Second dose of vaccine against measles and rubella

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**Deworming:** Proportion of children aged 12-59 months who have been dewormed in the last 6 months.

**Minimum dietary diversity for women of reproductive age (WRA):** Proportion of women aged 15-49 years who have consumed at least 5 out of 10 distinct food groups.

**Early initiation of breastfeeding (EIBF):** Proportion of children 0-23 months who were breastfed within one hour of birth.

**Exclusive breastfeeding (EBF):** Proportion of children 0-5 months old who are exclusively breastfed.

**Continued breastfeeding at one year:** Proportion of children aged 12-15 months who are still breastfed.

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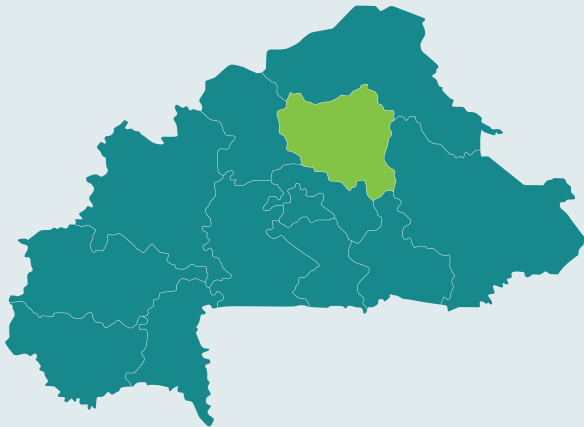
**Minimum dietary diversity in children 6 to 23 months:** Proportion of children aged 6-23 months who received at least 4 of 7 distinct food groups.

## REFERENCES

- [1] Programme alimentaire mondial, Burkina Faso, Le coût de la faim au Burkina Faso, l'incidence sociale et économique de la sous-nutrition chez l'enfant au BF
- [2] Ministère de la santé, Burkina Faso, Direction générale des études et des statistiques sectorielles, Annuaire statistiques, 2010 à 2018
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- [12] UNICEF, Burkina Faso, étude des radios du Burkina Faso : Typologies, audiences et perspectives, Avril 2018

# NUTRITIONAL PROFILE

## BURKINA FASO



### GENERAL DATA UPDATED IN 2019 FROM GPHR 2006 <sup>[5]</sup>

Total population  
**1 736 887**

Women of childbearing age  
**414 385**

Expected pregnancies  
**106 961**

Children aged 0 to 6 months  
**40 863**

Children aged 6 to 23 months  
**99 832**

Number of health districts  
**06**

Number of health facilities  
**170**

Number of villages  
**1035**

Number of farming hamlets  
**341**

Number of municipalities  
**28**

Number of community-based health workers  
**1860**

## Centre Nord Region

**I**n Burkina Faso, malnutrition and especially undernutrition among women of childbearing age and children under five years of age contributes to unnecessary maternal, newborn and child deaths. This negatively impacts the economic and social development of the country.<sup>[1]</sup>

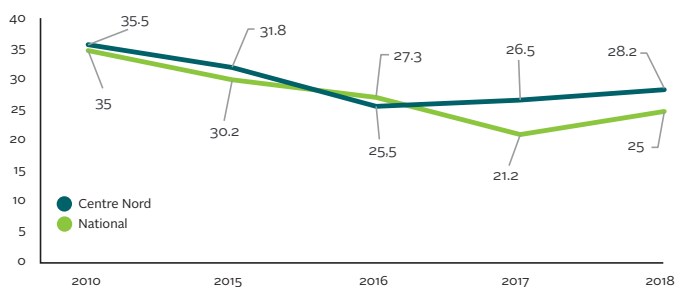
The main causes of maternal mortality in Burkina are hemorrhages, infections and uterine rupture.<sup>[2]</sup> Nutrition interventions such as iron and folic acid supplementation prevent anemia in pregnant women and can limit the possible complications of post partum haemorrhage. Monitoring weight gain during pregnancy helps to ensure that pregnant women gain a healthy weight and prevents low birth weight.

Undernutrition is associated with 35% of infant deaths.<sup>[3]</sup> The risk of mortality is two times higher in infants who are not put to the breast within the first hour of birth.<sup>[4]</sup> For children who are not exclusively breastfed during the first six months of life, the risk of dying is three to four times higher than for those exclusively breastfed in low- and middle-income countries.<sup>[4]</sup>

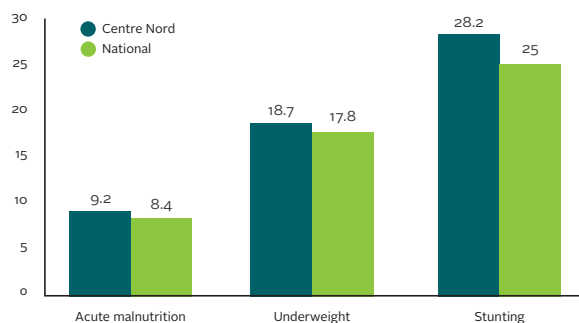
The National scaling up plan for promotion of optimal infant and young child (IYCF) feeding practices has set targets for 2025 of 80% exclusive breastfeeding and 30% minimum acceptable diet for children aged 6-23 months to reduce infant mortality and prevent malnutrition. Meeting this challenge requires changes in family practices as well as improvements in the quality and coverage of health services. This profile focuses on key nutrition-related indicators in the Centre Nord Region.

## I. HEALTH AND NUTRITION INDICATORS

**Trends in stunting of children (0-59 months) in the Centre Nord Region compared to the national level from 2010 to 2018** <sup>[6]</sup>



**Status of malnutrition among children < 5 years of age in 2018** <sup>[6]</sup>



**Maternal nutrition indicators**

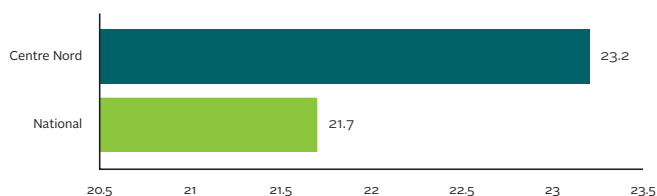
	Centre Nord	National
Prevalence of underweight among women of reproductive age (Body mass index <18.5 kg/m <sup>2</sup> ) (WRA) <sup>[7]</sup>	14.9	15.7
Prevalence of anemia among women of reproductive age (%) <sup>[8]</sup>	63.7	61.9

**Maternal and child health indicators**

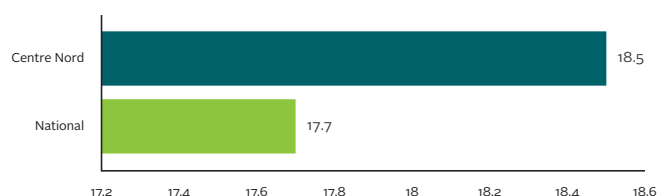
	Centre Nord	National
Maternal mortality rate (100,000 live births) <sup>[9]</sup>	ND	330
Infant mortality rate (per thousand live births) <sup>[9]</sup>	ND	81.6
Low birth weight <sup>[2]</sup>	7.8	9.7

