Improving Nutrition through Community Growth Promotion in Uganda

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A rigorous evaluation confirms the efficacy of a community-based approach to promoting children's growth

Numerous forums and case studies have endorsed community growth promotion—a preventive health and nutrition intervention that engages families of children under age two and their community in maintaining adequate child growth. The approach also has broad support among operational and research professionals working in nutrition. Yet published reviews of trials have uncovered little supportive evidence on its efficacy. That reflects in part the small number of studies of community growth promotion in peer-reviewed publications, especially those using longitudinal analysis of large-scale programs with adequate controls to construct a counterfactual.

To address this gap, a study by Alderman conducted a longitudinal evaluation of a large-scale community growth promotion program delivered through nongovernmental and community-based organizations in Eastern Uganda. The study used a difference-in-differences comparison of cohorts three years after a baseline survey. The analysis used community and, where appropriate, household fixed effects to rule out any biases stemming from unmeasured factors.

At the end of the evaluation children in the treatment group in 50 communities had weight for age that was 0.4 standard deviation higher than that of children in the 25 control communities. More than 8,000 child measurements were used for the analysis. There was no difference in nutritional status between the treatment and control groups at baseline. The improvement was observed only for children under age one during the approximately two years that the program was running and evaluated.

The treatment communities showed a concomitant improvement in breastfeeding and weaning practices. Similarly, they used child health days, which provided vitamin A supplementation and inoculations, at a greater rate than did the control communities. The treatment communities also increased the frequency with which weaning-age children were fed protective foods (fruits, vegetables, legumes, and milk). The changes in health seeking and caregiving provide additional confidence that the outcome can be attributed to the intervention. Moreover, because no supplementary food was provided, the improvements reflect communication about resource allocation, not additional resources.

By contrast with many programs in which the activity is limited to weighing children with no appropriate communication on behavioral change, preventive health and nutrition programs that are well designed and implemented work well

The main message of the study: when a growth promotion program is well designed and implemented, it works. That contrasts with many programs in which the activity is limited to weighing children without appropriate communication on behavioral change. The results are also in contrast to what has been observed in programs that fail because measurements are often too imprecise to serve a screening function and motivators are often insufficiently trained to provide useful counseling.

The monitoring or screening function, however, is arguably less essential than the community mobilization. After all, to be effective, many features of community programs—such as advice on exclusive breastfeeding and the use of colostrum—must occur before a child is presented for weighing. Similarly, the screening function is not relevant in motivating caregivers to bring children for vitamin A and deworming, practices found to increase in the study. Thus community meetings and mothers' groups may be as important as the weighing, or even more so.

A second key finding relates to impact evaluation methodology. Because of a delay in service delivery, the project was not effectively implemented for a year after the baseline. As a result, while malnutrition is often measured for children under five, a large share of the children in this age bracket were past weaning age—and therefore past the age considered the window of opportunity for nutrition—when the project began. Thus the finding that only the youngest children benefited from the project is in keeping with the underlying biology and supports rather than refutes the rationale for the program.

Harold Alderman. 2007. "*Improving Nutrition through Community Growth Promotion: Longitudinal Study of Nutrition and Early Child Development Program in Uganda.*" World Development 35 (8):1376–89.