ENA NUTRITION

Tools for Operationalizing Essential Nutrition Actions

Annotated Bibliography

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Annotated Bibliography

1. Technical Basis for the Essential Nutrition Actions (ENA)

***Malnutrition and Child Mortality: Program Imlications of New Evidence*. 1995. BASICS Project, the Nutrition Communication Project, and the Health and Human Resources Analysis for Africa Project.**

For use in nutrition advocacy in child health programs and policies.

Summary: Nutrition interventions generally target severely malnourished children. The high costs for treatment and rehabilitation of these children leave few resources to address less severe malnutrition problems. An analysis of 28 epidemiologic studies indicates that mild and moderate malnutrition pose far greater risks to child mortality than previously documented. These findings strongly suggest that interventions to prevent malnutrition in children will increase the overall effectiveness of child survival programs. The major findings are followed by a brief discussion of their implications for child survival programs. Based on several decades of experience in nutrition programming, recommendations are made for specific activities to promote optimum growth among infants and young children.

Sanghvi, T., and J. Murray. 1997. *Improving Child Health Through Nutrition: The Nutrition Minimum Package*. BASICS.

For use in policy dialogue, this document presents the evidence for six key behaviors.

Summary: Changing the behaviors of caretakers and families will be critical to reducing malnutrition and other childhood illnesses. The top six interventions have been called the "Nutrition Minimum Package" and constitute the core nutrition interventions that should be considered for all primary health care programs. These interventions are: promotion of exclusive breastfeeding for about 6 months; promotion of appropriate complementary feeding starting at about 6 months in addition to breastfeeding until 24 months; promotion of adequate vitamin A for infants and young children over 6 months; promotion of appropriate nutrition during and after illness; promotion of iron tablets for all pregnant women; and promotion of the regular use of iodized salt by all families. There is global consensus regarding the urgency of moving ahead with this Minimum Package of interventions. Programs need to adapt nutritional interventions to local circumstances and incorporate them into primary health care activities at the household, community, and health facility levels.

La Force, M., et al. 2001. *A Better Future for Children: Progress Toward World Summit Goals for Health and Nutrition—A Series of Briefing Papers Prepared for the UN Special Session on Children*. BASICS.

For use in policy dialogue, this document reviews global progress in nutrition and future needs.

Summary: In 1990, world leaders assembled at the World Summit for Children made a commitment to "give every child a better future" and establish 27 goals for improving children's health and well-being by the year 2000. Progress toward those benchmarks was the focus of the first special session of the United Nations General Assembly devoted to children, held 19–21 September 2001. In preparation for this meeting, the U.S. Coalition for Child Survival asked a number of experts to write briefing papers

assessing efforts to achieve the goals of the 1990 summit. This document contains papers drafted by BASICS II staff summarizing what has been learned and accomplished during the past decade in eight important areas of child survival and makes recommendations for the future. The topics covered are: 1) maintaining a high level of immunization, 2) preventing neonatal tetanus, 3) reducing deaths from diarrhea, 4) reducing deaths from acute respiratory infections, 5) reducing deaths from measles, 6) reducing malnutrition, 7) promoting children's growth, and 8) improving newborn health.

***Guiding Principles for Complementary Feeding of the Breastfed Child*. 2003. PAHO/WHO.**

For program planners and policymakers.

Summary: A review of infant and young child feeding guidelines promoted by various national and international organizations found the guidelines to be inconsistent. Some of the guidelines were based more on tradition and speculation than on scientific evidence, or were far more prescriptive than necessary in regard to the order of foods introduced or the amounts of specific foods to be given. To avoid confusion, unified, scientifically based guidelines, which can be adapted to local feeding practices and conditions, were needed. The complementary feeding guidelines described in this report were developed from discussions at several technical consultations and from complementary feeding documents. (WHO/UNICEF, 1998, WHO/UNICEF technical Consulation on Infant and Young Child Feeding, 200; WHO Global Consultation on Complementary Feeding. 2001. Academy for Educational Development, 1997; Dewey and Brown, 2002).

Huffman, S.L., et al. 2001. *Essential Health Sector Actions to Improve Maternal Nutrition in Africa*. LINKAGES/SANA/SARA/ MOST/USAID.

