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The Future of Counseling within Growth Monitoring and Promotion

A Learning Agenda to Shape Policy
and Programming Priorities

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*Hosted by the Nutrition subgroup of
the Child Health Task Force*



Photo credit: Kamal Deen Djabaku/JSI

Introductions



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BACKGROUND

What is growth monitoring and promotion (GMP)? What is the current state of GMP?

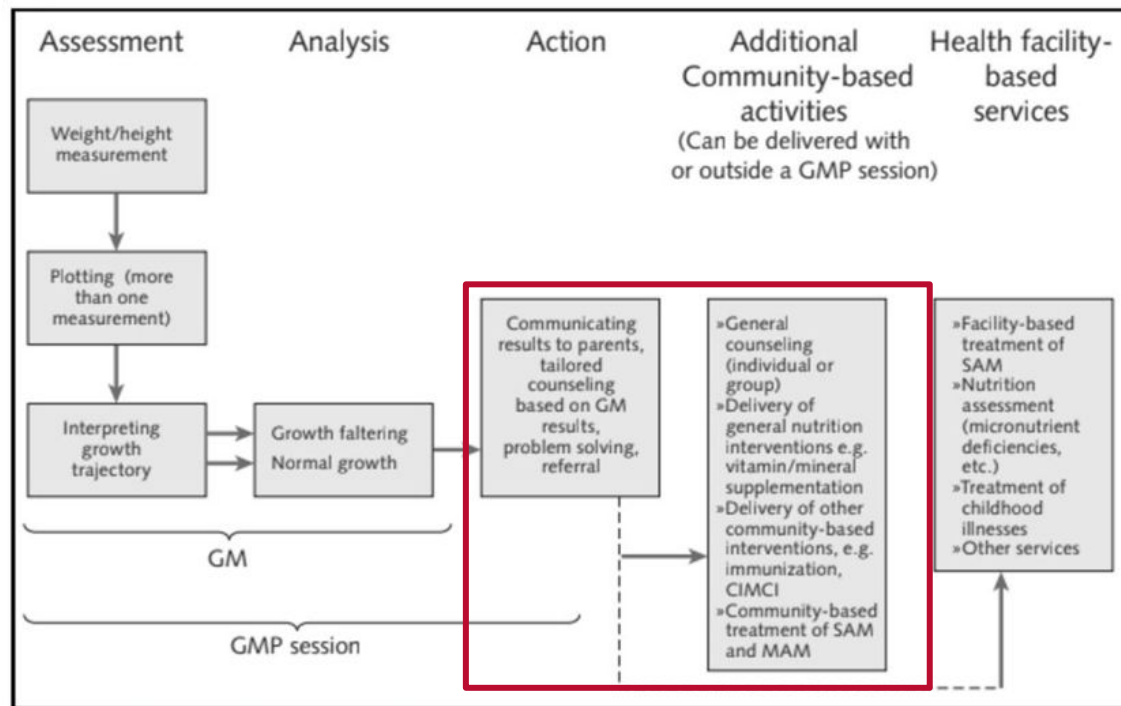
Current State of GMP

- GMP is an important entry point for preventive care and essential child health, nutrition, and development services.
- Programs have seen varying levels of quality and success so country leadership and global teams are working to strengthen GMP.
- 2018: global thought leaders recommended a paradigm shift, including to better integrate child development and strengthen the “P”.
- 2022: experts convened to discuss advances; counseling within GMP remains a gap.



Photo credit: SPRING

GMP Framework



Adapted from: Mangasaryan, Arabi, and Schultink. 2011, p. 47

CIMCI: community-based integrated management of childhood illness | SAM: severe acute malnutrition | MAM: moderate acute malnutrition

Definitions

- Growth promotion is “tailored counseling based on the growth monitoring results and follow-up problem-solving with caregivers” (Mangasaryan, Arabi, and Schultink 2011, 46).
- Quality counseling in GMP is when **“adequacy of growth determines content and intensity of counseling, [and] nutritional negotiation [and] targeted materials are used”** (Griffiths, Dickin, and Favin 1996).



