Burkina Faso

Nutrition
Sectoral and OR+ (*Thematic*) Report

January - December 2016

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UNICEF Burkina Faso
March 2017

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Photo on the cover page:

Caption: *Children reading "Poko book, a comic strip developed jointly by UNICEF and the European Union to raise awareness and enhance children's knowledge on optimal Nutrition and Hygiene practices. On their back (whiteboard), it reads "Together towards good nutrition for children in Burkina Faso."*

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B. Abbreviations and Acronyms

BMG	Bill and Melinda Gates Foundation
CAMEG	Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables médicaux
CBO	Community-Based Organization
CHD	Child Health Days
CHW	Community Health Worker
CPD	Country Program Document
CRF	Common Result Framework
ECD	Early Childhood Development
ECHO	European Civil Protection and Humanitarian Aid Operations (ECHO)
e-HMIS	Electronic Health Management Information Systems
GAM	Global Acute Malnutrition
GCM	Global Chronic Malnutrition
IMAM	The Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
MI	Micronutrient Initiative
MUAC	Mid Upper Arm Circumference
NESDP	National Economic and Social Development Plan (2016-2020)
NGO	Non-Governmental Organization
NISAS	National Iodine Status and Anaemia Survey Burkina Faso 2014
NNS	National Nutrition Survey
PADS	Programme d'Appui au Développement Sanitaire
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SUN	Scaling-up Nutrition
UNDAF	United Nations Development Assistance Framework
USAID/FFP	United States Agency for International Development / Food For Peace
USI	Universal Salt Iodization
VAS	Vitamin A Supplementation
WHA	World Health Assembly

C. Executive Summary

Burkina Faso faces a complex and multi-faceted nutrition challenges, with the coexistence of stunting, wasting and micronutrient deficiencies. Over the past decade, the country has made significant progress to maintain the high coverage of key preventive and curative nutrition interventions in order to support women and children, including the most disadvantaged population.

Due to the social and political transition in 2014-2015, the current Country Program Document (CPD) (2011-2016) was extended till end of 2017 to be aligned with the United Nations Development Assistance Framework (UNDAF) and national priorities set in the National Economic and Social Development Plan (NESDP) 2016-2020. Within the UNICEF Country Programme 2011-2017 in Burkina Faso, the Nutrition area contributes to the Health and Nutrition component through the output: **By 2017, at least 50 per cent of newborns, under-five children (girls and boys), pregnant women, and mothers have access to high-impact nutrition interventions in health facilities and at community level, with a focus on most disadvantaged regions in terms of nutrition.**

In 2016 UNICEF continued strong advocacy to position nutrition as one of the most important priorities for developing human capital in the National Economic and Social Development Plan 2016-2020 (NESDP). The plan was adopted in August 2016 and Nutrition was positioned as one of the key priorities within the "development of human capital" in the plan. UNICEF Burkina Faso and its partners therefore contributed to move the Nutrition agenda forward.

Following key sectoral strategic documents have been developed and validated with UNICEF's technical and financial supports in 2016, allowing to promote a multisectoral approach while being aligned with the new global targets in nutrition defined in 2012 by the World Health Assembly (WHA): (i) the new national nutrition policy, (ii) the Common Result Framework (CRF) for reducing various forms of malnutrition, (iii) the new national strategic nutrition plan for the period 2016-2020. The position of nutrition in the new NDESP and the new strategic documents in nutrition will bring about important changes in the country context in 2016 and for the next four years.

One of the key challenges for attaining the Sustainable Development Goals (SDGs) is to scale up several high impact multi-sectoral (both nutrition-specific and nutrition-sensitive) interventions through an optimal governance in nutrition and efficient coordination. As a part of the national efforts, UNICEF's leadership in advocacy and coordination with other partners led to the strengthening of multi-sectoral interventions in Nutrition through: (i) setting up the UN network for Scaling Up Nutrition (SUN) and (ii) coordinating the group of technical and financial partners in the nutrition sector aiming at consolidating a national platform for knowledge sharing and coordination.

In 2016 UNICEF has continued its effort to strengthen the national capacity on Integrated Management of Acute Malnutrition (IMAM) for children under five years old. Between January and December 2016, 96,929 children under five suffering from Severe Acute Malnutrition (SAM) were newly admitted amongst which 10,609 for in-patient and 86,320 for outpatient services (preliminary data from MoH, 2016). The cure rates were 93.4% and 87.8% for outpatients and inpatients services, respectively.

On the supply side, there has been a growing interest to strengthen the government leadership for Integrated Management of Acute Malnutrition program. This was characterized by an agreement signed in January 2016 between MoH, the National Office for the Purchase of Essential Drugs (CAMEG) and UNICEF for the warehousing, distribution and monitoring of nutritional supplies. Since then, UNICEF's

procurement services for Ready-to-Use Therapeutic Foods (RUTF) were commissioned to CAMEG as a part of the national health and nutrition supply system. In addition, UNICEF facilitated a bottlenecks analysis of the IMAM program involving the government and all partners allowing to identify main determinants of effective IMAM program coverage and determine indicators linked to bottlenecks. Indicators have been integrated in the national health monitoring system. The next steps in 2017 will be to regularly monitor indicators at regional and district levels and implement specific actions to remove bottlenecks. Another major decision of the Government was the creation of the national budget line of 1.5 million US dollars to finance the procurement of nutritional supplies starting 2017 which will be progressively increased over the three years.

In addition, preventive nutrition interventions using a multisectoral approach will be part of the response aiming to achieve a sustained reduction of malnutrition in Burkina Faso.