For use by program managers to identify actions that can be integrated into existing health programs.

Summary: The full paper and a separate eight-page summary identify essential nutrition and health actions for pregnant and lactating women that contribute to the achievement of nutrition-related outcomes: adequate food and micronutrient intake, reduction of malaria and hookworm infections, and birth spacing of three years or longer.

2. Policy and Advocacy

Diène, S. 2003. *How to Change National Policy and Strategy: Benin, DR Congo, and Senegal Examples*. BASICS II.

For use by nutrition and health advocates and technical teams to bring about changes in national policy and strategy.

Summary: Provides an overview of how policies and strategies were changed and expanded to improve nutrition.

Advocacy using PROFILES

Summary: PROFILES is a process for nutrition policy and advocacy designed to demonstrate the contribution that improved nutrition can make to human and economic development. PROFILES uses interactive computer-based models to project the functional consequences of poor nutrition and estimate the costs, effectiveness, and benefits of nutrition programs.

Burkhalter, B.R., et al. 1999. Nutrition advocacy and national development: The PROFILES programme and its application. *Bulletin of the World Health Organization* 77(5):407–415.

For use by nutrition advocates, a computer model that quantifies the benefits and costs of ENA.

Summary: Effective advocacy is necessary to generate financial and political support for scaling up from small pilot projects and maintaining successful national programs. PROFILES uses scientific knowledge to estimate the impact of nutrition on development indicators such as mortality, morbidity, fertility, school performance, and labor productivity. This article describes the PROFILES process and its application in three countries.

Application of the PROFILES Process in Mali and in Senegal

For nutrition and health advocates.

Summary: These presentations are examples, in French, of the PROFILES application in Mali and Senegal.

Advocacy Materials for Community Leaders: Example from Nigeria

For use to engage community members in nutrition actions.

Summary: These two examples of local advocacy materials were developed in Nigeria to mobilize community leaders to address infant and child malnutrition.

***Maternal Nutrition: Issues and Interventions.* 2000. LINKAGES Project/AED.**

For use by nutrition advocates with policymakers and program planners.

Summary: A computer-based slide presentation with speaker's notes helps nutrition advocates build a case for a lifecycle approach to prevent maternal undernutrition.

3. Assessment and Situational Analysis

Sanghvi, T., et al. Revised 2003. *Program Review of Essential Nutrition Actions: Checklist for District Health Services*. BASICS II.

For use by district managers to develop detailed plans to strengthen ENA.

Summary: Malnutrition accounts for over half of all childhood deaths. The most critical period of intervention is from pregnancy through two years of age. By making periodic reviews of district health programs, managers can find critical gaps in nutrition services and subsequently focus their resources on priority needs. This checklist for collecting information about ENA is designed for district health teams that want to strengthen the nutrition components of their primary health care programs. It can also be used by governmental and non-governmental organizations, donors, and others who are interested in integrating ENA into maternal and child health.

Sanghvi, T., et al. *Operational Steps for Introducing a Nutrition "Minimum Package" in MCH Programs*. (Paper presented at the XIX IVACG Meeting, March 8–11, 1999 in Durban, South Africa.)

For use by program managers interested in strengthening ENA.

Summary: Experience from Zambia, Eritrea, Benin, Madagascar, and Senegal shows that combining ENA with routine health services is a useful national strategy for improving infant feeding practices and ensuring micronutrient adequacy. It is necessary to follow a series of steps to systematically introduce an effective nutrition program in district health services. The steps are assessment of program gaps and identification of partners; capacity-building and health systems strengthening; implementation of a coordinated set of activities in health facilities, via community organizations and workers, and using communication channels; and periodic review and redesign.

Dickin, K., M. Griffith, and E. Piwoz. 1997. *Designing By Dialogue: A Program Planner's*

***Guide to Consultative Research for Improving Young Child Feeding*. The Manoff Group, SARA/AED.**

For those planning large-scale programs to improve young child nutrition.

Summary: The purpose of this manual is to provide tools to design, carry out, and analyze the results of formative, consultative research and to use them to design effective programs to improve infant and young child feeding.