Photo credit: USAID

Evidence on Counseling within GMP

- Growth monitoring leads to improved nutritional status (reduction in child underweight) when implemented with nutrition and health education, and access to primary healthcare services (Ashworth, Shrimpton, and Jamil 2008).
- Growth monitoring or simply weighing children with no or generic counseling has little effect on nutritional status (Ashworth, Shrimpton, and Jamil 2008).
- Counseling within successful GMP programs included—
 - individual and group sessions
 - community-level workers/volunteers
 - high participation (Ashworth, Shrimpton, and Jamil 2008; Griffiths and Del Rosso 2007; Ramage 2018).

Challenges: Constraints to Health Worker Capacity

- Tasks seen as the “most technical” (e.g., measurement and plotting) receive more attention than counseling
- Inadequate supervision due to insufficient time and funding
- Poorly designed job aids centered on generic messages rather than tailoring counseling



Photo credit: Juozas Cernius/Global Communities

Challenges: Enabling Environment

- Staffing shortages limit time health workers can spend with each child, which means counseling often gets cut short or cut all together
- Infrequent attendance prevents health workers from having an accurate growth trend to refer to during counseling



Photo credit: Kate Holt/MCSP

Challenges: Integrating Early Childhood Development (ECD) into GMP

- Children require actions beyond the health sector to thrive and achieve their health and human potential (WHO, UNICEF, and World Bank 2018)
- Integrating ECD into GMP is an opportunity, but may be challenged by health worker workload, supervision, terminology, and monitoring systems (DiGirolamo et al. 2014)



Photo credit: Andrew Cunningham/JSI

Challenges:

Tracking and Measuring Counseling

- Indicators for counseling coverage exist, but not for quality of counseling
- As a result, some countries track whether counseling was provided, but not the quality of counseling



Photo credit: Kamal Deen Djabaku/JSI



LOCAL SOLUTIONS

What works?

Local Solutions: **Strengthen Capacity**

- Support health worker performance through practice-oriented or competency-based training, mentoring, and supportive supervision (Ashworth, Shrimpton, and Jamil 2008; Begin et al. 2020; GFF 2020)



Photo credit: Thomas Cristoforetti/USAID

Regular exchange of experiences between nearby facilities can also be helpful. This exchange should not be for monitoring and checking, but to assist each other.

— *Health worker, Suzak Rayon, the Kyrgyz Republic*

Local Solutions: Recognize the Counselors

- Recognize counselors for their work and ensure they are not overburdened to motivate them to provide quality counseling (Griffiths and McGuire 2005)
 - For example, in-kind, community recognition (Honduras) or public recognition through newspapers and radio (Uganda)

Table 4 Incentives provided to the AIN-C programme monitors

| Type of incentive | Frequency with which monitors receive them | Cost (lempiras) |
|--|--|-----------------|
| Identification card | Only once | 30 |
| Free MOH health care | Annually | 50 |
| Diploma | Only once | 3 |
| Carrying bag | Only once | 50 |
| Letter or recognition from MOH Regional Office | Annually | 2 |
| Party at end of the year | 80% receive it annually | 80 |
| Piñata on International Children's Day | 33% receive it annually | 28 |
| Average annual cost per monitor | | |
| First year | | 243 |
| All subsequent years | | 160 |
| Average hourly cost of a monitor | | |
| First year | | 1.36 |
| All subsequent years | | 0.90 |

Source: Fiedler et al. 2008

Make the monitors feel important...they will be interested in the child, if they are shown that they are an important actor, and there will be better results since they help to weigh, measure and give counseling.

— *Health promoter, Santa Bárbara Department, Honduras*

Local Solutions: Improve the Experience of Care

- Better integrate physical growth and other domains of development (socioemotional, cognitive, verbal) to make the content meaningful to families.



