

ESSENTIAL NUTRITION ACTIONS: PREVENTION FIRST WORKSHOP REPORT

April 2009

This publication was produced for review by the United States Agency for International Development. It was prepared by USAID/BASICS.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

“Malnutrition is a process, not a state of being.”

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INTRODUCTION

From April 20 to 23, 2009, USAID/BASICS convened *Essential Nutrition Actions: Prevention First*, a workshop aimed at:

- Sharing state-of-the-art child nutrition interventions, focusing on prevention and behavior change activities.
- Reviewing lessons learned from USAID/BASICS' ten years of experience in child nutrition.
- Sharing participants' experiences and clarifying national priorities for child nutrition in each participating country.

This three-day event, held in Dakar, Senegal, was one in a series of opportunities that USAID/BASICS has organized in 2009 to ensure the continued momentum of child survival initiatives beyond culmination of most USAID/BASICS country programs during the year.

Attendees included stakeholders from seven countries with current or recently-completed USAID/BASICS child nutrition programs: Afghanistan, India, Madagascar, Malawi, Nigeria, Rwanda, Senegal, and Timor-Leste. A delegation from Malawi was unexpectedly obliged to withdraw from the workshop due to competing priorities, but the country's experience was still represented in a key plenary presentation.

Click [here](#) for a participant list, including affiliation and e-mail contact information.

OPENING CEREMONY

In an opening ceremony presided by the Secretary General of the Senegal Ministry of Health and Medical Prevention, four speakers provided context for the event.

The first statement was made by USAID/BASICS Africa Regional Advisor, Aboubacry Thiam. He remarked that the true measure of USAID/BASICS' success will be seen in the sustainability of the programs the project supported, as well as in the ability of its implementation models to be replicated wherever infant and child mortality rates are high. In this sense, Thiam noted that Senegal was an apt location to hold *Essential Nutrition Actions: Prevention First* because the country's Nutrition Reinforcement Program is built on a foundation of key principles implemented by USAID/BASICS in its Senegal nutrition program, which ended in 2007.

Click [here](#) for the English version and [here](#) for the French version of Aboubacry Thiam's speech.

USAID/BASICS Nutrition Advisor, Thomas Schaetzel then spoke about how the event's title was chosen. He explained that the Essential Nutrition Actions (ENA), which are a series of healthy behaviors for mothers developed by USAID/BASICS to directly address child morbidity and mortality, emphasize the greater public health impact that prevention activities have over treatment initiatives in nutrition programming in developing countries.

Click [here](#) for the English version and [here](#) for the French version of Thomas Schaetzel's speech.

Dr. Schaetzel was followed by Akua Kwateng-Addo, Director, Health Division, USAID/Senegal. She thanked USAID/BASICS for more than 10 years of technical assistance to Senegal, and affirmed USAID's continued support to child health in the country, as well as across the world.

Click [here](#) for the English version and [here](#) for the French version of Akua Kwateng-Addo's speech.

The workshop was subsequently declared open by the Secretary General of the Senegal Ministry of Health and Prevention, Moussa Mbaye, who used the opportunity to affirm that nutrition, “...is the central element of human, social, and economic development,” and to review the contributions that the Ministry’s partnership with USAID/BASICS has made towards attainment of Millennium Development Goals 4 and 5.

Click [here](#) for the English version and [here](#) for the French version of Moussa Mbaye’s speech.

PRESENTATIONS

A total of ten presentations were made during *Essential Nutrition Actions: Prevention First* as part of the workshop's objectives to share start-of-the-art child nutrition interventions and review lessons learned from USAID/BASICS nutrition programs. Overall, the presentations consistently showed that no program implements nutrition interventions by themselves. Instead, because malnutrition is a factor that significantly increases the likelihood of death from common childhood illnesses (and is an underlying cause of 55% of childhood deaths), child survival approaches that integrate the prevention of malnutrition with other interventions are most effective.

1. USAID/BASICS History

USAID/BASICS Project Director, Fred White, summarized the three USAID/BASICS contract phases, which began as the joining of three USAID-financed child health projects and will culminate by consolidation of USAID/BASICS with four other projects to create MCHIP. In reminding the participants that BASICS stands for Basic Institutionalization of Child Survival, White suggested that institutionalization of nutrition has come through its incorporation into broader child health programs. He further remarked that a key mode of institutionalizing USAID/BASICS approaches and tools comes from the transition staff members—particularly in-country experts—to other child survival projects.

