Overview of Policies for ENACT and ENACT Training: What is being done, what needs to be done?

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Although historical examples of the impact of nutrition education and communication on health and well being in Africa and other parts of the world, professional training in NEAC is woefully lacking in current academic curricula.

The extent and impact of the major nutritional issues on individual and national health and development are well established as well as what can be done to mitigate the problems.

Two recent key landmark reports highlighting the issues:

A. the Lancet Series (2008) on: Maternal, infant and young child nutrition:
   And 2010 on Chronic Disease and their impact in especially developing countries;

B. The WHO/FAO/SCN Landscape Analysis (2009) on country readiness for action on nutrition which identified 36 High Burden Countries using set criteria – a number of high burden countries are represented here at this workshop.
Context

- A number of African countries have developed (or are developing) National Strategies and Policies for Nutrition and Food Security as demonstrated by the 7-Country NEAC Needs Analysis

- Examples of national nutrition policies examined in the 7-Country Analysis show varying levels of emphasis (or mention) of NEAC as part of national strategy to strengthen nutrition action

- There is evidence of lack of coordination across sectors within countries and issues of “ownership” remain a burden

- One significant outcome of advocacy emerging from the Lancet Series on MIYCN was the UN’s adoption of the “Scaling Up Nutrition” (SUN) ‘concept’ and setting up “Task Forces” which are evolving into “Networks” and SUN becoming a “Movement

- The ‘missing link’ appears to be:
  - Who will drive and implement the workable solutions identified in the Lancet Series?
  - Which professional groups should be driving the agenda at country level and what are their levels of training and competencies?
Examples of Global Efforts for NEAC

1. 1993 FAO Asian workshop on Nutrition Education - sharing expertise
2. Asian NEAC Workshop Declaration
3. Context of the FAO Asian NEAC Workshop
4. Some Declarations and proposals from the Asian NEAC workshop
| General characteristics of Country Case Studies (FAO, Expert consultant on NEAC, 1995) |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| **Group 1: One way communication**              | **Group 2: Two way communication**              | **Group 3: IEC and Environment Supports**        |
|                                                 |                                                 |                                                 |
| • Print and broadcasts channels                 | • Interpersonal channels.                       | 7. **India (Tamil Nadu)**                       |
|                                                 | • Print and broadcast channels.                 | I. Malnutrition children <3 years.               |
|                                                 |                                                 | TG. Mothers, mothers-in-law, fathers.            |
|                                                 |                                                 | Secondary TGs.                                  |
|                                                 | Individual Knowledge Attitude Behaviour         | S. IEC                                          |
| 1. **Pacific**                                  |                                                 | Nutrition delivery services.                    |
| I. Malnutrition and NCD.                       | 5. **Niger**                                    | Health Services.                                |
| TG. Community workers.                         |                                                 | Social mobilisation.                            |
| S. Print resources.                            |                                                 |                                                 |
|                                                 | 6. **Federal States of Germany**                |                                                 |
|                                                 | I. Need to increase accessibility and reliability|                                                 |
|                                                 | of nutrition information, education and advice. |                                                   |
|                                                 | TG. Whole population, particularly children.    | 8. **Philippines (LAKASS)**                     |
|                                                 | S. Mobile nutrition units training of key      | I. Malnutrition, poverty.                       |
|                                                 | community people.                               | TG. Families with children <6,                  |
|                                                 | Local nutrition Centres.                       | Women 15-45.                                    |
|                                                 |                                                 | S. IEC                                          |
|                                                 |                                                 | Credit assistance/income generation projects.   |
| 2. **Poland**                                  |                                                 |                                                 |
| I. Low level nutrition knowledge.              | 7. **India (Tamil Nadu)**                       |                                                 |
| TG. Consumers.                                 | I. Malnutrition children <3 years.              |                                                 |
| S. Food label information.                     | TG. Mothers, mothers-in-law, fathers.           |                                                 |
|                                                 | Secondary TGs.                                  |                                                 |
|                                                 | S. IEC                                          |                                                 |
|                                                 | Nutrition delivery services.                    |                                                 |
|                                                 | Health Services.                                |                                                 |
|                                                 | Social mobilisation.                            |                                                 |
| 3. **Caribbean**                               | 9. **Ecuador**                                 |                                                 |
| I. Food borne illness.                        |                                                 | I. Malnutrition, food and water born illness.   |
| TG. Food vendors.                              |                                                 | TG. Children, families and communities - rural  |
| Public - children, householders.              |                                                 | villages.                                       |
| S. Radio, TV                                   |                                                 | S. School programme.                            |
| (Linked to Regulation and Surveillance         |                                                 | Food production/diversification.                |
| strategies)                                    |                                                 | Community development.                          |
|                                                 |                                                 |                                                 |
| 4. **Oman**                                    |                                                 |                                                 |
| I. Decline in breastfeeding.                   |                                                 |                                                 |
| Poor infant and maternal nutrition.           |                                                 |                                                 |
| TG. Women (15-44 years).                      |                                                 |                                                 |
| S. Print and Broadcast media.                 |                                                 |                                                 |
Bangladesh, Sri Lanka, Viet Nam, Laos and Nepal formulated proposals for controlling nutrition problems in their respective countries. These projects will require coordination at the country level and collaboration within and among countries.

The Bangladesh Ministry of Agriculture proposed that communication facilities, equipment and personnel be upgraded so that communication can be used to solve problems of food production and nutritional practices among landless and marginal farm families.

