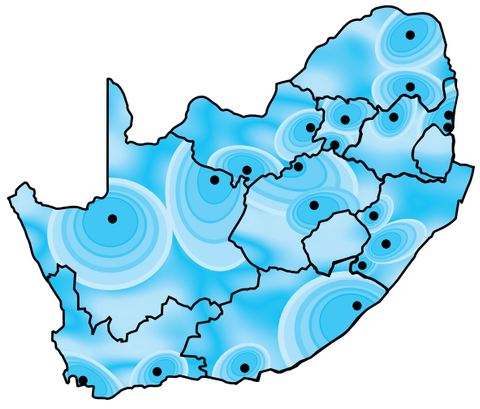
Conclusion

Improving the practice of GMP is no easy task. But it is a central child health care activity which has the potential, through the promotion of healthy growth, to prevent malnutrition from occurring. Improvements in the performance of GMP can also facilitate the improvement of not just child health care but other clinical services.

The Mount Frere nutrition team has made an excellent start by investigating the present situation. Their results have led to a series of suggestions for improvement and provided a baseline for future evaluation. We will now be developing and implementing appropriate training materials and evaluating these changes in GMP in light of these experiences.

This Kwik-Skwiz has been written by and through a collaborative partnership involving the Public Health Programme of UWC (Mickey Chopra, Thandi Puoane, David Sanders and Boniwe Zulu), the Eastern Cape Department of Health (Modesta Ngumbela and Zandile Rubulana) and the Initiative for Sub-District Support (David McCoy, Susan Strasser and Wendy Hall). The authors would also like to acknowledge the contributions made by the other members of the Mount Frere nutrition task team, especially the clinic nurses, as well as to Carmen Baez, John Gear and Jon Rohde for their suggestions.



Comments or criticism?

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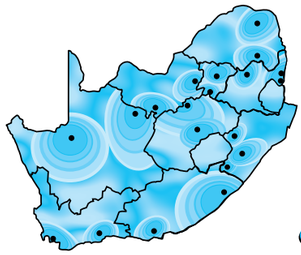

Initiative for Sub-District Support

Kwik-Skwiz #22

Improving Growth Monitoring and Promotion in PHC clinics: Lessons from the Mount Frere health district

File for quick reference

The Issue

Undernutrition underlies more than one in three childhood deaths in Sub-Saharan Africa. In South Africa one in four children are stunted and one in three have Vitamin A deficiency. Growth monitoring and promotion (GMP) has the potential to prevent much undernutrition and to integrate the care of a child. It is central to the Government's Integrated Nutrition Programme (INP), and other childhood programmes such as the Integrated Management of Childhood Illness (IMCI). At a community level, GMP can also be a powerful tool for increasing community awareness of undernutrition and mobilising their action.

However, studies of the performance of GMP at health facilities have been disappointing, and often the full potential of GMP is not realised. It is therefore important for programme managers and clinic supervisors to be able to rapidly assess the quality of GMP and identify ways of improving its performance.

Assessing GMP in the Mount Frere health district

In Mount Frere health district, Eastern Cape, a local intersectoral nutrition team has been established. It consists of representatives from within health (nutrition, maternal and child health, environmental health officers etc.) and from other sectors (education, welfare and agriculture). It has developed a district plan for the implementation of an Integrated Nutrition Programme. An important part of this was the assessment of the quality of nutrition actions in health facilities (see earlier kwik skwiz on Hospital Management of Severe Malnutrition). In order to assess the quality of growth monitoring the team developed a set of simple tools.

Data Collection Tools

Structured Observations

An observational checklist of activities which are important in the performance of GMP (i.e. nurse greeting the mother, discussion about the growth of the child, weighing technique, etc.)

Exit Interviews

Carers who had just attended the child clinic were interviewed and their road to health cards examined.

Case Studies

A series of growth charts were designed which showed normal growth, growth faltering, growth failure and catch up growth. Nurses were asked to interpret the charts and to state what advice they would give the mothers based on the growth patterns.

Structured

Interviews Possible reasons for the poor performance of GMP were explored through interviews with a selection of clinic nurses using a semi-structured interview schedule.

Findings

The structured observations and exit interviews revealed some shortcomings:

- ➢ a few of the carers were individually greeted,
- ➢ there was no calibration of scales,
- ➢ a minority of carers were given feedback about the weight and growth of their child and,
- ➢ only a few carers could report whether their child had grown or faltered.

On the other hand a majority of weights were accurately plotted and there were no missed immunisations.

When it came to the interpretation of growth charts, there were also some shortcomings as summarised in Table I.

Table Findings from the case studies.

Case 1: Normal growth

Most nurses were able to interpret good growth, even picking up a slight deviation from the typical curve in the second year of life.

