



Growth Monitoring Toolkits

A Toolkit for Implementors

September 2020



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Overview of Intervention Package

Summary of Formative Research and Barriers Addressed

Growth monitoring toolkits are a package designed to address the following problems:

- Mothers and caretakers do not follow the recommended guidelines for the complementary feeding of children between six months and two years.
- Men do not participate in preventative or curative care for their children under five, including providing optimal nutrition.

Specifically, this design package addresses the following barriers to the uptake and maintenance of healthy behaviors through Breakthrough ACTION’s formative research process:

- Mothers and caretakers do not have information or tools in their homes for monitoring their child’s growth and development on their own.
- Malnutrition is normalized within many communities, and mothers and caretakers do not recognize malnourishment in their own children due to a lack of clear reference points.
- Mothers and caretakers have low levels of knowledge around child health and nutrition.
- Mothers and caretakers lack knowledge about the links between nutrition and cognitive development in children.

The full Problem Definition Report conducted by Breakthrough ACTION can be found in the [Appendix](#).



Growth monitoring chart

The Intervention Package

Overview of Design Components

This toolkit includes a home-based **growth monitoring chart and a pictorial guide** to be used in households to facilitate a family’s ability to keep track of their child’s growth at home and a **feeding bowl** specifically designated for the child. The charts and accompanying guides are intended to help parents/caregivers recognize the symptoms of malnutrition and to prioritize child nutrition, understand the link between nutrition and child development and brain development, and seek support from spouses and other family members in making decisions about child feeding. The chart is designed so that it can either be placed on a wall to measure children who can stand or be laid on the floor to measure babies who are not yet able to stand. For durability and easy storage, the charts are printed on PVC material. A **printed pictorial guide** includes information about nutritious and appropriate foods for each age, as well as instructions for using the chart and action steps to take in the case a child is malnourished. Each kit also includes a durable plastic **dedicated feeding bowl** for children under two years to use. The full package of design materials can be accessed in the Appendix.

Instruction guide

Implementation

Training

Training Overview

Health worker training: A training-of-trainers should be conducted at the provincial level. Trainers will then implement trainings in their selected districts. At least one trainer from each district should be included in the provincial-level trainings.

- The training will include detailed information on how to implement the **growth monitoring toolkit** intervention (including role plays to practice implementation)
- Refresher trainings should be conducted annually.
- Trainers/mentors should conduct monthly supportive supervision visits. Providers will be asked to share challenges they experienced during the intervention with trainers/mentors.

Training Presentations

- [Overview of Nutrition in Children](#)
- [Overview of Growth Monitoring Toolkits](#)



Instruction guide

Design Package FAQs

Q: Who is eligible to receive a growth monitoring toolkit?

- A: Every household with at least one child between the ages of zero to two years.
 - Each household should receive **one** growth monitoring chart, unless there are children of different sexes. In that case, each household should receive **one boys' chart** and **one girls' chart**.
 - Each household should receive **one** pictorial guide in their chosen language (English, Bemba, or Tonga).
 - Each household should receive **one** designated bowl **per child**.

Q: Who in the household should be oriented to the growth monitoring toolkit?

- A: Mothers *and* fathers, as well as any other caretakers, including grandmothers or mothers-in-law. Trainers should emphasize that caring for a child's nutrition should be the responsibility of the **whole** family.

Q: Does this design (home-based growth monitoring) replace the need for mothers to attend under-five clinics?

- A: Definitely not! Volunteers and health workers must emphasize to caretakers that it is critical for them to continue attending under-five clinics for their children's immunizations and facility-based growth monitoring (including weighing). This home-based tool will only help caretakers to be aware when they need to go to the clinic more urgently (if their child is malnourished) and whether they need to change their child-feeding practices.

Q: How should this design be integrated with existing growth monitoring practices?

- A: This design is intended to complement existing community-based and facility-based child growth monitoring strategies and to encourage early care seeking for malnutrition. All cases of identified malnutrition in the community should be referred to the health facility for management.

Q: How often should community-based volunteers (CBVs) or growth promoters follow up with households that receive the toolkit?

- A: If malnutrition has been identified within a household, CBVs should follow up with the family every three months. CBVs should follow up with other families every three months or as often as possible (every six months at a minimum).

Q: When should children be measured using the growth chart, and how often?

- A: Children should be measured at 3, 6, 9, 12, 15, 18, and 21 months old and on their birthdates. If a child receives the chart when they are between one of the ages listed above, they can be measured at the closest age below their current age (e.g., a four-month-old baby should be measured using the three-month mark). Children should *not* be measured more regularly than every three months because the reading may not be accurate.

Q: How much food should be put in the designated feeding bowls?

