INTERSECTORAL CONVERGENCE FOR GROWTH MONITORING & PROMOTION
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Growth Monitoring and Promotion

- Integral part of the nutrition services provided by ICDS and NRHM

- Regular measuring of the weight of children

- Plotting the information on a growth chart to make abnormal growth visible

- If growth is abnormal (usually faltering), the health worker does something

- As a result of these actions, the child's nutrition improves, the child receives appropriate social or medical support, or doctors are able to diagnose early serious disease

Growth Monitoring & Promotion
Program Theory (UNICEF)

**Assessment**
- Weight measurement
- Plotting on graph (more than one point)
- Interpreting Growth Trajectory

**Analysis**
- Growth Faltering or Normal Growth

**Action**
- Communicating results to parents.
- Tailored counseling based on GM results,
- Problem solving,
- Referral

**Additional Community based Services**
- General counseling (individual or group)
- Delivery of supplementary nutrition, Immunisation and Community based IMNCI
- Community-based treatment of SAM and MAM (in plan)

**Health facility Based Services**
- Assessment for Growth Faltering
- Facility-based treatment of SAM

Availiability of GM&P at ICDS - Jharkhand

- Expected: Every month at the VHND
- Result: Just over 50% of GMP sessions occur in Jharkhand (Assessment carried out at six districts of Jharkhand)

- Reasons (triangulated qualitative analysis)
  - Limited material for growth monitoring (weighing scales)
  - Tagged to Supplementary Nutrition (THR).
    - On months where THR not distributed – GMP does not happen.
    - THR distribution erratic
Access to ICDS varies from 15-76% of children aged 0-59 months. (The Hungama Report 2011)
Root cause for poor GM&P at ICDS - Jharkhand

All children not invited

• unclear directives and guidelines
• Irregular VHND
• Chaotic VHND

Addressing Growth Faltering

• Lack of comprehensive decision guide for growth faltering
• Poor convergence between MRHM and ICDS

Note: Root cause analysis done through a qualitative discussion with AWW, Lady Supervisors and Officers at ICDS
All children not invited

**Policy**

- GMP to be done at AWC in 4 fixed days per month
  Training Manual of NIPCCD

- GMP to be done within VHND on 1 fixed day per month
  Joint Directive of NRHM and ICDS

**Practice**

- Access to Routine Immunisation higher than for Growth Monitoring MIS Data
## Inviting all children … Success stories

<table>
<thead>
<tr>
<th>Project</th>
<th>Growth Monitoring</th>
<th>Person ‘ Group involved</th>
<th>Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>Once a month during routine immunization (posyandu)</td>
<td>Womens Group</td>
<td>Coverage - 40 - 60 % Time spent – one day Parents – 90 minutes</td>
</tr>
<tr>
<td>ANEP – Dominican Republic</td>
<td>House-to-house monthly</td>
<td>Community Volunteer</td>
<td>Coverage – 75-99% (children under two) Workers spent 3-5 days (30 minutes per house)</td>
</tr>
<tr>
<td>TINP – Tamil Nadu</td>
<td>Monthly fixed day at the community level followed by house visits (missed out on fixed day)</td>
<td>Nutrition worker (AWW)</td>
<td>Coverage – 90% Three – four days per month.</td>
</tr>
</tbody>
</table>
# Inviting all children ... closing the policy gap

<table>
<thead>
<tr>
<th>In areas with high RI coverage but low GM coverage</th>
<th><strong>Bundle RI and GM.</strong> Ensure all children who are coming for RI are weighed first before Immunisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Give responsibility to <strong>Sahiyya and ANM.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In areas with low RI coverage and low GM coverage</th>
<th><strong>Promote GM at Anganwari Centre on a fixed day instead of VHND.</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Delink from THR</strong></td>
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<tr>
<td></td>
<td><strong>Promote community involvement (Mothers Group)</strong></td>
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</tbody>
</table>
Addressing Growth Faltering

