

PMA2020 NUTRITION SURVEY RESULTS: BURKINA FASO

August 2018



Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key health indicators in 11 countries. The project is implemented by local universities and research organizations, deploying a cadre of female data collectors trained in mobile-assisted data collection. PMA2020/Burkina Faso is led by l'Institut Supérieur des Sciences de la Population (ISSP) at Université Ouaga I Pr Joseph Ki-Zerbo. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

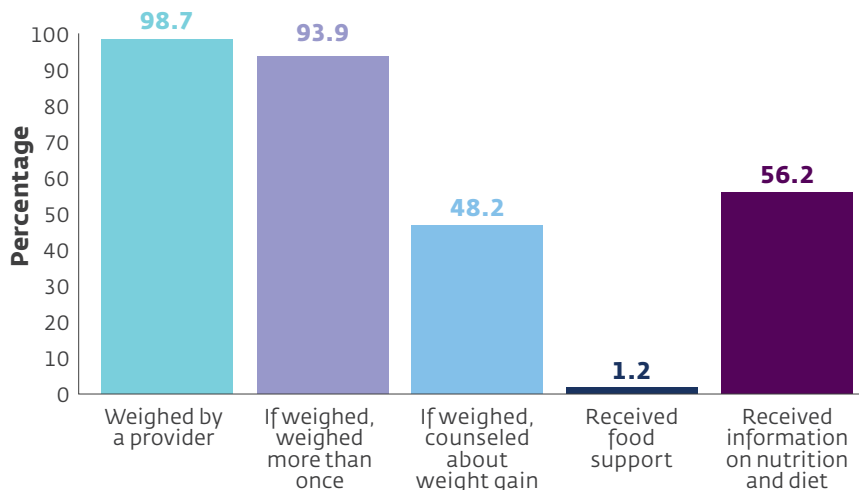
For more information, visit <http://www.pma2020.org>

NUTRITION INTERVENTIONS FOR PREGNANT WOMEN*

Antenatal Care (ANC) is the primary delivery platform for nutrition interventions to pregnant women in Burkina Faso.

- 83% of pregnant women visited a qualified ANC provider at least once
- 70% reported attending four or more ANC visits
- On average, women reported attending 4 ANC visits during pregnancy

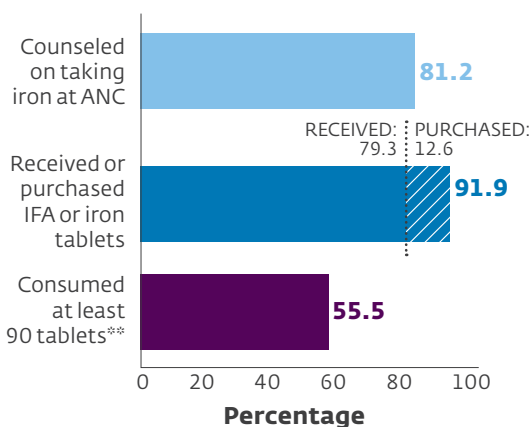
Interventions during ANC



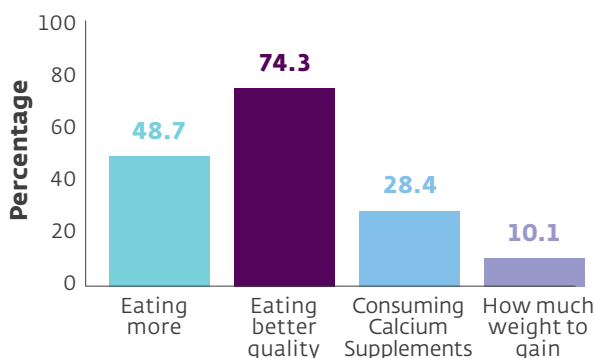
Among women who received information on nutrition during ANC

- 76% received during group education sessions
- 24% received during one-on-one counseling

