

Over the past ten years, the nutritional situation in Burkina Faso has shown a downward trend in the prevalence of wasting. It has fallen from 10.5% in 2010 to 9.1% in 2020. Recent stagnation in this decline could be related to the national insecurity that the country has faced since 2017.

Since December 2018, Burkina Faso's national security has deteriorated resulting in an exponential number of internally displaced persons (IDPs). More specifically, there were 87,000 internally displaced persons (IDPs) in January 2019 and 1,423,378 on August 31, 2021. Also, in August 2021, 83 health facilities were closed nationwide with a remaining 273 operating at minimum capacity.

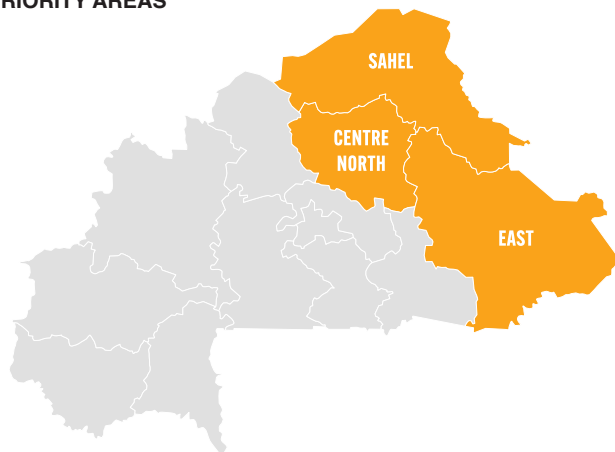
The results of the IPC Acute Malnutrition analysis done in January 2021 showed that 631,787 children aged 6 to 59 months (151,214 SAM children and 480,573 MAM) and 128,672 pregnant and lactating women (PLWs) would suffer from acute malnutrition during the year 2021. Furthermore, the March 2021 harmonized approach analysis showed that 2,867,061 persons (13% of the total population) are in need immediate food assistance. Centre Nord, Sahel, Nord, and Est are the most affected regions.

The main determining factors of wasting are poor infant and young child feeding (IYCF) practices, diseases, food insecurity, insufficient access to clean

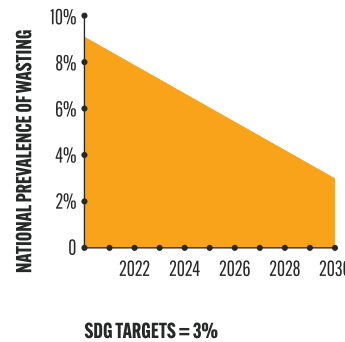
drinking water and inadequate hygiene. The aggravating factors include political insecurity, epidemics, the COVID-19 pandemic, and the internal displacement of the population. More specifically, although the rate of exclusive breastfeeding is 64.3%, there are more children (71%) aged 6 to 23 months that don't have access to appropriate diet diversity. Furthermore, the rate of access to sanitation is 23.2% at national level but there are disparities between rural (17.6%) and urban (38.4%) areas. Open defecation remains widely practiced with 55% of the population defecating outside rather than in a toilet.

The national nutrition response includes interventions that are both preventive and curative for acute malnutrition. These interventions include screening and management of acute malnutrition, promotion and counselling on optimal IYCF practices for PLWs, control of micronutrient malnutrition for children under 5 years as well as pregnant women, and target food distributions. Results show that the coverage of the integrated management of acute malnutrition (IMAM) program has varied from 51% to 79% between 2012 to 2020, the coverage of Vitamin A supplementation is around 98% but community IYCF promotion is only implemented in 40% of villages. The Government of Burkina Faso had proposed to focus activities under the global action plan (GAP) in three regions: Sahel, Centre North and East.

