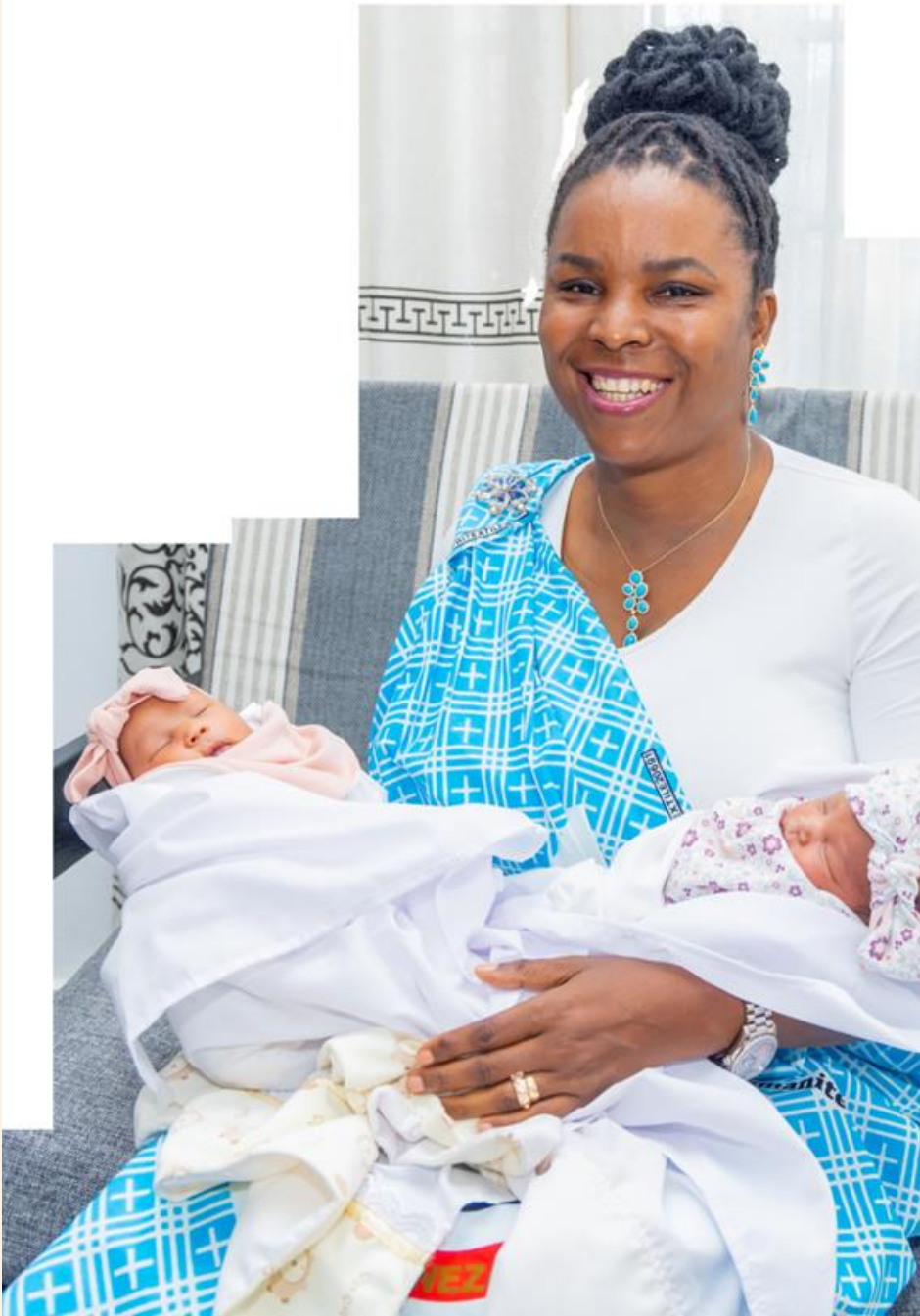


National Multisectoral and Sector-Specific Policies related to ECD

BURUNDI Early Childhood Development Strategy 2021-2027

Dr Angelique Nshimirimana
Deputy Director Nutrition, PRONIANUT
Ministry of Public Health and Fight Against HIV/AIDS

