

Alimentation du Nourrisson et du Jeune Enfant en situation d'Urgence (ANJE-U)

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**Report on the IYCF-E capacity assessment pour guider l'inclusion de l'ANJE-U dans le plan national de mise à l'échelle de l'ANJE et l'opérationnalisation des activités de l'ANJE-U dans la réponse d'urgence.**

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**Table of contents**

Contents

[Executive Summary 3](#_Toc91618334)

[Background. 7](#_Toc91618335)

[Exiting global guidance on IYCF-E that mandates implementation of IYCF-E 8](#_Toc91618336)

[Purpose of the capacity assessment exercise. 9](#_Toc91618337)

[Methodology 9](#_Toc91618338)

[Documents reviewed 9](#_Toc91618339)

[Findings and recommendations. 10](#_Toc91618340)

[**Policies/guidelines/strategies** 10](#_Toc91618341)

[**Capacity development** 10](#_Toc91618342)

[**Mécanismes de coordination** 11](#_Toc91618343)

[**IYCF implementation including integration aspect** 12](#_Toc91618344)

[**Information management** 13](#_Toc91618345)

[**Communication and Advocacy:** 13](#_Toc91618346)

[**Financing** 14](#_Toc91618347)

[Annexes 14](#_Toc91618348)

[**Annex 1: Key documents** 14](#_Toc91618349)

# Executive Summary

Burkina Faso has made Significant strides towards the reduction of stunting in the country using several strategic interventions including Infant and young child feeding (IYCF) practices. There exists several policies, guidelines and action plans on nutrition. One of the policies is the national nutrition policy that includes the implementation and scale up of the promotion of IYCF practices. The national scale up plan for the promotion of IYCF practices whose implementation began in 2013 has resulted into some gains as shown in the mid-term review carried out in 2021. The Plan and activities however do not cater for IYCF support during emergencies for which the country is facing due to several factors including insecurity, the COVID-19 pandemic, and effects of climate change. The 2021 Humanitarian Needs overview (HNO) estimates that 3.5 Million people are in need of which 1.5 Million require nutritional assistance.

This desk review and the IYCF-E mapping were carried out as part of the country institutional capacity mapping exercise to examine existing (and required) capacity to support, protect and promote IYCF practices in emergencies. It is one of the activities engaged in as part of the IYCF-E support provided by the GNC-TA Technical Support team IYCF-E advisor to the Burkina Faso Nutrition Cluster. Recommendations from the documents review and the mapping tool will guide the development of the IYCF-E action plan to be included in the existing national IYCF scale up plan.

 Under non-emergency circumstances, IYCF practices are not practiced to their best as shown by the various nutrition and KAP surveys. This situation can be worsened during emergencies. Providing IYCF support in emergencies requires a set of competencies, policies, tools, resources and a multisectoral approach to ensure lifesaving IYCF practices - at a minimum – do not worsen and – at best – are improved. Les practices de l’ANJE dans le rapport SMART 2020 montrent qui 63,4% des enfants bénéfice d’une mise au sein précoce et allaitement exclusive est as 64,3%, la poursuite de l’allaitement est à 96.4% des enfants de 12-15 mois. Résultants sue l’alimentation de complément montrent qui 29,2% des enfants consomme au moins 4 groupes d’aliments et l’alimentation minimale acceptable ont reporté à 21,9%. Overall, breastfeeding practices are good and more needs to be done to achieve appropriate complementary feeding practices. The existing national IYCF strategy focuses on promotion which is long-term development and so more focus on protection and support in emergencies is needed. IYCF-E is not included in the national emergency preparedness and response plan. And, although the plan is being implemented, the coverage is still very low to have an impact on reducing malnutrition[[1]](#footnote-2) and much less so in emergencies.

The report shows results of a desk review and an institutional capacity mapping exercise (using a mapping tool) to determine the country’s (government, partners and organisations) capacity to deliver quality IYCF in emergencies. The mapping exercise was carried out using a mapping tool that was a combination of the IYCF-E capacity mapping and assessment tool[[2]](#footnote-3) and the GNC-TA IYCF-E checklist[[3]](#footnote-4) and was tailored to the Burkina Faso context. Both the desk review and mapping exercise were based on the following pillars:

* policies/guidelines in place,
* capacity development,
* coordination mechanisms,
* integrated IYCF implementation as part of the national nutrition policy (including reducing the risk of artificial feeding),
* information management,
* communication and advocacy.

The mapping tool exercise also included the financing aspect.

