



JOHN SNOW, INC.

WHO Updates Essential Nutrition Actions: Improving Women's, Newborn, Infant and Young Child Health and Nutrition

*Agnes Guyon, MD, MPH
Senior Child Health & Nutrition Advisor
John Snow, Inc.
WCPH-Kolkata
14th February 2015*

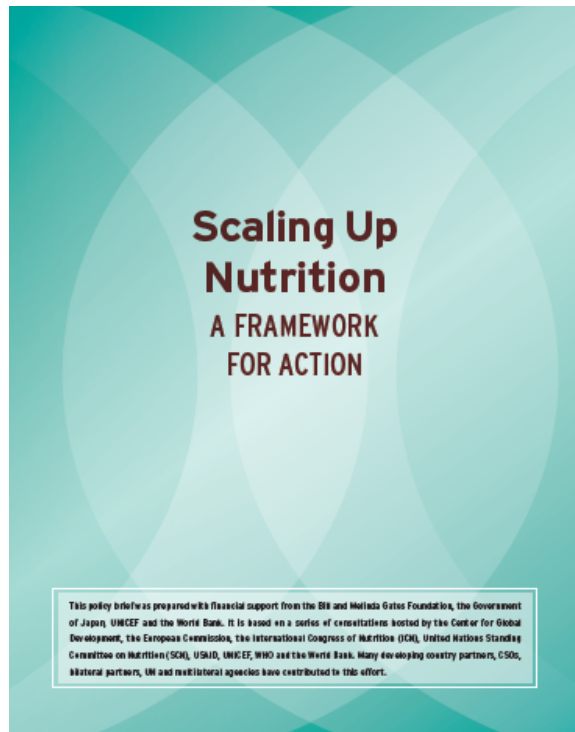


Presentation Overview

A photograph of a woman and a young child. The woman is wearing a traditional conical hat and has white powder applied to her cheeks. She is smiling and looking towards the child. The child is also smiling and has white powder on their face. They are both wearing colorful, patterned clothing. The background is slightly blurred, showing what appears to be a wooden structure.

1. Global context
2. Using health platforms
3. Some achievements
4. Lessons learned

High-Impact Nutrition Interventions



2010

Evidenced Based Direct Interventions to Prevent and Treat Undernutrition

Promoting good nutritional practices:

1. breastfeeding
2. complementary feeding for infants after the age of six months
3. improved hygiene practices including handwashing

Increasing intake of vitamins and minerals: Provision of micronutrients for young children and their mothers:

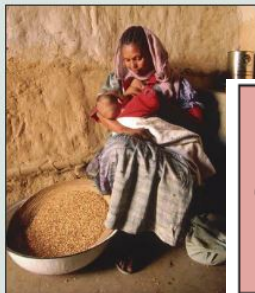
4. periodic Vitamin A supplements
5. therapeutic zinc supplements for diarrhoea management
6. multiple micronutrient powders
7. de-worming drugs for children (to reduce losses of nutrients)
8. iron-folic acid supplements for pregnant women to prevent and treat anaemia
9. iodized oil capsules where iodized salt is unavailable

Provision of micronutrients through food fortification for all:

10. salt iodization
11. iron fortification of staple foods

Therapeutic feeding for malnourished children with special foods (\$6.2 billion):

12. Prevention or treatment for moderate acute malnutrition
13. Treatment of severe under-nutrition ("severe acute malnutrition") with ready-to-use therapeutic foods (RUTF).