Nurturing the Future
Technical Meeting to Enhance Nurturing Care for Early Childhood Development in the Health Sector
25-28 February
Nairobi, Kenya



ECD CONTEXT IN BURUNDI



13.087.399
inhabitants
(National
Population)

2 million
Children under 2
years of age

2.4 million
children under 5
years of age



Young children are
Vulnerable to
natural disaster
like floods, MPOX
etc.

53% children
under 5 years of
age stunted

**Under five
mortality rate:
50.49 ‰**



61.7%
Multidimensional
child poverty:

17,1% of
children access
to preschool

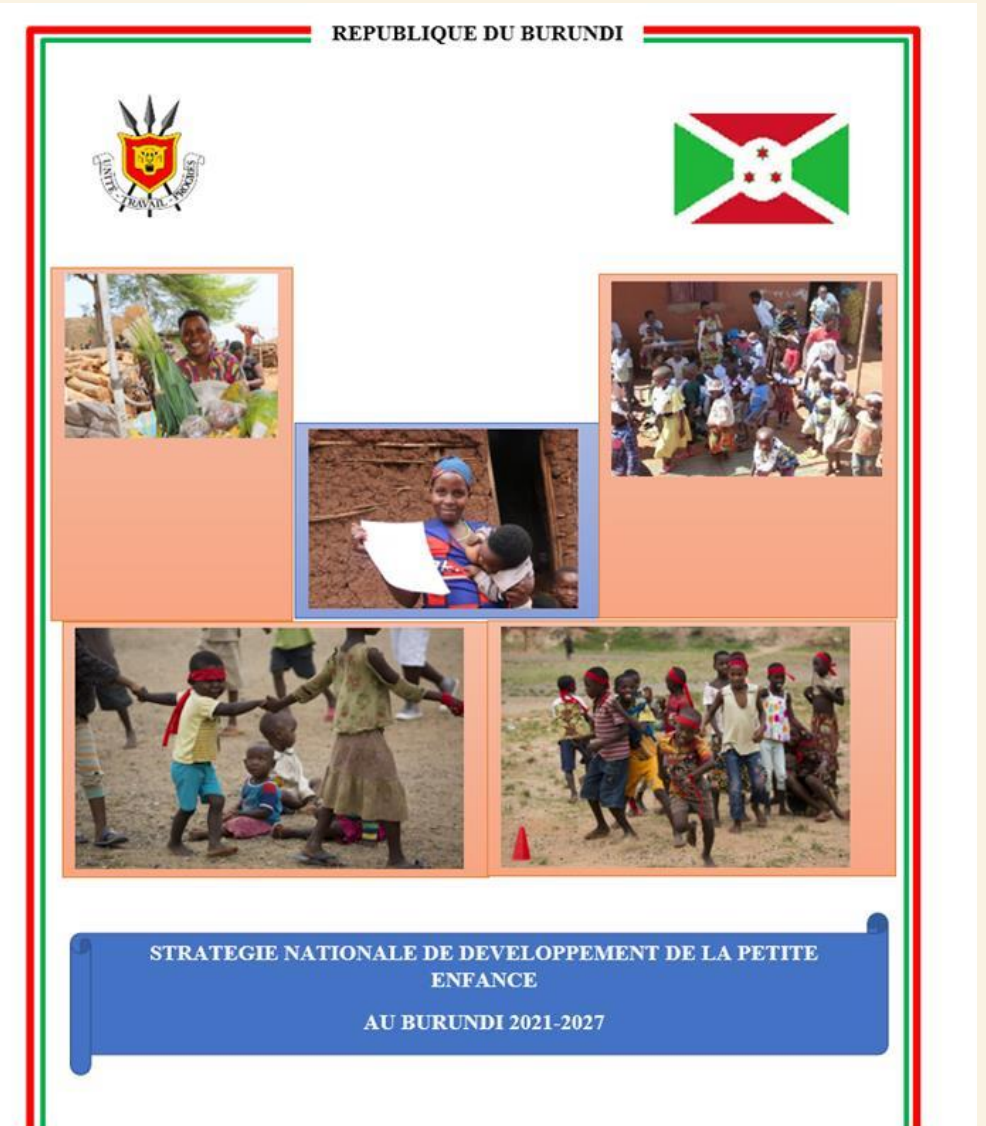
NATIONAL ECD STRATEGY IN BURUNDI 2021-2027

