

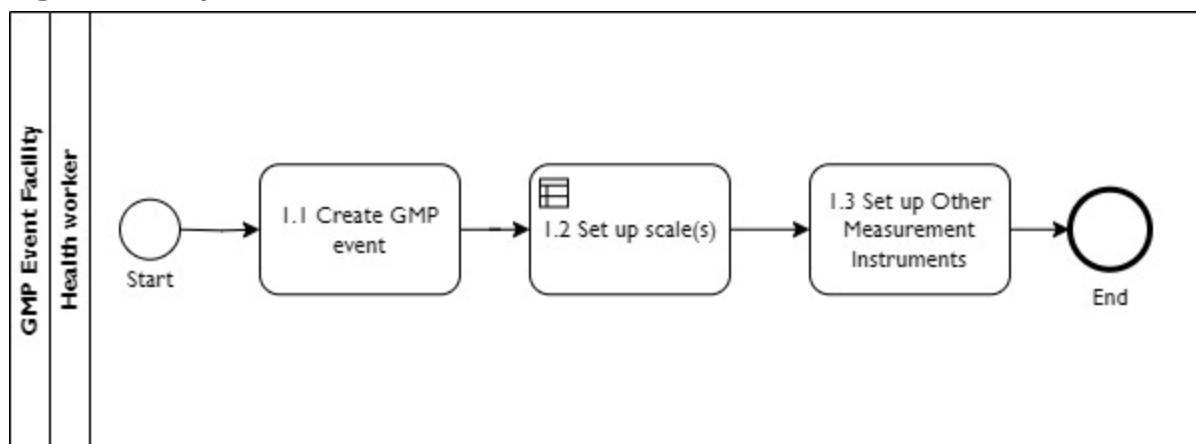
# Annex I. Business Process Workflows

## READ ME

- Each business process workflow is followed by annotations that provide more details about the activities or tasks, and references to the relevant decision logic. Not all activities or tasks in the workflows have additional annotations.
- The business process workflow template was adapted from WHO's DAKs (WHO 2021c, WHO 2021d, and WHO 2022).

## Setup

Figure I. Setup Workflow



## Annotations and Notes

**General Notes:** This workflow is optional and depends on national protocols about the frequency of setting up equipment. We suggest following this workflow at least once daily when opening the application for the first time. A GMP “event” may be a special day designated for the delivery of GMP services or it may take place during a child’s routine health facility visit.

### 1.1 Create GMP Event

- The health worker opens the DTDS tool for GMP.
- The application prompts the health worker to record the date of the GMP event. The date will be the visit date associated with each client visit created that day.
- The application prompts the health worker to select the location where the GMP event is taking place. The event location will be the location of visits conducted that day. The GMP event may take place in a health facility or in some other location.

### 1.2 Set Up Scale(s)

- The application reminds the health worker to calibrate all scales periodically.
- The application asks whether the health worker would like instructions on how to calibrate the scale. If the health worker selects “yes,” a **pop-up** will appear with the following information:

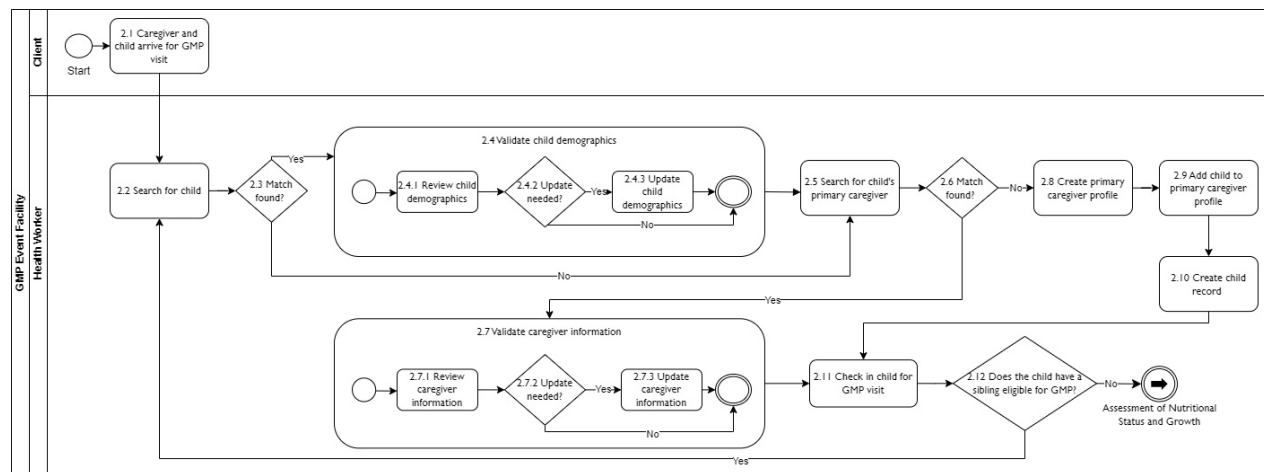
- Any trained person can check the calibration of a scale. To test whether a scale is accurately calibrated, weigh a standardized set of weights (e.g., 10 kg, 20 kg, 30 kg weights) and see whether the scale accurately measures them. If the test shows that the scale is not calibrated correctly, the scale must be sent to a technician who is trained to fix the equipment.
- The application prompts the health worker to select which type of scale(s) he/she will use to weigh children for the duration of that GMP event.
- The application provides instructions for setting up the scale(s) based on the type of scale(s) selected (including calibration). See **DT.PR.01** in **Annex 4**.