- Training of Anganwari Workers on growth charting crucial
  - just over 50% of AWWs were confident in plotting information on growth charts and less than 20% linked it to growth promotion

- Training of Mothers improve comprehension for growth analysis

Crucial trio

Tool - Growth Charts in the field
Anganwari worker –
Mother / Parent

# Addressing Growth faltering - Present Decision Guide
(as per NIPCCD Training Manual)

<table>
<thead>
<tr>
<th>Graph Findings</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Upward slope of curve • <em>Group Counseling</em> • <em>Supplementary nutrition (if above six months)</em></td>
</tr>
<tr>
<td>Dangerous</td>
<td>Flat growth curve • Investigate – talk with the caregiver</td>
</tr>
<tr>
<td></td>
<td>o If sick – follow IMNCl protocol and refer if needed</td>
</tr>
<tr>
<td></td>
<td>o Individual counseling for breastfeeding, initiation of complementary feeding, and others as required</td>
</tr>
<tr>
<td>Very dangerous</td>
<td>Downward growth curve • Referral to a health centre – immediate</td>
</tr>
<tr>
<td></td>
<td>• Follow up visits at home (5.5.2)</td>
</tr>
<tr>
<td>Moderate undernutrition</td>
<td>Plotted weight in Orange zone • Referral to a health centre</td>
</tr>
<tr>
<td></td>
<td>• Follow up visits at home</td>
</tr>
<tr>
<td>Severe undernutrition</td>
<td>Plotted weight in yellow zone • Referral to a health centre</td>
</tr>
<tr>
<td></td>
<td>• Follow up visits at home</td>
</tr>
<tr>
<td></td>
<td>• Extra Nutrition supplements</td>
</tr>
</tbody>
</table>
### Addressing Growth faltering – Closing policy gaps

<table>
<thead>
<tr>
<th>Action</th>
<th>Policy and Field Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Counseling</td>
<td>Described in training&lt;br&gt;AWW confident but varied practice in field</td>
</tr>
<tr>
<td>Extra nutrition</td>
<td>Detailed guidelines present</td>
</tr>
<tr>
<td>Referral to a health centre</td>
<td>No guidelines in NRHM for growth faltering&lt;br&gt;IMNCI guidelines present but not specific&lt;br&gt;Guidelines for SAM present&lt;br&gt;Referrals not tracked by ICDS or NRHM&lt;br&gt;No link with Malaria / TB / HIV program</td>
</tr>
<tr>
<td>Follow-up visits at home</td>
<td>No guidelines on specifics at home visit&lt;br&gt;No documentation or records&lt;br&gt;Not part of supervision checklist</td>
</tr>
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</table>
Addressing Growth faltering –
Decision guides around the world

National Health Service, UK

• All children are referred to the ‘Feeding to thrive’ program, that is taken care of by a multi disciplinary team headed by a child specialist

World Bank

• Differentiating faltering into early and prolonged growth faltering
• All prolonged growth faltering (greater or equal to three months) to be seen by a medical officer
• Children with early faltering (1-2 months) are counseled and if sick referred to a medical officer.
• Specific messages for each scenario highlighted.

Brazil Health System

• Involving other personnel for counseling those with prolonged growth faltering - Medical Doctors (Santos I, Victoria CG et al Nutrition Counseling Increases Weight Gain among Brazilian Children1 J. Nutr 2001 2866-73)
Bundle RI and GMP -
• Ensure all children who are coming for RI are weighed first before Immunisation

Growth Faltering Clinics at CHC / PHC
• Clear algorithms and guidelines
• Designated person with clear roles and responsibility
• Link with Malaria / TB / HIV / RBSK

Protocol for home-visits for AWW in case of growth faltering
• May link to ASHA
Reasoning and Wrath

- The role and reach of reason are not undermined by indignation that leads us to an investigation of ... the basis of persistent inequities...

Why is the state still callous to the problem of malnutrition?

If Routine Immunisation and other health services can reach the same population why shouldn’t nutrition services?!

The Tigers of Wrath are wiser than the horses of instructions – William Blake