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Burkina Faso: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Burkina Faso, where 9 percent of children under five years are acutely malnourished or wasted (have low weight-for-height) and 25 percent of children under five are stunted (have low height-for-age) (Ministère de la Santé 2020).

Background

A landlocked sub-Saharan country, Burkina Faso is among the poorest countries in the world—40 percent of its population lives below the national poverty line (World Bank 2020)—and it ranks 182nd out of 189 countries on United Nations Development Program’s (UNDP’s) 2019 Human Development Index (UNDP 2019). In 2015, a new president was democratically elected for the first time in 30 years. This significant political change was brought about by violent street protests and general dissatisfaction with the political and economic situation in Burkina Faso. An increase in terrorist attacks, influx of Malian refugees, and a sharp rise from fewer than 50,000 in January 2019 to 765,000 displaced Burkina Faso residents in March 2020 also impacts the political context and food security (World Bank 2020; WFP 2017). The new government is committed to improving the economy and addressing food insecurity in the country; it has released several new policies related to economic growth (National Plan for Economic and Social Development–PNDES), resilience (PRP–AGIR), and food security (National Food and Nutrition Security Policy–PNSAN) in 2016 (Murphy, Oot, and Sethuraman 2017); free health care for pregnant and lactating women and children under five in 2016; and free family planning services for all women nationwide in 2020.

The agricultural sector employs around 80 percent of the population, and generates roughly a third of the country’s gross domestic product (GDP), but struggles to produce an adequate supply of food. Variable rainfall, land degradation, deforestation, and desertification all negatively impact Burkina Faso’s agricultural efforts. Agriculture production typically supports subsistence livelihoods and, while the country has seen reductions in food insecurity, more than 3.5 million Burkinabe (20 percent) are food insecure (USAID 2020). The *2020 Global Hunger Index* reports that Burkina Faso faces a serious level of hunger (von Grebmer et al. 2020).

Rapid population growth, gender inequality, and low levels of educational attainment contribute to food insecurity and poverty in Burkina Faso. The estimated population growth rate is 3 percent per year and more than half of Burkinabe are younger than 18 (UNICEF 2019). Women marry at a young age, have an average of six children, and lack control over their fertility, household decision making, and time. Women have less access to land, capital, and farming inputs, which limits their productive capacity and undermines their ability to achieve or adequately support household food security. In 2019, 31 percent of women were literate and 49 percent of men were literate (INSD 2020). This is an increase from 2010, when literacy rates were 23 percent among women and 36 percent among men. The government has taken an active role in increasing primary education enrollment for girls through the National Strategy for Promotion of Girl’s Education and has invested in better school infrastructure (Murphy, Oot, and Sethuraman 2017). Higher literacy rates for younger women suggest that concerted efforts to promote girls’ education have been fruitful (INSD and ICF International 2012).

Currently, Burkina Faso ranks 141st out of 162 countries in terms of progress toward meeting the Sustainable Development Goals (Sachs et al. 2019). Maternal mortality continues to decrease in Burkina Faso—from 341 deaths per 100,000 live births in 2010 to 330 in 2015, thanks in part to subsidized obstetric and neonatal emergency care. Although Burkina Faso still has some of the highest child mortality rates in the world, between 2010 and 2015 the country saw large reductions in its neonatal, infant, and under-five mortality rates. Neonatal mortality dropped from 28 to 23 deaths per 1,000 live births, infant mortality dropped from 65 to 43 deaths per 1,000 live births, and under-five mortality dropped from 129 to 82 deaths per 1,000 live births (INSD and ICF International 2012; INSD 2015). These reductions are likely due, in part, to increased access to and utilization of health services for children under five and obstetric services, although issues with the health system remain (Murphy, Oot, and Sethuraman 2017). The National Nutrition Policy lists malaria, neonatal conditions, acute respiratory infections, and diarrhea as major causes of infant and neonatal mortality and asserts that malnutrition is the underlying cause of 35 percent of infant and child deaths (MOH 2016).

Nutrition and Food Security Situation

According to the 2020 National Nutrition Survey, referred to as the “SMART” survey, 25 percent of children under five are stunted, which is considered high according to the 2017 WHO and UNICEF public health prevalence thresholds (Ministère de la Santé 2020; WHO and UNICEF 2017). Stunting prevalence has improved since 2003 when the prevalence nationwide was 43 percent (INSD and ORC Macro 2004). Stunting prevalence has generally improved since 2003, although there was an increase since the last survey in 2017. Stunting prevalence differs dramatically among regions, with the highest prevalence (43 percent) in the Sahel and the lowest (13 percent) in Centre (Ministère de la Santé 2020). Wasting affects 9 percent of children under five, a “medium” prevalence according to the WHO/UNICEF thresholds (Ministère de la Santé 2020; WHO and UNICEF 2017). Though the prevalence of underweight in children under five years of age decreased from 26 percent in 2009 to 16 percent in 2017, it slightly increased to 18 percent in 2020 (Ministère de la Santé 2020).

