

Promoting the Growth of Children and the Education of Families and Communities

The Plan of Action of the 1990 World Summit for Children recognized the preventive power of promoting growth for keeping children healthy and free of malnutrition. The plan called for institutionalizing growth promotion and regular growth monitoring in all countries by the year 2000. Although several large country programs had demonstrated the importance of growth promotion by 1990 and had continued its implementation, the operational details of how to realize this goal had not yet been fully developed.

What Has Been Accomplished and Learned in the Past Ten Years?

The last ten years have seen expansion and institutionalization of growth promotion and monitoring in a few countries, such as Thailand, Indonesia, and Honduras, and its implementation in other key programs in another handful of countries. But for the most part, the past decade has been a time of defining and refining a mix of effective, efficient actions that can be institutionalized on a large scale, yet still reflect local realities.

The lessons from the past ten years that will define growth promotion for the next decade point to the need for significant changes in the way services are provided to everyone, not just the sick. These changes will involve:

- *A shift from a curative to a preventive focus.*

The majority of the world's children are born healthy, and maintenance of adequate child growth is an excellent proxy for good health. Mothers and program workers who strive for adequate child growth each month protect the health children were born with and prevent malnutrition and illness. Few well-nourished

children die from communicable diseases. As children slip into even mild or moderate degrees of malnutrition, however, their risk of death from illness climbs. Therefore, preventing even mild and moderate malnutrition—which account for the vast majority of all malnutrition—will lead to large reductions in child mortality.

- *Moving from a vertical to an integrated approach to caring for children.*

Most programs focus on a discrete area of child health, such as breastfeeding or the major childhood illnesses. Growth promotion encourages a more comprehensive approach to improving children's health and survival. By detecting a problem as it begins to unfold, community workers can address the cause of the problem—whether it is illness, improper feeding practices, or a family social situation. This approach detects a problem as soon as growth falters, diagnoses the problem, allows for decision making with the family, and outlines whatever actions are necessary rather than the solutions prescribed by a particular vertical program.

- *Taking growth promotion and monitoring from the clinic to the community.*



BASICS II

Children under two years of age grow rapidly. In the first months of life, children should gain as much as a half-kilogram every month. Because children's health and nutritional status can change so quickly, growth promotion and monitoring can function as a preventive tool only if children are weighed monthly. Distances and the cost of travel to clinics, as well as the typical clinic environment, are not conducive to monthly follow-up or to detailed counseling and negotiation of care. Community members are close and can provide follow-up. They can be trained to weigh children, detect adequate or inadequate weight gain, diagnose any problems, and make decisions about what action should be taken. They can also counsel mothers and help them improve their children's growth. Health maintenance must be brought to the community level.

- *Targeting children for help when help can do the most good.*

Traditionally, programs place highest priority on severely malnourished children and on all children younger than five. However, many of these children are either too sick to respond to local solutions or are beyond the point where they will ever be able to recuperate losses in weight. Targeting *all* children under five for monthly follow-up overloads health workers and community

volunteers and dilutes efforts to prevent malnutrition during the critical first two years of life. Figure 1 shows the typical pattern of growth for a malnourished child in those first two years, with a rapid deterioration of nutritional status during the first 12 to 18 months, after which the growth trend levels off but the child is left stunted.

When the youngest children are given priority and action is taken at the first signs of faltering growth—before anorexia or extreme illness set in—most children will recover the weight they had lost and resume their growth path. Early intervention could prevent much of the stunting so common in developing countries today. Involving all families in the program, regardless of the nutritional status of their children, exposes everyone to education on child care and brings equity to health service provision.

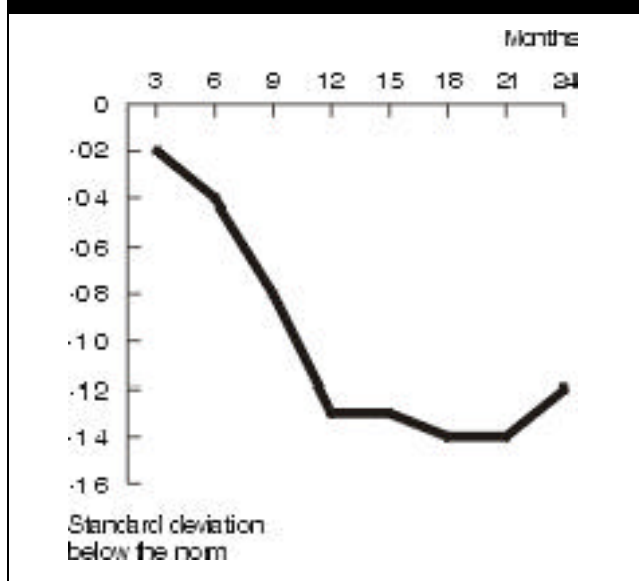
- *Seeking solutions to faltering growth first with the family and within the community.*