### I.3 Set Up Other Measurement Instruments

- The application prompts the health worker to indicate the availability and functionality of other measurement instruments.
- The application provides these instructions:
  - When assembling the height/length board, measure rods of known length to check that they are assembled correctly.
  - Ensure that the height/length board is placed on a level surface or the ground.
  - Check that the joints of the height/length board are tight and straight. If they are not, adjust them, as necessary.
  - Check that you can read the MUAC measuring tape. If it is too worn to be read, it should be replaced.

## Registration

Figure 2. Registration Workflow



### Annotations and Notes

**General note:** The health worker can register one client or child<sup>1</sup> at a time and then proceed with growth monitoring for that child, OR the health worker can register and check in all children before proceeding with growth monitoring for each.

#### 2.1 Caregiver and Child Arrive for GMP Visit

<sup>1</sup> Going forward in this document we refer to the client as the “child” because the client for GMP services is always a child.

- The caregiver and child arrive at the GMP event location.
- The application reminds the health worker to—
  - Greet the child and caregiver in a friendly way, treating them respectfully, addressing them by name, introducing yourself, and using a kind or gentle tone.
  - The application reminds the health worker that if the child is sick, she/he should—
    - Not start a GMP visit with the child—instead she/he should direct the child to sick child care so that another health worker can identify the problem and provide any necessary treatment.
    - Advise the caregiver to provide fluids and food to any child who is capable of eating and drinking.
    - Advise the caregiver to keep the child warm if the child is not hot with fever.
    - Ensure that the appropriate health worker in the location sees the caregiver for treatment or referral.

## 2.2 Search for Child

The health worker searches in the list of clients for the child who presented for GMP services.

### 2.3 Match Found?

No relevant annotations.

## 2.4 Validate Child Demographics

### 2.4.1 Review Child Demographics

- If the child is in the system...
  - The application prompts the health worker to review the child’s record with the caregiver to see if any updates need to be made—for example, if the child’s residence has changed or if the child’s primary caregiver has changed since the last visit.
  - The application encourages the health worker to check the child’s growth card to ensure the information recorded in the application is consistent.
  - The application gives the health worker the option to make updates, if needed.
  - The application reminds the health worker to ask to see the child’s paper-based health card (if the country uses them) and use it to add to/update the child’s demographic information.

### 2.4.2 Update Needed?

No relevant annotations.

### 2.4.3 Update Child Demographics

No relevant annotations.

## 2.5 Search for Child’s Primary Caregiver<sup>2</sup>

- If the child is not in the system, the health worker searches in the application for the primary caregiver of the child. The process of searching for a caregiver will vary. Conduct the search by name or unique identifier. If a unique identifier is used, ideally it is a unique identifier used in other parts of the health system so that the child can be traced across multiple health services.

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<sup>2</sup> The primary caregiver may not be the person accompanying the child for GMP services.

## 2.6 Match Found?

No relevant annotations.

## 2.7 Validate Caregiver Information

### 2.7.1 Review Caregiver Information

- If the caregiver is in the system...
  - The application prompts the health worker to review the caregiver's information to see if any changes have occurred.
  - The application gives the health worker the option to make updates, if needed.

### 2.7.2 Update Needed?

No relevant annotations.

### 2.7.3 Update Caregiver Information

No relevant annotations.

## 2.8 Create Primary Caregiver Profile

- If both the child and the child's primary caregiver are not in the system, the application prompts the health worker to collect a minimum amount of data about the primary caregiver (name, date of birth, address) to uniquely identify the primary caregiver and link her/him to other children. The primary caregiver may not be the same as the caregiver accompanying the child at the GMP visit.

## 2.9 Add Child to Caregiver Profile

- If the caregiver is in the system, but the child is not, the health worker will select the caregiver's profile and opt to add another child to the caregiver's record.

## 2.10 Create Child Record

- The application prompts the health worker to collect the child's demographic information (name, date of birth or age, sex, singleton/multiple, birth order, and prior diagnosis of malnutrition/wasting).
- The application prompts the health worker to ask the caregiver the child's sex rather than assuming the sex based on the child's presentation.
- The application reminds the health worker to check the child's growth card to ensure the information recorded in the application is consistent.

## 2.11 Check Child in for GMP Visit

- The application prompts the health worker to check the child in for the GMP visit and places the child in the queue for the **Assessment of Nutritional Status and Growth Workflow**.
- The application prompts the health worker to ask the caregiver if the child has other siblings who are eligible for GMP and if that child is present.

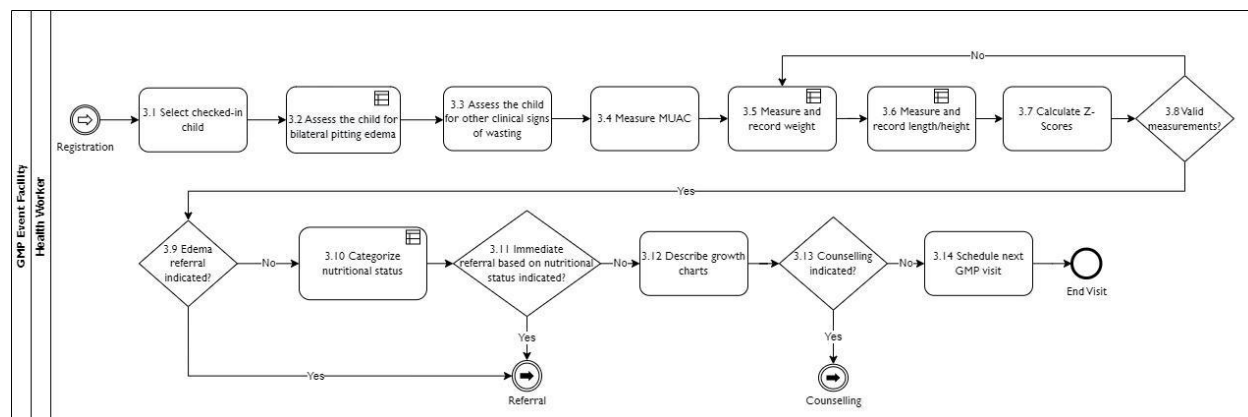
## 2.12 Sibling Eligible for GMP Visit?