Click [here](#) for the English version and [here](#) for the French version of *USAID/BASICS History*.

2. Why Essential Nutrition Actions?

USAID/BASICS Nutrition Advisor, Thomas Schaetzel, began the technical portion of the workshop by stating that prevention is the key to solving all primary nutrition problems amongst children under the age of five in developing countries, but that current programming trends show little agreement on this idea. He noted that, although one in six malnourished children is *severely* malnourished, there is considerably greater emphasis on the treatment of severe malnutrition than on prevention activities. Schaetzel suggested that this can partly be attributed to poor recognition of the fact that, although the risk of death is higher among severely malnourished children, mild and mild moderate malnutrition cause considerably more total deaths because they contribute to the duration and severity of other conditions, like acute diarrhea.

Click [here](#) for the English version and [here](#) for the French version of *Why Essential Nutrition Actions?*

3. The Essential Nutrition Actions Approach

Former USAID/BASICS-Senegal Nutrition Advisor, Coudy Ly Wane, reviewed the ENA approach, which includes:

- Immediate and exclusive breast feeding for six months
- Appropriate complementary feeding from the age of six months through two years, with continued breast feeding
- Nutritional care of sick children, including feeding during illness
- Recuperative feeding
- Care of severely malnourished children
- Adequate intake of Vitamin A, Iron, and Iodine
- Maternal Nutrition

Ms. Ly Wane then outlined the technical justifications for the ENA approach, chief among which is that optimal breastfeeding, adequate complementary feeding, control of vitamin A deficiency, and zinc supplementation can reduce infant mortality by 25% in developing countries. Moreover, vitamin A supplementation can result in a reduction of 23% to 34% of infant and maternal mortality.

In detailing achievements through the ENA approach in Senegal, Ms. Ly Wane pointed out that growth monitoring and promotion are not only considered a point of contact for promoting ENA to mothers, but is also considered to be one of the essential actions. She noted that the addition of zinc supplementation to the approach is forthcoming in Senegal.

Click [here](#) for the English version and [here](#) for the French version of *The Essential Nutrition Actions Approach*

4. Community-based Growth Promotion

In his second presentation, Thomas Schaetzel explained that the process of becoming malnourished occurs in the first eighteen months of life. Thus, a key intervention for preventing malnutrition is community-based growth promotion (CBGP), a key operational strategy for implementing the ENA that supports the recognition and prevention of malnutrition in children up to age two and the integrated health of children up to age five.

Schaetzel advised that CBGP should not be confused with growth monitoring and more specifically spoke about the tendency of many health workers to react less to downward trends in growth (i.e., a prevention mentality) and more to the eventual onset of stunting (i.e., a treatment mentality). With this in mind, he shared the quotation that appears on the first page of this report: “Malnutrition is a process, not a state of being.”

Click [here](#) for the English version and [here](#) for the French version of *Community-based Growth Promotion*

5. Using Trials of Improved Practices (TIPs) to Develop Community-based Growth Promotion Counseling Cards

USAID/BASICS-Rwanda Nutrition Advisor, Silver Karumba, presented experiences in developing growth promotion counseling cards in Rwanda by using Trials of Improved Practices (TIPs) to determine what recommendations are most feasible and acceptable for mothers. Karumba described the process as comprising:

- a. Identifying problems through a data and literature review, as well as field interviews with mothers.
- b. Developing recommendations for addressing identified problems and explanations that may be used to motivate mothers and caregivers to the recommendations.
- c. Carrying out “Trials of Improved Practices” (TIPs) with mothers based the recommendations and explanations.
- d. Seeking feedback from trial participants on feasibility, acceptability, and perceived impact.
- e. Developing counseling cards based on findings.

Click [here](#) for the English version and [here](#) for the French version of *Community Using Trials of Improved Practices (TIPs) to Develop Community-based Growth Promotion Counseling Cards*

6. Senegal’s Program for Nutritional Reinforcement and the Essential Nutrition Actions

Cheikh Mbacké Ba, “WILAYA” Coordinator for Senegal’s Program for Nutritional Reinforcement, provided details on success factors in the program, which comprises CBGP, community-based distribution of micronutrients (and other key commodities, like insecticide-treated bed nets), and behavior change communications.