## II. CAUSES OF UNDERNUTRITION

**Food security (Prevalence of food insecure households)** <sup>[10]</sup>



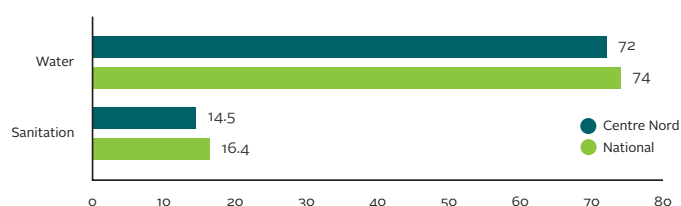
**Proportion of children < 5 years with diarrhea (2 weeks before the ENN 2018)** <sup>[6]</sup>



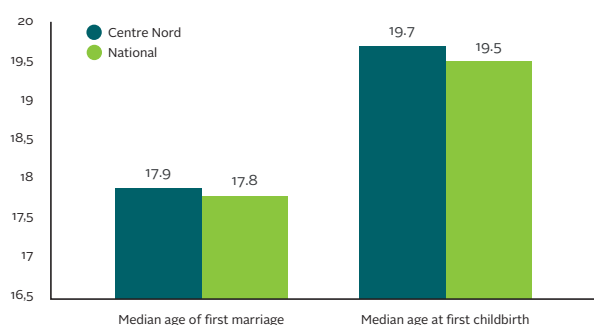
**Maternal, infant and young child nutrition practices in the region in 2018** <sup>[6]</sup>

	Centre Nord	National
Dietary diversity of WRA	10.9	15.2
Early initiation of breastfeeding (EIBF)	69.3	59.5
Exclusive breastfeeding (EBF)	70	55.8
Continued breastfeeding at 1 year	97	92.4
Minimum meal frequency	52.8	54.2
Minimum dietary diversity in children aged 6-23 months	25.2	24.6

**Access to sanitation and drinking water in 2018** <sup>[11]</sup>



**Median age of first marriages and first childbirth** <sup>[7]</sup>



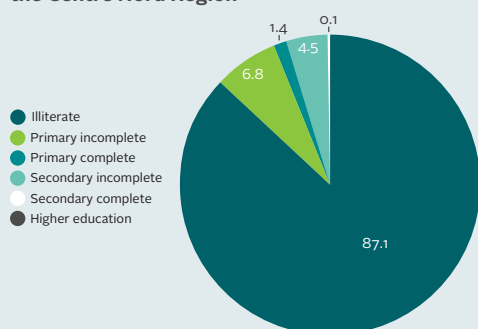
### IMMEDIATE ACTIONS

Systematically promote breastfeeding: EIBF and EBF

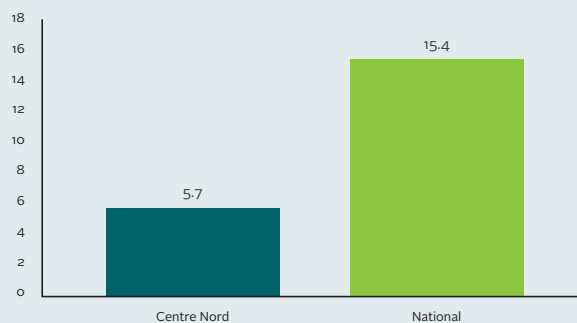
Focus on food diversification for women and children aged 6 to 23 months

Focus on food diversity by promoting multisectoral actions.

Level of education of women of childbearing age in the Centre Nord Region <sup>[7]</sup>

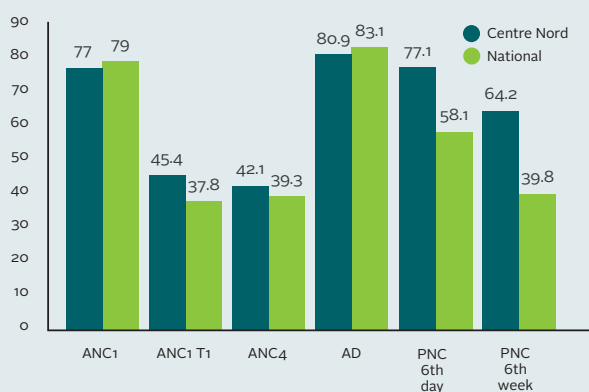


Proportion of women who suffered domestic violence <sup>[7]</sup>



### III. NUTRITION PROMOTION PLATFORMS, AND ANTENATAL AND CHILD HEALTH CARE INDICATORS

Coverage of maternal and neonatal health services by platform of care in the region in 2018 <sup>[3]</sup>



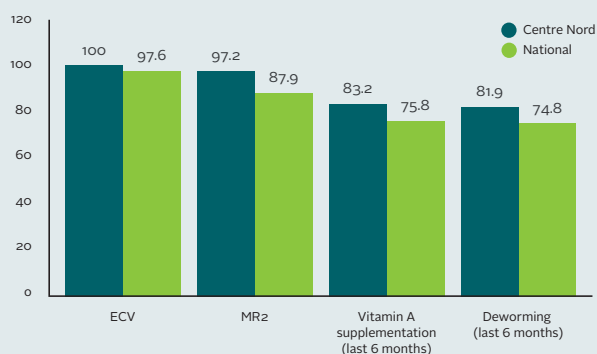
#### PRIORITY ACTIONS

Ensure the effective integration of malnutrition prevention interventions into reproductive, maternal, newborn and child health platforms (ANC, assisted delivery, PNC, Well-Child Visit/Growth Monitoring and Promotion, IMCI) by the health facilities.

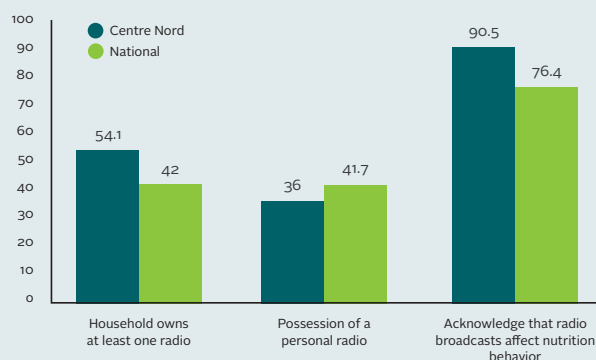
Strengthen the capacity and supervision of providers and ASBCs for the implementation of the maternal nutrition and IYCF package

Strengthen the systematic collection and use of data on maternal, newborn and child nutrition interventions

Children's use of health services in the region in 2018 <sup>[2]</sup>



Household media use in the region in 2018 <sup>[12]</sup>



## GLOBAL NUTRITION TARGETS FOR 2025



### Chronic malnutrition

40% reduction in the number of stunted children under 5 years



### Anemia

50% reduction in the prevalence of anemia in women of reproductive age



### Underweight

30% reduction in the prevalence of low birthweight



### Overweight

No increase in overweight in children under 5 years of age



### Breastfeeding

Increase the EBF rate to at least 50%



### Wasting

Reduce and maintain the prevalence of acute malnutrition in children under 5 years of age below 5%

## DEFINITIONS

**Child mortality:** Number of deaths of children under 5 years of age (from all causes) per 1000 live births over a period of 5 years

**Maternal mortality:** Number of maternal deaths per 100 000 live births as a proportion of the population at risk over a five-year period.