- If the child has a sibling that is eligible for GMP and present, the application reminds the health worker that she/he needs to register the other child before proceeding. The application moves the health worker back to **Step 2.2**.

- If the child does not have a sibling eligible for GMP, the application moves the health worker to the **Assessment of Nutritional Status and Growth Workflow**.

## Assessment of Nutritional Status and Growth

Figure 3. Assessment of Nutritional Status and Growth Workflow



### Annotations and Notes

#### 3.1 Select Checked-In Child

- The application prompts the health worker to decide to move to growth monitoring directly after checking in the child OR to check in the next child from the queue, depending on the workflow in the country.
- The application prompts the health worker to confirm the visit date, event location, and child's age previously specified in the **Setup Workflow** and **Registration Workflow**.
- The application will provide the dates of the previous GMP visits in the last year.
- The application reminds the health worker to—
  - Explain the reason for taking the measurement and the procedures involved.
  - Ask whether the child or caregiver has any questions.

#### 3.2 Assess the Child for Bilateral Pitting Edema

- The application provides the health worker with the following instructions:
  1. Explain that you will first check for signs of malnutrition by examining the child's feet, arms, and legs.
  2. Ask the caregiver to remove the child's footwear or socks and have the child sit on a chair, stool, or in the arms of the caregiver.
  3. Ask the caregiver to help with the assessment and keeping the child still and calm.
- The application asks whether the health worker would like additional instructions for assessing the child for bilateral pitting edema. If the health worker selects "yes," a **pop-up** will appear with the following instructions:
  1. Explain that before you measure the child's growth, you will first check for signs of bilateral pitting edema or malnutrition by examining the child's feet, arms, and legs.

2. Ask the caregiver to remove the child's footwear or socks.
  3. Ask the caregiver to have the child sit on a chair, stool, or in the arms of the caregiver. If assessing a child who can sit alone, ask the caregiver to kneel by the child to help keep the child still and secure.
  4. Ask the caregiver to help with measurement by keeping the child still and calm, soothing and comforting the child, as needed. Explain to the caregiver that it is important to keep the child still and calm to obtain a good measurement.
  5. Grasp both of the child's feet so that they rest in your hands, with one thumb on top of each foot.
  6. Press your thumbs gently on both feet at the same time for at least three seconds.
  7. Count slowly, "one thousand one, one thousand two, and one thousand three," to reach three seconds. Then lift your thumbs.
  8. Observe and record if pits (dents) remain in both feet when you lift your thumbs.
  9. If pits (dents) appear, conduct the same test on the lower legs, hands, and lower arms. Record where you observed edema or where pits (dents) remain after pressing your thumbs gently for at least three seconds.
  10. If pits (dents) appear in these other areas, look for swelling in the face, especially around the eyes.
- The application prompts the health worker to record where he/she observes edema or swelling.
  - The application determines the severity of the child's bilateral pitting edema based on the health worker's assessment and prompts the health worker to explain the child's degree of severity to the caregiver and that the child will require immediate treatment or referral for treatment using **DT.GM.01** in **Annex 4**.
  - The application determines whether the child is severely wasted based on the presence of bilateral pitting edema using **DT.GM.02** in **Annex 4**.

### 3.3 Assess the Child for Other Clinical Signs of Wasting

- The application prompts the health worker to observe and record other clinical signs of wasting.

### 3.4 Measure MUAC (optional)

[NOTE: Include this step only if it is part of GMP service provision in the local context.]

- The application prompts the health worker to measure and record the child's MUAC.
- The application asks whether the health worker would like additional instructions for measuring MUAC. If the health worker selects "yes," a **pop-up** will appear with the following instructions:
  1. Explain to the caregiver and child that you are going to measure the length around the child's middle upper arm.
  2. Show the MUAC tape to the caregiver and child.
  3. Make sure to use the appropriate MUAC tape for the specific age or target groups (e.g., children ages 6–59 months, pregnant and postpartum women).
  4. Ask the caregiver to remove any clothing covering the child's left arm.

5. Ask the caregiver to help with measurement by keeping the child still and calm, soothing and comforting the child, as needed. Explain to the caregiver that it is important to keep the child still and calm to obtain a good measurement.
6. If a child can stand upright, take the MUAC measurement while the child is standing. If a child cannot stand but can sit quietly on a chair or stool, ask the caregiver to kneel by the child to keep her/him calm, still, and secure. Otherwise, ask the caregiver to sit on a chair or stool and place the child on her/his lap.
7. Work at eye level. Stand, sit, or kneel, if necessary.
8. Locate the midpoint of the child's upper left arm, which is between the shoulder tip and the tip of the elbow:
  - Locate the tip of the child's shoulder with your fingertips.
  - Find the tip of the elbow by bending the child's elbow so the arm makes a right angle.
  - Use a MUAC tape to measure the full length between the shoulder tip and the elbow tip.
  - Mark the midpoint (half of the measured full length) on the child's arm with a pen.
9. Straighten the arm after marking the midpoint. Ask the caregiver to help, if necessary.
10. Wrap the MUAC tape around the child's arm at the midpoint mark and slide the end of the tape through the opening and into the slit on the other side.
11. Adjust the tape's tension so that the tape is flat against the skin. The measurement will be inaccurate if the skin is pinched (tape is too tight) or if the tape is not touching the skin (tape is too loose).
12. The arrow on the tape points to the measurement.
13. Record the child's MUAC to the nearest 0.1 centimeter (cm) (1 millimeter).