As part of this effort, the extension of the community component of Burkina Faso's scaling up Infant and Young Child Feeding (IYCF) plan will be used as entry point. Indeed, the development of the IYCF scaling plan has created an enabling environment to boost the national key IYCF indicators: the proportion of women who initiated breastfeeding within 1 hour of childbirth has increased from 29.2% in 2012 to 46.6% in 2016, while exclusive breastfeeding up to 6 months has increased from 38.2% in 2012 to 55.0% in 2016 (National Nutrition Survey (NNS) 2012 and 2016. The proportion of children aged 6-23 months who received the minimum adequate diet has steadily increased from 3.2% in 2012 to 21.5% in 2016 (NNS 2012 & 2016). The key challenge is to keep the progress on track by maintaining the current IYCF community coverage and reaching the 2017 coverage projections (37%) of the Burkina Faso's IYCF scaling up plan.

In 2016, UNICEF continued to give technical and supply supports to ensure high coverage of Vitamin A supplementation and deworming through the Child health Days (CHD) approach. The resource mobilization to ensure the national coverage of Vitamin A and deworming has been a challenge, raising the urgent need to shift the implementation strategies towards government's ownership and sustainability.

Anemia among children aged 6-23 months continues to be a serious problem. This is the reason why UNICEF supported the home-based food fortification as a relevant part of the response in the Nord and Sahel regions using the mother-to-mother support group of the IYCF scaling up plan community component.

Monitoring and evaluation of the results and the coordination of partners in nutrition and other relevant sectors for developing and strengthening the multi-sectoral approach with nutrition-specific and nutrition-sensitive interventions were essential part of UNICEF support in Nutrition area in 2016.

The UN network for SUN under the lead of UNICEF supported the integration of nutrition in the municipal development plans in order to translate the multisectoral approach in concrete actions. As an example, UNCIEF supported the review of the new municipal development plans in the Sahel region.

Based on progress made in 2016, the country office is on track to achieve the outcome indicators of the UNICEF's country programme 2011-2017.

D. Strategic Context of 2016

As the world looks at Agenda 2030, optimal Nutrition is a fundamental investment to underpin the successful achievement of all Sustainable Development Goals (SDG) and in particular the SDG 2"End hunger, achieve food security and improve nutrition, and promote sustainable agriculture". Burkina Faso has gone through the socio-political instability and transition periods for the past few years, followed by the successful organization of the presidential elections end 2015 and installation of new authorities in 2016. The National Economic and Social Development Plan 2016-2020 (NESDP) was adopted by the new government in August 2016 with the critical contributions from its partners. As a result of the UNICEF and partners' strong advocacy, reduction of the prevalence of stunting became one of the key outcome indicators of this plan along with other national priorities.

Acknowledging the need for a stronger commitment to the new development Agenda, UNICEF recently supported the Government to define a roadmap for SGDs domestication through a participatory process. As a result, 16 out of 17 pillars of SDGs were identified as priorities, 86 targets (out of 169) as key priorities including stunting, and 73 targets were considered as second priorities. The country is currently in the process of identifying the country- specific SDGs indicators and metadata to monitor the SDGs, with support from UNDP and UNICEF.

Trends in the prevalence of various forms of malnutrition (both chronic and acute) are presented in the Figure 1. The prevalence of Global Chronic Malnutrition (GCM, i.e. Stunting) significantly declined from 38.1% in 2008 to 27.3% in 2016 (National Nutrition Survey (NNS) using SMART methodology - 2016[1]). This represents an overall decrease of 10.8 points in the prevalence during the past nine years (annual decrease of 1.2 points). However the reduction of the number of stunted children under five is less significant: 142,607 stunted children in total over the last nine years (1,085,431 in 2008 and 942,824 in 2016) due to the high population growth rate. Almost one million children under five years old (950,000) were stunted in 2016 (NNS 2016).

The consequences of stunting in childhood, especially within the first 1,000 days of birth are irreversible as this condition weakens immune system, impairs cognitive abilities, including less ability to learn at school and less productive life in their adulthood, and lowers - life expectancies. They are also more at risk to be sick and die. Using a methodology based on poverty and stunting rate[2], an estimated 1,825,000 children under five years (more than one out of two children) in Burkina Faso in 2016 are not fulfilling their developmental potential because of culminating factors including poverty, poor health, undernutrition, unstimulating home environments and deficient care.

The progress in Global Acute Malnutrition (GAM) is also highly encouraging despite regular food and nutrition crisis. The prevalence of GAM significantly declined from 12.4% in 2008 to 7.6% in 2016 (NNS - 2016) as well as the prevalence of Severe Acute Malnutrition (SAM) from 3.8% in 2008 to 1.4% in 2016. Micronutrient deficiencies are highly prevalent in Burkina Faso: 83.4% of under-five children, 67.7% of school age children, 64.9% of adolescent girls and 61.9% of non-pregnant women of childbearing of age suffered from anemia (National Iodine Status and Anaemia Survey Burkina Faso –NISAS 2014). Among the

[1] The methodology of the National Nutrition Survey has changed between 2012 (with representative samples at provincial level for the half of the provinces and samples at regional level for the remaining regions) and 2016 (only with representative samples at regional level). Therefore, it is not valid to compare data at regional level between 2015 and 2016 but data are considered comparable at national level to draw a conclusion on the national trends.

[2] The International Child Development Steering Group. Child Development Series. Lancet 2007: 369, 60-70, 145-157, and 229-242.

718,500 live births in 2016, 549,500 new-borns have been insufficiently or not protected against iodine deficiency (NISAS 2014).