Poor infant and young child feeding practices are pervasive in Burkina Faso and are significant drivers of both stunting and wasting in the country. Only 64 percent of infants are exclusively breastfed for the first 6 months of life and 63 percent are breastfed within one hour of birth. Inadequate complementary feeding is also highly prevalent in Burkina Faso, as only 29 percent of children 6–23 months receive a minimally acceptable diet (Ministère de la Santé 2020).

Poor maternal nutrition, especially among adolescent girls, significantly contributes to an intergenerational cycle of malnutrition and poverty. Sixty-two percent of women of reproductive age suffer from anemia (MOH 2014) and 16 percent are underweight (BMI < 18.5). Twenty-three percent of adolescent girls 15–19 years are underweight (INSD and ICF International 2012).

Fifty-eight percent of adolescents have begun childbearing by 19 years, which has remained stagnant since 1998 (INSD and Macro International Inc. 2004; INSD and ICF International 2012). The high prevalence of adolescent underweight combined with the persistently high adolescent pregnancy rate is a disturbing trend. Adolescent pregnancy is associated with a 50 percent increased risk of stillbirths and neonatal deaths, and an increased risk of low birth weight, premature birth, asphyxia, and maternal mortality (Bhutta et al. 2013; WHO 2007). Reducing the adolescent fertility rate and delaying first pregnancies beyond adolescence will reduce the risk of low birth weight and stunting in children and will allow adolescent girls to grow to their full potential, protecting their own nutritional status over the long term.

The 2014 National Iodine Status and Anemia Survey found that both pregnant women and school-age children were deficient in iodine. Although the vitamin A supplementation program reaches 80 percent of children under five, this is lower than the 87 percent coverage achieved in 2015 (Ministère de la Santé 2020; Ministère de la Santé 2018). In addition, the 2010 DHS found only 35 percent of children 6–23 months consumed vitamin A–rich foods in the 24 hours

prior to the survey. As such, vitamin A deficiency may still be an issue, particularly among that age group (MOH 2013; INSD and ICF International 2012). In addition, anemia is a widespread problem at 83 percent among children under five (MOH 2014).

Burkina Faso Nutrition Data (SMART 2017 and 2020)		
Population 2018 (UNICEF 2019)	19.8 million	
Population under five years (0–59 months) 2018 (UNICEF 2019)	3.3 million	
	MOH 2017	MOH 2019
Prevalence of stunting among children under five years (0–59 months)	21%	25%
Prevalence of underweight among children under five years (0–59 months)	16%	18%
Prevalence of wasting among children under five years (0–59 months)	9%	9%
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m ²)	NA	9%
Prevalence of children 0–5 months exclusively breastfed	48%	64%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	56%	63%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	14%	29%
Prevalence of overweight/obesity among children under five years (0–59 months)	2%	5%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	NA	21%
Coverage of vitamin A supplements for children (6–59 months)	76%	80%

NA: Not Available

Global and Regional Commitment to Nutrition and Agriculture

Burkina Faso has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2011	Scaling Up Nutrition (SUN) Movement	In 2011, Burkina Faso joined SUN, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. Within Burkina Faso, three networks were created: the United Nations (UN) system network to support governance (FAO, WHO, WFP, and UNICEF), the civil society network (RESONUT), and the donor network, convened by the European Union (EU). SUN’s priority commitments in Burkina Faso for 2017–2018 are to support capacity development of nutrition-sensitive individuals and organizations, as well as supporting the collection, analysis, and use of nutrition data in the country, including the design of an online nutrition data platform, supported by the EU, that includes the country’s available nutrition data (SUN 2017).

2012	Committing to Child Survival: A Promise Renewed	Burkina Faso pledged to reduce under-five mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (UNICEF 2017).
2012	Global Alliance for Resilience Initiative	The Global Alliance for Resilience Initiative fosters resilience in West Africa and the Sahel. Burkina Faso's national resilience priorities have been developed and approved by the government, with support from USAID, which also supports implementation, capacity building, and monitoring and evaluation.
2011	Abuja Declaration	In the Abuja Declaration, African Union members, including Burkina Faso, committed to allocate 15 percent of their national budgets to the health sector.
2014	Malabo Declaration	The Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods is an agreement by African Union members, including Burkina Faso, to address food security by allocating 10 percent of the national budget to the agriculture sector, improving agricultural productivity, reducing poverty, and strengthening resilience (AU 2014).
2015	Arusha Declaration	In the Arusha Declaration, the Federation of African Nutrition Societies called on governments to commit 3 percent of sectoral budgets to nutrition.

Nutrition Policies, Strategies, and Initiatives

Burkina Faso's commitment to improving nutrition is outlined in the following documents, which are aligned with the government's Vision 2025:

- Multisectoral Nutrition Policy (2020–2029)
- Multisectoral Strategic Nutrition Plan 2016–2020
- National Nutrition Policy 2016
- The National Food and Nutrition Security Policy Triennial Action Plan 2014–2016
- The National Policy on Food and Nutrition Security (2013–2025)
- Country Resilience Priorities (PRP-AGIR-BURKINA) 2016–2020
- Plan for Scaling up IYCF Interventions (2013–2025)
- National Plan for the Rural Sector (PNSR II)
- National Program for Health and Nutrition in School Settings
- Social Protection Plan

Since 2015, the government of Burkina Faso, with support from USAID and other key donors, has made concerted efforts to improve the health and nutrition of women and children. In 2016, the government initiated a program to provide free health care to children under five and pregnant and lactating women (Save the Children 2016). This has been scaled up to all districts and the country is now working to implement a universal health care scheme. In addition, the Ministry of Health (MOH) is emphasizing preventive health through the National Public Health Program, the National Program for Health Care Provision, and the National Program for the Governance of the Health System.

