

Alive & Thrive Burkina Faso

2017–2022



Alive & Thrive (A&T) is a global nutrition initiative to save lives, prevent illness, and ensure healthy growth of mothers and children. From 2009–2014, A&T demonstrated that rapid improvements in infant and young child feeding (IYCF) are possible in settings as diverse as Bangladesh, Ethiopia, and Viet Nam. In 2014, A&T began working in Burkina Faso, India, Nigeria, and throughout the Southeast Asia region, expanding its scope to include maternal and adolescent nutrition, and using agriculture and social protection programs as delivery mechanisms for maternal, infant, and young child nutrition (MIYCN). Now A&T is leveraging its robust network and knowledge base to strengthen systems and build capacity in these and other countries in Africa and Asia.

A&T's work in Burkina Faso began as a partnership with the Ministry of Health (MoH) to implement the National Scale Up Plan for Infant and Young Child Feeding (2013–2025). In the Boucle du Mouhoun region, A&T specifically focused on improving breastfeeding counseling and support offered at primary health centers, and complemented this with community mobilization activities. A&T's first three years led to notable improvements in the early initiation of breastfeeding and widespread motivation among mothers to breastfeed exclusively.

From 2017–2022, A&T is expanding beyond breastfeeding to include maternal nutrition and complementary feeding in support of the full continuum of the first 1,000 days—the critical nutritional period spanning from conception to two years of age. Below are some highlights of A&T's work that focuses on advocating for improved policies, strengthening MIYCN systems and services, and generating evidence to inform the future scaling of MIYCN coverage in other Francophone West African countries.

Policy advocacy

Partnerships and advocacy support. A&T's targeted advocacy to key decision makers and donors is raising the priority of MIYCN at a national level, and enabling the institutionalization and scale up of MIYCN interventions. One of the critical ways that A&T is able to influence change is through the policies that guide the provision of standard care. Through collaborative efforts with partners, such as the Global Financing Facility (GFF), A&T is helping to integrate MIYCN in reproductive, maternal, neonatal, and child health (RMNCH) services. Other advocacy efforts include:

- Advocating for increased funding and accountability for MIYCN services;
- Supporting the enforcement of the International Code of Marketing of Breast-milk Substitutes;
- Building the capacity of the government and partners in policy creation and advocacy communication;
- Advocating for an expanded set of MIYCN indicators in Health Management Information Systems (HMIS) and national surveys; and

RESULTS FROM BOUCLE DU MOUHOUN

Exclusive breastfeeding improved from

34% TO 93%

(in intervention area)

*The results of an impact evaluation on the A&T integrated breastfeeding intervention were published in *The Lancet Global Health* in 2019.*

Available at: <https://www.aliveandthrive.org/BurkinaFaso-Lancet>.



- Supporting regional MIYCN campaigns, such as the “Breastmilk Only, No Water” campaign, which includes advocacy for social and behavior change, as well as policy advocacy.

To effectively support this advocacy agenda, A&T is continuing to compile evidence, form partnerships, and engage a network of journalists and professional associations by holding workshops, and assisting in the development of tools for MIYCN advocacy.

Systems strengthening

Systems strengthening is critical for sustained improvements in MIYCN. A&T is strengthening national and regional health systems, and the linkages between facilities and communities, to effectively mainstream and deliver MIYCN services.

Through ongoing technical support, A&T develops skills, tools, and monitoring systems that support effective program and service delivery.

Capacity building and performance tools. To improve the quality of service provision, A&T is continuing to build the capacity of health care workers, while equipping them with the necessary tools to be successful. An example of this is A&T’s work with Terre des Hommes to incorporate MIYCN content into the digital patient record for Integrated Management of Neonatal and Childhood Illness (IMNCI) visits. After pilot testing in the Boucle du Mouhoun region, the MoH plans to take the integrated tool to scale.

Strategic use of data. A&T is working with the regional health directorates and the Directorate General of Health Statistics, to improve the quality and utilization of routine MIYCN data. By facilitating regular regional and district-level reviews, and improving data visualization, A&T is increasing government accountability and capacity to recognize the performance of middle managers and frontline workers. At the regional level, A&T is supporting the government of Burkina Faso to participate in activities such as TRANSFORM Nutrition’s efforts to strengthen data use for policy and program improvements, and regional workshops implemented by Countdown 2030 and the West African Health Organization to build capacity for data analysis.

KEY ADVOCACY PARTNERS

- UNICEF
- International Baby Food Action Network
- Action Against Hunger
- Scaling up Nutrition (SUN) Movement
- Terre des Hommes
- Directorate of Nutrition, Ministry of Health (MoH)
- Directorate of Family Health, MoH
- Directorate of Health Promotion and Education, MoH

Knowledge and learning

Delivering MIYCN interventions through multiple program platforms is critical for achieving scale and sustainability. By conducting both formative and implementation research, A&T is generating new knowledge to inform effective implementation strategies. Two implementation research studies are being conducted in partnership with the MoH and the International Food Policy Research Institute (IFPRI). One study looks at maternal nutrition and early initiation of breastfeeding in two regions. The study is in collaboration with the World Health Organization (WHO), and includes quantitative and qualitative assessments to understand how a package of maternal nutrition interventions can be strengthened in existing antenatal care (ANC) services.

Another study is looking at the local government’s ability to mobilize resources and support complementary feeding using community platforms (i.e. women’s groups and cadres of community volunteers). This is an important initiative because health facility attendance drops off after one year of age when children have completed their immunizations. Families need the support of community-based workers to encourage appropriate feeding practices. The study design uses qualitative and quantitative methods, and includes tracking of local government contributions. Learning from the two studies is expected to strengthen government commitment for scaling up maternal nutrition, and complementary feeding interventions - in addition to furthering support for breastfeeding.