**Table 1: Summary of document review findings**

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| **Pillar** | **Findings from relevant document review** |
| Policies/guidelines | IYCF is included as part of the national Nutrition policy. The 2013-2025 scale up plan for the promotion of IYCF practices and the package for integrated IYCF services are the key basis for IYCF interventions in place. Legislation on BMS was adopted in March 2021 through an inter-ministerial directive. Implementation has yet to begin. The adoption of the code and the subsequent WHA resolutions is an opportunity to strengthen the implementation of IYCF-E by ensuring the that the roadmap for implementation of the decrees includes IYCF-E. |
| Capacity development | There exists a training package on IYFC targeting all health workers providing maternal and child health. It contains a facilitators guide power point presentations and handouts. This was developed as part of delivering the Integrated services package for IYCF. The package however contains some content that is not context-specific, no clear aspects on IYCF-E and is not up to date with information on the evolution of prevention of malnutrition such as the 1000 days and the use of multi-sectoral interventions. It is currently under revision by the IYCF TWG and an IYCF-E component has been added. The modules on IYCF-E in the revised package will include topics on definition of optimal IYCF/IYCF-E, importance, challenges, links between morbidity, mortality, and IYCF, assessments and priority areas when planning for IYCF-E. Only one training on IYCF-E was carried out in the past 3 years. |
| coordination mechanisms | The nutrition cluster is functional and has been in place since 2019. There exists an IYCF technical working sub-group that was under the nutrition and community participation thematic working group since 2012. The initial objective of the group was to support the development of the IYCF scale up plan 2013-2025. This sub-group as of 2020 is a TWG under the nutrition Cluster (and a ToR has recently been tailored from the GNC ToR template) and the overall objective is to ensure coordination of and that the IYCF-E response is in line with the national and international guidelines. Although there is a TWG, national level coordination is very poor for IYCF-E. Recommendation is to have the group activated and strengthened to achieve its activities as outlined in the ToR.  |
| IYCF implementation including integration aspect | IYCF activities (mainly promotion) are being implemented in the country as per the IYCF scale up plan. The coverage of the services is still below the desired level that can lead to an impact on reducing the rates of stunting. Activities do not have any focus on IYCF-E. This can be attributed to the scale up plan having been developed at the time when the context was considered a development setting. There are no specific activities that address IYCF-E. Infant feeding in emergencies is mentioned with no concreate set of activities and outcomes envisaged. Partners including UNICEF are supporting IYCF-E in regions affected by the emergency par example la mise en place d’espaces mère-enfants. There is need for inclusion of IYCF-E interventions as recommended in the IFE -operational guidance and the Sphere standards.To minimize the risk of artificial feeding there is need for the Ministry of health/Nutrition department to engage with all stakeholders to develop an implementation plan and for partners and community to engage in the implementation of the Code. |
| Information Management | There is a national data collection system in place (DHS 2(ENDOS) and the 5 W matrix. Data on IYCF that is collected is irregular and focused on the performance of the IYCF support groups called the Groupe d’apprentissage et de suivi de pratiques ANJE (GASPA). Data collected includes PLWs recruited into the groups, meetings attended, counselling done in the groups, trainings etc. The mid-term review report indicates that IYCF counselling is not carried out at all opportunity points of contact during service delivery and there is no obligation for partners to collect and share data on IYCF. Although there exists a national program for the scaling up of IYCF, no IYCF specific survey has ever been done. Existing information on IYCF is collected as part of the SMART surveys which do not encompass all IYCF indicators. Recommendation is to include indicators on IYCF-E in the current information management system and increase appreciation and use the data through reporting, sharing with the nutrition Cluster and using the information for decision making aimed at better implementation and plan for surveys specific to IYCF/E. |
| Communication and advocacy | There is no communication strategy in place for IYCF and or IYCF-E. Although UNICEF has a communication strategy, it does not include IYCF-E. The cluster does not have a joint statement and or advocacy strategy for IYCF-E. There exists IEC Materials on IYCF, however most have not been updated.  |

**Table2: Summary of the capacity mapping exercise using the mapping tool.**

Overall, the outcome from the mapping tool exercise shows low capacity in all areas assessed.

