

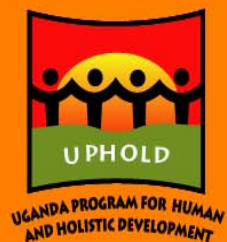
Integrated Child Health through Growth Promotion

East African Community
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***Uganda Program for Human and Holistic
Development (UPHOLD)***





Presentation Outline

- About UPHOLD
- Context
- Objectives
- About Growth Promotion
- Methods
- Results
- Conclusions
- Recommendations





About UPHOLD

- Five-year integrated social services program designed by the Government of Uganda and USAID
- Currently operates in 34 districts covering 42% Uganda's population (~ 11.8m people)
- Overall project aim is to increase access and utilization of sustainable and quality social services in **Education**, **Health** and **HIV/AIDS** in support of USAID's Strategic Objective 8 (SO8) which aims to improve human capacity



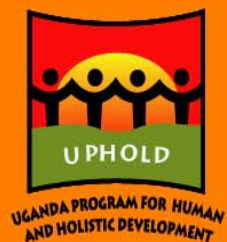


About UPHOLD

UPHOLD's core technical areas of implementation include:

- HIV/AIDS
- Primary School Education
- Communicable Disease Control (Malaria and Tuberculosis)
- **Child Health**
- Integrated Reproductive Health
- Adolescent Health

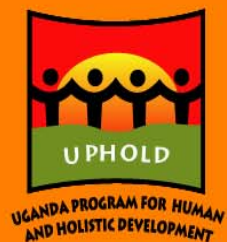




UPHOLD's Objectives in supporting Community Based Growth Promotion (CBGP)

- To establish CBGP activities in 500 villages in selected districts of Uganda
- To put into practice community Integrated Management of Childhood Illnesses (IMCI)
- Use CBGP activities as an entry point for integrated child health
- To model CBGP using the Village Health Team (VHT) approach of the Ministry of Health

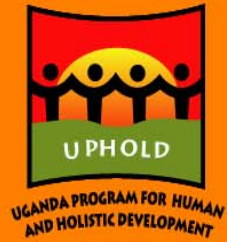




Context of Growth Promotion

- High infant and under 5 mortality rate
- 60% of deaths attributed to malnutrition
- Mild and moderate malnutrition account for 80% of those deaths
- Prevention of malnutrition better than cure
- Targeting nutrition interventions to the severely malnourished only will not be effective in preventing much of the mortality associated with under-nutrition

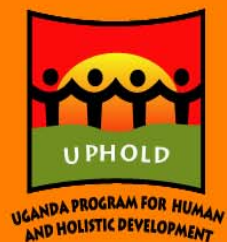




Objective of Community Based Growth Promotion (CBGP)

To prevent moderate and severe malnutrition in infants through tailor-made promotion of improved feeding and care practices





What is Growth Promotion?

- Regular assessment of child growth
 - Monthly weighing of all children 0-2 years
 - Determine adequacy of weight gain (growth)
- Using information on growth to tailor-make individual counseling
 - Identify causes of healthy or poor growth of the child
- Make decisions for action
 - Reinforce good practices / agree on possible changes
 - Define next steps and when to return
- Community feedback
 - Advocate for community action (LC, VHT, Community)





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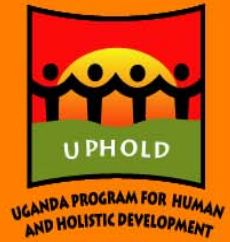