### 3.5 Measure and Record Weight

- The application prompts the health worker to select the type of scale that will be used to weigh the child from among the types of scales selected in the **Setup Workflow**.
- The application reminds the health worker to measure and record the child's weight to the nearest 0.01 kg (10 grams [g]) if under one year old and 0.1 kg (100 g) if one year of age or older.
- The application provides the health worker with instructions for weighing the child according to the type of scale being used and the child's ability to stand independently, based on decision logic in **DT.GM.03** in **Annex 4**.

### 3.6 Measure and Record Height/Length

- The application prompts the health worker to select the instrument they will use to measure the child's height/length.
- The application asks whether the health worker would like additional instructions for selecting the instrument. If the health worker selects "yes," a **pop-up** will appear with the following instructions:
  1. Measure the recumbent length of children under two years of age when lying down on the length board.
  2. Do not measure the height of children under nine months of age.

3. If children older than nine months of age but under two years of age will not lie down on the length board, measure the standing height using the height board and the application will convert it to length.
  4. Measure the standing height of children two years of age or older who can stand using the height board.
  5. If children two years of age or older are unable to stand, measure recumbent length using the length board and the application will convert it to height.
- The application provides the health worker with instructions for measuring the height/length of the child depending on the child's age and whether the height or length board will be used, based on the decision logic in **DT.GM.04** in **Annex 4**.
  - The application converts height to length or length to height, as indicated.

### 3.7 Calculate Z-Scores

- The application calculates z-scores for weight-for-age, height/length-for-age, weight-for-height/length, and body mass index-for-age.

### 3.8 Valid Measurement?

- If any of the calculated z-scores are not valid, the application moves the health worker back to **Step 3.4** to re-measure and record weight and height of the child.
- If all calculated z-scores are valid, the application moves the health worker to **Step 3.9** to determine whether a referral is needed due to the presence of bilateral pitting edema.

### 3.9 Edema Referral Indicated?

- If the child has bilateral pitting edema, the application moves the health worker to the Referral Workflow.
- If the child does NOT have bilateral pitting edema, the health worker needs to interpret nutritional status and growth need. The application moves the health worker to Step 3.10 to categorize the child's nutritional status.

### 3.10 Categorize Nutritional Status

- The application asks whether the health worker would like additional information on z-scores. If the health worker selects "yes," a **pop-up** will appear with the following reminders:
  - A z-score indicates how far and in what direction an individual's anthropometric measurement deviates from the median of the reference population; it is expressed in standard deviations.
  - Use WHZ, BMI-for-age z-score, and MUAC to determine whether a child is wasted or has acute malnutrition.
  - Use WHZ and BMI-for-age z-score to determine whether a child is overweight or obese.
  - Use WAZ to determine whether the child is underweight. It may reflect wasting, stunting, or both.
  - Use HAZ to determine whether the child is stunted. This is only used at the population level.
- The application categorizes the child based on each measure of nutritional status and prompts the health worker to explain each to the caregiver using **DT.GM.05**, **DT.GM.06**, **DT.GM.07**, and **DT.GM.08** in **Annex 4**.



- The application determines whether the child’s nutritional status indicates that the child requires an immediate referral in **DT.GM.09** in **Annex 4**.

### 3.11 Immediate Referral Based on Nutritional Status Indicated?

- If the child’s nutritional status indicates that the child requires a referral immediately, the application prompts the health worker to explain this to the caregiver and moves the health worker to the **Referral Workflow**.
- If the child’s nutritional status does not indicate that the child requires an immediate referral, the application moves the health worker to **Step 3.12**.

### 3.12 Describe Growth Charts

- The application reminds the health worker that—
  - Growth should track with or run parallel to the median and normal z-score lines on the growth charts.
  - If the growth line tends toward the median, this is probably a good change. If it tends away from the median, this likely signals a problem or risk of a problem.
  - Whenever a child’s growth line crosses a z-score line (i.e., if the child’s curve increases or decreases at a more rapid pace or a much slower pace than the median), there is a possible risk of a problem.
  - Look at and consider the trends of all of the child’s growth charts before drawing any conclusions. For example, if a child has gained weight rapidly, also look at height. If the child grew in weight only, this may be a problem. If the child grew in weight and height proportionally, this may be catch-up growth from previous illness, undernutrition, improvement in feeding, or a growth spurt. In this situation, the weight-for-age and height-for-age charts should show inclines, while the weight-for-height growth line tracks steadily along the z-score curves.
- The application asks whether the health worker would like additional information to help describe and interpret the growth lines. If the health worker selects “yes,” a **pop-up** will appear with the following information:
  - Normal growth line → Growth should track with or run parallel to the median and normal z-score lines on the growth charts. Children who are growing and developing normally will generally be at or within -2 and 2 z-scores of a given indicator. You should expect the growth of an individual child plotted over time to track fairly close to the same z-score line.
  - Sharp incline in growth line → Carefully investigate sharp inclines in weight. If a child has gained weight rapidly, the health care provider should also look at changes in height. If the child grew in weight and height proportionally, this may be catch-up growth from previous illness, undernutrition, or a growth spurt. In such a situation, the weight-for-age and height-for-age charts will show steeper-than-expected inclines, while the weight-for-height growth line tracks steadily along the z-score curves. However, if the child gained weight without gaining height, this may be a cause for concern. A sharp incline in a growth line after a child was ill or severely undernourished is referred to as "catch-up" growth. This is to be expected and is not a problem.
  - Sharp decline in growth line → A sharp decline in weight is always of concern. A sharp decline in the growth line of a normal or undernourished child indicates a growth problem you should investigate. Normal and undernourished children who are increasing in height should

consistently gain weight proportionally; those who lose weight are at risk of becoming moderately or severely malnourished. Even if a child is overweight, he or she should not have a sharp decline in the growth line because losing too much weight rapidly is undesirable. The overweight child should instead maintain his/her weight while increasing in height, (i.e., the child should “grow into his weight”). A sharp decline in height indicates a measurement error because children are unlikely to lose height.