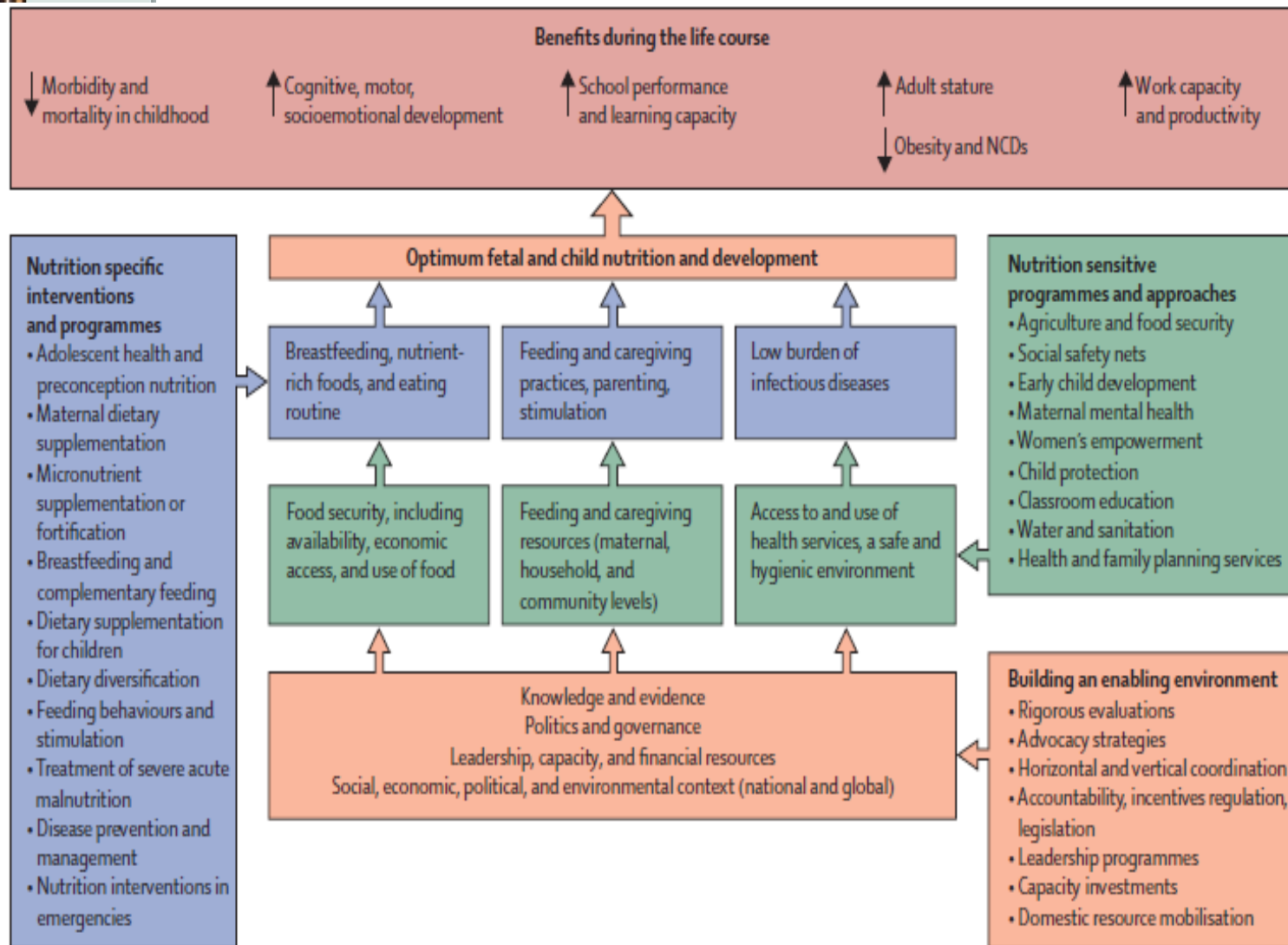


"The Series identifies a set of ten proven nutrition-specific interventions, which, from present population coverage to the need, would eliminate about 90% of children younger than 5 years in the world's stunted children live."

