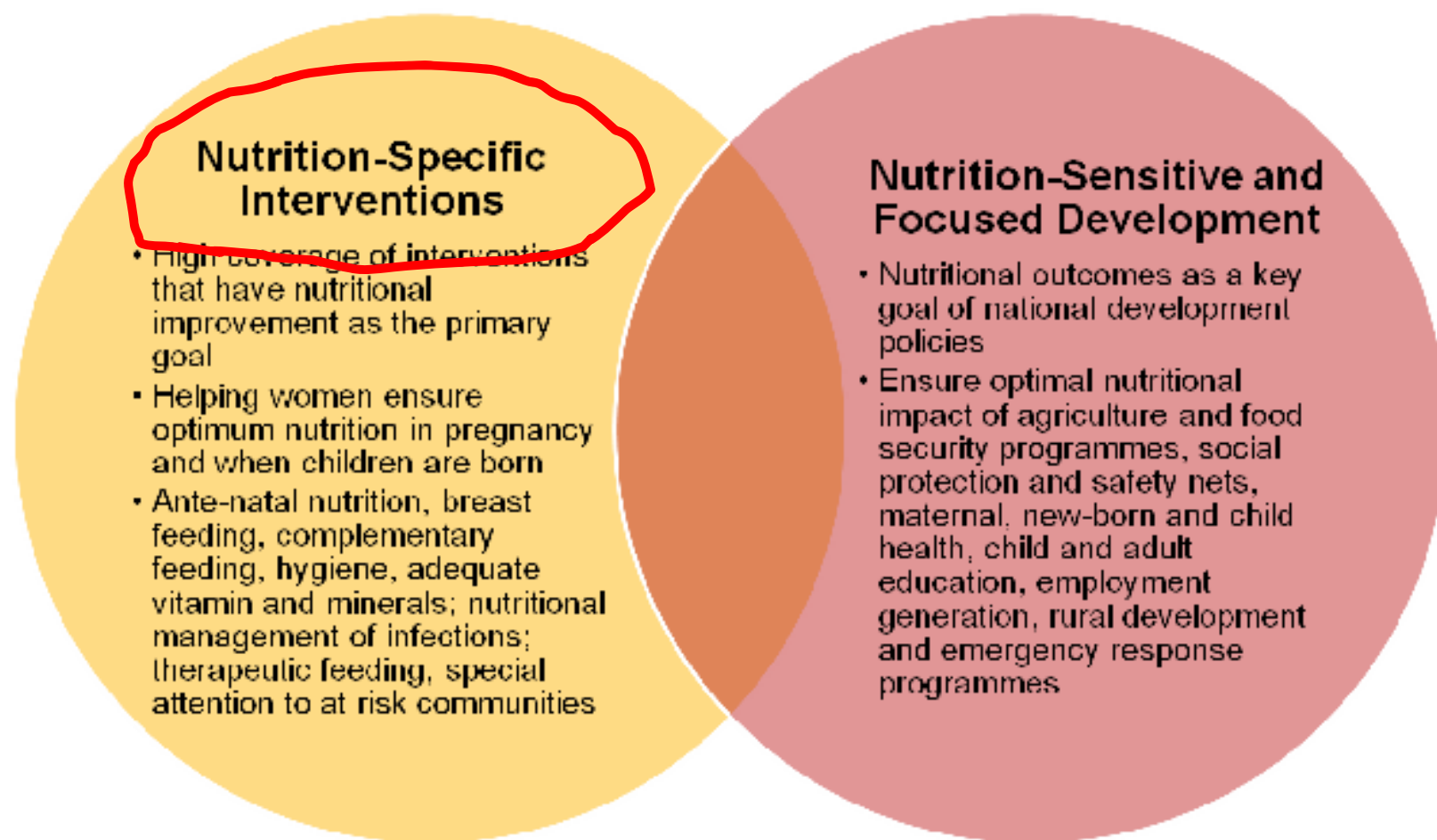


# Key Steps to Scaling Up Nutrition: Lessons learned from other large scale nutrition programs



Victoria Quinn, PhD and Agnes Guyon, MD  
Helen Keller International and John Snow Incorporated  
SUN CSO Meeting  
14<sup>th</sup> June 2011,  
Washington, DC

# Priority Responses for Scaling Up Nutrition



# First Challenge!

How do 'we' provide the right nutrition support at the right time to the right person (e.g. women and children)?

