

Understanding the Essential Nutrition Actions and Essential Hygiene Actions Framework

2015



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Global Nutrition Efforts

Around the world **some 162 million children under five were stunted** in 2012. At current trends, the number of stunted children under five is projected to be 128 million in 2025, against a target of 100 million. The current **prevalence of anemia in women of reproductive age is 29%**, against the 2025 target of 15%¹. Beyond the scourge of the lack of food is the even more pervasive problem of “hidden hunger,” or deficiencies in key micronutrients like vitamin A, iron, zinc and iodine. Children affected by stunting and micronutrient deficiencies are more susceptible to sickness, fare poorly in school, enter adulthood more prone to non-communicable diseases, and at work often earn less than non-stunted coworkers. Children suffer, families suffer and nations suffer.

The world community is reacting with increasing urgency to the gravity of this situation and its effects for the long term, focusing on global undernutrition, especially among pregnant women and children under two years of age. It is also aligning and increasing resources and building partnerships to combat suffering caused by undernutrition. Since 2010, more than 100 government, civil society, and university groups have endorsed the framework and roadmap for the **Scaling-Up Nutrition (SUN) Movement**². There is also broad recognition that a well-defined set of essential nutrition actions has proven effective in combating malnutrition during adolescence and pregnancy and lactation and the first two years of a child’s life (1000 days)³.

The landmark **Lancet Series on Maternal and Child Undernutrition**, published in 2008⁴ and updated in 2013⁵, estimate that maternal and child undernutrition is the cause of 45 percent of under-five deaths. These series reviewed global data from randomized control trials and confirmed that if implemented at scale during the window of opportunity (from conception up to 24 months of age) this package of nutrition-specific and nutrition-sensitive interventions can significantly reduce mortality and related morbidity and disability.

In addition in 2013 the **World Health Organization (WHO)** released a guide entitled, *Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition*⁶, which also draws on the findings of systematic reviews such as those of the Lancet to highlight the proven actions that need to be taken to scale within the health sector. While these publications and guidelines tell us ‘what’ we need to do to reduce undernutrition, guidance is needed on ‘how’ to take these nutrition actions to scale. This is what the Essential Nutrition Actions is all about: it provides a field-focused **operational framework** to use **existing program opportunities** both inside and outside of the health sector to **deliver proven action at scale**.

1 <http://www.who.int/nutrition/en/>

2 <http://scalingupnutrition.org/>

3 <http://www.thousanddays.org/>

4 The Lancet. Maternal and Child Undernutrition, 2008. <http://www.thelancet.com/series/maternal-and-child-undernutrition>.

5 The Lancet. Maternal and Child Nutrition, 2013. <http://www.thelancet.com/series/maternal-and-child-nutrition>.

6 World Health Organization. 2013. “Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition.” http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

The Essential Nutrition Actions (ENA)

Women's Nutrition

For adolescents and women: the importance of the healthy timing and spacing of pregnancy, consumption of diversified diet and/or of fortified foods (commercial and/or in-home fortification).

During pregnancy and lactation: increased protein, caloric and micronutrient (vitamin A, iron, calcium, zinc) intake, dietary change to increase iron absorption, rest during pregnancy, and the lactation amenorrhea method (LAM) of contraception.

Breastfeeding

Early initiation of breastfeeding (immediately after birth), exclusive breastfeeding for the first 6 months, continued breastfeeding with complementary foods up to 2 years or beyond, and infant feeding during the context of HIV.

Complementary Feeding

From 6 months (age-appropriate frequency, amount, density, diversity, utilization and active feeding) with continued breastfeeding for up to two years or beyond, consumption of fortified foods (commercial and/or in-home fortification), responsive feeding, and food hygiene.