Maternal and Child Nutrition

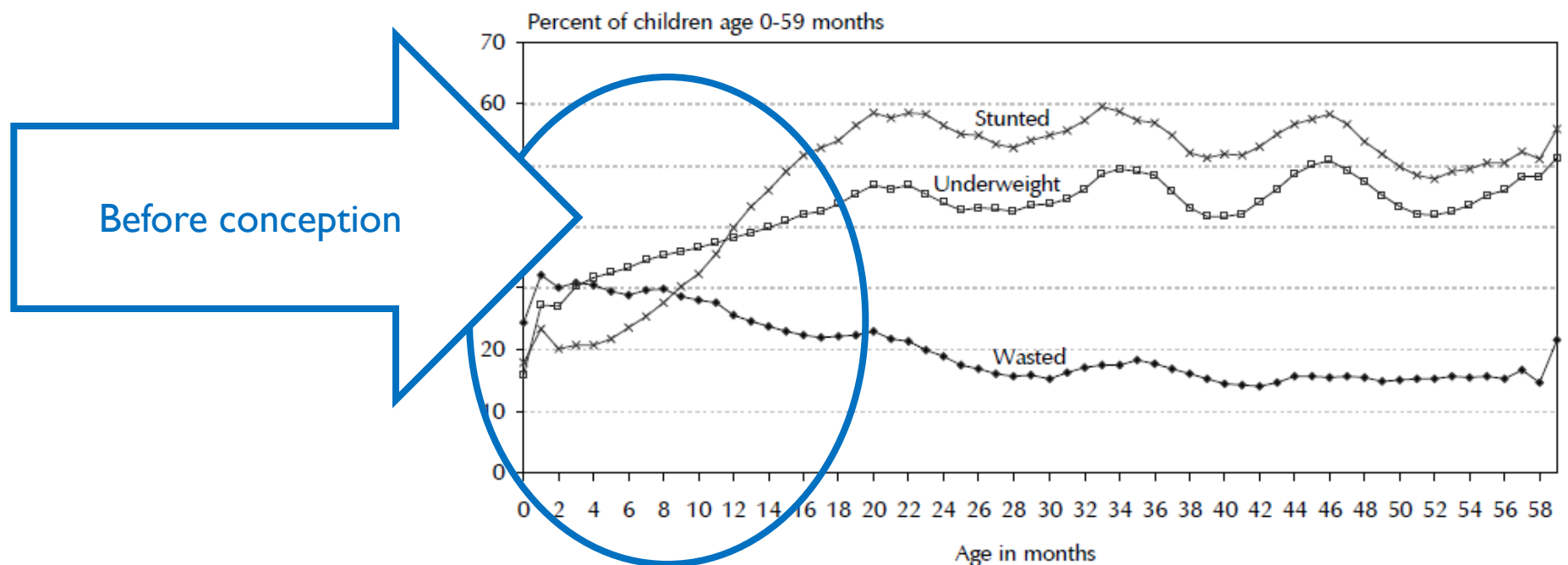
2013

Multi-sectoral Approach



ENA focuses on the 1,000 days window of opportunity

Figure 10.1 Nutritional Status of Children



NFHS-3, India, 2005-06

Presentation Overview



1. Global context
2. Using health platforms
3. Some achievements
4. Lessons learned

Essential Nutrition Actions

IMPROVING MATERNAL, NEWBORN, INFANT AND YOUNG CHILD HEALTH AND NUTRITION

to consumed minimal
erk period had a higher
concerning their off-
gularly attributed to
to well-fed mod
in the womb. Not
p r nutrition be
sui neurologica
at s run by r
ed, a conditi
coming more s
disease(s) of ba
h lower t optimal
of proper nutrition
that expecting mothers sh
nal habits like medications
oon as they know they
en are planning to con
ment of the
y stages can wh
age to 1
cy re to the 1
ning that is under
y. In a precurs
on and pro
consumed
period had a 1
ate concerning
ate regularly
dren born to well-
i within the womb.
rs been linked wit
g pregnancy,
FEEDING - VITAMIN A
IRON, ZINC
REASTFEED
LEMENTARY
VITAMIN A
ZINC - EX
BREAST -
FEEDING -
EXCLUSIVE
BREAST
TAMIN A
CLUSIVE

