Seqota Declaration

Federal Program Delivery Unit (FPDU)

Guideline for revitalizing the use of GMP to strengthen the effectiveness of Multi-stakeholder interventions on Nutrition in SD woredas

First Edition

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Guideline for revitalizing the use of Growth Monitoring and Promotion (GMP) to strengthen the effectiveness of Multi-stakeholder interventions on Nutrition in SD Woredas.

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FOREWORD

This guideline is prepared to revitalize the use of Growth Monitoring and Promotion (GMP) to strengthen the effectiveness of multi-stakeholder interventions on Nutrition. The revitalization process requires improvement of the existing GMP service utilization and data quality at Woreda and Kebele level to consider GMP as a cross-cutting/proxy indicator to all sectors.

Growth Monitoring and Promotion (GMP) is one of the most well-known and long-standing child nutrition program activities designed for early identification of deterioration in child growth and subsequent promotive and corrective actions. The service centers can also generate valuable evidence for monitoring and timely informed decision making. Though GMP is one of the priority interventions of the national health care delivery system in Ethiopia, the low coverage of GMP services, higher prevalence of malnutrition and presence of widespread misconceptions in the community indicated the presence of suboptimal implementations.

Seqota Declaration (SD) woredas have the leverage and coordination mechanisms to start the revitalization processes of GMP services as a pilot and document experiences for national scaleup. This document will also guide the subsequent capacity building and mentorship initiatives which shall be implimented at Woreda and Kebele level to revitalize the use of GMP services to its full potential.

This pocket guideline will standardize implementations related to GMP and triggers the monthly review of child growth status and subsequent actions of all stakeholders promised to end childhood malnutrition and zero stunting by 2030.

The guideline has 5 chapters specifying the entire processes of GMP services, indicated areas that need improvement and follow up actions. I recommend thorough reading and adherence to the guide in the routine implementation of GMP service provision and decision making. I would also like to take this opportunity to thank all individuals and organizations contributed for the development of this important guideline.

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LIST OF ACRONYMS

ANC	Antenatal Care
BWP	Big Win Philanthropy
CHIS	Community Health Information System
CL	Community Lab
EFY	Ethiopian Fiscal Year
FPDU	Federal Program Delivery Unit
GMP	Growth Monitoring and Promotion
HDA	Health Development Army
HC	Health Center
HEW	Health Extension Worker
HIT	Health Information Technician
HP	Health Post
HPs	Health Professionals
HWs	Health Workers
KNTC	Kebele Nutrition Technical Committee
MAM	Moderate Malnutrition
MUAC	Middle Upper Arm Circumference
NCH	Nutrition and Child Health
NET	Nitsuh Ethiopia
NNP	National Nutrition Program
OTP	outpatient Therapeutic Program
PDU	Program Delivery Unit
PNC	Postnatal Care
PSNP	Productive Safety Net Program
RPDU	Regional Program Delivery Unit
SAM	Severe Acute Malnutrition
SBCC	Social and Behavior Change Communication
SD	Seqota Declaration
SOP	Standard Operating Procedure
WASH	Water Sanitation and Hygiene
WDA	Women Development Army
WNC	Woreda Nutrition Coordinator
WNCB	Woreda Nutrition Coordination Body
WNCHO	Woreda Nutrition & Child Health
WNTC	Woreda Nutrition Technical Committee
ZNCB	Zonal Nutrition Coordination Body
ZNTC	Zonal Nutrition Technical Committee

CHAPTER ONE

Background

This guideline was developed as part of the technical assistance program implemented to revitalize the use of Growth Monitoring and Promotion (GMP) in Ethiopia. The low national coverage of GMP and presence of widespread malnutrition and child growth problems in the country highlights the suboptimal implementation of GMP service and underscore the need to revitalizing it.

The aim of this guideline is to facilitate the revitalization and utilization of GMP as proxy indicator of multi-sectoral interventions on child nutrition and child growth. The revitalization processes are expected to initiate regular follow-up and timely informed decision making to address the challenges and will standardize GMP service provision in the country.

Why revitalizing GMP is required?

GMP is one of the existing and well-defined health service programs in Ethiopia being provided at facility and community level. In such established program, finding the weak link and fixing the pitfalls is sufficient to achieve the intended goal and maximize the benefits.

Trend analysis of GMP data for 2011 and 2012 EFYs, shows that GMP service coverage is still low and, proportion of underweight children in SD Woredas are also high.

Revitalizing GMP service and data utilization are required b/c:

- GMP interventions can identify early signs of child growth deterioration and its underlying causes.
- GMP interventions have immediate impact to reactivate proper child growth.
- GMP data can generate sensitive indicators and considered as single most reliable information to assess multi-stakeholder interventions.
- GMP service will enable frontline health workers to conduct counseling of mothers/care givers, root cause analysis, linkages and follow-up services.

- It improves GMP coverage and enables stakeholders to conduct trend analysis for periodic monitoring and timely corrective actions.

Therefore, it is high time to revitalize the use of GMP to improve the quality of service provision and data utilization for continuous monitoring and follow up actions to curve and address the root-causes of child growth problem and malnutrition in Ethiopia.