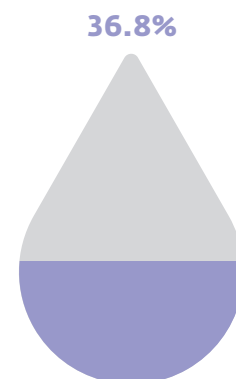
Iron-Containing Supplements



Counseling Messages Received at ANC



Received Vitamin A in first month post-partum



* Respondents are women age 10-49 who had a live birth in the last two years

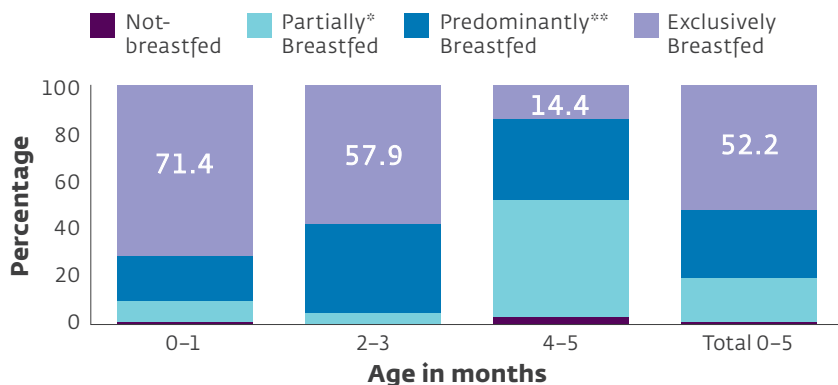
** Of those who received the supplement

BREASTFEEDING

Breastfeeding practice (0-23 months), %

Early initiation of breastfeeding (within 1 hour)	50.0
Gave baby colostrum	90.1
Given pre-lacteal within 3 days of birth	13.8
Continued breastfeeding at 24 months	63.5
Received infant formula in last 24 hours	3.3

Breastfeeding pattern (0-5 months old)



*Definition of Partial: child consumed breastmilk and other forms of milk and/or soft, solid or semi-solid foods in last 24 hours.
 ** Definition of Predominant: child consumed breastmilk and other water-based liquids in last 24 hours.

Breastfeeding Counseling and Support at Four Critical Contact Points

DURING ANC

- 43% of pregnant women received information from ANC provider about how to feed their newborn.

WITHIN 2 DAYS OF DELIVERY

- 89% of women gave birth in a facility
 - Of those, 42% said a health care worker helped them put the baby to breast the first time.
- 38% of all women received information about feeding their newborn.
- 41% of all women were observed breastfeeding by a health worker to ensure correct technique.

AT VISIT WITHIN 2-30 DAYS OF DELIVERY

- 27% of women received information about feeding their newborn.
- 26% of women were observed breastfeeding by a health worker to ensure correct technique.

AT SICK CHILD VISIT IN PREVIOUS 2 WEEKS FOR BREASTFED CHILD 0-23 MONTHS

- 67% of caregivers were counseled about continued breastfeeding during illness.

COMPLEMENTARY FEEDING

Complementary Feeding: Appropriately Timed and Targeted Counseling

FOR 0-5 MONTH OLDS

- 37% of caregivers ever received advice on complementary feeding.
 - Of those, 41% received advice in the last month.

FOR 6-11 MONTH OLDS

- 50% of caregivers ever received advice on complementary feeding.
 - Of those, 31% received advice in the last month.

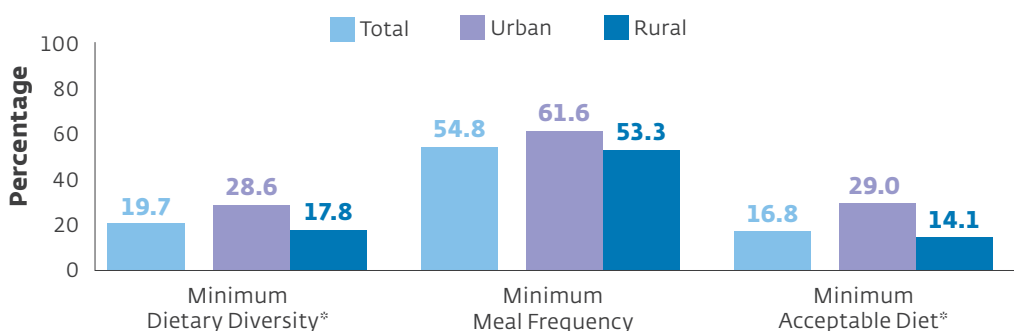
FOR 12-23 MONTH OLDS

- 60% of caregivers ever received advice on complementary feeding.
 - Of those, 14% received advice in the last month.

FOR CHILDREN 0-23 MONTHS WITH SICK CHILD VISIT IN PREVIOUS 2 WEEKS

- 36% of caregivers received advice on continued feeding during illness.

Complementary Feeding Practice (6-23 months old)



Introduction of soft, semi solid or solid foods between 6-8 months

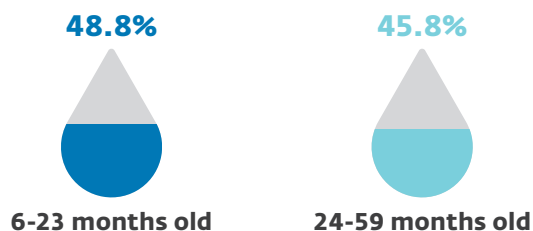
67.6%



*PMA2020 reflects a recently proposed change to the MDD definition in the UNICEF Meeting Report on Reconsidering, Refining, and Extending the WHO IYCF Indicators and corrects for bias and corrects for bias against breastfed children by including breast milk as a food category and uses a cut off of >5 food groups for all children.

