



BURKINA FASO

NUTRITIONAL SITUATION OF THE CIVIL INSECURITY ZONES IN 2020, UPDATED IN THE CONTEXT OF COVID-19

IPC ACUTE MALNUTRITION ANALYSIS
PROJECTION UPDATE (APRIL – JULY 2020)

Published in June 2020

KEY FIGURES			APRIL – JULY 2020	
 372 035 the number of 6-59 months children acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)			108 561
	Moderate Acute Malnutrition (MAM)			263 474
	 88 522 Pregnant or lactating women acutely malnourished IN NEED OF TREATMENT			

Key Drivers



Low access to food due to COVID-19



Exacerbated acute food insecurity



Poor Infant and Young Child Feeding Practices



Deterioration of the security situation in the regions: Sahel, Est, Centre Nord, Nord and Boucle du Mouhoun



High prevalences of child morbidity (diarrhoea, malaria, measles, fever, ARIs)

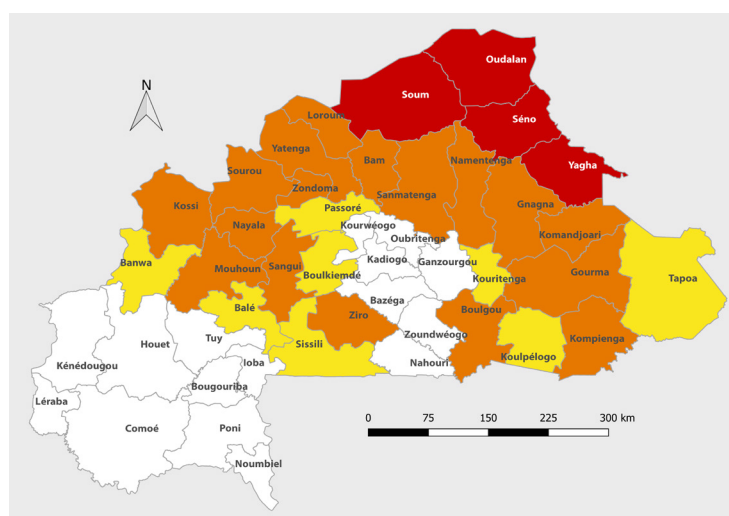
Overview

How severe? How many? When? The analysis of all 29 provinces (in 7 regions) from January 2020 was updated in May 2020, as a result of the emergence of the COVID-19 pandemic. In the areas in this analysis, the acute malnutrition situation is usually of concern between August and November and during the lean season (July - September). In total, it is estimated that 372,035 children aged 6 to 59 months will suffer from acute malnutrition during the year 2020 in these 7 regions, based on the results of the national nutrition survey (SMART) conducted between October and November 2019. The second projected situation subject to this update covers the period of April to July 2020.

Where? The analysis reveals a deterioration of the nutritional situation in all provinces in the April - July period, due to the lean season and the persistence of the effects of COVID-19 and the impact of civil insecurity. Indeed, for the projected situation that is the subject of the update (April-July 2020), out of the 29 provinces analysed, 4 provinces, namely Seno, Soum, Oudalan and Yagha, have been classified in a Critical situation (IPC Phase 4); 11 provinces were classified in a Serious situation (IPC Phase 3), namely Sanguié, Gourma, Kossi, Nayala, Sourou, Zandoma, Namentenga, Lorum, Yatenga, of Bam and Sanmatenga - and 14 provinces were classified in a situation of Alert (IPC Phase 2), namely Mouhoun, Banwa, Bâls, Ziro, Boulkiemde, Sissili, Passoré, Gnagna, Tapoa, Komandjoari, Kompienga, Boulgou, Koulpèlgo and Kouritenga.

