

INTERSECTORAL CONVERGENCE FOR GROWTH MONITORING & PROMOTION

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An analysis of policy and practice at Jharkhand

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Acknowledgements

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Suranjeen Prasad Pallipamula

Arti Bhanot

Avinash Ansingkar

Nirmala Selvam

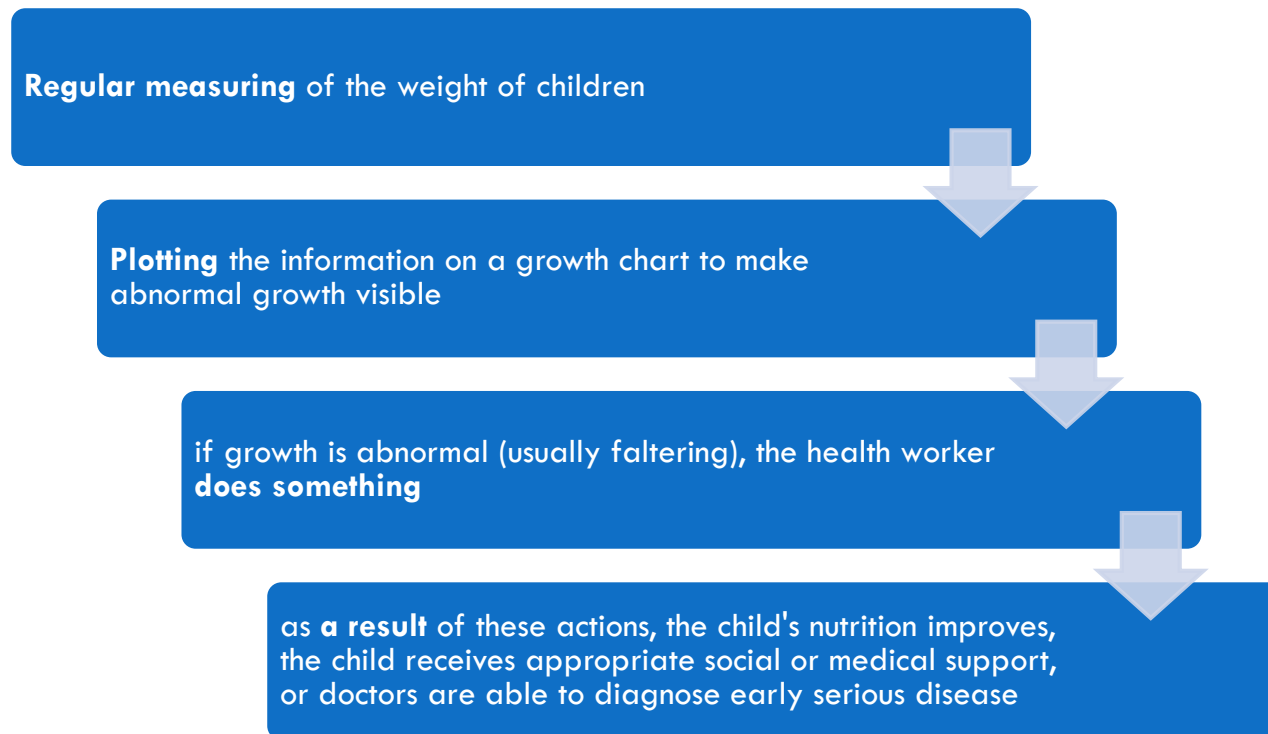
Ranjan Panda

John Pile