Scope of this guideline

This guideline is primarily developed to assist the work of Woreda Nutrition Technical Committee (WNTC), Woreda Nutrition Multi-Sectoral Coordinators (WNCs) in SD woredas which will serve as pilot Woredas, Woreda Nutrition and Child Health Officers and nutrition focal persons of each sector that are implementing nutrition-specific and nutrition-sensitive interventions as part of their commitment to end childhood malnutrition and stunting. This guideline can be considered as integral part of National Nutrition Program (NNP) multi-sectoral implementation guideline, health extension package programs and other guidelines dealing with GMP services in Ethiopia. The following list of stakeholders and professionals are expected to use this guideline in their day-to-day services:

- Nutrition Coordination Bodies at all level.
- Nutrition team at federal, regional and zonal level.
- FPDU, RPDU and SD Woreda Multi-sectoral nutrition coordinators
- Implementing partners (IPs), donors, NGOs and CSOs at all level
- Woreda Nutrition Technical Committee (WNTC).
- Nutrition focal persons of each sector.
- Health center staffs
- Woreda Administrator/Chairperson of the Woreda Nutrition Coordination Body/.
- Kebele level food security taskforce/Kebele Nutrition Technical Committee/Community Lab members and frontline development workers (Health Extension Workers, agricultural development agents, teachers, WASHCO and social workers).

CHAPTER TWO

This chapter focuses on definitions, basic principles and components of GMP to provide overview of the standard GMP services. It also includes the SWOT analysis and theory of change diagram to summarize the strength, weaknesses, opportunity and threats associated with the current GMP services and interventions to revitalize GMP in theory of change model.

Basic concepts and principles of GMP

Growth monitoring and promotion (GMP) is a prevention activity that uses Growth Monitoring (measuring and interpretation of weight for age of a child) to facilitate communication and interaction with mothers/caregiver and to initiate adequate action to promote child growth through increased mothers'/caregiver's awareness about the benefits, the causes and consequences of child growth faltering.

The above definition of GMP encompasses three basic principles of GMP:

- GMP is a preventive and promotional strategy aimed to raise awareness of mothers/caregivers and promote appropriate actions before malnutrition occurs.
- GMP is a behavior change strategy that enables both the mothers/caregivers and service providers to achieve adequate growth of children through family and community actions.
- GMP is a holistic approach to the total environment of the growing child encompassing not only food but also health, physical environment, psychosocial development, and intellectual stimulations.

In GMP the growth of a child is regularly followed to detect if there is any change in the growth pattern. When an abnormality in the growth pattern of the child is detected, the probable root-causes are investigated (analyzed) by counseling of the mother/caregiver, and, appropriate actions are undertaken through a multi-stakeholder approach to reverse the conditions. Multi-stakeholders have to be involved because the causes of malnutrition are usually multiple. Mothers/caregivers play determinant role to treat the encountered growth problem and prevention of reoccurrence.

Components of GMP services

Components of the standard GMP emanated from the service packages starting from identification of potential candidate/clients, community mobilization, and provision of the service to documentation, review of growth trend and linkages for further interventions. The following are basic components of GMP services in different setting.