Life Cycle Approach to Nutrition

Since 1997- The Essential Nutrition Actions (ENA) framework

Adolescent & Women's Nutrition



Breastfeeding 0-6 months



Complementary Feeding with BF



Nutritional Care of the sick & Malnourished child



2013



Control of Vitamin A deficiency



Control of Anemia



Control of Iodine Deficiency Disorders



Women's Nutrition 1

Adolescents before & between pregnancies



Promote & support key practices

- Diversified diet and appropriate amount



Provide micronutrient supplementation

- Iron/Folic acid supplementation and treatment of anemia
- De-worming

Women's Nutrition 2

During pregnancy & lactation



Promote & support key practices:

- Increase food and micronutrient intakes
- Consumption of iodized salt
- Supplementary feeding
- Prevention of malaria - Insecticide-treated bed nets (ITNs)

Control & prevention of micronutrient deficiencies:

- Supplementation (Iron/Folic Acid, Vitamin A, Calcium)
- Treatment (Anemia, de-worming, intermittent preventive treatment of malaria)



Women's nutrition in the context of HIV and emergencies

Infant Young Child Feeding 1

Breastfeeding from birth up to 6 months

Protect breastfeeding:

- **Legislation & enforcement of breastmilk substitutes**

Promote & support key practices:

- **Immediate initiation of breastfeeding**
- **Exclusive breastfeeding until six months**
 - Correct positioning & attachment
 - Breastfeed day and night at least 10 times
 - Empty one breast before switching to the other (Fore milk vs hind milk)
- **Timely cord clamping**



Infant feeding in context of HIV and emergencies

Infant Young Child Feeding 2

Complementary feeding
from 6 up to 24 months

Protect complementary feeding

Codex Alimentarius & marketing of « baby » foods

Promote & support of key practices

- **Continue breastfeeding for two years & beyond**
- **Frequency**
- **Amount**
- **Diversity** fruits, vegetables, animal source, fortified foods (iodized salt)
- **Density** from mashed to family food
- **Utilization** of handwashing, clean water, clean food & utensils
- **Active feeding**
- **Increase breastfeeding and feeding during and after illnesses**



Management of moderate & severe acute malnutrition

Nutritional care of HIV-infected children

Infant Young Child Feeding 3

Control and prevention of micronutrient deficiencies

Consumption of Micronutrient Powder (MNP)

- Daily for at least two months for children 6-23 months

Supplementation

- Bi-annual Vitamin A (6-59 months)
- Iron/Folic Acid for three months (6-23 months)

Treatments

- Bi-annual De-worming
- Vitamin A for measles, acute malnutrition, pneumonia
- Zinc for diarrhea with oral rehydration therapy
- Iron/Folic acid for anemia

Malaria prevention and treatment

Plus Global Interventions

(e.g., wheat and corn flour fortification)

Nutrient	Flour Extraction Rate	Compound	Level of nutrient to be added in parts per million (ppm) by estimated average per capita wheat flour availability (g/day) ^a			
			<75 ^b g/day	75–149 g/day	150–300 g/day	>300 g/day
Iron	Low	NaFeEDTA	40	40	20	15
		Ferrous Sulfate	60	60	30	20
		Ferrous Fumarate	60	60	30	20
		Electrolytic Iron	NR ^c	NR ^c	60	40
	High	NaFeEDTA	40	40	20	15
Folic Acid	Low or High	Folic Acid	5.0	2.6	1.3	1.0
Vitamin B ₁₂	Low or High	Cyanocobalamin	0.04	0.02	0.01	0.008
Vitamin A	Low or High	Vitamin A Palmitate	5.9	3	1.5	1
Zinc ^d	Low	Zinc Oxide	95	55	40	30
	High	Zinc Oxide	100	100	80	70

Nutrition Specific Within the Health Sector

Use existing health contacts and community platforms

Increase their performance



PREGNANCY

Diet, iron/folic acid, de-worming, anti-malarial, iodized salt, calcium, vit A, preparation for breastfeeding



