Islamic Republic of Afghanistan

Ministry of Public Health

General Directorate of Preventive Medicine & PHC
Public Nutrition Department

Community Based Growth Monitoring & Promotion Field Manual

December 2008
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Introduction

Preventing malnutrition among young children is the most cost effective way to address the public health problems. This requires ensuring all children born with normal weight should continue to grow within normal range and those who are born with low weight should be brought quickly into normal growth range. This measure of growth is a measure of overall well-being.

Malnutrition is related to greater risk of severe morbidity and mortality. It is important to understand that malnutrition is a process, not a static state. Therefore, the program should identify the children as they are becoming malnourished to reduce the number of children with inadequate growth, not after they are already malnourished.

The concept of growth monitoring started with a tracking body size measurement and evolved to monitoring growth velocity. The distinction between monitoring changes in body size and monitoring growth velocity is often a difficult one. However, it is critical for the program person to understand this to prevent child from becoming malnourished. The following figure tries to illustrate the above facts by comparing growth of child A and child B. Child A is low on the chart, perhaps due to an illness in the past, but the child is currently growing at a velocity that mirrors the standard. Child B has grown well in the past, but currently is experiencing some health related problems and has failed to grow. Without considering growth monitoring by assessing growth velocity, child A might be thought to have a problem while child B would not receive the attention s/he deserves because of their relative positions on the chart.

Figure 3: Child Growth Patterns

![Child A and Child B Growth Patterns](image-url)
1. Growth Monitoring & Promotion Definition

Healthy and well-nourished young children grow steadily. However, parents/caregivers cannot always tell just by looking at the child, whether the child is growing at a normal rate or not. One way to find out if the child is growing well is to weigh the child regularly and identify the child is gaining weight or not. If children are not growing well, parents/caregivers and communities can take action to help the children grow better. Training of people in the communities to monitor the growth of the children will have significant impact on children health. The regular weighing and plotting of a child’s weight on the growth chart to decide if the child is gaining enough weight or not is growth monitoring while using the information gain from the growth monitoring to take action to make sure that children grow well is growth promotion.

**Growth Monitoring (GM)** is the process of regular weighing and plotting of a child's weight on the growth chart to assess growth adequacy and identify early faltering.

**Growth Monitoring and Promotion (GMP)** is a prevention activity comprised of GM linked with promotion (usually counseling) that increases awareness about child growth; improves caring practices; increases demand for other services, as needed; and serves as the core activity in an integrated child health and nutrition program, when appropriate. As an intervention it is designed to affect family-level decisions and individual child nutritional outcomes.

**Community-Based Growth Promotion (CBGP)** is a strategic approach that takes the concept of GMP further than the individual and family level. It takes the periodic (monthly) weighing of a child and classification of the child’s progress and, uses it not only to make decisions regarding the child’s care at home or the need for medical attention, but also to stimulate activities in the community, district, or program to improve the child’s growth-enabling environment.

In order to prevent malnutrition at the community level the Growth Monitoring and Growth Monitoring Promotion are critical elements of an effective approach. Growth Monitoring is the central starting point for GMP; the monitoring must occur regularly and be focused on growth status (the velocity of growth), not on anthropometric status. GMP links the information gathered over time from GM with an action. Monitoring child growth alone will not result in changes in growth; the action step and the intermediate outcomes associated with the action are needed before an impact on growth can be expected.

This manual is providing information on the steps which are needed to be taken to implement the community based GMP and carries out activities with mothers, families, community groups and health workers to ensure that the children grow strong, healthy and intelligent. This manual will also serve as a reference for trainers/supervisors to conduct the training course for community health workers and volunteers.

2. Target Children for GMP

The growth patterns of children in developing countries show that malnutrition occurs in children born close to normal weight, who then experience mild to severe growth faltering.
by 12 to 15 months of age. Studies also show that after the age of about 24 months much of the deprivation suffered by children is irreparable and thus underweight children become underweight adults and the cycle of malnutrition is perpetuated across generations. Therefore, helping children avoid or recover from any growth retardation or faltering in the dynamic first 12–18 months (the window of opportunity) is critical.

The target group for community based GMP in Afghanistan are children aged 0- 23 months as:

- At this age the children are growing very rapidly and it is possible to quickly detect by regular weighing, when their growth is slowing down and help the mother find out why and take action to improve health and nutrition of the child.
- It is the time that most of the children receive complementary feeding and problems often arise during this transition due to inappropriate feeding practices. Timely detection and appropriate response to these problems will have great impact on children.
- The potential risk for a child to suffer from chronic malnutrition is high at this age and at the same time if timely and appropriate measures are not taken, it will affect the cognitive ability of the children.

3. Involvement of Community in GMP/CNV

Community Based GMP need joint efforts of health professionals, existing community networks, social structures, family members and child caretakers for the well being of the children. The growth monitoring session will be organized by Community Health Workers (CHWs) and member of Mothers Support Group (MSG) with the support of the community and will be held at the center of the village in a place where:

- Have enough space for women and children to wait
- Comfortable for both mother and children during winter and summer.