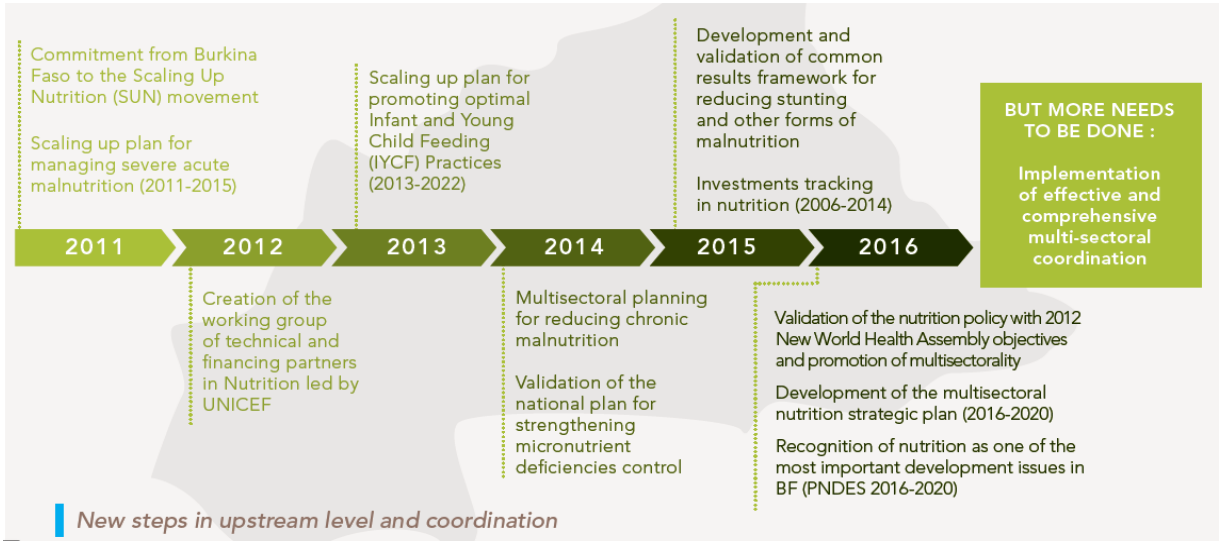
Figure 1. Trends in malnutrition prevalence in Burkina Faso

However, more efforts should be put into at the upstream level, to make multisectoral coordination in nutrition effective and not dependent on one sector. In recent years, UNICEF advocated for strengthening coordination of multi-sectoral interventions and aligning partner positions and visions through: (i) setting up the UN network for Scaling Up Nutrition (SUN), (ii) coordinating the technical and financial partners' group for nutrition and The National Council for Consultation in Nutrition (NCCN) as the national platform for knowledge sharing, advocacy and coordination. These joint and complementary efforts has resulted in advancing Nutrition agenda in Burkina Faso (Figure 2).

In 2016, UNICEF was strongly involved in growing nutrition partnership in a transparent and participative manners through chairing the UN network for the Scaling-up Nutrition (SUN) movement and ensuring the leadership of the technical and financing partners working group as the sector lead.

Through these thematic groups, UNICEF Burkina Faso and partners strongly contributed to keep nutrition at the top level of the development agenda (Figure 2), by supporting the development and validation of key strategic documents mentioned above. However, more needs to be done to make multisectoral coordination in nutrition more comprehensive and effective and not dependent on one sector.

Figure 2. Burkina Faso's achievements at upstream level



At the downstream level, UNICEF works closely with communities to implement effective and comprehensive multi-sectoral nutrition programs through the community IYCF platform. For instance, a mother-to-mother support groups is used as a community platform to implement multi-sectoral interventions, such as facilitating peer support between mothers to encourage optimal IYCF practices, raising awareness on others thematic (i.e. homestead food production activities including gardening or small livestock), WASH, Early Childhood Development (ECD) and home-based food fortification. To further expand its impact, UNICEF is not only targeting pregnant and lactating women but also influential people in the community and the family such as grand-mothers, fathers as well as traditional and religious leaders. Between 2015 and 2016, 70,642 and 166,166 pregnant and lactating women have participated in the mother-to-mother support groups, respectively.

Since 2011, UNICEF's nutrition interventions aims at achieving the following stand-alone output integrated within the health and nutrition outcome: **By the end of 2017, the proportion of mothers, newborns, and children who effectively use nutrition high-impact interventions of quality increase, especially at the community level.** This output have been aligned to the National Nutrition Policy and the National Nutrition Strategy 2011-2015 in Burkina Faso. In order to further allow the implementation of the national nutrition strategy, UNICEF has articulated its programme around four main pillars, based on Government priorities. For each pillar, based on the most recent evidence in nutrition, UNICEF is supporting the government to prepare and implement plans to scale-up the highest-impact nutrition interventions. The four main pillars covered by UNICEF Burkina Faso Nutrition programming include:

- ***Improve Infant and Young Child Feeding (IYCF) practices among 0 to 23 months old children.***
- ***Increase management of Severe Acute Malnutrition coverage through the health system.***
- ***Strengthen the fight against micronutrient deficiencies.***
- ***Strengthen the information and coordination system.***

E. Results in the Outcome Area

The main results in the four pillars stands as follow:

Increase management of severe acute malnutrition coverage through the health system:

Although the prevalence of Severe Acute Malnutrition (SAM) among children under-five years old has reduced from 2.2% in 2015 to 1.4 % in 2016 (NNS 2016, Figure 1), three out of 13 regions still exceeds the emergency threshold of the SAM prevalence of 2% including the Sahel region. Nationally, an estimated 152,127 children under-five years old were affected by Severe Acute Malnutrition in 2016 based on the prevalence rate of 2015.

In 2010, UNICEF provided technical support to the Nutrition Directorate to draft a national plan to scale-up the management of SAM among children under five. The plan is gradually reaching all 13 regions of Burkina Faso by strengthening the capacities of health agents and community health workers in the provision of Integrated Management of Acute Malnutrition (IMAM) services. UNICEF advocated with key donors and partners to adopt the same strategy in support to the MOH. The main donors and Non-Governmental Organization (NGOs) agreed to abandon the direct services delivery, and adopted a new integrated approach instead, which consists of providing technical and financial support to the health system to strengthen its capacities to manage child acute malnutrition.

All regions and health districts have been progressively trained for the scaling up of IMAM and the remaining three regions have started implementing the IMAM program in 2015. As a result, the number of new SAM admissions has continuously increased from 47,656 in 2010 to 122,571 in 2015.