# Critical Life-Cycle Contact Points for the Nutrition of Women, Infants and Young Children?

✓ *during pregnancy & lactation*

✓ *at birth*

✓ *during post-natal period*

✓ *from 0-6 months*

✓ *from 6-24 months*

**What critical nutrition support is needed?**

# The Essential Nutrition Actions

**Optimal  
breastfeeding**



**Complementary  
feeding with BF**



**Nutritional care  
of sick children**



**Women's nutrition**



**Control of  
vitamin A deficiency**



**Control of anemia**



**Control of iodine  
deficiency disorders<sub>6</sub>**

# Second Challenge!







**All these groups are aware,  
committed and mobilized!!**

**But how do we get started?**

# **Third Challenge!**

**Currently there are many  
'missed opportunities' in  
existing health programs to  
provide nutrition support**

# Fourth Challenge!

*Who will lead the charge?*

Country led

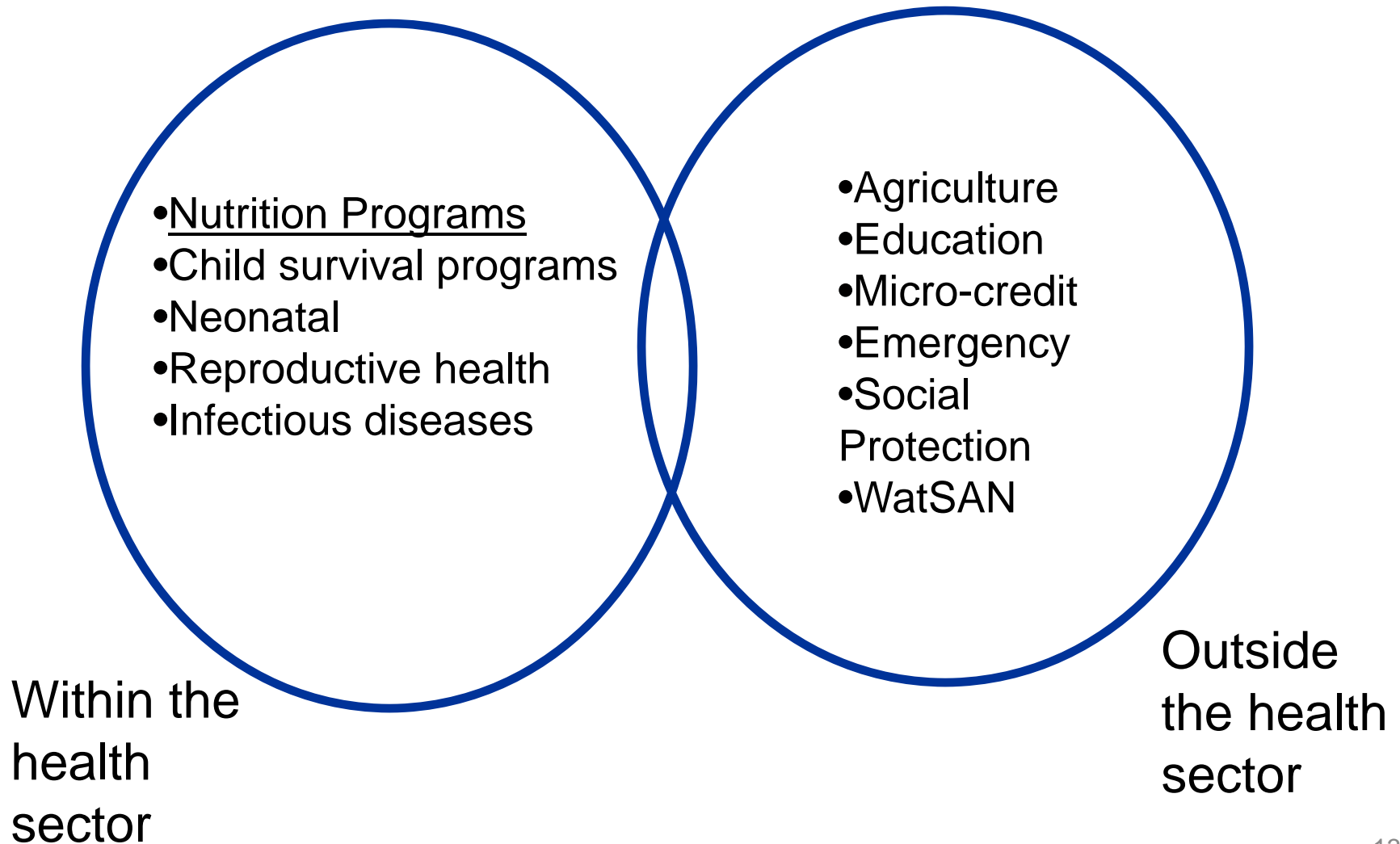
But 'who' exactly is overseeing 24/7 the 'on-the-ground' field implementation ?