Vision

“All young children in Burundi, from conception to the age of eight, have equitable and continuous access to high-quality, integrated care and services—including health, nutrition, education, child protection, social protection, water, hygiene, and sanitation—delivered through a common, harmonized, and operational framework to enable them to reach their full potential”.

Mission

Create and promote a conducive family, community, and professional environment in which young children, from conception to the age of eight, benefit from high-quality, integrated care and services tailored to their needs. These services should be delivered holistically, equitably, continuously, and in a harmonized manner to enable them to reach their full developmental potential.



National Early Childhood Development Strategy 2021-2027- Multisectoral Approach

Health	Nutrition	WASH	Positive parenting and early stimulation	Child protection	Education
<ul style="list-style-type: none"> • Family planning, • ANC and maternal, newborn and child health • Child development • Kangaroo care for small babies • Baby-friendly hospital initiative (BFHI) • HIV screening and care • Vaccination • Early screening for the detection of developmental disabilities and delays • Integrated management of childhood illnesses • Stimulation and play areas at health facilities • Perinatal and caregiver mental health (Caring for the Caregiver) 	<ul style="list-style-type: none"> • Maternal nutrition during pregnancy and breastfeeding • IYCF, FAN/FARN and counselling, • Complementary foods and adapted diet • GMP and case referrals • Stimulation and play spaces for children under 5 • Micronutrient powders • MMS in pregnant women • Improved stoves • Food system 	<ul style="list-style-type: none"> • Baby WASH • portable water safe and affordable water in the community and schools, hygiene and sanitation, including children's excreta • Hand washing by caregivers and children • Protection of the environment 	<ul style="list-style-type: none"> • Play and Communication Spaces • Group Counseling and Home Visits • Participation of Fathers in Child Care • Positive and Playful Parenting • Making of toys and Games for Young Children • Play and Communication • Use of Mother Tongue • Skin-to-Skin Contact After Birth and Baby-Friendly Health Facilities • Stimulation 	<ul style="list-style-type: none"> • Birth registration • Protection mechanisms against violence and referral • Support for victims of violence • Psychosocial support for the mental health of caregivers • <u>Social Protection</u> • Strengthening Advocacy capacities of municipal actors on inclusive and participatory governance • Integration of the DPE in municipal community development plans and in budgeting • Solidarity group and AGR 	<ul style="list-style-type: none"> • Infrastructure norms and Standards • Early Learning Opportunities • Parental Support for Early Learning and adaptive Care • Stories told to children by elders; Use of Local Language in daily Care of Children • Fabrication of toys for children • Play-based pedagogy

- Coordination and Governance of the Implementation of the ECD Operational Plan
- Communication and Advocacy (High-Level and Community Engagement)
- Capacity Building (CHWs, Local Leaders, Social Workers, Healthcare Providers/Teachers, ECD Centers, Health Facilities, Lead Farmers, Coordination Committee, Community, Parents)
- Social and Behavioral Change (Key Family Care Practices)
- Monitoring and Evaluation System: Baseline, Mid-Term, and Final Study, Routine Monitoring (Indicators), and Supervisions