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| **Pillar** | **Findings from the data collected using the mapping tool** |
| Policies/guidelines/Plans/Strategies | Scored 39%. This shows the highest capacity of the pillars and is still considered low capacity. High values were on existence of national provision on epidemics, current legislation on BMS, private sector engagement and HRP. |
| Capacity development (Human resources) | Scored 27%. There is very limited human resource capacity on IYCF-E and this too was reflected in the documents review. There are very few health workers that have been trained on IYCF-E. Some frontline workers have been trained on IYCF and these can be trained or receive orientation on IYCF-E especially in the emergency-affected areas. IYCF is included in training curriculum for some cadres and orientation materials exist. |
| Coordination mechanisms | Scored 3%. There is nutrition Cluster and a TWG for IYCF but not much coordination is done for IYCF-E because not many partners are supporting IYCF-E specific interventions.  |
| IYCF implementation including integration aspect | Scored 33%. This was the pillar that scored second highest. Although there are overall very few IYCF-E specific interventions, there are several activities on promotion, protection and support for maternal nutrition (albeit more in the promotion spectrum) and IYCF-E sensitive activities. There is a minimum service package, the implementation of the code, IYCF-E is included in the HRP, there are opportunities for integration, the BFHI and in some cases community members are included in the IYCF activities. Management of BMS is not catered for and so is the supply chain for BMS and there are no concrete action plans for IYYCF-E as part of the emergency response (with exception to the baby-tents supported by UNICEF in some regions) |
| Information management | Scored 4%. The results from the interviewees indicated almost to nothing in terms of information management for IYCF-E. IYCF-E is not included in the information management system and there are no indicators on IYCF-E. There have not been assessments on IYCF-E. The only aspect that had a score in this pillar was the country profile on IYCF. This arises of from existence of key indicators on IYCF that are collected from national SMART surveys.  |
| Communication and advocacy | Scored 0%. There is no communication and or advocacy strategy or plan regarding IYCF-E. there is no joint statement on IYCF-E. Although there is a recently signed decree on marketing of BMS, there is no position paper on the donations. In addition, there has not been any sensitisation of the media on IYCF-E. |
| Financing | Scored 27%. There is some funding for IYCF-E activities but is generally not targeted specifically to IYCF-E activities and where it is provided, it is not sufficient. |

# Background.

Burkina Faso has taken milestones in implementing the national Infant and Young Child Feeding (IYCF) programs in the country as stipulated in the “Scale up plan[[4]](#footnote-5) for the promotion of best practices in Infant and Young Child feeding in Burkina Faso (2013 to 2025). The recent review done with support from UNICEF shows an improvement in the different IYCF practices[[5]](#footnote-6) and this is also reflected in the 2020 SMART survey report[[6]](#footnote-7). IYCF is embedded within the national nutrition plan and the nation health plan.

 La malnutrition reste un problème de santé publique au Burkina Faso bien que des améliorations aient été signalées (De 2009 à 2020, de la prévalence du retard de croissance de 35,1% à 24,9% et pour la malnutrition aiguë de 11,3% à 9,1%). Les mauvaises pratiques en matière d'IYCF contribuent à la malnutrition chez les enfants de moins de 5 ans. Le rapport de l’enquête multisectorielle de 2015 montrent que la malnutrition aiguë est estimée à 13,5%. En septembre 2020, l'UNICEF a signalé que plus d'un demi-million d'enfants souffraient de malnutrition aiguë L'enquête SMART 2020 a fait état d'une malnutrition aiguë globale de 9,1 % (malnutrition aiguë sévère de 1 %). Environ 25% des enfants âgés de 0 à 5 ans souffrent de retard de croissance. Globally breastfeeding is the most cost-effective intervention to improve child survival. It is estimated that the scaling up of breastfeeding to a near universal level could prevent more than 820,000 annual deaths, or 13% of all deaths of children younger than 24 months[[7]](#footnote-8). In addition, breastfeeding prevents almost 20,000 annual deaths from breast cancer. Inadequate breastfeeding in Burkina Faso results in over 3000 preventable deaths, more than a million cases of diarrhea and pneumonia and over a million dollars are spent in health care treatment costs[[8]](#footnote-9).

 Dans le pays, les practices de l’ANJE dans le rapport SMART montrent qui 63,4% des enfants de 0-23 mois bénéfice d’une mise au sein précoce et allaitement exclusive est as 64.,3%, la poursuite de l’allaitement est a 96.4% des enfants de 12-15 mois. Résultants sue l’alimentation de complément montrent qui 29,2% des enfants consomme au moins 4 groupes d’aliments et l’alimentation minimale acceptable ont reporté à 21,9%. D'autres pratiques d'ANJE rapportées dans l'enquête SMART sont présentées dans le tableau ci-dessous.