- A: For children between six months and one year, the bowl should be filled **halfway** at each meal. For children between one and two years, the bowl should be filled **three-quarters full** at each meal. Parents should ensure that children finish the full quantity of food at each meal. CBVs should demonstrate to parents how much food should be in the bowl during their orientation visit and follow up to ensure parents are using the designated feeding bowls at each meal (and cleaning them between meals).

Q: If there are not enough supplies, can volunteers distribute parts of the toolkit (e.g., just the chart or bowl) to families?

- A: No. The toolkit should be distributed to families as a single package. CBVs should emphasize to families that each part of the toolkit is important to maintaining proper nutrition for children. If a health facility is running low on inventory of one part of the toolkit, they should inform the implementing partner immediately.

Implementation Plan

Intervention materials:

- a Growth Monitoring Chart:** The chart (printed on durable plastic material) shows the child's age (3-21 months) on the horizontal axis and height on the vertical axis. To measure the height of their child, parents only have to look for the age of their children in the chart and observe if their height is within a red (danger), yellow (careful), or green (good) zone. The charts also include a simple graphic indicating what action steps parents should take if their child is malnourished.
- b Pictorial Guide:** The printed visual guide includes basic information on child health and nutrition, development milestones for children under two, an explanation on how to use the growth chart, and practical information about what to do in case the child is in a red zone. The guide is available in Bemba, Tonga, and English versions.
- c Feeding Bowl:** Each toolkit will contain a small plastic designated feeding bowl. Volunteers should advise parents to feed their children out of this bowl rather than out of a communal bowl so that they can monitor how much food the child eats at each meal.

Health worker recruitment: All health workers, community-based volunteers, and growth promoters involved in maternal and child health– focused services at selected health facilities in selected partner districts should be recruited to participate in a training at the district level.

Growth monitoring toolkit distribution: Parents/caregivers of children under two years old will be eligible to get a growth monitoring toolkit. Toolkits should not be distributed without providing a usage demonstration of all the tools of the package or without checking that the mother/caregiver does have children under two years of age. The distribution will be done through the following channels:

- During under five days at health facilities
- At the community-level through safe motherhood action groups (SMAGs), Ministry of Health growth promoters, and ongoing nutrition projects

CBV checklists: Each CBV/growth promoter should receive a printed checklist to ensure all procedures are followed when distributing and demonstrating growth monitoring toolkits (*See Checklist in Appendix*).

Implementation Tips

Based on Breakthrough ACTION's two years of implementation experience, our field staff recommend keeping the following in mind when distributing growth monitoring toolkits:

How can you ensure that parents use the correct charts for the sex of their child?

- During trainings, emphasize the importance of distributing the correct charts for boys and girls. Explain that it is not only the colors that are different, but the measurements are different as well. Boys and girls grow at different rates, and if parents use the wrong charts, they will have inaccurate measurements.
- Monitor the inventory of each type of chart at each facility. If one facility is short on one color chart, inform headquarters right away so that additional charts can be distributed.
- Use the health facility registers on the number of boys and girls in each catchment area to set distribution targets for each sex.
- Use various touchpoints, including group orientation sessions and wellness days, to explain what the different colors on the chart mean (including the different colors for boys and girls).

How can you encourage CBVs to properly orient families on correct use of the full toolkit?

- Ensure that CBVs have complete inventory of full toolkits (including booklets, charts, and bowls).
- Encourage CBVs to work in teams so that one volunteer can provide a reminder if the other volunteer forgets something.
- Use community meetings such as cooking demonstrations to conduct a full demonstration of how the toolkit works.
- Encourage volunteers to demonstrate how to fill the designated feeding bowl with real food if the orientation is conducted during feeding time.
- Give CBVs a simple checklist to remind them what steps they should take when orienting families.

How can you make it easy for parents to interpret the colors on the growth chart?

- Emphasize to CBVs the importance of explaining each color to parents when they orient the household to the toolkit. Colors should be explained to caretakers before the child is measured.
- Link the colors to those in the under-five card, as parents are familiar with what these colors mean.

How can you remind parents when they should take their child's measurement every three months?

- During trainings, explain to CBVs *why* children should only be measured every three months (children grow in spurts, and if children are measured too frequently, measurements may not be accurate). CBVs should also explain this to parents.
- CBVs should encourage caretakers to measure their children at 3, 6, 9, 12, 15, 18, and 21 months from their birthdates.
- CBVs should follow up with households every three months, especially those whose children have been identified as stunted.

How can you encourage caretakers to regularly use the designated feeding bowl?