**Global acute malnutrition (GAM)** is defined by the presence of bilateral edema and/or wasting expressed by a z-weight-for-height (WFH) score < -2SD of the median of the reference population.

**Stunting (chronic malnutrition)** is defined by a height-for-age (HAZ) z-score < -2SD of the median of the reference population

**Antenatal care (ANC):** Proportion of pregnant women seen in prenatal consultation during a given period.

**Assisted delivery (AD):** Proportion of births assisted by skilled personnel in a health facility during a given period.

**Postnatal care (PNC):** Proportion of women having given birth seen at the 6th week in a postnatal consultation compared to the number of women seen during the period.

**FIC:** Fully immunized child

**MR2:** Second dose of vaccine against measles and rubella

**Vitamin A supplementation:** Proportion of children aged 6-59 months who received a vitamin A capsule in the last 6 months.

**Deworming:** Proportion of children aged 12-59 months who have been dewormed in the last 6 months.

**Minimum dietary diversity for women of reproductive age (WRA):** Proportion of women aged 15-49 years who have consumed at least 5 out of 10 distinct food groups.

**Early initiation of breastfeeding (EIBF):** Proportion of children 0-23 months who were breastfed within one hour of birth.

**Exclusive breastfeeding (EBF):** Proportion of children 0-5 months old who are exclusively breastfed.

**Continued breastfeeding at one year:** Proportion of children aged 12-15 months who are still breastfed.

**Minimum meal frequency:** Proportion of children aged 6-23 months who received solid, semi-solid or soft foods at a minimum frequency (breastfed children 6-8 months: at least two meals per day; breastfed children 9-23 months: at least 3 meals per day; non-breastfed children: 6-23 months: 4 meals per day).

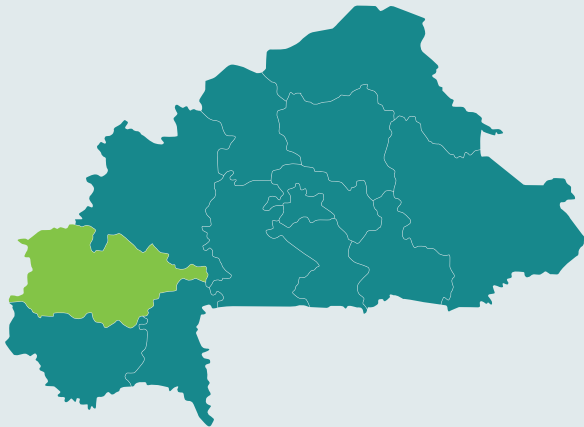
**Minimum dietary diversity in children 6 to 23 months:** Proportion of children aged 6-23 months who received at least 4 of 7 distinct food groups.

## REFERENCES

- [1] Programme alimentaire mondial, Burkina Faso, Le coût de la faim au Burkina Faso, l'incidence sociale et économique de la sous-nutrition chez l'enfant au BF
- [2] Ministère de la santé, Burkina Faso, Direction générale des études et des statistiques sectorielles, Annuaire statistiques, 2010 à 2018
- [3] Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition: Global and regional exposures and health consequences. The lancet. 2008;371(9608):243-260
- [4] Smith, Emily R., Lisa Hurt, Ranadip Chowdhury, Bireswar Sinha, Wafaie Fawzi, and Karen M. Edmond. 2017. "Delayed breastfeeding initiation and infant survival: A systematic review and meta-analysis." PLoS ONE 12 (7): e0180722. doi:10.1371/journal.pone.0180722. <http://dx.doi.org/10.1371/journal.pone.0180722>
- [5] Institut national des statistiques et de la démographie, Burkina Faso, Recensement général de la population et de l'habitation, Projection de la population des régions et districts du pays de 2011-2020 (DGESS 2010)
- [6] Ministère de la santé, Burkina Faso, Direction de la nutrition, Enquête nutritionnelle nationale, 2010 à 2018
- [7] Institut National des statistiques et de la démographie, Burkina Faso, Enquête démographique et de la santé, 2010
- [8] Ministère de la santé, Burkina Faso, Direction de la nutrition, Enquête nationale d'Iode et d'Anémie au Burkina Faso (ENIAB), 2014
- [9] Institut national des statistiques et de la démographie, Burkina Faso, enquête module démographie et santé, 2015
- [10] Burkina Faso, Ministère de l'Agriculture et de l'aménagement hydraulique, Direction générale des études et des statistiques sectorielles, Evaluation de la situation des ménages en situation d'urgence, 2018
- [11] Ministère de l'eau et de l'assainissement, Burkina Faso, Programme national d'approvisionnement en eau potable, Rapport du bilan annuel de l'année 2018, Mars 2019
- [12] UNICEF, Burkina Faso, étude des radios du Burkina Faso : Typologies, audiences et perspectives, Avril 2018

# NUTRITIONAL PROFILE

## BURKINA FASO



### GENERAL DATA UPDATED IN 2019 FROM GPHR 2006 <sup>[5]</sup>

Total Population  
**2 227 277**

Women of childbearing age  
**556 217**

Expected pregnancies  
**119 208**

Children aged 0 to 6 months  
**348 031**

Children aged 6 to 23 months  
**224 025**

Number of health districts  
**08**

Number of health facilities  
**195**

Number of villages  
**483**

Number of farming hamlets  
**567**

Number of municipalities  
**35**

Number of community-based health workers  
**966**

## 📍 Hauts Bassins Region

**I**n Burkina Faso, malnutrition and especially undernutrition among women of childbearing age and children under five years of age contributes to unnecessary maternal, newborn and child deaths. This negatively impacts the economic and social development of the country.<sup>[1]</sup>

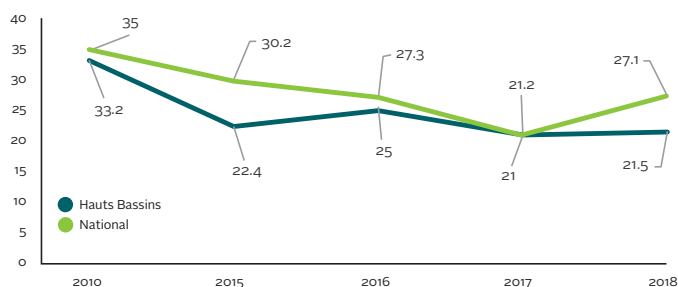
The main causes of maternal mortality in Burkina are hemorrhages, infections and uterine rupture.<sup>[2]</sup> Nutrition interventions such as iron and folic acid supplementation prevent anemia in pregnant women and can limit the possible complications of post partum haemorrhage. Monitoring weight gain during pregnancy helps to ensure that pregnant women gain a healthy weight and prevents low birth weight.