Why? The major contributing factors to acute malnutrition vary from one unit of analysis to another, however the main ones are: poor infant and young child feeding practices (IYCF), high prevalence of child morbidities (malaria, fever, diarrhoea, measles and ARIs), poor hygiene conditions (inaccessibility to sanitation facilities) and low coverage of drinking water facilities, the negative effects of the security situation, causing massive population displacements (Nord, Sahel, Centre-North, Boucle du Mouhoun, Est), inter-community conflicts, the closure/malfunctioning of health structures and the negative impact of COVID-19 on the provision of health care and access to food.

Update of the projected acute malnutrition situation April - July 2020



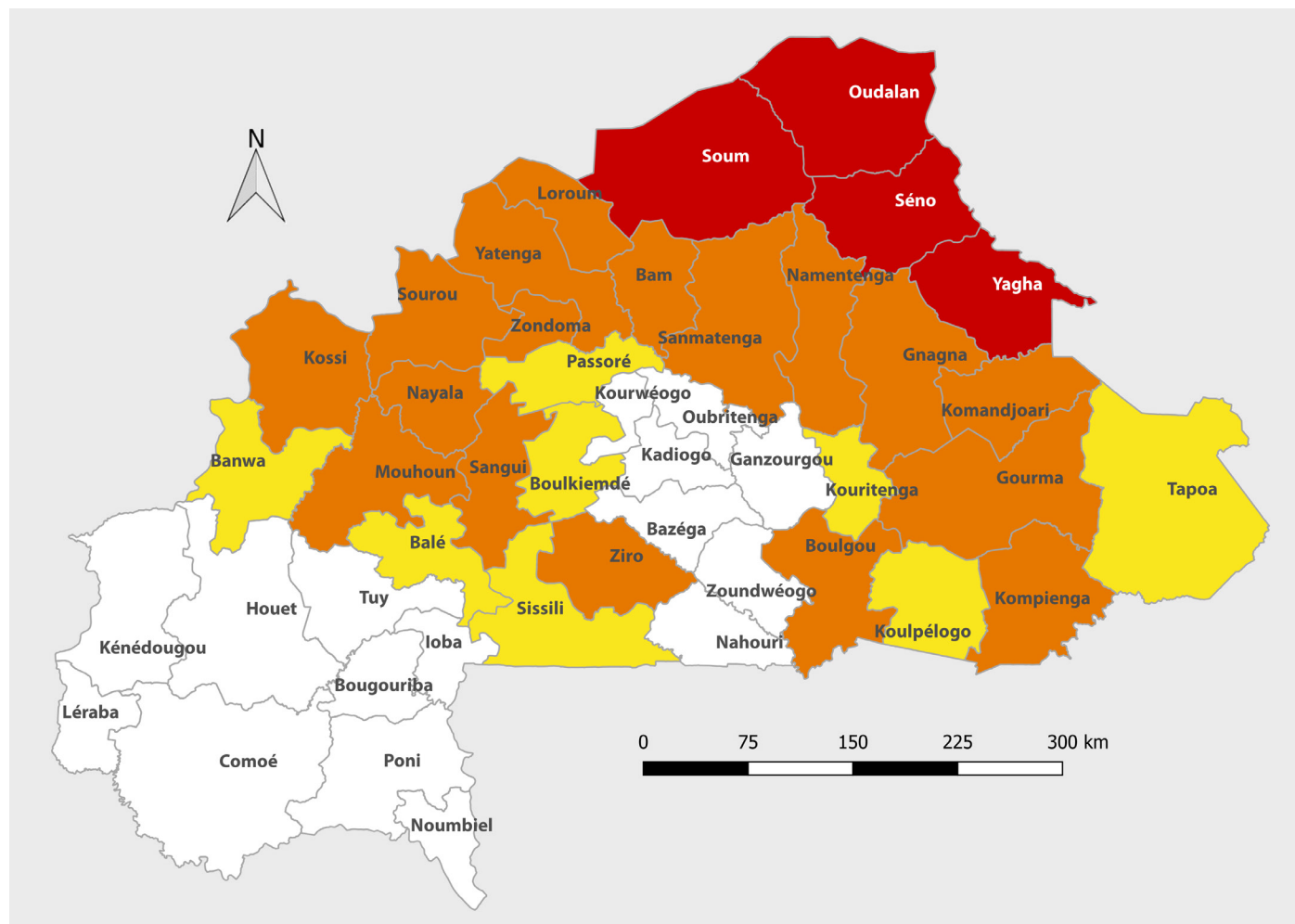
Map Key

IPC Acute Malnutrition Phase Classification

1 - Acceptable	3 - Serious	5 - Extremely critical
2 - Alert	4 - Critical	Areas not analysed