In big villages the CHW in consultation of the respective MSG and health shura members will identify more than one site for holding the sessions. The number of the target children for a session will vary from village to village but 10-15 children aged 0-23 months per session seems manageable for one session.

Different community groups can play different roles in the success of the GMP:

1. CHW

- To develop community Map with the support of CHS (Use the CBHC guideline)
- To register the target children with the support of CHS
- To identify and select volunteers as member of Mother Support Group (MSP)
- To plan GMP sessions
- To remind parents about when and where the program will be held
- To weigh the children and plot the weight on the growth chart
- To decide whether a child is growing well or not and discuss with mothers and children caretakers what needs to be done for their children.
- To share information about the health of the children with the community so the community can decide what to do to make the children healthier.
- To provide and counsel on other services such as immunization, malaria prevention, vitamin A supplementation etc his per CHWs job description and take care of sick children.
• To keep facility staff informed about the work so they can work together with the community to help the children.

2. Member of Mother Support Group
• To support CHWs in developing community Map
• To support CHWs in identifying and registering the target children for GMP
• To support CHWs in planning GMP session
• To remind parents about when and where the program will be held
• To organize GMP session setting in the respective village
• To support CHWs in weighing the children
• To participate on the spot counseling
• To follow the joint decisions/agreements that made with mothers and child caretakers.
• To trace defaulters.

3. Families
• To bring children for weighing
• To feed the children well and care for them as best as they can and follow the practices they discuss with the CHWs.
• To take care and seek support of CHWs when the child is sick
• To provide local materials for arranging weighing sessions
• To retain the child growth monitoring chart
• To attend the community meetings

4. Community Shuras
• To help in setting the program up
• To give GMP the necessary recognition
• To help CHS in identifying and selecting members of MSG
• To help organizing community meetings.
• To decide how the CHWs and member of MSG will be shown appreciation (motivated) and what support they can be given
• To take action if there are problems about how the children are growing and help address problems that affect the health of the children.

5. Health Management Team (facility & NGOs)
• To help planning the GMP program
• To provide scales, forms and other logistic support
• To organize training program for CHWs and community network
• To support the CHWs in community mapping
• To conduct census/registration with the active participation of CHWs and member of MSG
• To support CHWs in analyzing the data and holding community meetings
• To conduct supervision and monitoring
• To carefully receive the children who are referred from the GMP session and give feedback to the CHWs on what action has been or must be taken.

4. Operational Issues
Community Based GMP activities will be conducted as integrated part of BPHS (Basic Package of Health Services) through current CBHC (Community Based Health Care)
network. The CHWs and members of Mother Support Group (MSG) are the key player of the activities who are providing a range of health care services besides Growth Monitoring Promotion (GMP). The following figure represents the breakdown of the activities related to GMP at the community level.

### 4.1 Community Mapping

This is the responsibility of CHSs to support the CHWs to develop and update the map of the community. It is necessary to involve the member of MSG in the exercise as much as possible. The tools and guideline for the mapping exercise is available in the CBHC training package and the CHSs and CHWs are already familiar with community mapping. The update map will help:

- To identify the homes with children 0-23 months
- To divide up the responsibility for the homes of the target children among members of MSG
- To have information on other priority health issue in each household that affect health and well being of the children.

### 4.2. Registration

The initial register will be developed as part of baseline survey with the support of CHS and health facility staff. The register will kept updated by entering the information about the newborn babies in subsequent months. The subsequent enters could be done with the support of literate member of the community and checked by CHS or CHW Trainer/Supervisor during his/her monthly visits from the health posts. The register contain list of all children aged 0-23 months and some other important information as follow:

- Name of the province
- Name of the district
- Name of the village
- Name of the village leader
- Name of closer health facility to the village
- Type of the health facility
- Names of both CHWs
- Name of CHS
- Number of houses:
- The number of children aged 0-23 months who live in the community
- Detail house address of the child
- The name of each child (Write full name of child).
- The date of birth of each child (day, month, year)
- Age of the child during the baseline assessment.
- Weight of each child (only initial weight during baseline survey)
- Child immunization status
- Child feeding pattern.

The register will help to keep the record of the initial information about each and every child.

**Illustration Example 1: The Register**
<table>
<thead>
<tr>
<th>Name of head of family</th>
<th>Name of Child</th>
<th>Date of Birth</th>
<th>Data per baseline 8:10:2001</th>
<th>Immunization</th>
<th>Breast-feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mohmad Sharif Abdullah</td>
<td>12.01.2007</td>
<td>6 8 X X</td>
<td>C I Y N</td>
<td></td>
</tr>
</tbody>
</table>
4.3. Community Based GMP Monthly Session

CHW will support the member of MSG to organize monthly GMP session at the pre-identified place at the center of the village. During each GMP sessions, the following tasks will be carried out:

1. • Registration of the new babies.
   • Filling out Growth Monitoring Chart for a child who does not have one (new comers or lost the chart).
2. • Weighing the children aged 0-23 months.
   • Marking the respective part in the monitoring chart according to the weight of the child.
3. • Determining whether each child has Gained Adequate weight or not as compared with the previous month.
   • Deciding what to do based upon the following:
     • Age of the child
     • Gain weight or not gain weight
4. • Breastfeeding or appetite situation
   • Acceptance of other foods
   • Presence of illness, such as diarrhea, cough, Fever or other.
   • Using the counseling cards, discussing in the presence of Member of MSG with the child caretaker on the issues related to child health and reaching agreements with her about what she can do during the coming month to maintain or improve the growth and health of the child.
5.  