Undernutrition is associated with 35% of infant deaths.<sup>[3]</sup> The risk of mortality is two times higher in infants who are not put to the breast within the first hour of birth.<sup>[4]</sup> For children who are not exclusively breastfed during the first six months of life, the risk of dying is three to four times higher than for those exclusively breastfed in low- and middle-income countries.<sup>[4]</sup>

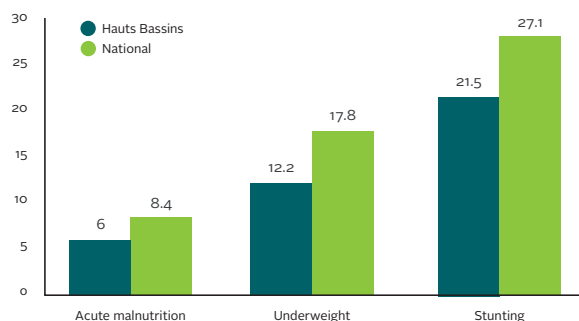
The National scaling up plan for promotion of optimal infant and young child (IYCF) feeding practices has set targets for 2025 of 80% exclusive breastfeeding and 30% minimum acceptable diet for children aged 6-23 months to reduce infant mortality and prevent malnutrition. Meeting this challenge requires changes in family practices as well as improvements in the quality and coverage of health services. This profile focuses on key nutrition-related indicators in the Hauts Bassins Region.

## I. HEALTH AND NUTRITION INDICATORS

**Trends in stunting of children (0-59 months) in the Hauts Bassins Region compared to the national level from 2010 to 2018** <sup>[6]</sup>



**Status of malnutrition among children < 5 years of age in 2018** <sup>[6]</sup>



**Maternal nutrition indicators**

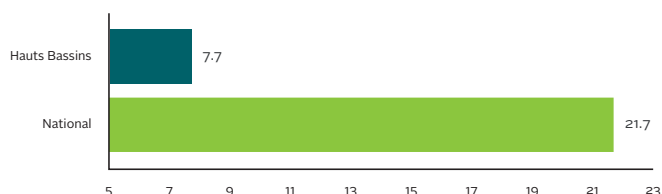
	Hauts Bassins	National
Prevalence of underweight among women of reproductive age (Body mass index <18.5 kg/m <sup>2</sup> ) (WRA) <sup>[7]</sup>	11.7	15.7
Prevalence of anemia among women of reproductive age (%) <sup>[8]</sup>	64.2	61.9

**Maternal and child health indicators**

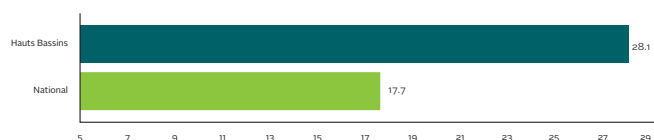
	Hauts Bassins	National
Maternal mortality rate (100,000 live births) <sup>[9]</sup>	ND	330
Infant mortality rate (per thousand live births) <sup>[9]</sup>	ND	81.6
Low birth weight <sup>[2]</sup>	9.2	9.7

## II. CAUSES OF UNDERNUTRITION

**Food security (Prevalence of food insecure households)** <sup>[10]</sup>



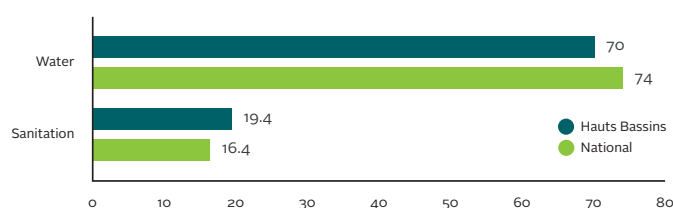
**Proportion of children < 5 years with diarrhea (2 weeks before the ENN 2018)** <sup>[6]</sup>



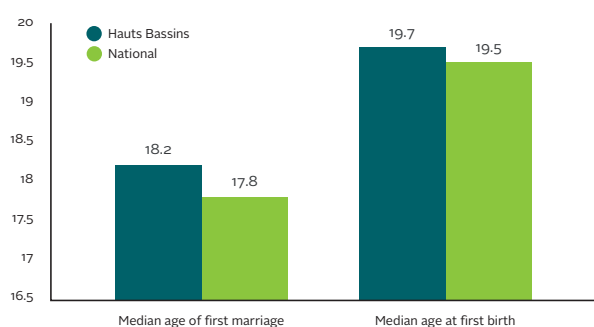
**Maternal, infant and young child nutrition practices in the region in 2018** <sup>[6]</sup>

	Hauts Bassins	National
Dietary diversity of WRA	15.5	15.2
Early initiation of breastfeeding (EIBF)	53.4	59.5
Exclusive breastfeeding (EBF)	52.3	55.8
Continued breastfeeding at 1 year	100	92.4
Minimum meal frequency	77.5	54.2
Minimum dietary diversity in children aged 6-23 months	27.2	24.6

**Access to sanitation and drinking water in 2018** <sup>[11]</sup>



**Median age of first marriages and first childbirth** <sup>[7]</sup>



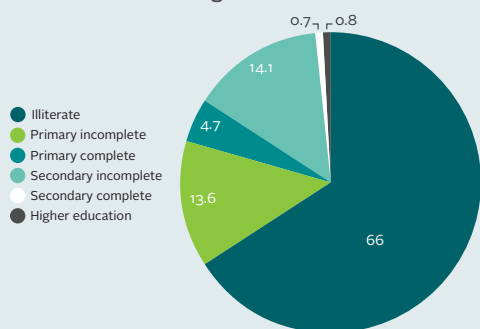
### IMMEDIATE ACTIONS

Systematically promote breastfeeding: EIBF and EBF

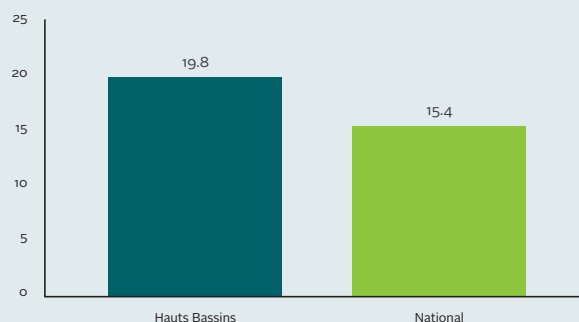
Focus on food diversification for women and children aged 6 to 23 months

Focus on food diversity by promoting multisectoral actions.