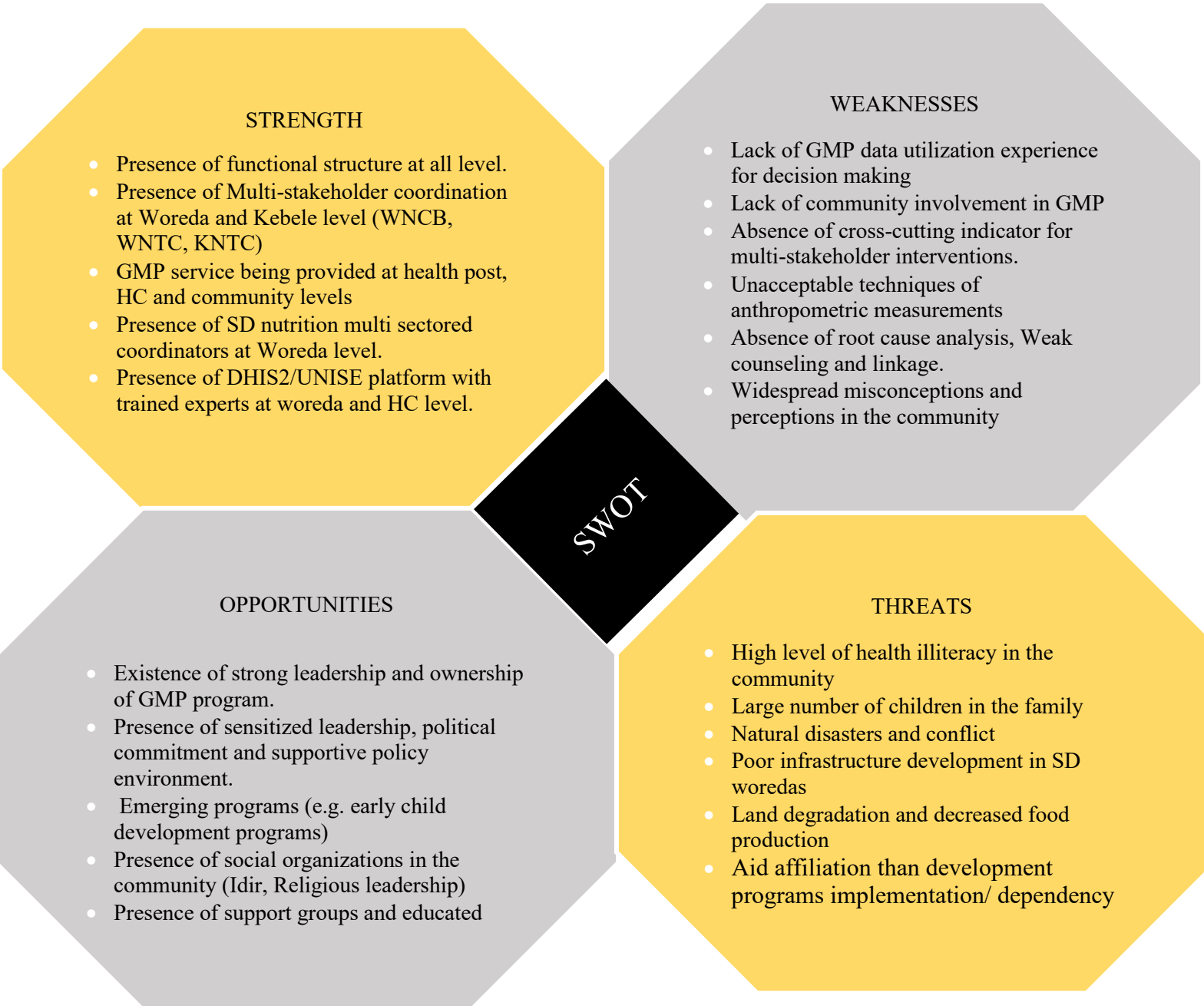
- Registration of all pregnant mothers and children under two years by Got/sub-Kebele in the catchment area.
- Community mobilization and awareness creation
- Anthropometric Measurement, plotting the weight of the child in the Growth Chart
- Plotting the weight reading with the age coordinate on the growth chart.
- Interpret the result and categorize the child based on the weight and the age cordite in the growth chart as Normal, underweight (sever or moderate) or overweight.
- Connect points and drown the growth pattern of the child and interpret whether the child growth is adequate, inadequate (flat or decreasing) or over the expected rate of growth and given period.
- Conduct counseling/discussion with Mothers/care givers
- Conduct root cause analysis to for each underweight child to understand the immediate and fundamental causes of growth.
- Linkage and follow-up

SWOT Analysis of the current GMP in Ethiopia

Strength, Weakness, Opportunity and Threat (SWOT) analysis which is intended to help structured planning for revitalization of GMP was performed to assess the factors affecting GMP service and data utilization. The analysis was derived from the baseline assessment conducted. It includes internal and external factors that have positive or negative impact on the achievements of goals related to GMP service and data utilization in Ethiopia. The strength and weaknesses are internal factors indicating the current situation; whereas opportunities and threats are factors influence GMP service and data utilization beyond the control of responsible stakeholders. The diagram below summarizes the factors.

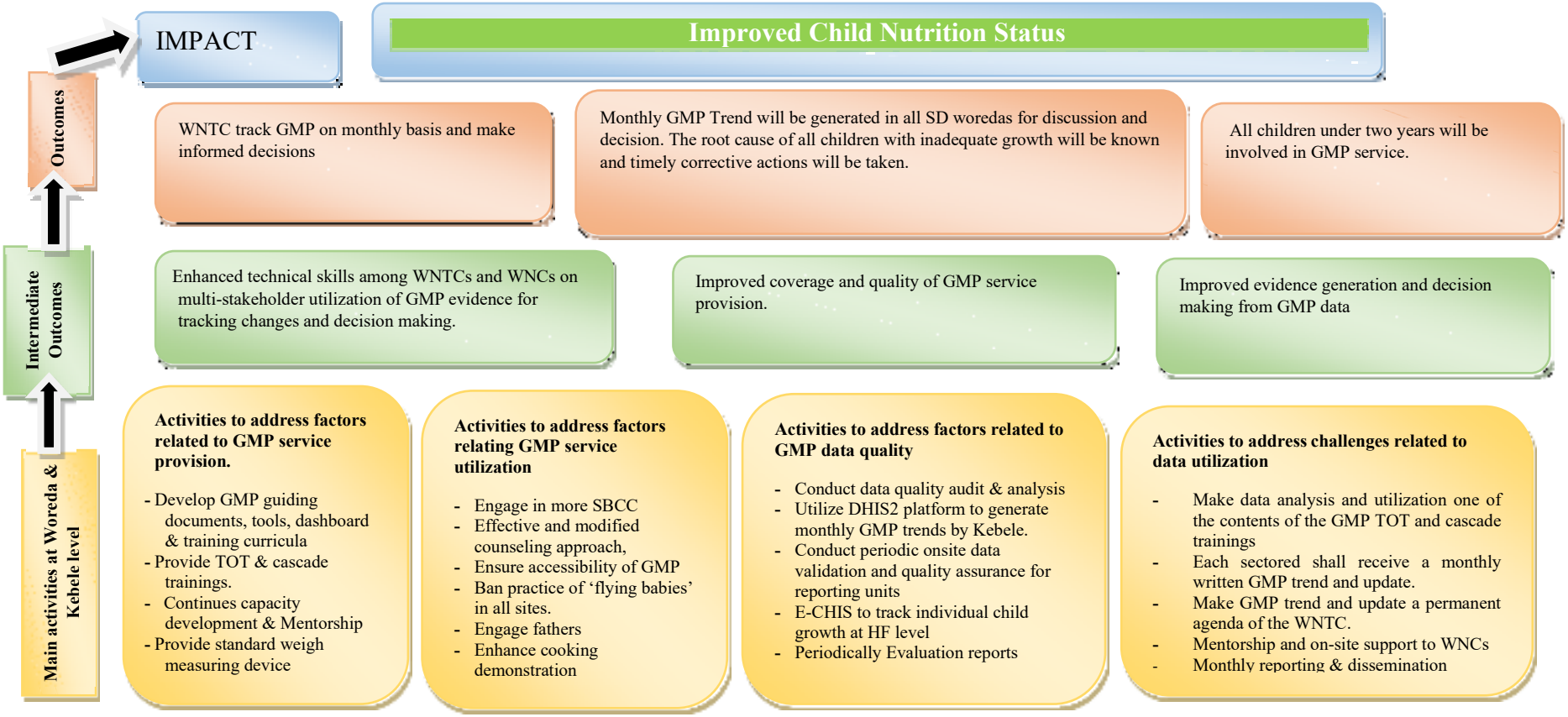
Each SD Woreda is expected to conduct SWOT analysis using the matrix below at least once in a year to evaluate the situation of GMP service and data utilization as an input in annual planning exercises.