4.3.1 Organizing the Monthly GMP Sessions

The following steps to be taken to organize the GMP sessions:

• **Deciding on** the day and time for the monthly session
• **Letting everyone know about the sessions.** People such as community leaders, Mullah’s, teachers and other influencers who can spread the news should know when and where the GMP session is.
• **Choosing** with the community a place that has enough space and light. Be sure also that there is space for the mothers to wait their turn out of the sun or rain.
• **Encouraging** all the mothers/caretakers of children aged 0-23 months to attend the monthly weighing and counseling sessions regularly.

• **Preparing** the following materials for each session:
  - Arrange the setting with local available furnishing materials.
  - Weighing scale and rope to hang it.
  - Weighing pants.
  - Pencils/pen.
  - Pictorial Growth Monitoring Card.
  - Register.
  - GMP Counseling Guidelines and Problem (Issued based Counseling Cards).
  - Clean water.
  - Pictorial referral sheets.
  - Drugs and supply including tally sheets as per standard CHW kite.

• **Organizing** groups of 10 – 15 children aged 0-23 months that will be taken care of by one member of MSG. If there are more than 15 children, organize two groups.

• **Carry out** the following tasks:
  - Weigh the children.
  - Mark the weight on the child’s growth chart (in the duplicate chart that will remain with the member of MSG as well).
  - Use counseling cards and counsels the child caretaker according to the child’s health and how he or she is growing and reaches an agreement, on what the caretaker to do at home for the child.

### 4.3.2 Carrying out the Growth Promotion Sessions

For successful GMP session it is necessary to follow the following steps:

#### 4.3.2.1 Receiving the caregivers and children

- Before the people arrive, make sure that the meeting place is clean and in good working condition. Make sure there is enough place to accommodate the expected number of mothers and children.
- Welcome mothers and fill new chart for the children being brought in for the first time.

#### 4.3.2.2 Filling of Growth Monitoring Chart

Considering the fact that around 40% of all CHWs and about 5% of all female CHWs are literate, the GMP program has developed a Pictorial Growth Monitoring and Promotion Card. The card has a scale at the center with personal details at the top of the card. It has also three columns with boxes on the right side of the scale.

After weighing a baby, CHW puts number of session of weighing at the circumference to denote the current weight of the baby. If the current weight of the baby is more than the standard weight gain for the month then CHW puts checkmark on the box otherwise cross mark for inadequate weight gain. When a baby has not gain adequate weight then CHW conducts counseling session with the mother of the baby and make agreement to
try out one of the suggested feeding and caring practices which will be denoted by check mark on the boxes of the second column. CHW/MSG will visit mother of the baby at home after three days to monitor whether the mother has been practicing the agreed feeding and caring practices.

There will be two cards for each child: one to be with child caretaker and one to be with the CHW. The last one will be used as a record for reporting purpose (CHSs will review them and support the CHWs to prepare the monthly report) and creating a duplicate card whenever the caregivers lost the original once. The informative part of the chart includes name and father name of the child and names of CHW and member of MSG, while the parts for recording the weight is comprised of 24 pictures of the Salter Scale. When the CHW is weighing the child and find out where the arrow of the scale become stable, she or he mark the same points in the respective picture. Each picture is allocated for one visit. If a child misses one or more weighing sessions then the respective pictures in the chart will remain un-marked (see annex-1 for the chart).

4.3.2.3 Weighing the Children

Follow the following steps:

- Hang the scale from a firm support with the dial at eye level so that it can be accurately read. Be sure that the scale hangs freely and does not touch the support or walls.
- Every time before each session, check the scale with an object of a known weight to determine if the scale is recording correctly.
- Attach the empty weighing pant to the hook of the scale and adjust the scale to zero. Every scale should have a screw or wheel that may be turned to adjust the scale. This is generally at the back. Be sure all the children will hang freely so that their hands and feet do not touch walls or the floor.
- Have mother remove child’s clothes and shoes so that the child is weighed in underclothes only if you have not already done that.
- Take the weighing pants from the scale and have the mother put the weighing pant on the child. Put your arms through the leg holes of the pants. The strap of the pants should be in front of the child.
- Have mother hang the straps of the pants, with the child in it, to the hook of the scale. One should not carry the child by the strap of the weighing pant only. Gently lower the child and allow the child to hang freely and not touching anything. Have the mother face the child to help calm the child.
- Wait until the child is still and the needle is steady, and then read the weight to the nearest 100gm. If the needle continues to swing slightly, estimate the mid-point of the swing and use that number as the weight. Find this point in the respective picture in the chart and marked it.
- Have mother remove the child from the scale with the same care you used to hang him/her there. Have mother hold the child with one arm and take the weighing pants strap off the lower hook with the other arm.
- Tell the mother the current weight of the child.
4.3.2.4 Determine whether the Child Gain Adequate Weight or Not and Council the Mother

Compare the weight of the child for this month with the previous month and identify whether the child has gained adequate weight or not. Gain adequate weight means an increase of minimum expected weight from the previous months of the child weight. If a child loss weight (this month weight is less than the last month) or there is no increase in the weight of the child or it is less than the minimum expected weight gain for that child in this case the child is not gaining weight adequately. The following table shows the minimal expected weight.

