



## Programme Overview: Health - Nutrition

### Health

#### Key figures:

Maternal mortality ratio (DHS \* 2010): 341 per 100,000 live births  
 Under five mortality rate (per 1,000 live births, EDS, 2010): 129  
 National prevalence of HIV / AIDS (EDS 2010): 1%  
 Immunization of children aged 0-11 months against nine diseases (2010): 91%  
 Assistance of childbirths by skilled staff (DHS \*\* 2010): 67%  
 Fourth visit for prenatal care (DHS 2010): 34%



#### Context:

Burkina Faso will not achieve the Millennium Development Goals (MDGs) on reducing maternal mortality of children under five, which is still too high.

The contributing factors include: poverty, food insecurity, poor sanitation, poor access to health care, harmful traditional practices, social and economic inequality, and discrimination.

Three quarters of maternal deaths occur during childbirth and the postpartum period. The proportion of skilled birth attendance increases gradually from 42% in 1993 to 57% in 2003 and 82% in 2012, but this is still below the 2015 MDG target of 100%.

The mortality rate for children under five estimated at 169 per one thousand live births (UN Inter-agency Group, 2008) decreased to 129 (Demographic and Health Survey (DHS) 2013) but there is still a long way to go to reach the 2015 MDG target which is 62/1000 live births. The risk of dying before the age of five for the children of the poorest families is 50% higher than those from the wealthiest households.

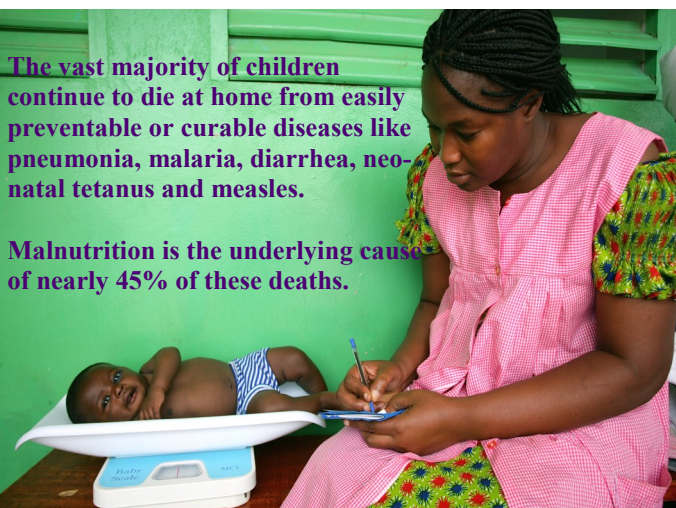
#### UNICEF's response:

##### UNICEF has supported the Government through:


- ◆ The introduction of interventions for children and their mothers with the progressive scaling up of operational strategies such as the Accelerated child survival and development strategy (ACSD). An integrated management of childhood diseases and the prevention of mother-to-child transmission of HIV/AIDS have been implemented in 100% of health centers in the country (2006 and 2013)
- ◆ Improving financial access to health care through a grant covering 80% for obstetric-neonatal emergency care, free preventive care (vaccination, vitamin A, antenatal care) and free severe malaria treatment for children under 5 and pregnant women.
- ◆ Improving the availability of essential drugs, increasing the number of health providers, increasing the number of health centers, and a larger budget allocation to the health sector by the government.


The vast majority of children continue to die at home from easily preventable or curable diseases like pneumonia, malaria, diarrhea, neonatal tetanus and measles.


Malnutrition is the underlying cause of nearly 45% of these deaths.



#### Highlights in 2013-2014:

 Vaccination coverage of 91% of children receiving the 3rd dose of a series of essential vaccines. Introduction of a new vaccine - the combined vaccine MR (measles-rubella) with 8,000,000 children immunized in 2014.

 Increased use of long-lasting impregnated mosquito nets of 47% in children under 5 and 44% among pregnant women in 2010 to 93%.

 Improvement in maternal health - a coverage of 82% for medically assisted deliveries in 2013. The proportion of pregnant women tested for HIV increased from 60% in 2012 to 70% in 2013.