Phillips, M., and T. Sanghvi. 1996. *The Economic Analysis of Nutrition Projects*. Human Development Department, The World Bank.

For use by analysts and planners to estimate startup and recurrent costs to strengthen nutrition activities.

Summary: This report is Tool #3 in the World Bank's Nutrition Toolkit. The purpose of the Toolkit is to help managers design and supervise effective and feasible nutrition projects and project components and to carry out comprehensive analysis of sectoral and policy issues affecting nutrition. The annexes in Tool #3 provide case studies from the Latin American and Caribbean region.

4. Strengthening Nutrition in Health Services

Technical Guidelines for Health Workers

Sanghvi, T., et al. 1999. *Nutrition Essentials: A Guide for Health Managers*. A joint BASICS II, USAID, UNICEF, WHO publication.

For use by nutrition, health, and other professionals as a reference guide for strengthening nutrition activities.

Summary: This comprehensive guide has been developed to help program managers integrate nutrition with other health services and to strengthen nutrition in ongoing primary health care programs. The guide can be used to look up current protocols and guidelines; learn the technical reasoning behind a decision to focus on certain nutrition behaviors; find checklists or ideas for checklists that can be adapted locally for program planning and evaluation; research new ideas about how to solve common problems; and design a curriculum or make overheads and handouts. Health managers who work at the district level may particularly benefit from this resource. Major topics covered include: (1) priority nutrition interventions; (2) planning nutrition interventions in the district; (3) technical guidelines for integrating nutrition in health services; (4) forming community partnerships; (5) communications activities for improving nutrition; (6) supporting nutrition interventions; and (7) nutrition protocols.

***Facts for Feeding*. LINKAGES Project/AED.**

For program planners, managers, and health workers.

Summary: This series of four- to eight-page publications provides guidelines on recommended feeding and maternal dietary practices to improve nutritional status at various points in the lifecycle. Policymakers, health care providers, and communicators can use these guidelines for developing messages and activities appropriate to local conditions.

- **Birth, Initiation of Breastfeeding, and the First Seven Days after Birth. July 2003 (Update). 8 pages.** Identifies actions health care providers can take during the first week postpartum to help the mother and baby establish and maintain good breastfeeding practices.
- **Recommended Practices to Improve Infant Nutrition during the First Six Months. September 2001 (Update). 4 pages.** Provides the rationale for the recommended practices, describes the benefits of breastfeeding, and identifies supporting interventions.

- **Guidelines for Appropriate Complementary Feeding of Breastfed Children 6–24 Months of Age. (A joint publication of the LINKAGES Project and the SARA Project.) October 2001 (Update). 4 pages.** Explains why malnutrition peaks among this age group and identifies feeding practices to ensure growth and development.
- **Breastmilk: A Critical Source of Vitamin A for Infants and Young Children. October 2001 (Update). 8 pages.** Recommends national-, community-, and household-level practices to improve vitamin A status of infants, young children, and pregnant and lactating women.

***Frequently Asked Questions Fact Sheets*. LINKAGES Project/AED.**

For program planners, managers, and health workers.

Summary: This series of four- to eight-page publications addresses common issues related to infant, young child, and maternal nutrition.

- **Breastfeeding and HIV/AIDS. May 2001 (Update). 6 pages.** Reviews the latest information on the transmission of HIV via breastfeeding and provides programmatic guidance for field activities.
- **Breastfeeding and Maternal Nutrition. July 2003 (Update). 6 pages.** Focuses on the impact of maternal nutrition on breastmilk quantity and quality, the nutritional requirements of lactating women, the impact of breastfeeding on maternal health, and implications of this information for programs.
- **Exclusive Breastfeeding: The Only Water Source Young Infants Need. October 2002. 4 pages.** Discusses the nutritional and health consequences of giving infants water during the first six months and the role of breastfeeding in meeting an infant's water requirements.

Training Modules

***The Essential Nutrition Actions Approach to Improve the Nutrition of Women and Children in Africa: A Five-Day Training Guide for Planners*. 2003. Regional Center for Quality of Health Care (RCQHC) at Makerere University, USAID/REDSO/ESA and LINKAGES Project/AED.**

For program planners.