Level of education of women of childbearing age in the Hauts Bassins Region <sup>[7]</sup>

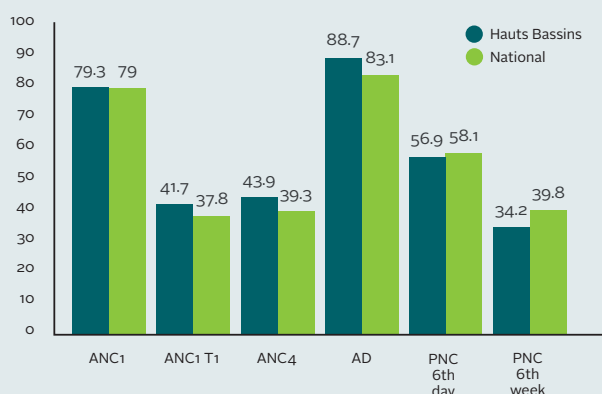


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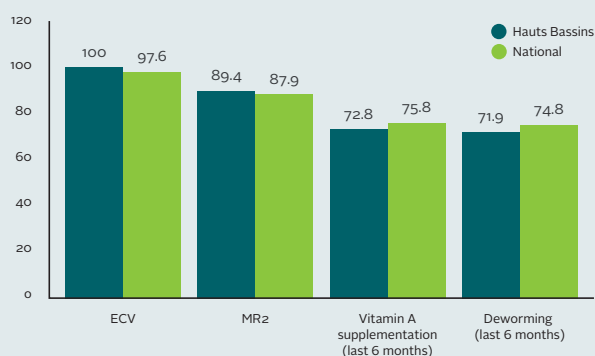
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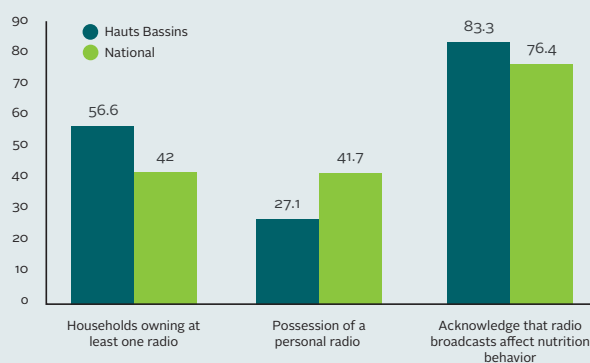
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## GLOBAL NUTRITION TARGETS FOR 2025



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### Overweight

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**Minimum dietary diversity in children 6 to 23 months:** Proportion of children aged 6-23 months who received at least 4 of 7 distinct food groups.

## REFERENCES

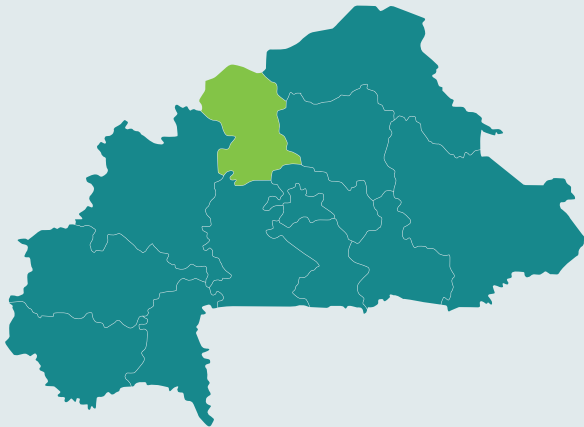
- [1] Programme alimentaire mondial, Burkina Faso, Le coût de la faim au Burkina Faso, l'incidence sociale et économique de la sous-nutrition chez l'enfant au BF
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alive&thrive  
nourish. nurture. grow.

# NUTRITIONAL PROFILE

## BURKINA FASO



### 📍 Nord Region

#### GENERAL DATA UPDATED IN 2019 FROM GPHR 2006 <sup>[5]</sup>

Total population

**1 677 542**

Women of childbearing age

**390 114**

Pregnancies expected

**90 264**

Children 0 to 6 months

**44 518**

Children 6 to 23 months

**118 835**

Number of health districts

**06**

Number of health facilities

**265**

Number of villages

**946**

Number of farming hamlets

**239**

Number of municipalities

**31**

Number of community-based health workers

**1892**

**I**n Burkina Faso, malnutrition and especially undernutrition among women of childbearing age and children under five years of age contributes to unnecessary maternal, newborn and child deaths. This negatively impacts the economic and social development of the country.<sup>[1]</sup>

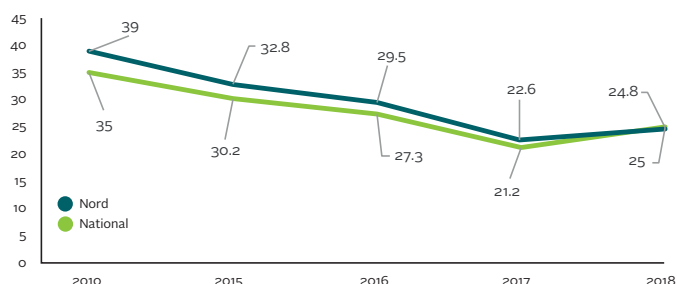
The main causes of maternal mortality in Burkina are hemorrhages, infections and uterine rupture.<sup>[2]</sup> Nutrition interventions such as iron and folic acid supplementation prevent anemia in pregnant women and can limit the possible complications of post partum haemorrhage. Monitoring weight gain during pregnancy helps to ensure that pregnant women gain a healthy weight and prevents low birth weight.

Undernutrition is associated with 35% of infant deaths.<sup>[3]</sup> The risk of mortality is two times higher in infants who are not put to the breast within the first hour of birth.<sup>[4]</sup> For children who are not exclusively breastfed during the first six months of life, the risk of dying is three to four times higher than for those exclusively breastfed in low- and middle-income countries.<sup>[4]</sup>

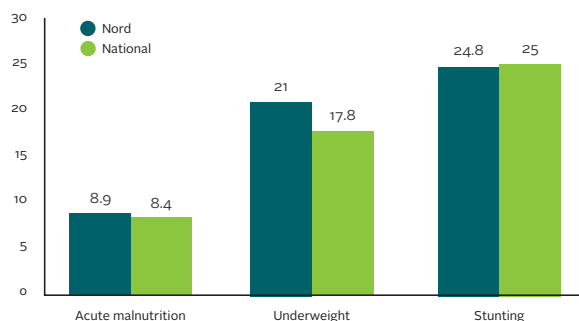
The National scaling up plan for promotion of optimal infant and young child (IYCF) feeding practices has set targets for 2025 of 80% exclusive breastfeeding and 30% minimum acceptable diet for children aged 6-23 months to reduce infant mortality and prevent malnutrition. Meeting this challenge requires changes in family practices as well as improvements in the quality and coverage of health services. This profile focuses on key nutrition-related indicators in the Nord Region.