- Flat or stagnant growth line → A flat (stagnant) growth line indicates that a child is not increasing in height or gaining weight (depending on the measurement you are charting). This may indicate undernutrition and you should explore it. Flat growth is of less concern when an overweight or obese child maintains the same weight while growing in height, which would bring the child closer to a healthy weight-for-height. Verify this by consulting both the weight-for-height and height-for-age growth curves. When weight and height are both stagnant, undernutrition and/or illness may have compromised the child’s overall growth and development. For children in age groups that grow rapidly (i.e., with steep growth curves), such as during the first six months of life, even one month of flat growth is cause for concern because it is hard to recover that lost growth.
- The application prompts the health worker to describe and explain each of the child’s growth charts to the caregiver.
- The application determines whether the child has a possible growth problem based on the child’s nutritional status and growth trends in **DT.GM.10** in **Annex 4** and asks the health worker to confirm whether they will provide counseling.

### 3.13 Counseling Indicated?

- If the child’s nutritional status and/or growth (if available) indicates a possible problem, the application moves the health worker to the **Counseling Workflow**.
- If the child’s nutritional status and/or growth (if available) are normal, the application moves the health worker to **Step 3.14**.

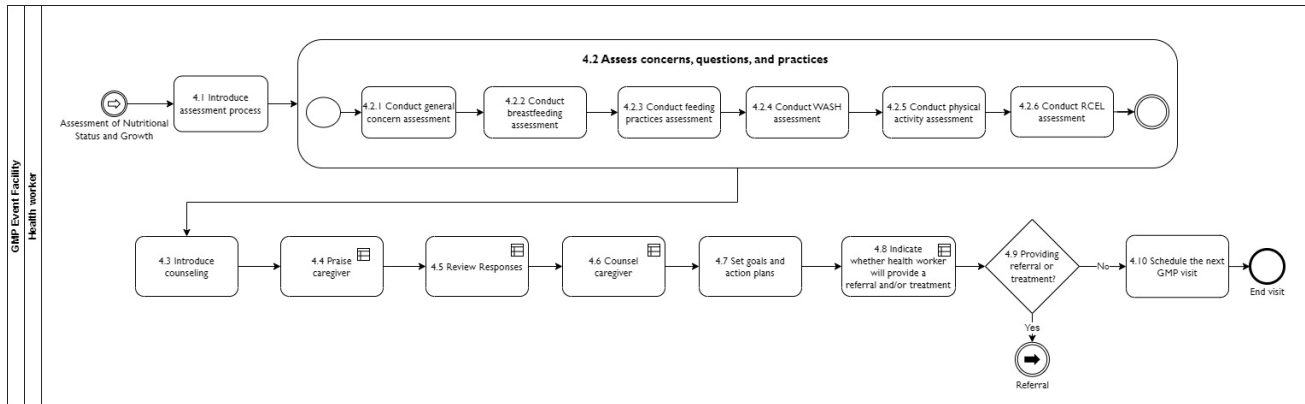
### 3.14 Schedule Next GMP Visit

- The application prompts the health worker to congratulate the caregiver for the child’s healthy growth.
- The application reminds the health worker to—
  - Explain to the caregiver the importance of regularly attending GMP visits to identify problems before they become more serious.
  - Agree with the caregiver on the day and time when the child should return for the next GMP visit.
  - Remind the caregiver to bring all eligible children.
  - Give the caregiver a reminder card with the agreed-on day and time for the child’s next GMP visit and goal(s).
  - Ask the caregiver if she/he has any last questions or concerns.
  - Thank the caregiver for bringing the child in for the GMP visit.
  - Record the agreed-on day and time for the child’s next GMP visit.

- Update the child’s paper-based health card (if the country uses them) with the relevant information.

## Counseling

Figure 4. Counseling Workflow



## Annotations and Notes

### 4.1 Introduce Assessment Process

- The application reminds the health worker to explain to the caregiver—
  - Your child does not appear to be severely malnourished, but is not growing as well as we would like to see.
  - There are many possible causes of growth problems.
  - I am going to ask you a few questions about the child and some of your child care practices.
  - I am also interested in hearing your questions or concerns.
  - Together, we will use this information to identify things that may help improve your child’s growth.
- The application reminds the health worker to observe how the caregiver interacts and communicates with and responds to the child (through both verbal and nonverbal communication).
- The application reminds the health worker to—
  1. Actively listen to and learn from the caregiver’s responses, questions, and concerns.
  2. Treat the caregiver with respect, kindness, and empathy.
- The application asks whether the health worker would like the additional information. If the health worker selects “yes,” a **pop-up** will appear with the following reminders:
  1. Actively listening to and learning from the caregiver’s responses, questions, and concerns involves the following:
    - Give the caregiver sufficient time to talk (express concerns, explain responses, or ask questions).
    - Use body language and gestures that show interest. This may include keeping your head level with the caregiver (if culturally appropriate), making eye contact with the caregiver

- (if culturally appropriate), removing barriers, and using appropriate touch (if culturally appropriate).
  - Avoid close-ended questions. These are questions that caregivers can answer with a “yes/no” response, such as those starting with: “Do you...?”, “Will you...?” (e.g., Will you breastfeed your child until six months?), or “Are you...?”. Instead ask open-ended “checking” questions that start with the words “how,” “what,” “why,” “when,” or “Please show me.”
  - Reflect back or repeat what the caregiver said to confirm you understand.
2. Treating the caregiver with respect, kindness, and empathy means that you—
- Avoid judging words.
  - Avoid stigmatizing or discriminating.
  - Show that you understand how the caregiver feels.
  - Acknowledge and accept what the caregiver thinks and feels.