SWOT Analysis of the current GMP service in Ethiopia, January 2021



Theory of Change

Model for revitalization of GMP service and data utilization in Ethiopia.



CHAPTER THREE

This chapter presents the process of the current GMP service in the national health care delivery system, component of GMP overlooked in the system and strategies recommended to revitalize GMP services in SD woredas in particular as a pilot and national level scale up to strengthen multi-sectoral interventions.

The Processes of GMP service provision

GMP is a routine service in Ethiopia with weight measurement of all children under two years of age in health posts, health centers and community outreach sites. The service at community outreach sites usually integrated with other community health and nutrition programs including but not limited to vaccination, different vitamin supplementation, screening for acute malnutrition, cooking demonstration and other community events. In most cases the integration forced to compromise the most important component of GMP and affect the privacy of attendants. Components of GMP service usually overlooked at community outreach sites due to mass gathering, attention to the primary communicated service, work overload of health extension workers and inconvenient site selections (community places, tree shades are usually selected sites for community events. According to the result of the desk review the following components of GMP are not implemented or not implemented to the standard in the existing GMP services in Ethiopia.

- Community mobilization and community conversation: The coverage of GMP is still low in most woredas and the there was no dedicated community conversation on GMP and child growth and other form of social mobilization efforts.
- Plotting of the result on the growth chart and generation of growth curve over time for each child.
- Counseling of mothers/care givers based on the weight for age result of the child.
- Root-cause analysis to identify the immediate and fundamental causes of the encountered inadequate growth /malnutrition.
- Linkage of underweight children with further service providers for lasting solution.

GMP service delivery points

In Ethiopia, most GMP service is provided in two categories of sites:

1. **Facility based GMP service:** mainly at health post and health center level:
   - Routine provision of GMP services in HFs: Mothers/care givers brought the child for GMP and other related service at least once per month in any working day and hours in the month.
   - Dedicated GMP date by inviting the catchment population having children under two years of age.
2. **Community based GMP service:** Community outreach programs in selected places in the Kebele, a central place for a group of nearby villages called 'Got'.
   - Usually integrated with monthly vaccination/micronutrient supplementation programs.
   - Standalone GMP sessions: planned to provide GMP services in specific areas.
   - Integrated with other existing community events/social gatherings.

In both scenarios, the community needs to be well informed about the benefit of GMP services and the schedules in a particular place ahead of the session. The facility based GMP service is the conventional case based GMP service where all the principles and program designs of GMP are built on. Even though, community events are more convenient to conduct screening for acute malnutrition using MUAC than conducting GMP, reports show that significant proportion of GMP services are being provided in community events integrated with other services as instant weight measurement and documentation practices. Therefore, GMP in community events is one of the area which requires clarity and improvement to revitalize GMP services.

Community based GMP service provision protocol

Provision of GMP services at community outreach programs in a mass gathering looks advantageous for mass screening of under two children in the area but the arrangement compromises the privacy and quality of GMP counseling services. Root-cause analysis and linkages are rarely practiced in such setting. Therefore, revitalizing GMP program is recommended to address these overarching limitations.

This includes: -

- Transformation of the existing community based partial/ screening like GMP service to standard GMP services that includes missing components.
- Consider GMP as starting point/prerequisite for other related services (EPI, screening using MUAC, cooking demonstration).
- Use acceptable and standardized weight scale and mounting devices.
- Mount the weight scale in a place where privacy is ensured, use separate room or screes if applicable for measuring.
- Use automated applications and innovations to reduce human error and interpersonal differences to facilitate easy recording and interpretation of child weight for age result.
- Get support from community volunteers, engage graduate youths in the area with different recognition and incentive packages, and consider recognition of the volunteer service as service year in any competition for job and educational benefit.