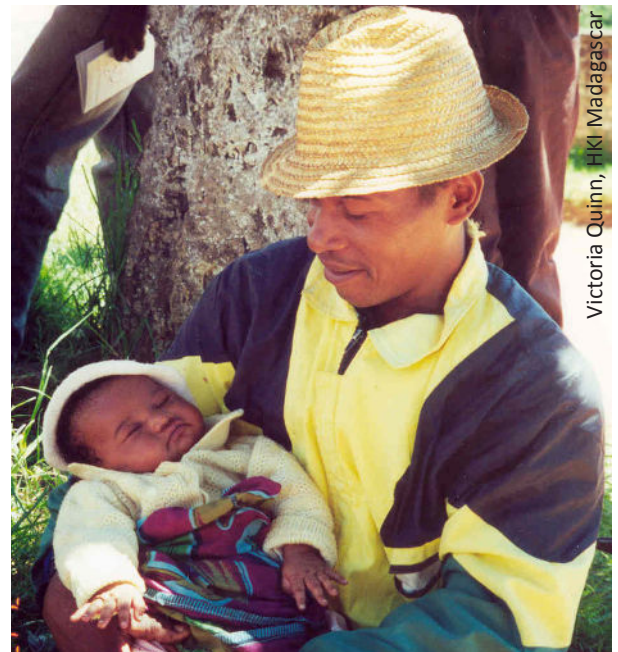
Nutritional Care of Sick and Malnourished Children

Feeding more during and after illness, provision of vitamin A, treatment of diarrhea with low-osmolarity ORS and zinc supplements, treatment of anemia, and the integrated management of acute malnutrition (IMAM) for moderate and severe acute malnutrition.

Prevention and Control of Anemia

Among women: increased dietary intake of iron-rich or enhancing foods, iron-folic acid supplementation during pregnancy, post-partum and more routinely by women of childbearing age, intermittent preventive treatment during pregnancy for malaria and de-worming treatment during pregnancy, use of insecticide-treated bed nets (ITN), and delayed cord clamping at birth.

Among children: delayed cord clamping at birth, implementation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) algorithm and integrated Community Case Management (iCCM) of malaria, diarrhea, pneumonia, anemia and acute malnutrition, use of ITN, de-worming from age 12 months, increased dietary intake of iron-rich, iron enhancing and fortified foods from age 6 months, as well as iron supplementation where indicated.



Prevention and Control of Vitamin A Deficiency

Among children and women: through breastfeeding, high dose supplementation of children ages 6-59 months and of women post-partum where appropriate, low dose supplementation during pregnancy where indicated, and promoting the regular consumption of vitamin A-rich, fortified or bio-fortified foods.

Prevention and Control of Iodine Deficiency

Among children and women: use of iodized salt or iodine supplementation in the absence of scaled up iodized salt programs.

Essential Nutrition Actions – An Operational Framework

The **Essential Nutrition Actions (ENA) framework** was originally developed with the support of USAID, WHO and UNICEF, and has been implemented across Africa and Asia since 1997⁷. The ENA framework is an approach for managing the **advocacy, training, planning and delivery** of an integrated package of interventions to **reach near universal coverage (>90%)** in order to achieve public health impact.

It promotes a **“life cycle”** approach to deliver the right nutrition services and messages **to the right person at the right time** using all relevant program platforms. It provides an **operational framework**⁸ for reducing “missed opportunities”⁹ both within and outside the health system. Its proven interventions and partnership strategies are also the foundation for the **Scaling Up Nutrition movement** and the **REACH Partnership**.



The recommended practices are multiple and potentially complex. However, over years of experience the program has evolved to help implementers distill the most important and practical aspects for their context, and **organize delivery mechanisms** that refresh and reinforce the knowledge of field agents. In addition, in each setting users can determine best how to phase in components over time to avoid overloading health agents, community workers and other cadres helping to roll out nutrition strategies.

The Framework to Integrate, Communicate and Harmonize

Implementing the ENA framework entails building the **widest possible network of partnerships** across all relevant sectors so that interventions, practices and messages can be harmonized and all groups use similar materials and jobs aids. Ideally, ministries and partners are brought together at the regional and/or national levels to agree on these harmonized approaches. Such fora can also serve as a platform for **advocacy** with policy leaders on the importance of nutrition to the nation’s economic as well as social development.