From January to December 2016, preliminary figures show that 96,929 children under-five who suffered from SAM have been newly admitted, including 10,609 children in inpatient services and 86,320 in outpatient services (preliminary MoH SAM data, 2016). This represents 79.6% of the annual caseload. SAM cure rates were 93.4% for outpatients and 87.8% for inpatients. As a critical partner in IMAM program, UNICEF supports the procurement and distribution of all nutritional intrants and significant part of training, screening and supervision. The program of Integrated Management of Acute Malnutrition was mainly funded through emergency funds (European Civil Protection and Humanitarian Aid Operations (ECHO), United States Agency for International Development (USAID) / Food For Peace (FFP) and Japanese Emergency Funds). ECHO and USAID/FPP Funds has allowed to purchase and distribute 86,864 Ready to Use Therapeutic Food (RUTF) cartons nationwide for supporting the SAM treatment.

There is a growing ownership of the government of Burkina Faso for the Integrated Management of Acute Malnutrition program:

(1) An agreement between MoH, the National Office for the Purchase of Essential Drugs (CAMEG[3]) and UNICEF has been signed in January 2016 for the warehousing, distribution and monitoring of nutritional supplies (including both Ready to Use Therapeutic Food (RUTF) and routine medicines for the systematic treatment of SAM).
(2) A bottleneck analysis of the IMAM program involving the government and all partners was developed as well as indicators to address them are being integrated into the health monitoring system. In 2017, the IMAM bottleneck analysis will be conducted at national, regional and district levels.
(3) Due to UNICEF and European Union advocacy, a governmental budget line of 1.5 million US dollars will be allocated in 2017 to buy Therapeutic milks and RUTF cartons as well as routine medicines.

Moreover, since 2013 RUTF cartons are locally produced by a local company called Innofaso for cost effectiveness and efficiency in the procurement. The production capacity is at 12,000 RUTF cartons per month, which could meet the majority of the national annual RUTF needs.

Improve Infant and Young Child Feeding practices among 0 to 23 months old children:

Based on the specific country context, the national strategy of the IYCF scaling up plan includes three phases: (1) Testing an integrated package of services organized through the life cycle approach (2013-2014); (2) Progressive extension of services in four different pools of regions prioritized according to poverty rate and stunting prevalence (2015-2022); (3) Consolidation and documentation (2023-2025). Based on the new quality norms, of IYCF services, beneficiaries' coverage is planned to move from 18% in 2013 to 90% by 2023.

In order to maximize the impact of the program, some strategic options on the community-based IYCF services were prioritized and adopted:

[3] CAMEG - Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables médicaux

(1) **The use of an integrated package of IYCF services through the life cycle** for dealing with maternal, infant and young child nutrition;
(2) **The implementation process in each community including an initial community diagnostic enables greater ownership by the beneficiaries**. The mother-to-mother support group platforms based on previous census of pregnant and lactating women and the use of the three "A" monitoring approach (Appreciation, Analysis and Action) for promoting the key IYCF practices through the life cycle is laid the foundation for behavior and social change. With this sustained communication approach, a real shift from traditional method focusing on a simple acquisition of knowledge, is being operated. The mother-to-mother support groups include 15 participants; each community health worker (CHW) is responsible for a maximum of 50 mothers of children 0–23 months and 30 pregnant women;
(3) **An extended partnership at community level to implement and monitor this strategy**: International or national Non-Governmental Organizations (NGO), Community-Based Organization (CBO), Community Health Worker (CBOs) or other community agents, Voluntary people coming from specific population classes (husband, mother in law, grandmother, traditional and religious chiefs). Community dialogues with community leaders allow to address cultural and social barriers for optimal IYCF practices;
(4) **The community-based IYCF strategy through mother-to-mother support groups provides an ideal entry point for multi-sectoral nutrition-sensitive interventions**, such as homestead food production, home fortification, Early Childhood Development and optimal WASH practices.

Since 2015, around 19,000 mothers groups have been established in five regions through UNICEF's program cooperation agreements with six NGOs (SEMUS[4], AMMIE[5], HELP[6], MLAL[7], GRET[8] and IBFAN[9]) allowing to reach a community IYCF strategy coverage of 31% at national level. Due to a lack of funds, only three program cooperation agreements were renewed during the period of 2016-2017, which led to a reduction of community IYCF strategy coverage.

Moreover, three main constraints were highlighted:

1. Community-based tools to be reviewed and simplified. The IYCF sub group of the nutrition working group of TFP has reviewed and simplified these tools
2. Lack of adequacy between the new profile of community health workers and the IYCF scaling up plan (number of CHWs linked to the village size and the strategy including how to ensure the multisectoral approach)
3. Lack of multiple partnership between mother-to-mother group, voluntary resource person, CBOs and capacity building NGOs to support IYCF scaling up plan.
4. Lack of regular monitoring and evaluation of IYCF program at facility and community levels supported

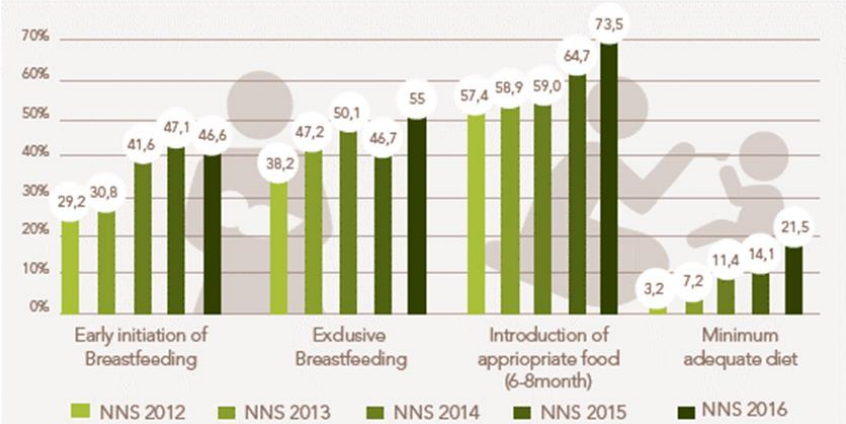
Regardless the constraints, the progress has been gained in IYCF indicators mainly due to the contribution of the national IYCF scaling plan (