DELIVERY

Delay cord clamping, early & exclusive breastfeeding, iron/folic acid, diet

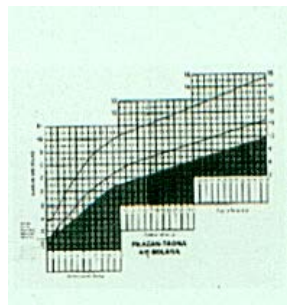


POSTNATAL AND FAMILY PLANNING

Support to breastfeeding, diet, iron/folic acid, FP-LAM



IMMUNIZATION Support to infant and young child feeding, vit A, de-worming, assess and treat infant's anemia



WELL CHILD AND GMP

Monitor growth, assess and counsel on child feeding, iodized salt



SICK CHILD

counsel on infant feeding, assess and treat for anemia, check and complete vit A, de-worming

Presentation Overview

A woman wearing a traditional conical hat and a child with white powder on their faces, both smiling. The woman is wearing a blue floral patterned shirt. The child is wearing a colorful patterned shirt and a yellow necklace with a circular pendant. The background is slightly blurred, showing a wooden structure.

1. Global context
2. Using health platforms
3. Some achievements
4. Lessons learned

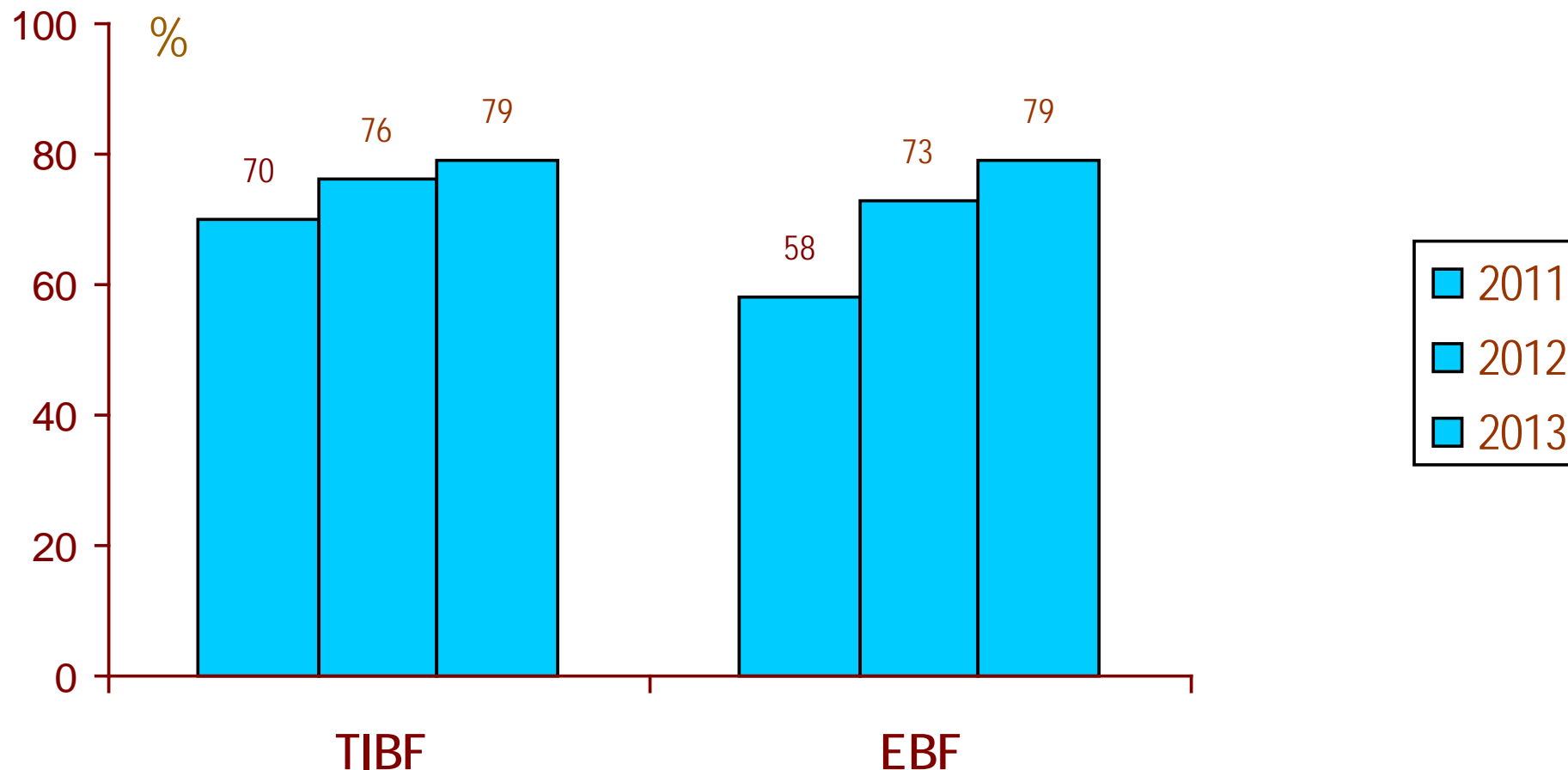
INTEGRATED FAMILY HEALTH PROGRAM

- Four regions in Ethiopia - **more than 35 million**
- Nutrition **is one component** among a comprehensive mix of maternal and child health interventions
- Embedded into the **Government system**
- **Behavior Change Communication** as a back bone



