Summary Report of the Convening on “Rethinking Growth Promotion: New Approaches for Results in the SDG Era”

Washington DC – October 24-26, 2018

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Acknowledgments

This report summarizes the global convening on "Rethinking Growth Promotion: New Approaches for Results in the SDG Era," held in Washington, DC from October 24-26, 2018.

The report was prepared by Silvia Holschneider (Consultant, Global Financing Facility), with support from Julie Ruel-Bergeron (Nutrition Specialist, Global Financing Facility) and Leslie Elder (Senior Nutrition Specialist, Global Financing Facility and World Bank). We thank the members of the technical committee, France Begin (Senior Advisor, Early Childhood Nutrition, UNICEF), Marcia Griffiths (President, The Manoff Group), Ellen Piwoz (Senior Program Officer, the Bill & Melinda Gates Foundation), Abby Ramage (Consultant, Global Financing Facility), and Meera Shekar (Global Lead for Nutrition, World Bank), for their inputs to this report and more broadly, for their continued and passionate engagement and support in preparation for, during, and after the global convening. We also extend our sincere gratitude to Adama Davida Taylor and Victor Arias for their logistical support related to this meeting, and for facilitating the participation of partners and colleagues from 13 countries across three regions.

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ACRONYMS

AWW	Anganwadi workers (India)
BMI	Body mass index
CCT	Conditional cash transfer
CHW	Community health worker
CRS	Catholic Relief Services
ECD	Early childhood development
GFF	Global Financing Facility
GM	Growth monitoring
GMP	Growth monitoring and promotion
HCD	Human-centered design
HIS	Health information system
HMIS	Health monitoring information system
IDA	International Development Association
IPC	Interpersonal communication
IYCF	Infant and young child feeding
LMIC	Low and middle-income countries
MDG	Millennium Development Goal
MIYCN	Maternal, infant, and young child nutrition
MOH	Ministry of Health
NGO	Non-governmental organization
NNP	National Nutrition Program (Cambodia)
RMNCAHN	Reproductive, maternal, neonatal, and child health and nutrition
SBCC	Social and behavior change communication
SDG	Sustainable Development Goals
UHC	Universal Health Care
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

Executive Summary

This report provides a summary of the first two days of a three-day convening *"Rethinking Growth Promotion: New Approaches for Results in the Sustainable Development Goals (SDG) Era."* The purpose of the convening was to review the global empirical and experiential evidence around growth monitoring and promotion (GMP), to examine the evidence and results of GMP, and to discuss how we may do things differently considering the Sustainable Development Goals (SDG). Held in Washington, DC from October 24-26, 2018, the meeting was organized by the Bill & Melinda Gates Foundation, the Global Financing Facility, The Manoff Group, UNICEF, and the World Bank Group. Over 60 thought leaders, country implementers, and scientists came together to engage both broadly and deeply on many critical challenges and questions that surround growth monitoring and promotion in low and middle-income countries (LMIC).

The objectives of the convening were to:

1. Propose a paradigm shift that positions child growth and development in the context of SDGs, Universal Health Care, and the World Bank Group's Human Capital Project
2. Discuss how best to promote optimum child growth and development at scale
3. Discuss better use of growth data visualization for decision-making and accountability
4. Discuss innovations in Social and Behavior Change Communication (SBCC) approaches in this renewed context
5. Propose a new terminology that best encompasses this paradigm shift
6. Together with the practitioners in the room, learn, curate and share 21st-century technologies, tools and approaches to promote child growth and development and develop new tools/approaches as needed

The convening provided a valuable experience-informed discussion about GMP and the paradigm shift needed for repositioning GMP in an era where there are global movements to better integrate child growth and development in the first years of life. It gave participants an important first-time opportunity to openly reflect on GMP programs and what can be done differently in the future to support and enhance child growth and development. Below is a summary of the highlights on this topic.

What is known about GMP and what could be done better in the future?

Summary points of what we know and learned about GMP, and identified challenges	What could be done better in the future?
Design and Implementation	
• GMP allows for frequent contact with health workers and provides an important entry point to other child health interventions. • Governments throughout the world see GMP as a critical platform for improving child health and nutrition: Most countries have some type of	• Move away from the focus of GMP as an intervention to a focus on using frequent contacts with caretakers as an entry point to promoting child growth and development and delivering other essential nutrition and child health and development services. • Improve measurement tools, training, skills of health workers, performance support, strengthen referral linkages, provide standardized, clear, and

<table>
<tr><td>program to monitor, track, or promote children’s growth.
Challenges:
- Coverage varies widely, is generally low, and it takes a long time to achieve even modest coverage.
- Poorly functioning health information systems for data transmission and sharing.
- Lack of field-friendly tools, inaccurate measurements, little to no use of data for decision-making, insufficient capacities of community health workers (CHWs), and poor quality of services.</td><td>consistent guidelines, and improve data use for decision-making.
Conduct additional research to improve targeting, scale, scalability, and cost-effectiveness of programs that promote children’s growth and development.
Conduct additional research on incentivizing CHWs and/or ensuring that they are part of the health system.</td></tr>
<tr><td>The determinants of stunted child growth and stunted development do not perfectly overlap: improved linear growth does not de facto lead to, or is sufficient for, improved development outcomes.
The prenatal period is critical for growth since 20% of poor child growth in LMIC is attributable to fetal growth restriction.
Challenges: Promotion of development and promotion of growth require different interventions that are aligned with each of their distinct causal pathways.</td><td>Tailor interventions that are specific to child growth and child development. Child development has a wider window of opportunity and impact beyond two years of age.
Work toward building a comprehensive intervention package that addresses the determinants of neurodevelopment, including nutrition as well as other aspects of nurturing care and learning opportunities.
Invest in testing programmatic approaches that can be integrated into existing growth promotion programs to improve prenatal health and nutrition. One example could be monitoring and promotion of appropriate weight gain during pregnancy.</td></tr>
<tr><td>There is no standardized approach to delivering GMP: it means many things to many people, with significant variations in conceptualization and implementation.
Challenges: The lack of a standard definition and approach limits program designers’ abilities to apply common concepts or lessons from one setting to another.</td><td>Develop a common understanding of GMP models, including how to implement GMP at different levels of health system readiness and coverage, and the prevalence/burden of malnutrition
Develop standard guidelines and protocols around the promotion of growth and development (e.g., growth, timing, types of measurements, child development) for different “types” or categorization of countries.</td></tr>
<tr><td>Generally, GMP is not being rolled out as a stand-alone intervention but as part of an integrated package. Many countries are already using GMP as a platform upon which to more holistically address the basic,</td><td>Improve engagement of not only the health sector but also other sectorsin GMP and child growth during the first 1,000 days.
Develop guidance on how to use GMP as an entry point for other sectors (e.g., early childhood</td></tr>
</table>

