

BURKINA FASO

2020-2021 NUTRITION SITUATION FOR 45 PROVINCES

IPC ACUTE MALNUTRITION ANALYSIS OCTOBER 2020 - JULY 2021

Issued January 2021

Overview

In this IPC Acute Malnutrition analysis, the 45 provinces of the thirteen regions of Burkina Faso were analysed. In total, the estimate shows that 631,787 children aged between 6 and 59 months and 128,672 pregnant and lactating women will suffer from acute malnutrition during 2021 in Burkina Faso, based on the results of the national nutrition survey (SMART) carried out between October and November 2020. For the current situation from October 2020 to January 2021, five provinces are in a Critical situation (IPC Phase 4), nine provinces in a Serious situation (IPC Phase 3), 29 provinces in an Alert situation (IPC Phase 2) and two provinces in an Acceptable situation (IPC Phase 1). For the first projection from February to April 2021, the nutritional situation will likely remain stable or improve for most provinces. Thus, 36 provinces will likely remain stable compared to the current situation, five provinces will likely see their situation improve (three provinces moved from Serious to Alert, one province from Critical to Serious and one province from Alert to Acceptable) and the two provinces in Acceptable will likely move to Alert. For the second projection period from May to July 2021, there will likely be a deterioration in the nutritional situation in several provinces. Thus, 13 provinces will likely move from Alert (IPC Phase 2) to Serious (IPC Phase 3); one province will likely move from Acceptable (IPC Phase 1) to Alert (IPC Phase 2); and 31 provinces will likely remain in the same phase: 20 provinces in Alert (IPC Phase 2), seven provinces in Serious (IPC Phase 3) and four provinces in Critical (IPC Phase 4).

For the current situation, out of the 45 provinces analysed, 29 (Balés, Mouhoun, Nayala, Leraba, Koulpelgo, Sanmatenga, Sanguié, Sissili, Bazèga, Nahouri, Zoundwéogo, Gnagna, Kompienga, Komandjoari, Tapoa, Gourma, Houet, Kénédougou, Tuy, Passoré, Yatenga, Zoundoma, Ganzourgou, Kourwéogo, Oubritenga, Bougouriba, Ioba, Nounbiel, Poni) are classified in the Alert phase (IPC Phase 2), two provinces (Comoé and Boulgou) are classified in the Acceptable phase (IPC Phase 1), nine provinces (Banwa, Kossi, Sourou, Kouritenga, Bam, Namantenga, Boulkiemdé, Ziro, Kadiogo) are classified in the Serious phase (IPC Phase 3) and five provinces (Lorum, Oudalan, Séno, Soum and Yagha) are classified in the Critical phase (IPC Phase 4). The situation will likely improve between February and April 2021 before experiencing a second significant deterioration from May 2021.

KEY FIGURES

OCTOBER 2020 - JULY 2021



631,787

the number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)

151,214

Moderate Acute Malnutrition (MAM)

480,573

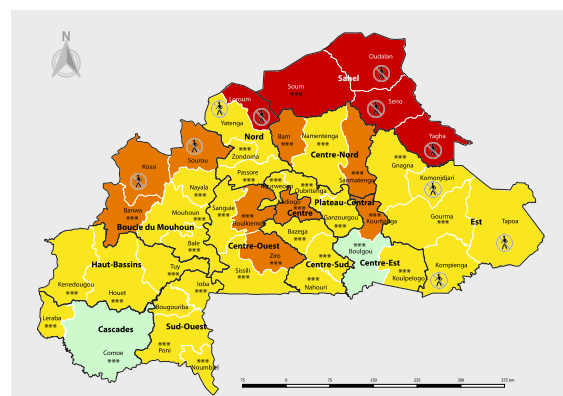


128,672

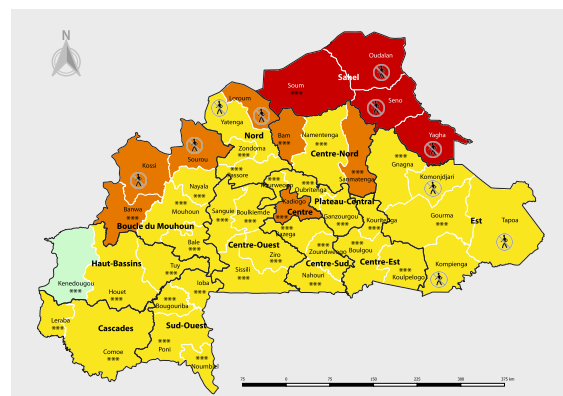
Pregnant or lactating women acutely malnourished