MAP OF THE UPDATE OF THE SECOND PROJECTION (APRIL-JULY 2020)

The update of the IPC AMN analysis of the second projection (April to July 2020) shows that the situation has deteriorated compared to the first projection (January - March 2020), in six provinces that have moved from Phase 2 to Phase 3, namely **the Kompienga provinces of Boulgou, Ziro, Mouhoun, Kossi and Gnagna**. 23 provinces have remained stable (without Phase change), including four in the Critical phase (IPC Phase 4), namely the provinces of Oudalan, Soum, Yagha and Séno. Finally, the COVID-19 epidemic is an unusual aggravating shock to acute malnutrition, with serious disruptions on the food and health systems.



Map Key

IPC Acute Malnutrition
Phase Classification

1 - Acceptable

2 - Alert

3 - Serious

4 - Critical

5 - Extremely critical

Areas not analysed

POPULATION TABLE OF THE UPDATE OF THE SECOND PROJECTION (APRIL - JULY 2020)

Estimates of the number of acutely malnourished children expected for the year 2020 were made on the basis of the results of the 2019 National Nutrition Survey. However, taking into consideration the specific context of civil insecurity that affects five of the regions analysed in this IPC AMN analysis, the upper bound of the confidence interval for SAM prevalences was used for these regions, while the incidence factor for SAM was raised to 3.4 (instead of 2.6) for all regions of the country. In the context of COVID-19, a factor of 10% (COVID-19 factor) was applied to the populations of the second and third quarters and a factor of 5% in the fourth quarter. It should be recalled that for the six other regions of Burkina Faso (Centre, Cascades, Sud-Ouest, Plateau Central, Hauts Bassins and Centre Sud) not included in this IPC AMN analysis, the “burdens” at the national level still in the context of COVID-19 are 161,703 for SAM and 391,949 for MAM.

29 prioritised provinces	GAM (WHZ) (%)	Number of children 6-59 months	No. of Children (6-59 Months) in Need of Treatment		
			GAM (WHZ)	MAM (WHZ)	SAM (WHZ)
BALE	8,8	50 232	8 262	6 084	2 178
BANWA	8,8	62 933	10 351	7 623	2 728
KOSSI	8,8	63 869	10 505	7 736	2 769
MOUHOUN	8,8	69 818	11 484	8 457	3 027
NAYALA	8,8	37 325	6 139	4 521	1 618
SOUROU	8,8	49 766	8 185	6 028	2 157
BOULGOU	9,0	132 853	21 470	17 150	4 320
KOULPELGO	9,0	65 030	10 509	8 395	2 114
KOURITENGA	9,0	80 942	13 080	10 449	2 631
BAM	10,5	68 275	13 630	9 684	3 946
NAMENTENGA	10,5	81 586	16 289	11 573	4 716
SANMATENGA	10,5	147 646	29 477	20 943	8 534
BOULKIEMDE	9,0	114 593	18 518	14 793	3 725
SANGUIE	9,0	67 109	10 845	8 663	2 182
SISSILI	9,0	50 466	8 156	6 515	1 641
ZIRO	9,0	44 484	7 189	5 743	1 446
GNAGNA	8,8	106 529	17 952	12 564	5 388
GOURMA	8,8	81 631	13 755	9 627	4 128
KOMANDJORI	8,8	22 652	3 817	2 671	1 146
KOMPIENGA	8,8	23 578	3 973	2 781	1 192
TAPOA	8,8	93 618	15 776	11 041	4 735
PASSORE	9,9	75 969	14 900	9 686	5 214
YATENGA	9,9	133 161	26 118	16 978	9 140
LORUM	9,9	34 947	6 855	4 456	2 399
ZONDOMA	9,9	41 106	8 062	5 241	2 821
OULDALAN	9,2	49 167	12 005	7 209	4 796
SENO	9,2	63 681	15 548	9 337	6 211
SOUM	9,2	85 330	20 834	12 511	8 323
YAGHA	9,2	34 205	8 351	5 015	3 336
TOTAL		2 032 501	372 035	263 474	108 561

