

Title | USING CHILD GROWTH MONITORING AND PROMOTION DATA FOR DECISION-MAKING IN GHANA AND NEPAL

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BACKGROUND AND OBJECTIVES

Health system actors can use anthropometric data collected for growth monitoring and promotion (GMP) to support individual child growth and development, as well as for program improvement. While previous studies have documented the



A health worker records GMP data in Northern Ghana | Credit: Kamal Deen Djabaku/USAID Advancing Nutrition Ghana

use of GMP data for individual purposes, few studies have examined how health workers and other government officials use the data to strengthen service delivery. The objective of this study was to examine how government staff track and use GMP data for decision-making—ultimately improve child growth and prevent growth faltering before malnutrition occurs. Tracking and reviewing anthropometric data can help health workers identify group counseling topics, decide which geographic areas need special attention, assess program reach and whether the facility met GMP attendance targets, and lobby for additional resources from authorities and support from the community.

METHODS

Following the 2018 convening on GMP, USAID Advancing Nutrition undertook a case study on GMP in Ghana and Nepal to understand how health facilities and outreach service points implement GMP in two different contexts and draw out important lessons for other countries and globally. We conducted semi-structured interviews with national and sub-national government officials (Ghana: 12; Nepal: 12), health workers/volunteers (Ghana: 16; Nepal: 24), and development partners (Ghana: 5; Nepal: 5) to understand GMP data collection, monitoring, and how it is used for program improvement. We coded and analyzed interview notes for themes related to data collection and use.

RESULTS

In both countries, health workers described a systematic way to collect, document, and enter anthropometric measurements (mainly weight) taken at GMP service delivery points on paper registers and an electronic platform. Sub-national officials in both countries reported a system to review GMP program data,

but noted that they did not review it as frequently as required. During monitoring visits, sub-national officials reported prioritizing data accuracy, such as through routine data quality audits in Nepal, over data use. While there were notable examples of data use for program improvement, such as health workers advocating for infant and young child feeding (IYCF) training in Ghana, several health workers and government officials in both countries were unaware of how to use data for decision-making other than for reporting purposes. Respondents did not describe existing guidance on how to use program data.

The GMP data are being used to assess the nutritional status of the children, frequency of the visits and to draw the growth trend. We also calculate the default cases from the collected data. When we identify the default cases then we inform the parent and request them to bring their child for the GM.

—Health worker, Sindhupalchok District, Nepal

Figure 1: How Data Improves Programming



KEY TAKE-AWAY

In Ghana and Nepal, growth monitoring and promotion data use for program improvement needs strengthening.

CONCLUSIONS

Without written guidance on how to use anthropometric data collected for GMP, health workers and their managers focused more on reporting and checking data accuracy than on using the data to strengthen service delivery. Global organizations and the governments of Ghana and Nepal should develop guidance for health workers and national/sub-national government officials on how to use GMP data for program improvement and accountability.

It helps in program planning in terms of logistics and human resources needed. For example, because of data we were able to convince the regional level to train all our staff in IYCF in Garu District.

—Sub-national government official, Garu District, Ghana

CONFLICT OF INTEREST

The authors declare no conflict of interest.



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