[4] SEMUS - Association Solidarité et Entraide Mutuelle au Sahel
[5] AMMIE - Appui Moral, Matériel et Intellectuel à l'Enfant
[6] HELP - Hilfe Zur Selbsthilfe HELP
[7] MLAL - Progettomondo MLAL
[8] GRET - Groupe de Recherche et d'Echanges Technologiques
[9] IBFAN - The International Baby Food Action Network

Figure 3): the proportion of women who initiated breastfeeding within 1 hour of childbirth has increased from 29.2 % in 2012 to 46.6 % in 2016, while exclusive breastfeeding up to 6 months has increased from 38.2 % in 2012 to 55.0 % in 2016. The proportion of children aged 6-23 months who received the minimum adequate diet has steadily increased from 3.2 % in 2012 to 21.5 % in 2016 (NNS, 2016).

Due to a discontinuity in funding by major donors, these improvements are threatened and there is a high risk in decreasing IYCF coverages in 2017 on. Therefore, one of the key challenges is to strengthen the current IYCF community coverage (31%) and to reach the next annual coverage projections (37%) of the Burkina Faso's IYCF scaling up plan.

Figure 3. Trends in IYCF indicators between 2012 and 2016



Strengthen the fight against micronutrient deficiencies.

Furthermore, UNICEF Burkina Faso is addressing micronutrient deficiencies through Vitamin A supplementation (VAS), deworming and multiple micronutrient supplementation through the distribution of micronutrient powders, fortification including Universal Salt Iodization, and improved complementary food products. Supplementation is safe and cost-effective way of reaching the most vulnerable children. For an effective reduction of Vitamin A deficiencies, UNICEF and WHO recommend to apply 2 doses per year and per child, spaced about 4 to 6 months apart. In Burkina Faso, through the supplementation of VAS supported by UNICEF, the dose 1 and 2 coverage of VAS in 2016 reached 102.6% and 111.8% respectively[10], representing at least 3,100,457 children aged 6-59 months old supplemented with vitamin A twice a year.

Regarding Vitamin A Supplementation and Deworming, there remain challenges to keep on good performances. Until 2014, Vitamin A Supplementation's strategy in Burkina Faso was implemented through the Child Health Days (CHD) including a door-to-door distribution campaign strategy which was mainly supported by the World Bank. The VAS coverage was always around 100%. However, due to the drastic decrease in the World Bank funds, the phase out of the National Immunization Days (NIDs) and the little investment of domestic funds, it becomes very challenging to maintain high coverage of Vitamin A Supplementation countrywide through CHD campaign. In 2016, UNICEF became the most important donor (more than 90% of budget) for implementing CHD through mobilizing estimated around one million

[10] The coverage exceeded 100% due to the possible fluctuation in the total population of children 6-59 months coming from MoH estimates.

from multiple donors (Micronutrient Initiative (MI), UNICEF regular resources, Canadian Cooperation, Japanese Cooperation).

If the same level of funding is not raised in 2017, 3.3 million children could be deprived from VAS twice a year. To counter this, Burkina Faso will shift to routine of bi-annual Child Health Days events using existing strategies in the MoH (i.e. new community strategy with the recruitment of 17,000 Community Health Workers) and will continue to advocate to the government for broadening the numbers of partners who can contribute to the Child Health days.

Regarding Universal Salt Iodization, in line with findings of National Iodine Status and Anemia Survey Burkina Faso (NISAS) conducted in 2014, a road map including several ministerial sectors (health, customs, agriculture, research) was developed with a ten of critical actions in order to improve the consumption of adequately iodized salt. Whereas the household coverage of iodized salt (any iodine levels >5 ppm) is estimated at 82.4%, the coverage of adequately iodized salt is low (23.5%) compared to WHO guidelines. In addition, there are important disparities in the coverage across the regions, with higher coverage of adequately iodized salt in the West and lower coverage in the East.

Due to the internal human resource gap, UNICEF was not able to support the implementation of this road map in 2016. As UNICEF is a critical partner in USI, there is an urgent need to support the Government to improve the consumption of adequately iodized salt in order to protect more newborns against brain damage and to avoid learning ability losses due to intrauterine iodine deprivation.

Strengthen the information and coordination system:

Thanks to the government leadership and commitment, and UNICEF's technical and financial support, Nutrition information system has been widely developed and improved in the last years, mainly in the health sector. New admissions and performance indicators (cured, death and defaulter rates) are integrated in the Electronic Health Management Information Systems (e-HMIS) and data are monthly available. Ensuring the quality of data and analysis to facilitate the use of the evidences in programming still remain as main challenges.

Moreover, UNICEF supported annually the carrying out of the National Nutrition Survey over the past five years. The NNS allows to provide annual quality information about chronic and acute malnutrition, underweight, VAS and deworming coverage, morbidity rate and key IYCF indicators. Preliminary discussions with donors (European Union) are being carried out in order to support the development of multisectoral e-platform for nutrition information.

There is a need to improve reporting of community based interventions such as IYCF. For example, Community Health Workers (CHWs) found it difficult to use the available tools in particular for monitoring mother-to-mother support group platform. To tackle this weakness, UNICEF and partners worked alongside the government within the Nutrition Security working group to elaborate adequate monitoring tools to be used by CHWs.

Preliminary discussions with donors (European Union) are being carried out in order to support the development of multisectoral e-platform for nutrition information.