## 4.2 Assess Concerns, Questions, and Practices

### 4.2.1 Conduct General Concern Assessment

The application prompts the health worker to ask the caregiver about questions, concerns, traumas, and recent illnesses.

### 4.2.2 Conduct Breastfeeding Assessment

The application prompts the health worker to ask the caregiver questions about breastfeeding practices.

### 4.2.3 Conduct Feeding Practices Assessment

The application prompts the health worker to ask the caregiver questions about child feeding practices.

### 4.2.4 Conduct WASH Assessment

The application prompts the health worker to ask the caregiver questions about water, sanitation, and hygiene practices.

### 4.2.5 Conduct Physical Activity Assessment

The application prompts the health worker to ask the caregiver questions about the child’s physical activity practices.

### 4.2.6 Conduct RCEL Assessment

The application prompts the health worker to ask the caregiver questions about responsive care and early learning practices.

## 4.3 Introduce Counseling

- The application reminds the health worker to—
  - Thank the caregiver for answering questions and sharing concerns.
  - Explain that you will discuss what the caregiver/child can do to improve the child’s growth and prevent the child from becoming malnourished, which can put them at increased risk of illness.
- The application reminds the health worker that counseling should be a dialogue between the health worker and the caregiver.

## 4.4 Praise Caregiver

- The application reminds the health worker to praise the caregiver for things the caregiver is doing well.

- The application provides the health worker with a list of behaviors, based on responses recorded during the assessments, that the health worker might praise in **DT.CN.01** in **Annex 4**.

#### 4.5 Review Responses

- The application provides the health worker with a list of characteristics, questions, concerns, and practices identified during the assessments in **DT.CN.02** in **Annex 4**.
- The application reminds the health worker to discuss these characteristics, questions, concerns, and practices with the caregiver and identify those that may be causes of a growth problem.

#### 4.6 Counsel Caregiver

- The application reminds the health worker that counseling should be a dialogue between the health worker and the caregiver.
- The application reminds the health worker to provide the caregiver with just a small amount of relevant information.
- The application asks whether the health worker would like the additional information. If the health worker selects “yes,” a **pop-up** will appear with the following reminders:

To build the confidence of a caregiver in a supportive way, you will want to do the following:

- Recognize and praise what a caregiver is doing right.
  - Provide the caregiver with just a small amount of relevant information.
  - Use simple language.
  - Make suggestions, not commands.
  - Give suggestions that are appropriate for the child’s age and circumstances, and are practical, feasible, or doable.
  - Ask the caregiver to repeat back what she/he heard to be sure that there was no misunderstanding and that the caregiver understood what you discussed.
- The application provides the health worker with a list of counseling topics covered during previous visits.
  - The application provides the health worker with a list of counseling topics as determined in **DT.CN.03** in **Annex 4**, based on some of the questions, concerns, or behaviors identified during the assessments as well as the child’s age. This list is based on the generic counseling cards/topics listed in **Annex 6**.
  - The application prompts the health worker to select counseling topic(s) based on characteristics, questions, concerns, or practices identified during the assessments, and any new comments, questions, or requests from the caregiver.

#### 4.7 Set Goals and Plan Actions

- The application provides the health worker with goal(s) from previous GMP visits.
- The application prompts the health worker to discuss and agree on goal(s) with the caregiver.
- The application asks whether the health worker would like the additional information for setting goals. If the health worker selects “yes,” a **pop-up** will appear with the following reminders:
  - Suggest that the caregiver select only one or two small, doable actions or behaviors to try that are appropriate for the child and caregiver’s situation.

- Discuss with the caregiver any challenges that they may encounter in achieving the goal(s) and potential ways to overcome them.
- The application reminds the health worker to ask “checking” questions to ensure the caregiver understands the goals and how to achieve them.
- The application prompts the health worker to record the goal(s).

#### 4.8 Indicate Whether Health Worker Will Provide a Referral and/or Treatment

- The application asks the health worker whether he/she will provide a referral to the child/caregiver and/or whether the health worker will treat the child.

#### 4.9 Providing Referral or Treatment?

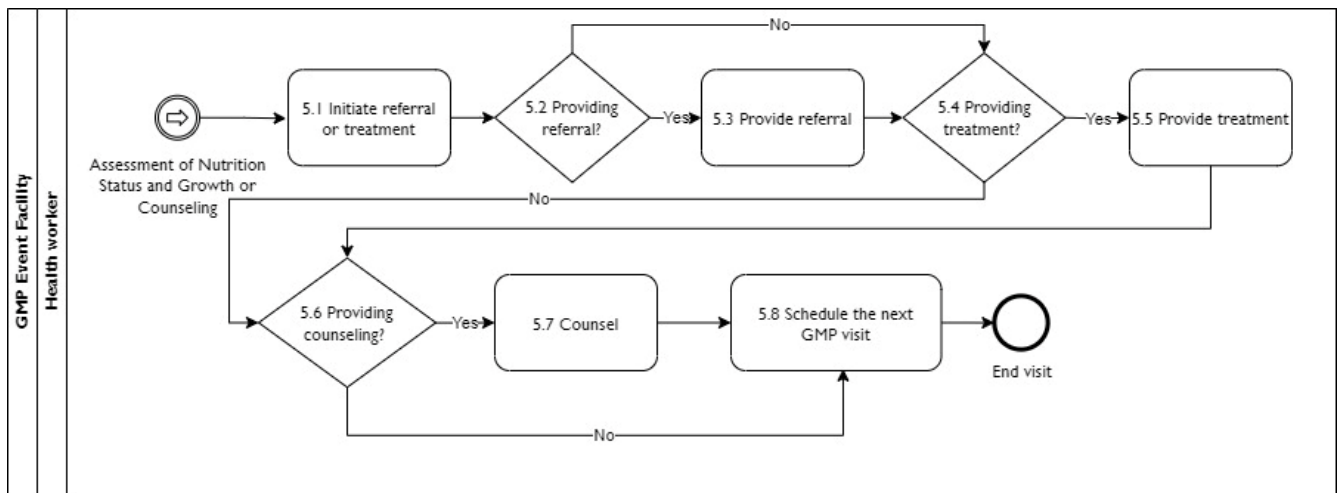
- If the health worker indicates that she/he will refer the caregiver or treat the child, the application moves the health worker to the **Referral Workflow**.
- If the health worker indicates that she/he will not refer the caregiver or treat the child, the application moves the health worker to **Step 4.10**.