Summary: This five-day course trains program planners to prioritize nutrition behaviors for children and women in vulnerable communities and integrate these behaviors into policies, communications, and interventions in health facilities and communities. Thirteen slide presentations on topics covered during the course are included.

***Experience LINKAGES: Training Tools*. August 2003. LINKAGES Project/AED.**

For health and family planning service providers, community-level volunteers, and program staff.

Summary: Training is a major component of LINKAGES' comprehensive program to bring about rapid change in infant and young child feeding behaviors. The LINKAGES Project has supported training activities in more than 15 countries. This issue of *Experience LINKAGES* describes the project's training modules, methodologies, and performance monitoring tools.

Job Aids for Health Workers

For district health teams, who should pretest and adapt these tools.

Summary: An important part of the health manager's job is to provide both community health workers and facilities with the tools, supplies, and training they need. Useful tools

include copies of the exact protocols for each kind of intervention and simple job aids that remind the health worker about important actions, such as screening, dosing, and recording.

- **Generic Job Aids** (BASICS II, USAID, WHO, UNICEF)

  The generic job aids provide protocols that identify "what specific actions should be promoted to what target groups and at what specific point in time."

- **Job Aids for Regions with High HIV Prevalence and Low HIV Prevalence** (RCQHC/LINKAGES/USAID)

  These job aids, developed in East Africa, provide infant feeding and maternal nutrition guidelines for women whose HIV status is negative or unknown and for HIV-positive women.

- **Madagascar Job Aids** (GAIN, MOH, LINKAGES/JSI/USAID)

  The job aids developed in Madagascar illustrate how generic job aids are adapted to the country context and how visual images reinforce the messages. The Madagascar job aids include messages on reproductive health as well as nutrition.

- **Senegal Job Aids: *Paquet d'Activités Intégrées de Nutrition* (PAIN) (flip book)** (MOH/BASICS/USAID)

  The job aids flip book (in French), developed in Senegal, is a checklist of nutrition actions at various health contact points.

Checklist of Nutrition Supplies for Maternal and Child Health Programs

(Excerpts from Sanghvi, T., et al. 1999. *Nutrition Essentials: A Guide for Health Managers.* A joint BASICS II, USAID, UNICEF, WHO publication.)

For health managers to plan supplies and logistics for programs.

Summary: These are checklists of nutrition supplies needed for maternal and child health services.

Examples of Information-Education-Communication (IEC) Material

- Madagascar Counseling Cards (2001). MOH Madagascar, LINKAGES, BASICS/USAID.
- Senegal Counseling Cards (2000). MOH Senegal, BASICS I/USAID.

Video

***The Missing Piece: Essential Nutrition Actions to Improve Maternal and Child Health.* 2002. Video. 22 min. BASICS II, LINKAGES, JSI, AED, UNICEF, WHO, USAID.**

For health managers at national and district levels to learn how Madagascar integrated ENA in health programs.

Summary: Many Malagasy children suffer from low birth weight, growth retardation, anemia, and vitamin A deficiency. Women of reproductive age also suffer from anemia, vitamin A deficiency, and malnutrition. For a long time, nutrition was the missing piece in maternal and child health programs. This video describes the key nutrition components or the Essential Nutrition Actions that were initiated in Madagascar. Health district officials are encouraged to reinforce nutrition activities as part of child survival and reproductive health. This video demonstrates how to integrate the seven essential nutrition actions into six existing contacts within the health structure and how to mobilize support at the community level.

Workshop Proceedings on Program Operations

***Vitamin A Supplementation in Africa, Goree Island, Senegal.* 2001. Co-sponsored by BASICS and MOST projects, USAID.**

For program managers.

Summary: Vitamin A deficiency is known to be a significant public health problem in many African countries. Several countries have achieved good supplement coverage approaching or exceeding the 80% coverage known to significantly reduce child mortality. The purpose of the workshop was to provide a forum for the exchange of experiences and ideas on how to improve vitamin A supplement coverage. The three-page Goree Declaration gives an overview of vitamin A supplementation in Africa.