Ba summarized success as being achieved through a three level approach that looks at the contributions of different members of the community, including the:

- Dahira approach—specific to a predominantly religious area where an *ndiguel* (recommendation or directive) is issued by a religious guide.
- Peer approach—based on the fact that targeted women who share the same concerns are more likely to exchange views and support each other.
- Multisectoral approach—a platform for addressing the determinants of malnutrition, such as proper disposal of garbage and waste, creation of a community-based health insurance scheme, and establishment of a cereal processing program.

Click [here](#) for the English version and [here](#) for the French version of *Senegal's Program for Nutritional Reinforcement and the Essential Nutrition Actions*

7. Positive Deviance/Hearth

Djibril Cissé, former USAID/BASICS-Senegal Technical Advisor and current Deputy Country Director of Helen Keller International-Senegal came to the podium to discuss the Positive Deviance/Hearth (PD/Hearth) approach, which recognizes the close link between poverty and nutritional status. Through PD/Hearth, children who are thriving nutritionally in communities that otherwise suffer high rates of malnutrition are identified and model menus are developed based on those healthy children's diets, and shared through demonstrations in a "hearth" setting. The method thus offers a robust response to preventing or correcting malnutrition that is rapid, economic, sustainable, appropriate, and above all, fits the socio-cultural context of the beneficiary communities; and ultimately affirms the principle that health is not dependant on means.

Cissé noted that the steps in the PD/Hearth approach stress the importance of disseminating the results of inquiries to the communities that will ultimately support and conduct hearths. These include:

- a. Weigh all children aged 36 months or less
- b. Identify household practices that are leading to high rates of malnutrition
- c. Identify locally available food
- d. Disseminate results of steps 1-3 to the community
- e. Investigate positive feeding models
- f. Share identified positive feeding models with the community

Click [here](#) for the English version and [here](#) for the French version of *Positive Deviance/Hearth*

8. Mother-Father Support Groups

Speaking on behalf of USAID/BASICS-Malawi Nutrition Advisor, Mwate Chintu, Thomas Schaetzel presented experience with the structuring and implementation of mother-father support groups (MFSGs) in Malawi, where the involvement of men, as well as village heads, are considered essential to the success of improving nutrition-related behaviors at the household level.

MFSGs in Malawi are not only a method for empowering the community with skills in Essential Nutrition Actions, but also reproductive health. They are one of seven contact points in the country for nutrition actions. Others are: antenatal care (including PMTCT), labor and delivery, postnatal care, immunizations, growth monitoring at well baby contacts, and integrated management of childhood illnesses service delivery.

Click [here](#) for the English version and [here](#) for the French version of *Mother-Father Support Groups*

9. Community-based Management of Acute Malnutrition (CMAM)

Linking closely to his early presentation that explored the reasons for implementing ENA, Tom Schaetzel followed with a critical review of CMAM programs; particularly in light of their increasing popularity with stakeholders. He suggested that:

- The costs of CMAM—particularly the acquisition and distribution of Ready-to-use Therapeutic Food (RUTF), which is not currently produced in any developing country—make sustainability extremely difficult to ensure. Thus, if donors convince an MOH to implement CMAM, they should not expect them to assume the costs of RUTF.
- CMAM should not be implemented without a situational assessment at the national or sub-national level to investigate the magnitude of the acute malnutrition problem, existing capacity and the feasibility of providing services for the management of severe and acute malnutrition.
- Unless prevention programs are fully-funded and operational, CMAM should be limited to crisis response.
- Intensive efforts should be focused integrated ENA/CMAM approaches.

Click [here](#) for the English version and [here](#) for the French version of *Community-based Management of Acute Malnutrition (CMAM)*

10. Scaling Up Essential Nutrition Actions-based Programs

The final presentation of the workshop was made by Sridhar Srikantiah, USAID/BASICS-India Chief of Party. Speaking about India's Integrated Nutrition and Health Project II (INHP II—implemented by CARE-India/USAID and supported with technical assistance from USAID/BASICS), Srinkatah explored the question of whether the household and community-level actions that define nutrition programs can realistically be scaled up to achieve population-level impact. Experiences in INHP II lent well to this discussion in that the program covered 100 million people in 78 districts and 9 states.