The HEWs can use any innovative approach to share part of the GMP service/task to volunteers to manage their work load by providing practical orientation.

1. The volunteers can arrange the mothers to sit in order;
2. Weigh the children and write on a paper format, and identify the growth chart arrange in order with the registration list.
3. Transfer the mothers/caregivers to the HEWs for documentation, plotting on a growth chart, interpretation/categorization of the growth status of the child and counseling.

When mothers are large in number, they can be divided into batches, first come first served, and given orientation/education about the benefits of regular GMP and the steps that will be followed in the site.

Steps of GMP in the community outreach sites.

- Conduct community mobilization and select convenient place for GMP service ahead of the event.
- Facilitate sitting arrangements of mothers/care givers in a batch based on their arrival time in the site.

- Weigh the children one by one in a place that ensure privacy (only the child, the mother/care giver and the health worker/volunteer are expected in the room/within the screen).
- Record the weight on the space provided and plot on the Growth Chart, connect the dot with the previous month to interpret the growth pattern, if the child got the service more than once.
- Categorize the child growth as follows:

  For one-time Weight-For-Age category:

  1. Overweight for children above the standard curve
  2. Adequate growth (within the Normal curve),
  3. Inadequate growth/ Underweight
     - Moderate
     - Severe

  For the growth pattern (children having more than one consecutive records):

  1. Normal (constantly within the normal curve)
  2. Growth faltering (below the normal growth cure, more than one time)

  2.1 Flat

  2.2 Deteriorating

  2.3 Overweight (Above the normal curve)
- Instantly appreciate mothers/care givers having a child with adequate growth, remind them date and place for the next GMP service, encourage them for regular GMP even their child is growing well, refer them if there are other integrated services (vaccination, micronutrient supplement etc.) or acknowledge and allow them to leave.
- Identify mothers having a child with inadequate growth, guide them to sit in a dedicated place (separate room as appropriate), and use the growth/family card to sequence their order of arrival.

At this point of the process, the numbers are expected to be significantly reduced and manageable size for individual counseling, root-cause analysis and linkage services

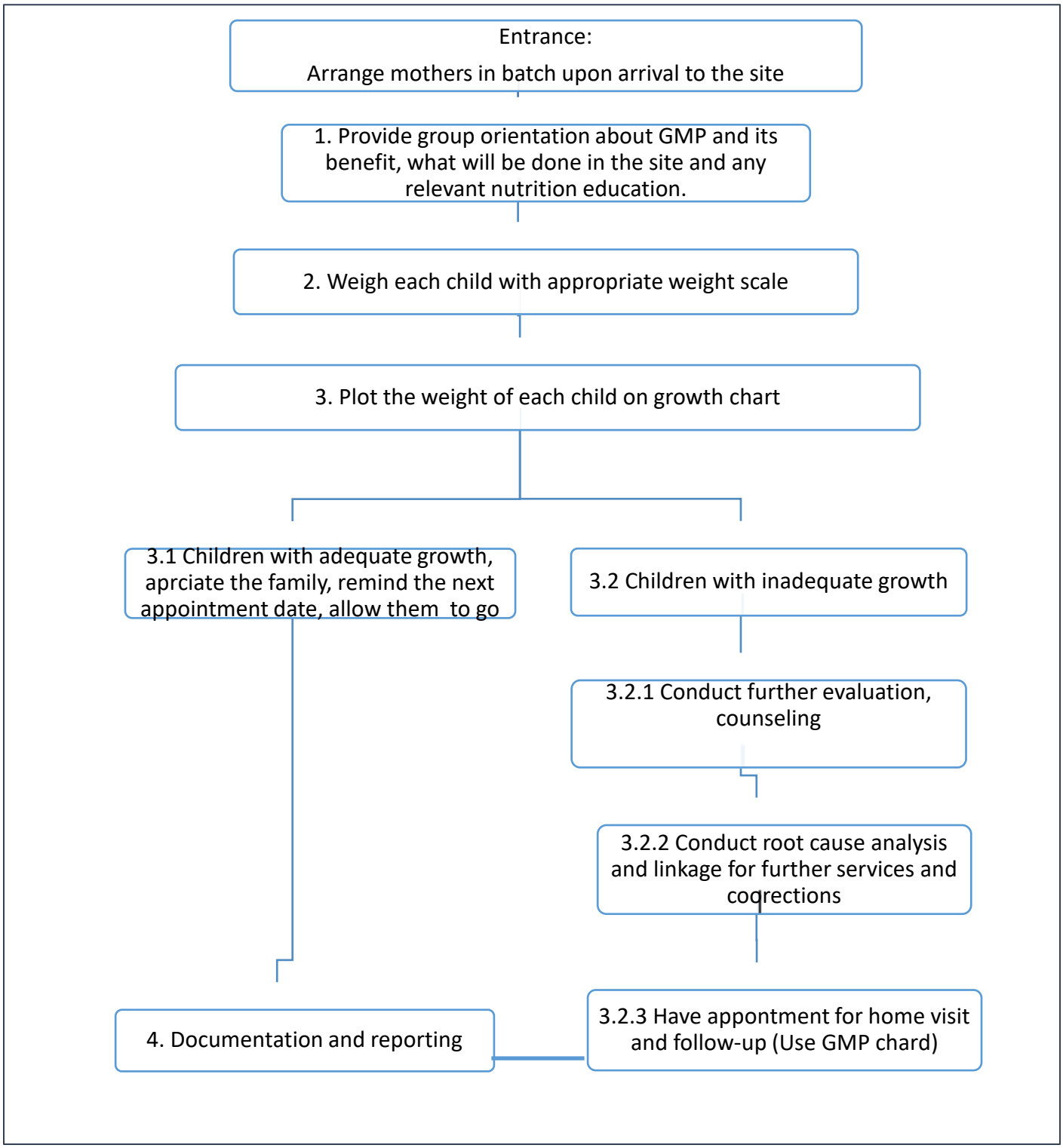
- Arrange the records and family health cards of all children identified with inadequate growth.
- Invite mothers/care givers one by one to explain the growth status and discuss on next steps.
- Refer the previous months record of the specific child from the growth chart/registration book/electronic device using unique ID number and categorize as:
    - **New case:** if the child is found to be in the range of inadequate growth for the first time or participated in GMP for the first time.
    - **Repeat case**: if the child was in the category of inadequate growth in one or more of the previous GMP service, and it requires thorough examination of the root cause and the status of the previous interventions. This can be easily done by applying unique identification number for each child attending GMP service. The regional M&E advisor in consultation with DHIS2 officers, can designate the initial code and they should support each woreda and health facility to implement it.
- Administer root-cause analysis checklist and differentiate the immediate and fundamental causes of the encountered growth faltering, (Annex-1).
- Counsel the mother/care giver and discuss to address the immediate cause of malnutrition with in the capacity of the family.
- Discuss and fix appointment (agree on the date and time) for home visit to finalize the root cause analysis.
- Link the family for further interventions based on the result of the root cause analysis.
- Document the interventions conducted and reminders for the next step.