Key Strategic Areas of the strategy and operational Plan

L'Axis 1: Leadership and Governance

L'Axis 2: Families and Communities

**L'Axe 3: Access to integrated quality services:
(Health, nutrition, WASH, Education, Responsive
caregiving, Child and Social protection, SBC)**

L'Axis 4: Communication and Advocacy

L'Axis 5: Monitoring- evaluation

**Multisectoral
ECD
Operational
Plan 2024-2027**

BURUNDI NATIONAL ECD GOVERNANCE AND COORDINATION STRUCTURES

National level

I Steering committee (COPIL)

- **Chair:** Executive Secretary – Office of the First Lady for Development
- **Membership:** Permanent Secretaries of All Relevant Ministries,
- **Partners:** Representatives of United Nations Agencies (UNICEF, WHO, WFP, FAO, UNESCO, UNFPA, UNWOMEN, donors (bi/multilateral) and provincial Governors
- Joint field visit and Meeting frequency: Bi-annual

II National Technical Committee (COTEC)

- **Chair:** PRONIANUT (MSPLS)
- **Membership:** Technical Focal Points of Relevant Ministries and Technical Focal Points (ECD specialists) of Partners
- Joint field visit and Meeting frequency : **Quarterly**

N°	INDICATEURS
1	Santé
1.1.	Taux de mortalité maternelle
1.2	Taux de mortalité néonatale
1.3	Taux de mortalité des enfants de moins de cinq ans
1.4	Proportion de femmes en âge de procréer (15 à 49 ans) qui utilisent des Méthodes modernes de planification familiale
1.5	Taux de fécondité chez les adolescentes
1.6	Taux d'inscription en CPN précoce au premier trimestre
1.7	Taux de couverture de la CPN-4
	Taux d'accouchement dans les formations sanitaires (CDS + Hôpitaux) par du personnel qualifié
1.8	Taux de couverture en CPoN
1.9	Pourcentage d'enfants complètement vaccinés
1.10	Proportion d'enfants de moins de 5 ans dont le développement est en bonne voie en matière de santé, d'apprentissage et de bien-être psychosocial, par sexe

N°	INDICATEURS
2.	Nutrition
2.1	Prévalence de la malnutrition chronique chez les enfants de moins de 5 ans
2.2	Prévalence de la Malnutrition aigüe globale chez les enfants de moins de 5 ans
2.3.	Taux de prévalence de l'insuffisance pondérale chez les enfants de moins de 5 ans
2.4	Prévalence de la Carence en vitamine A chez les enfants de moins de cinq ans
2.5	Prévalence de l'anémie chez les enfants de 6 à 59 mois
2.6	Taux d'Allaitement Maternel exclusif au sein
2.7	% de ménages consommant du sel adéquatement iodé
2.8	% d'enfants de 6–23 mois qui ont reçu l'apport alimentaire minimum acceptable

Achievements : Strategy and advocacy

National **ECD Strategy, 2021-2027** and **costed plan, 2024-2027(\$ 123 M)** in place

High-Level Advocacy Forum of Women Leaders under the theme "**Investing in Early Childhood to Build Strong Human Capital Throughout Life**" aimed to strengthen investment in ECD, under the leadership of the **First Lady** and **High Patronage of His Excellency, the President of the Republic of Burundi,**

Burundi ECD Investment Case developed in 2021 and ECD budget brief 2024-2025

ECD Model project –Multisectoral Nurturing Care for ECD interventions in the first 1000 days of life



ACHIEVEMENTS: Access to care and services (1)

HEALTH

- **Delivery assisted by qualified personnel: 97.2% compared to 78.4% in 2012 (PMS Survey, 2023)**
- **Vaccination coverage for Pentavalent 1: 88%, Pentavalent 3 84% (DHIS2).**
- **Introduction of integrated community case management (iCCM) for childhood illnesses, with 98% of children receiving a consultation within 24 hours (DHIS2)**
- **Postnatal Consultation (CPoN): 54.5% (DHIS2).**