5. Strengthening Nutrition through Community-based Interventions

Implementation of the Essential Nutrition Actions occurs at both the health facility and the community levels. Some of the tools and resources listed below were developed specifically for implementation in an ENA framework. Others, developed to support community-based nutrition strategies such as Positive Deviance and mother support groups, provide resources and experiences that can guide programs adopting the ENA framework.

Murray, J., et al. 1997. *Emphasis Behaviors in Maternal and Child Health: Focusing on Caretaker Behaviors to Develop Maternal and Child Health Programs in Communities.* BASICS.

For use by program planners and managers for designing programs and tools.

Summary: In this publication, a multidisciplinary team of medical and behavioral specialists developed a list of 16 emphasis behaviors that, if practiced by caretakers, could improve maternal and child health in communities. Criteria for identifying the emphasis behaviors included impact on multiple disease areas, demonstrated relationship with mortality and morbidity, impact on the most important public health problems in developing countries, measurability, feasibility, and cost-effectiveness. The emphasis behaviors fall under five categories: (1) reproductive health practices, (2) infant and child feeding practices, (3) immunization practices, (4) home health practices, and (5) care-seeking practices. It is suggested that health managers choose which emphasis behaviors to focus on in their programs by reviewing existing community-based data. Following this selection process, they can develop and implement strategies appropriate for the local context, as well as monitor and evaluate results.

Ndure, K.S., M.N. Sy, M. Ntiru, and S. Diène. *Best Practices and Lessons Learned for Sustainable Community Nutrition Programming.* 1999. AED, SANA, SARA, and BASICS.

For use by program implementers and managers for developing community-based programs.

Summary: This document provides guidance for improving the effectiveness of community nutrition programs in Africa. In doing so, it suggests ways that different governmental and non-governmental actors can collaborate effectively; emphasizes the importance of nutrition as an integral part of development; and serves as a useful reference tool.

Bhattacharyya, K., P. Winch, K. LeBan, and M. Tien. 2001. *Community Health Worker Incentives and Disincentives: How They Affect Motivation, Retention, and Sustainability.* BASICS II.

For use by planners of community-based programs.

Summary: This paper examines experience using various incentives to motivate and retain community health workers (CHWs) serving primarily as volunteers in child health and nutrition programs in developing countries. It makes recommendations for more systematic use of multiple incentives based on an understanding

of the functions of different kinds of incentives and emphasizes the importance of the relationship between a CHW and the community. Case studies from Afghanistan, El Salvador, Honduras, and Madagascar illustrate effective use of different incentives to retain CHWs and sustain CHW programs.

***PD/Hearth: Finding Community-based Solutions to Malnutrition.* 2002. Video. 37 min. BASICS II, Save the Children, and USAID.**

For use in capacity building, awareness raising, and policy dialogue about how to improve infant and young child feeding.

Summary: Positive Deviance (PD) is a community-based approach to development. PD is based on the principle that in every community there are certain caregivers whose practices and behaviors enable them to better nourish and care for their children than other families with similar resources. A Positive Deviance Inquiry is an investigation led by community health volunteers that seeks out these Positive Deviants and identifies their successful practices and behaviors. Hearth is a nutrition intervention conducted by health volunteers in community homes to demonstrate these successful cooking, feeding, hygiene, and caring behaviors using locally available resources. PD/Hearth combines the investigation and demonstration of new practices and focuses on children under three years of age, when children are most vulnerable to disease, wasting, and stunting. PD/Hearth has been shown to be highly effective in impacting child growth and has inspired whole communities to change their feeding, childcare, hygiene, and care-seeking norms. This video defines the Positive Deviance theory and provides a step-by-step guide to conducting a PD/Hearth program.

***Mother Support Groups: A Review of Experience in Developing Countries*. 1998. BASICS.**

For use by program implementers and planners to design and implement community nutrition programs.

Summary: This report reviews experience with mother support groups organized around eight different themes: micro-enterprise, breastfeeding, mothers' clubs, literacy, day care, water and sanitation, forestry cooperative, and social and political interests. The report examines the feasibility and effectiveness of using mother support groups to improve the health care-seeking behavior of mothers in developing countries, with the intent of using this information to incorporate mother support groups into child survival programs. The author reports on in-depth interviews with numerous practitioners involved in mother support groups and extensively reviews published and unpublished documents on the subject.