Regarding the coordination in nutrition, convergence of multisectoral interventions in the field is a fundamental pre-requisite to positively impact nutrition status of children and reduce stunting. At the upstream level, UNICEF has strongly supported the SUN movement's efforts for a multisectoral response

to nutrition. Specific fora were used to promote alignment across the partners and facilitate policy dialogue between partners and the government:

1. The Group of Technical and Financial Partners in Nutrition Security set up in 2011 and chaired by UNICEF since 2011 to date.
2. The UN network for SUN created in 2016 under the lead of UNICEF with the participation of FAO, UNFPA, WFP, WHO and REACH initiative. In 2017, WHO will assume the chair of the SUN-UN network, while UNICEF will continue support the network as the Vice chair.

Even if in 2016, the global thematic fund in nutrition was small (USD 12,949), its flexibility helped UNICEF to attain nutrition results in underfunded area in 2016. In 2017, UNICEF Burkina Faso expects to get more nutrition thematic funds in order to contribute to the implementation of IYCF scaling up plan and to ensure human resource salaries.

While there are pledges from donors to address nutritional needs for children affected by malnutrition in Burkina Faso, critical funding gaps remain for activities focused on the prevention of stunting and micronutrient deficiencies. Such funding shortages will, inhibit the scale up of interventions to achieve the national and furthermore global objective of stunting reduction including “Scaling up infant and young child nutrition, 2013-2025” targets. Because of the UNICEF’s privileged position as a “convener” of the partners working in Nutrition, internally in the office there is an urgent need to secure the funding to ensure the minimum human resources for the Nutrition unit to continue provide quality technical assistance.

Results Assessment Framework

The indicators for outcomes and outputs in nutrition, showing the results achieved by 2016 compared to the baseline and targets are in the Table 1 and Table 2.

Table 1.Baselines and targets of nutrition outcome indicators

OUTCOME INDICATORS	BASELINE (% OR #) 2011	TARGET (% OR #) 2017	PROGRESS (% OR #)
% underweight prevalence among children 0–59 months (% moderate and severe	26%	20%	19.2% (National Nutrition Survey 2016)
Global acute malnutrition (% moderate and severe)	10.2% (NNS 2011)	7%	7.6% (NNS 2016)
% Chronic malnutrition prevalence among children 0–59 months	34.1% (NNS 2011)	30%	27.3% (NNS 2016)
% of children aged 0 to 5 months exclusively breastfed	25% (DHS 2010)	80%	55.0% (NNS2016)
% of children aged 6 to 8 months who receive a food supplement	47% (DHS 2010)	75%	73.5% (NNS 2016)
% of children aged 6 to 59 months supplemented with vitamin A during the last six months.	67%	100%	102% (figure from the national nutrition survey – NNS 2014)
Minimum acceptable diet among children aged 6 – 23 months	3.2% (NNS 2012)	30%	21.5% (NNS 2016)

Table 2. Baselines and targets of nutrition output indicators

OUTPUT INDICATORS	BASELINE (% OR #)2011	TARGET (% OR #)2017	PROGRESS (% OR #)2016
% of Health Districts that have managed at least 50 per cent of SAM cases in children under five expected annually, disaggregated by gender	32%	60%	75%
% of Health Districts that have at least 80 per cent of children 6-59 months supplemented with vitamin A in the past six months	89%	95%	91%
% of under-five children with acute malnutrition correctly treated.	40% (2009)	80%	80%
% of health services providers trained on the integrated package of IYCF services.	0%	50%	35%
% of community health workers trained on the integrated package of IYCF services.	0%	24%	25%
% coverage of the strategic options prioritised in the community component of the Burkina Faso's IYCF scaling up plan.	0%	30%	31%

F. Financial Analysis

The planned amounts according to the Intermediate Results in Table 3 are USD 1,740,620 for IYCF, USD 1,651,393 for Micronutrients, USD 7,194,512 for Community-based Management of Acute Malnutrition (or IMAM) and USD 1,007,531 for General Nutrition (including strengthening the information and coordination system).

The planned amounts according to funding type are USD 8,084,644 for ORE, USD 2,386,367 for ORR and USD 1,123,045 for RR.

Table 3. Planned budget by Nutrition outputs in USD

Intermediate Results	Funding Type[1]	Planned Budget[2]
04-01 Infant and Young Child Feeding	ORE	581,404
	ORR	962,445
	RR	196,771
04-02 Micronutrients	ORE	170,165
	ORR	1,178,424
	RR	302,804
04-06 Community-based Management of Acute Malnutrition	ORE	6,982,281
	ORR	0
	RR	212,231
04-06 Nutrition General	ORE	350,794
	ORR	245,498
	RR	411,239
Total Budget		**11,594,056**

[1] RR: Regular Resources, ORR: Other Resources- Regular, ORE- Other Resources Emergency

[2] Planned budget for ORR and ORE does not include estimated recovery costs (only programmable amount)

UNICEF Burkina Faso received in 2016 few amounts of Thematic Funds (USD 12,949) donated by the Danish Committee for UNICEF (Table 4).

Table 4. Thematic Contributions Received for Nutrition by UNICEF Burkina Faso in 2016 (in US Dollars)

Donors	Grant Number*	Contribution Amount	Programmable Amount
Danish Committee for UNICEF	SC149904	12,949	12,289
Total		**12,949**	**12,289**

The expenditures amounts according to the Intermediate Results in Table 5 are USD 1,720,250 for IYCF, USD 796,717 for Micronutrients, USD 4,646,518 for Community-based Management of Acute Malnutrition (or IMAM) and USD 1,266,536 for General Nutrition (including strengthening the information and coordination system).

The planned amounts according to funding type are USD 5,221,612 for ORE, USD 2,069,150 for ORR and USD 1,139,259 for RR.