NUTRITION INTERVENTIONS FOR CHILDREN UNDER 5

Children 6–59 months Who Received a High-Dose Vitamin A Supplement in Previous 6 Months



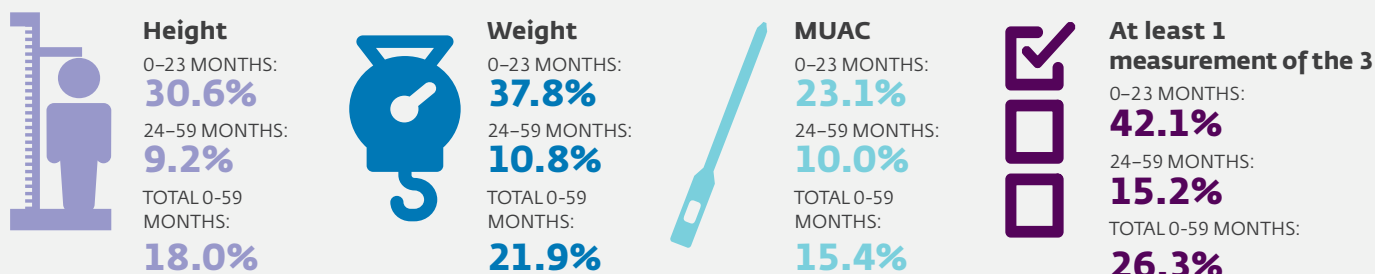
Children 0–59 months with Diarrhea in the Last Two Weeks, %*

	TREATED WITH ORS	TREATED WITH ORS AND ZINC
0–23 months:	27.7	16
24–59 months:	23.9	14.3

* Respondents could choose multiple options. 25.6% of children 0–59 months had diarrhea in the past 2 weeks

Growth Monitoring and Screening for Malnutrition

Children who had height, weight, or mid-upper arm circumference (MUAC) measured in the last 30 days



Nutritional Status of Children 6–59 Months Old on Day of Survey by Food Security Status, %*

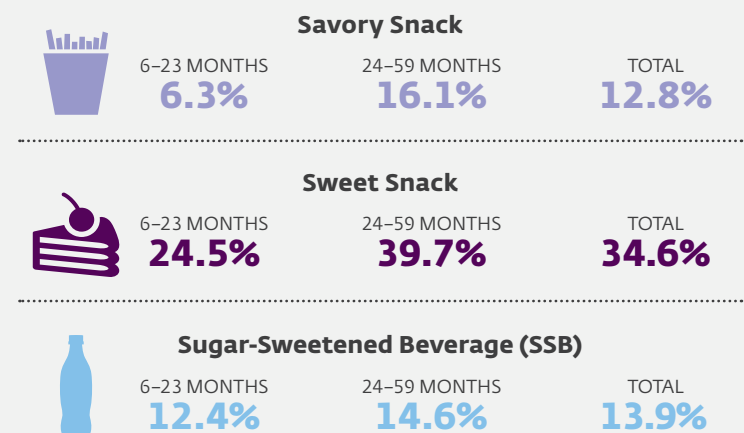
	LOW TO NO FOOD INSECURITY	MODERATE FOOD INSECURITY	SEVERE FOOD INSECURITY
Moderate Acute Malnutrition (MUAC 115–125 mm)	0.8	1.6	2.5
Severe Acute Malnutrition (MUAC <115 mm)	0.3	0.4	0.8

Only 9% of children were ever enrolled in a food support program

*Food security status is determined by the raw FIES score <http://www.fao.org/3/a-bl354e.pdf>

CHILD CONSUMPTION OF SNACKS AND SUGAR-SWEETENED BEVERAGES (SSB)

Children 6–59 Months Who Consumed Snack Foods or SSB Yesterday



SOURCE OF SNACK FOOD AND SSB FOR CHILDREN 6–59 MONTHS

- Among children consuming sweet snacks, 80% had at least one that was processed or packaged.
- 72% of children who consumed savory snacks reported having at least one purchased from a vendor or restaurant, compared to the 12% that reported consuming a processed or packaged snack.
- 59% of children who had an SSB reported consuming at least one that was processed or packaged.
- For all products, urban children consumed more processed or packaged forms than rural children.