Tableu 1: Indicateur de l’ANJE SMART 2020

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| **Indicateur** | **Percentage au niveau national** |
| D’enfants ayant reçu le colostrum | 95,4% |
| D’enfants âgés de 12 a 15 mois encore allaites  | 96,4% |
| L’allaitement jusqu’à l’âge de 2 ans | 80.1% |
| Alimentation de complément en temps opportun | 77,4% |
| Fréquence minimum des repas | 76,9% |
| Femmes en âge de procréer ayant consommé au moins 5 groupes d’aliments | 17,5% |

Compte tenu de l'insécurité dans le pays, pays depuis décembre 2018 a entraîné des vagues de déplacés internes (PDI) et a limité l'accès aux services de santé et de nutrition incluent de l’AJNJE et ANJE-U, entraînant une détérioration de l'état nutritionnel de la population. Une enquête KAP réalisée dans le district sanitaire de Zorgho/Région du Plateau Central en septembre 2020 par IBFAN, a montré une alimentation complémentaire opportune à 73,8% parmi les répondants, 88,4% des mères ont déclaré qu'elles prévoyaient de continuer l'allaitement jusqu'à 2 ans ou plus. Cependant, seulement 11,4% des enfants avaient un score de diversification alimentaire acceptable (Score ≥4/7 groupes alimentaires).

Une enquête réalisée dans les provinces du Gourma et de la Kompienga sur les Connaissances, Attitudes et Pratiques des mères en matière d'Alimentation du Nourrisson et du Jeune Enfant (ANJE), d'assainissement, de pratiques d'hygiène et de santé dans, a montré l'allaitement maternel exclusif jusqu'à l'âge de six mois à 78,7%, la diversification alimentaire à partir des six mois à 63,9%. Les soignants sont conscients des messages clés par exemple 95,1% sont d'accord pour dire que le colostrum doit être donné aux nouveau-nés et plus de 90% ont mentionné l'importance du colostrum.

L'enquête nutritionnelle rapide (Rapid SMART)[[9]](#footnote-10) menée en octobre 2020 dans 11 municipalités comptant le plus grand nombre de déplacés internes a révélé une situation grave avec des taux de malnutrition aiguë globale variant de 8,6% dans la municipalité de Kongoussi (région du Centre Nord) à 18,4% à Gorom-Gorom (région du Sahel). The government with support from UNCEF provides services for treatment and prevention of malnutrition including promoting and supporting recommended IYCF practices. However as the IYCF-E profile as show above is poor and with the increased insecurity and the COVID-19 pandemic, it’s necessary to integrate IYCF-E within the existing health system so as to cater for those that are affected by the emergency situation and to ensure that the gains made from implementation of the IYCF scale up plan are not lost.

# Exiting global guidance on IYCF-E that mandates implementation of IYCF-E

**i) Resolution 63.23 of the World Health Assembly (WHA):**” urges Member states to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers2 on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria”;

**ii) Sphere standards on IYCF-E**

Standard 4.2: Policy guidance and coordination

Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding

Sstandard 4.2: Multi-sectoral support to infant and young child feeding in emergencies

Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks, is culturally sensitive and optimises nutrition, health, and survival outcomes.

# Purpose of the capacity assessment exercise.

The nutrition Cluster realizes the limited capacity among partners to implement a coherent IYCF-E response. The capacity mapping was done de comprendre la capacité du gouvernement, des partenaires et des autres parties prenantes à soutenir et à fournir des services ANJE-E de qualité dans les zones touchées par l'urgence.

Outcomes from the assessment will be used to inform the process for improving the ability of health service providers to support mothers to practice optimal IYCF including exclusive breastfeeding during emergencies.

The desk review was done get insight into the context, existing activities, services and guidance on IYCF and IYCF-E in the country and identify gaps and opportunity areas for implementation of IYCF-E in the country.

# Methodology

Documents were shared by the UNICEF team and others through an online search (refer to list of documents reviewed below). The mapping exercise was carried out using a mapping tool that was a combination of the IYCF-E capacity mapping and assessment tool and the GNC-TA IYCF-E checklist and was tailored to the Burkina Faso context.

The documents were reviewed against the 6 key pillars set out in the current operational guidance on IFE and these same pillars are reflected in the mapping tool. The pillars are:

* policies/guidelines in place,
* capacity development,
* coordination mechanisms,
* integrated IYCF implementation as part of the national nutrition policy (including reducing the risk of artificial feeding),
* monitoring and evaluation,
* communication and advocacy.
* Financing (assessed using the mapping tool).

