



BURKINA FASO

A LOOK AT THE NUTRITION SITUATION IN AREAS AFFECTED BY CIVIL CONFLICT

IPC ACUTE MALNUTRITION ANALYSIS AUGUST 2019 - JULY 2020

Issued In April 2020

Overview

Overall, 29 provinces in seven regions of Burkina Faso were in an Alert (IPC Phase 2) to Serious (IPC Phase 3) nutritional situation between August and November 2019, which coincides with the peak period of malnutrition. It is estimated that 360,048 children aged 6-59 months will suffer from acute malnutrition during 2020 based on the results of the national nutritional survey (SMART) conducted in October 2019.

Between August-November 2019, 26 provinces were classified as Alert (IPC Phase 2), namely: Soum, Oudalan, Gourma, Gnagna, Kompièga, Komondjari, Tapoa, Bâlés,



Banwa, Kossi, Mouhoun, Nayala, Sourou, Loroum, Passoré, Yatenga, Zandoma, Boulgou, Kouritenga, Koulpelgo, Bam, Namentenga, Sanmatenga, Ziro, Sanguié, Boukïemdé and Sissili. Meanwhile, three provinces (Séno, Yagha and Sanguié) were classified as Serious (IPC Phase 3).

Between December 2019 and March 2020, the situation has likely seen a moderate deterioration, with six provinces moving into a Serious phase namely: Soum, Oudalan, Loroum, Yatenga, Bam and Sanmantenga. On the other hand, the province of Sanguié has likely seen an improvement by moving to the Alert phase from the Serious phase, mainly due to fewer cases of diarrhea and improved food intake for children. Meanwhile, two provinces (Seno and Yagha) will likely remain in the Serious phase, with the 20 other analysed provinces remaining in the Alert phase.

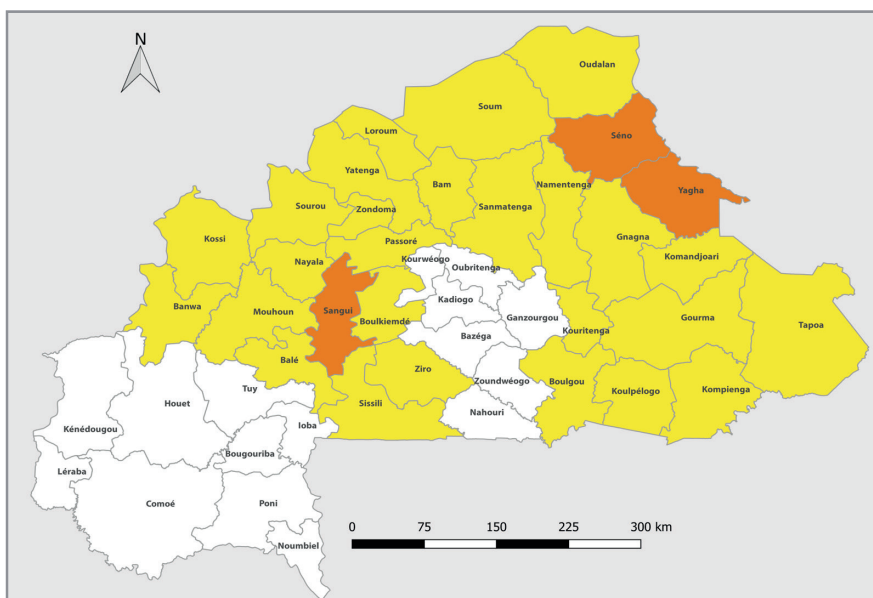
From April-July 2020, a further deterioration in the nutritional situation is expected if necessary measures are not taken. The provinces of Seno, Soum, Oudalan and Yagha could shift from the Serious phase to the Critical phase. Whereas, the provinces of Sanguié, Gourma, Kossi, Nayala, Sourou, Zandoma and Namentenga are expected to move from the Alert phase to the Serious phase. Meanwhile, the provinces of Loroum, Yatenga, Bam and Sanmatenga will likely remain in the Serious phase.