Based on the result, the CHW and member of MSG will start negotiation with the child caretaker using the pictorial counseling cards. The essence is to negotiate with the mother/caretaker and reach an agreement on what she can do to maintain or improve the growth of her child by improving care practices and feeding of the young child at home.

The agreement also helps to promote and maintain helpful family behavior as well.

<table>
<thead>
<tr>
<th>Initial or Previous month weight</th>
<th>Minimal expected gain weight per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 kg</td>
<td>0.5 kg</td>
</tr>
<tr>
<td>5 - 7 kg</td>
<td>0.4 kg</td>
</tr>
<tr>
<td>7 - 9 kg</td>
<td>0.3 kg</td>
</tr>
<tr>
<td>9 - 12 kg</td>
<td>0.2 kg</td>
</tr>
<tr>
<td>&gt;12 kg</td>
<td>0.1 kg</td>
</tr>
</tbody>
</table>

To help the CHWs to use the above table it is converted to pictorial form,

Based on the weight gain result the CHW/CNV will find out the information from the mothers or caretakers about the child's status in the following areas:

- Feeding
  - What kinds of foods?
  - How many times?
  - How much each time? etc.

- Health Status
  - Fever
  - Cold and cough
  - Diarrhea
  - ARI

- Caring Practices
  - Hygiene and sanitation
  - Playing with child
  - Responsive feeding

Asking mother or caretaker to find out the gaps in the above areas which they experienced while taking care of the child. Then use appropriate counseling card to
negotiate with the child caretaker to adopt a few recommended practices in the coming month.

5. Counseling Cards

Giving someone information is usually not enough to change behavior. The behavior change communication is a way to communicate with people which can be done by counseling. Counseling is a process of helping mothers to explore her situation and, identify and act upon solutions within the limitations of their given environment. Effective counseling will be done by listening, understanding, and negotiating so they will adopt new behavior.

The counselors start negotiation process with mother after they find out the gaps in the optimum child feeding and caring practices of the mothers/caretakers. Negotiation is a process of identifying, recommending and agreeing to the terms and conditions, whatever they may be a deal. All negotiation requires an element of trust. If you can establish a state of trust, you are much more likely to achieve win-win outcome.

Using negotiation during counseling helps mothers to understand possible ways to improve child feeding by asking them to try one or more new practices, and helping them overcome barriers to adopting improved feeding practices. This method motivates mothers to try the new practices recommended to them. Once they have tried the new practices, mothers usually see the benefits and maintain them.

Following are the steps of a good counseling process:

- Greet the mother and establish confidence
- Ask the mother about current practices and Listens to what she says
- Help mother to identify key problems, if any, and selects the most important one to work on
- Discuss options
- Recommend different options and negotiate with mother to help select one that she can try
- Help the mother to Agree to try one of the options
- Remind the mother of the behavior and help her to overcome obstacles
- Make an Appointment for the follow-up visit

Pictorial Counseling Cards (PCC) has been developed to facilitate discussion with the child Caretaker (see annex-2). It helps to decide what to do or say to the mother after the child’s weight has been taken.

There are two sets of pictures in the counseling cards. The first set of the pictures which is age specific and is facilitating the interview with the mothers to do Gap Analysis Card of Child Feeding. Each picture remind the CHW to ask a question and move to the next
question or counseling pictures according to the answer. The answers of these questions will be followed by asking why mother has not been practicing those behaviors. Depending on the reasons and constraints given by mothers for not practicing optimal child feeding and caring behaviors, the counselors choose the counseling card to conduct counseling session.

The second set of the pictures which are used to conduct counseling sessions. The counseling cards also remind the CHW to check the child’s immunization status and vitamin A supplementation.

The counseling session also discusses with the mother about practices that will help make the family healthier, such as hand washing with soap, the use of insecticide treated mosquito bed nets in malaria endemic areas, playing and talking with the baby.

5.1 List of the Counseling Cards
The growth promotion counseling cards are as follows: (Update)
- for children aged 0-6 months (Card-1)
- for children aged 6-12 months (Card-2)
- for children aged 12-24 months (Card-3)

5.2 Selection of Appropriate Counseling Card(s)
As it has already been mentioned that there are 3 sets of counseling cards which CHWs/MSG will use during the counseling sessions. After determining the age of the child, the counselors will select respective set of counseling card for the counseling sessions.

If a child is sick, the CHW will also use the Community Case Management pictorial job aids for assessment, treatment, counseling, referral and follow-up.