USAID
FROM THE AMERICAN PEOPLE

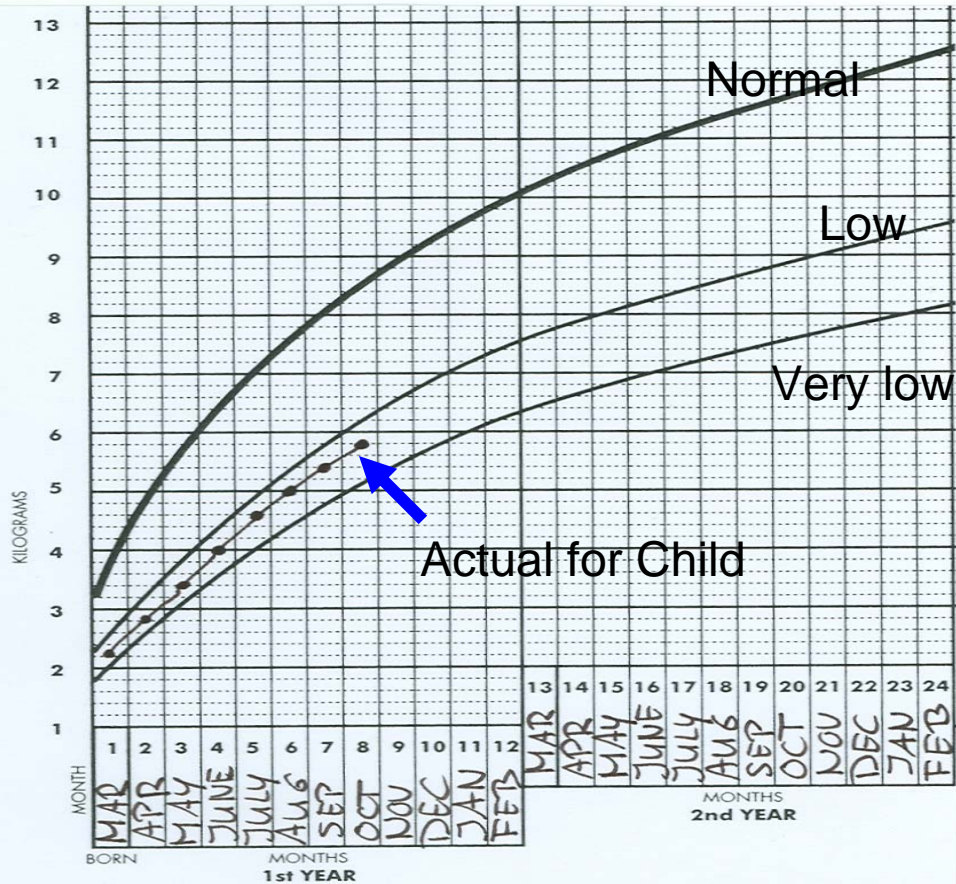


The Republic of Uganda





Tracking growth to identify a child in need of assistance



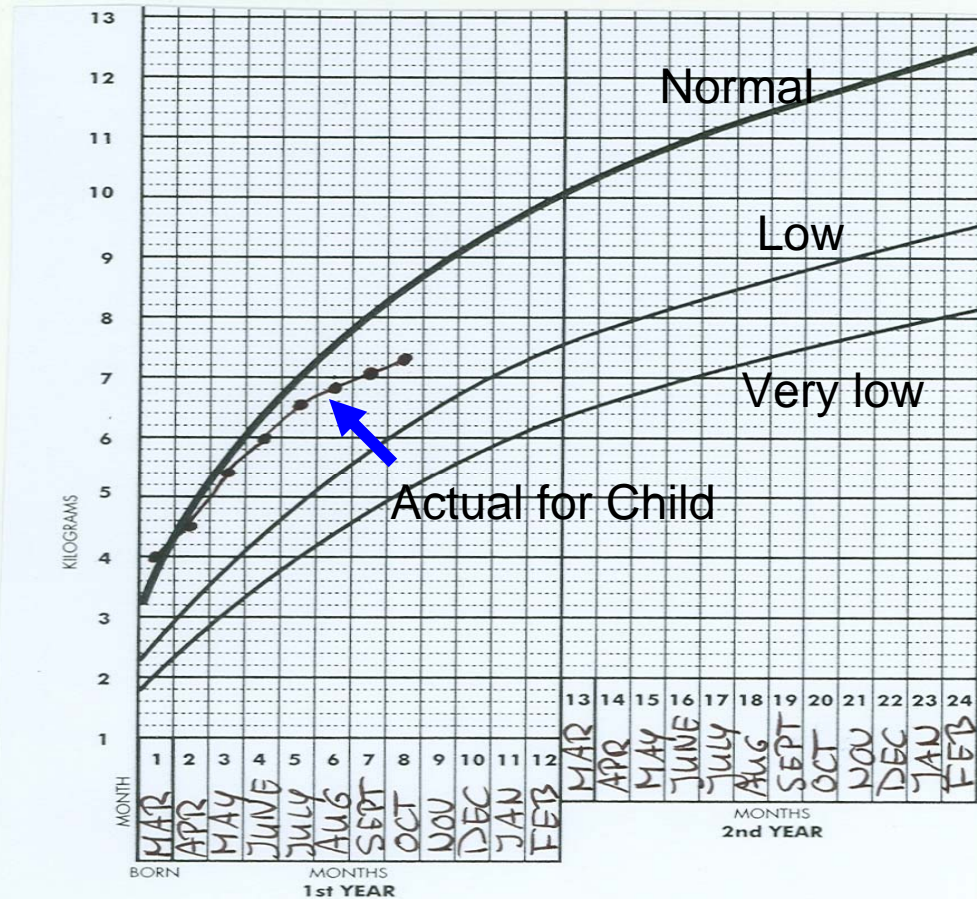
- Low weight for age due to past problems
- Currently growing well