IN NEED OF TREATMENT

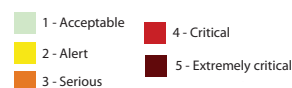
Current situation: October 2020 - January 2021



Projected situation 1: February - April 2021



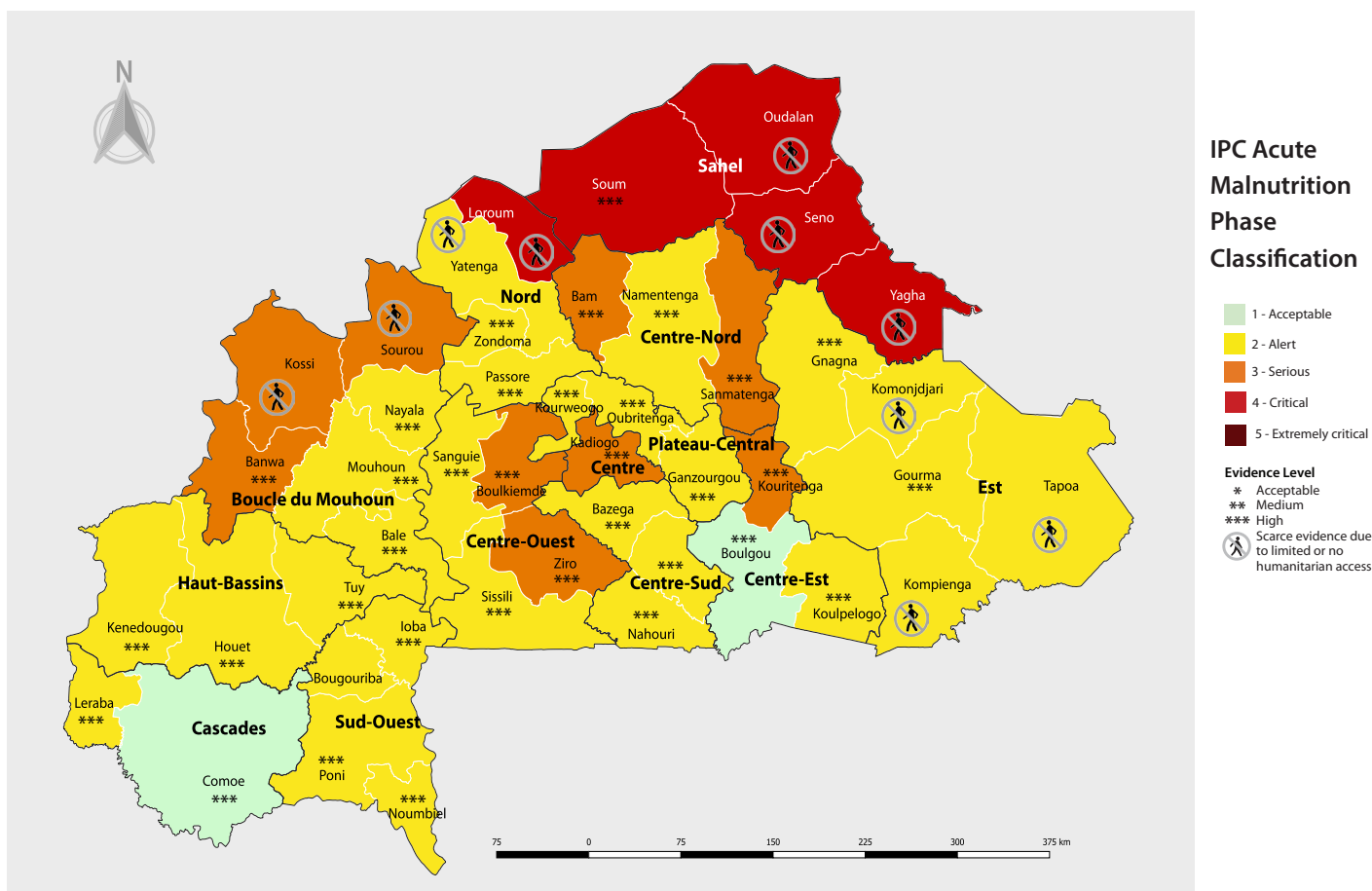
IPC Acute Malnutrition Phase Classification



Evidence Level
* Acceptable
** Medium
*** High
Scarce evidence due to limited or no humanitarian access