underlying, and immediate determinants of child growth and development. This includes, for example, integrating child development interventions and messaging. • ***Challenges:*** Multisectoral integration is particularly challenging due to differences in priorities among various stakeholders; financing and commitment shortfalls; lack of clear, updated guidelines and protocols; high workloads and poor supervision of CHWs; difficulty in reaching optimal coverage especially in hard-to-reach areas; and inadequate health information systems.	education and social protection) to contribute to improving child growth and development.
• There is ample evidence that SBCC approaches can improve nutrition practices during the first 1,000 days. How, then, can we best use the evidence from the SBCC nutrition literature to strengthen the “P” in GMP? • ***Challenges:*** The quality of counseling and provider-client communication during GMP is weak, and there is no clear definition of the "promotion" or "P" component in GMP. There is a lack of awareness of the importance of linear growth among parents and caregivers.	• Strengthen and emphasize the “P” in GMP. Innovations include the use of human-centered design to adapt messages to beneficiaries better, ensuring consistent message delivery during GMP, reinforcing messages through multiple communication channels, and using GMP services to link caregivers to other community-based health and nutrition services. • Strengthen health worker capacity to counsel caretakers by improving the quality of pre-service and in-service training, inputs (i.e., training manuals and training itself), performance support, clear and consistent guidelines on when and how to conduct counseling, and conducting continuous monitoring and evaluation. • Invest in the development of indicators that measure coverage and outcomes of growth promotion. • Develop strategies for improving the "P" with existing limited resources, for example by capitalizing on existing technologies (e.g., mobile phones) to enhance counseling or freeing up health workers’ time through measurement innovations so that they have more time for promotion.
Innovations and Tools	
• There are promising technological interventions to address measurement and supervision obstacles in GMP.	• Generate and disseminate evidence of the impact and cost-effectiveness of technological interventions.

• The strengths and challenges of different tools and innovations are outlined in Table 1 in the report.	
Growth Data for Decision-making and Accountability	
• Growth monitoring data can be powerful for stimulating action and accountability for child nutrition and development at household, community, and sub-national levels.	• Evaluate the impact of various programs and tools for tracking and using child growth data for accountability and decision-making. • Improve the utility of GMP by ensuring accurate tools and indicators for using data for decision-making and accountability. Provide support for skilled facilitators for community-decision making.
Terminology	
• Key audiences do not understand the term GMP very well, and it needs to resonate better with caregivers.	• Revisit the term "GMP" as it may not accurately capture the integrated and holistic GMP that retains its roots in growth but also incorporates child development objectives. • If developing new terminology, it may need to be more aspirational and focus more on child growth and development objectives.

Conclusions

As per the stated objectives of this convening, there is an identified need to rethink the role of GMP in the context of an evolving global context that prioritizes and sets targets requiring integrated approaches to improve child growth *and development*. Some of these global movements and targets include the SDGs, Universal Health Care objectives, and the emphasis on human capital development that was recently launched through the World Bank's Human Capital Project. The GMP platform has the potential to be a delivery channel through which to achieve these global objectives. However, impact on child growth and development that has a strong reliance on GMP – either as an intervention or as a platform – is not possible without a paradigm shift in how the platform is used, the quality with which GMP and other services are delivered through it, and minimum coverage levels that are much higher than what is currently being achieved globally.

This convening served as a starting point to a broader and deeper engagement that will be needed not only to revisit the role and value of GMP generally, but also to discuss and promote an evolution of GMP to better use data for decision-making at all levels, and to move beyond growth to a child-centered, holistic, scaled approach that also promotes child development. As indicated in the summary table above, discussions during the convening were rich and reminded us of the long-standing challenges and difficulties in delivering high-quality GMP sustainably, efficiently, and at scale. In parallel, however, exciting technological and programmatic innovations gave hope for the type of support that is increasingly becoming available to overcome many of these identified challenges, particularly those related to measurement, SBCC, and motivation and supervision of community health workers, among others.

Lastly, the discussions and presentations during this important meeting brought forth additional considerations for GMP. These included, for instance, how to tackle the prenatal period given the influence of preconception and prenatal nutrition status on child health and nutrition outcomes. Also, how to incentivize and motivate high-quality implementation of activities, including growth measurement without losing sight of promotion activities, be it through a focus on better incentives and tools for community health workers and supervisors, higher quality and more frequent training, or both. And finally, how to leverage and coordinate other sectors to achieve a common goal of improving child growth and development.

1 INTRODUCTION AND BACKGROUND

Regular assessment of growth and development is critical during infancy and early childhood and standard practice around the world. Over the last four decades, countries have implemented various types of growth monitoring (GM) and growth monitoring and promotion (GMP) programs, based in communities or health facilities, which offer a range of services and growth measurements with varying degrees of success and many lessons learned. Most of these programs monitor weight-for-age but tracking length and height, though more difficult to measure, is increasingly recognized as a more critical marker of healthy growth and development. Evidence of the effectiveness of GMP – either as a facility-based intervention or as a community platform for reaching families with infants and young children during the postnatal period – is limited and recent studies are rare. There have been no recent efforts to capture the extensive experiential learning from efforts to integrate growth and developmental assessment into health and community-based programs, including documentation of the use and effectiveness of new and innovative tools for length or height measurement, or analysis for which models work in different nutrition-epidemiologic and health system readiness contexts. Nevertheless, governments throughout the world see GMP as a critical platform for improving child health and nutrition, as outlined in their national reproductive, maternal, neonatal, and child health and nutrition (RMNCAHN) investment cases and policies.

