



# IMPLEMENTING THE ENA FRAMEWORK EXPERIENCE FROM LIBERIA

2009-2013

## BACKGROUND

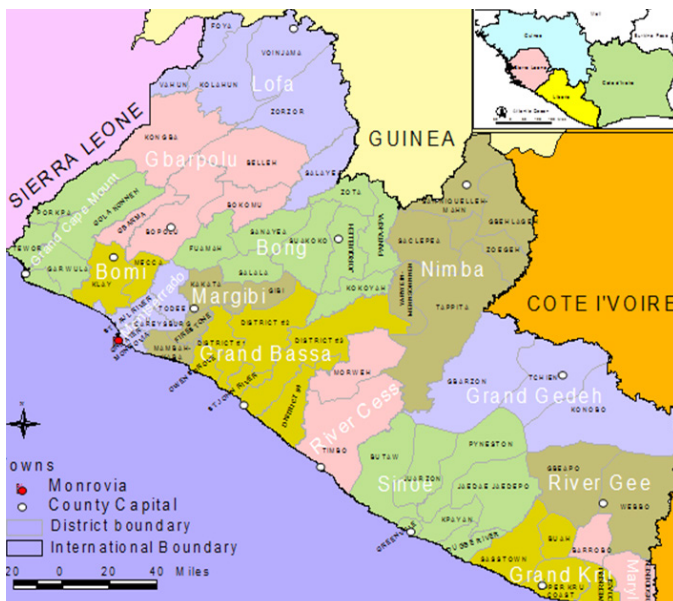
With the end of the 14-year conflict, Liberia (population 3.5 million) is on the road to recovery, but access to basic services remains limited. An estimated 60% of the population has access to basic health care (MOHSW 2013); almost half of the population (41%) is considered food insecure or vulnerable to food insecurity; 59% of households have access to safe water and 37% access to improved sanitary facilities. The national literacy rate is only 55%, and in rural areas, 31% of adult males and 62% of adult females have had no schooling. Malnutrition is a major public

health problem: 42% of children under-five are stunted, 15% of children are underweight and 3% are acutely malnourished (Demographic Health Survey 2007).

The 2011 national micronutrient survey indicates that 33% of non-pregnant and 38% of pregnant women aged 14-49 years had anemia; 59% of children aged 6-35 months had anemia, and 13% of children aged 6-35 months were vitamin A deficient.

Since October 2009, JSI Research & Training Institute, Inc. (JSI), funded by UNICEF and two USAID-supported projects (Rebuilding Basic Health Services [RBHS] and Liberia Agriculture Upgrading Nutrition and Child Health [ACDI/VOCA LAUNCH]), has been assisting the Ministry of Health and Social Welfare (MOHSW) in starting and scaling up implementation of the Essential Nutrition Actions (ENA) Framework.

The ENA Framework aims to extend the delivery and uptake of proven high-impact nutrition interventions. To this date, the health sector has been the main focus in implementing the ENA Framework by improving provider counseling and behavior change communication (BCC) skills as well as in strengthening the delivery of nutrition services at all health facility contact points and among government-recognized community volunteers (general community health volunteers and trained traditional midwives).



The ENA framework promotes a “nutrition through the life cycle” approach. It addresses adolescent nutrition, women’s nutrition during pregnancy and lactation, breastfeeding, complementary feeding of children 6-24 months, nutritional care of sick and malnourished children (including zinc, vitamin A, and ready to use therapeutic foods), and the control of anemia, vitamin A, and iodine deficiencies. The framework emphasizes that many different kinds of platforms (health facilities, child health days, health volunteers, etc.) are needed to provide nutrition interventions successfully to women, children, and their families.

## INITIAL STEPS

### BUILDING THE FOUNDATION (2009-2010)

1. Launched a four-day ENA technical training to mobilize stakeholders by presenting the Liberian Nutrition Profiles along with the latest programmatic and scientific information on the rationale of each of the essential nutrition actions: women’s nutrition, infant and young child feeding, including in the context of HIV and integrated management of acute malnutrition (IMAM), control of micronutrient deficiencies, principles of behavior change communication, and nutrition monitoring and evaluation. Forty stakeholders participated.
2. Conducted both a national micronutrient survey and formative research on infant and young child feeding to build the foundation for a tailored and effective implementation strategy.

3. Adapted to the Liberian context the five-day ENA health worker training and the three-day community volunteer training as well as the ENA message booklet. All adaptations were made from well-tested core materials<sup>1</sup> using results of the formative research as well as international and national guidelines.
4. Conducted a series of “master trainers” trainings (March 2010) where the ENA training materials were finalized. Forty-four master trainers participated. The MOHSW validated all adapted materials.
5. Updated the existing MOHSW community behavior change communication materials (maternal and child health chest kit, woman health card, and child health card).
6. Updated the nutrition component of the existing integrated management of childhood illness (IMCI) curriculum to ensure that all nutrition messages were consistent and to harmonize it with the newly developed integrated management of acute malnutrition (IMAM) national guidelines.
7. Introduced ENA training and other materials into all health pre-service education schools (except medical schools).

## CONSOLIDATION AND TRAINING ROLL OUT

2011-2012

1. Rolled-out ENA training in seven of Liberia’s fifteen counties. The MOHSW and NGOs funded through RBHS and ACIDI/VOCA LAUNCH provided training for health and community workers using the approved ENA materials.
2. Integrated relevant indicators into the community monitoring system, the draft community supervisory checklist, the draft health facility and country supervision checklists, and the HMIS to assess progress in both the delivery and adoption of the Essential Nutrition Actions.



## CHALLENGES AND WAY FORWARD

Liberia’s roll out of ENA was slowed as other priorities emerged. Some priorities were policy-related, such as the government transitioning from an emergency response led by international NGOs to a development approach that includes strengthening the MOHSW’s capacity to provide services and establish a community network of volunteers integrated into the health service delivery system. Other priorities were program-related, such as the large-scale initiation of IMAM, integrated community case management, family planning, post-partum hemorrhage care, and essential newborn care.

In October 2012, the nutrition division of the MOHSW revitalized the ENA technical working group, comprised of UNICEF and nutrition-focused NGOs, and drafted an ENA implementation plan for 2013-2014 and a national BCC strategy. The ENA implementation plan includes expanding ENA beyond health programs to include agriculture, hygiene, and education.

In August 2013, another “master trainers” training was carried out to take nationwide the implementation of the ENA framework to all 15 counties (26 trainees), with a special attention to Bong, Lofa and Nimba (more than 30 MOHSW staff trained).

<sup>1</sup> JOHN SNOW, INC.

ENA Health Worker Training Guide, <http://ow.ly/psGop>  
 ENA Community Volunteers Training Guide, <http://ow.ly/psGtc>  
 Booklet of Key Essential Nutrition Actions (ENA) Messages, <http://ow.ly/psGxS>  
 ENA Health Worker Handouts, <http://ow.ly/psGAQ>  
 Core Group, <http://www.coregroup.org/resources/core-tools>

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