

# Essential Nutrition Actions

**An Action-Oriented  
Approach to Nutrition**

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*The Madagascar  
Experience*





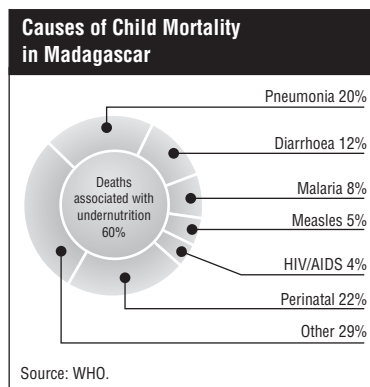
# Essential Nutrition Actions\*

## *An Action-Oriented Approach to Nutrition the Madagascar Experience*

### Background...

In Madagascar, one in 10 children dies during the first 12 months of life and one in six dies before the age of 5. Malnutrition is an underlying cause in 54 percent of all under five deaths.

Among 19 sub-Saharan African countries for which Demographic Health Survey data are available, Madagascar has the highest proportion of children under the age of three years who are stunted (low height for age). Almost half of children in this age group suffer from malnutrition.



Thus over half of all childhood deaths in the country could be prevented if children were well nourished.

\*ENA = Essential Nutrition Actions

This brochure accompanies the "Missing Piece" video, produced by LINKAGES and BASICS II Projects, financed by USAID, in collaboration with the Madagascar government, JSI, UNICEF, and WHO. The video and the brochure are available in French and English.

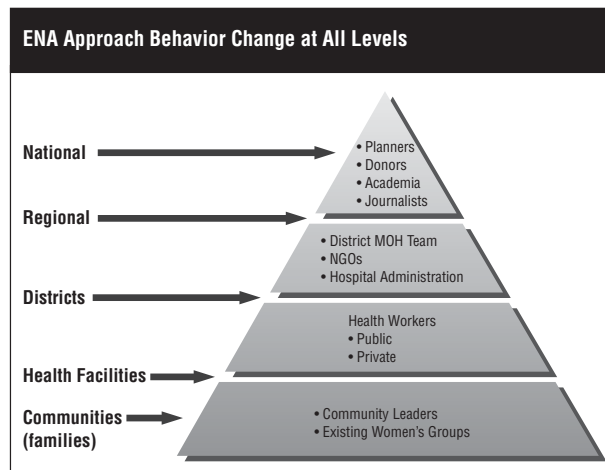
## Development of the ENA approach...

The national nutrition strategy in Madagascar is based on the Essential Nutrition Actions (ENA) approach that promotes key nutrition behaviors that are ‘do-able’ and scientifically proven to improve the nutrition of women and children.

The major nutrition stakeholders in the government, donor and university communities participated in the development of the ENA approach from the beginning. This process led to the necessary ‘buy-in’ from field implementers and funding agencies and helped ensure that follow-on activities were implemented using harmonized approaches, messages and protocols.

The ENA approach is based on an integrated nutrition package that:

- promotes behavior change at all levels;
- promotes feasible (“do-able”) actions families can take through targeted, concise messages to achieve the desired outcomes;

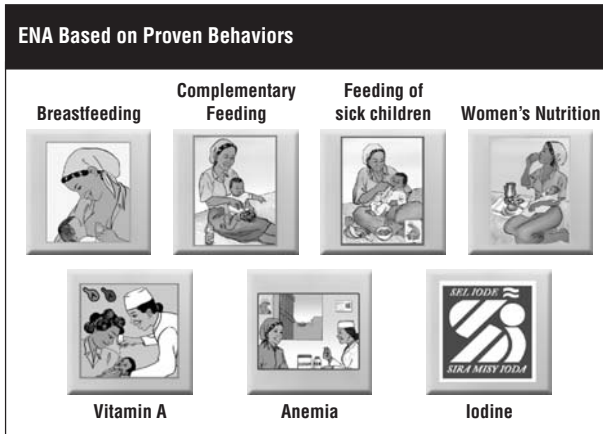


- delivers age-appropriate services and messages through key contact points in the health system and in the community; and
- harmonizes nutrition messages with other health programs (IMCI, reproductive health, food security, emergency, etc.), and with other sectors such as education and agriculture.