Growth Monitoring and Promotion

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

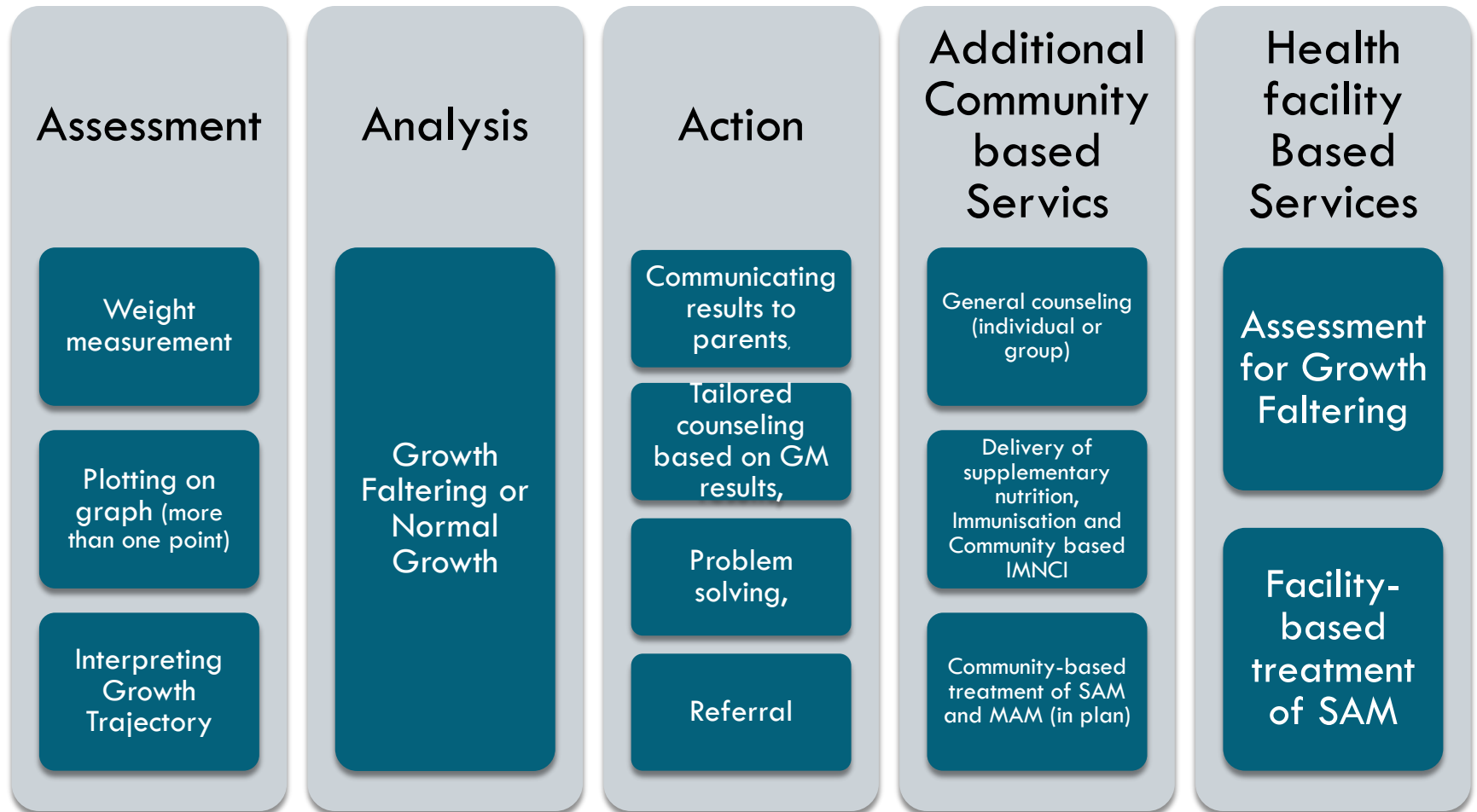


- R, Garner P. *Growth monitoring in children*. Cochrane Database of Systematic Reviews 1999, Issue 4. Art. No.: CD001443. DOI: 10.1002/14651858.CD001443.

Growth Monitoring & Promotion

Program Theory (UNICEF)

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Availability of GM&P at ICDS - Jharkhand

