

INFANT AND YOUNG CHILD NUTRITION IN BURKINA FASO

Childhood malnutrition is a serious public health problem in Burkina Faso, one of the world's poorest countries – 181st out of 187 countries¹. There is a small decrease in the prevalence of acute malnutrition (wasting) from 15.7% in 2010 to 10.9% in 2015² and the prevalence of stunting in children under five years of age is still high at 33%, despite a decline in recent years.

Poor Infant and Young Child Feeding (IYCF) practices are a major contributor to child malnutrition. In 2012, only 3.2% of children six to 23 months of age received the minimum acceptable diet, whereas only 4.8% consumed foods from a minimum of four food groups³.

From 2012 to 2014, under the leadership and coordination of the Burkina Faso Direction of Nutrition, Ministry of Health (MoH), the Micronutrient Initiative (MI) supported UNICEF to scale-up the management of severe acute malnutrition (SAM) throughout the country.

In addition, from 2013 to 2015, MI collaborated with Terre des Hommes, a Swiss NGO, to design and implement an innovative community-based continuity of care approach demonstration project. The project addressed prevention, timely detection, and community-based management of acute malnutrition, in the health district of Tougan, in the Boucle du Mouhoun Region.

¹ Human Development Report, 2011

² UNICEF-WHO-World Bank Group Child Malnutrition Dashboard 2015; <http://data.unicef.org/resources/child-nutrition-interactive-dashboard-2015-edition.html#>

³ Ministry of Health Burkina Faso, 2012. National Nutrition Survey 2012.

PROJECT APPROACH

- Situational analysis: MI conducted a landscape analysis and built collaborative relationships with national stakeholders to identify and understand existing gaps in Infant and Young Child Nutrition (IYCN).
- Add value to existing local initiatives: fill delivery gaps in the “continuum of care”; focus on the prevention of undernutrition; and on community-based treatment of Moderate Acute Malnutrition (MAM) and SAM.
- Build an integrated community-based demonstration program: combine child-focused growth monitoring and promotion (GMP) with distribution of multiple micronutrient powders (MNP) for home fortification of complementary foods; as well as include cooking demonstrations and intensive individual and group counselling on appropriate infant and young child feeding (IYCF) practices and community-based management of MAM.
- Knowledge generation: implementation research to produce evidence to strengthen the program, and inform further scale-up and global policy.

PARTNERS

- Ministry of Health, Nutrition Directorate
- UNICEF Burkina Faso
- Terre des Hommes, Lausanne (TdH)
- Institute de Recherche en Sciences de la Santé (IRSS), Ougadougou
- Institute of Tropical Medicine (ITM) Antwerp, Belgium

KEY COMPONENTS OF THE PROJECT

- Integration of delivery platforms across the continuum of care:
 - Institutional capacity strengthened to treat SAM at national scale, by supporting MoH through UNICEF with additional training and supervision of health workers coupled with quarterly screening for acute malnutrition.
 - Demonstration program with TdH on improved capacity and coverage of community-based screening and management of MAM as well as timely referral of SAM.
 - Use GMP sessions as entry point for an integrated package of nutrition interventions.
- Improve caregiver awareness of appropriate IYCF practices; address food security issues:
 - Interpersonal counselling and cooking demonstrations of improved home-made complementary foods.
 - Promotion and distribution of MNPs to all children six to 23 months.
- Strategic research collaboration and local research capacity building to generate evidence for project input and scale-up.
- Advocacy with national stakeholders and the Nutrition Directorate to ensure project findings are used to inform future programming and policies.

“ Since I have started to follow the cooking demonstration and applied it at home, my child eats well and now he is healthy.”

– Mother Kassoum

FINDINGS

- 86% of children 0-23 months of age registered by TdH at the beginning of the project were enrolled in GMP sessions.
- Community-based management of MAM as successful as standard facility-based MAM treatment: 334 children 6-59 months with MAM were diagnosed and treated with a 89% recovery
- Findings of the morbidity and impact surveys suggest overall the project did improve IYCF practices but did not result in improvements in nutritional status, probably due to a deteriorated food security situation. Distribution of MNPs did not result in major effects on morbidity from infectious diseases, such as diarrhoea, fever and malaria.
- Findings from the qualitative study confirmed the project was perceived as successful by both caregivers and Community Health Workers (CHWs) in reducing rates of malnutrition and improving health status of infants. The free distribution of MNPs and medicines contributed greatly to the positive attitude of the community for the project.
- Challenges were identified and should be translated into recommendations for future programs: the heavy workload of CHWs; the need for continued capacity building of CHWs; and poor food security and lack of raw materials for cooking demonstrations. In addition, women were not sufficiently empowered to translate improved knowledge on IYCF into practice.

ACHIEVEMENTS

- **734,736 children** reached with acute malnutrition screening and prevention services.
- **59,496 additional SAM** cases detected and treated, with a recovery rate of 90%.
- **3 million MNP** servings supplied and distributed to households.

SUSTAINABILITY

MI will disseminate the findings and lessons learned to national stakeholders and the Ministry of Health to facilitate the adoption of community-based GMP, including distribution of MNPs for home fortification of complementary foods in future programming. In addition, MI will support publication of the findings of this project in international peer-reviewed journals to contribute to the global evidence base.

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