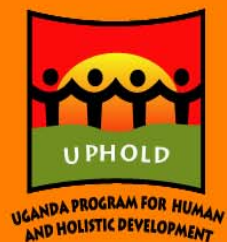




Tracking growth to identify a child in need of assistance

- High weight for age. Currently not growing well
- If detected early, small changes in behavior can re-establish adequate growth





Methods for CBGP

- Training and equipping district/sub-county trainers and community growth promoters
- Registering of all children 0-2 years at household level
- Monthly sessions for weighing and individual counseling
- Selection and training of parish coordinators
- Support supervision
- Quarterly review meetings

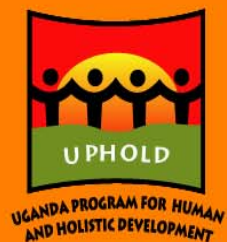




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RESULTS





Training of Growth Promoters

District	Numbers involved in CBGP				
	Trainers	Villages	Growth Promoters		
			M	F	Total
Arua	28	48	74	20	94
Bugiri	12	130	206	184	390
Luwero	19	119	154	175	329
Mayuge	11	83	68	62	130
Mbarara	6	144	141	147	288
Totals	76	524	643	588	1,231

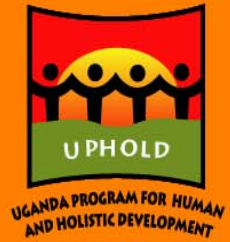




Training outline for Growth Promoters

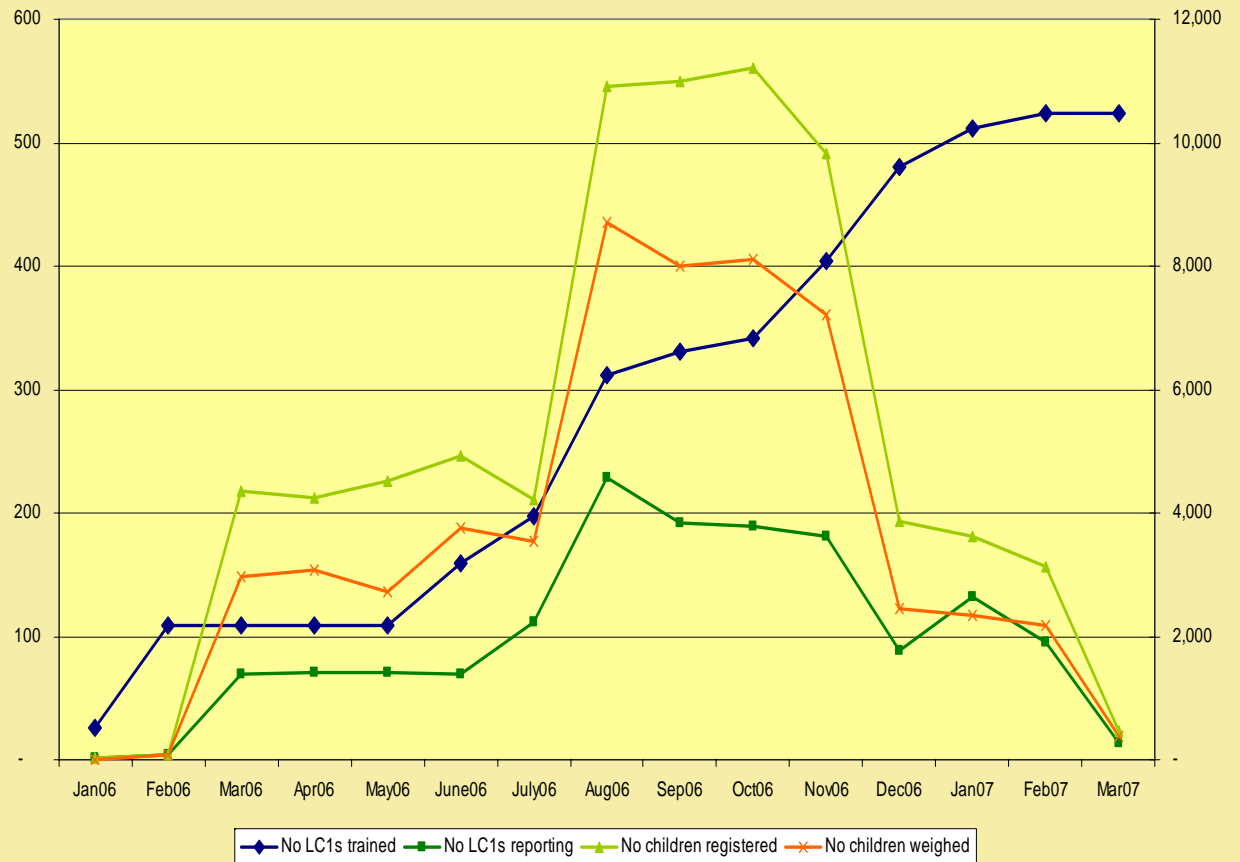
- What is CBGP
- Creating community map
- Carrying out community census
- Preparing the register
- How to organize a session
- Filling/plotting on CH card
- Identifying next expected minimum weight
- Determine adequate growth
- Choosing and using the counseling cards
- Referring a sick child
- Home visits
- How to summarize register data
- Meeting with health center staff/supervisors
- Community feed back meetings