Given these circumstances, a convening titled "*Rethinking Growth Promotion: New Approaches for Results in the Sustainable Development Goals (SDG) Era*" was held in Washington, DC from October 24-26, 2018. The purpose of the convening was to review the global empirical and experiential evidence around GMP, to examine the evidence and results of GMP, and to discuss how we may do things differently in an era where there is evolving evidence, resolutions, and global movements to better integrate child growth and development in the first years of life. These include the SDGs, calling for more comprehensive and integrated development goals (United Nations n.d.), the World Health Organization's Nurturing Care Framework (WHO 2018), and the World Health Assembly global nutrition targets (WHO 2014). The meeting was organized by the Bill & Melinda Gates Foundation, The Global Financing Facility (GFF), The Manoff Group, UNICEF, and the World Bank Group. Over 60 thought leaders were invited to participate, including staff from each of the organizing institutions and other global organizations working on child nutrition, as well as country governments and implementers involved in supporting nutrition programs and policies in Cambodia, Ethiopia, Guatemala, India, Indonesia, Madagascar, Nepal, Peru, Rwanda, Senegal, and Tanzania (See Annex 1 for the Agenda and Annex 2 for a detailed Participant List).

1.1 OBJECTIVES

The objectives of the convening were to:

1. Propose a paradigm shift that positions child growth and development in the context of:
    a. SDGs: All forms of malnutrition
    b. Universal Health Care (UHC)
    c. Human Capital Project
2. Discuss how best can we promote optimum child growth and development at scale. This includes what to measure, at what frequency, for which age groups, and using what tools

3. Discuss better use of growth data visualization for decision-making/accountability
4. Discuss innovations in Social and Behavior Change Communication (SBCC) approaches in this renewed context
5. Propose a new terminology that best encompasses this paradigm shift
6. Together with the practitioners in the room, learn, curate and share 21st-century technologies, tools and approaches to promote child growth and development – and develop new tools/approaches as needed

As background to the convening participants, two papers were drafted: 1) A Review of Growth Monitoring and Promotion Programming, which provided an overview of GMP, the challenges and lessons learned with implementation, and summarized the impact of GMP globally with a focus on evidence generated in the last 10 years; and 2) Promoting Healthy Growth and Development among Infants and Children: The Role of Social and Behavior Change Communication and Guidance for Future Programming, which reviewed the evidence of SBCC in changing nutrition practices during the first 1,000 days, increasing demand for GMP or other health and social services, and strengthening social networks and supportive norms for GMP. In addition, the paper examined the supply-side factors needed to support frontline workers in carrying out effective counseling during GMP or other SBCC interventions related to infant and child growth.

2 Summary of the Conference Proceedings

2.1 Opening

Olusoji Adeyi, Director, Health Nutrition and Population Global Practice, World Bank Group

Dr. Adeyi opened the meeting with a brief mention of the World Bank Group's Human Capital Project, which highlights the need to accelerate investments in human capital, or people, through nutrition, health care, quality education, jobs, and skills. He challenged the audience to reflect upon and rethink the original GMP approach and to synthesize and update a persuasive argument for why donors and governments should use limited investments for GMP, rather than other interventions. He concluded by noting that we need to make the most use of the first 1,000 days by "investing wisely and investing profitably."

Meera Shekar, Global Lead for Nutrition, World Bank Group

Dr. Shekar provided a brief presentation (Rethinking Child Growth and Development: New Approaches in the SDG Era) that challenged the audience to think about how we need to think about GMP and optimal child growth and development differently. A paradigm shift for GMP is required because, in the five decades of implementation, GMP has not delivered on its promises. Concerns have centered mostly around low participation rates, poor health worker performance and inadequacies in health system infrastructures to support effective growth-promoting action. Several reviews of GMP programs found that GMP may not be the best use of limited resources, while at the same time governments and program implementers argue that GMP allows for frequent contact with health workers and provides an important entry point to other child health interventions.

Dr. Shekar mentioned that revisiting the potential role of GMP is especially important now given the renewed global attention and financing on nutrition scale-up. This includes the focus on nutrition in the World Bank's Human Capital Project and Index and the global financing for UHC and nutrition from the International Development Association (IDA), GFF, The Power of Nutrition, bilateral donors, the United Nations, and other sources.

At the end of her presentation, Dr. Shekar posed the question: "How do we move away from the focus on 'growth monitoring' as an intervention to a focus on 'promoting child growth and development' as a platform for delivering essential nutrition/health services at scale?" This includes proposing new framing and/or language that encompasses this shift; deciding whether to focus measurements on height vs. weight and whether to measure only for undernutrition or also overweight; developing and deploying new tools and approaches for GMP; improving tools, training, and skills, especially for GM counseling; and strengthening links with referral services and incentives.

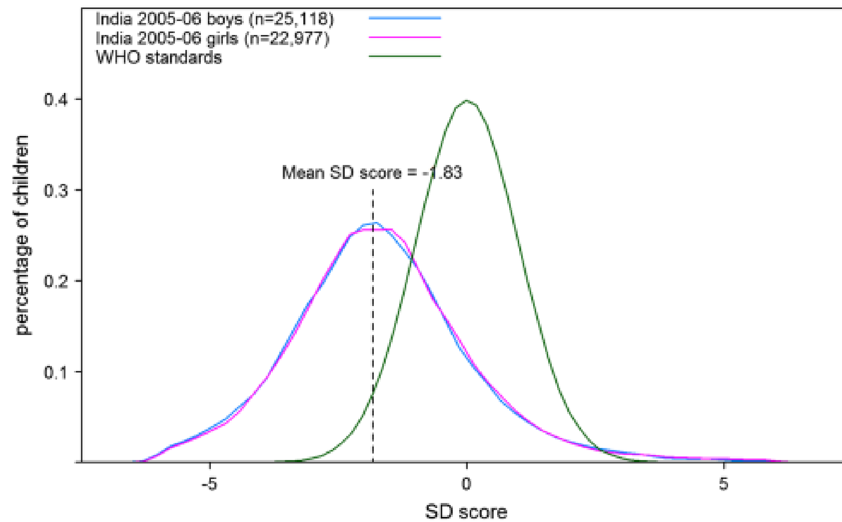
2.2 Update on the Current Knowledge About Child Growth

Dr. Kathryn Dewey, Distinguished Professor Emerita, Department of Nutrition, University of California Davis

Dr. Dewey provided an update on current knowledge about child growth. The presentation included a review of the biology of growth faltering in early life, the link between ponderal and linear growth and the association between healthy growth and development. She also reviewed the use and interpretation of the World Health Organization (WHO) Child Growth Standards and Fetal Growth Standards and the use of weight velocity standards to assess the adequacy of breast milk intake of newborns. She concluded with the implications this research has for policies and programs. The main points that were discussed were the following:

- **The term "chronic malnutrition" to describe stunting is misleading and should be abandoned. Stunting is associated with both the mother's and child's environment, going well beyond dietary causal factors** (e.g., poor nutrition in pregnancy, inflammation caused by infections caused by lack of adequate water, sanitation and hygiene [WASH], and poor caring practices).
- **The proportion of stunting that is attributable to fetal growth restriction (20%) is significant and reminds us of the need to intervene as early as pregnancy.** The prenatal period is critical, and one should monitor and promote appropriate pregnancy weight gain (not just child growth).
- **The prevalence of stunting (LAZ or HAZ < -2 SD) is based on an arbitrary statistical cut-off.** Thus, many argue that it underestimates the true burden of linear growth faltering, as many children are growing less than optimally even if their HAZ doesn't fall below the -2 SD threshold. The graph in Figure 1 below demonstrates this point: in this population of Indian children where the entire length-for-age/height-for-age z-score distribution is shifted to the left, all children, and not only those falling below the -2SD cut-off, are experiencing some degree of growth faltering.

Figure 1: Standard deviation score distribution for length-for-age/height-for-age of Indian children compared with the WHO Child Growth Standards



Source: (DeOnis and Branca 2016)

- **Linear growth and ponderal growth (weight gain) are not independent; they influence each other.** A wasted child is more likely to become stunted, and a stunted child is more likely to become wasted. Because wasting and stunting share many of the same risk factors, we need greater integration of preventive activities, rather than separation into the "silos" for treatment of wasting and prevention of stunting.
- **We should not equate stunted growth with stunted development.** It may be better to think of child growth and development separately since development has a wider window of impact long after a child is two years of age and even into school age. Development can improve without seeing effects on growth, and development does not necessarily improve when effects on growth are seen. Ensuring healthy development includes addressing nurturing care and learning opportunities.
- **Monitoring the growth of breastfed newborns (0-60 days) presents a critical opportunity to promote optimal breastfeeding practices** and ensure that breastfeeding gets well-established throughout infancy. The newly available WHO weight velocity standards are important tools to support this activity.
- **Interventions to improve child development need to go beyond nutrition and should address the determinants of neurodevelopment,** including providing nutrition as well as other aspects of nurturing care and learning opportunities.

2.3 Introduction to the Nurturing Care Framework and Linkages to Growth Monitoring and Promotion

Betzabe Butron, Regional Advisor on Child Health, PAHO/WHO

Ms. Butron reviewed the Nurturing Care for Early Childhood Development, which was recently developed by the WHO, the World Bank, UNICEF, and other partners. The framework explains why it is important to look at the "whole child" for children to thrive. Nurturing care is comprised of five components: adequate nutrition, responsive caregiving, security and safety, opportunities for early learning, and good health. For nurturing care to happen, every sector and all stakeholders must commit

to action in all countries. Challenges will need to be addressed including language, framing, and communication challenges; lack of clarity on which sectors are responsible for what component of "nurturing care," and the difficulty in collaborating with other sectors and working cross-sectorally to join forces and resources. This will have implications for human resources, guidelines, and training techniques for integrating nurturing care into other sectors.

2.4 Update on WHO Child Health Redesign Project and GMP

Wilson Were, Medical Officer, Department of Maternal, Newborn, Child and Adolescent Health, World Health Organization

While the Millennium Development Goals (MDGs) were very focused on mortality, the SDGs call for broadening goals to thrive and perform. In this context, Dr. Were asked "What does this mean in terms of programming?" and proceeded to describe the WHO's work on a child health redesign, requiring stronger community engagement and interventions beyond the health sector. Redesigning child health will entail the use of a life course approach, where child interventions are provided during many different life points. Dr. Were concluded his presentation by asking participants several thought-provoking questions: "How do we provide global guidance for child health when different countries are progressing at different rates?" "How can we define interventions that all children need and should get and how can these interventions be delivered through multiple levels?" "What are the optimal delivery platforms or contact points for child health?"

2.5 Session 1: Using the Growth Promotion Platform to Integrate New Measurements, and Health and Development Services

Moderator: France Begin, Senior Adviser, Early Childhood Nutrition, UNICEF

Presenters: Birara Melese Yalew, National Nutrition Coordinator and Acting Director for Maternal & Child Health and Nutrition Directorate, Ministry of Health, Ethiopia; Elizabeth Proscovia Ndaba, Nutrition Officer, Ministry of Health, Community Development, Gender, Elderly, and Children, Tanzania; Norotiana Rakotomalala, National Director, National Community Nutrition Program, Madagascar; Fiorella Rojas Pineda, Director, Monitoring of Social Programs Unit, Ministry of Social Development and Inclusion, Peru

This operationalization session was delivered in a "talk show" format, where the moderator asked participants from **Ethiopia, Tanzania, Madagascar,** and **Peru** to describe how they have integrated specific types of activities into their growth promotion programming and challenges they faced in doing so.

Ethiopia is addressing nutrition specific and nutrition sensitive interventions through multisectoral programming at the community level. The program is being supported by national documents, strategies, and training materials. Also, the country is aiming to set up a multi-sectoral, unified nutrition information system. Some challenges the program is facing are that not all nutrition services are routine in all sites and that key, underlying service delivery activities are not always included in national protocols (e.g., supply management, human resources, information services).

In **Tanzania**, Catholic Relief Services (CRS) is working with the Ministry of Health (MOH) on a comprehensive package of nutrition and health services at both the community and facility level. For

the community-based intervention, communities hold quarterly village health and nutrition days where community health workers (CHWs) or facility-based health workers conduct GMP, provide vaccinations, give cooking demonstrations, promote WASH behaviors, and teach caregivers how to play with their children. They also assess an adult's body mass index to incentivize male attendance and counsel caregivers based on their children's weight. The GMP results of children under two are then consolidated and posted at the village office to help villagers and community leaders understand the nutrition situation in the village. Community leaders and CHWs follow-up on all children who are underweight or stunted. The work is showing that on the demand side, villagers are very willing to get services. On the supply side, however, there is the challenge of making sure that community workers do accurate measurements, have the proper tools to do so, and that CHWs and providers are sufficiently trained.