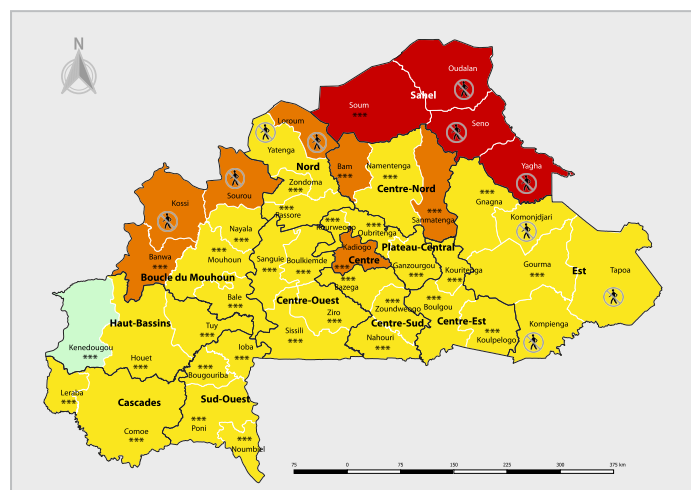
The factors contributing to acute malnutrition vary from one unit of analysis to another, however, we can conclude the following for provinces classified as Serious or above (IPC Phase 3 or above): low dietary diversity among women and children, poor infant and young child feeding practices, high prevalence of child morbidities (fever and diarrhoea), poor hygiene conditions (inaccessibility to sanitation facilities), low coverage of access to drinking water, the negative effects of the insecurity crisis which has led to massive population displacements in 6 out of 13 regions (North, Sahel, Centre East, Centre North, Boucle du Mouhoun, East), inter-community conflicts and the closure/malfunctioning of health structures in provinces with limited humanitarian access. The impact of the health crisis related to the COVID-19 pandemic is also a major contributing factor to the deterioration of the nutritional situation of the most vulnerable, particularly women and children under five years of age.

CURRENT SITUATION MAP (OCTOBER 2020 - JANUARY 2021)

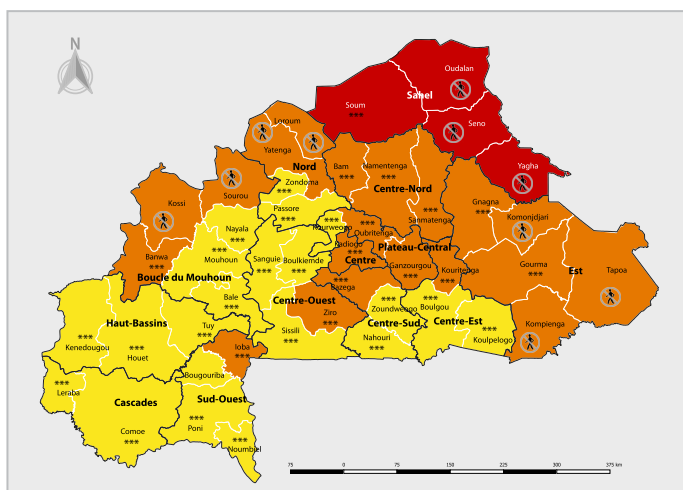


PROJECTION SITUATION MAPS

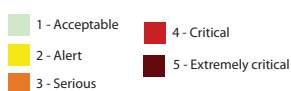
First projection: February - April 2021



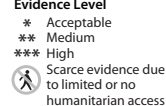
Second projection: May - July 2021



IPC Acute Malnutrition Phase Classification



Evidence Level



ACUTE MALNUTRITION POPULATION TABLE (OCTOBER 2020 - JULY 2021)