Srinkantiah showed that the INHP II project achieved substantial changes in infant and young child feeding practices over time, thanks in large part to effective one-to-one communication with mothers, and that malnutrition consequently diminished. He noted, however, that changes were not uniform, with some intervention areas doing very well, and others not at all well.

In exploring what factors led to success in those areas where the program achieved greater results, Srikantiah suggested that large-scale expansion could be supported through efforts, among others, to:

- Minimize the risk of repeating programmatic error, such as by testing interventions in limited areas before expansion.
- Simplify training and using supervision as a natural extension of training.
- Use record keeping (i.e., HMIS) as a tool to encourage focus on priorities; choosing a target set of indicators to track that will show change.
- Identify existing structures and human resources that will act as a foundation for scale-up.

Click [here](#) for the English version and [here](#) for the French version of *Scaling Up Essential Nutrition Actions-based Programs*.

FIELD VISITS

Delegates were divided into two groups for half-day field visits to observe elements of Senegal's Program for Nutritional Reinforcement, funded by the World Bank and implemented in collaboration between the Ministry of Health and Prevention and Christian Children's Fund. One group attended a weighing session, a cooking demonstration, and a meeting of a grandmothers' support group in Thiès, a peri-urban setting. The other group visited a health hut, and attended a cooking demonstration and mothers' support group meeting in the rural village of Gandigal (Mbour Region).

GROUP WORK

Workshop participants were divided into four groups to determine the “what” and “who” of nutrition programming in their countries in the immediate future. After sharing information through country interviews during the plenary, country delegates were asked to consider the following questions in two 90-minute sessions on the second and third days of the workshop:

Day 2

- What are your priorities for nutrition? Do you want to prevent or treat?
- What are your responses? That is, what interventions are you employing to address the priorities? Do they favor prevention or treatment?
- Who performs the key functions in your nutrition program(s)?
- Who are the stakeholders?

Day 3

- What are the “fulcrums” (i.e., programs, policies, and structures) that can be relied upon to substantially improve impact and coverage?
- Have key actors internalized the logic of getting to desired outcomes? If not, how could this be achieved?
- Do you have mechanisms in place to generate relevant information and data? Is information being used to bring focus into the program? What can be done to improve this?

Conclusions and Next Steps

Country delegations tended to concentrate more time on different questions and the process of considering these themes will continue, but several issues are immediately worth noting.

First, priority nutrition interventions were generally similar among the six countries participating in the group work exercise and included, among others: feeding of infants and young children, micronutrient supplementation, growth monitoring and promotion, and treatment of acute malnutrition. Afghanistan additionally emphasized the importance of preparedness for and response to nutrition emergencies.

Second, most ministries of health collaborate with a number of effective international and local partners, and the fulcrums (i.e., programs, policies, and structures) for implementation are usually well-established. However, the use of these fulcrums to substantially improve impact and coverage is a significant challenge in resource-strained environments, where program success is highly dependent on an over-burdened health system and on the motivation of community volunteers. As explained by one participant, “Although the logic of getting to desired outcomes has been internalized by actors, it is not working well on the ground level. New interventions can easily be interpreted as additive functions that require additional incentives instead of being seen as part of basic activities.”

Finally, a somewhat similar point can also be made about the monitoring of nutrition programs. That is, most countries have a functioning health management information system, but data collection is often not valued as a basic institutional activity and thus suffers from both inconsistency and lack of adequate use for decision-making, particularly at the lower levels of the system. Exacerbating this effect is that agencies supporting nutrition and child survival programs frequently have dissimilar reporting requirements, resulting in the use of multiple, non-harmonized monitoring tools in the field.

Click [here](#) for group work presented jointly by delegates from Nigeria, Timor-Leste, and Rwanda (English only)

Click [here](#) for group work presented by delegates from Afghanistan (English only)

Click [here](#) for group work presented by delegates from Madagascar (French only)

Click [here](#) for group work presented by delegates from Senegal (French only)