Madagascar has a national community-based nutrition program, which starting in 2013 focused on stunting and the first 1,000 days. Currently, weights for 0-24-month-olds are being measured every month and height every two months. Additional activities are integrated such as lipid-based nutrition supplementation for children and pregnant women, early stimulation activities, and bi-monthly home visits. Challenges include improving the quality of training of CHWs, given the risk of measurement error during GM and misinterpreting measures. Also, coverage is not as high as it should be, counseling needs to be improved, as well as awareness raising of parents on the importance and the link of child growth to child development.

In **Peru**, the Ministry of Social Development and Inclusion runs a national nutrition program called CUNAMAS that targets children under 36 months to monitor their growth and provide early childhood development (ECD). The program is being implemented through day care and home visits/family coaching. For the day care services, the focus is on comprehensive child development, a safe environment, three meals a day, and ECD practices. Volunteer mothers trained by national program staff deliver the services. Home visits are being offered in very poor and hard to reach geographic areas in the Andes and Amazon areas. Visits occur weekly by volunteer mothers. The volunteers provide counseling, tips about healthy practices, how to prepare foods, anemia, and give and monitor iron supplements. Challenges include accessing essential services in difficult-to-reach areas. Also, interconnecting data from different sources, consolidating platforms and indicators are additional challenges.

2.6 Session 2: Ensuring Quality and Coverage of Growth Promotion Activities

Moderator: Anne Provo, Nutrition Specialist, HNP EAP Region, World Bank Group

Presenters: Mary Chea, Acting Manager, National Nutrition Program, National Maternal and Child Health Center, Ministry of Health, Cambodia; Norotiana Rakotomalala, National Director, National Community Nutrition Program, Madagascar; Aminata Ndiaye, Director of Operation, Malnutrition Management Cell, Senegal

During this session, the moderator asked participants from **Cambodia, Madagascar**, and **Senegal** to present their country experiences and challenges with enhancing the quality and coverage of growth promotion activities. Overall, countries recognize that achieving high GMP coverage, especially for the most vulnerable populations, is very challenging. For example, in Senegal, coverage with GMP for children under two is currently only at 30%, which has taken ten years to achieve.

Cambodia's presentation focused on the work the National Nutrition Program is doing to improve the quality of GMP and SBCC, including the use of formative research, human-centered design (HCD), and guideline development. A two-part assessment was conducted to better understand the GMP implementation challenges of health care providers, volunteers, and communities. Phase 1 found that health providers are not ready to deliver quality GMP services because few are adequately trained in GMP, lack time to counsel caregivers, or do not have the proper equipment or clear protocols. Also, volunteers are not receiving the respect that they deserve. Integration of services has proven challenging. Phase 2 of the assessment (to be completed in 2019) will help inform new tools, guidelines, and findings to be integrated into the National Quality Improvement Process.

Madagascar presented the results of the MAHAY study that evaluated different program interventions to impact stunting. The interventions included lipid-based supplementary foods for children 6-18 months old and pregnant and lactating women; capacity building of community agents on interpersonal communication during home visits; early stimulation of children from 0-30 months; and learning by parents. Results showed quality program gaps such as high workloads of CHWs, and the need for coaching and supervising CHWs on their competencies and motivation to carry out their work, including counseling caregivers. Additionally, the study highlighted that it is necessary to improve coverage, especially for the most vulnerable ages and populations, and improve monitoring and evaluation at the community level.

The **Senegal** presentation focused on the country's Nutrition Enhancement Program, which places quality at the center of its service delivery package. Interventions to improve quality nutrition services include guidelines for GMP implementation and training of CHWs on various topics. A non-governmental organization (NGO) team and health workers supervise the CHWs. To improve the performance of supervisors, a community-based local steering committee comprised of different community members regularly monitors nutrition activities and supports CHWs in carrying out their work. To ensure institutionalization, local officials participate in monitoring activities. Income generating activities are carried out to motivate community workers. Interventions are prioritized for those villages that have the most significant needs. However, as mentioned above, achieving coverage of GMP has been very difficult. The main obstacle cited was lack of funding.

2.7 Session 3: Using Data to Visualize Growth and for Decision-Making at the Household, Community, and National Level

Moderator: Marcia Griffiths, President, The Manoff Group

Presenters: Alok Ranjan, Country Lead, Nutrition, Bill & Melinda Gates Foundation; Sam Clark, Senior Social Development Specialist, The World Bank Group; Gerda Gulo, Operations Analyst, The World Bank Group; Abdoulaye Ka, Coordinator, Malnutrition Management Cell, Senegal; R.P. Bichha, Director Family Welfare Division, Department of Health Services, Ministry of Health, Nepal

This session focused on using data to visualize growth and for decision-making at the household, community, and national levels. The presentations included tools that are being used to improve nutrition, growth measurement and promotion, service delivery, and accountability.

In **India,** the ICDS-CAS mobile application is being tested to digitize, standardize, and streamline the work of Anganwadi Workers (AWWs) (community health workers), including child growth monitoring

and promotion (see Growth Monitoring in ICDS-CAS and Video 1 India ICDS-CAS; Video 2 India ICDS-CAS). The mobile application helps low-literate AWWs track clients, provide timely service delivery, improve plotting of growth monitoring data, and facilitate counseling on maternal and child health and nutrition. With the mobile app, the data can be entered in real time, offline and online, is spot checked by a supervisor, and is consolidated in a web-based dashboard so that all levels of government can access it and determine how best to improve and target services. For GMP, the application automatically plots the child's data, interprets it and provides multi-media counseling messaging for the AWW and caregiver. The application has been piloted, is currently being used by over 80,000 AWWs across six states and will be rolled out nationally to 1.4 million AWWs in the country with funding from the Government of India and the World Bank. An external evaluation is underway in Madhya Pradesh and Bihar.

In **Indonesia,** the child length mat and village convergence scorecard are being piloted as tools to facilitate community-based measurements (length mat) and tracking of the status of stunting prevention efforts and other maternal and child health programming (scorecard). Challenges to the program include the high turn-over rate of community cadres (i.e., CHWs), the additional training needs of cadres, especially on interpersonal communication (IPC). Also, a data diagnostic was piloted in early 2018, which showed that the quality of GM data and its analysis is weak and needs to be improved. Also, many stakeholders believe that data is only used for recording and reporting, and advocacy is needed to demonstrate and encourage broader uses of data.