The mapping tool was shared with the nutrition cluster (the Director of the nutrition department, the Nutrition Cluster coordinator, deputy coordinator) for review prior to sharing with the Nutrition partners. The final tool (in excel format) was sent to nutrition cluster partners, the Nutrition department, Regional health department heads and some partners in the health and WASH sector. The completed tools were sent to the IYCF-E advisor for consolidation. The scores were further clarified and made concrete following discussions during the training and the validation workshop and calculated into percentages. Capacity per pilar was graded as shown below.

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| 0-20%: Very low capacity |
| 21-40%: Low capacity |
| 41-60%: Moderate capacity |
| 61-80%: Strong functional capacity |
| 0-20%: Very strong capacity |

# Documents reviewed

* Le passage à l’échelle de la promotion des pratiques optimale alimentation du nourrisson et du jeune enfant au Burkina Faso 2013 – 2025
* Report on the Review of the scale up plan 2013-2025
* KAP report in Central plateau region by IBFAN in 2020
* Rapport de Connaissances, Attitudes et Pratiques (CAP) des mères en matière d’Alimentation du Nourrisson et du Jeune Enfant (ANJE), d’assainissement, de pratiques d’hygiène et de santé dans les provinces du Gourma et de la Kompienga, Burkina Faso by ACF 2021.
* APAIB/IBFAN Afrique. Initiative Mondiale de suive des tendances de l’allaitement, Rapport de re-évaluation au Burkina Faso, Juillet 2015.
* Plan stratégique multi-sectorielle de Nutrition
* Politique national multi-sectorielle de Nutrition 2020-2025
* Décret de règlementation de la commercialisation des substituts du lait maternel
* National Multi-Risk Contingency Plan for Disaster Preparedness and Response
* UNICEF’s advocacy strategy.
* The most up-to-date nutrition Cluster 5W matrix
* National nutrition SMART surveys for 2019 and 2020

# Findings and recommendations.

## **Policies/guidelines/strategies**

Overall, there exists policies/guidance on nutrition, mainly developed in a bid to reduce chronic malnutrition and ensure nutrition security but none exists specifically for IYCF and/or IYCF-E. The 2015 World Breastfeeding Initiative report for Burkina Faso and the mid-term review of the IYCF scale up plan score policies as poor. The capacity mapping tool results also show low capacity in this area although in comparison to other pillars, this is the one that has the best score. The policies most relevant to IYCF/ IYCF-E include the code, the politique national multisectoral de nutrition. In the Politique national multisectorelle de nutrition, a thematic working group for IYCF is catered for but not IYCF-E and activities specific to IYCF-E are not included in the intervention plans and strategies. This therefore inhibits the protection and promotion of IYCF and financing in emergencies. There is no policy/strategy on IYCF/IYCF-E, existing policies on nutrition do not clearly spell out interventions on IYCF-E and neither is the IFE- operational guidance used as a key document in the emergency response. Le mise en œuvre de code est élaboré dans l’arrêté interministériel de relatif à règlementation de la commercialisation des substituts du lait maternel (SLM), des aliments pour nourrissons et jeunes enfants et des ustensiles d’alimentation. The decree includes the WHA resolutions and clearly spells out the various BMS substitutes and Looks at quality, information on use and promotion in the public. The decree also mentions the formation of a multisectoral and interdisciplinary committee (different government ministries, NGOs, WHO, UNICEF, IBFAN and Family health International) to monitor the implementation of the Code.

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| **Recommendations:*** Develop and regularly update and disseminate a joint statement on IYCF-E
* Strengthen the existing IYCF Technical working Group’s capacity to a national level coordination entity that can adequately advocate for the inclusion of IYCF-E in the national nutrition agenda.
* Advocate for and develop a national strategy specific to IYCF/ IYCF-E
* Support and strengthen the implementation of the adopted resolutions concerning the Code
* Use the existing nutrition policies to justify the need to focus on IYCF in emergencies and include the IFE operational guidance as a short-term solution to implement IYCF-E in the affected areas as the Cluster puts a proper IYCF/IYCF-E strategy is in place.
* Include IYCF-E in emergency preparedness plans.
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## **Capacity development**