### **In Madagascar, the ENA approach focuses on seven action areas...**

One of the first activities was identification of the main nutrition problems in Madagascar, as well as development of key messages and consistent micronutrient protocols to address them. This led to the ENA approach focusing on seven action areas which include the:

1. promotion of optimal breastfeeding during the first six months;
2. promotion of appropriate complementary feeding beginning at six months with continued breastfeeding to two years and beyond;

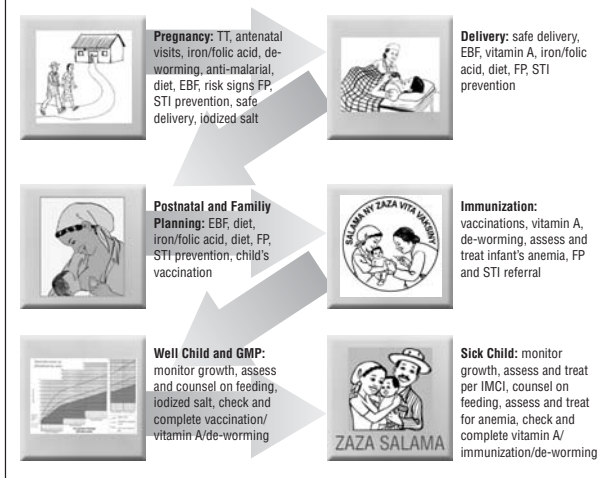


3. promotion of feeding of the child during and after illness;
4. prevention of vitamin A deficiency (breastfeeding, consumption of fortified and vitamin A-rich foods, maternal and child supplementation);
5. prevention of anemia (maternal and child iron supplementation, deworming, malaria control, consumption of fortified and iron-rich foods);
6. promotion of iodized salt consumption by all families; and
7. promotion of improved women's nutrition (increased food intake during pregnancy and lactation, iron/folic acid supplementation, treatment and prevention of malaria, deworming during pregnancy, postpartum vitamin A supplementation).



Within each of these seven action areas, a number of specific nutrition behaviors are promoted through targeted messages. For example, in regard to optimal breastfeeding, the behaviors promoted include the initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for six months, frequent breastfeeding (day and night at least 10 times), correct positioning and attachment, and emptying one breast before switching to the other.

## ENA Translated into Actions at Key Contacts in the Lifecycle



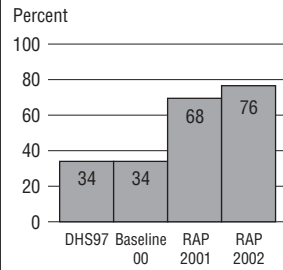
## Implemented through six contact points...

The ENA approach is implemented through health worker counseling and interactions with pregnant and lactating women, and mothers with children under two years of age at six key contact points in the lifecycle: antenatal, delivery and immediate postpartum, postnatal and family planning, immunization, growth monitoring/well child, and sick child consultations.

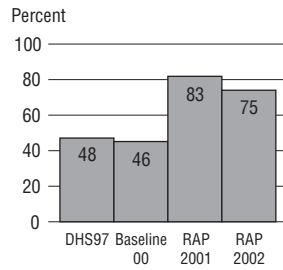
To support the work of health workers, community nutrition workers promote the ENA behaviors during their educational talks at health centers and during home visits, informal encounters with peers, and community festivals. Local mass media reinforce messages of health and community workers and encourage mothers and child caretakers to improve their nutritional practices.

**Some results of the ENA approach from LINKAGES/Madagascar\***

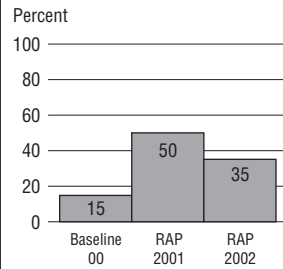
**Practice: Initiation of Breastfeeding Within the First Hour**  
(Women with infants from 0–5 months)



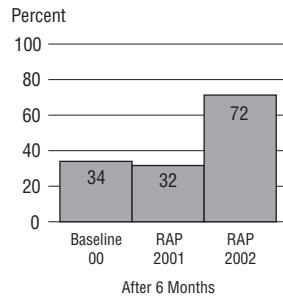
**Practice: Exclusive Breastfeeding in First 6 Months of Life**  
(Women with infants from 0–5 months)



**Proportion of Women Having Received Vitamin A Supplements After Giving Birth**  
(Women with infants from 0–5 months)



**Knowledge: Timely Introduction of Complementary Foods**  
(Women with infants from 6–23 months)



\* Results are from *World/Linkages Madagascar 2002* and report of *Madagascar RAP Survey 2002, The Linkages Project* managed by AED (Academy for Educational Development, Washington, D.C.).

## **Lessons Learned from Madagascar's experience with ENA approach...**

- provides a clear framework for specific actions to improve nutrition,
- expands nutrition contacts far beyond traditional growth monitoring and promotion programs,
- provides an 'action-oriented' basis for the pre-service and in-service training of health workers,
- integrates nutrition messages into other child health and reproductive health programs,
- encourages the coordination of efforts to improve child survival, growth, and development,
- brings partners together to achieve results, and
- provides a model to other countries to adopt an integrated and overarching approach that can then be adapted to address the specific nutrition problems found in each country.

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**Service de la Nutrition**

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