***Mother-to-Mother Support for Breastfeeding Frequently Asked Questions.* May 2002 (Update). LINKAGES Project/AED.**

For program planners, managers, and health workers.

Summary: This publication describes one form of women's group that can encourage and support breastfeeding women as part of community-based breastfeeding promotion programs.

***Community-Based Approach to Child Survival: Catchment Area Planning and Action Module 2.* 2002. (DRAFT) BASICS II/Nigeria, Abia State Ministry of Health.**

For use by health teams to engage community representatives in planning and actions for nutrition.

Summary: This catchment area planning and action (CAPA) module was developed to assist grassroots groups to plan and implement activities to improve child survival in their communities. This module is intended as a guide for facilitators

to assist local groups in thinking about and designing interventions that address specific child health issues and problems.

Training Modules

***Training Manual for Trainers of Community Health Workers on the PAIN (Paquet d'Activités Intégrées de Nutrition)*. 1998. MOH Senegal.**

For use by health managers and trainers of community workers.

Summary: Malnutrition is not only a public health problem; it is simultaneously one of the results and one of the causes of social and economic under-development. Protein energy malnutrition, nutritional anemia, vitamin A deficiency, and iodine deficiency are all factors that continue to afflict Senegal, particularly children from 0 to 60 months of age. This guide proposes to assist the Head of Post Nurses to form an organized body to conduct nutritional supervision activities in the community. Members of the community will be community health workers, aiding in the treatment of moderate cases of malnutrition, the prevention of severe malnutrition, and the promotion of good nutritional habits. They will be supervised by the *Infirmier Chef de Poste* (ICP).

***Madagascar Essential Nutrition Actions for Women and Children: Training Modules for Community Nutrition Promoters*. 2002. LINKAGES Madagascar.**

For trainers of community nutrition promoters.

Summary: The objective of the training is to increase the nutrition knowledge and community mobilization and counseling skills of community volunteers so they can transmit key nutrition messages during group meetings in health facilities, home visits, and informal contacts, and negotiate improved practices with mothers.

***Reinforcing Essential Nutrition Actions during and after Crisis: A Two-day Training Guide for Animators*. 2002. LINKAGES Madagascar.**

For community animators.

Summary: This training module focuses on child feeding according to age groups, women's nutrition, and IEC. The nine sessions of the module train participants in breastfeeding, complementary feeding, communicating health messages, vitamin A, maternal nutrition, immunization, family planning, and negotiation and group facilitation.

6. Materials Related to Community-based Growth Promotion (CBGP)

***TOT Guide for Training the Trainers of Community Child Growth Promoters*. (Draft 2002). BASICS II.**

For trainers of community child growth promoters.

Summary: This document provides a step-by-step guideline to design and implement a training session on CBGP. It includes a set of exercises relating to definitions of growth promotion characteristics of communities, training adult learners, establishing a learning climate, and so on.

***Community-based Growth Promotion: Training Guide for the Training of Community Child Growth Promoters (CCGP)*. 2002. Ghana/BASICS II.**

For the training of community child growth promoters.

Summary: This guide offers a training methodology that will facilitate work in preparing community child growth promoters for the work they will carry out. This methodology will help them develop the skills required. The training, which requires talent and creativity, should be

carefully planned, original, and adjusted to the needs of the participants.

***Guide to Planning Community-based Growth Promotion.* (Draft 2001). BASICS II Nutrition Unit/MOH Ghana.**

For program planners and managers in both governmental and non-governmental sectors at the district, sub-district, or community levels.

Summary: This guide focuses on planning a community-based growth promotion program. Sections of this guide offer specific information on the importance of child growth promotion, the need for child growth promotion in Ghana, and planning of a community child growth promotion program.

***Growth Monitoring and Promotion: Manual for Community Child Growth Promoters (Ghana).* (2002). BASICS II/UNICEF/WHO.**

For community child growth promoters.