RECOMMENDATIONS FOR ACTION

Response priorities

It should be noted that of the 29 provinces analysed, 22 are experiencing a situation of civil insecurity that has been exacerbated throughout 2019. This situation has led to massive population displacements due to the deterioration of the security situation (attacks on the population or inter-community conflicts). In addition, there is the emergence of COVID-19 and its impacts, not only as a public health problem, but also for its negative impact on food security, through the measures taken by the government in the fight against the pandemic. These measures include border closures, restrictions on travel between major cities and the closure of regional markets. Most of these areas are classified in the Serious phase (IPC Phase 3), where the following urgent and early interventions are needed to reverse or contain a possible deterioration in the nutritional status of vulnerable people (children under 5 years old and pregnant and lactating women) and trends in acute malnutrition:

- Ensure access to quality treatment for all acutely malnourished children under 5 years of age and pregnant and lactating women in order to reduce the mortality rate;
- Anticipate the implementation of an emergency food assistance system for populations in CH Phase 3 of food insecurity;
- Strengthen surveillance and measures to combat COVID-19;
- Improve access to drinking water and sanitation services and increase awareness on the use of the sanitation infrastructure to prevent the spread of COVID-19;
- Intensify the awareness of women of good infant and young child feeding practices and exclusive breastfeeding;
- Strengthen the routine system, surveillance and management of diarrhoea, fever, malaria and acute respiratory infections as well as input management;
- Strengthen community awareness on the early use of health centres;
- Strengthen the coverage and duration of food aid to host households and IDPs in conflict zones.

Situation monitoring and update

For coordinated and efficient decision making over time:

- Present the IPC AMN analysis results to the Nutrition, Wash, Health and Food Security clusters;
- Support emergency preparedness and response actions and the fight against COVID-19 in health structures in areas with a high concentration of displaced populations;
- Identify, develop and implement innovative, contextualized (taking into account COVID-19) and community-based interventions to ensure access to essential services for populations, including in areas with limited access;
- Ensure monitoring and analysis of food and nutrition security in areas identified as critical and/or at risk of deterioration, with analyses at a disaggregated level, taking into account specific situational factors and trans-boundary dynamics;
- Strengthen the nutritional surveillance system and quarterly screening campaigns for acute malnutrition.

Risk factors to monitor

- Residual civilian insecurity/risk of attacks by non-state armed groups;
- Continuous displacement of populations and their concentration in urban areas;
- Surveillance of the epidemiological situation: COVID-19 and measles;
- Functionality (minimal or total closure) of health infrastructures due to civil insecurity;
- Coverage of preventive and curative care (YCFP, acute malnutrition, measles, malaria and ARIs);
- Availability, accessibility of agricultural production and variation in cereal prices due to insecurity and COVID-19.

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.