Breastfeeding practices

Monthly randomized "Follow-up Surveys" among 2,560 Households

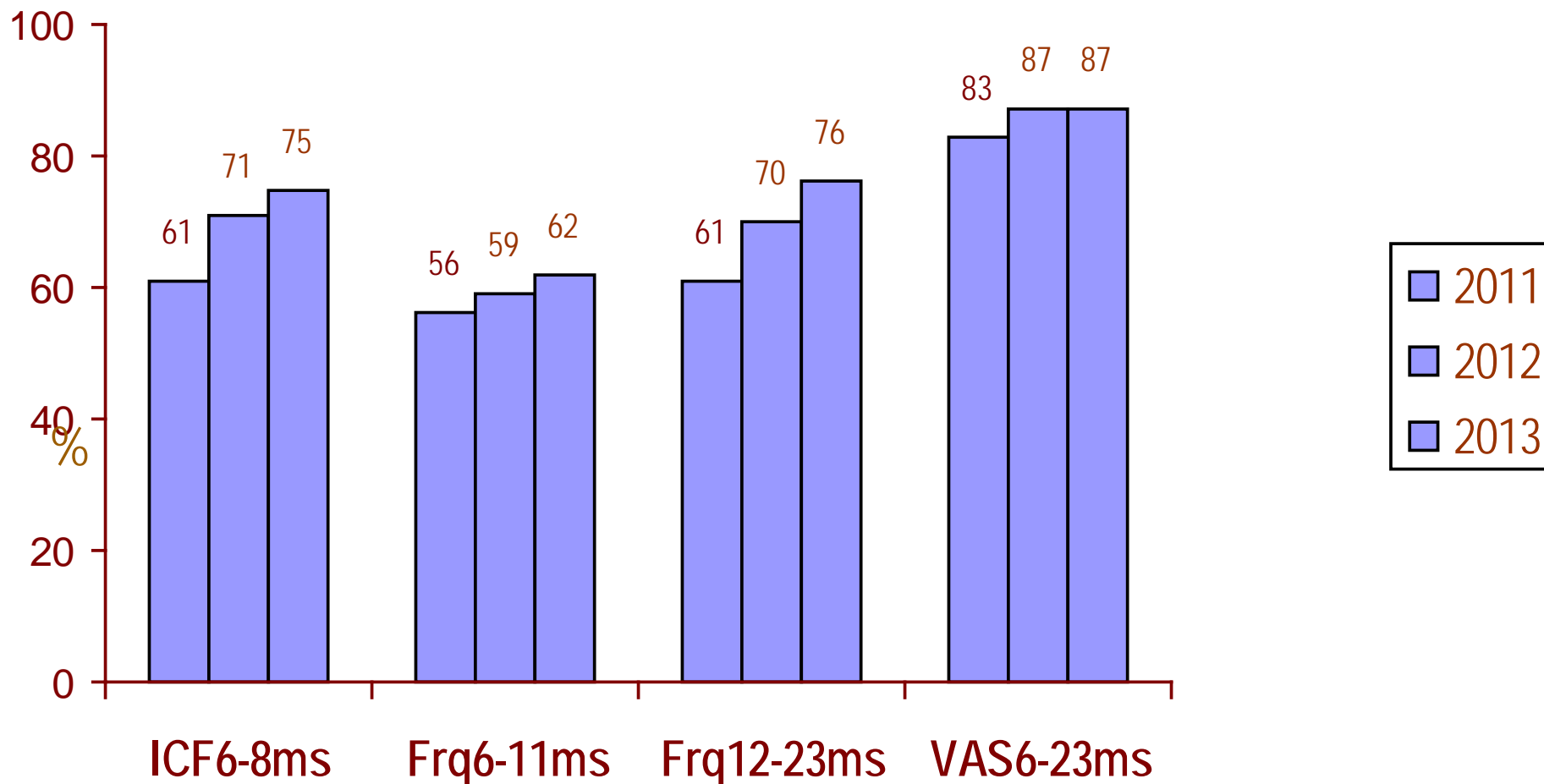


TIBF: Timely Initiation of breastfeeding