Table 5. Expenditures by Key-Results Areas in Nutrition in USD

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young Child Feeding	981,870	486,699	251,681	**1,720,250**
04-02 Micronutrients	58,267	395,784	342,665	**796,717**
04-06 Community-based Management of Acute Malnutrition	3,986,366	499,301	160,851	**4,646,518**
04-06 Nutrition General	195,109	687,366	384,061	**1,266,536**
Total	**5,221,612**	**2,069,150**	**1,139,259**	**8,430,021**

Only USD 621 were spent: USD 336 for Infant and Young Child Feeding and USD 285 for Community-based Management of Acute Malnutrition (Table 6).

Table 6. Thematic expenses by programme area

Intermediate Results	Expenses
04-01 Infant and Young Child Feeding	336
04-06 Community-based Management of Acute Malnutrition	285
Total Budget	**621**

The Table 7 generates spent amounts according to specific interventions in nutrition.

Table 7. Expenses by Specific Intervention Codes

Specific Intervention Codes	Expense
04-01-01 Infant and young child feeding implementation (including BFHI)	1,643,835
04-02-05 Micronutrient supplementation for children	707,689
04-04-01 Treatment of Severe Acute Malnutrition	4,605,650
04-06-01 Nutrition # General	349,449
04-06-04 Nutrition surveys, assessments and surveillance	820,762
08-01-01 Country programme process	10,441
08-01-06 Planning # General	43,207
08-01-07 Humanitarian Planning (CAP/SRP, HAC) and review related activities	-87
08-02-01 Situation Analysis or Update on women and children	4,221
08-02-05 Other multi-sectoral household surveys and data collection activities	14,080
08-02-08 Monitoring # General	46,675
08-03-01 Cross-sectoral Communication for Development	17,831
08-03-02 Communication for Development at sub-national level	1,860

08-05-01 Supply # General	24,065
08-08-01 Gender programming not classifiable by sector	8,768
08-08-03 UNICEF support to programming and capacity development on gender	3
10-07-12 Management and Operations support at CO	147,937
7921 Operations # financial and administration	-16,364
Grand Total	**8,430,021**

The planned amount was USD 11,594,056 and the funded amount was USD 8,430,021. The shortfall in nutrition 2016 was also USD 3,164,035 (Table 8). However, there is an amount of non-spent funds and carried forward[11] estimated at USD 1,126,291.

Table 8. Planned Budget, Available Resources and Shortfall in Nutrition for 2016

Intermediate Results	Funding Type[1]	Planned Budget [1]	Funded Budget [1]	Shortfall [2]
04-01 Infant and Young Child Feeding	ORE	581,404	981,870	-400,466
	ORR	962,445	486,699	475,746
	RR	196,771	251,681	-54,910
04-02 Micronutrients	ORE	170,165	58,267	111,898
	ORR	1,178,424	395,784	782,640
	RR	302,804	342,665	-39,861
04-06 Community-based Management of Acute Malnutrition	ORE	6,982,281	3,986,366	2,995,915
	ORR	0	499,301	-499,301
	RR	212,231	160,851	51,380
04-06 Nutrition General	ORE	350,794	195,109	155,685
	ORR	245,498	687,366	-441,868
	RR	411,239	384,061	27,178
Sub-total Other Resources - Emergency	ORE	8,084,644	5,221,612	2,863,032
Sub-total Other Resources - Regular	ORR	2,386,367	2,069,150	317,217
Sub-total Regular Resources	RR	1,123,045	1,139,259	-16,214
Total Budget		**11,594,056**	**8,430,021**	**3,164,035**

[11] contract and supply orders made in 2016 but spent in 2017

G. Future Work Plan

> "*This is an extraordinary time to work on Maternal and Child Nutrition. We know what works, we know how to make it happen, and we know that the world can afford it. Our obligation now is to make these essential nutrition interventions available to all children, adolescents, and women, beginning with the poorest, the excluded, and the most vulnerable*." (Victor Aguayo, UNICEF. Compendium of Actions for Nutrition 2017. REACH for the UN Network for SUN)

At the global level, the momentum is growing for with the United Nations resolution in 2016 proclaiming 2016-2025 as the United Nations Decade of Action on Nutrition and the Agenda 2030 including SDG 2, recognizing improvements in nutrition as a key priority.

At national level, nutrition is being put at the heart of the national development agenda: new strategic documents validated in 2016 (NESDP 2016-2020), new nutrition policy, Common Result Framework, national multisectoral Nutrition action plan are going to allow the promotion of coordinated multisectoral approach, scale up high impact nutrition interventions and accelerate malnutrition reduction. However, the current nutrition anchorage is not optimal in order to make more accountable all sectors involved in nutrition, make nutrition more visible on the national agenda. A specific advocacy will be led in 2017 by UNICEF and other partners through the financial and technical partner in Nutrition security and by all networks for SUN (UN, civil society, donor, private sector, and parliamentarian). This is an absolutely critical point in moving Nutrition agenda forward.

The next 2017 work plan will continue to support the IMAM program through supply procurement, support for screening and supervision as well as analysis and removal of main bottlenecks. It will continue to support the IYCF scaling up plan through training at facility level and strengthening of community IYCF strategy coverage including the implementation of nutrition sensitive interventions (WASH, ECD, small agriculture, acute malnutrition screening by mothers …).

In 2017, UNICEF will also support the change of VAS and deworming delivery strategy which is integrated in the new health community strategy. Moreover, UNICEF will support the strategy of home-based fortification with distribution of micronutrient powders through the community component of IYCF scaling up plan and support the implementation of USI road map. UNICEF will also support the strengthening of nutrition system surveillance including the monitoring of preventives interventions as well as the carrying out of the national nutrition survey.

For the new CPD 2018-2020 which will be examined by the Executive Board in September 2017, the key strategies in the Theory Of Change for the Nutrition component will include: 1) multi-sectoral coordination at the highest level, 2) support to planning of scaling up plans of both nutrition specific and nutrition sensitive interventions, 3) access to quality nutrition services and; and 4) the promotion of optimal maternal and child nutrition practices with a particular attention to the first 1000 days as well as strengthened intersectoral approach with early childhood development, Water and Sanitation, adolescents, etc.