PROCESS AND METHODOLOGY

The acute malnutrition analysis workshop was conducted online from the 26th to the 30th of May, 2020. A total of 29 provinces from the seven regions affected by civil insecurity and the impact of the COVID-19 pandemic were analysed by seven analysis sub-groups with a total of 22 participants mobilised. The analysis sub-groups were made up of analysts previously trained in Version 3 of the IPC Acute Malnutrition protocols and who also participated in the previous analysis in January 2020. Nevertheless, guidance on each step of the analysis and on the formulation of hypotheses on the COVID-19 pandemic was provided by the Nutrition CT/CH Task Force and the IPC GSU. The analysts were drawn from different sectors at central and decentralised levels (Government and UN system) with support from regional (CILSS) and global (GSU-IPC and JRC) levels. The analysis focused on updating the second projection (April - July 2020) of the previous analysis using the new data available on outcome indicators (MAG PTZ ENISAN February 2020) and contributing factors (morbidity, CH AFI March 2020, admissions, health service performance, COVID-19 measures, etc.).

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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This analysis has been conducted under the patronage of the Ministry of Health of Burkina Faso. It has benefitted from the technical and financial support of FAO, WFP and UNICEF.

Classification of food insecurity and malnutrition 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.

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.

IPC analysis partners :



Food and Agriculture
Organization of the
United Nations



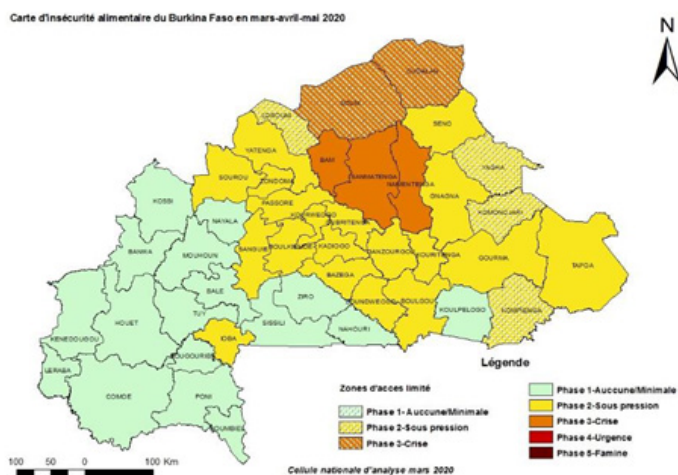
Terre des hommes
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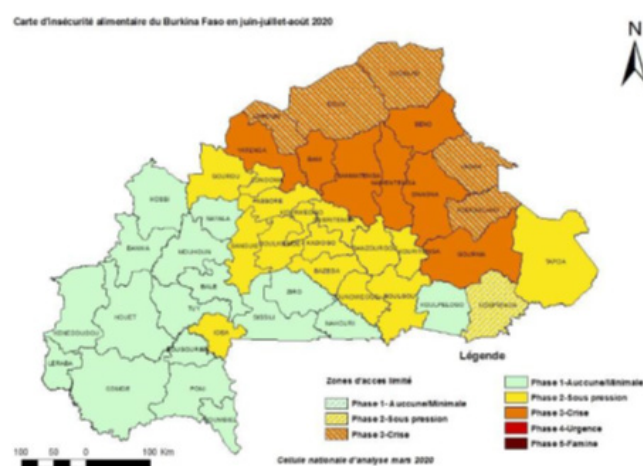
RESULTS OF OTHER CLASSIFICATIONS

Food insecurity outcomes of the Cadre Harmonise March 2020 cycle

Current Acute Food Insecurity (March to May 2020)



Projected Acute Food Insecurity (June to August 2020)



In the projected situation, the period from June to August 2020 (corresponding to the second projection of the IPC AMN analysis), the number of vulnerable people will increase if no urgent measures are implemented under the following assumptions:

- Depletion of farmers' stocks due to the lean season;
- Seasonal increase in food prices;
- Inaccessibility of these areas due to the state of the roads and the limitation of movements due to COVID-19 ;
- The disruption of livelihood activities in some localities due to the persisting civil insecurity;
- Attacks by locusts, armyworms and other pests;
- The effects of the COVID-19 disease.