EBF: Exclusive breastfeeding 0-5 months

Complementary feeding practices & Vitamin A supplementation

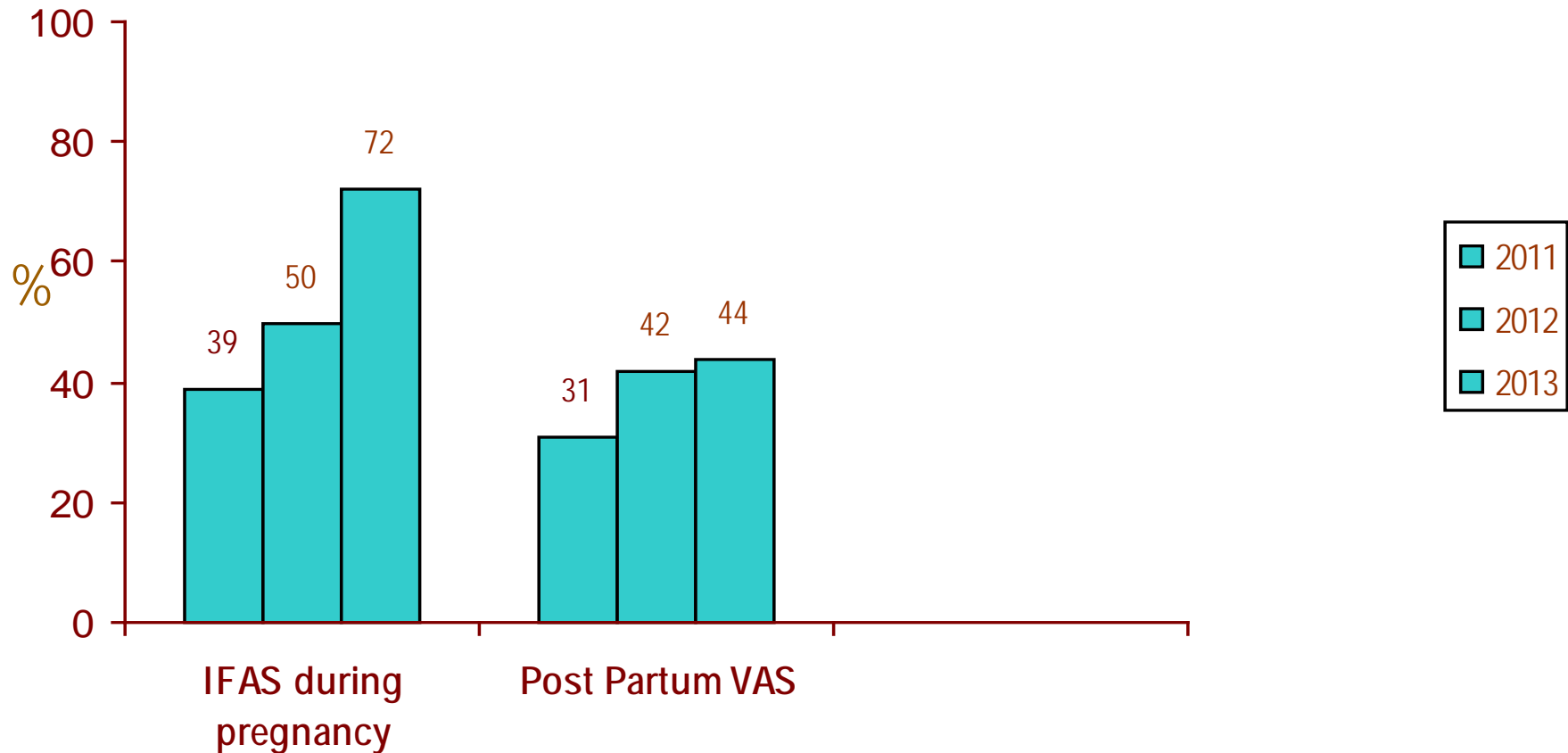
Monthly randomized “Follow-up Surveys” among 2,560 Households