## I. HEALTH AND NUTRITION INDICATORS

**Trends in stunting of children (0-59 months) in the Nord Region compared to the national level from 2010 to 2018** <sup>[6]</sup>



**Status of malnutrition among children < 5 years of age in 2018** <sup>[6]</sup>



**Maternal health indicators**

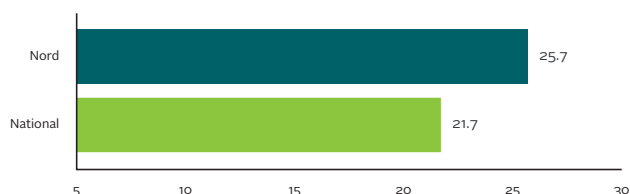
	Nord	National
Prevalence of underweight among women of reproductive age (Body mass index <18.5 kg/m <sup>2</sup> ) (WRA) <sup>[7]</sup>	19.6	15.7
Prevalence of anemia among women of reproductive age (%) <sup>[8]</sup>	66.6	61.9

**Maternal and child health indicators**

	Nord	National
Maternal mortality rate (100,000 live births) <sup>[9]</sup>	ND	330
Infant mortality rate (per thousand live births) <sup>[9]</sup>	ND	81.6
Low birth weight <sup>[2]</sup>	9.7	9.7

## II. CAUSES OF UNDERNUTRITION

**Food security (Prevalence of food insecure households)** <sup>[10]</sup>



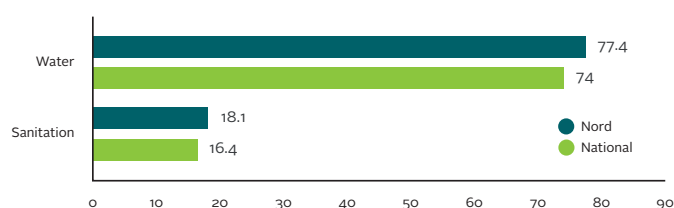
**Proportion of children < 5 years with diarrhea (2 weeks before the ENN 2018)** <sup>[6]</sup>



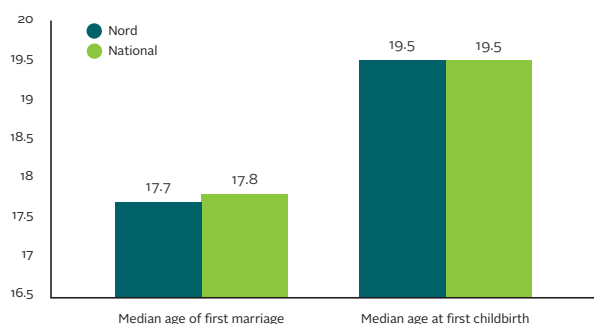
**Maternal, infant and young child nutrition practices in the region in 2018** <sup>[6]</sup>

	Nord	National
Dietary diversity of WRA	6	15.2
Early initiation of breastfeeding (EIBF)	55.9	59.5
Exclusive breastfeeding (EBF)	69.8	55.8
Continued breastfeeding at 1 year	94.9	92.4
Minimum meal frequency	52.9	54.2
Minimum dietary diversity in children aged 6-23 months	12.7	24.6

**Access to sanitation and drinking water in 2018** <sup>[11]</sup>



**Median age of first marriages and first childbirth** <sup>[7]</sup>



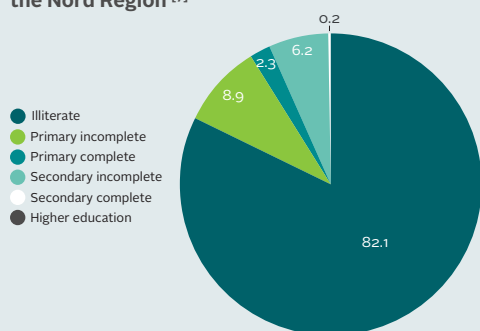
### IMMEDIATE ACTIONS

Systematically promote breastfeeding: EIBF and EBF

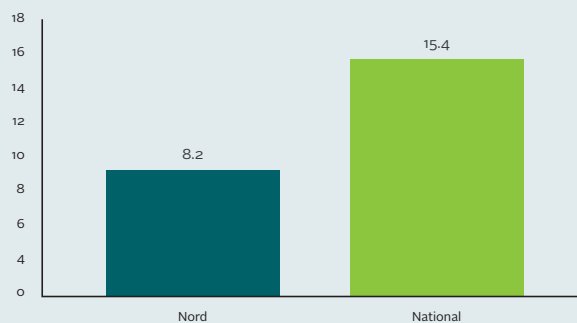
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Focus on food diversity by promoting multisectoral actions.

Level of education of women of childbearing age in the Nord Region <sup>[7]</sup>

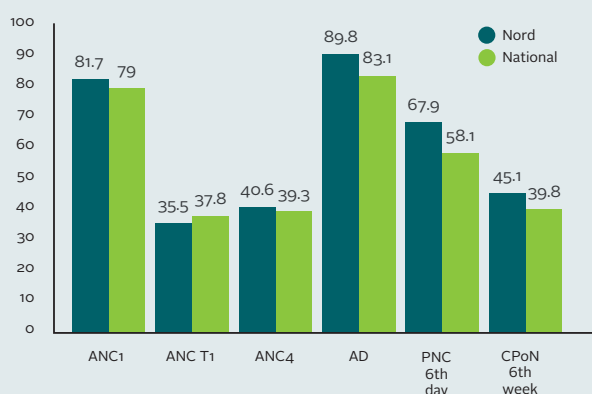


Proportion of women who suffered domestic violence <sup>[7]</sup>



### III. NUTRITION PROMOTION PLATFORMS, AND ANTENATAL AND CHILD HEALTH CARE INDICATORS

Coverage of maternal and neonatal health services by platform of care in the region in 2018 <sup>[3]</sup>



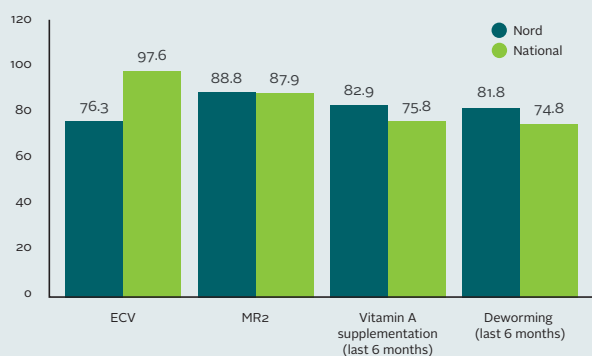
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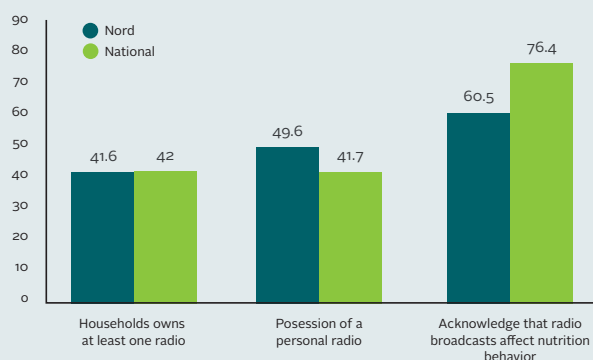
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Strengthen the systematic collection and use of data on maternal, newborn and child nutrition interventions

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Household media use in the region in 2018 <sup>[12]</sup>



## GLOBAL NUTRITION TARGETS FOR 2025



### Chronic malnutrition

40% reduction in the number of stunted children under 5 years



### Anemia

50% reduction in the prevalence of anemia in women of reproductive age



### Underweight

30% reduction in the prevalence of low birthweight



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No increase in overweight in children under 5 years of age



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Increase the EBF rate to at least 50%



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Reduce and maintain the prevalence of acute malnutrition in children under 5 years of age below 5%

## DEFINITIONS

**Child mortality:** Number of deaths of children under 5 years of age (from all causes) per 1000 live births over a period of 5 years

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**FIC:** Fully immunized child

**MR2:** Second dose of vaccine against measles and rubella

**Vitamin A supplementation:** Proportion of children aged 6-59 months who received a vitamin A capsule in the last 6 months.