#### Partners:

The Ministry of Health. At the central level, UNICEF works in collaboration with all the central departments of the Ministry in charge of policy development, immunization, malaria, maternal and child health, supply of essential drugs and regulation; At the operational level: with health districts, regional health departments and hospitals for the implementation of interventions for young child survival and development such as integrated management of childhood diseases, the fight against malaria, the prevention of mother to child transmission of HIV, etc. UNICEF is also working with community partners (community-based organizations and community health workers) for the Integrated community case management of diarrhea, malaria and pneumonia.

\* Demographic and Health Surveys; \*\* Demographic & Health Survey

# Nutrition

## Key figures:

Exclusive breastfeeding of children under 5 months: 47%  
Introduction of solid, semi-solid or sweet foods between 6-8 months: 59%  
Breastfeeding at one year: 97%  
Minimum meal frequency: 56%  
Minimum dietary diversity: 9%

Acute malnutrition has affected approximately 276,094 children in 2014. Malnutrition is the underlying cause of 45% of deaths among children under five—55,000 children per year. Stunting affects 31.5% of children under five, more than 1 million children

## Context:

The main causes of death among children under 5 are: malaria (23.7%), pneumonia (18%), diarrhea (11.8%), measles (2.9%) and neonatal tetanus (1.9%). Malnutrition, which affects more than one million children in the country, is the underlying cause that accounts for 45% of deaths among children under five (Lancet 2013).

The nutritional situation is characterized by a high prevalence of chronic malnutrition and acute malnutrition and micronutrient deficiencies.

Children affected by chronic malnutrition are at high risk and are more likely to die of infectious diseases. They need urgent and immediate care.

More than one million children under 5 in Burkina Faso are affected by stunting each year.

Since 2011, Burkina Faso is one of the countries which joined the global SUN (Scaling up nutrition) movement.



## UNICEF's response (cont):

To enable the implementation of the national nutrition strategy, and in consistency with the strategy proposed by the SUN Movement, UNICEF has developed its program in four main areas, according to the priorities of the government.

UNICEF supports:

- ◆ the scaling up of integrated management of severe acute malnutrition (SAM) in the thirteen regions of the country;
- ◆ The scaling up of promoting interventions of optimal Infant and young child feeding (IYCF) as a strategy to prevent malnutrition and improve the resilience of vulnerable groups;
- ◆ The government in finalizing the national strategy against micronutrient deficiencies. Key interventions include vitamin A supplementation, deworming, universal salt iodization and the treatment of diarrhea.

UNICEF helps improve the coordination of the nutrition sector with key stakeholders at all levels and strengthen the national nutrition surveillance system in :

- ◆ strengthening the government's capacity to plan, implement and analyze national nutrition surveys; and
- ◆ improving the quality of nutritional data in the health management information system.

## Highlights in 2013-2014:

A national plan for integrated management of severe acute malnutrition has been developed and implemented to increase the coverage of 45,000 children in 2011 to 102,000 in 2013.

A national plan for optimal Infant and young child feeding (IYCF) has been developed and implemented in the northern region. IYCF indicators begin to improve significantly.

The national strategy against micronutrient deficiencies is being developed with a particular focus on reducing anemia (thanks to interventions such as the use of micronutrient powders).

Under the leadership of UNICEF, a joint work plan with other United Nations agencies was developed for the coordination of activities to prevent and treat malnutrition in 2014.

## Partners:

At the central level, UNICEF works closely with the Department of Nutrition while at the operational level with health districts, regional health offices and health centers (hospitals and health centers).

Contractual agreements were established with national and international NGOs and local associations to accelerate coverage of community-based nutrition activities. UNICEF has helped to build a common vision among NGOs, working with the Ministry of Health to improve direct services.

UNICEF is also working with community partners for the implementation of the Integrated case management of diarrhea, malaria and pneumonia.

The media, youth associations and women as well as traditional and religious leaders continue to be important allies by supporting advocacy initiatives.