| Unit of Analysis | GAM (%) | No. of Children <5 | No. of Children (6-59 Months) in Need of Treatment ¹ | | |
|------------------|------------------|--------------------|---|----------------|----------------|
| | | | GAM Treatment | MAM Treatment | SAM Treatment |
| Bâlés | 7,3(5,1-10,4) | 51 789 | 9 845 | 7 691 | 2 154 |
| Banwa | 11,4 (8,8-14,7) | 64 884 | 17 564 | 12 166 | 5 398 |
| Kossi | 11,0 (8,6-14,0) | 65 849 | 15 758 | 13 532 | 2 226 |
| Mouhoun | 9,3 (7,2-12,0) | 71 982 | 16 894 | 10 905 | 5 989 |
| Nayala | 9,2 (7,0-12,2) | 38 482 | 8 424 | 6 523 | 1 901 |
| Sourou | 11,0 (8,6-14,0) | 51 308 | 12 278 | 10 544 | 1 734 |
| Comoé | 4,9 (3,3-7,3) | 106 998 | 8 217 | 7 383 | 835 |
| Leraba | 7,2 (5,1-10,1) | 28 865 | 3 308 | 2 858 | 450 |
| Kadiogo | 10,5 (7,7-14,0) | 369 469 | 60 630 | 54 866 | 5 764 |
| Boulgou | 4,6 (2,7-7,9) | 136 972 | 17 286 | 14 793 | 2 493 |
| Koulpelgo | 5,6 (3,8-8,2) | 67 046 | 8 763 | 7 543 | 1 220 |
| Kouritenga | 10,8 (8,4-13,8) | 83 451 | 19 294 | 14 520 | 4 773 |
| Bam | 11,0 (8,7-13,7) | 70 392 | 16 838 | 13 726 | 3 111 |
| Namatenga | 11,6 (8,8-15,2) | 84 115 | 22 762 | 18 169 | 4 593 |
| Sanmatenga | 7,4 (5,6-9,7) | 152 224 | 28 131 | 21 007 | 7 124 |
| Boulkiemdé | 10,1 (7,9-12,9) | 118 146 | 19 459 | 15 773 | 3 686 |
| Sanguié | 6,9 (4,7-9,8) | 69 189 | 7 694 | 6 435 | 1 259 |
| Sissili | 7,5 (5,1-10,7) | 52 031 | 6 082 | 5 541 | 541 |
| Ziro | 11,7 (9,4-14,4) | 45 863 | 8 485 | 7 292 | 1 192 |
| Baèga | 9,8 (7,0-13,6) | 52 856 | 8 526 | 6 739 | 1 787 |
| Nahouri | 7,5 (5,0-11,1) | 37 922 | 4 600 | 3 811 | 789 |
| Zoundwogo | 5,9 (4,3-8,1) | 57 843 | 5 969 | 4 165 | 1 805 |
| Gnagna | 8,3 (6,1-11,2) | 109 832 | 21 538 | 16 969 | 4 569 |
| Gourma | 7,7 (5,7-10,3) | 84 161 | 16 016 | 10 983 | 5 033 |
| Komondjoari | 8,9 (6,4-12,3) | 23 354 | 5 668 | 4 029 | 1 639 |
| Kompièga | 8,9 (6,4-12,3) | 24 309 | 5 900 | 4 193 | 1 707 |
| Tapoa | 8,9 (6,4-12,3) | 96 521 | 23 426 | 16 650 | 6 776 |
| Houet | 7,4 (5,4-10,2) | 209 851 | 27 763 | 17 942 | 9 821 |
| Kenedougou | 6,5 (4,4-9,6) | 63 151 | 6 921 | 5 115 | 1 806 |
| Tuy | 6,9 (5,0-9,6) | 50 175 | 5 710 | 4 666 | 1 044 |
| Passoré | 9,2 (7,2-11,7) | 36 031 | 7 242 | 5 837 | 1 405 |
| Yatenga | 7,6 (5,3-10,8) | 78 324 | 16 025 | 11 749 | 4 276 |
| Lorum | 7,6 (5,3-10,8) | 137 289 | 28 089 | 20 593 | 7 496 |
| Zondoma | 8,2 (6,6-10,2) | 42 380 | 7 976 | 6 103 | 1 873 |
| Ganzourgou | 9,1 (6,8-12,1) | 77 867 | 11 228 | 9 811 | 1 417 |
| Kourweogo | 7,0 (4,9-9,7) | 32 661 | 3 681 | 3 086 | 594 |
| Oubritenga | 9,1 (6,6-12,6) | 57 409 | 8 468 | 6 975 | 1 493 |
| Oudalan | 15,1 (11,7-19,3) | 50 691 | 17 924 | 11 862 | 6 063 |
| Seno | 16,5(13,4-20,0) | 65 655 | 30 306 | 14 772 | 15 534 |
| Soum | 15,1 (11,7-19,3) | 87 975 | 31 108 | 20 586 | 10 522 |
| Yagha | 15,1 (11,7-19,3) | 35 266 | 12 470 | 8 252 | 4 218 |
| Bougouriba | 7,7 (5,9-9,9) | 25 066 | 3 078 | 2 557 | 521 |
| Ioba | 9,8 (7,7-12,4) | 44 891 | 7 290 | 5 656 | 1 634 |
| Noumbiel | 6,6 (4,5-9,6) | 17 539 | 1 929 | 1 473 | 456 |
| Poni | 5,4 (3,7-7,7) | 63 084 | 5 223 | 4 731 | 492 |
| TOTAL | | 3 391 157 | 631 787 | 480 573 | 151 214 |