Both the documents review, and the assessment tool results indicated limited capacity and capabilities on the human resources for IYCF-E front. The score from the mapping tool is 27% (low capacity). There exists no explicit objective in the national nutrition plan on trainings and capacity development in general. Trainings are embedded in all nutrition plans including the IYCF scale-up plan. Limited capacity among practitioners is one of the challenges hampering IYCF implementation but few in the health workforce are trained on IYCF-E. There is a training package on IYCF targeting all health workers providing maternal and child health however this is not translated into any of the local languages. This training is supposed to be carried out for all health workers prior to the implementation of the Paquet intergre de services ANJE (PISA). It contains a facilitators guide power point presentations and handouts. Content is focused on the technical aspects of IYCF promotion during pregnancy and for children 0-24 months and counselling and communication skills. This was developed as part of delivering the Integrated services package for IYCF. The package however contains some content that is not context-specific and is not up to date with information on the evolution of prevention of malnutrition such as the 1000 days and the use of multi-sectoral interventions. There are job aids that are used by health workers during counselling but do not include IYCF in difficult situations and emergencies.

Le plan strategic multisectorielle de nutrition indicates that orientation sessions on IYCF-E should be carried out for frontline service providers. Trainings have been caried out for both MoH and some partners. Community-based volunteers are fully trained on basic counselling and key IYCF messaging in areas where the GASPA is implemented. The same observation is made in the scale-up plan midterm review report. It’s important to note that IYCF-E is minimally covered where in one of the modules, the obstacles to breastfeeding during emergencies are mentioned and key points for counselling. ToTs were carried out in only 5 out of the 13 regions as reported in the WBHTi 2016 report. Trainings nationally are yet to be implemented. Only one training on IYCF-E has been carried out in the country by Save the Children in 2019. The mapping tool further reported lack of institutional roles for implementing IYCF/IYCF-E interventions, no orientation of health workforce and customs personnel on IYCFE, lack of national IYCF-E trainers and a clear strategy on IYCF-E.

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| **Recommendations*** The main recommendation is to increase awareness among the decision makers on the importance of IYCF-E in light of the increasing emergencies in the country and people affected.
* The ongoing revision of the IYCF training package should ensure to capture a comprehensive IYCF-E and a quick orientation package for frontline health workers in addition to approaches to implementing IYCF in emergencies including implementation of recommendations from the code, minimizing the risk of artificial feeding and multi-sectoral interventions. Currently what is to be included is: definition of optimal IYCF/IYCF-E importance, challenges, links between morbidity, mortality, and ANJE, assessment and priority areas when planning for IYCF-E.
* Carry out individual capacity mapping of health workers to determine the gaps the frontline workforce’s ability and resources to implement IYCF-E.
* Allocation of sufficient funding for training in IYCF and IYCF-E
* Training. There is need to improve capacity on ground from the grassroots to national level emphasizing the importance of IYCF-E, the continuum of IYCF-E and key IYCF-E specific and sensitive interventions and integration. Carry out trainings for trainers at national level and cascade trainings at regional and district level.
* Higher level orientation on the importance of IYCF-E (donors etc.)
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## **Mécanismes de coordination**

The document review revealed that there are a set of several coordination platforms and mechanisms under the umbrella of the PNMN. Il s’agit notamment le Conseil national de Concertation en Nutrition (CNCN), the Secrétariat technique charge de l’amélioration de l’alimentation et de la nutrition des mères et des enfants (STAN). These are established to ensure better governance and coordination for nutrition and following up the implementation of the policy. At the Ministry level, the Direction nutrition and directions regional are mandated to ensure coordination of nutrition activities. There is the nutrition cluster in place since 2019 under which the IYCF TWG is has coordination as a core function. In addition, coordination is embedded in the IYCF scale up plan. From the mapping exercise, this pillar was scored 3% (very low-capacity category). In as much as there are the aforementioned platforms/mechanisms, there is very limited coordination for IYCF-E as not many IYCF-E interventions are included as part of the emergency response. There is nutrition Cluster and a TWG for IYCF but is not much coordination is done for IYCF-E because not many partners are supporting IYCF-E specific interventions. The current IYCF TWG is not very active, with very few meetings held. In addition, the IYCF focal person position in UNICEF that would provide technical support is vacant. The current GGT is led by GRET.