**There needs to be a clear leader...**

# Fifth Challenge!

Reaching women and children  
at broad scale with these  
Essential Nutrition Actions  
to make a public health impact

# Integrating ENA into health sector and non-health sector programs



# Integrating ENA into health sector and non-health sector programs

We need to identify and target multiple program opportunities both inside and outside the health sector and at all levels

Within  
the  
sector

Outside  
the health  
sector





## Key steps for implementing ENA framework at large scale...



# The LINKAGES *Infant and Young Child Feeding* Project's Flagship Country Programs (1996-2006, USAID supported)

Country (population)	Project catchment population
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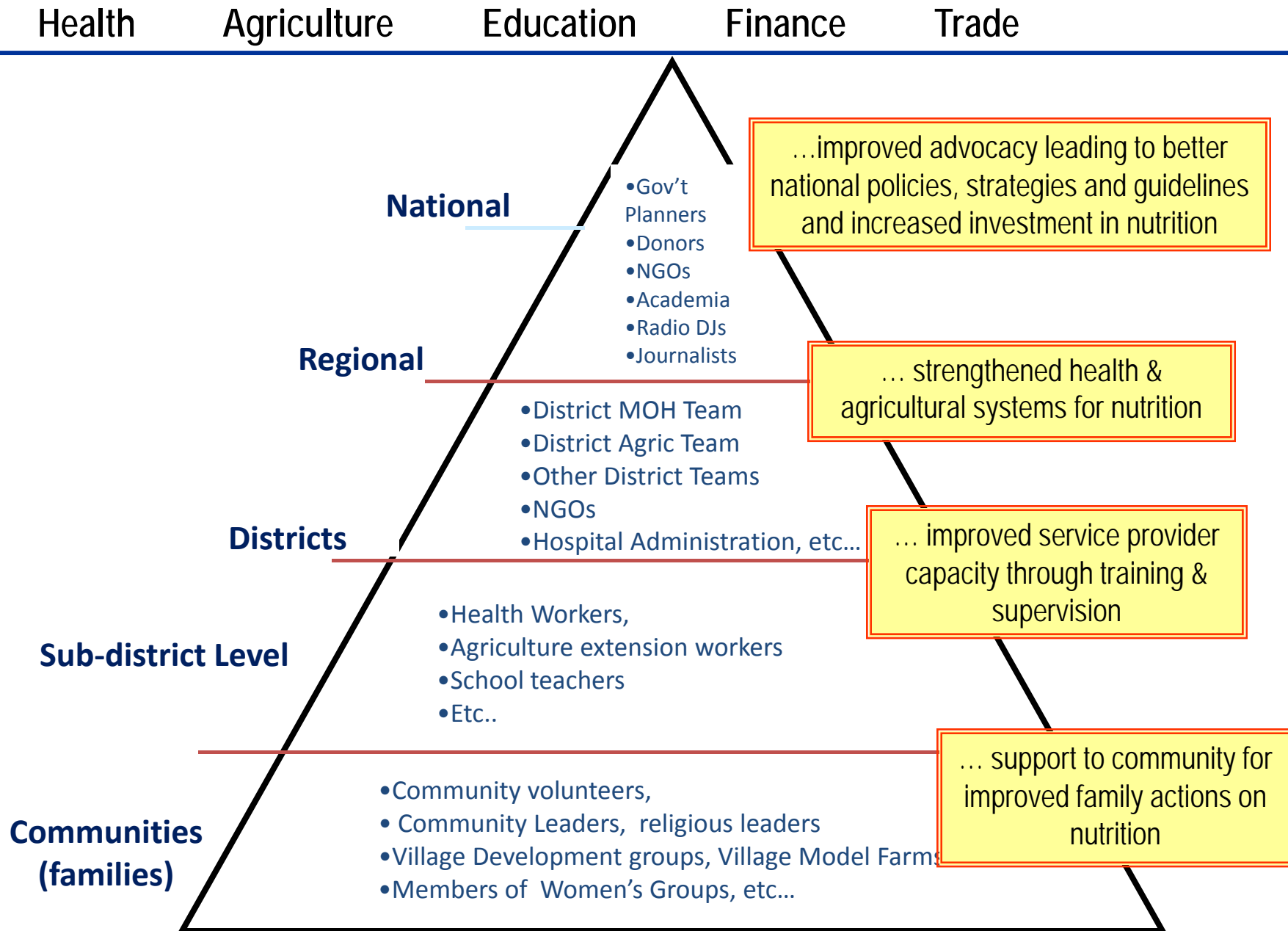
Madagascar (18 million)	6.3 million
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Ethiopia (79 million)	15 million (results today on Oromia only, 3.8 million)
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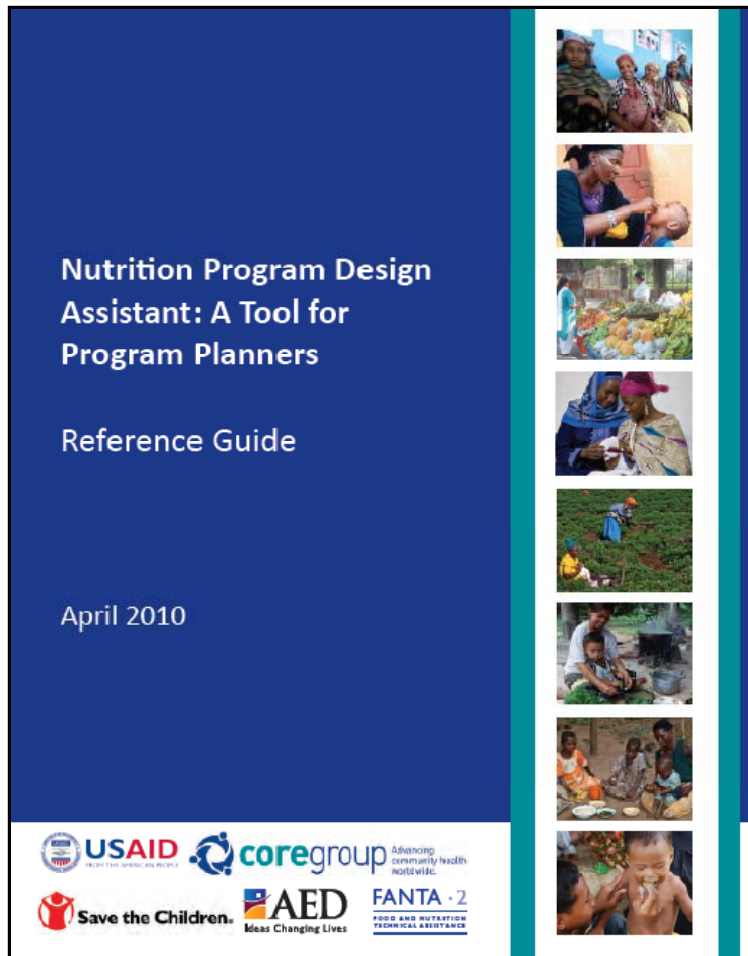
Ghana (21 million)	3.5 million
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Bolivia (9 million)	1 million
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# 1. Work at all levels across sectors