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

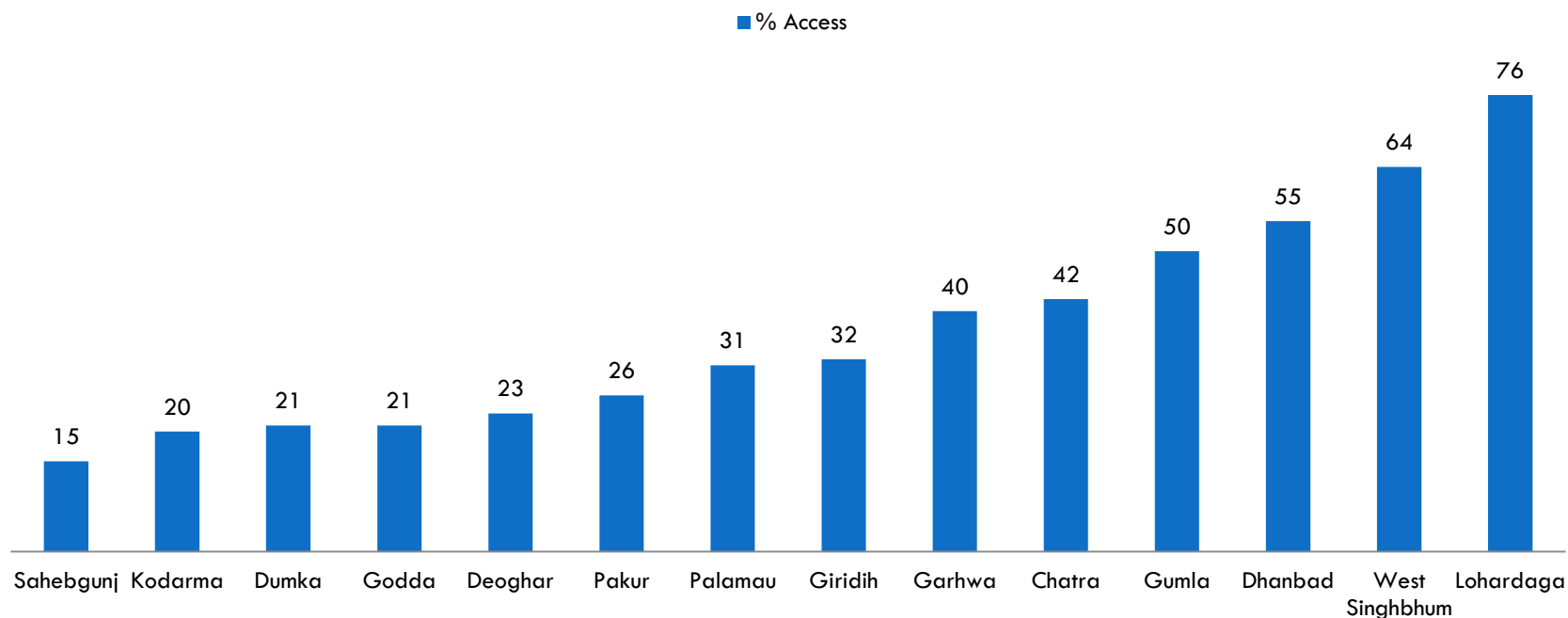
- ▣ Reasons (triangulated qualitative analysis)
 - Limited material for growth monitoring (weighing scales)
 - Tagged to Supplementary Nutrition (THR).
 - On months where THR not distributed – GMP does not happen.
 - THR distribution erratic

Accessibility of GM&P at ICDS - Jharkhand

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- Access to ICDS varies from 15-76% of children aged 0-59 months. (The Hungama Report 2011)

Access to Growth Monitoring at AWC (HUNGAMA)



Root cause for poor GM&P at ICDS - Jharkhand

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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

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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

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

Inviting all children ... closing the policy gap

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In areas with high RI coverage but low GM coverage

Bundle RI and GM. Ensure all children who are coming for RI are weighed first before Immunisation

Give responsibility to **Sahiyya and ANM.**

In areas with low RI coverage and low GM coverage

Promote GM at Anganwari Centre on a fixed day instead of VHND.

Delink from THR

Promote community involvement (Mothers Group)

Addressing Growth Faltering

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- 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
 - D. Roberfroid, G. H. Peltó and P. Kolsteren. Plot and see! Maternal comprehension of growth charts worldwide. Tropical Medicine and International Health volume 12 no 9 pp 1074–1086 September 2007

Crucial trio

Tool - Growth Charts in the field

Anganwari worker –

Mother / Parent

Addressing Growth faltering - Present Decision Guide

(as per NIPCCD Training Manual)

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	Graph Findings	Action
Good	Upward slope of curve	<ul style="list-style-type: none">• <i>Group Counseling</i>• <i>Supplementary nutrition (if above six months)</i>
Dangerous	Flat growth curve	<ul style="list-style-type: none">• Investigate – talk with the caregiver<ul style="list-style-type: none">○ If sick – follow IMNCI protocol and refer if needed○ Individual counseling for breastfeeding, initiation of complementary feeding, and others as required
Very dangerous	Downward growth curve	<ul style="list-style-type: none">• Referral to a health centre – immediate• Follow up visits at home (5.5.2)
Moderate undernutrition	Plotted weight in Orange zone	<ul style="list-style-type: none">• Referral to a health centre• Follow up visits at home
Severe undernutrition	Plotted weight in yellow zone	<ul style="list-style-type: none">• Referral to a health centre• Follow up visits at home• Extra Nutrition supplements

Addressing Growth faltering – Closing policy gaps

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Action	Policy and Field Findings
Group Counseling	Described in training AWW confident but varied practice in field
Extra nutrition	Detailed guidelines present
Referral to a health centre	No guidelines in NRHM for growth faltering IMNCI guidelines present but not specific Guidelines for SAM present Referrals not tracked by ICDS or NRHM No link with Malaria / TB / HIV program
Follow-up visits at home	No guidelines on specifics at home visit No documentation or records Not part of supervision checklist

Addressing Growth faltering – Decision guides around the world

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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)

Policy Brief for Growth Monitoring & Promotion

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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

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- The role and reach of **reason** are not undermined by **indignation** that leads us to an investigation of ... the basis of persistent inequities...
 - Amartya Sen, The Idea of Justice pg 392.

Wrath

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- 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