The session also included a presentation from **Senegal** on their policy for a multi-sectoral approach to nutrition that involves data collection through numerous tools, registers, and reports at the commune, district, regional, and national levels for multi-level, coordinated decision making. In **Nepal,** GM data is being used to rank districts from best to worst performers, and the information is used during local and national planning processes to identify problems and prioritize program efforts. Other ministries (including education, agriculture, water, women, and children) contribute their data as well, and all can access the data online for their planning purposes. One problem that has arisen is that the average number of GMP visits per child per year is low (approximately 3-4 times per year), despite being advised to come in monthly.

2.8 Innovations and Tools in Child Growth Measurement and Data

Moderator: Julie Ruel-Bergeron, Nutrition Specialist, Global Financing Facility

Presenters: Marcia Griffiths, President, The Manoff Group; Chika Hayashi, Senior Advisor, Monitoring and Statistics, UNICEF; Leona Rosenblum, Deputy Director of the Applied Technology Center at John Snow, Inc. (JSI)

This session presented different innovations and tools in measuring child growth including anthroimaging technology that uses 3-D imaging to capture body images to improve anthropometry measurements among children: the Manoff Group's field-friendly Child Length Mat for children 0-24 months; UNICEF's Digital Height/Length Measurement Device and JSI's mobile applications to strengthen GMP. The strengths and weaknesses of these various tools are listed in Table 1.

Table 1. Innovations and Tools in Child Growth Measurement and Data: Advantages and Disadvantages

Tools	Advantages	Disadvantages
Anthroimaging: The 3-D imaging uses a tablet, phone or a special camera to measure height, head, and arm circumference.	• Scans can be uploaded to not only provide individual but also population-based growth data. • Highly accurate measurements as shown by controlled studies.	• The technique is still being field tested for accuracy and acceptability. • Same as "mobile applications" (below).
Child Length Mat: Poly-vinyl mat that employs visual cues to assess if a child (3-24 months) is at risk for becoming stunted or is stunted. The mat has been used in Bolivia, Cambodia, Guatemala, and Indonesia and is under development in Rwanda.	• Inexpensive, durable, easy to use, and intuitive for communities. • Easy to adapt to country context, by tailoring the age groups, colors, graphics, and format to reflect the national stunting profile and local preferences. • Helps providers, community leaders and families visual stunting and appreciate linear growth. • Integrates well with on-going community GMP: offers straight-forward training and use and involves the caregiver in measurement. • Can help drive demand for clinical measures at health centers. • Heightens accountability for action on stunting by giving parents the information on their child; allowing leaders and health providers to know if stunting is increasing or decreasing in their jurisdiction.	• Currently, does not sufficiently capture growth faltering, but adaptations being made in several countries to decreasing the interval between measurements to allow for trends to be recognized and to add more cut-off lines to assess faltering. • Not a clinical measure; for community awareness raising and promotion of action.
Digital length board: Similar to current height boards but with digital output.	• Easier to read the measurement value than when using a board with measuring tape for readings, thereby increasing likelihood of accurate reading. • Digital output can potentially reduce a lot of reading errors and measure, process and transfer data electronically to a mobile phone or tablet. • Much lighter than current board.	• Still under development • Needs to be field tested on a wider scale. • Currently twice the price of a regular height board.

Mobile phone apps to: - Digitize, standardize, and streamline the work of community health workers, including child. growth monitoring and promotion - Improve supportive supervision of health care workers.	• Can improve diagnostics, patient registration, provider counseling, data entry, consolidation of data across sectors and levels of government. • Can improve supportive supervision and health worker performance for nutrition services.	• Costs: Procurement of devices, training, help desk, development of software, training vs. cost savings from implementation in terms of time and impact. • Limited battery life of mobile phones, lack of electricity to recharge the phone, low confidence by CHWs to use apps. • Health workers may use mobile phones for their personal use, which can affect data security and confidentiality.

2.9 Opening and Recap of Day 1

Leslie Elder, Senior Nutrition Specialist, Global Financing Facility

Day 2 was opened with a recap of the first day of the convening, as follows.

Six Things We Heard

1) Need to work more towards a comprehensive intervention package regarding child growth which also addresses the determinants of cognitive development, given that the window for optimal development is wider than the window for growth.
2) The verdict is still out on whether to include length measurement in programs. We need to look at trends over time. We also need to decide whether to move towards growth faltering and if so how.
3) Countries are using GMP as a platform and are integrating aspects of child development into programming.
4) There are very promising technological interventions to address obstacles such as accurate measurement, supportive supervision, with more innovations in the pipeline.
5) Even with strong political will, it takes a long time to achieve modest coverage. We need to think about what we need to do to improve coverage at a faster rate.
6) Need to think about growth data as an entry point to community mobilization and accountability at the community and national levels.

Five Things We Did Not Hear

1) Scale, scalability, and cost-effectiveness.
2) Community vs. facility-based GMP platforms.
3) Need more discussions from the demand side. We should think more about the critical factors that motivate mothers and caregivers to take their children to GMP. How can we bring enabling factors into program design?
4) What are the gold standard techniques and approaches to delivering high impact SBCC?

5) What do we need to do to generate the evidence of impact better and to utilize and incorporate this into programming?

2.10 Review of Evidence of Social Behavior Change Communication in the Context of Growth Promotion

Presenter: Julie Ruel-Bergeron, Nutrition Specialist, Global Financing Facility

This session was kicked off with a brief review of the role of SBCC and guidance for future programming in promoting healthy growth and development among infants and children, which was based on the background paper on Promoting Healthy Growth and Development among Infants and Children: The Role of Social and Behavior Change Communication (SBCC) and Guidance for Future Programming.

There is ample evidence that SBCC approaches can improve nutrition practices during the first 1,000 days. How, then, can we best use the evidence from the SBCC nutrition literature to strengthen the "P" in GMP? We know that interpersonal communication between health workers and clients during GMP is vital for informing and motivating caregivers to change infant feeding behaviors. However, many challenges exist in the delivery of promotion, or the "P" in GMP. These include multiple definitions and non-standardization of the "P," and counseling messages that are often generic – not tied to growth outcome; not age-specific; or lack emphasis on follow-up actions. Many health workers have problems with measurement, plotting, and interpreting growth monitoring data and counseling based on the data. Also, many caregivers have difficulty understanding growth charts and healthy child growth. Nevertheless, SBCC can and should be used to maximize the potential of GMP interventions by strengthening nutrition counseling; reinforcing harmonized messages using multiple communication channels; using GMP as a delivery or linkage platform for other community-based health and nutrition services and using high-quality growth data as the basis for decision making and accountability at community and national levels.