#### 4.10 Schedule the Next GMP Visit

- The application reminds the health worker to—
  - Explain to the caregiver the importance of regularly attending GMP visits to identify problems before they become more serious.
  - Agree with the caregiver on the day and time when the child should return for the next GMP visit.
  - Remind the caregiver to bring all eligible children.
  - Give the caregiver a reminder card with the agreed-on day and time for the child’s next GMP visit and the agreed-on goal(s).
  - Ask the caregiver if she/he has any last questions or concerns.
  - Thank the caregiver for bringing the child in for the GMP visit.
  - Record the agreed-on day and time for the child’s next GMP visit.
  - Update the child’s paper-based health card (if the country uses them) with the relevant information.

# Referral

Figure 5. Referral Workflow



## Annotations and Notes

### 5.1 Initiate Referral or Treatment

- The application reminds the health worker to let the caregiver know the questions, concerns, conditions, practices, or issues for which they are providing treatment/referral.
- The application asks the health worker to indicate whether they will provide a referral to the child/caregiver.
- The application asks the health worker to indicate whether they will treat the child.

### 5.2 Providing Referral?

- If the health worker indicated they will provide a referral to the child/caregiver, the application moves the health worker to **Step 5.3** to provide the referral.
- If the health worker did not indicate that they will refer the child/caregiver, the application moves the health worker to **Step 5.4** to determine whether the health worker will provide treatment.

### 5.3 Provide Referral

- The application prompts the health worker to—
  - Record the questions, concerns, conditions, practices, or issues for which they will provide a referral.
  - Record the facility or provider you are referring the child/caregiver to.
- The application reminds the health worker to—
  - Fill out a paper referral slip and give it to the caregiver.
  - Explain to the caregiver that the child needs proper treatment and that she/he should go to the provider/health facility indicated as soon as possible.

### 5.4 Providing Treatment?

- If the health worker indicated that she/he will treat the child/caregiver, the application moves to **Step 5.5** to provide treatment.
- If the health worker indicated that she/he will not treat the child/caregiver, the application moves to **Step 5.6** to determine whether they will provide counseling.

### 5.5 Provide Treatment

- The application prompts the health worker to—
  - Record the questions, concerns, conditions, practices, or issues for which the health worker will provide treatment.
  - Record the treatment you are providing.
- The application reminds the health worker to—
  - Explain to the caregiver why the child needs treatment.
  - Treat the child/caregiver according to the appropriate national protocol.

### 5.6 Providing Counseling?

- If the child required an immediate referral due to wasting (based on WHZ or MUAC), bilateral pitting edema, or severe underweight, the application moves to **Step 5.7** to briefly counsel the caregiver.
- If the child did not require such a referral, the application moves to **Step 5.8** to schedule the next GMP visit.

### 5.7 Counsel

- The application reminds the health worker to briefly counsel<sup>3</sup> the caregiver before scheduling the next visit on any one of the following topics: basic hygiene, the continuation of recommended breastfeeding behaviors, the importance of frequent and active feeding, managing diarrhea and fever, and/or recognizing danger signs.

### 5.8 Schedule the Next GMP Visit

- The application reminds the health worker to—
  - Explain to the caregiver the importance of regularly attending GMP visits to identify problems before they become more serious.
  - Agree with the caregiver on the day and time when the child should return for the next GMP visit.
  - Remind the caregiver to bring all eligible children.
  - Give the caregiver a reminder card with the agreed-on day and time for the child's next GMP visit and the agreed-on goal(s).
  - Ask the caregiver if she/he has any last questions or concerns.
  - Thank the caregiver for bringing the child in for the GMP visit.