Recognizing the impact that nutrition has on the nation’s health, economic development, and growth, the government established the 2016 National Nutrition Policy and the Multisectoral Strategic Nutrition Plan 2016–2020 to address the direct and underlying causes of malnutrition in the country. The policy and plan take into account the objectives of the Sustainable Development Goals, the African Union Strategy 2013–2025, the Rome Declaration on Nutrition and its Framework for Action from the Second International Nutrition Conference in 2014, the Scaling Up Nutrition Movement 2016–2020, and the REACH initiative. Burkina Faso has also committed to the World Health Assembly nutrition targets. In addition to the key nutrition-specific interventions, water and sanitation issues, gender inequality, and low levels of education as key nutrition-sensitive components need to be addressed.

USAID Programs: Accelerating Progress in Nutrition

As of December 2020, the following USAID programs with a nutrition focus were active in Burkina Faso. The Resilience in the Sahel Enhanced (RISE II) program (2019–2024) is USAID’s primary contribution to the Global Food Security Strategy in this region. The goal of RISE II is to enable chronically vulnerable populations in Burkina Faso (and in Niger) to effectively manage shocks and stresses and pursue sustainable pathways out of poverty. The RISE II results framework includes five key objectives: (1) to enhance social and ecological risk management systems; (2) to increase and sustain economic well-being; (3) to improve health, family planning and nutrition outcomes; (4) to enhance governance of institutions and organizations; and (5) to enhance the social, economic, and political agency of women and youth. The RISE II initiative is a set of USAID development and humanitarian assistance projects and activities, including those in the table below.

Selected Projects and Programs Incorporating Nutrition in Burkina Faso		
Name	Dates	Description
Breakthrough-ACTION	2018–2022	Breakthrough-ACTION is a global social and behavior change (SBC) project. Its objective is to achieve improved maternal, newborn, child and adolescent health; nutrition; family planning; and water, sanitation, and hygiene (WASH) outcomes among populations in select regions of Burkina Faso. Its inclusive approach drives the provision of technical assistance to government entities and program implementers.
Burkina Health Service Delivery (PREPARE-Burkina)	2020–2025	PREPARE-BURKINA works to address the root causes of persistent vulnerability, and to improve health and nutrition while strengthening community institutions and governance critical to resilience. It focuses on building resilience by <ul style="list-style-type: none"> • Increasing availability and accessibility of quality health services, including family planning, maternal and child health, and nutrition services. • Rebuilding communities’ confidence in health structures and health authorities. • Strengthening links between community and facility health services. • Enhancing disaster preparedness, management, and response. • Empowering and engaging youth.

Burkina Markets & Nutrition Activity (USAID Yidgiri)	2020–2025	The USAID Yidgiri activity strengthens agricultural and food market systems, with special attention to small ruminants, poultry, cowpeas, and nutritious rural foods. It also aims to sustainably increase household incomes and improve the nutritional status of women and children in Burkina Faso by using and producing healthy/nutrition foods.
MOMENTUM Integrated Health and Resilience (MIHR)	2021–2025	MIHR will provide support to the Ministry of Health to manage quality health and nutrition services to strengthen quality voluntary family planning and reproductive; and maternal, newborn, child, and adolescent health (FP/RH/MNCAH) service delivery in fragile settings. The activity will improve access to and use of evidence-based, quality FP/RH/MNCAH and nutrition information, services, and interventions. MIHR will work in the Center East, Center West, and South West regions of Burkina Faso.
Sahel Collaboration and Communications (SCC)	2020–2025	The SCC activity aims to build collaboration, develop and implement a shared learning agenda, and support external communications.
USAID Advancing Nutrition	Ongoing	USAID Advancing Nutrition works in collaboration with the government and other key stakeholders to improve results-based planning for targeted nutrition results. Together, they build knowledge and strengthen capacity for results-based planning and improve access to existing information on drivers of undernutrition and best practices in Burkina Faso. In South West, Center West, and Center East regions the objectives are to <ul style="list-style-type: none"> • Strengthen institutional capacity of the GOBF and stakeholders for the development, implementation, and accountability of nutrition interventions. • Strengthen data-driven decision making for nutrition, using available nutrition-related documentation and data. • Support SBC nutrition interventions.
Victory Against Malnutrition Plus (ViMPlus)	2018–2022	The ViMPlus activity, a Resilience Food Security Award, aims to fight extreme poverty and chronic malnutrition in the Centre-Nord region of Burkina Faso by improving the food security and resilience of chronically vulnerable Burkinabe families.

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