- Summarize the report and communicate the data to the Keble council/KNTC, and Woreda for follow up and recommended actions in each level.

Please pay attention for the following scenarios/observations in each GMP session

1. If the child has active infection or suffering from any form of illness/medical condition, treat him/her based on the case management guideline or refer for further diagnosis and treatment to the health center/hospital or dedicated stabilization centers in the catchment.
2. Conduct additional screening using MUAC and if the child qualifies acute malnutrition criteria, Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM), manage and treat the child based on MAM and SAM case management protocol.
3. Link the child with inadequate growth to appropriate services according to the finding of the root-cause analysis.
4. If the child's age goes beyond 2 years while on follow up for inadequate growth, then follow until the growth status becomes normal.
5. If the child is persistently below the normal curve for more than two consecutive sessions, then refer to the next health facility for further evaluation and stabilization.

Recommended Work flow to upgrade the community outreach to standard GMP service



GMP Service and data utilization at facility level:

Health Posts

- Weight of the child is the most important anthropometric measurement in GMP
- Individual data is interpreted by plotting the weight and comparing it against the standard WHO curve.
- The health professional or trained volunteer expected to weigh the child and obtain the result in Kilogram and grams as decimal number. Find the right age of the child in the growth chart (X axis) and the weight (Y axis) mark on coordinate's age and weight line. Evaluate the child's growth according to the standard growth curve (above, with in or below the shaded area) and interpret the result and categories the child's growth accordingly. Use the blue colored chart for boys and the pink for girls in the family chart.
- Connect the points of consecutive weight and age coordinates in the chart and generate graphs for each child and compare with the standard growth curve.
- Appropriate action is taken by the HEWs on the spot or after appointment with the mother/caregiver (referral, linkage to other services and supports).
- The HEWs can detect special phenomenon in the area like effects of drought or displacements, and report to the HC and KNTC for immediate actions before the regular reporting date.
- Summary of the data is reported to the catchment HC on monthly basis according to the DHIS2 and Community Health Information System (CHIS) requirements. Appropriate data quality check has to be made at this point.
- Percentage of GMP coverage and proportion of underweight graphs should be posted on the wall as appropriate.
- Write management letter/GMP update letter to KNTC, sector representatives based on the root cause analysis and the health center to take action on fundamental causes

Health Centers

- Data is collected from the catchment HPs and the Nutrition and Child Health (NCH) department of the HC and entered into the DHIS2 platform by HITs. Appropriate data quality check has to be made at this spot.
- Up on entry of the GMP data, graphs and summary tables are generated automatically.
- The meanings are interpreted by the HC NCH and HIT Officers, reported to the MNCH officer or WNC for presentation on the regular/ monthly meeting.
- Appropriate actions are decided; responsible bodies are assigned and follow up mechanisms are designed.
- Feedback and action plans are communicated to the respective bodies.