Case 2: Growth faltering

Most nurses picked up growth faltering and identified it as a concern although no one labelled it as growth faltering. Nurses correctly linked such growth to disease, lack of adequate feeding and the need to monitor the child closely

Case3: Growth failure

Nurses performed well on this case study with important links being made between growth failure and such things as chronic disease, sudden changes in feeding practices, and the possibility of incorrectly prepared milk substitutes. But not all recognised that this represented a seriously ill child in need of close observation and referral to hospital. No one labelled this growth curve as growth failure

Case 4: Growth failure with sudden weight loss

Most nurses were able to attribute sudden loss of weight to common causes such as acute illness, especially diarrhoeal disease and abrupt cessation of breastfeeding. No one picked up on the act that this sudden drop in weight was preceded by 2 months of growth failure.

Case 5: Catch up growth

Some nurses felt that the period of rapid growth was due to overfeeding while only a minority recognised that rapid growth was desirable and that it may be due to effective feeding and nutrition education.

When asked about the reasons why GMP may not be done well in the clinic, clinic workers mentioned the heavy workload and excessive number of tasks (especially administrative). Only a minority mentioned a lack of training or supervision as a cause.

When asked what they thought was the main function of GMP, the most common replies were to find children who would qualify for the PEM scheme, to identify children who needed to be referred to the hospital, or to 'collect statistics' for surveillance. Only a few mentioned that GMP could be used to promote growth, healthy feeding and child care practices or to initiate discussion with the mother about the well-being of her child.

Implications for District Managers and Trainers

Through the use of a set of simple evaluation tools the Mount Frere nutrition team uncovered a number of deficiencies in the performance of GMP. A misunderstanding of the purpose of GMP, lack of training, low motivation, poor morale and poor resource management are not restricted to Mount Frere or to GMP. The lessons of this evaluation therefore have implications for other districts and programmes.

➢ **Develop a shared understanding and vision of quality of care**

The first step in this process was the shared understanding of the importance of improving the quality of care. This led to the development of a vision of attaining a high quality of GMP in the district.

➢ **Commitment to Improvement**

The visible commitment of the senior management at the provincial, regional and district level towards this process was important in also getting commitment from the clinic supervisors and the clinic nurses to improving quality of care.

➢ **Clarity on the purpose of the activity**

Because there was a widespread misunderstanding about the purpose of GMP, informing health workers of the use of GMP for tailoring individual nutrition education messages, promoting good growth (rather than for surveillance) and integrating maternal and child health services had to be stressed.

➢ **Tackling the problem systematically**

A common response to the challenge of improving quality of GMP has been to have workshops which go over the mechanics of weighing and plotting and revising some of the messages that should accompany this. However, this evaluation found that the main problem of poor GMP was **not** mostly one of knowledge but of **behaviour**. The perception of heavy workload and a lack of resources seriously hampered the quality of GMP. In most cases this is linked to the low morale and motivation of clinic nurses. This concern has to be taken seriously and various strategies can be used in collaboration with nurses to overcome these barriers:

I. District/programme managers need to think about the skills and resources required to implement effective GMP. This can be facilitated by drawing up a detailed plan of activities associated with GMP in the local settings.
2. This plan should include the development of simple protocols outlining the steps involved in performing good growth promotion (greeting the mother, undressing the child etc.) and the development of appropriate messages for the carer of a child who is growth faltering.
3. Local teams can then plan how they will change to optimise GMP activities. Unless the physical working environment and available time are satisfactory, the quality of GMP will always be poor. Clinic staff should consider how their clinic and services are organised. Improvements in the overall care of patients could be made through a rearrangement of the patient queuing system, directing 'at-risk' growth faltering children to a more experienced nurse, finding ways to spread the patient load over a longer period of time, establishing "protected nursing time" for priority clients (such as children and pregnant women) and making space and privacy available for counselling.
4. Community volunteers could be trained to assist in these sessions either to weigh and plot or to assist with counselling.
5. By adopting a team approach, clinic supervisors and members of the DMT who visit clinics should begin to do this in a more supportive way. In the past, visits to clinics were considered to be "supervisory visits" intended to check-up on clinic staff. In Mount Frere, an understanding of the difficulties and constraints that clinic nurses work under has led to a shift in attitude whereby clinic supervisors and clinic staff see themselves as a team working together towards a set of common and shared objectives.

➢ **Reinforcing actions throughout the health system**

I. The importance of GMP must be reinforced at all levels of care and throughout the health system. For example, it should become common practice for the road to health card to be demanded *every* time a child is seen anywhere in the health service. Paediatric medical officers working in the hospital should therefore make it routine to ask for the road to health card and to examine it. Not only is this good clinical practice, but it also sends a positive reinforcing message about GMP.
2. An important element of GMP is to connect growth to the wider causes of malnutrition. Successful GMP is therefore an activity that links health facility action with community-based action. All opportunities should therefore be made to explain and promote GMP in the community, and to encourage their involvement and participation in GMP activities. Health Promotion Officers might play such an important role at the district level. Other departments involved with welfare, water and food security are also critical for helping to address the underlying causes of faltering growth, and appropriate linkages need to be made at both the community and district level
3. Assessing and monitoring the quality of GMP will help to identify issues such as the supply of drugs and equipment to clinics and communication problems. The DMT must ensure that these support systems are functioning in order to allow clinical staff to practice good quality care.