2.11 Session 4: Incenting Behavior Change for Improved Growth and Development Through Complementary Approaches

Moderator: Erika Lutz, Senior Nutrition Specialist, HNP Africa, World Bank Group

Presenters: Birara Melese Yalew National Nutrition Coordinator and Acting Director for Maternal & Child Health and Nutrition Directorates Federal Ministry of Ethiopia; Fiorella Rojas Pineda, Director, Monitoring of Social Programs Unit, Ministry of Social Development and Inclusion, Peru; Agnes Uwineza, Ministry of Gender and Family Promotion, Rwanda

In this session, participants from **Ethiopia, Peru, and Rwanda** presented some of the complementary approaches they have used in their programs to promote behavior change and growth promotion. **Ethiopia**'s presentation focused on its National Nutrition Program (2016-2016), which uses the first 1,000 days as an entry point to nutrition services. Thirteen different ministries and sectors have signed on to the program. Though GMP is an important focus of their program, it includes other essential child services as well, while emphasizing IPC and mass media to promote improved nutrition at the household and community levels. Advocacy is used to target leadership about the importance of the first 1,000 days. However, while on paper there is support for multi-sectoral coordination, the integration of

services at the facility level can be poor. Also, the functionality of the "health development army" varies from region to region and cannot reach all households.

Peru's presentation focused on the Juntos project, which targets local stakeholders, families, community leaders, and social workers on anemia prevention and treatment using weekly SMS texts. There are plans to make the messages more interactive in the next phase. Also, low cell phone use in some areas, as well as language barriers will need to be addressed.

The presentation on **Rwanda** centered on the SBCC health and nutrition messages being provided across the entire country through IPC by health service providers, home visits by community health workers, community meetings, radio messages, and through religious leaders, among others. Households of children who are identified as malnourished and "at-risk" at the community level receive extra support through visits by CHWs and other community workers and volunteers. Challenges that were mentioned included overworked CHWs, not enough sites for GMP (to address this, they started putting GMP services into ECD centers), and low male engagement.

2.12 Session 5: Ensuring Sustainability and Governance of Growth Promotion Programs and Activities

Moderator: Claudia Rokx, Lead Health Specialist, HNP LAC Region, World Bank Group

Presenters: Elan Satriawan, Head of Policy Working Group TNP2K Office of Vice President, Republic of Indonesia; Fiorella Rojas Pineda, Director, Monitoring of Social Programs Unit, Ministry of Social Development and Inclusion, Peru; Padarath Bichha, Director Family Welfare Division Department of Health Services, Ministry of Health and Population, Nepal

This operationalization session focused on how different countries have worked to ensure sustainability and governance of their growth promotion programs and activities. The **Indonesia** presentation highlighted the challenge the country faces in coordinating and building the understanding among line ministries that stunting is not only a problem of the health sector. Challenges also include convergence among different health and social sector programs, quality of implementation, and absence of comprehensive SBCC interventions. Political commitment from top government leaders (President and Vice President) has been obtained to address these challenges and leaders are tasked to establish a coordination arrangement among line ministries and district/village governments, with guidance on how to do so. The World Bank has established policy/program accountability and governance, linking disbursement of resources with achievements. Disbursement linked indicators for different result areas and coordination at the national, district, and village level are used as incentive mechanisms for coordination and incorporated into tools for promoting governance and sustainability.

The presentation from **Peru** focused on monetary performance-based incentives that are being used to monitor goals related to management and service coverage. Conditional cash transfers (CCT) were provided to the poorest populations in exchange for GMP attendance, prenatal care checkups, and school attendance. In areas where Juntos operated, stunting rates decreased at a higher rate in comparison to the national average.

The **Nepal** presentation focused on the governance ingredients needed for sustainability of GMP in the country. In Nepal, GMP has been a national priority for decades, with high-level political commitment,

different health, nutrition, and infant and young child feeding (IYCF) strategies and policies, functioning nutrition committees, and MOH technical working groups. Quality is assured through capacity building of health personnel at different levels, and standardized tools and training manuals. The sub-national governance mechanisms include nutrition and food security steering committees at national, provincial/municipal, and ward levels. In addition, there are thousands of CHWs, multiple mothers' and peer support groups, primary health centers and outreach clinics that provide nutrition-related child health services. To date, 308 out of 753 municipalities have signed the Declaration of Commitment by Local Governments for making their municipalities "fully nourished."

2.13 Promoting the Paradigm Shift: Does Growth Monitoring and Promotion Truly Capture It, Or Is There A Need for Updated Terminology?

Moderator: Meera Shekar, Global Lead for Nutrition, World Bank Group

2.13.1 Driving Engagement Through Language

Ian Roe, Director, Sustainability, MerchantCantos; Evi Lowman, Executive, MerchantCantos (Creative Communications Agency)

The presenters conducted a group exercise with all participants titled Driving Engagement Through Language to find out how well the term "GMP" is understood and how it resonates among key audiences. The group also brainstormed about ideas for potential new terminology and its appropriate tone. The group exercise showed that:

- Key audiences do not understand the term GMP very well.
- Caregivers are the most critical audience that GMP should resonate with.
- Terminology should be more aspirational, focus on outcomes and be concise, and could comprise a technical term along country-specific branded terms.

There will be continued follow up with MerchantCantos to develop the idea of a new term further.

2.14 Summary of Discussions and Conclusions and The Way Forward

Ellen Piwoz, Senior Program Officer, Nutrition Division of Global Development Programs, Bill & Melinda Gates Foundation

Dr. Piwoz provided a concise and comprehensive summary of the first two days of the convening, by reminding the participants why they were brought together, reflecting on the key messages emerging from the meeting, proposing some action items for next steps, and opening the discussion for feedback. The key takeaways included:

- **GMP means many things to many people.** GMP is highly variable in how it is conceptualized and delivered: Countries are monitoring different things, among different age groups, settings, and with different frequencies. This variability is a strength and a weakness. It is a strength because it is organically adaptable depending on context, resources, programs, and policies. The weakness created from this lack of standardization includes, for example, the focus on measurement to the detriment of promotion. If we are to continue to talk about GMP as a program, an intervention, or even as a platform, we need to have a common understanding of what we are discussing. It is clearly

more than a single set of activities encompassing growth measurement and counseling. At the same time, we need to remember to keep it simple and doable.