The major contributing factors of acute malnutrition in the focal areas vary from one unit of analysis to another. However, overall, the most prevalent factors include: poor eating practices, high rates of fever and diarrhoea among children, poor hygiene conditions, inaccessibility to sanitation facilities and poor access to drinking water. Insecurity and inter-communal fighting (mainly in North, Sahel, North Centre, Boucle du Mouhoun, East areas) has led to the displacement of a large portion of the population, as well as the destruction of health infrastructure and closure of health facilities. This is a major risk to the nutritional situation of the affected areas, especially for women and children under the age of five.

ACUTE MALNUTRITION AUGUST 2019 - JULY 2020

 360 048 the number of 6-59 months children acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	105 064
	Moderate Acute Malnutrition (MAM)	254 983
 87 527 Pregnant or lactating women acutely malnourished IN NEED OF TREATMENT		

Current: Acute Malnutrition: August - November 2019



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

SITUATION OVERVIEW: CURRENT AND PROJECTION PERIODS

Current Period (August - November 2019)

The data collection period for the national nutrition survey (SMART) coincided with the peak period for acute malnutrition cases (August to November) in Burkina Faso. The analysis of the IPC Acute Malnutrition was carried out from 27 January to 05 February 2020, corresponding to a period that saw a decrease in the cases of acute malnutrition (December 2019-March 2020).

Among the 29 provinces that were analysed (at the provincial level), three provinces are classified as being in the Serious phase (IPC Phase 3), namely the provinces of Séno, Yagha and Sanguié. However, the other 26 provinces are in Alert phase (IPC Phase 2): Oudalan, Gourma, Gnagna, Kompièga, Komondjari, Tapoa, Bâls, Banwa, Kossi, Mouhoun, Nayala, Sourou, Loroum, Passoré, Yatenga, Zandoma, Boulgou, Kouritenga, Koulpelgo, Bam, Namentenga, Sanmatenga, Ziro, Sanguié, Bouleimdé and Sissili. Overall, the main determinants of acute malnutrition identified during the IPC AMN analysis are :

- Very low dietary diversity;
- Poor quality of food intake;
- Low rates of exclusive breastfeeding and introduction of complementary foods among women;
- Low access to safe drinking water and adequate sanitation facilities;
- High prevalence of childhood diseases, particularly diarrhea;
- Inter-community conflicts and civil insecurity in some areas identified in the Serious phase (IPC Phase 3).

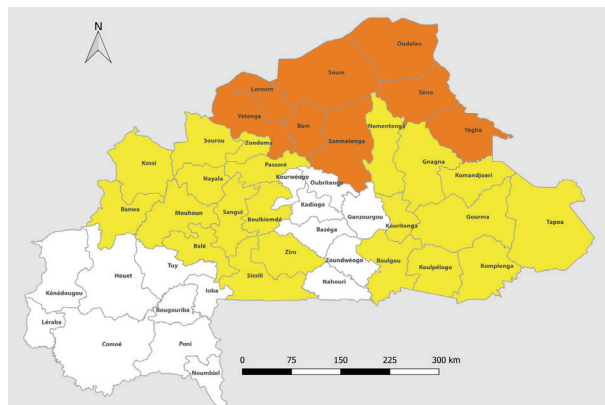
Overview of 1st Projection (December 2019 - March 2020)

According to the IPC AMN analysis of Projected Phase 1, out of the 26 provinces classified in Alert phase (IPC Phase 2) during the current period, six will move to Serious Phase (IPC Phase 3) namely : Soum, Oudalan, Loroum, Yatenga, Bam and Sanmatenga. On the other hand, the province of Sanguié, classified in Serious phase during the current situation, will improve by moving to the Alert phase. This is mainly due to a decrease in cases of diarrhea and the improvement of food intake among children. Two provinces, Seno and Yagha, will remain in the Serious phase, while the other 20 provinces will remain in the Alert phase. This could be related to immediate causes including: inadequate food intake and high levels of morbidity among children under five years of age. However, the dimension of household food insecurity appears to weigh more heavily on acute malnutrition in Seno than in other provinces. Civil insecurity and inter-community conflicts has lead to the displacement of a large number of people in these areas (347,728 internally displaced persons (IDPs) according to CONASUR from 27 January 2020 in the seven regions concerned), and have been identified as the main factors causing the deterioration of the nutritional situation. Urgent and joint action is needed to reduce the incidence of acute malnutrition among children under five years of age, and pregnant and nursing women in provinces classified as Serious phase. Actions are also needed to prevent acute malnutrition in the provinces classified in the Alert Phase.