- During the training, emphasize to CBVs that the chart, bowl, and booklet compose a complete toolkit. All parts of the toolkit must be utilized to help improve children's nutrition. CBVs should also explain this to caretakers.
- CBVs should follow up with families regularly (every three months) and ensure they are using the toolkit. If households are not using the toolkit, CBVs should try to find out why and communicate this information to the implementing partner.
- CBVs should emphasize to caretakers the importance of feeding the correct quantity of food for a child's development.
- CBVs should emphasize to caretakers that the reason for using the bowl is so that they can see how much food a child is eating at each meal to ensure that they are eating enough.
- CBVs should demonstrate correct use of the designated feeding bowl during the orientation (as well as during any group orientations).
- Demystify cultural misconceptions that men's nutrition is the most important. Demonstrate growth monitoring toolkits at Men's Wellness Days.

How can you ensure involvement of CBVs/growth promoters in the implementation of this intervention?

- Cultivate a sense of ownership in the activity. CBVs should view this activity as part of their regular duties for the Ministry of Health rather than a partner intervention.
- CBVs should discuss any key challenges with implementation during regular zonal meetings. Nutritionists and Environmental Health Technicians (EHTs) should also be present at the zonal meetings and take ownership of the activity.

Illustrative Budget

NO.	ITEM	QTY	NO. OF PEOPLE	UNIT COST	TOTAL
1	Training for CBVs	1	12	2825.00	2825.00
2	Printing of Growth Monitoring Chart	10,000	--	35.00	350,000.00
3	Printing of Pictorial Guide	10,000	--	100.00	1,000,000.00
4	Plastic Feeding Bowls	10,000	--	5.00	50,000.00
Total ZMK					1,402,825.00

Monitoring and Evaluation

Monitoring and Evaluation Plan

To monitor changes motivated by the innovations developed, tested, and implemented, implementing partners should work closely with partners, communities, and health systems to apply community-based monitoring systems to record intervention results. Health facility data should be gathered to understand how and to what extent the innovations contribute to service access and use. Implementers should also use already existing health systems to track program reach and coverage as well as monitor outcomes at the health facility and community level. Data collectors should therefore include health facility staff (e.g., Environmental Health Technicians [EHTs]), community health workers (e.g., neighborhood health committees [NHCs], Safe Motherhood Action Groups), and implementing partner staff. The following tools should be employed to capture performance data:

- **Project/NHC records:** To track the number of mothers of children under two participating and using the growth monitoring toolkit and feeding bowls in their homes for their children.
- **Distribution tracking tool:** To record the number of materials produced and distributed to intended audiences and beneficiaries.
- **Community-based tracking sheet:** To record the number of growth monitoring toolkits distributed by each volunteer and to monitor the nutrition outcomes of each child.
- **Mini-surveys (at community/household level):** To assess changes in intermediate outcomes as well as to get estimates of behavioral changes influenced by the intervention (e.g., children fed a minimum acceptable diet).
- **Client exit interviews:** To assess clients' (mothers') perspectives on the services they received, their relevant health behaviors, and their intentions to act (e.g., their level of knowledge about the link between nutrition and brain development and complementary feeding guidelines).

Monitoring Data Collection

The following items illustrate performance indicators that the project employed to track results/changes at the output, intermediate-outcome, and outcome levels. The full list of indicators can be accessed in the monitoring and evaluation tools section.

DATA REQUIRED	DATA SOURCE
Output Indicators	
<i>No. of children (0–23 months) reached with community-level nutrition interventions through U.S. Government-supported programs</i>	<i>Health Facility/ NHC records</i>
<i>No. of products (tools, materials, resources) developed by implementing partner</i>	<i>Activity reports/ Product inventory</i>
Intermediate Outcome Indicators	
<i>% of mothers of children under two who are aware of the link between nutrition and brain development</i>	<i>Mini-survey</i>
<i>% of mothers of children under two who perceive that others in their community follow the recommended guidelines for complementary feeding for their child</i>	<i>Mini-survey</i>
Outcome Indicators	
<i>% of children aged 6–23 months who receive a minimum acceptable diet</i>	<i>Mini-survey</i>

Appendix

Implementation Tools

- **Design Materials**
- **Training Presentations**
 - [Overview of Nutrition in Children](#)
 - [Overview of Growth Monitoring Toolkits](#)
- **Community-Based Volunteer Checklist**
- **COVID-19 Adaptation Guidance**

Monitoring and Evaluation Tools

- **Mini-Survey**
- **Exit Interview Data Capture Sheet**
- **Distribution Tracking Tool**
- **Community-Based Tracking Sheet**
- **Performance Indicators**

Key Results Under Breakthrough ACTION

- **Problem Definition Report**
- **Two-Pager**
- **Mini-Survey Phase 1 Report**