NUTRITION

- **Exclusive breastfeeding up to 6 months: 83.3%**
- **Vitamin A supplementation: 93% of children aged 6-59 months (DHIS2)**
- **Deworming of children aged 12-59 months: 93% (DHIS2)**
- **Home fortification with MNPs: 465,074 children (70%)**
- **Iron-Folic Acid supplementation to pregnant women : 800 000 in 2024**
- **1219 stimulation centers for children aged 2-3 in place and equipped with UNICEF ECD Play Kits at community and facility levels**
- **Over 50 000 children under 5 treated for SAM, received stimulation at health facility level**

ACHIEVEMENTS : Access to care and services (2)

WASH



- The most common key moments for handwashing: before eating (92.4%), after eating (74.4%), and after using the toilet (72.2%).
- At the national level: 78.8% of households use an improved drinking water source, increasing to 80.2% in 2022

Protection



- 84% of children under the age of 5 are registered in the civil registry, but only 66% have received birth certificates (Source: DHS 2016-2017).
- Interoperability between civil registry services and health facilities would enable universal child registration.

Education



- The Education Sector Plan aims to establish a preschool class in all public fundamental schools: Efforts to construct new classrooms are underway.
- Gross preschool enrollment rate 2022-2023: 17.1% Girls: 17.2%, Boys: 17%
- Children admitted to preschool 2022-2023: 175,633
- Student-to-classroom ratio: 44
- Student-to-educator ratio: 46

Opportunities

ECD is Government and partners priority, Government commitment through Vision 2040/2060 with the human capital development and social equity Pillar

Mobilisation of Multisectoral stakeholders involving 10 different Ministries around the ECD

ECD Model and pilot of multisectoral interventions provide good base and preparation for scaling up integrated ECD interventions

Her Excellency First Lady of Burundi is the ECD Matron

High-level dialogue is important for resource mobilization and Government ownership of ECD interventions

Challenges

- Under-five mortality and stunting remains high despite invested efforts.
- Funding of the budgeted ECD operational plan is still a challenge
- Limited capacity in the field of Early childhood development at all levels
- Insufficient parental knowledge regarding the consequences of violence on children
- Low involvement of men in early childhood development activities.
- Advocacy and communication of positive and play parenting is still under conception
- Limited reliable data for decision making on ECD

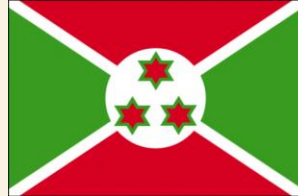


Lessons learned

- Capacity strengthening at all levels should be one of the key priorities for the success of ECD programme
- Multisectorality is a good approach to mobilize sectoral stakeholders around ECD.
- Pilot and progressive interventions help to effectively prepare for the scaling up of ECD interventions.
- High-level dialogue is essential for resource mobilization and ownership by the government

Priorities in 2025 & Beyond

- Finalization of the integrated training manual on ECD and monitoring tools
- Training of Trainers on integrated manual on ECD and monitoring tools
- Multisectoral approach and implementation of the Kayanza ECD Model Project
- Coordination of multisectoral ECD interventions and multi-stakeholders for resource mobilization
- Mid term and End line for impact evaluation of ECD model for integrated package and scale up



Thank you

For more information:

Dr Fidèle NKEZABAHIZI
Director of Nutrition | PRONIANUT/MOH
Email : nkezafide2014@gmail.com

Dr Angelique NSHIMIRIMANA
Deputy Director of Nutrition | PRONIANUT/MOH
Email : gianninshim@gmail.com

Dr Thaddee NDIKUMANA
Executive Secretary/OPDD
Email : ndikumanathaddee@gmail.com

Christine Kaligirwa
Chief Nutrition & ECD lead | UNICEF-Burundi
Email : ckaligirwa@unicef.org

Brigitte NDELEMA MPALA, ECD Focal Point
/WHO
Email : ndelemab@who.int