Photo credit: Bishnu Prasad Ghimire for USAID Advancing Nutrition

Local Solutions: Improve the Experience of Care

Understand caregivers' concerns and needs:

- To increase trust and dialogue
 - For example, *Nourishing Connections* opens with personal questions for both the health worker and caregiver (Breakthrough ACTION 2021)
- To facilitate tailored recommendations (i.e., local foods and resources, integration of child growth and development)



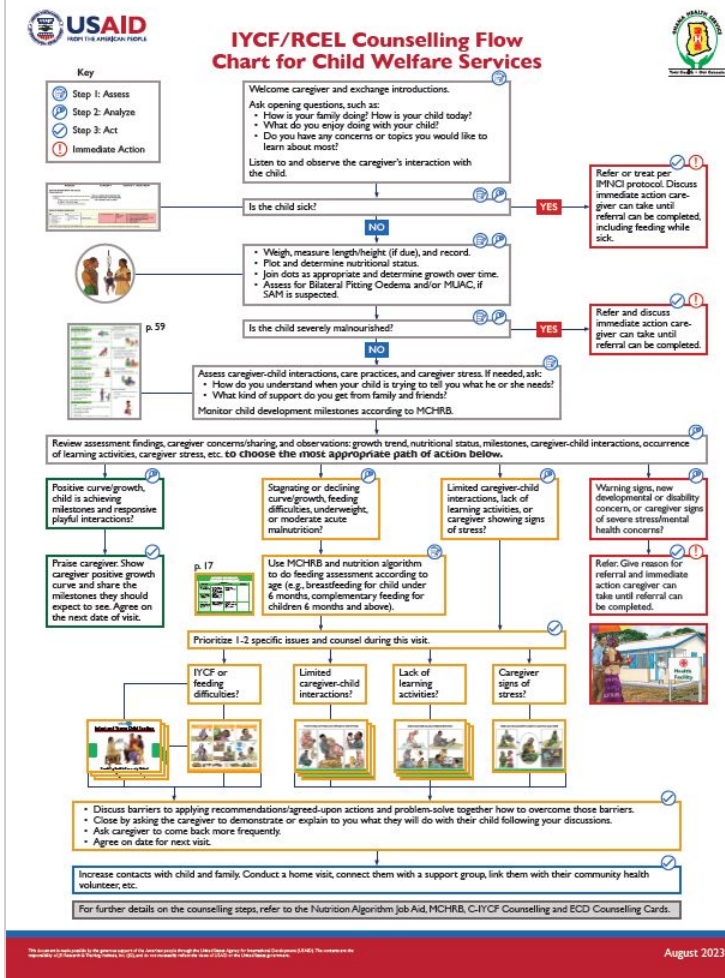
Photo credit: Kate Holt/MCSP

The mother who comes regularly, we use...words of encouragement...sit with her and identify the gaps...[and] find a solution to solve the problem...As for the one who does not come or a defaulter, we...teach the importance, benefit...On her first visit...we would take a topic in order not to stress her and ourselves and concentrate on this topic. On her next visit, we would then ask her on the last topic we treated before taking another topic and we continue in this manner until she captures all.

— *Health worker, Bauchi State, Nigeria*

Local Solutions: Make Counseling Easier to Do

- Task shift (e.g., volunteers follow up through home visits)
- Carefully design job aids to streamline workflow
 - Prioritize counseling for children who are most at risk of malnutrition or developmental delays
 - Prioritize specific topics for individual children based on the child's age, assessments, observation of interactions, caregivers interests and concerns



The best way of counselling is at home, because it is more relaxed, whereas in a health facility, everyone is in a hurry with husbands rushing wives. While when health workers make house calls, they have the opportunity to gather all family members together, which helps to ensure that everyone is equally invested in the child's development. By involving everyone in the conversation, health workers can promote a sense of shared responsibility and encourage families to work together to support their children's growth and well-being.