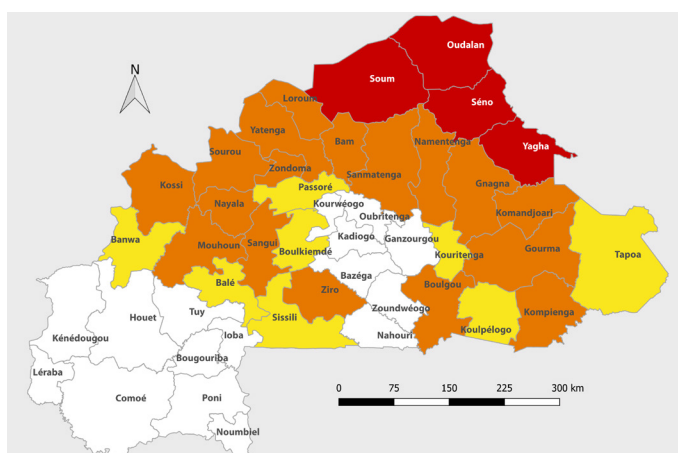
Thus, the number of vulnerable people by level of severity of acute food insecurity would be :

- 14,062,730 people in a Minimal food security situation (Phase 1);
- 5,184,300 people in a Stressed food security situation (Phase 2), 24% of the total population;
- 2,015,790 people in a Crisis food security situation (Phase 3), 9% of the total population;
- 136,175 people in an Emergency food security situation (Phase 4), 0.6% of the total population;
- 2,151,970 people or 10% will be in immediate need of food assistance from June onwards.

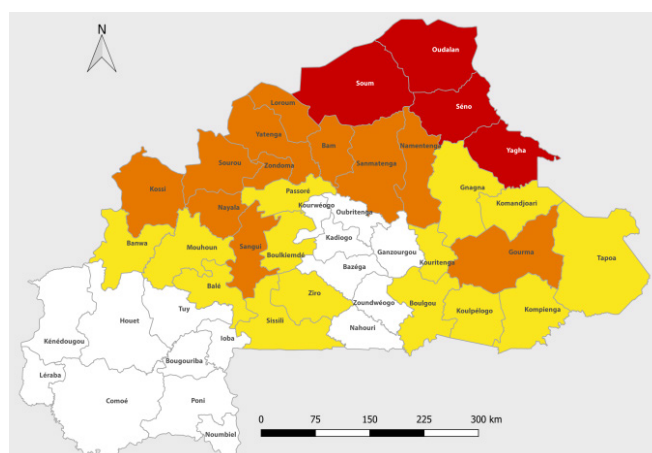
However, the effects of COVID-19 considered at the time of the March analysis were underestimated compared to the actual situation. Indeed, market disruptions and restrictions on the movement of people have affected people's livelihoods and could therefore increase the number of vulnerable people.

ACUTE MALNUTRITION SNAPSHOT

PROJECTED SITUATION UPDATE APRIL -JULY 2020



PROJECTED SITUATION APRIL-JULY 2020



00 provinces
Extremely Critical

04 provinces
Critical

17 provinces
Serious

08 provinces
Alert

00 provinces
Acceptable

PREVALENCE OF ACUTE MALNUTRITION (February 2020)

	Boucle Mouhou	Centre Est	Centre Nord	Est	Nord	Sahel	Centre Ouest
SAM	2,1(1,4-2,8)	2,1(1,1-3,2)	4,4(2,9-6,1)	2,1(1,3-3,0)	1,6(0,8-2,4)	4,3(2,6-6,1)	1,8(1,1-2,7)
GAM	7,7(6,5-9,0)	7,5(5,5-9,6)	11,5(9,0-14,1)	7,5(5,9-9,2)	7,1(5,5-8,7)	11,5(8,9-14,1)	7,9(6,3-9,6)

KEY DRIVERS

	Dietary intake
	Health services: closed or functioning minimally
	Food security
	Diseases: COVID-19 and measles
	Care for children and women
	Internal displacement of populations

PROJECTION UPDATE APRIL-JULY 2020

29 provinces	Developments of the situation between the second projection and the new update		deteriorate	06 provinces
			remain stable	23 provinces
			improve	00 provinces