5.3 When and How to Use the Cards
The CHWs and members of MSG will use the counseling cards:
- During monthly growth promotion sessions
- During home visits to follow up on improving practice agreements made by the mother
- During home visits after a woman has given birth to support her to breastfeed exclusively

The following example explains the steps to be followed for proper use of the counseling cards:
Fawzia has a 3-month old boy named Fatih. He has not gained adequate weight this month, he is still breastfeeding, and he is not sick. Therefore, the CHW will use counseling card -1 as the child age is 3 months.

Step 1: Explain to the Mother
Explain to the mother that because her child is not growing well, she needs to give more care and attention to his feeding. Use the child’s growth chart to help explain the following:
“Please look to these two pictures in Fatah growth monitoring chart. Last time his weight was 3 kg (better to ask the mother how much was the weight of the child last month and check with the chart), see (show the related picture) this month his weight is again 3 kg. It means Fatah is not growing well – he did not gain weight this last month, which means that you have to pay more attention to his care and feeding. It is good that you breast-feed him. As you can see in this section of his growth card, Fatah at this age should only be fed breast-milk.”

Step 2: Ask the Mother
In the first column of the counseling card there are questions that you should ask the mother to be better able to understand the child’s feeding or growth. Ask the main questions and wait for the mother to answer. It is your duty to listen well to the mother to understand how she is caring for and feeding her child. To ensure that you have understood her correctly, repeat what she has said to confirm her answer.
To continue the example begun above, Fatah mother says that she breast-feeds him, but she also gives him Sakodana because she believes that she does not have enough breast-milk. Therefore,

CHW: “You said that you are breast feeding him, but you are also giving him Sakodana. Is that correct?”

As you are talking with the mother, making recommendations and discussing them with her, keep in mind the following points:
• Let the mother talk freely.
• Avoid lecturing her; keep it a two-way conversation.
• Identify the situation of the child according to what the mother says and begin to counsel her by giving her the recommendations indicated on the counseling card.
• Show her the drawings on the counseling card to illustrate what you are saying.

Step 2: Find out the location of mother answers and review the related recommendations in the card
In the example given above, the mother of the boy stated that she breast-feeds him but she also gives him Sakodana. Because he is three months old, you would choose the following advice and recommendations from counseling card-1. If we look to the answer of the mother there are two inter-related issues: Mother is feeding the child with breast milk but not following exclusive breast feeding, mother is feeding the child with some thing else that is Sakodana in this example therefore merging the recommendations of row-2 and row -6 of the card-2 are relevant for counseling.

Mother’s Response Discus the Recommendation
I don’t have enough breast milk. Therefore I am feeding the child with Sakodana

- Stop Sakodana
- Correct positioning and attachment if baby is not well-attached to breast.
- Breastfeed more frequently 10 to 12 times day and night to produce more milk.
- Mother herself should eat and drink more to help her make more breast milk
- Mother should take rest

Begin to counsel the mother, giving her the recommendations from the card and showing her the drawings to be sure that she understands what you are saying.

This part should not be a lecture, but a conversation during which you try to clarify the situation and how the mother can improve her practices. It is during this part of the discussion that you may negotiate with the mother about which changes she feels that she can make to improve her child’s situation.

Continuation of the example:

<table>
<thead>
<tr>
<th>CHW/ MSG</th>
<th>It is very important for Fatah health and growth that you give him breast-milk only until he is six months old. Make sure the baby is positioned and attached correctly to the breast. Breastfeed for longer periods as often as child wants, day and night. In this way you will have enough milk. At the same time, stop giving Sakodana. It is necessary for you to eat more and rest as much as possible. It will increase the amount of your breast milk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fawzia:</td>
<td>I know that breast-milk is good, but it is difficult, because I must work outside the home. Besides, I have so much to do in the house that I do not have time to be breast-feeding him every so often.</td>
</tr>
<tr>
<td>CHW/ MSG</td>
<td>Yes, it is a sacrifice when you have so much to do; Fawzia to work, you can express your breast-milk and store the milk in a clean cup or glass. The person who is taking care of Fatah can give it to him using a cup/spoon during the hours that you are away. When you are at home, it is better that you breast-feed him. For a child this young who is not growing well, breast-milk is very important.</td>
</tr>
</tbody>
</table>

While you are talking to the mother and giving her this advice, you should be showing her the counseling card drawings that match her situation.

**Step 3: REACH AN AGREEMENT WITH THE MOTHER**

Talk things over with her to reach an agreement. If the mother is not ready or willing to try all of the recommendations, find out why and see if you can discuss her reasons, and
suggest some ways she can help her child. Keep talking with her until both of you are able to reach agreement on 1 or 2 changes that she will make in the following weeks.

**Continuation of the example**

**CHW/ MSG** Of the recommendations we have talked about, what one or two changes, can you try in your home to help your child grow well?

**Fawzia** Well, I think I could try to breast-feed him more often, especially because he is not growing well and I do not want him to get sick; but it still seems difficult. How can I do it?

**CHW/ MSG** Sit comfortably. Put him to your breast more often. The more you breastfeed the child and empty your breast, the more milk you will make. It will take some work on your part, but it will be worth it. He is still very small and needs your breast-milk to get back to growing well.