¹Estimates of the number of cases of acutely malnourished children expected for the year 2021 have been made on the basis of the results of the 2020 National Nutrition Survey. However, taking into consideration the specific context of civil insecurity that affects six regions of the country that are part of the regions analysed by the IPC Acute Malnutrition analysis, the upper bound of the confidence interval for SAM prevalence was used as the SAM prevalence for these regions, while the incidence factor for SAM remained at 2.6 for all regions of the country. For the population projection, the 2020 population was used, to which the growth rate 3.1 was applied, pending the final results of the INSD census, which were not yet available during the analysis.

RECOMMENDATIONS FOR ACTION

Response priorities

Of the 45 provinces analysed, 25 are in a situation of civil insecurity that has been exacerbated throughout 2020, while population displacements due to the deterioration of the insecurity (attacks on the population or intercommunity conflicts) are massive. Most of these areas are classified as Serious (IPC Phase 3) and Critical (IPC Phase 4), so urgent and early interventions are necessary to reverse or contain any deterioration in the nutritional status of vulnerable people (children under 5 years old and pregnant or lactating women) and trends in acute malnutrition.

In the short-term:

- Strengthening monitoring and control measures against COVID-19 ;
- Ensuring access to quality treatment for all acutely malnourished children under five years of age and pregnant and lactating women in order to reduce the mortality rate among this population;
- Strengthening the capacity of Community-Based Health Workers to manage malaria, diarrhoea and Acute Respiratory Infections at home and in the community;
- Setting up the delegation of tasks to the Community-Based Health Workers on the Management of Acute Malnutrition;
- Setting up the delegation of tasks to the Community-Based Health Workers on immunisation;
- Anticipating the implementation of an emergency food assistance system of the Harmonised Framework (Cadre Harmonisé) for populations in Phase 3 and above for food insecurity, including protection programmes for children under five years old and pregnant and lactating women;

In the mid- to long-term:

- Improving access to drinking water and sanitation services and increasing awareness-raising on the use of sanitation infrastructures;
- Increasing women's awareness of good infant and young child feeding practices (GASPA: Groupe d'Apprentissage et de Suivi des Pratiques d'ANJE, mother and child health services);
- Strengthening resilience interventions for IDPs;
- Strengthening community awareness of early attendance at health centres;
- Strengthening food support to host households and IDPs in conflict areas, integrating protection programmes for children under five and pregnant and lactating women.

Situations to monitor and update of the situation

For coordinated, efficient and timely decision-making:

- Present the IPC AMN results to the nutrition and food security clusters;
- Present results to the nutrition champion;
- Increase the visibility of the results of the IPC AMN analysis (website of the ministries involved and PTF, ministerial newsletters, nutrition journalists' club);
- Support emergency preparedness and response actions in health structures in areas with a high concentration of displaced populations;
- Identify, develop and implement innovative, contextualised and community-based interventions to ensure access to essential services for the population, including in areas with limited access;
- Ensure the monitoring and analysis of food and nutritional security in areas identified as Critical and/or at risk of degradation, with analyses at a disaggregated level, taking into account specific conjunctural factors and cross-border dynamics;
- Carry out the ENN at a different period from August to November, preferably from June to August, to facilitate the identification of the seasonality of acute malnutrition in order to better define the nutritional gap;
- Set up a CH and IPC Technical Working Group or systematically integrate the key players in the nutrition sector into the national CH unit and ensure co-chairmanship;
- Improve monitoring and evaluation of the quality of the responses implemented, particularly by increasing collaboration with local partners and community agents in areas with limited access;
- Improve the planning of IPC AMN analyses and their systematic updating.

Risk factors to monitor

- Spread of COVID-19 with the risk of intensified restrictive measures by the government;
- Residual civilian insecurity/risk of attacks by non-state armed groups;
- Continued displacement of populations and concentration in urban areas;
- High prevalence of acute respiratory infections (ARIs);
- Functionality of health infrastructure due to civil insecurity;
- Household food security.

NB: 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.

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

Mme Estelle BAMBARA

Nutrition Director
estelleaissa@gmail.com

IPC Global Support Unit
www.ipcinfo.org

This analysis was conducted under the patronage of the Ministry of Health. It received technical and financial support from 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:



Organisation des Nations Unies
pour l'alimentation
et l'agriculture



progettomondo.mlal



Terre des hommes
Aide à l'enfance.



Programme
Alimentaire
Mondial