Summary: The purpose of this manual is to guide the community child growth promoter in his or her activities to ensure the adequate growth of young children. The manual demonstrates how to get started as a CCGP, carry out regular weighing of young children, take children's lengths or heights, and counsel caregivers when their children are not growing well or to promote continued positive growth. The CCGP's role in encouraging health behaviors such as handwashing and the use of insecticide-treated bednets is discussed, and advice is provided on how CCGPs can successfully interact with mothers, families, community groups, and health workers.

***Promoting Child Growth and Health in Uganda: Training Handbook for Community Child Health Promoters.* 2003. BASICS II, MOH/Uganda.**

For health trainers providing a training for community child health promoters.

Summary: Community growth promotion activities help caregivers improve children's feeding and healthy development. This guide was prepared for those who train promoters in a Promoting Child Growth and Health (PCGH) Community. It provides information on getting to know the community, carrying out monthly growth promotion sessions, conducting follow-up with mothers, meeting with the community to share information and solve problems, and interacting with health center staff. The training should be carefully planned, original, and adjusted to the needs of the participants.

***Healthy Children: The Success of AIN in Honduras.* 2000. Video. 19 min, NTSC & PAL. BASICS II.** (available in Spanish: *Niños Saludables: El Éxito de AIN en Honduras*).

For program planners, managers, and health workers.

Summary: The AIN program (*Atención Integral a la Niñez*) is the result of a partnership formed by the Ministry of Health of Honduras, BASICS II, local communities, and families, all of whom came together to fight malnutrition and illness in young children. AIN was designed to reach out to communities, especially to those families who did not visit their health center. Integral to the program is the recognition that growth is an effective indicator of the current health of a child, and failure to gain adequate weight indicates a problem. Monthly weighing sessions ensure that illness and loss of weight are detected early enough to prevent serious illness or death. AIN concentrates on children under two years of age, the age group that most frequently experiences a critical problem of rapid deterioration in health. AIN is an example of effective management, community support, dedicated monitors, and family commitment. All of these elements have

contributed to the growing number of healthy young children in Honduras and the success of the AIN experience.

***Atención Integral a la Niñez en la Comunidad. Manual del Monitor y Monitora de AIN*. 1998. Tegucigalpa, M.D.C., Honduras, C.A. USAID, BASICS, Public Health Secretariat.**

For community-based workers.

Summary: This document, originally in Spanish, is the main working tool for contributing to the satisfactory development of children under two years of age. It provides information and guidance on how community-based workers, families, health care staff, community leaders, and local or municipal authorities can achieve the goal of bringing up healthy children.

Van Roekel, K., B. Plowman, M. Griffiths, V. Vivas de Alvarado, J. Matute, and M. Calderon. 2002. *BASICS II Midterm Evaluation of the AIN Program in Honduras, 2000*. BASICS II.

For AIN managers and promoters.

Summary: This report represents the results of the 2000 midterm household survey and compares *Atención Integral a la Niñez* (Integrated Attention to the Child, or AIN) program communities with control communities served by the same health centers. The AIN program is the national growth monitoring and promotion strategy of the Ministry of Health of Honduras. The objective of the AIN midterm survey is to provide information on program participation and knowledge, attitudes, and practices at the household level. The survey results show that in spite of having poorer living conditions, lower overall socioeconomic status, less access to health services, lower maternal education levels, and more live births per month than caretakers surveyed in control communities, AIN caretakers have made impressive strides since the baseline survey in 1998 in a number of variables analyzed in this report. Variables that showed increased rates included exclusive breastfeeding among children under six months of age and the use of oral rehydration therapy among children with diarrhea. The survey also found that coverage of the AIN program is almost universal in the Honduran communities surveyed, with 92% of children under two years of age enrolled.

Examples of IEC Material

- Ghana Counseling Cards (2001). Ghana Health Service, BASICS II/USAID.
- Uganda Counseling Cards (2003). Uganda MOH.
- Honduras Counseling Cards (2000). Honduras MOH, BASICS II/USAID.

7. Country Examples of Implementing Essential Nutrition Actions and Community-based Growth Promotion

BENIN: Country Example of Implementing ENA

Diène, S. 2003. *Benin: Introduction of Paquet Minimum d'Activités de Nutrition as National Strategy*. BASICS II.