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| **Recommendations:*** Support the Nutrition department to lead the coordination of activities.
* Strengthen the existing IYCF TWG to play a coordination role for both IYCF and IYCF-E. This should include revising the current Terms of Reference to cater for IYCF-E, increasing the membership of the group to include partners implementing IYCF in the affected zones, training the members on IYCF-E and development of a short-term action plan with concrete coordination activities
* Establish links between the various stakeholders and programs implemented in emergencies to ensure that a multi-sectoral approach is taken towards implementation of IYCF-E. The HNO and HRP can be used a basis for ensuring a harmonized and coordinated effort.
* Carry out orientation of all stakeholders under the PTF umbrella to understand not only importance of focusing on IYCF-E in the most affected areas but that the gains made from the implementation of IYCF since 2013 will be lost if IYCF-E is not implemented in the affected regions
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## **IYCF implementation including integration aspect**

The Burkina Faso key document for implementation of IYCF activities is the scale up plan as deduced from the documents review. Overall, activities as elaborated in the plan have been carried out as shown by the results of the various surveys with an IYCF component indicate. The main challenge is that the document does not mention IYCF-E. Basic IYCF activities are carried out in health centres. These mainly include individual counselling and sensitization. In the affected communities however, this is likely not to be the case due to accessibility challenges.

From the capacity assessment exercise, the resulting score was 33% (low-capacity category). This was the pillar that scored second highest. Although there are overall very few IYCF-E specific interventions, there are several activities on promotion, protection and support for maternal nutrition (albeit more in the promotion spectrum) and IYCF-E sensitive activities. There is a minimum service package, the implementation of the code, IYCF-E is included in the HRP, there are opportunities for integration, the BFHI and in some cases community members are included in the IYCF activities. Management of BMS is not catered for and so is the supply chain for BMS and there are no concrete action plans for IYYCF-E as part of the emergency response (with exception to the baby-tents supported by UNICEF in some regions)

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| **Recommendations*** Development of an IYCF-E focused strategy. This will put focus on IYCF-E clearly stating the mandate of the various stakeholders at all levels and ensure activities are aligned towards achieving effective IYCF-E. The current passage a l’echelle is not sufficient and does not mention activities specific to IYCF-E.
* Ensure that IYCF counselling is a component of the minimum package of humanitarian health and nutrition services. A package of IYCF protection, promotion, and support interventions, policies and programmes that include IYCF counselling, and which are designed to support mothers at household, community, and facility level will have the greatest impact. This package should prioritise the most vulnerable, including babies, mothers and other caregivers in need of immediate support and those at increased risk of developing breastfeeding difficulties or engaging in inappropriate IYCF practices.
* Include IYCF-E activities in the calls for proposals targeting the emergency response
* Encourage and support IYCF activities through a multi-sectoral approach so as to facilitate optimal IYCF-E.
* Identify and document IYCF-E interventions to track progress, learn, and inform scale up in emergency settings.
* Enable the authorised government body (and ensure collaboration of that entity with the humanitarian partners) to enforce the implementation of the decree, penalties for any identified violations.
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## **Information management**

There is a system in place for data collection from community to national level but limited information on IYCF is collected. The results from the assessment exercise indicated almost to nothing in terms of information management for IYCF-E and this pillar scored 4% (Very low capacity). IYCF-E is not included in the information management system and there are no indicators on IYCF-E. There have not been assessments on IYCF-E. The only aspect that had a score in this pillar was the country profile on IYCF. This arises of from existence of key indicators on IYCF that are collected from national SMART surveys. There is a national information management system which is the DHIS 2/ENDOSS. Based on the documents review, there remains challenges in terms of effective data collection and reporting, timeliness, reporting on community activities etc. Important to note is that a very limited number of indicators in IYCF are collected and these do not include IYCF-Information is collected on the GASPA activities. WBTI reported insufficient supervision and monitoring of IYCF activities in the field and non-harmonized data collection at community level. Some WHO defined IYCF indicators are collected through the national SMART surveys

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| **Recommendations:*** Document IYCF-E interventions to track progress, learn, and inform scaling up in emergency settings.
* Strengthen the information system to include IYCF and IYCF-E. The cluster lead by the Ministry of health should agree on key indicators that report in IYCF-E activities including age and sex segregation.
* Update the list of IYCF indicators to include IYCF-E related indicators.
* Capacity development: Train both government and implementing partners staff on rapid assessments and train existing information management staff IYCF-E with focus on Monitoring and evaluation for IYCF-E to appreciate the importance of collecting information on IYCF-E.
* Strengthen the monitoring of the implementation of the regulations on marketing of BMS.
* Advocate to include more indicators on IYCF-E n the DHIS
* Update the current MIRA tool (contextualized by the Comite National de Secours d’Urgence et de Rehabilitation (CONASUR) to include IYCF-E
* Plan and carry out IYCF/IYCF-E specific evaluations
* As the nutrition cluster, support the government to establish a sustainable monitoring and enforcement mechanism to implement the code
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## **Communication and Advocacy:**

There is no communication and or advocacy strategy or plan regarding IYCF-E. the capacity assessment exercise scored this pilar 0% and there was not much information that could be found during the documents review. There is no joint statement on IYCF-E. Although there is a recently signed decree on marketing of BMS, there is not position paper on the donations. In addition, there has not been any sensitisation of the media on IYCF-E.