Data analysis/interpretation, reporting and utilization at Woreda Level

- GMP data is summarized from the DHIS2 platform. Appropriate data quality check has to be made at this spot.
- Up on entry of the GMP data from HCs and or Kebeles graphs and summary tables of the woreda are generated automatically.
- The meanings are interpreted by the DHIS2, the woreda NCH expert. Send to the report to the woreda multi-sectoral nutrition coordinator (SD Woreda) and the WNTC and WNCB.
- Supersize the findings periodically and present and discuss in the regular technical committee meetings and periodic review meetings.
- Facilitate community events and supervise community mobilization activities.
- Identify appropriate actions and make decisions based on the analysis result. If the identified actions were not budgeted, conduct resource tracking and mobilization.
- Assign responsible bodies for the identified intervention and designate follow up mechanisms.
- Periodically review the nutrition action plan of the woreda and provide feedback to Kebeles in the Woreda.

Data analysis/interpretation, reporting and utilization at Regional level

- Data is collected from the DHIS2 platform at regional level from all woredas and collection of observational, supportive supervision and mentorship reports through management channel. The regional DHIS2 Expert, M&E advisors of RPDU and regional Nutrition team experts are expected to generate and interpretation of the reports. Appropriate data quality check has to be made at this spot.
- Communication of the finding to responsible sectors.
- Review and amend periodically the regional nutrition plan.
- Facilitate for the provision of required supplies and conduct capacity building initiatives.
- Organize media campaign, produce and distribute media contents, posters, family health cards etc.
- Provide feedback to sectors, zones and woredas in the region.

Data analysis/interpretation, reporting and utilization at Federal level

- Data is collected from the DHIS2 platform at national level and collection of observational, supportive supervision and mentorship reports through management channels. The National DHIS2 Experts, M&E advisors of FPDU and national nutrition team experts are expected to generate tables and graphs and interpretation of the reports. Appropriate data quality check has to be made at this point.
- Communication of the finding to responsible ministries and partners.
- Review and amend periodically the national nutrition plan.
- Facilitate provision of required supplies and conduct capacity building initiatives.
- Organize media campaign, produce and distribute electronic media contents, posters and other advocacy materials.
- Provide feedback to sectors, zones and woredas in the region.

Recommended adjustments in the GMP process

The following are interrelated cause of dissatisfaction of mothers and care givers and reasons for misconceptions and discontinuation of GMP services.

- Use standard weight scale and mounting device approved to be used in health care settings.
- Don't weigh the child in front of other people/groups, ensure privacy, use separate rooms or separation screen if applicable.
- Apply unique ID for each child corresponding with all identifiers to track previews records and generate pattern of growth for each child participating in each GMP session.
- Use automated applications (mobile apps) to reduce human error or to validate the plotting and interpretation of the result and category of the child based on the result.

Counseling and Root-cause analysis

Root-cause analysis should be conducted by health worker who provides the GMP services for every child with growth problem through counseling of the mothers/caregivers. Root-cause analysis is performed at the service point to diagnose immediate causes and at family and community level to investigate fundamental causes.

Root-cause analysis at GMP service sites:

It is performed as an integral part of the counseling processes. After the child's weight for age result is interpreted and categorization of the child's growth is obtained. The mother/caregiver is referred to a counseling section. Counseling is a service designed for mothers/caregivers having children with inadequate growth or growth faltering. It is a two-way communication.

Tips for Effective Counseling:

- Be more respectful and welcoming.
- Do more listening than talking.

- Ask open-ended questions that encourage the participant to communicate.
- Repeat what mothers/ care giver say to make sure you understood them correctly.
- Show interest in and empathy for clients' problems and situations.
- Avoid judging mothers/ care giver.
- Listen to what c mothers/ care giver think and respect their feelings, even if information may be wrong and needs correction.
- Recognize and praise what mothers/ care giver are doing correctly.
- Suggest actions that are possible for the family, given their situations.
- Give only a little bit of information at a time.
- Use simple language.
- Give suggestions, not commands.

The counselor should follow the GALiDRAA/ORPA approach to address the root-causes step by step.

Steps of counseling using GALiDRAA and ORPA approaches

This approach are part of the health extension package program and Integrated Refresher Training Manuals.

Task	Sub-task
1. Greetings	• Accept the mother with a welcoming face and maintain continued eye-to-eye contact. Make her comfortable.
2. Ask	• Ask the mother how she is doing; enquire about her situation and about her child. • Ask the mother if she knows why she is in the counseling session. - If she does not know, tell her after reassurance. • Ask the mother if she has information about preventive and the benefits of regular GMP. - Use pictorial job aids to trigger discussion. • Ask what and why her child being underweight, probe for the root-cause. - Any illness, diarrhea, or household food insecurity. - If you find wrong perceptions, tell the cause during the discussion. • Ask what she can do and what she expect from the external (stakeholders including the health workers) as a solution to correct the child growth problem and regular GMP services. • The counselor should gear the discussion to practical actions.
3. Listen	• While you are asking and the mother is responding, confirm to the mother that you are listening to her attentively by nodding your head, maintaining eye-to-eye contact and by accepting what she is saying.
4. Identify	• Identify immediate and root-causes of child growth problem and malnutrition in the area
5. Discuss options	• Make it a two-way communication and confirm that your diagnosis and recommended actions are all common between you and the mother. • Discuss further the benefits of carrying out the recommended actions/ positive behavior.
6. Recommended actions	• To make the actions so practical, the counselor should provide expert-advice to the mother and modify the areas she can contribute, and what she needs to be supported in the actions to be undertaken.
7. Agree	• Agree with the mother on the diagnosis, probable causes and recommended actions in the way she can understand.
8. Make an appointment	• Complete the records, and set an appointment date for follow up.

