Improving Nutrition through Community Growth Promotion

A rigorous evaluation in Uganda confirms the efficacy of a community-based approach to promoting children’s growth.

Community growth promotion is one widely advocated approach to promoting recommended practices for child care such as exclusive breastfeeding up to six months of life and other aspects of child care such as proper supplemental feeding at the time of weaning and the use of oral rehydration when a child has a bout of diarrhea. Numerous forums and case studies have endorsed this type of program as a preventive health and nutrition intervention to engage families 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 in peer-reviewed publications have uncovered little supportive evidence on its efficacy. That reflects in part the small number of longitudinal studies of large-scale community growth programs with adequate controls to construct a counterfactual.

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

At the end of the evaluation, in 50 program communities, children’s weight-for-age was 0.4 standard deviation higher than that of children in the 25 comparison or control communities. More than 8,000 child measurements showed no statistically significant 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.

Changes in health-seeking and care-giving behaviors mean that the outcome can be attributed to the intervention

In the treatment communities parents took greater advantage of the child health days in the health centers to obtain vitamin A supplementation and inoculations than parents in the control communities. They showed improved breastfeeding and weaning practices relative to mothers in control communities. In particular, weaning-age children were fed protective foods (fruits, vegetables, legumes, and milk) with greater frequency. Given that the program did not provide supplementary foods, the observed nutritional improvements do reflect the impact of better communication about resource allocation, not additional resources.

When a growth promotion program is well-designed and implemented, it works

These results contrast with many programs limited only to weighing children without appropriate communication about the need to change care behaviors. The results contrast also with what has been observed in programs that fail—child measurements that are often too imprecise to serve as a screening function and program motivators who are often insufficiently trained to provide useful counseling.

The monitoring or screening function is arguably less essential than community mobilization through community meetings and mothers’ groups in a growth promotion program. 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.

Finally, only the youngest children in the treatment group showed an improvement in nutrition relative to the control group. Although growth promotion programs as well as various forms of monitoring and surveillance include a wider target group—often children up to three or even five years of age—the results here confirm the benefits of focusing community outreach designed to shift caring behavior. To be sure, older children need various health and nutrition services—including immunizations, deforming, and
vitamin supplementation—but the approaches needed to assist those children differ from the approaches most suited for the very youngest.

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