To overcome funding gaps, UNICEF Burkina faso will continue to reinforce its partnership with existing donors such as ECHO, USAID/FFP and Japanese Cooperation. The Country Office also strives to further diversify its resources for Nutrition. For instance, to maintain high coverage of Vitamin A Supplementation nationwide, a four years project proposal has recently been submitted to Canadian Cooperation through

the UNICEF regional office to support the strategy change for VAS and deworming. Furthermore, UNICEF CO is currently developing two different proposals:

1. A proposal for Bill and Melinda Gates Foundation (BMG) regarding strengthening the national nutrition information management system and data, specifically for preventive interventions (i.e. IYCF),
2. A proposal for Micronutrient Initiative (MI) regarding adolescents' nutrition.

H. Expression of Thanks

UNICEF Burkina Faso would like to express their gratitude to all donors for their generous support, particularly for the Danish Committee for UNICEF. Your support has enabled UNICEF Burkina Faso countrywide to successfully fulfil women and children's well-being and right to appropriate nutrition and development by achieving 2016's results. Without such generous and flexible contribution, we would have not been able to provide appropriate assistance to children and women and increase the government capacities to move the Nutrition agenda forward.

I. Annexes: Human Interest Stories and Donor Feedback Form

The GASPA, a community initiative to fight against malnutrition

Located about ten kilometers from the town of Bani in the south of Dori, Dalinga is one of the 104 villages in the Sahel region where UNICEF, in partnership with the NGO Help, is implementing the Infant and Young Child Feeding (IYCF) project.

Gjénéba is 27 years old. She is breastfeeding Djamila, her 2 months old baby. Native from Dalinga and mother of 3 children, she joined the IYCF Learning and Practice Group (GASPA) 8 months ago.

The first two children of Djénéba did not receive optimal nutrition and follow-up in the first 1000 days. Djeneba would have liked her first two pregnancies to happen under the same conditions as the third but she was not given the opportunity. Awareness-raising sessions in the village square and through door-to-door talks by community health workers had not convinced her previously. But the establishment of the GASPA was the trigger that positively influenced her behavior in favor of good practices for the development of her child.

Djénéba says: "First, I joined the group of pregnant women while I was in my third month of pregnancy with Djamila and then later on the breastfeeding group after delivery. Thanks tothe awareness and advice I have received since joining the GASPA, I have abandoned the bad practices that have occurred because of ignorance. I am now proud of the changes in our lives and my children are doing better"

As for Ouguessatou, she immediately joined the GASPA as soon as she learned she was pregnant. Aged 26, she is actually in her 7th month of pregnancy after the birth of her first two children. She started the prenatal consultation in the first three months of her pregnancy and follows it regularly. The existence of GASPA is an opportunity for her. "In the group, we share our concerns with each other and we support each other," she says. Indeed, thanks to one of the members of the GASPA that owns a vegetable garden, Ougessatou is able to find vegetables to ensure a diet rich in vitamin for the good evolution of her pregnancy. Added to this, she also consumes regularly baobab leaves which are a food intake beneficial to her health.

There are 15 GASPA in Dalinga. Community-based Health Workers (CHWs) supported by the Community-Based Implementation Organizations (CBO-E) lead the GASPA meetings and discussed themes l focus on prenatal consultation, assisted- delivery at the health center, exclusive breastfeeding for up to 6 months, early breastfeeding, donation of colostrum to the newborn, complementary feeding including fortified porridge preparation, hygiene and follow-up of the child's immunization schedule.

Djibrila Oumarou is 34 years old. He is a community-based health worker (ASBC) in the village of Dalinga. He has led the GASPA since January 2016. He is a mechanic and practices agriculture during the rainy season. Well trained on infant and young child feeding, he is responsible for 4 GASPAs, which he leads in turn at the end of each month.

"We explain to pregnant women the benefits of prenatal consultation for a better follow-up of pregnancy til delivery at the health center. This is also the moment when we insist on exclusive breastfeeding and especially breastfeeding immediately after birth, "he said". As for breastfeeding women, we are raising awareness of the benefits of exclusive breastfeeding, the follow-up of the vaccination schedule, how to avoid malaria by sleeping under a mosquito net, ensuring adequate supplementation of the young child after months, and adopting good Hygiene practices", he adds.

Djibrila is proud of its work and inspires consideration within the community. He gained more and more confidence and became increasingly convincing. The adherence and the active participation of women in the GASPA are a source of motivation for Djibrila who dedicates himself body and soul. "Every woman must come to put into practice what is said during meetings and this must be felt on the physical aspect and behavior of the child," he said with conviction.

For Noufou Ganamé, the head nurse in Bani health center, outreach activities in the communities are invaluable. Thanks to Community-based Health Workers (CBHAs), the NGO “HELP” with UNICEF support, has contributed to reducing the number of malnourished children by setting up GASPAs at village level. "We are registering a significant decrease of malnutrition in the villages where GASPAs are active. Although we still record cases of malnourished children referred by the CBHAs to the health center, their numbers are decreasing significantly, "said Noufou.

Initiated in 2015 in partnership with Help, the UNICEF-funded ANJE project covers 104 villages in the Health districts of Sebba and Dori in the Sahel. For the pilot phase of the project, 1600 women's groups were trained, i.e. about 27 000 women enrolled in the GASPA.

The rate of acute malnutrition has decreased from 15.5% in 2015 to 7.9% in 2016 and the rate of chronic malnutrition has decreased from 46.6% in 2015 to 33.1% in 2016 in the Sahel region (national nutrition surveys 2015 and 2016).

Photos and captions

https://goo.gl/photos/wywLEfd8E52K8pf87

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:
Name:
Email:

***

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1.To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!