**Deworming:** Proportion of children aged 12-59 months who have been dewormed in the last 6 months.

**Minimum dietary diversity for women of reproductive age (WRA):** Proportion of women aged 15-49 years who have consumed at least 5 out of 10 distinct food groups.

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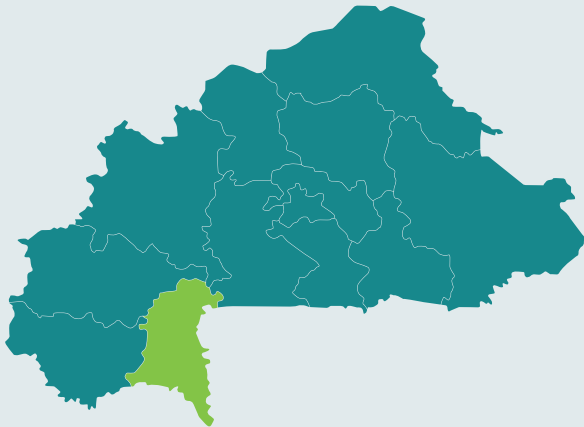
**Minimum dietary diversity in children 6 to 23 months:** Proportion of children aged 6-23 months who received at least 4 of 7 distinct food groups.

## REFERENCES

- [1] Programme alimentaire mondial, Burkina Faso, Le coût de la faim au Burkina Faso, l'incidence sociale et économique de la sous-nutrition chez l'enfant au BF
- [2] Ministère de la santé, Burkina Faso, Direction générale des études et des statistiques sectorielles, Annuaire statistiques, 2010 à 2018
- [3] Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition: Global and regional exposures and health consequences. The lancet. 2008;371(9608):243-260
- [4] Smith, Emily R., Lisa Hurt, Ranadip Chowdhury, Bireswar Sinha, Wafaie Fawzi, and Karen M. Edmond. 2017. "Delayed breastfeeding initiation and infant survival: A systematic review and meta-analysis." PLoS ONE 12 (7): e0180722. doi:10.1371/journal.pone.0180722. <http://dx.doi.org/10.1371/journal.pone.0180722>
- [5] Institut national des statistiques et de la démographie, Burkina Faso, Recensement général de la population et de l'habitation, Projection de la population des régions et districts du pays de 2011-2020 (DGESS 2010)
- [6] Ministère de la santé, Burkina Faso, Direction de la nutrition, Enquête nutritionnelle nationale, 2010 à 2018
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- [11] Ministère de l'eau et de l'assainissement, Burkina Faso, Programme national d'approvisionnement en eau potable, Rapport du bilan annuel de l'année 2018, Mars 2019
- [12] UNICEF, Burkina Faso, étude des radios du Burkina Faso : Typologies, audiences et perspectives, Avril 2018

# NUTRITIONAL PROFILE

## BURKINA FASO



### GENERAL DATA UPDATED IN 2019 FROM GPHR 2006 <sup>[5]</sup>

Total population  
**891 529**

Women of childbearing age  
**208 352**

Expected pregnancies  
**49 254**

Children 0 to 6 months  
**20 143**

Children 6 to 23 months  
**50 099**

Number of health districts  
**05**

Number de health facilities  
**134**

Number of villages  
**1084**

Number of farming hamlets  
**286**

Number of municipalities  
**28**

Number of community-based health workers  
**2106**

## 📍 Sud-Ouest Region

**I**n Burkina Faso, malnutrition and especially undernutrition among women of childbearing age and children under five years of age contributes to unnecessary maternal, newborn and child deaths. This negatively impacts the economic and social development of the country.<sup>[1]</sup>

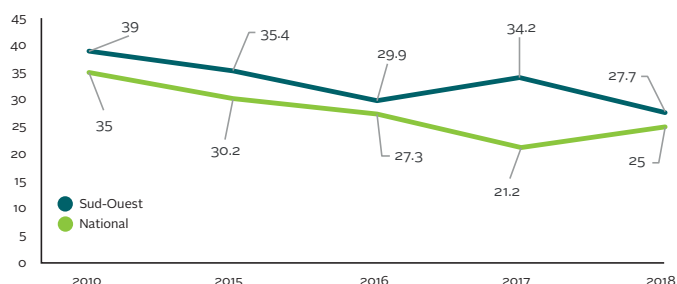
The main causes of maternal mortality in Burkina are hemorrhages, infections and uterine rupture.<sup>[2]</sup> Nutrition interventions such as iron and folic acid supplementation prevent anemia in pregnant women and can limit the possible complications of post partum haemorrhage. Monitoring weight gain during pregnancy helps to ensure that pregnant women gain a healthy weight and prevent low birth weight.

Undernutrition is associated with 35% of infant deaths.<sup>[3]</sup> The risk of mortality is two times higher in infants who are not put to the breast within the first hour of birth.<sup>[4]</sup> For children who are not exclusively breastfed during the first six months of life, the risk of dying is three to four times higher than for those exclusively breastfed in low- and middle-income countries.<sup>[4]</sup>

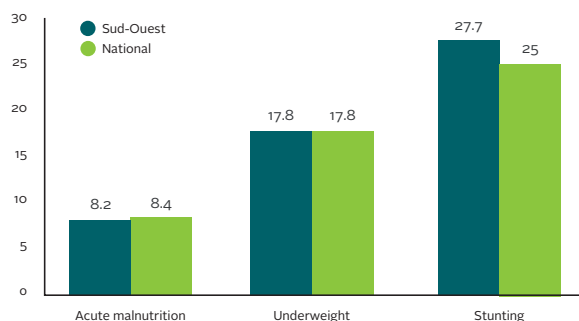
The National scaling up plan for promotion of optimal infant and young child (IYCF) feeding practices has set targets for 2025 of 80% exclusive breastfeeding and 30% minimum acceptable diet for children aged 6-23 months to reduce infant mortality and prevent malnutrition. Meeting this challenge requires changes in family practices as well as improvements in the quality and coverage of health services. This profile focuses on key nutrition-related indicators in the Sud-Ouest Region.