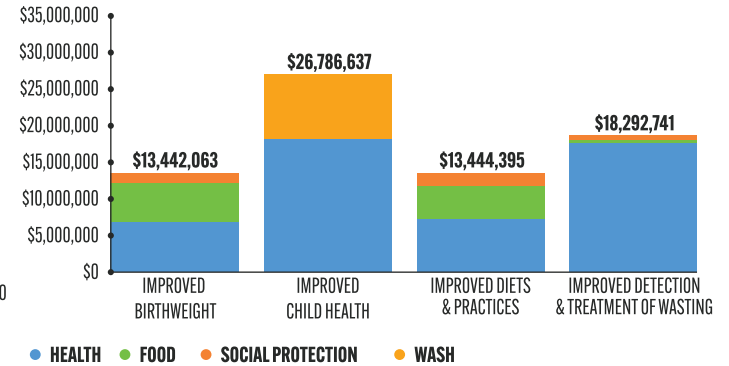
### GEOGRAPHICAL PRIORITY AREAS



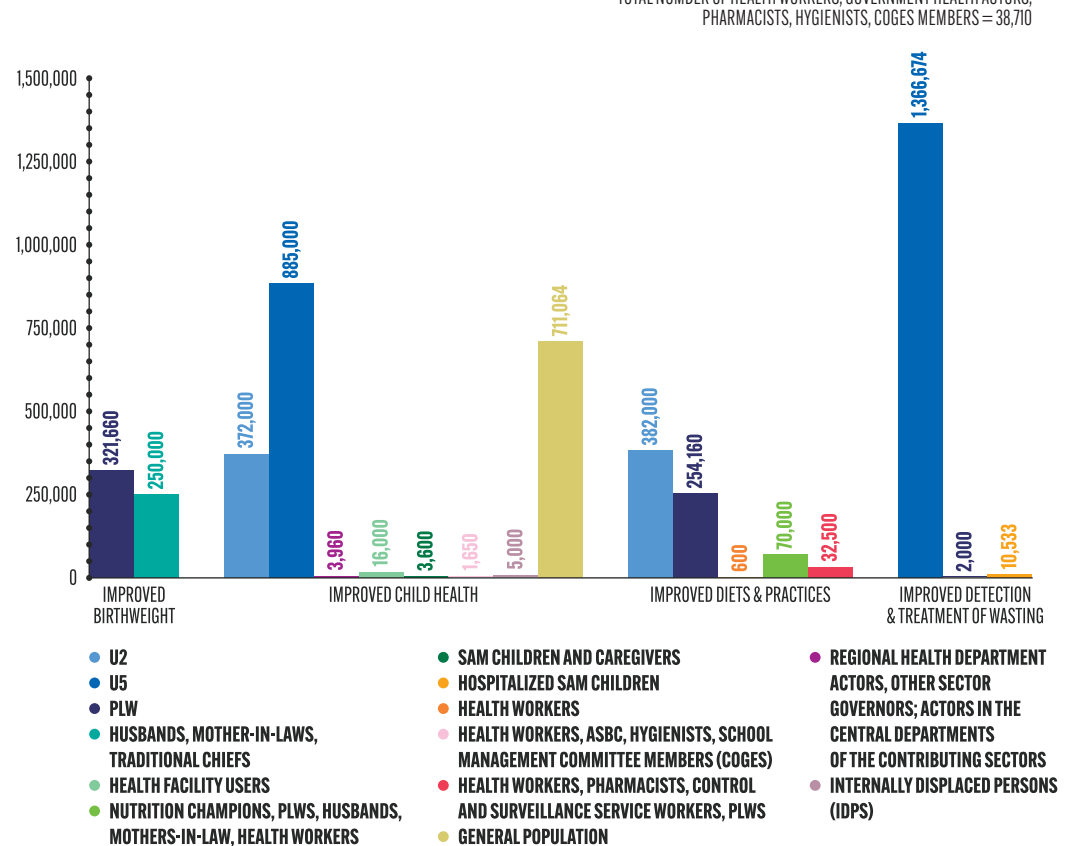
### REACHING THE SDG TARGET BY 2030



### ANNUAL COST (USD)



### TARGET POPULATION GROUPS



- U2
- U5
- PLW
- HUSBANDS, MOTHER-IN-LAWS, TRADITIONAL CHIEFS
- HEALTH FACILITY USERS
- NUTRITION CHAMPIONS, PLWS, HUSBANDS, MOTHERS-IN-LAW, HEALTH WORKERS
- SAM CHILDREN AND CAREGIVERS
- HOSPITALIZED SAM CHILDREN
- HEALTH WORKERS
- HEALTH WORKERS, ASBC, HYGIENISTS, SCHOOL MANAGEMENT COMMITTEE MEMBERS (COGES)
- HEALTH WORKERS, PHARMACISTS, CONTROL AND SURVEILLANCE SERVICE WORKERS, PLWS
- GENERAL POPULATION
- REGIONAL HEALTH DEPARTMENT ACTORS, OTHER SECTOR GOVERNORS; ACTORS IN THE CENTRAL DEPARTMENTS OF THE CONTRIBUTING SECTORS
- INTERNALLY DISPLACED PERSONS (IDPS)

# By 2025

- REDUCE LOW BIRTHWEIGHT TO <9.5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 69%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 87.3% IN 2024 AND 95% IN 2029 FOR SEVERELY WASTED CHILDREN AND 50.1% IN 2024 AND 70% IN 2029 FOR MODERATELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 65% OF THE POPULATION

## OUTCOME 1

### REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Reinforcement of Antenatal Care (ANC) and postnatal care for women integrating nutrition counseling, folic acid iron supplementation (IFA) / multiple micronutrient supplementation (MMS) Improve communication for social change with key people (husbands, mothers-in-law, traditional leaders) in order to improve nutrition, reduce the workload, improve the continuity of prenatal services for pregnant women Nutritional care for malnourished pregnant and breastfeeding women
FOOD	Distribution of protection rations to vulnerable pregnant and lactating women (PLW) (within host and displaced populations)
SOCIAL PROTECTION	Monetary transfers (coupons / cash transfer) for the benefit of the poor and vulnerable

## OUTCOME 3

### IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Extension / strengthening of the quality and coverage of community interventions to promote IYCF best practices, including in emergency situations Support for the protection and promotion of best IYCF practices at the level of health structures Implement SWBO (Stronger with Breastmilk Only) campaign activities Establishment of a control and surveillance system for the application of the international code of marketing of breastmilk substitutes
FOOD	Strengthen the environment that is favorable to IYCF (promotion of small animal husbandry + nutritious garden promotion of hygiene practices) as well as the protection and promotion of best IYCF practices Support for the production of infant meal and the distribution of protection rations to children 6 to 23 months (Blanket Feeding)
