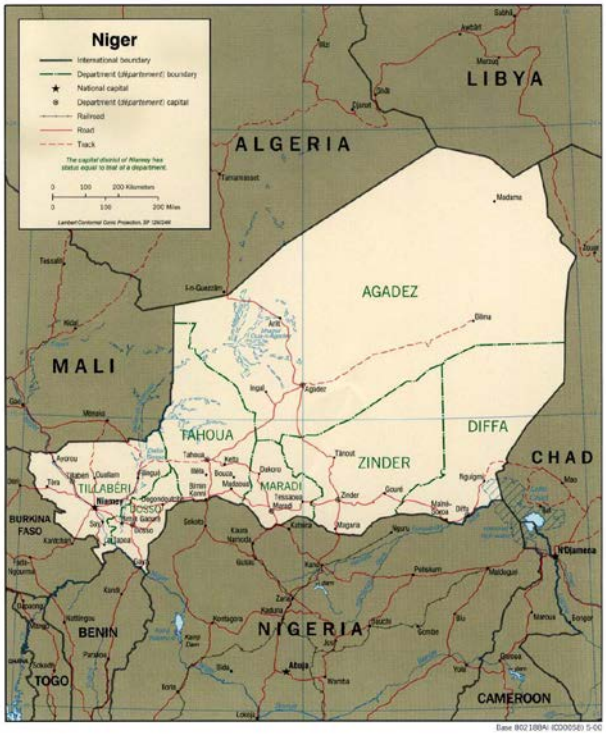
Case Study
Implementing the ENA framework: Experience from Niger 2004-2009

1. Background

Helen Keller International's (HKI) child survival project in Diffa, Niger was implemented from October 2004 – September 2009. The project was designed to improve the nutritional status of children, pregnant and lactating women resident in 115 of the approximately 728 villages in three districts (Diffa, Maine, and N'Guigmi) of the Diffa region, or villages with access to a functioning health facility (Integrated Health Center or Health Post). The project strategy was to strengthen nutrition services at the health facilities and promote behavior change at the community level using the Essential Nutrition Actions (ENA) framework including behavior change communications techniques, and to reinforce key messages through mass media (radio emissions).

Map of Niger



The ENA framework aims to extend the delivery and uptake of the seven highest impact nutrition interventions by integrating services and improved counseling into all existing health contacts and platforms and to extend nutrition support into communities using trained volunteer groups to reach mothers of children in the critical "1000-day window" from conception through 2 years of age.

2. Nutrition Context

Niger has long been ranked among last in the world on the Human Development Index with one of the world's highest under-five mortality rates (U5MR), extremely low literacy rates, the world's highest fertility rate, and alarming rates of stunting (51% nationally) and wasting (14% nationally) (National Nutrition Survey, 2011). Estimates put exclusive breastfeeding rates at less than 15% and less than 5% of children 6-23 months receive a minimal acceptable diet according to the definition of the World Health Organization (NDHS, 2006). Over 90% of rural households are chronically contaminated by open defecation, while only about 40% have access to improved drinking water sources (UNICEF SOTWC, 2008). The government has made strides in improving access to primary health care, but basic needs are far from being adequately met. Recurring drought and poor harvests have

persisted to keep the food security situation "alarming" (IFPRI Hunger Index, 2012). Thus Niger's children suffer from all the basic and underlying causes of undernutrition. The target region of Diffa is located over 1,000 km east of the capital Niamey and is extremely isolated, with a harsh desert climate and a highly dispersed population.

3. Initial steps: Building the foundation (2007-2009)

The ENA initiative began in 2007 with a 9-day training of 22 master trainers from the Ministry of Health at the national, regional and departmental level and HKI project staff. This training was led by two experts from Madagascar whose skills were forged under the USAID-funded Linkages project. These master trainers then conducted three sets of 5-day trainings for health agents serving in integrated health centers and health posts, reaching a total of 163 service providers. In turn, these trained health officials with the support of project staff trained a total of 360 community volunteers (6 per village) using a 3-day training adapted for community groups. The modules were adapted for Niger by the local project staff members with the guidance of a BCC specialist with 15 years of research and nutrition experience in Niger.

The roll-out of ENA at the health facilities and the 60 most populous villages were supported by intensive supervision by 10 project field staff. The project managed to saturate the targeted villages during the second half of the project and complemented the preventive strategy using the community-based management of acute malnutrition (CMAM) supported in collaboration with the World Food Programme and UNICEF. The final KPC survey indicated that the project achieved most of the targets for improved nutrition practices and an impressive reduction of anemia (low hemoglobin concentration) from 62 to 7% was recorded among pregnant women and among children the levels were measured as 73% at baseline and 51% at endline.

4. Building ownership within the Ministry of Health (2007-2012)

HKI worked in partnership with the MOH and developed a core of national staff with a keen appreciation of the strength of the ENA framework. In 2008 the MOH published a National Nutrition Strategy subtitled, "A national strategy for the implementation of the Essential Nutrition Actions." An extensive series of trainings were carried out nation-wide to acquaint managers and front line workers with ENA and the techniques of counseling for behavior change. Since democratic elections were held in 2011, the government has been proactively engaged in the Scaling Up Nutrition movement and working to define a multisectoral nutrition strategy and a national community mobilization strategy.

5. Challenges and way forward

The government of Niger faces severe resource constraints, with a burgeoning population and extremely limited natural, agricultural and human resources. It also has remained in crisis response mode for many years and has lacked a comprehensive strategy to build resilience among the most chronically vulnerable population group (IFPRI 2012). Such a strategy must include investing in investing in health, water, sanitation and transportation infrastructure, irrigation technologies, agricultural research and extension, and market linkages and sustained donor support.

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This project was made possible with support from the American people delivered through the U.S. Agency for International Development (USAID). The contents of this case study are the responsibility of HKI and do not necessarily reflect the opinion of USAID or the U.S. Government.