## I. HEALTH AND NUTRITION INDICATORS

**Trends in stunting of children (0-59 months) in the Sud-Ouest Region compared to the national level from 2010 to 2018** <sup>[6]</sup>



**Status of malnutrition among children < 5 years of age in 2018** <sup>[6]</sup>



**Maternal health indicators**

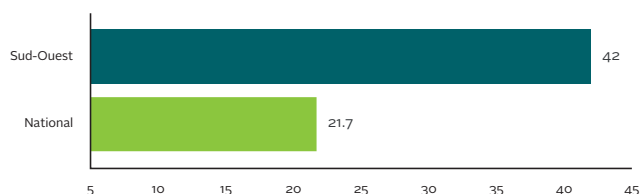
	Sud-Ouest	National
Prevalence of underweight among women of reproductive age (Body mass index <18.5 kg/m <sup>2</sup> ) (WRA) <sup>[7]</sup>	15.2	15.7
Prevalence of anemia among women of reproductive age (%) <sup>[8]</sup>	62.1	61.9

**Maternal and child health indicators**

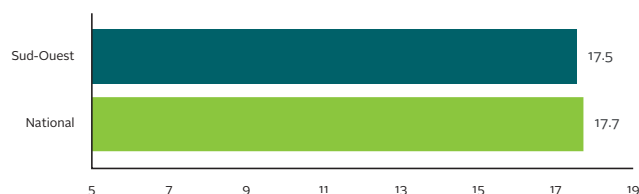
	Sud-Ouest	National
Maternal mortality rate (100,000 live births) <sup>[9]</sup>	ND	330
Infant mortality rate (per thousand live births) <sup>[9]</sup>	ND	81.6
Low birth weight <sup>[2]</sup>	9.7	9.7

## II. CAUSES OF UNDERNUTRITION

**Food security (Prevalence of food insecure households)** <sup>[10]</sup>



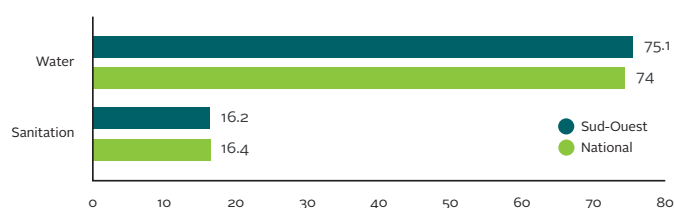
**Proportion of children < 5 years with diarrhea (2 weeks before the ENN 2018)** <sup>[6]</sup>



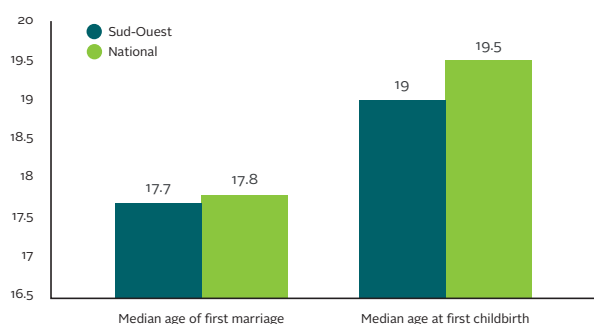
**Maternal, infant and young child nutrition practices in the region in 2018** <sup>[6]</sup>

	Sud-Ouest	National
Dietary diversity of WRA	23.3	15.2
Early initiation of breastfeeding (EIBF)	52.1	59.5
Exclusive breastfeeding (EBF)	64.2	55.8
Continued breastfeeding at 1 year	95.8	92.4
Minimum meal frequency	56.2	54.2
Minimum dietary diversity in children aged 6-23 months	35.3	24.6

**Access to sanitation and drinking water in 2018** <sup>[11]</sup>



**Median age of first marriages and first childbirth** <sup>[7]</sup>



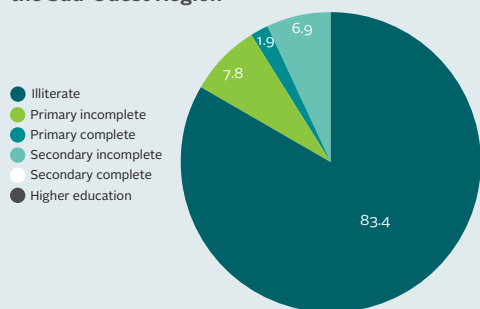
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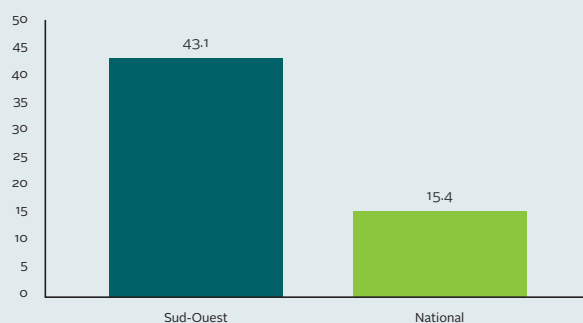
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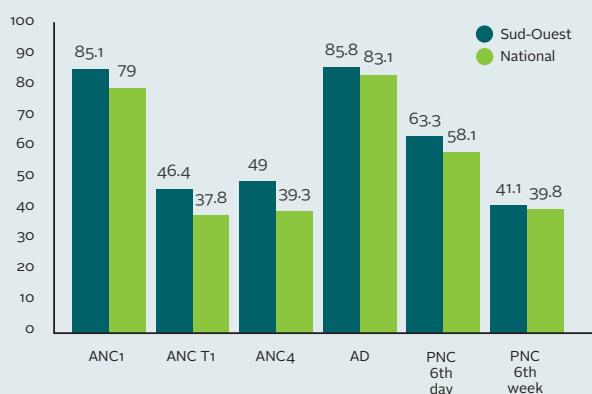


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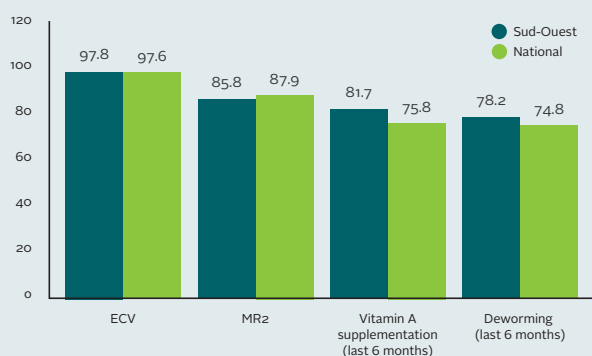
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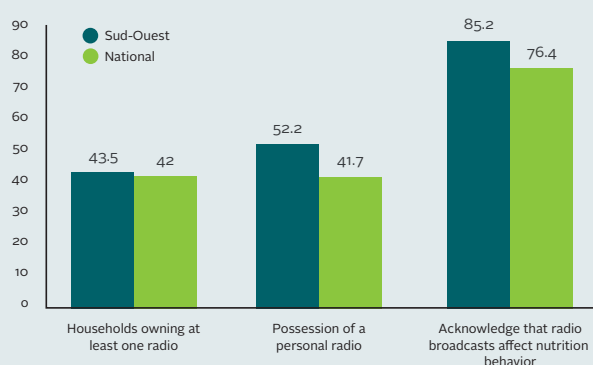
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