Providing food has been the conventional treatment for malnutrition. Countries spend millions of dollars on food aid, with little impact on nutrition or health. There is a place for food aid, particularly in emergencies. However, the accumulating body of evidence suggests that with the proper guidance, the majority of families can meet the nutritional needs of their young children with their own resources.

The kind of guidance that makes the difference in whether or not a child gains adequate weight from one month to the next may be, for example, a recommendation about the number of times he or she is breastfed during the day and night. It might mean teaching a mother that she must give her child two more spoonfuls of rice at each meal or half a tortilla twice a day. The changes needed at this age are small (about 300 kilocalories per day) and within the reach of the majority of families.

Of course individuals or families cannot manage some problems alone. In such cases, the involvement of the broader community usually results in local solutions. Again, the problem may not be lack of food or absolute economic constraint, but the need for child care while a mother goes to work. As a solution, the community might offer organized child care. The growth promotion and monitoring programs of the next decade should place ownership of children's growth with the family and the community.

Figure 1. Typical Pattern of Declining Nutritional Status (weight-for-age) of Children 0-24 Months



Source: AIN Honduras baseline survey data, BASICS I, 1998.

What Are the Challenges?

There are three key challenges to advancing the global expansion and institutionalization of growth promotion. The following challenges can all be met with the proper resources and dedication.

- *Revamping programs that are monitoring children's growth but are not promoting growth and providing education.*

Since the 1960s, governments and private organizations have been monitoring the growth of children, often as part of well-baby programs at clinics or in conjunction with feeding programs. Although it has been demonstrated that monitoring does not affect health outcome if it is not linked to action, many groups continue merely to collect growth data. Convincing these programs that they should alter their activities, especially when it may mean less reliance on food handouts, has proved difficult, though not impossible.

- *Orienting and training enough people to facilitate program development and implementation among and within countries.*

Convincing policy makers to alter the focus of programs has not been as great a challenge as finding enough professionals to develop and run them. This new model for growth promotion for the next decade turns many of the notions about nutrition and health programming for children upside down. Even professionals trained within the past decade have not been exposed to the idea of monitoring growth rather than nutritional status (the measure of past, accumulated growth performance), of giving priority to only the very young and those who are not yet ill, and of looking at improved practices, rather than food, as the key to nutritional improvement. A new cadre of health and nutrition professionals is needed who can design and manage large-scale community-based programs based on this model.

- *Resolving resistance to community-based programming and the devolution of authority to the community level.*

In countries that have had a tradition of community-based work and volunteerism, growth promotion and education programs have been embraced as an effective way to focus community health activities. However, where community action has not been a

national priority and where there are few nongovernmental organizations, establishing a network of community workers is seen as expensive and management-intensive, even when the majority of workers may be volunteers. Advocacy work is needed to educate governments about the multiple benefits that can be expected when community health infrastructures and programs are in place. Establishing these infrastructures more than returns costs, in terms of coverage rates, improved equity in coverage, better outcomes in health and other social sectors, and even more rapid responses to emergencies. There are many ways to build such capacity at the community level and effective management systems that can be adapted if governments are convinced that community-run services are important.

What Must Be Done?

- Advocate, separately or as part of health reform efforts, to encourage support for community health networks and programs and to promote the importance of a prevention paradigm focusing on child growth.
- Build a constituency for growth promotion as an essential complement to the World Health Organization's Integrated Management of Child Illness (IMCI) initiative: the preventive component of integrated child care.
- Forge regional teams of facilitators for growth promotion and education. These teams would provide the advocacy and technical assistance needed to help governments and nongovernmental organizations adapt proven program models and tools to local conditions.
- Establish a network to share experiences across countries and to fine-tune implementation.
- Hold forums for donors and governments to ensure that sufficient resources are available for the start-up costs of growth promotion and education activities. Experience to date indicates that governments are able to sustain the recurrent costs of these programs.

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