Summary: The 1996 Demographic and Health Survey (DHS) in Benin showed the critical importance of nutrition for child health. National efforts to develop a minimum package for health in 1996–1997 identified the need for a streamlined nutrition component. The ENA approach was introduced to fill this need with assistance from many partners including UNICEF, USAID, and other NGOs. Borgou, one of the regions that has the worst child health and nutrition indicators, was chosen as the early implementation site. Joint assessments and planning activities undertaken as first steps led to the development of a regional workplan to strengthen the different components of ENA named "*Paquet Minimum d'Activités de*

Nutrition" (PMA/N) by the *Direction Departmental de la Santé* (DDS) in the Borgou region.

HONDURAS: Country Example of Implementing CBGP

Griffiths, M., and V. De Alvarado. 1999. *Honduras, The AIN Community Experience*. The MANOFF Group Inc./BASICS.

Summary: This paper is adapted from the presentation of Marcia Griffiths and Victoria de Alvarado at the BASICS Results Meeting, Washington D.C., May 1999. In Honduran communities that have chosen to participate in the AIN program, there is exciting preliminary information that shows significant improvements in child growth leading to declines in malnutrition. This presentation reviews preliminary results from the AIN program's first year of operation, describes the Honduran context into which AIN fits, elaborates on a few of AIN's unique features, offers a quick look at what has been learned, and addresses a few future challenges for AIN.

INDIA: Country Example of Implementing ENA

***Integrated Nutrition and Health Project (INHP II)*. 2002. CARE/India.**

Summary: INHP II focuses on selected priority interventions, such as Essential Nutrition Actions, routine immunization, and newborn care. Specifically, INHP II addresses antenatal care (with an enhanced focus on nutrition education and birth planning), maternal and child immunization, infant and young child feeding, supplementary feeding for children under six years of age and pregnant and lactating women, vitamin A and iron/folic acid supplementation, and newborn care at the community level.

MADAGASCAR: Country Example of Implementing ENA

Guyon A., et al. *Essential Nutrition Actions Madagascar 1996–1998*. BASICS.

LINKAGES. 2002. *World LINKAGES*.

Guyon A., and Z. Rambeloson. 2002. *Assessment of the Behavior Change Strategy for Young Child Nutrition, Vaccination, and Family Planning: Antananarivo and Fianarantsoa, Madagascar*. LINKAGES Madagascar.

Madagascar ENA 1996–2002: In 1996–1998 the Ministry of Health and USAID, through the BASICS Project, introduced a new strategy known as the Essential Nutrition Actions (ENA) approach in two pilot districts in two regions of Madagascar. BASICS reached 700,000 people and focused on breastfeeding and ENA, immunization, and the start-up of community IMCI. From 1997 to 1998, the USAID-funded LINKAGES Project provided support to the Ministry of Health for national policy activities and focused on the formation of partnerships and the harmonization of nutrition messages and technical guidelines. In 1999, LINKAGES, in collaboration with Jereo Salama Isika, built on the community approach introduced by BASICS and expanded to more districts and communities in Antananarivo and Fianarantsoa, scaling up from the original two BASICS districts to 10 districts in 2000 and to another 13 districts in 2001. LINKAGES maintained the same technical areas of concentration as BASICS while adding the lactational amenorrhea method. The population coverage in 2001 was 6 million people in 23 districts in two regions.

SENEGAL: Country Example of Implementing ENA

Diène, S. 2003. *Senegal: Process for Adoption of the Paquet d'Activités Intégrées de Nutrition (PAIN) as National Strategy*.

Summary: In Senegal, partners including USAID, UNICEF, and the World Bank worked in close collaboration with the Ministry of Health (Office of Nutrition) on the *Paquet d'Activités Intégrées de Nutrition* (PAIN). PAIN was perceived as the preventive version of IMCI, making it an attractive approach to the government. Hence, from the beginning of implementation, national MOH authorities were involved in the identification of the first two demonstration sites (Koungheul and Sokone), in the initial assessment and situation analysis, and in planning and orientation of the first sites. Program activities started both at the health facility and community levels in the two districts. Following a three-month period of intense implementation, a rapid assessment was undertaken to gauge the progress made and identify ways of expanding to other areas.

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