

# Strengthening the integration of maternal, infant, and young child nutrition into reproductive, maternal, newborn, and child health platforms in Burkina Faso: an urgent need



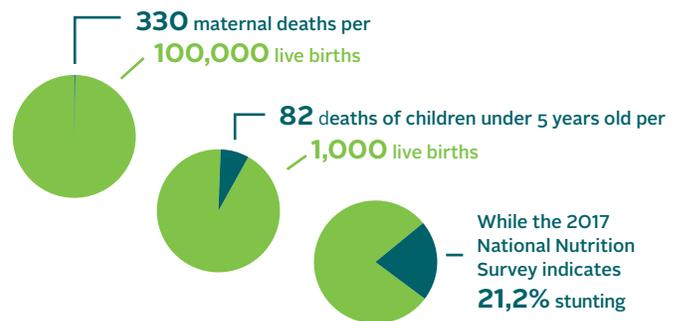
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## Background

Despite recent improvements in maternal and child health, death rates for children under 5 remain high. Efforts must be made to attain the United Nations' Sustainable Development Goals for health and hunger. According to the *Institut National de la Statistique et de la Démographie* (INSD), in 2015, Burkina Faso recorded 330 maternal deaths per 100,000 live births and 82 deaths of children under 5 per 1,000 live births, while the 2017 National Nutrition Survey indicated a stunting rate of 21.2 percent.<sup>1</sup> Postpartum hemorrhage, pre-eclampsia/eclampsia, and infections are the main causes of maternal mortality; while malaria and common childhood illnesses such as diarrhea, are the main causes of child mortality.<sup>2</sup> In Burkina Faso, Reproductive, Maternal, Newborn, and Child Health (RMNCH) platforms are important opportunities to promote the integration of priority maternal, infant, and young child nutrition (MIYCN) interventions at scale and across the first 1,000 days to accelerate reductions in morbidity and mortality.

The Ministry of Health (MoH) in collaboration with Alive & Thrive (A&T) and the research firm *Société d'Etudes et de Recherche en Santé Publique* (SERSAP), conducted a policy review in May 2018 to analyze the opportunities and constraints for integrating priority MIYCN interventions across RMNCH platforms.

## According to the WHO in 2015, Burkina Faso recorded:



The results showed that most of the priority interventions recommended by the World Health Organization (WHO) are integrated into existing country norms and policies, although some priority reforms are needed, along with improved operationalization to allow for scale up of priority MIYCN interventions within RMNCH platforms. The results are presented here and summarized across the RMNCH platforms according to gaps, global evidence for impact, and recommendations.

## Methodology

Alive & Thrive worked with the MoH and technical partners to conduct a literature search using a variety of sources (i.e. WHO, PUBMED, Google Scholar, and Cochrane Databases), to identify gaps in policies, standards, and protocols.

## Coverage of Priority MIYCN Interventions and RMNCH Platforms, According to the 2017 PMA 2020 Nutrition Survey<sup>3</sup>

### Antenatal Care (ANC)

- 97% of recently pregnant women reported attending at least one ANC visit
- 95.7% of recently pregnant women were weighed more than once, but only 61.9% were counseled on weight gain by a provider
- 66.7% of recently pregnant women consumed at least 90 iron tablets during pregnancy
- 54% of recently pregnant women received information from an ANC provider about how to feed their newborn

### Essential Newborn Care

- 90% of recently pregnant women gave birth at a health facility
- 80% had baby placed on chest or side immediately after delivery to promote early initiation of breastfeeding
- 67% of women received information about feeding their newborn or were observed by a health worker to ensure correct breastfeeding technique

### Well Child and Integrated Management of Neonatal and Childhood Illness (IMNCI) Visits

- Among 6-11-month olds, 26% of mothers received advice on complementary feeding in the last 30 days
- Among 12- 23-month olds, 28% of mothers received advice on complementary feeding in the last 3 months
- Among 6-23-month olds with a sick child visit in the previous 2 weeks, 33% of mothers received advice on continued feeding during illness

Interviews (n = 17) were carried out with the MoH central management:

- Government: 9 officials at the level of Directorate of Nutrition, the Directorate of Family Health, the Directorate of Promotion and Education for Health, and the Directorate of Sectoral Statistics in Ouagadougou
- Field: 1 regional MoH staff, 4 district level, and 3 from health facilities

## Policy Review Results

Based on the high coverage of many maternal and child health services, RMNCH platforms represent an important opportunity to promote integration of priority MIYCN interventions at scale and across the life cycle to accelerate reductions in morbidity and mortality.