— *Health worker, Suzak Rayon, the Kyrgyz Republic*

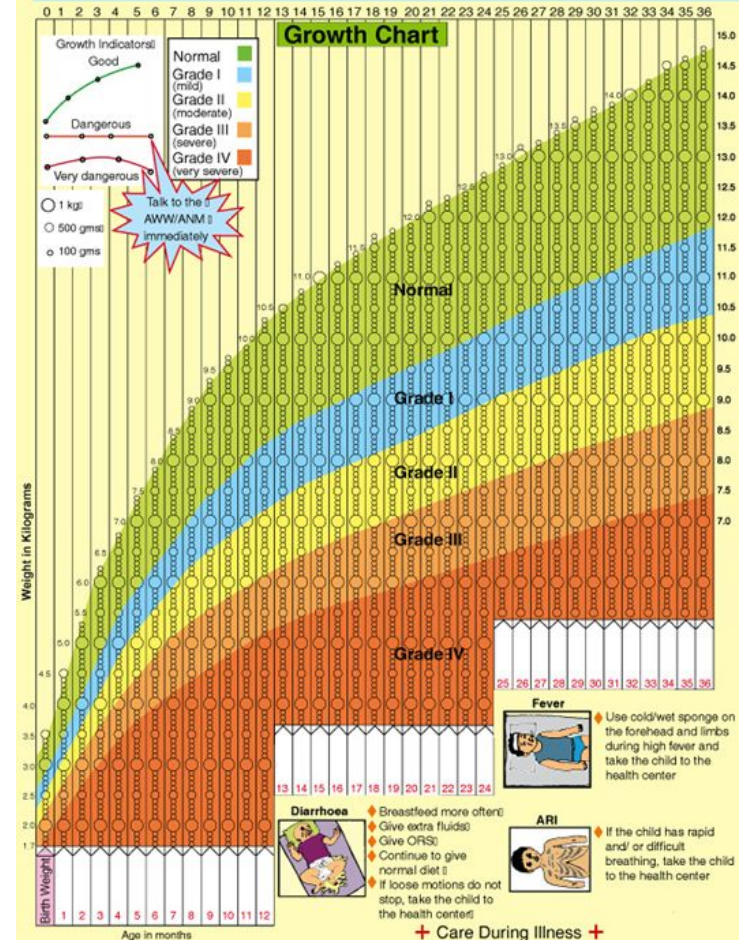
...in a situation when you know that you don't have so much time, you can now focus on the most important thing to discuss based on the problem you have found in that child. You don't have to talk about it from the beginning to the end...you may not have time to be talking about that...

— *Health worker, Bauchi State, Nigeria*

Local Solutions: Make Counseling Easier to Do

- Ensure job aids are practical, easy-to-use, colorful, and interesting
- Carefully design job aids to visualize growth (e.g., bubble charts) and development and enhance counseling
- Consider digital tools when appropriate
- Base on formative research on what is acceptable and feasible for families to try

Have your child weighed at the AW centre regularly



Local Solutions: **Support Caregivers to Follow Through on Counseling**

- Engage family members during counseling sessions or through community groups to encourage optimal care and feeding practices given their influence and context-specific family system dynamics (Martin et al. 2021).
- Develop tools to guide and track practice of behaviors covered during counseling (e.g., Wheel of Practice for Better Living) (Hurtado et al. 2020).
- Engage communities (e.g., through local media) and create links and referrals to other services (e.g., social services)



Photo credit: USAID



LEARNING AGENDA

What is *next*?

Learning Agenda Development Process



Draft Learning Agenda

- Preconditions to quality counseling
- Achieving quality counseling
- Creating a supportive community environment
- Tracking and monitoring counseling



Photo credit: Igor Dashievsky

Revised Draft Learning Agenda:

I. Preconditions to Quality Counseling

- I. Test the effectiveness of different GMP models on coverage, quality of health worker counseling, caregiver experiences and practices, and child nutritional outcomes.
 - What type of GMP models (e.g., counseling intensity based on age or location) would enable health workers to provide quality counseling?
 - What type of GMP models (e.g. combined with other platforms) would encourage frequent attendance?



Photo credit: Kamal Deen Djabaku/JSI

Revised Draft Learning Agenda:

I. Preconditions to Quality Counseling

2. Conduct implementation research to test methods for developing health worker competencies for quality counseling and create supportive systems to effectively deliver the promotion component of GMP.
 - What are the competencies required for quality counseling? How can we strengthen them to meet the needs of caregivers?
 - How can we best support different cadres to provide quality counseling within GMP? How can they share responsibilities?
 - What are the best ways to support motivation of health workers (e.g., recognition)?
 - What management practices can ensure GMP programs are effectively resourced and supported? How can health systems meet staffing needs?

Revised Draft Learning Agenda:

2. Achieving Quality Counseling

- I. Identify and test ways to support health workers in identifying children for counseling and provide tailored counseling.
 - What criteria and thresholds within those criteria inform decisions to provide in-depth tailored counseling?
 - What digital approaches can be used for this?



