

# **FOCUS: LINK NCA IN BURKINA FASO, 2012/13**

In Burkina Faso, a study using the link NCA method was conducted between September 2012 and January 2013 in the Tapoa Province, in the far east of the country, where malnutrition rates remain well above the national average. If in March 2011, before the NCA was conducted, they were 12.3% for GAM and 2.5% for SAM, they remain in 2013, 10.8% for and 1, 4% (according to MUAC) respectively.

The Tapoa province is inhabited by eight large Gourmantché lines, rooted in their territory, each headed by a traditional chief, and where Fulani families are also settled. Both share arable land and transhumance corridors. Agricultural activities are characterized by three large areas (north, center, south), with greater activity of transhumance in the north, as opposed to the south with an intensification of arable land for growing cotton and rice. ACF (Action Against Hunger) has worked in the region since 2009.

Through a qualitative and quantitative study, and a strong analysis of secondary information, a number of risk factors were identified. The qualitative survey, in particular, was used to develop a local definition (emic) of under-nutrition. Three areas in particular stand out: (1) the financial vulnerability of households directly undermines the nutritional status of mothers and children, (2) a growing need for women to seek support from health facilities to regulate birth spacing, and finally (3) the need for infrastructures that can improve water quality in rural areas of the Tapoa. Communities, technical experts, and other key stakeholders were in consensus on these risk factors as evidenced by the strong confidence they have assigned to them during the validation process.

Qualitative surveys, if they are not suitable or not understood by communities, can lead to lack of involvement from participants.

One of the most relevant lessons learned in this investigation was that the participation of women in the focus groups was outstanding, and has been a success factor as well as a sign of success. It was necessary to have the means and the time necessary to discuss in detail some sensitive topics; working on the translation and analyze the results.

Apart from a few understandable exceptions, most women were able to participate in all the long stages of the investigation. They were also able to meet, connect, and relate more to each other, they took the opportunity to discuss fundamental issues in their lives and also have a good time. The benefits to the village were also an opportunity for them to bring to everyone important messages that they wanted to relay. This success can also be attributed to the time spent on the qualitative approach (6 days per village), the quality of the investigators and the friendly approach of these exercises. Confidentiality was maintained throughout the year. The qualitative survey also differentiates the situations of Gourmantché and Fulani communities.

One of the great findings of this study is that one of the main triggers of acute under-nutrition appears to be depending on the seasonal calendar of infantile diarrhea during the months of February and March.

- Yes, there is a greater risk of food instability /insecurity during the lean season, from June to August. It is at this time that for rural people food crop production/consumption is very low. This period parallels the rainy season, during which families have been practicing food self-sufficiency since the previous harvest in October, totaling eight months of food self-sufficiency. It is for women living in greater economic insecurity that financial and food insecurity stand out as key risk factors to malnutrition.
- For “middle” and “better-off” wealth groups the first three causes are identical and in the same order. They are: birth spacing, water quality, and financial insecurity of women.
- For Fulani women, it is the water quality that ranks first, while Gourmantché women put an emphasis on exclusive breastfeeding. Fulani women feel more endangered by food insecurity, while Gourmantché women do not hold this as a risk factor to child malnutrition.
- The general consensus from the women (Gourmantché and Fulani, all wealth groups, from the four villages) at a plenary meeting in the village of Morideni during the restitution of study results to communities, is to rank risk factors as such: (1) Quality of the water. (2) Food insecurity. (3) Financial insecurity of women. (4) Birth spacing. (5) Exclusive breastfeeding.

While most analyses assume that acute malnutrition rates are strongest during the lean season (July-August) because of a low dietary diversity for children; the data suggest on the contrary that there is a peak of malnutrition during March-May

- At the time of the NCA, there has been a seasonal peak of admissions in March and April for three consecutive years.
- Admissions drop between June and September and increase again at the end of the year. These peaks of admissions at first appear startling compared to the lean season (July-August in the Tapoa) when new admissions seem to decrease while food insecurity is very high for many families.
- A comprehensive analysis of surveillance nutrition information shows an overall significant association between morbidity (diarrhea) and weight gains of children 6-24 months which were monitored. The peak of diarrhea and peak estimated GAM rates are at the same time of year: February to April.
- Children dietary diversity does not drop dramatically during the lean period. The effect of the lean season is not felt in the same way by all household members and affects adults more than children. In the Tapoa province, younger children are prioritized when it comes to food compared to the rest of the household. During the lean season, wild foods (fruit, leaves) are also available, and free, and are sometimes not highlighted in dietary diversity surveys. This is a time also marked by greater availability of cow's milk (good grazing) and eggs.

The peak of diarrhea early in the year is a major factor in acute malnutrition. In the Tapoa province, there is a real problem of access to safe water sources (access rate of 38.81% in 2012, data from the ministry) and many people are forced to buy from contaminated water sources. The period from February to March match with the dry season when access to traditional water wells and surface water becomes very problematic if not impossible. During this season, the water issue which prevails as a causal factor of diarrhea is thus one of quantity (shortage of water used for hygiene), compared to lack of water in quality which is not seasonal.

This is not to say that a child's diet is not a factor of malnutrition in the Tapoa province, quite the contrary, but we show that a child's diet does not vary dramatically over the year and is not directly impacted by the seasonality of household's food security. Young children feeding rather varies with the age of the child, the number of young children in the household and the economic level of households.

Indeed, the analysis also shows (1) a certain causality between cash/income shortage for women and poor dietary diversity among children; (2) that households lack money to access basic services (health / water / education); and (3) that birth spacing is not practiced: the forced weaning of the firstborn might undermine her/his health, and cause a deterioration of her/his physical development in the elder child. Mothers reported that when this happens, women and the two children (the eldest and youngest) suffer a lot.