### Antenatal Care (ANC)

In 2016, WHO published its new recommendations on ANC. Among the principle nutrition interventions recommended were iron/folic acid supplementation, weight gain monitoring, counseling on adequate weight gain and dietary diversity, calcium supplementation in low intake populations, and preparation for early and exclusive breastfeeding.

Most of the new ANC guidelines were adopted by the MoH, except for calcium. The MoH indicated that an assessment of dietary calcium intake is needed prior to the adoption of the supplementation guidelines for pregnant women.

#### Evidence

The promotion of adequate weight gain reduces the risk of excessive weight gain in pregnancy (associated with poor pregnancy outcomes), and the risk of insufficient weight gain (associated with low birth weight and small-for-gestational age).<sup>4</sup> Dietary diversity is a key indicator of diet quality and micronutrient adequacy, and micronutrient deficiencies are associated with intra-uterine growth restriction and maternal and infant morbidity and mortality.<sup>5,6</sup>

#### Gaps

The operationalization of guidelines for maternal nutrition is suboptimal, with few women receiving counseling on appropriate dietary diversity and weight gain during pregnancy. According to the PMA 2020 survey in 2017, 62 percent of pregnant women received counseling on optimal weight gain during ANC, and only one in five women aged 20 to 49 years have an adequate and diversified diet (consuming 5 of 10 food groups the previous day).<sup>3</sup> The same study shows a gap in iron/folic acid intake with only 67 percent of recently delivered women having consumed at least 90 tablets during pregnancy.

Counseling on dietary diversity, an important indicator of micronutrient adequacy, is often not included in the ANC package as delivered. There are no clear guidelines regarding optimal weight gain and there is a need to build the capacity of health workers to counsel mothers on how to modify their dietary intake and physical activity for appropriate weight gain.

#### Recommendations

- Implement a weight gain monitoring mechanism based on body mass index (BMI) during the first trimester of pregnancy and the use of appropriate weight gain recommendations and counseling by type (individual and group)
- Improve the availability of anthropometric measuring equipment (scales and height measure)
- Provide systematic counseling (individual and group) on diet diversity
- Include maternal nutrition indicators in the health information system

#### Essential Newborn Care

In 2014, WHO published the *Every Newborn Action Plan* which aims to end preventable newborn deaths. It recommends the implementation of key interventions essential for the newborn, including the promotion and provision of thermal care to all newborns to prevent hypothermia, skin-to-skin contact, promotion and support for early and exclusive breastfeeding, promotion and provision of hygienic umbilical cord and skin care, neonatal resuscitation for babies who do not breathe at birth, and vaccination of newborns. Since 2014, WHO has recommended delaying umbilical cord clamping (1 to 3 minutes after birth) to improve maternal and infant health and nutrition outcomes.

#### Gaps

Most of the recommendations were adopted by the MoH except for delayed umbilical cord clamping. The customary practice in health facilities is to rapidly clamp the cord before transferring the newborn to further care. Although the recommendations adopted by the MoH do not specifically include “delayed cord clamping,” this recommendation is part of a training module for health personnel as part of a pilot approach. This reflects a gap between the national standards and guidelines implemented in practice.<sup>7</sup>

There are also gaps in terms of data collection, quality, and availability, particularly on delayed cord clamping, skin-to-skin contact, and early initiation of breastfeeding. The fact that Policies, Norms, and Protocols (PNP) were last updated in 2010 (and are currently being updated in 2018) could help explain some of the gaps.

There appears to be a certain lack of precision in the formulation of some recommendations for newborn care,

## Evidence

Delayed cord clamping prevents postpartum hemorrhage. Through a placental transfusion mechanism, it reduces iron deficiency and anemia in newborns, and improves the child's iron status up to 6 months of age.<sup>8,9</sup> Delayed cord clamping has been associated with a 39 percent reduction in the need for blood transfusion and a lower risk of complications after birth.<sup>10</sup>

Skin-to-skin contact is recommended to prevent hypothermia and promote breastfeeding. Some studies show that skin-to-skin contact has a positive effect on the duration of breastfeeding 1-4 months after birth and on exclusive breastfeeding 4-6 months after birth.<sup>11</sup> In addition, given that exclusive breastfeeding is associated with child survival, the effect of skin-to-skin contact is therefore likely to contribute to the reduction of infant and child mortality. This intervention is highly recommended because it poses no risk to the child and mother, is very low cost, and it is relatively easy to implement.

which require practitioners to “keep the child in a warm environment from birth and during care (table, linen, skin-to-skin contact with the mother)”. This formulation dilutes the principle of “skin to skin contact with mother” with other options, which can have an impact on practice in maternity wards where “skin to skin” is not always perceived as an absolute necessity.