The ENA framework includes ensuring that priority messages and services from this comprehensive list are integrated into all existing **health sector programs**, in particular those that reach mothers and children at critical contact points in the first thousand days of the life cycle: maternal health and prenatal care; delivery and neonatal care; postpartum care; family planning; immunizations; well child visits (including growth monitoring, promotion and counseling); sick child visits (including facility and community IMNCI and iCCM); and IMAM.

The appropriate messages and services are also integrated to the greatest extent possible into programs **outside the health sector**: agriculture and food security activities; education (pre-service for health, primary and secondary schools for general education) and literacy programs; microcredit and livelihoods enhancement; and water, sanitation, and hygiene (WASH). Behavior change communication activities are also delivered and reinforced by **existing community groups**.

7 WHO, BASICS, UNICEF. 1999. Nutrition Essentials: A guide for health managers. US Agency for International Development

8 Guyon AB, Quinn VQ, Hainsworth M, Ravonimanantsoa P, Ravelojoana V, Rambelison Z, and Martin L. (2009) Implementing an integrated nutrition package at large scale in Madagascar: The Essential Nutrition Actions Framework. Food Nutr Bull 30(3):233-44.

9 Hampshire, R. D., V. M. Aguayo, et al. (2004). Delivery of nutrition services in health systems in sub-Saharan Africa: opportunities in Burkina Faso, Mozambique and Niger. Public Health Nutr 7(8): 1047-1053.

The Framework Entails Three Interconnected Strategies

1. Develop a **multi-channel social and behavior change communication (SBCC)** plan to promote and support the adoption of “small do-able” actions. Special emphasis is given to **interpersonal counseling** (supporting individual mothers, especially in the context of their daily routines, to adopt optimal practices) reinforced by **group discussions, mass media, community festivals** and other **social mobilization events**. Health workers, other agents, and community workers are trained to employ the counseling technique of “negotiation for behavior change,” to help mothers anticipate and overcome barriers to carrying out new practices. Health workers use these approaches with clients while community workers apply them during home visits or at daily meeting places (markets, during daily chores, women groups meetings, etc.).
2. **Design a capacity building strategy tailored made** to enable program managers, health workers, other agents (agriculture extension workers, teachers, credit groups, etc...) and community workers to acquire knowledge and skills in delivering services and counseling through all relevant existing platforms and contacts which results in a decrease of missed opportunities to deliver ENA and EHA support.
3. **Strengthen delivery systems** (health, agriculture, water & sanitation, education, finance) by: securing the **regular supply** of nutrition related products (e.g. micronutrient supplements, de-worming and Malaria medicines, ITNs), integrating the **monitoring** of nutrition and hygiene actions into information systems and into supportive supervision and quality improvement schemes.



Health and Community Workers Training Tools

There is also a collection of materials to **guide the implementation** of this package within the health system and at community level in all sectors. These include a training guide for **health workers and nutrition managers** and another for **community workers in all sectors**. There are also companion **reference manuals**, one for health workers and nutrition managers and another for community workers in all sectors. These materials are available in English and soon in French¹⁰.

What's New?

The updated 2015 toolkit builds on the 2010 ENA Trilogy and keeps the overall format of the materials but also incorporates:

- The latest **2013 ENA recommendations from World Health Organization** across the life cycle; in particular, nutrition for adolescents, non-pregnant and non-lactating women, revised micronutrient protocols, and the importance of working beyond the health sector.
- The **Essential Hygiene Actions** as inextricably linked to improved nutrition. Mounting evidence suggests it is necessary to give more emphasis to the hygiene actions previously embedded within complementary feeding and feeding the sick child. These **Essential Hygiene Actions** (EHAs) actions include: household treatment and safe storage of drinking water (such as utilizing chlorine solution and storing water in closed container with tap), hand washing at five critical occasions (after defecation; after cleaning child who has defecated; before preparing food; before feeding child; before eating), safe storage and handling of food, the safe disposal of feces through the use of latrines and promotion of open defecation free communities, and creating barriers between toddlers and soiled environments and animal feces. All the ENA training also incorporate the EHAs as indicated in the title of these documents
- Suggestions for ways that **Homestead Food Production** can contribute to improved nutrition and how agriculture in general can be made nutrition-sensitive.
- Greater attention to moving **beyond nutrition education to promotion of social and behaviour change**. Includes exercises throughout to build participants' skills in counselling and negotiation to support caregivers to adopt improved practices, including role plays, field practicums, using illustrations to animate group discussions and individual counselling, facilitating community support groups, and applying these skills across both ENA and EHA.
- Guides **nutrition managers** through practical exercises to **build their training skills** and provides them with a tool to train **community workers across all sectors** to promote high impact nutrition and hygiene.



Contacts

Agnes B. Guyon, Senior Child Health & Nutrition Advisor, JSI Research & Training Institute: agnes_guyon@jsi.com

Jennifer Nielsen, Senior Nutrition Advisor, Helen Keller International: jnielsen@hki.org

Victoria Quinn, Senior Vice President for Programs, Helen Keller International: vquinn@hki.org

¹⁰ <http://www.coregroup.org/ENAEHA> and <http://jsi.com/JSIInternet/IntlHealth/techexpertise/display.cfm?tid=1000&id=83>

¹¹ Not available online

Reference Documents

Broad scale ENA programs were successfully implemented by the USAID-funded LINKAGES Project (1996-2006). Documents from that project can still be found on the project website. In the years since the project ended, ENA has been adapted in many countries often as part of an integrated child health and/or multisectoral strategies. In addition, the following resources may be useful.

ENA State of the Art Training for Managers (English & French, 2006)¹¹

Includes nine modules on rationale for the essential nutrition actions and large scale implementation

Essential Nutrition Actions materials – 2015

[ENA & EHA Training Guide: Health Workers and Nutrition Managers](#)

[ENA & EHA Reference Manual: Health Workers and Nutrition Managers](#)

[ENA & EHA Training Guide: Community Workers](#)

[ENA & EHA Reference Materials on Key Practices: Community Workers](#)

Technical Capacity Assessment tools

These tools are designed to help an organization assess its ability to implement various nutrition programs, looking holistically at personnel, documents, and systems in place at the organizational and implementing partner levels. (JSI. 2013)

[Nutrition: Essential Nutrition Actions Framework within the Health System](#)

[Nutrition: Community-based Management of Acute Malnutrition](#)

[Nutrition: Essential Nutrition Actions Framework within the context of HIV & AIDS](#)

Quality Assessment of Nutrition Services¹¹

Surveying Nutrition-Related Services Offered to Pregnant Women, Postpartum Women, and Caregivers of Children Under Five in Health Facilities (HKI)

Supportive Supervision tools¹¹

Quality Improvement Verification Checklists Partnership Defined Quality (SC)

Integrated MNCH Supportive Supervision (JSI)

Supportive Supervision at Key Health Contact Points (JSI)

Community Assessment

[Nutrition Program Design Assistant: A Tool for Program Planners, Version 2.](#) (CORE Group, SC, FANTA III. 2015)

Care Group Guidance for Community

[Care Group Difference: Guide to Mobilizing Community-Based Volunteer Health Educators](#) (World Relief, CORE Group. 2004)

[Care Groups: A Training Manual for Program Design and Implementation](#) (Food for the Hungry. 2013)

Formative Research Tools

[ProPAN 2.0](#) (PAHO, UNICEF. 2013)

Focused Ethnographic Study Guide (GAIN. 2012)

[Designing for Behavior Change](#) (CORE Group, Food Security & Nutrition Network. 2013)



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