## 2. Assess current situation and develop a plan:



**Step 1. Gather and Synthesize Information on the Nutrition Situation**

**Step 2. Determine Initial Program Goal and Objectives**

**Step 3. Review Health and Nutrition Services**

**Step 4. Preliminary Program Design: Prevention**

**Step 5. Preliminary Program Design: Recuperation**

**Step 6. Putting It All Together**

### ***3. Create a Positive Policy and Planning Environment for Nutrition***

- Ensure Normative Guidelines on Nutrition (WHO, UNICEF)
- Evidence-based *Profiles* presentations on Why Nutrition Matters? *Journalists; Members of Parliament; Pre-service institutions; Baby Friendly Hospitals; NGOs ...*
- Strong and On-going Advocacy for nutrition ...

### ***3. Create a Positive Policy and Planning Environment for Nutrition***

- Ensure Normative Guidelines on Nutrition (e.g. UNICEF)

- Evidence

**Say it again and again and again!**

... On-going Advocacy for nutrition ...

... service  
... NGOs ...



## ***4. Build network of 'partners, partners, partners': Use participative methods to build ownership***



***4. Build network of 'partners, partners, partners':  
Use participative methods to build ownership***

**Regular partner meetings  
(keep informal & fun)**



# **Broad partner networks increase coverage, allow fast-tracking and and leveraging of resources**

- **Ethiopia**: >60 ENA partner groups
- **Ghana**: ~ 15 nutrition partners groups (regional & district networks)
- **Madagascar**: >50 ENA partners groups (national & regional networks)

# Broad partner networks increase coverage, allow fast-tracking and leveraging of resources

- Ethiopia

Current groups working in nutrition

Burkina: 37 groups

Mali: 17 groups

Niger: 26 groups

- Mali > 50 ENA partners groups (national & regional networks)

# Harmonize across partner field groups ...

- ✓ Fine-tune existing programs to make them better
- ✓ Focus on capacity development of government & NGO staff, key community members, etc... especially in behavior change and counseling
- ✓ Strive for same nutrition messages, BCC strategy, IEC materials, training materials...

# Harmonize across partner field groups ...

✓ Fine-tune existing

**All partners singing from the same  
nutrition song sheet!**

N

especially

and counseling

✓ Serve for same nutrition messages, BCC strategy,  
IEC materials, training materials...