**CHW/ MSG** Are we agreed then that in the next few weeks you will breast-feed him more often?

**Fawzia:** Yes. I do not know if I will be able to, but I am going to try. I do not like the fact that he has not gained enough weight this month.

**CHW/ MSG** Wonderful, Fawzia. Rokhshana (name of MSG member) will visit you in your home in three days time to see how things are going. Together you can work to make sure that your son is growing well.

**Step 4: Additional Counseling Issues**

Each card also contains some other issue for counseling which have high impact on child health. They are the following:

- **Immunization:** Make sure that the child and her/his mother has been fully immunized. Try to refer the eligible once for immunization.
- **Provide mothers of newborn babies with the post partum dose of vitamin A.** Encourage the child caretaker to present the child to vaccination team during national immunization days for polio eradication for vaccination and administration of Vitamin A.
- **In malaria endemic areas, explain the importance/Remind the mother of the importance of having all of her children sleep under a bed-net that has been treated with insecticide.**
- **Try to explain the importance of taking and playing with the child for there proper development.**
- **As CHW use the C-IMCI booklet to classify, treat or refer if a child is sick.**
- **Provide the child caretakers on importance of hand washing with soap after defecation, before eating, after cleaning the child, before feeding the child and before preparing food.**
• Council with the mother on family planning methods and provide it if necessary (refer to C-IMCI job aid).

Continuation of the example:

<table>
<thead>
<tr>
<th>CHW/ MSG</th>
<th>Before you go, Fawzia, I want to remind you that you should take Fatah to be immunized later this month, and that while you are at the clinic, you can show your immunization card and vaccinate your self as well. In addition, may I ask whether you and the children are sleeping under mosquito nets at night?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fawzia:</td>
<td>I do have a mosquito net, but I don’t know where to hang it.</td>
</tr>
<tr>
<td>CHW/ MSG</td>
<td>Rokhshna would like to visit you and Fatah in two or three days time to see how you are doing with the breast-feeding. Perhaps she could also help you with the bed-net. Well, Fawzia, it has been a great pleasure talking with you today. Please remember that Rokhshana will visit you in your house in two or three</td>
</tr>
</tbody>
</table>

**Step 5: Refer each child whose situation cannot be resolved in the community**

Whenever possible, families, with support from the CHW and member of the MSG, should solve problems with their children’s health and growth. However, there will be cases when it will be necessary to seek help from someone else in the community or the health facility. For example, child with cough and chest in drawing to be referred (follow C-IMCI instructions).

There are also other situations in which you should refer children or their mothers. For instance, you should refer:

- Any child with danger singes.
- Children and mothers who are due (or overdue) for immunizations
- Children who have **failed to grow** for two or more months.
- Children who have **diarrhea for more than 14 days**,
- Children who have **blood in their stools**,
- Additional case as per C-IMCI

**6. Home Visit**

Follow up of the improve practice agreement is main responsibility of member of The CHW and member of MSG. It is necessary to undertake follow-up activities to ensure that a mother carries out the agreement(s) that she has made during the session. Follow up activities can be carried out through home visits. In performing this activity the member of MSG/CNV has to pay more attention to the mother and reinforce the recommendations that have been made.

It is important to remember that there may be various reasons why someone does not carry out an agreement or may only do part of it. Some of those reasons are as follows:

- The mother does not understand the agreement.
- The mother or the family members are against the agreement.
• There are difficulties with carrying out the agreement such as: She does not have enough time to carry out the agreement or agreements or the husband or family is not giving the mother enough support. A family discussion will be needed to solve this problem.
• She forgot to carry out the agreement. Sometimes this happens because the practice or the agreement is not part of her daily routine.

A home visit is one of the most important activities that a member of MSG may carry out to help make sure that children are growing well. In case of need the member of MSG can ask the CHW to help her in home visits or carry out more than one visit. In any case it is important to carry out the visit during the first three days following the monthly session. This will help keep the child’s situation from getting worse.

Home visits provide opportunity:
• To discuss calmly with the mother the agreements that has been made during the weighing session.
• To ensure that a child who was sick at the GMP session has not gotten worse and she has consulted health provider at Health Facility
• To discuss other actions that perhaps were not so urgent at the time of the GMO session but that can also affect the health of the child.
• To give the mother direct support/ encourage family members to support mother
• To find out what the home situation is like
• To find out if referral has been carried out.

Deciding on need for the home visit depends on the judgment of CHW, member of MSG and outcome of discussion and counseling with the mother. But the following criteria’s can help to decide:
• Presence of New-born babies
• Mothers who are having problems with breast-feeding
• The child’s mother or both parents are dead and there is problem with feeding.
• Multiple births
• Children younger than six months who are not breast-fed
• Child is under 6 months and is not gaining weight, or has lost weight
• Children who have not grown well for two consecutive months
• Children who have little or no appetite
• Sick children
• The child has just been discharged from hospital after treatment for malnutrition
• Children who have missed a monthly session
• Concerns bout the welfare of the child in general
• Mother is unable to carry out agreed practices due to lack of support from other family members.
• The child whose mother is very ill.