DIETARY INTAKE ADOLESCENT GIRLS AND WOMEN (10-49 YEARS)

Consumption of at least 5 of 10 Food Groups Yesterday

36.3%



All 10-49 years

48.7%



Urban

33.0%



Rural

Fewer than 3% of non-pregnant women accessed iron supplements

Consumption of Snack Food and Sugar-Sweetened Beverages Yesterday



Savory Snack

URBAN
14.5%

RURAL
6.4%

TOTAL
8.1%



Sweet Snack

URBAN
17.0%

RURAL
10.6%

TOTAL
12.0%



Sugar-Sweetened Beverage (SSB)

URBAN
52.3%

RURAL
32.0%

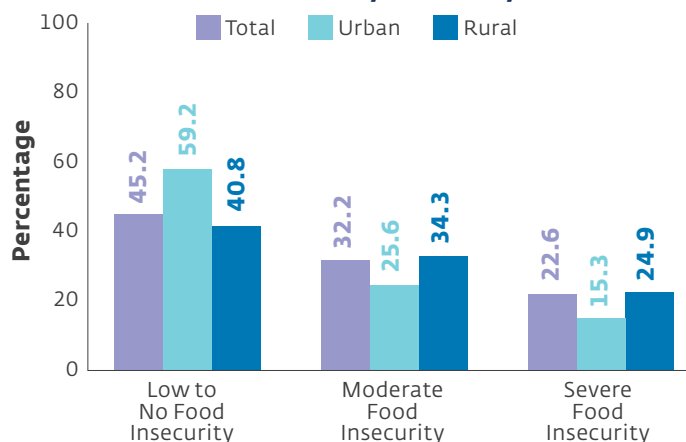
TOTAL
36.2%

SOURCE OF SNACK FOOD AND SSB FOR WOMEN 10-49

- Among women who consumed SSB, homemade SSB were more common among rural (74%) compared to urban (46%) women
- Among women who consumed sweet snacks, 56% had at least one that was processed or packaged
- Among women who consumed savory snacks, 61% had at least one prepared by a vendor or restaurant. Only 4% had one that was processed or packaged.
- For all products, urban women had more processed or packaged or vendor/restaurant made products than women in rural areas.

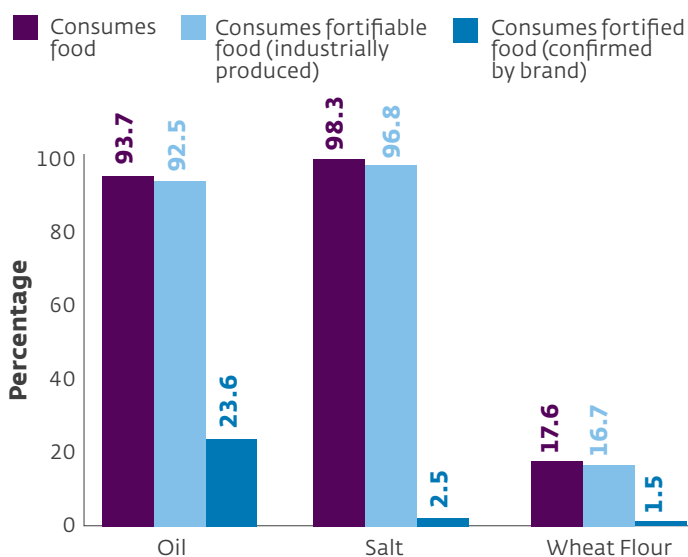
HOUSEHOLD INDICATORS

Household Food Security Status by Residence*



*Food security status is determined by the raw FIES score <http://www.fao.org/3/a-bl354e.pdf>

Coverage of Foods in National Fortification Program, % of Households*



*Adapted from FACT survey indicators <https://www.gainhealth.org/knowledge-centre/fortification-assessment-coverage-tool-fact/>



7% of households recognize this food fortification logo and of those households, 27% are influenced to buy food because of the logo.

SURVEY DESIGN

PMA2020/Burkina Faso Nutrition Round 2 used a multi-stage cluster design with urban-rural strata. The sample of 83 enumeration areas (EAs) was drawn from l'Institut de la Statistique et de la Démographie (INSD) master sampling frame. In each EA, 43 households were randomly selected. The household survey was administered to all consenting households selected. Forty-five percent of households were then randomly sub-selected. The female-child questionnaire was administered to all women age 10-49 in sub-selected households, and to caregivers of children under five in all selected households, with one form per child. Data collection was conducted between June and August 2018. The final sample included 3,467 households (97.1% response rate), 2,634 eligible households (75.9% eligible rate), 2,411 females (98.6% response rate), and 2,853 children under 5 (99.2% response rate).



Performance Monitoring and Accountability 2020