The only advocacy specific document that was reviewed is the UNICEF’s national communication and advocacy strategy for nutrition (2020-2024). The strategy however does not have any reference to IYCF-E. There are several structures in place that can ensure communication on and for nutrition in general including various ministries, organisations/association engaged in nutrition, journalism clubs, community leaders, women groups, entities under the SUN movement etc. The IYCF thematic working group is mentioned as key to the implementation of the strategy with support from partners. IYCF activities includes in the plan are sensitisation on IYCF in various local languages on radio and TV and the production of IEC materials.

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| **Recommendations*** Develop a quick orientation package on IYCF-E for key government sectors, donors and partners.
* Rapidly circulate the IFE CG tools “how to write and talk about infant and young child feeding in emergencies” and “media guides for infant and young child feeding in emergencies” (https://www.ennonline.net/ife/iferesourcesoutputs) as a stop gap to ensuring good communication as a communication and advocacy strategy is developed.
* Develop a communication and advocacy strategy
* Support and train partners on effective IYCF-E communication.
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## **Financing**

This pillar was assessed in the capacity mapping tool but not during the documents review and scored 27% (low-capacity category). There is some funding for IYCF-E activities but is generally not targeted specifically to IYCF-E activities and where it is provided, it is not sufficient. There is no government funding targeting IYCF-E interventions and neither does the HRP provide for a specific allocation to IYCF-E response. In addition, there are not many donors (database) in the country known to fund IYCF-E.

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| **Recommendations*** Ensure adequate allocation of budget to enable implementation of IYCF-E in all relevant sectors.
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# Annexes

## **Annex 1: Key documents**

Below are a list of policies/national strategies and plans that include nutrition that can be used a basis for advocacy and inclusion of IYCF-E in existing nutrition programming.

* Stratégie nationale de Communication et de plaidoyer en faveur de la nutrition 2020-224
* Plan stratégique multi-sectorielle de Nutrition
* Politique national multi-sectorielle de Nutrition 2020-2025
* Le plan national de développement sanitaire
* Plan national de développement économique et Social (2016)
* Politique Nationale de Santé (PNS),
* Politique Nationale de Sécurité Alimentaire et Nutritionnelle (PNSAN)
* Stratégie de l’initiative « Plus fort avec le Lait Maternel Uniquement-PFLMU »
* Politique et Stratégie Nationale d’Assainissement (PSNA),
* Politique Nationale de l’eau (PNE)
* Politique nationale Genre (PNG)
* Politique Nationale de Protection Sociale (PNPS),
* Politique Nationale d’Action Sociale (PNAS).
* Décret de règlementation de la commercialisation des substituts du lait maternel
* National Multi-Risk Contingency Plan for Disaster Preparedness and Response
1. UNICEF, 2021, Rapport de la revue du plan de passage á l’échelle de l’ANJE [↑](#footnote-ref-2)
2. UNICEF, Save the children, Global Nutrition Cluster. IYCF-E Capacity mapping tool, Eastern and Southern Africa Regional Office,2020. [↑](#footnote-ref-3)
3. UNICEF, GNC. Nutrition in Emergencies, checklist for the Nutrition Cluster, IYCF-E checklist. 2020. [↑](#footnote-ref-4)
4. Plan de passage à l’échelle de la promotion des pratiques optimales d’alimentation du nourrisson et du jeune enfant au Burkina (2013-2025). [↑](#footnote-ref-5)
5. UNICEF, Rapport de la revue du plan de passage á l’échelle de l’ANJE, 2021 [↑](#footnote-ref-6)
6. Enquete nutritionnelle nationale, SMART, 2020 [↑](#footnote-ref-7)
7. Victora CG, Bahl R, Barros A et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. Lancet. 2016;387:475-490. [↑](#footnote-ref-8)
8. <https://www.aliveandthrive.org/en/country-stat/burkina-faso>. [↑](#footnote-ref-9)
9. Enquête nutritionnelle dans le commun de Djibo au Burkina Faso selon la méthodologie Rapid SMART. DAYVICUS International, UNICEF,PAM, IRC, 2020 [↑](#footnote-ref-10)