ICF: Introduction of Complementary Foods
Frq: Frequency of feeding
VAS: Vitamin A supplementation

Women's micronutrient supplementation

Monthly randomized "Follow-up Surveys" among 2,560 Households



IFAS: Iron Folic Acid Supplementation

VAS: Vitamin A Supplementation

Presentation overview



1. Global context
2. Technical Updates
3. Where to Implement
4. **Lessons learned**

The ENA framework...



- pulls **together existing vertical programs** in a sensible 'action-oriented' way;
- **greatly expands coverage of nutrition** specific interventions to multiple health contacts and community platforms;
- and provides a **practical tool** to train service providers and community health workers.

1. Emphasize **small doable actions** to demystify nutrition

Short and practical training on ENA **to build providers' technical and counseling skills to improve delivery of nutrition and encourage the adoption of key practices.**

Messages are:

- **Simple, specific, action-oriented, adapted to local context and tailored to the life cycle;**
- **From formative research and field tested to provide insight into the needs and motivations;**
- **Associated with images**



2. Build on what **already exists** at all levels

- Existing systems & interventions
partners, donors, NGOs, associations, institutions, etc...
- Multiple health contacts and community platforms **Traditional community groups & systems, home visits, community meetings and events,**
- Inter-personal communication, group events, and mass media



3. Strengthen the **systems of delivery**

- Make available **standard job aids, guidelines and references**
- Follow training with **supportive supervision using a standard checklist**
- Initiate **performance review meetings**
- Ensure logistics (**Vit A, IFA, Iodized salt, RUTF, Food –Availability & Access**)
- **Monitoring and Evaluation**



Conclusion

Delivery of specific nutrition interventions can be improved through the health sector.

... we know what to do

... we have the contacts and systems



Nutrition Sensitive Across Sectors

Use existing contacts to extend nutrition coverage

Health

Immunization (Measles)
Delay first pregnancy and
Birth Spacing

Agriculture

Food diversification
Food security
Homestead Food Production
Nutrition sensitive crops

Micro-credit

Women's farmers clubs
Income Generating
Projects

Schools

Keep girls at school
Children & Adolescent
De-worming
Iron supplementation

Pre-service Education

Doctors, Nurses,
Midwives, Teachers,
agriculture

Environment

Clean environment,
indoor air pollution
Non-smoking

Mass media

TV
Radio
Local broadcasting

Essential Hygiene Actions

Hand-washing
Clean water & sanitation
Public health education

Community Nutrition

Community Workers
across sector

Thank you