## Recommendations

- Make delayed cord clamping (1 to 3 minutes) the recommended practice of health workers if there are no contraindications
- Strengthen the systematic practice of immediate skin-to-skin contact of the newborn and its mother by health workers and support it as a nutrition practice if there are no contraindications
- Collect indicators on delayed cord clamping and skin-to-skin contact, and improve the quality of early initiation of breastfeeding data

## Well child visits, integrated management of newborn and childhood illness (IMNCI) and promotion of infant and young child feeding (IYCF) practices at the community level

WHO recommends promoting IYCF best practices as a key intervention for the survival, growth, and development of infants and young children, at both health facility and community levels. In health facilities, counseling can be delivered during well child visits and IMNCI visits. Other interventions, in addition to IYCF counseling, recommended during well child visits include growth monitoring and promotion, vaccination, supplementation in Vitamin A, and deworming.

Growth monitoring and promotion, which includes IYCF counseling, during well child visits is integrated in all health facilities according to the national plan.

At the community level, the promotion of IYCF practices occurs during individual or group counseling or mobilization/ mass communication sessions conducted by community health workers or *Agents de Santé à Base Communautaire* (ASBC) and *Groupes d'Apprentissage et de Suivi des Pratiques d'ANJE* (GASPA), which brings together pregnant women, mothers of children 0-5 months of age, and those with children 6-23 months according to the National IYCF Scale Up Plan 2013-2025.

## Evidence

Exclusive breastfeeding is associated with a reduced risk of mortality in children aged 0-23 months and also protects against diarrhea and respiratory infections.<sup>12</sup> Some studies suggest that improving dietary diversity is associated with a lower risk of stunting.<sup>13</sup> Social and behavior change (SBC) interventions implemented through the health system, including individual counseling and group education, can improve exclusive breastfeeding by 49 percent.<sup>14</sup> Complementary feeding practices, particularly dietary diversity, can be improved rapidly by using effective SBC strategies to encourage mothers to prepare and feed their infants with appropriate foods.<sup>15</sup>

## Gaps

In general, the standards and protocols for monitoring and promoting the growth of children from 0-59 months and IYCF counseling in IMNCI are consistent with international guidelines. However, problems arise in terms of effective coverage and the quality of IYCF counseling implementation, particularly for complementary feeding during well and IMNCI visits at the health facility and community levels. The 2017 PMA 2020 survey indicates that only 28 percent of mothers of children aged 12-23 months received complementary feeding advice in the last three months. Gaps were also identified in terms of the availability, quality, and use of IYCF counseling data at the facility and community levels.

## Recommendations

- Improve the quality of promotion of age-appropriate IYCF practices through capacity building of health workers and establishment of quality standards for counseling
- Strengthen the promotion of age-appropriate IYCF practices in the IMNCI protocol. The development of the electronic consultation register to improve curative consultation is an opportunity to collect more nutrition counseling coverage data. National coverage by this system remains at 30 percent of health facilities.

- Refocus community-based health workers' activities on their primary role (health promotion and disease prevention) rather than treatment, and specify realistic and achievable performance targets
- Engage local leaders in activities to promote MIYCN practices at the community level
- Streamline the approach for implementation of GASPA as well as tools for implementation and monitoring
- Revise the monthly reporting forms to allow for the collection of appropriate counseling indicators, according to platform

## Gaps and recommendations related to management and coordination

### Gaps

- Insufficient coordination between the technical departments of the MoH in the development and implementation of maternal nutrition policies and promotion of IYCF practices
- Insufficient ownership of these priority nutrition interventions as an integrated package by health workers at the facility level
- Lack of systematic implementation of evidence-based priority RMNCH interventions according to global and national guidelines
- Inadequate quality of MIYCN counseling in routine services

### Recommendations

- Organize policy harmonization sessions between technical departments in the MoH
- Strengthen joint analysis sessions of nutrition data from the health information system (including central directorates and regional/district level structures)
- Include these priority nutrition interventions in the list of "Quick Win Interventions" in the MoH's framework document and planning guidelines
- Set up technical and budgetary monitoring mechanisms by the MoH and decentralized local authorities for priority nutrition interventions
- Strengthen the capacities of head nurses and doctors to implement the minimum package of activities in health centers
- Establish an incentive and accountability mechanism for health workers
- Implement mixed supervision methods: integrated supervision followed by specific supervision according to the

problems identified and listed in the health facility problem-solving plan

- Strengthen in-service training for health workers with follow-up and mentoring plans

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