SOCIAL PROTECTION	Money transfers (coupons / cash transfer): A- benefit of the poor and vulnerable people that have a child under 2 years old during the lean period B- Voucher for the acquisition of flour for children C- For victims (having experienced a shock) with children under 2 years old

## OUTCOME 2

### IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Healthy infant consultation including IYCF counseling Support for the Integrated Management of Childhood Illnesses (IMCI): Clinical and Community Strengthening the functionality and efficiency of multisectoral coordination frameworks (CNCN and CRCN) Emergency coordination - Nutrition Cluster Advocacy for an increase in the budget line for nutrition and for better domestic financing of nutrition.
WASH	Improving access to drinking water and sanitation in health facilities Improvement of water quality (treatment) Capacity building of actors (health workers, CBHAs, hygienists, COGES) on WASH in Nutrition Promotion of the CLTS approach and sanitation marketing including the promotion of good practices of handwashing with soap, clean water / ash including the prevention of COVID-19 Promotion of the CLTS approach and sanitation marketing including the promotion of good practices of handwashing with soap, clean water / ash including the prevention of COVID-19

## OUTCOME 4

### IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Integrated SAM case management (IMAM) Management of MAM cases Support the referral of malnourished children during active screening for acute malnutrition during mass campaigns, during food distributions as well as GASPA (IYCF Practice Learning and Monitoring Group) Implementation of MUAC screening at home for malnutrition Support for national SMART nutritional surveys, Rapid SMART for IDPs, SENS surveys, IPC / Acute Malnutrition analysis
FOOD	Food rations for caregivers accompanying children that are hospitalized with SAM
SOCIAL PROTECTION	Support national social protection programs in food insecure regions targeting vulnerable families with malnourished children