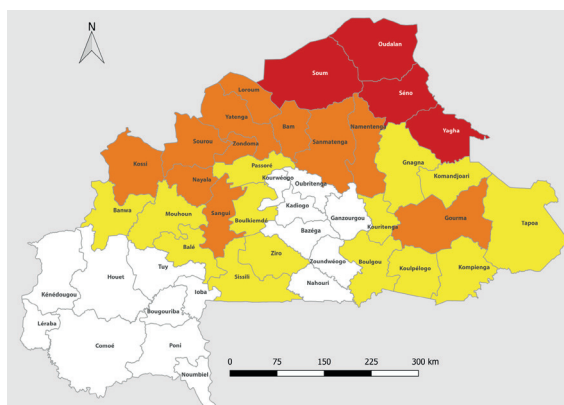
Overview of Projection (April-July 2020)

According to the IPC AMN analysis, the nutritional situation could progressively deteriorate between Projected Phase 1 and Projected Phase 2. Thus, the provinces of Seno, Soum, Oudalan and Yagha will move from the Serious phase (IPC Phase 3) to the Critical phase (IPC Phase 4) if no action is taken. The provinces of Sanguié, Gourma, Kossi, Nayala, Sourou, Zan-doma and Namentenga will likely move from the Alert phase (IPC Phase 2) to the Serious phase. The provinces of Loroum, Yatenga, Bam and Sanmatenga will likely remain in the Serious phase.

1st Projection: December 2019- March 2020

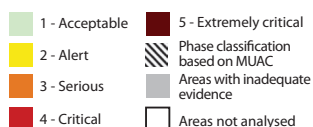


2nd Projection: April-July 2020



Key for the Map

IPC Acute Malnutrition Phase Classification



RECOMMENDATIONS FOR ACTION

Response Priorities

It should be noted that out of the 29 provinces analysed, 22 have been affected by civil insecurity throughout 2019. These areas are, for the most part, classified as Serious (IPC Phase 3), meaning urgent and early interventions are necessary to reverse or contain a possible deterioration in the nutritional status of vulnerable people. Suggested interventions include:

- Guaranteeing access for all children under the age of five suffering from acute malnutrition to quality treatment;
- Establishing an emergency food assistance system for populations classified in Phase 3 of the Cadre Harmonisé (CH) food insecurity scale;
- Improving access to clean drinking water and sanitation services, along with education programs on sanitation practices;
- Increasing the awareness of good infant and young child feeding, and Exclusive Breastfeeding practices among women;
- Raising community awareness on the benefits of early attendance to health centers;
- Strengthening food assistance for internally displaced people (IDPs) and host households in conflict zones.

Situation monitoring and update

For coordinated and efficient decision-making the following actions are suggested:

- Present IPC Acute Malnutrition results to nutrition and food security clusters;
- Support emergency preparedness and response actions in areas with a high concentration of displaced populations;
- Identify, develop and implement innovative, contextualized interventions at a community-level in order to ensure access to essential services for all populations, including in areas with limited access;
- Ensure surveillance and analysis of food and nutritional security in areas identified as critical and/or at risk of deterioration;
- Establish a CH and IPC technical working group or systematically integrate the key players in the nutrition sector into the CH national unit, ensuring a co-presidency structure;
- Improve the monitoring and evaluation of the quality of implemented responses, namely by increasing collaboration with local partners and community focal points in areas with limited access;
- Improve the planning and coordination of IPC Acute Malnutrition analyses.

Risk factors to monitor

- Residual risk of civil insecurity/ violence carried out by non-state armed groups;
- Ongoing displacement of populations and concentration in urban areas;
- Cholera, meningitis and measles outbreaks;
- High prevalence of acute respiratory infections (ARI);
- Functionality of health infrastructures due to civil insecurity;
- Inflation and high food prices.

****It is important to note that the IPC is not a tool for response analysis. Proposed interventions should be further analysed to determine their technical and economic feasibility.**

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5–9.9% of children are acutely malnourished.	10–14.9% of children are acutely malnourished.	15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

What is the IPC and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Contact for further Information

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Classification of malnutrition in Burkina Faso was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

Analysis Partners:

