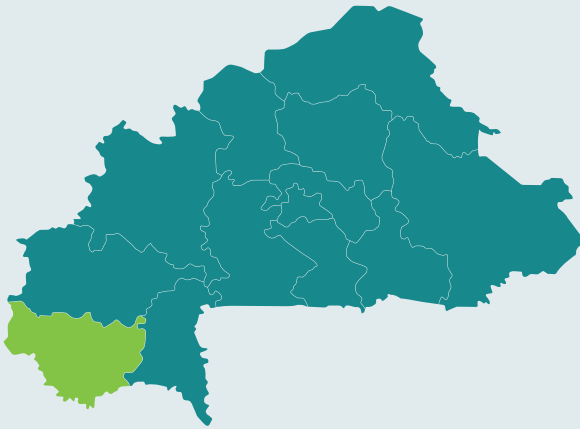




NUTRITIONAL PROFILE BURKINA FASO



📍 Cascades Region

GENERAL DATA UPDATED IN 2019 FROM GPHR 2006 ^[5]

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

In 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.^[1]

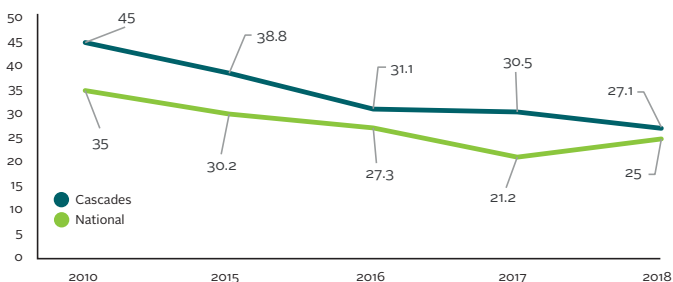
The main causes of maternal mortality in Burkina are hemorrhages, infections and uterine rupture.^[2] Nutrition interventions such as iron and folic acid supplementation prevent anemia in pregnant women and can limit the possible complications of post partum haemorrhage. Monitoring weight gain during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

Undernutrition is associated with 35% of infant deaths.^[3] The risk of mortality is two times higher in infants who are not put to the breast within the first hour of birth.^[4] 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.^[4]

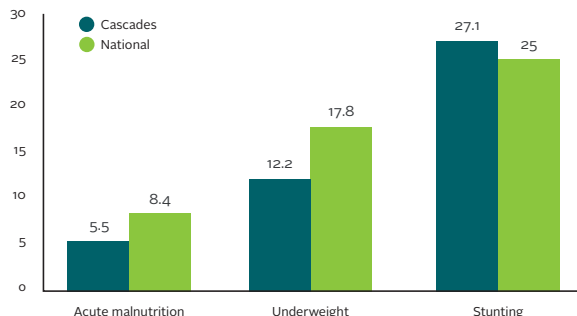
The National scaling up plan for promotion of optimal infant and young child (IYCF) feeding practices has set targets for 2025 of 80% exclusive breastfeeding and 30% minimum acceptable diet for children aged 6-23 months to reduce infant mortality and prevent malnutrition. Meeting this challenge requires 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 [6]



Status of malnutrition among children < 5 years of age in 2018 [6]



Maternal health indicators

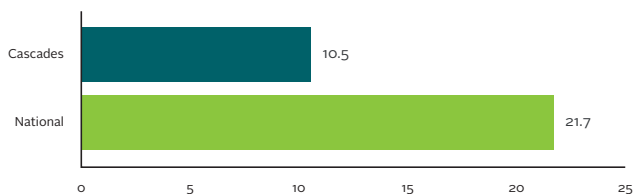
	Cascades	National
Prevalence of underweight among women of reproductive age (Body mass index <18.5 kg/m ²) (WRA) [7]	8.9	15.7
Prevalence of anemia among women of reproductive age (%) [8]	51.2	61.9

Maternal and child health indicators

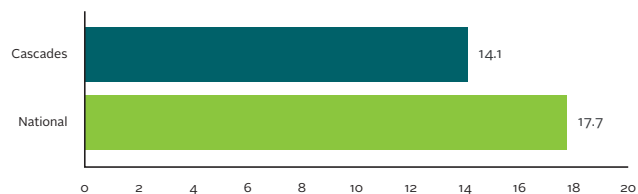
	Cascades	National
Maternal mortality rate (100,000 live births) [9]	ND	330
Infant mortality rate (per thousand live births) [9]	ND	81.6
Low birth weight [2]	10.9	9.7

II. CAUSES OF UNDERNUTRITION

Food security (Prevalence of food insecure households) [10]



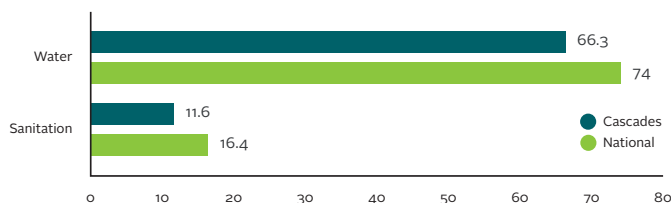
Proportion of children < 5 years with diarrhea (2 weeks before the ENN 2018) [6]



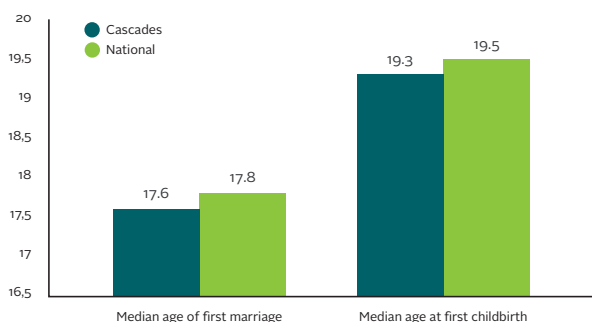
Maternal, infant and young child nutrition practices in the region in 2018 [6]

	Cascades	National
Dietary 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 [11]



Median age of first marriages and first childbirth [7]



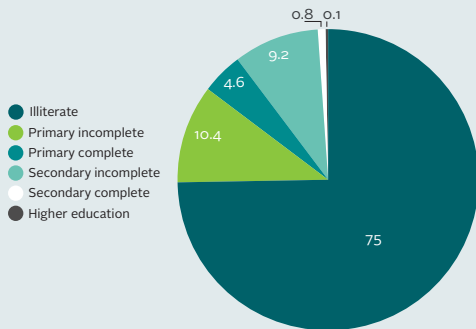
IMMEDIATE ACTIONS

Systematically promote breastfeeding: EIBF and EBF

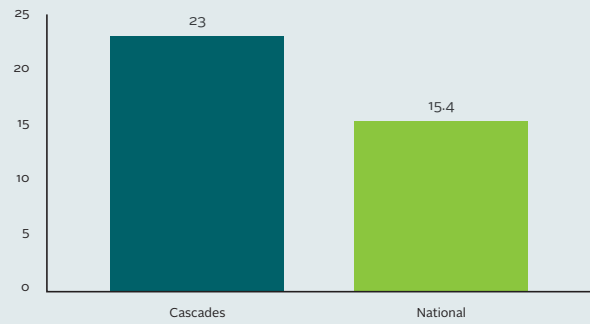
Focus on food diversification for women and children aged 6 to 23 months

Focus on food diversity by promoting multisectoral actions.

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

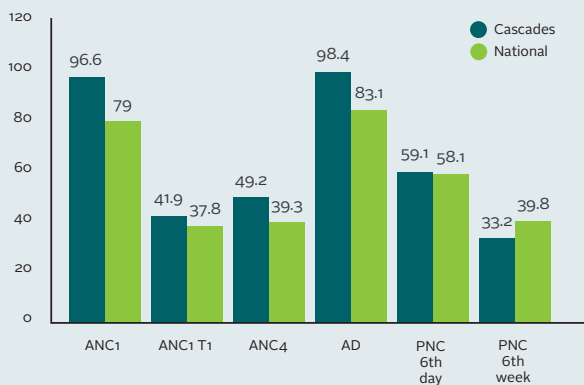


Proportion of women who suffered domestic violence [7]



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]



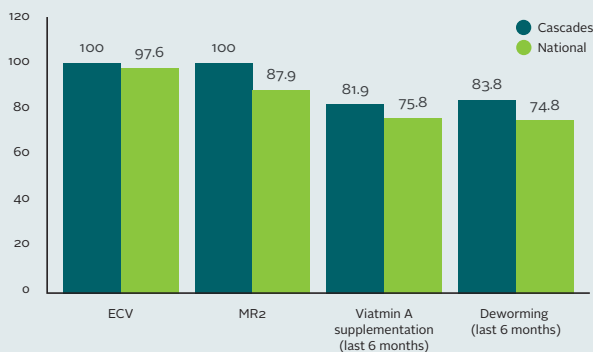
PRIORITY ACTIONS

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.

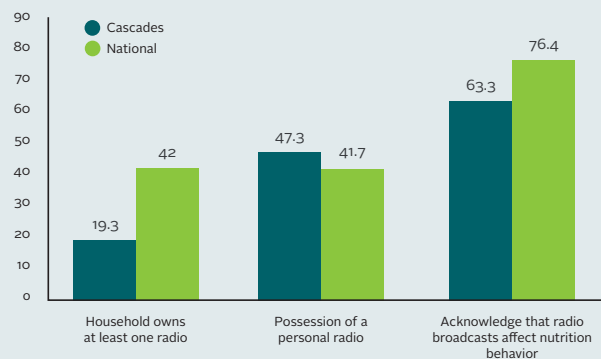
Strengthen the capacity and supervision of providers and ASBCs for the implementation of the maternal nutrition and IYCF package

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.

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