Photo credit: Kamal Deen Djabaku/JSI

Revised Draft Learning Agenda:

2. Achieving Quality Counseling

2. Introduce improved guidance and tools on counseling with a clear structure and feasible options based on context-specific research co-created with health workers and caregivers to test their effectiveness.
 - What does quality counseling look like in less-than-ideal contexts (e.g., no growth trend available)? How can we support quality counseling in these contexts while working toward making the context more optimal?
 - How can we update existing job aids to help improve the experience of care to meet caregivers whether they are based on their needs and local context? How can we update existing job aids to make counseling easier?
 - How effective are these job aids in strengthening the quality of counseling to improve child nutrition and development outcomes? How could they be more effective?
 - How could we engage decision-makers to support improved counseling guidance and tools and introduce them into the system?

Revised Draft Learning Agenda:

2.Achieving Quality Counseling

3. Test and apply approaches for tailoring GMP counseling with all domains of child development, not just physical growth.
 - Is there a need and benefit to integrating counseling to support ECD into GMP? If so, how can we better integrate child growth and development during GMP? At a minimum, what elements of ECD are most suitable for incorporating into counseling within GMP?
 - How does the integration of growth and development during GMP counseling vary by context?
 - How can health workers and caregivers better understand and take a more holistic approach to preventive care through GMP counseling (e.g., visualization, resonance based on context)?
 - How effective is a digital tracking and decision support tool developed using USAID Advancing Nutrition's *Guidance Package for Developing Digital Tracking and Decision Support Tools for Growth Monitoring and Promotion Services* in strengthening the quality of counseling to improve child nutrition and development outcomes?

Revised Draft Learning Agenda:

3. Creating a Supportive Community Environment

- I. Test and apply context-specific approaches for mobilizing family support for care and feeding practices in between GMP contact points and encouraging their attendance at GMP.
 - How can GMP programs engage family members other than the mother to ensure follow-through of counseling recommendations?
 - How can health workers best engage family members during GMP counseling at the facility? During outreach? During home visits?
 - What types of take-home materials would encourage continued family support?



Photo credit: Bishnu Prasad Ghimire for USAID Advancing Nutrition

Revised Draft Learning Agenda:

3. Creating a Supportive Community Environment

2. Develop and test ways to equip health workers involved in GMP with information on other programs (e.g., social protection, health, and nutrition projects) in their working area so they can link caregivers to those programs.
 - What kind of process to link health workers with other programs in their working areas would enable them to provide actionable recommendations during counseling for caregivers with low economic means?
 - How can GMP programs engage communities in ensuring they address the social and environmental factors contributing to undernutrition?



Photo credit: Andrew Cunningham/JSI

Revised Draft Learning Agenda:

4. Tracking and Monitoring

- I. Identify effective systems and processes to measure, track, and use information on counseling provided during GMP.
 - Which indicators can effectively measure quality counseling and its dimensions in GMP?
 - How should we measure success of programs that integrate nutrition and ECD?
 - How can we track indicators for quality counseling and success of GMP programs and use them for quality improvement?
 - What impact does measuring the quality of counseling have on health worker and supervisor behavior and financing?
 - What tools would help health workers and caregivers track agreed upon actions discussed during counseling?



Question and Answer Session



CLOSING REMARKS

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Connect with us

Engage with the **Nutrition subgroup co-chairs:**

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Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website: <https://www.childhealthtaskforce.org/subgroups/nutrition>

**The recording and presentations from this webinar will be available on this page in a couple days*

Join the Child Health Task Force here: <https://bit.ly/joinchtf> & follow us on LinkedIn:
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Listening Sessions with Health Workers

- Conducted listening sessions with health workers to gather technical inputs and ensure the voices of health workers are included in the development of the learning agenda
- Held five listening sessions with GMP providers – 2 in Honduras, 2 in Nigeria, and 1 in the Kyrgyz Republic
 - 7–11 health workers in each
- Focused on three core open-ended questions with probing and extensive discussion
 - How is counseling within GMP going in your communities?
 - What do you think caregivers want during a GMP counseling session?
 - What do you need to make counseling more effective to respond to what caregivers want?