- **GMP programs are part of much larger programs and national strategies with complex governance structures and financing mechanisms.** Since GMP programs usually predate these strategies, they are being retrofitted to tackle new problems and program structures. Countries must, therefore, be open to reassessing what they measure (height vs. weight) and why they measure it. This is easier said than done and change management is critical. A real change also takes time.
- **Achieving the desired goals of "P" – healthy diets, adequate growth, health care seeking, and nurturing care – requires enabling environments and interventions at multiple levels.** This goes far beyond GMP and necessitates a comprehensive set of tailored SBCC strategies. Interpersonal communication – if not full-fledged counseling – is a crucial ingredient of behavior change. Other 'media' and messengers help reinforce messages. The "P" can be disassociated from growth measurement.
- **Is it worth continuing to carry out GM without the "P" (i.e., individualized counseling and promotion)?** Presentations from Day 2 showed that data themselves are very powerful for stimulating action and accountability. More evidence is needed to a) evaluate the impact of various growth measurement tools, and b) evaluate tracking child growth and development for community action and accountability.
- **Though we have been working on GMP for a long time, coverage has not exceeded 50%, and measurement accuracy is still a challenge.** What can be done about this?

2.15 Closing

Monique Vledder, Practice Manager, Global Financing Facility

Dr. Vledder provided the closing remarks for the convening, reminding participants that a confluence of recent initiatives, underpinned by new evidence and innovative thinking, is re-shaping the narrative around how best to deliver growth promotion services for children. She thanked the participants for coming together to share their experiences and asked them to think about how to achieve more and better results for children in the SDG era. She concluded with remarking that, "Undoubtedly there is more work to be done to understand how best to support families and communities to give their children the best possible start in life and we look forward to continuing to partner with all of you on these important issues."

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Annex 1: Agenda

Rethinking Growth Promotion: New Approaches for Results in the SDG Era

October 24-25, 2018, Washington DC

International Finance Corporation (IFC)
2121 Pennsylvania Avenue, Washington D.C. 20433
ROOM F-5P-100

AGENDA

DAY 1: October 24, 2018

Time	Session Title	Moderator/Presenter
8:30-9:00am	*Breakfast and registration*	
9:00-9:10am	Welcome	TBC
9:10-9:30am	Meeting overview, setting the stage Group introductions: name, position, country	Meera Shekar, Global Lead for Nutrition, World Bank Group
9:30-10:30am	Update on current knowledge about child growth	Kathryn Dewey, Distinguished Professor Emerita, Department of Nutrition, UC Davis
10:30-11:00am	*BREAK*	
11:00-11:30am	Introduction to the Nurturing Care Framework and linkages to growth monitoring and promotion Update on WHO child health redesign project & GMP	Betzy Butron, Regional Advisor on Child Health, PAHO/WHO Wilson Were, Medical Officer, Department of Maternal, Newborn, Child, and Adolescent Health, WHO

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Time	Session Title	Moderator/Presenter
11:30am-12:30pm	Operationalization of growth promotion session 1: *Using the growth promotion platform to integrate new measurements, and health and development services*	Moderator: France Begin, Senior Adviser, Early Childhood Nutrition, UNICEF Country representatives: • Ethiopia • Tanzania • Madagascar • Peru
12:30-1:30pm	*LUNCH*	
1:30-2:30pm	Operationalization of growth promotion session 2: *Ensuring quality and coverage of growth promotion activities*	Moderator: Anne Provo, Nutrition Specialist, HNP EAP Region, World Bank Group Country representatives: • Cambodia • Madagascar • Senegal
2:30-3:30pm	Operationalization of growth promotion session 3: *Using data to visualize growth, and for decision-making at the household, community, and national level*	Moderator: Marcia Griffiths, President, The Manoff Group Country representatives: • India • Indonesia • Senegal
3:30-4:00pm	*BREAK*	
4:00-5:00pm	Innovations and tools in child growth measurement and data visualization • Body surfaces translations • Length Mat • Length board	Moderator: Julie Ruel-Bergeron, Nutrition Specialist, Global Financing Facility TBC Marcia Griffiths, President, The Manoff Group

Time	Session Title	Moderator/Presenter
	• Mobile applications for data capture, quality improvement, supervision, and beyond	Chika Hayashi, Senior Advisor, Monitoring and Statistics, UNICEF Leona Rosenblum, Deputy Director of the Applied Technology Center at John Snow, Inc. (JSI)
5:30-7:30pm	*Cocktail reception IFC F-Atrium*	

DAY 2: October 25, 2018

Time	Session Title	Moderator/Presenter
8:00-8:30am	*Breakfast*	
8:30-9:00am	Opening and recap of day 1	Leslie Elder, Senior Nutrition Specialist, Global Financing Facility
9:00-10:00am	Review of evidence of social behavior change communication (SBCC) in the context of growth promotion Deep dive: Alive & Thrive methodology for SBCC and opportunities in the context of growth promotion	Moderator: Karin Lapping, Project Director, Alive & Thrive Silvia Holschneider, Consultant Joy Del Rosso, Knowledge, Learning and Leadership Director, Alive & Thrive
10:00-11:00am	Operationalization of growth promotion session 4: *Incenting behavior change for improved growth and development through complementary approaches*	Moderator: Erika Lutz, Senior Nutrition Specialist, HNP Africa, World Bank Group Country representatives: • Ethiopia • Peru • Rwanda
11:00-11:30	*BREAK*	

Time	Session Title	Moderator/Presenter
11:30am-12:30pm	Operationalization of growth promotion session 5: *Ensuring sustainability and governance of growth promotion programs and activities*	Moderator: Claudia Rokx, Lead Health Specialist, HNP LAC Region, World Bank Group Country representatives: • Indonesia • Peru
12:30-1:30pm	*LUNCH*	
1:30-3:00pm	Promoting the paradigm shift: Does growth monitoring and promotion truly capture it, or is there a need for updated terminology?	Moderator: Meera Shekar, Global Lead for Nutrition, World Bank Group Ian Roe, Director, Sustainability, Merchant Cantos (Creative Communications Agency)
3:00-3:30pm	*BREAK*	
3:30-4:30pm	Summary of discussions and conclusions, and the way forward	Moderator: Ellen Piwoz, Senior Program Officer, Nutrition Division of Global Development Programs, Bill & Melinda Gates Foundation
4:30pm	Closing	Monique Vledder, Practice Manager, Global Financing Facility

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