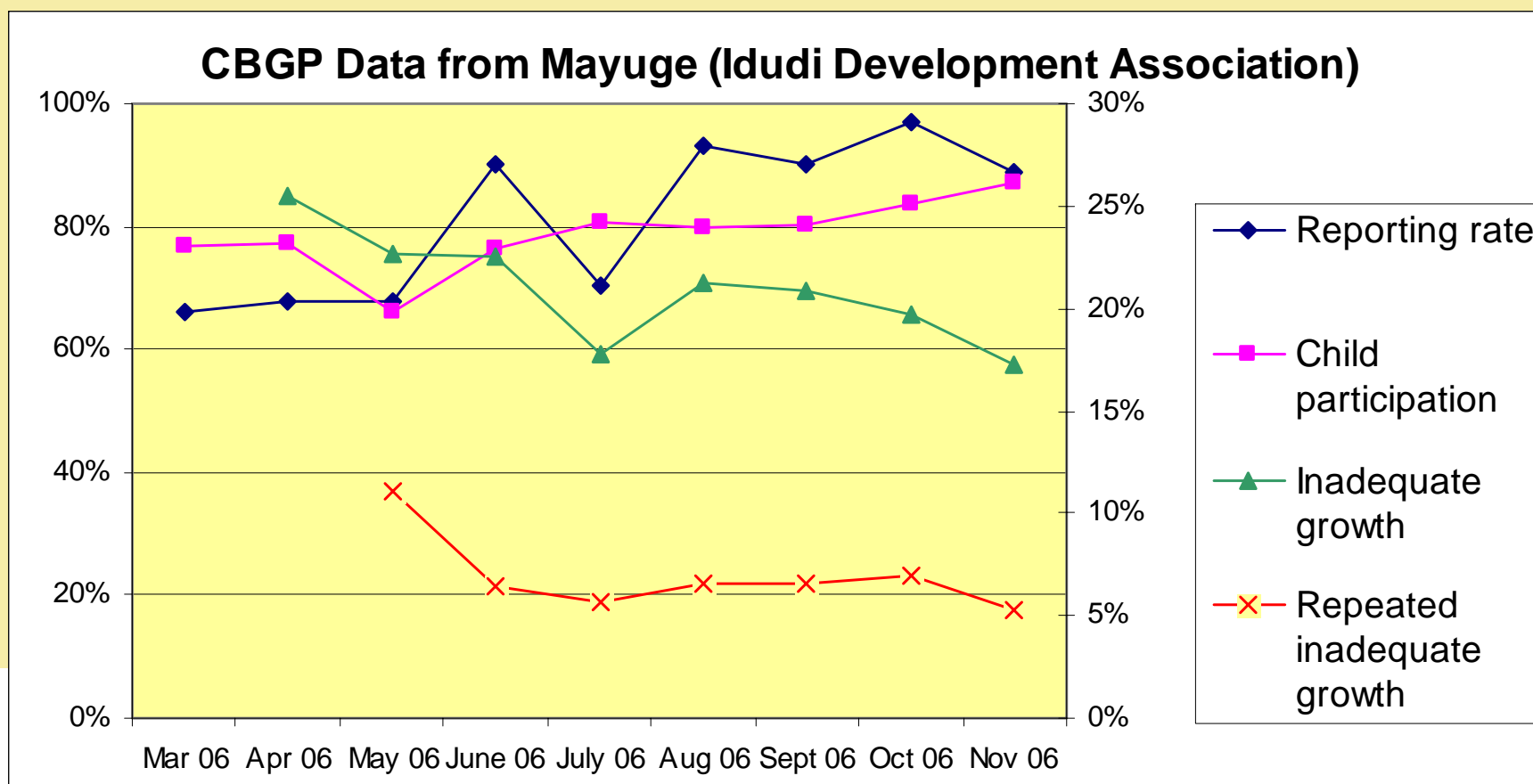
Monthly Village GP Sessions

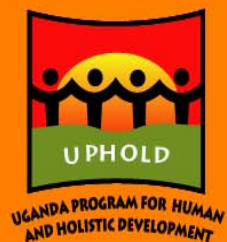
CBGP established in 524 villages covering a total of 12,000 children under 2 years old



Progress in Growth Indicators

- Impact on nutritional status (W/A) not yet known
- Growth data indicates positive effect





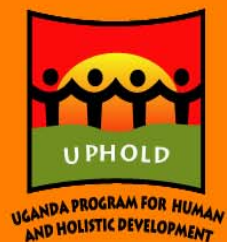
Progress – a ‘Success Story’

Individualized counseling translates standard health education messages into doable practices:

*“Once the CSO volunteer was trained and equipped for individual counseling, a mother learned **how** to exclusively breastfeed her baby and **how** to give a balanced diet”*

(May 2006, Kiruhura District)

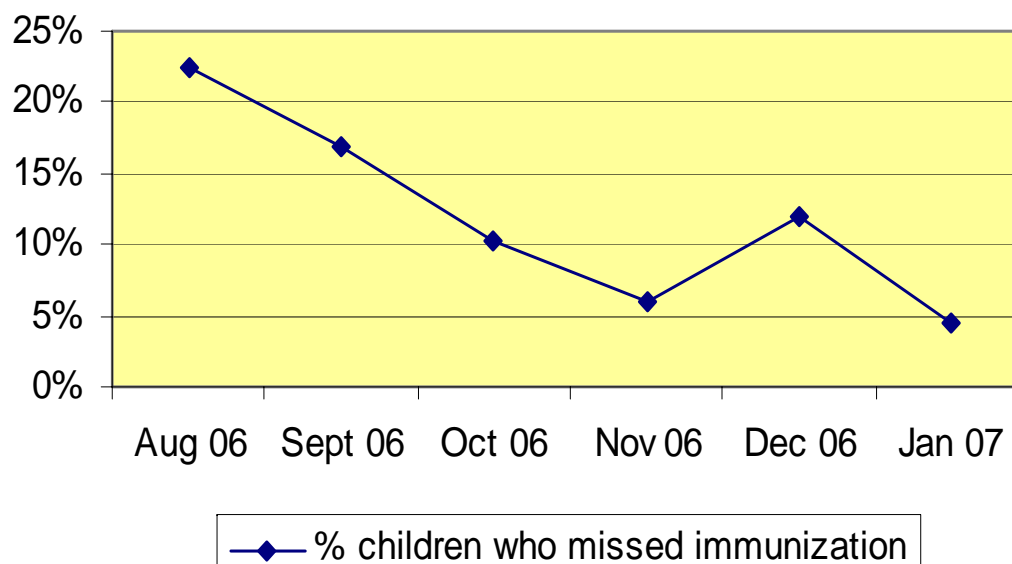


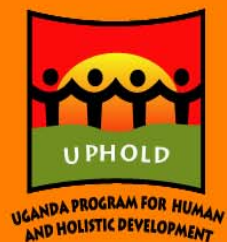


Child Health Practices - Immunization

Baseline data of other 'non intervention' parishes in same SC show that 32% had missed immunization – a rate higher than that seen here

Proportion of children participating in GP who had missed an immunization (Mpologoma parish, Luwero)

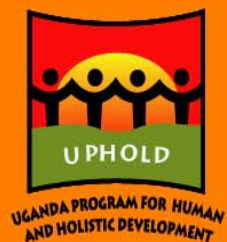




Conclusions

- District capacity and will are crucial for implementing CBGP
- Training, equipment and follow up of community volunteers is key
- CBGP takes C-IMCI a step further by promoting relevant 'best practices' within the local context of the household
- CBGP can play a significant role in promoting child growth and health





Recommendations

- Identify and orient potential partners to take CBGP forward (e.g., Plan International in Luwero district)
- The Village Health Team (VHT) should have Growth Promoters to champion child health holistically
- The Local Council meetings should discuss child growth using CBGP generated data





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Thank You!