**Question**: Why has it taken Africa nearly 20 years to begin to address NEAC? What is your role leaving here as an advocate for this process? If it’s good for Asia, why not Africa?
So, Where are We Now? Key findings of the 7-Country Study

**National Nutrition Policies & Strategies**

- Focus of Nutrition interventions on fortification/supplementation
- Health sector activities focus on IYCF, Breastfeeding, HIV/AIDS, Nutr Rehab
- Rare emphasis on Food Security
- NEAC remains largely uncoordinated btn initiatives & sectors & not evaluated
- NEAC not high on the agenda and approach mainly information, no emphasis on practice
- Key issue at country level: Malnutrition

**Source:** The Need for Professional Training in Nutrition Education and Communication FAO, June 2011
Current Challenges for NEAC and ENACT in the African context

1. NEAC training is largely non-existent or difficult to find

2. We need a clear strategy, well defined curricula with scope & meeting needs of stakeholders

3. We need standard modules within existing academic curricula

4. We need programmes with relevant field based applications relating to specific audiences

5. We lack strong advocacy for nutrition and NEAC – Strong academic case needs to be made
NEAC / ENACT Programmes: Who are the targets?

- Undergraduates in nutrition, health, agric and allied professions
- Field workers working with CBOs, NGOs, INGOs, International organisations
- Community / Social workers dealing with clients across the life cycle
- As CPD for Practising professionals
- School Teachers: Potential role of Teacher Education & Training Colleges
- Medical/Nursing Students, Nurses / Midwifes, Doctors
Question to Ponder:

Since the current problems associated with NEAC in national nutrition programmes and policies appear to be common to many countries do we need harmonised training at least at regional level?

This would of necessity be done whilst recognising and addressing specific local context and issues:
Current NEAC Approaches & What to do

1. Largely Top-Down and information-based

2. What are the institutional and professional standards needed?

3. What quality assurance and benchmark issues need to be addressed?

4. Who will provide external QA and benchmarking support?

5. How will we monitor and evaluate effectiveness and how will we sustain & share successes?
Implementation at Institutional Level: Settings

**ENACT IMPLEMENTATION**

Focusing on - Principles & Practice

- Where?
- Who makes the decisions and how are they influenced?
- Is there capacity for Training?
- Are the resource implications?
- By whom and why?
- At what level? and how does it feed into the Curriculum review process?
- What are the institutional Quality Assurance Issues?
NEAC / ENACT Capacity Needs:

**INSTITUTIONAL & COUNTRY CAPACITY NEEDS**

- **How do we address Needs?**
  - Advocacy?
  - Academic Case?
  - Economic Case?

- **What role (s) can we play as individuals?**
  - Advocacy?
  - Academic Case?
  - Economic Case?

- **Needs Assessment e.g. FAO 7–country report findings**

- **Training of Trainers**
  - Regional v. Local and / or Online Options

- **Any role for National Professional Bodies e.g. National Nutrition Associations**

- **Continental Professional Bodies e.g. FANUS, ANS**
ENACT: Where do we want to be?

- I’ll start with a short story in Africa in 1987: Please someone Google IFMSA “Village Concept Projects”

So Finally:

- You have a product (ENACT) you wish to sell
  - It better be good; the design process is important; consensus is necessary; co-ownership is important hence this workshop
- You say you are not a “salesperson”
  - Yet you’ve got to send a message out to others about your product
- You are fortunate to occupy a position of responsibility and authority where you have the “Freedom to Act”
- How do you sell the product to your staff, faculty and institution? What steps can you take to make a ‘strong case’ for your product?
- What is the:
  - ACADEMIC CASE
  - ECONOMIC / BUSINESS CASE
  - STAKEHOLDER CASE
  - BENEFIT TO THE CONSUMER (e.g. student, practitioner etc.)
- If you have good answers to all the above THEN SELL IT or WAIT ANOTHER 20 yrs DREAMING
Thank You!

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Compounding nutrition problems of undernutrition is the fact that several South and East Asian societies are entering a transitional stage in their development. This transition involves shifts in the population structure; changes in disease patterns (from infectious to chronic degenerative diseases); socio-economic transformation from fully subsistent to semi-subsistent, market-oriented economies; and an advance from struggling for child survival to aiming for development of full growth potential. Furthermore, contradictory problems such as under- and over-nutrition exist in the region and must often be dealt with in the same country.

To highlight the importance of creating nutritional awareness among populations through nutrition education and communication, FAO sponsored the Inter-Country Workshop on Nutrition Education for South and East Asian Countries, organized by and held at the Institute of Nutrition at Mahidol University, Salaya, Thailand from 22 to 26 February 1993.
Similarities between the Asian Context in 1993 and the African context in 2012

- Nutritionists, communicators, agriculturists and public health officials came from Bangladesh, China, Laos, Nepal, the Philippines, Sri Lanka, Thailand and Viet Nam to exchange information and discuss effective education and communication strategies in order to benefit from each other's experiences in implementing local and nationwide programmes.

- In planning the workshop, it was realized that in terms of programme development these South and East Asian countries can be divided broadly into two groups.
  - China, the Philippines and Thailand have successfully developed and operated nutrition education programmes for the public to control and prevent malnutrition;
  - Bangladesh, Laos, Népal, Sri Lanka and Viet Nam have not yet developed such programmes successfully at the national level.
The workshop participants recommended that governments and international development agencies provide both technical and financial assistance to promote nutrition education and communication. The need for a network to exchange technical information and experiences in nutrition education and communication was recognized. This network should incorporate the concept of intersectoral approaches and integrating nutrition in development.

Meetings, seminars and training workshops were also suggested for further development of technical skills in nutrition communication, communication project planning, strategy formulation and implementation, management and evaluation. Finally, inter-institutional and person-to-person information exchange was encouraged.

Because of the importance of nutrition education and communication for improving food habits and nutrition status and sustaining the improvements, Asian governments, FAO and other United Nations organizations were urged to make it a priority in planning and to promote it through establishment of national policies and continuous international efforts.