## ***5. Build on what already exists at all levels***

- Existing programs & interventions, government, NGOs, donors, private health providers, professional associations, training institutions, etc..
- Existing people
- Existing community groups and structures



# ***New country ENA initiatives: start with existing program entry points...***

- Madagascar → Breastfeeding
- Senegal → Growth Monitoring & Promotion
- Nigeria, Benin → Vitamin A Supplementation
- Niger → Child Survival and CMAM
- Ethiopia → Emergency programs
- Bangladesh → Homestead food production
- Nepal → Homestead food production

## ***6. Capacity building health workers and community members***

Different customized training targeted to:

- ✓ Health workers (government and CSO staff, etc..)
- ✓ Community members & volunteers



- Short-term, skills-based ENA training
- Heavy on interpersonal communication skills (e.g. counseling/negotiation)
- Lots of practice with real mothers

## 6. Capacity building health workers and community members

Different customized training  
to:

Madagascar over 6 years: 4,000 health workers trained in ENA

Ethiopia over 3 years: 5,000 health workers trained in ENA

Madagascar over 6 years: 15,000 community volunteers trained in ENA

Ethiopia over 5 years: 54,000 community volunteers trained in ENA

- Short
- Communication skills (e.g.
- Low cost with real mothers

# Ethiopia: Customized ENA Courses

## Trainer's Guide

Using the Essential Nutrition Actions to Improve the Nutrition of Women and Children in Ethiopia



A Four Day Training Course for Health Staff and Managers at PMTCT Sites on Infant Feeding and Women's Nutrition in the Context of HIV & AIDS  
June 2004

## ENA Counsellor's Guide

Revised January 2005

Using the Essential Nutrition Actions to Improve The Nutrition of Women and Children in Ethiopia,



Federal Democratic Republic of Ethiopia  
Ministry of Health

## Baby Friendly Hospital Initiative (BFHI)

### Trainer's Guide

January 2006

SHOW LOVE TO YOUR CHILD  
BREASTFEED YOUR CHILD



Encourage Breastfeeding

Health professionals working in  
Hospital/University



Federal Democratic Republic of Ethiopia  
Ministry of Health

## Trainer's Guide

Using the Essential Nutrition Actions to Improve the Nutrition of Women and Children in Ethiopia



A Four Day Training Course  
for Health Managers and Program Staff  
The Ethiopian Public Health Training  
Initiative  
February 2004

# New Generic ENA Behavior Change Training for Health Workers and Community Level: English & French

## I. BOOKLET ON KEY ENA MESSAGES



ESSENTIAL NUTRITION ACTIONS FRAMEWORK  
2011



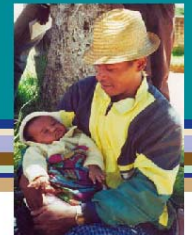
## IIA. TRAINING GUIDE FOR HEALTH WORKERS