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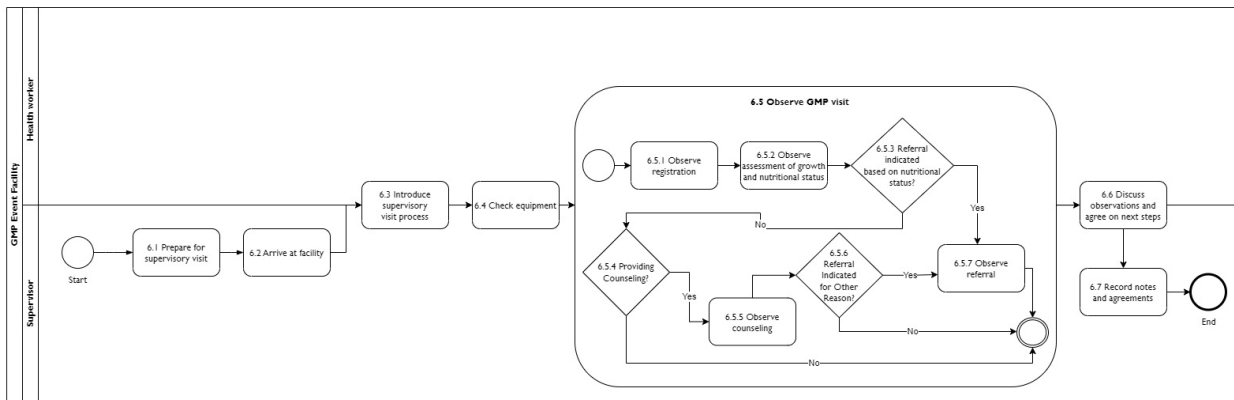
<sup>3</sup> Note that more extensive instructions for counseling have been provided in the Counseling Workflow for children who did not require immediate treatment or referral (children who are not severely malnourished or currently ill). This guidance package does not include specific counseling messages for each topic. These messages should be consistent with locally available/used counseling cards and should be adapted for the local context. However, in Annex 7, we provide references to counseling cards and videos that users of this guidance package may wish to use and/or adapt.



- Record the agreed-on day and time for the child’s next GMP visit.
  - Update the child’s paper-based health card (if the country uses them) with the relevant information.

## Supervision

Figure 6. Supervision Workflow



### Annotations and Notes

**General Note:** We anticipate that the supervision tool will not be connected to the health worker DTDS tool during the supervision visit and, therefore, we do not assume that the choices selected by the health worker will sync with the supervisor tool. This decision was intentional due to the lack of internet connectivity at many health facilities and the need for offline digital tools. This necessitates the supervisor asking the health worker for some of the information in their tool.

#### 6.1 Prepare for Supervisory Visit

- The application reminds the supervisor to review notes from any previous supervision visits, and facility and health worker data before arrival at the health facility to identify any trends or data quality issues.
- The application provides the supervisor with a list of indicators demonstrating GMP program metrics (Annex 3). See the **Data Use** section of this guidance for suggestions.

#### 6.2 Arrive at Facility

#### 6.3 Introduce Supervisory Visit Process

- The application prompts the supervisor to explain the purpose of the visit and planned activities (primarily observation) to the health facility manager, health worker, and if applicable, the caregiver and child.
- The application prompts the supervisor to record the location, date, and name of the health worker they are observing.

#### 6.4 Check Equipment

- The application prompts the supervisor to check whether supplies and equipment are available and in proper condition (i.e., equipment is functioning and calibrated).

#### 6.5 Observe GMP Visit

##### 6.5.1 Observe Registration

- The application guides the supervisor through an observation of the **Registration Workflow**, checking whether health workers have identified children in the system, if new children are appropriately entered in the system, and whether sick children are referred for the appropriate services.

#### 6.5.2 Observe Assessment of Nutritional Status and Growth

- The application guides the supervisor through an observation of the **Assessment of Nutritional Status and Growth Workflow**, checking the child for bilateral pitting edema, clinical signs of wasting, explaining z-scores, and describing growth charts, as applicable.

#### 6.5.3 Referral Indicated Based on Nutritional Status?

- If the supervisor determines that the child's nutritional status indicates the need for an immediate referral (based on observation and/or inquiry with the health worker), the application moves to **Step 6.5.7** to observe the referral.
- If the supervisor determines that the child's nutritional status did not indicate the need for an immediate referral (based on observation and/or inquiry with the health worker), the application moves to **Step 6.5.4** to determine whether the health worker will provide counseling.

#### 6.5.4 Providing Counseling?

- If the supervisor determines that the health worker will counsel the child because there is a possible problem with nutritional status or growth (based on observation and/or inquiry with the health worker), the application moves to **Step 6.5.5** to observe counseling.
- If the supervisor determines that the health worker will not counsel child because the child is growing well (based on observation and/or inquiry with the health worker), based on measures of nutritional status or growth, the application moves to **Step 6.6** to discuss the observation and agree on next steps.

#### 6.5.5 Observe Counseling

- The application guides the supervisor through an observation of the health worker asking the caregiver about questions and concerns, and assessing care practices.
- The application guides the supervisor through an observation of the health worker counseling or providing advice to the caregiver.

#### 6.5.6 Referral Indicated for Other Reason?

- If the supervisor determines that the health worker needs to refer the child or treat them for some other reason, the application moves the supervisor to **Step 6.5.7** to observe the referral.
- If the supervisor determines that the health worker does not need to refer the child or treat them for some other reason, the application moves the health worker to **Step 6.6** to discuss the observation and agree on next steps.

#### 6.5.7 Observe Referral

The application guides the supervisor through an observation of the health worker referring the child/caregiver based on the identified problem(s).

### 6.6 Discuss Observations and Agree on Next Steps

- The application prompts the supervisor to record any additional notes or observations in the space provided.

- The application prompts the supervisor to discuss with the health worker any observations from the current visit (referring to the results of any previous supervision visits, as appropriate).
- The application provides the supervisor with the following reminders:
- Recognize and praise what the health worker is doing correctly.
  - Communicate weaknesses, mistakes, oversights, and areas for improvement to the health worker in a constructive way, demonstrating kindness and respect.
  - Brainstorm with the health worker possible causes for mistakes or oversights.
  - Acknowledge and accept what the health worker thinks and feels.
  - Suggest two or three practical things that the health worker can do to improve the quality of GMP services provided.
  - Discuss and agree on two to three things that the health worker will try.
  - The application prompts the supervisor to record any agreed-on next steps.

### 6.7 Record Notes and Agreements

The application prompts the supervisor to record notes from the discussion with the health worker.



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