For effective home visit it is necessary:
Prepare in Advance
- Plan the visit with the child Caretakers during the GMP session
- Collect all the necessary information on planned visits from the CHW.
- Before making the visit, review the information on the child.
- Gather and take along all of the counseling cards and other materials that you will need.
- Review, if necessary, the counseling card(s) used with that child and his or her mother during the monthly meeting, as well as any other that may be helpful.

Be pleasant
- Upon arrival, greet people in the house; chat with the mother in a friendly way to gain her trust and to help her understand that you are interested in the well being of her child.
- Remember you are there to help not to criticize. Be courteous.
- Don’t behave as if you know everything and the family knows nothing.
- Look for things to praise the parents about.
- Avoid any negative judgment (verbal or non-verbal) about mothers home environment

Watch the Home and the Surroundings
- Are they clean? Does the family look very poor? Are there too many people in the home?
- Where does the family get water? How is the water kept in the home?
- Is there a toilet and a covered container for rubbish?
- Does the family keep animals such as goats, chicken or sheep? Are these animals caged or not?
- Where does the family cook? Is it outside or in an enclosed kitchen? What fuel do they use? Do they have electricity?

Observe the feeding of the child
- If the child breastfeeds or eats while you are in the house, observe how it is done. Observe attachment and duration of breastfeed. Observe form of food
- If the child feeds him/herself, does anybody supervise him/her in order to see how much he/she eats?
- Does he eat from the same plate with older children or adults?
- Does the mother wash her hands or the child’s with soap and water before eating?

Ask who takes care of the child
- Do both parents live in the house?
- If only one parent is present in the home, where is the other one? Does she or he also care for the child in any way such as spend time or money on the child and family?
- Does the child’s mother work outside the house and leaves the child?
• Whether she sells in the market, works in an office, in the fields or anywhere else?
• How long is she away from home during the day?
• When she is not at home who looks after the child?
• Does she leave food for the child or discuss what food to give to the child?
• Is the food warmed before given?
• If somebody other than the mother looks after the child, ask if you can include her in the discussion.

Ask about the child’s feeding (using your counseling card)
• Does the child breastfeed? How many times?
• What other food is usually fed to the child? Is the food mashed?
• How many times a day?
• How much food does the child eat each time?
• Does the child eat from the same plate with older children and adults?

Help with food preparation and feeding the child, if possible, and if mother agrees to it
• Ask what food is available in the house today?
• If there is food in the house that can be prepared for the child, ask the caregiver if she is willing to prepare something to feed the child while you are present?
• If she agrees to that, you will be able to suggest any improvements she can make in the preparation.
• Find out who else in the household should or wants to be included in the discussion with the mother’s consent.
• Talk with the mother about any change in the child’s health or eating habits. If the child is sick, use the appropriate counseling card to decide whether to refer him or her for treatment.
• Ask the mother about the agreements she made with you during the monthly session to see whether she remembers them, and ask what her experience has been in trying to carry them out.
• If there are counseling cards that you did not use in the monthly session (for example, about feeding or cleanliness), so as not to confuse the mother, but which you should use now, use them with her now and reach new agreements with her.
• At the end of the visit, remind the mother what she should do and find out whether she needs support.

Involve others in the home visit
• Family members (husband, grandmother, mother-in-law, mother, and even the brothers or sisters of the child).
• Other people outside of the family who can offer support to the mother, such as a neighbor, or someone with authority who knows the family, such as the midwife/TBA. (Always talk with the mother and get agreement of her before involving another person from outside the family in the home visit).
7. Community Meeting

Both home and community must be good for children to grow well. For example, if a mother keeps her house very clean, but her children play in spaces that contain garbage and flies, the children will get sick. This is also true of water sources, food preparation, etc. It is therefore the responsibility of the community to take action to solve common problems to ensure that children grow well. Therefore the CHWs and MSGs have responsibility to mobilize community for well being of the children. Quarterly community meeting is the best forum for it. CHWs with the support of CHSs and facility staff developed the agenda and bar chart on progress of GMP and set date for the meeting in consultation with the respective shuras. At the first meeting, there is need to present the concept of GMP and the result of the baseline survey (preferably by Facility staff or CHS) while in the course of the subsequent meetings, the progress of the children’s growth during the preceding three months will be shared.

The following points to be considered for the better organization of the meeting:

- Seek support from community shuras and leaders.
- Set a date and time for the meetings that is convenient for the speakers and the members of the community.
- Inform the facility staff about the meeting in advance.
- Choose a convenient place with enough space for the community members.
- Find out ahead of time if a community leader or local organization would like to participate in the meeting to bring up a common concern related to children’s health and well-being.
- Ask mothers to encourage their husbands and the rest of the family to attend the community meeting.
- Make a list of all things to discuss at the meeting including the following:
  - The facts to present, who will present them and how they will be presented
  - Who will lead the discussion about the causes of problems and their Solutions?
  - Who will close the discussion and seek agreement about actions to carry out to make improvements?
- Make sure that the large bar graph is filled out correctly according to the monthly Summary (see 6.3)

It is important to create sense of ownership in community members, provide opportunity for them to understand and express their view and take action based on the identified problem for the well being of their own children. Therefore:

- **Welcome the participants:** Greet and welcome those who have come and thank them for attending.
- **Explanation about the growth monitoring and promotion program:** Review once again the importance of the health and well being of the community’s children. Invite local leaders to ask everyone’s support for growth monitoring and promotion.
- **Discussion of the growth and health of the community’s children**
o Present the information about the growth of the community’s children using the large bar graph. Be sure to point out the following:
  ▪ The number of children younger than 2 listed in the Register
  ▪ The number of children that attended each monthly weighing session
  ▪ The number of children who gained an adequate amount of weight each month
  ▪ The number of children who did not gain weight each month
  ▪ The number of children who did not gain weight for two months or more.
  o Present the information on trends over the period using the bar chart to show:
    ▪ Attendance
    ▪ Children who Gained Adequate weight.
    ▪ Children who did not gain weight
    ▪ Children who did not gain weight for 2 consecutive months or more
  o Are families participating monthly? If not, are there certain months in which attendance is low or is there a general tendency not to participate?
  o Is the GMP program having the expected effect upon child growth?
  o Are children growing adequately, and if there are problems in growth, are the children recovering quickly?
  o Every 3 months, you will also show the bar charts of those four months to the community to explain to them how the children of the community are growing.
  o Point out which months had good or bad participation (attendance).
  o Ask questions to encourage members to express their opinions about the situation of the community’s children

• **Close the meeting** by thanking everyone for his or her presence and participation. Read out the agreements that have been reached as well as who is going to make sure that actions are taken on the agreements. Set a date, time, and place for the next meeting, with the agreement of majority of members. After the meeting, record the agreements reached with the support of CHS or any literate member of the community to share them with the health facility staff/your supervision.

8. **Supportive Supervision**

Supervision simply means, “help to make it work”. To do it the following points to be considered:

• Visit teams when they are conducting GMP session:
  o Observe the quality and quantity of work.
  o Assess skill and knowledge of CHW and member of MSG.
  o Find good practices and motivate team members.
  o Find weakness and problem, look for suitable solution and provide on the job training.
  o Assess use of resources, community participation and mobilization.
- Observe the quality and quantity of work: Observe Teams when they are providing services. Be with teams from the beginning till end of the GMP session.
- Review the documents:
  - Registration.
  - Growth monitoring charts
  - Monthly graphs
  - Community meetings minute.
- Review number of eligible children present in the current session and compare it with the expect number.
- Conduct Interviews with:
  - CHW and member of MSG
  - Child caretakers
  - Community shura members and leaders

For effective supervision:
- Have professional knowledge and skill of the GMP.
- Participate in the planning process.
- Participate in GMP training
- Make supervision plan and schedule.
- Have GMP required supply during supervisory visit.
- Share supervisory finding with team members. Develop teamwork environment, discusses and decide as a team.
- Solve problems at the field level.
- Use supervisory checklist (see anex-4)
- Do follow up activity.
- Include summary /analysis of the supervisory activity/finding in your final report.

At the End of the visit conduct a meeting with the team, share findings, ask their opinion and make plan of action to improve the quality and quantity of the work.

Follow – up is the last but not the least step in supervision chain!

9. Recording and Reporting

9.1. Growth Monitoring Chart (see 4.3.2.2)

9.2. Monthly Reporting Format
Each CHW has to submit the monthly reporting format (see annex-3) to the respective health facility. The source of information for the report is the duplicated monitoring charts of each child that is kept with the CHW and the register (to report on number of eligible children). The CHS will help the CHW to prepare the monthly report.
9.3. *Monthly and Quarterly Bar Charts*

At the end of each month bar chart need to be developed to present the progress of GMP to the respective community shura/gathering. The bar chart comprised of 5 columns:

**Column 1**
Shade in one of the boxes representing the total number of children aged 0-23 months (source of information: CHW register).

**Column 2**
Shade one box for each of the children aged 0-23 months who attended the monthly growth monitoring and promotion session (source of information: monthly report).

**Column 3**
Shade one box for each of the children aged 0-23 months who Gained Adequate weight this month.

**Column 4**
Color or shade one box for each of the children aged 0-23 months who attended this month and did not gain weight.

**Column 5**
Color or shade one box for each of the children aged 0-23 months who did not gain weight this month and last month.

The Health facility staff will assist the CHW to use the bar charts, which have been compiled 3 months to prepare quarterly bar chart and show trends of growth:

- % Monthly attendance
- % Children who gain weight
- % Children who did not gain weight
- % Children who did not gain for 2 months.

**Example of bar Graph**

Name of the Community_________________________________ Year _________
Health Facility____________________________________________ Month __________
Village
District_____________________________________________________
Province_____________________________________________________

Variable No.
1. Number of children younger than 2 years in the register 25
2. Number of children younger than 2 years that attended this month 23
3. Number of children younger than 2 years with adequate growth this month 17
4. Number of children younger than 2 years with inadequate growth this month 6
5. Number of children younger than 2 years with inadequate growth this month and last month 3

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10. **Annex-1:**
   Growth Monitoring Chart

11. **Annex-2:**
    Counseling Cards

12. **Annex-3**
    Reporting format
13. *Annex-4*

*Supervisory Checklist*