ESSENTIAL NUTRITION ACTIONS FRAMEWORK  
2011



## III. TRAINING GUIDE FOR COMMUNITY VOLUNTEERS

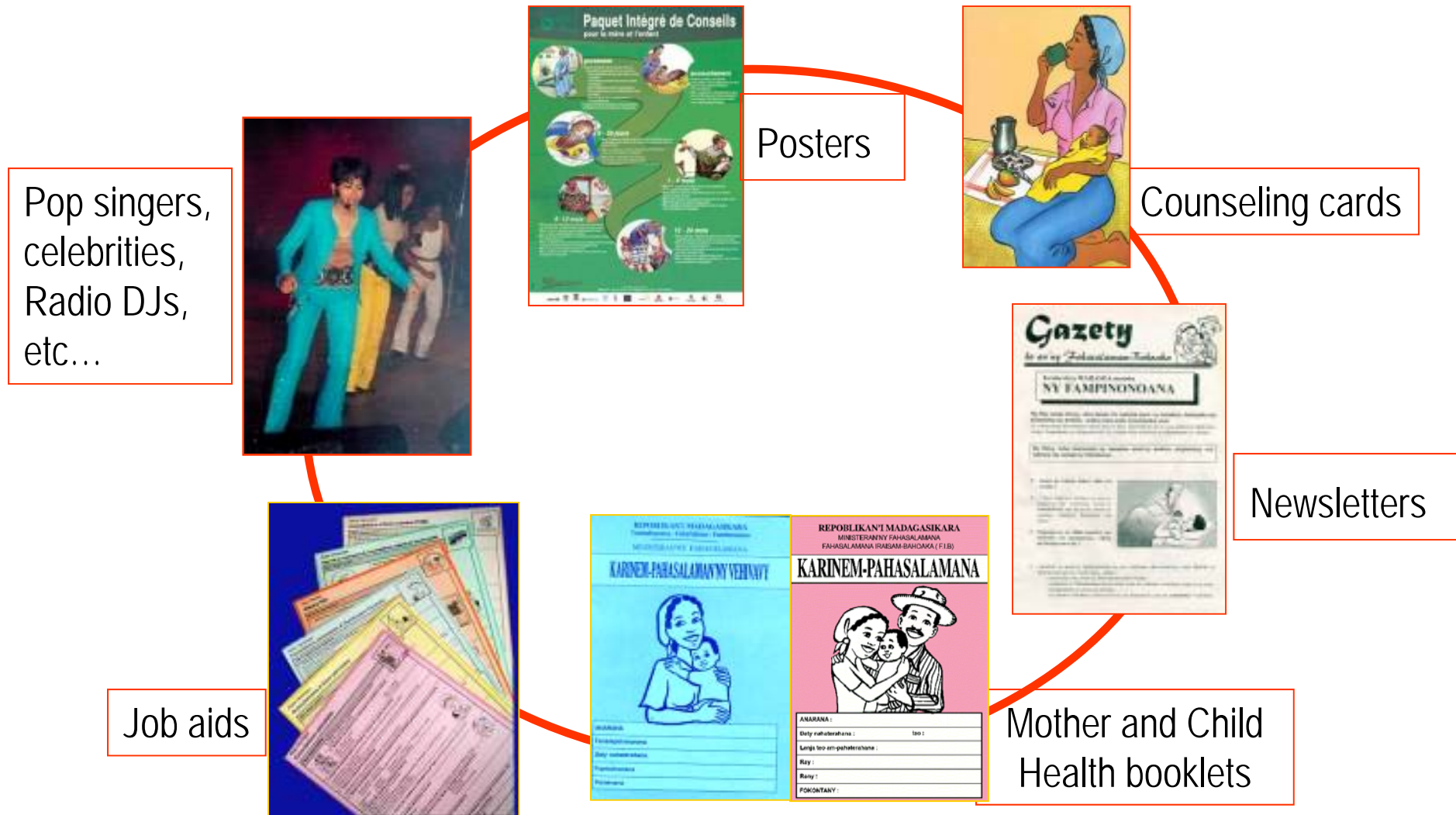


ESSENTIAL NUTRITION ACTIONS FRAMEWORK  
2011





## 7. Multi-channel communication strategy: -mass media, print, community mobilization-



Formative Research to Identify Common Obstacles to Overcome

## ***9. Don't Forget Quality Assurance and Performance Improvement***

- Put into place follow-up to training and supportive supervision, using standard checklist
- Ensure standard job aids, guidelines and references are available
- Routinely Conduct performance review meetings





## ***10. Nutrition supplies - ensure adequate stock and effective delivery***

- Breasts are always there ...
- Micronutrient supplementation: Vitamin A capsules, iron/folate, zinc with ORS...
- Micronutrient powders for home fortification
- Ready-to-Use-Therapeutic Foods ...
- Other relevant supplies: deworming pills, Malaria prophylaxis and ITNs ...
- Delivery systems and logistics in place



# ***11. Monitoring & Evaluation – harmonize key indicators across partners***

- **Process Indicators**
  - Integration/infiltration
  - Guidelines
  - Partners
  - Training
  - BCC materials
- **Annual assessments**
  - RAP
  - LQAS
- **Projects**
- **Baseline – End line surveys**
- **Special surveys**
  - Nutrition survey
  - Emergency
  - Micronutrients (Iode, Vit A, etc)
- **Nutrition surveillance**
- **Demographic & health survey**

# Merci