Observe, Reflect, personalize and Act (ORPA) Approach

OPPA is another approach of counseling and root cause analysis being used by HEWs for all package programs that requires diagnosis of the problem and understanding and response.

Task	Sub-task
1. Observe	• Point towards a poster that describes the processes of GMP and ask the mother to **observe.**
2. Reflect	• Ask the mother to **reflect** what she is observing.
3. Personalize	• Help the mother to **personalize** (assume that she is the mother on the poster) and ask her what she can do for her child. • Ask her what barriers can prohibit her from practicing the GMP activities (proper breast feeding, food diversification, Growth monitoring, etc.), and how she can tackle the barriers. • Help her to recognize the potentials she has and identify what supports she may need.
4. Act	• Confirm that the mother is convinced to **act** /practice/ the GMP activities as part of the multi-stakeholder interventions in the area.

The phase-based approach during counseling will help to clarify the root-causes and arrange them in the way to take actions accordingly.

In the "Ask" phase, the counselor should ask in line with the conceptual framework of malnutrition to identify why the child become underweight in this point in time to understand the mother's/caregivers' misconceptions if there is any. The immediate cause for underweight in any child can be: -

- Childhood illnesses causing loss of appetite or diarrhea or
- Inadequate food intake because of household food insecurity or lack of knowledge about infant and young child nutrition.

For public health action in general, the root-causes can be attributed to three groups:

1. Lack of awareness (e.g. about infant and young child feeding practices or about food diversification or about prevention of diarrhea) from the mothers'/caregivers' side, or
2. Lack of enabling environment (cooking demonstrations, PSNP, supplies and equipment for health facilities, and/or

3. Weak re-enforcement management in the health system (e.g. review meetings, mentoring, supportive supervision, update trainings, etc.).

Therefore, the questions in the "Root-cause analysis checklist should be targeted to dig out such factors so that the recommendations will be:-

1. Awareness raising (SBCC) about the lack of knowledge diagnosed above,
2. Fulfilling the enabling environment to fill the gap diagnosed above, and/or
3. System strengthening for sustainable positive actions after SBCC and ensure the presence of enablers.

The lack of knowledge are inquired from mothers and enabling factors are inquired from both the mothers and service providers, whereas, factors related to system management are derived from checklists from Mentorship and Supportive Supervision, which should be aligned in such a way beforehand.

In the "Listen", "Identify" and **"Discuss" phases,** the root-causes are identified and arranged in such a way that helps to develop action plan.

In the "Agree" phase, the counselor should translate the diagnosis of the root-causes into positive action plan (positive behavior required from the mothers/caregivers and/or the enablers) and convince the mother/caregiver to be part of these concerted actions. Stakeholders are called-in according to their roles and exert their maximum effort to reverse the condition at individual child or at community level depending on their scope of work.

Root-cause analysis from aggregated data

The GMP data from the Health Posts and Health Centers should be designed to capture data regarding root-causes of malnourished children. The HEW at Kebele level and the WNCH officer with the help of the DHIS2 officer at woreda level should bring the findings of the entre Kebele and woreda respectively and analysis results to the attention of their respective decision makers and then to the woreda multi-sectoral nutrition coordinator and WNTC. The stakeholders should identify their roles and action plans prepared then after.

Please pay attention to following actions to revitalize root cause analysis and follow-up

- Explore the root-cause of malnutrition in each Kebele/'Got' and interpret the findings and generate summary report indicating responsible sectors.
- Present the findings of the root-cause analysis to the WNCB at woreda and to the CL at Kebele level.
- Issue management letter to all sectors and partners working on Nutrition in the Woreda or catchment area.
- Share the GMP trend analysis and prevalence of malnutrition (underweight) in the Woreda for each sector with indication of the planned services to improve the low child growth curve in the Woreda.
- Revise the action plan based on the identified gap.
- Implement the revised plan.
- Monitor the implementation and track changes.
- Document best practices for experience sharing.

NB:

1. *Please administer the root-cause analysis checklist for each underweight child in each GMP session.*
2. *Please note that the underlying and immediate cause of subsequent growth faltering of a single child may vary, given the previous cause may be addressed.*

Linkages and Follow up services

Based on the root cause analysis of a child with growth faltering or deterioration, linkage for further corrective service is very important component of GMP services. Linkages will have the following advantages:

- Help mothers/ care giver to continue attending GMP services.
- Help the community to value the GMP services and consider as incentive for participation.
- Help to further explore the underlying cause of malnutrition and address the problem by experts of the field.
- Help to design individual, family and community specific sustainable intervention.
- Help to sustain changes in child growth and for better quality of life even beyond 2yrs until the child regains normal conditions.

Key Principles of Linkages

- Linkage is made to address fundamental causes of malnutrition and to bring sustainable change.
- The receiving institution should have the capacity to support the family and change the situation.
- Linkage is made based on the result of root cause analysis and community diagnosis.
- Consensus/agreement of the mother/ care giver is critical.
- Alert the receiving institution/ professional while sending for better connection.
- The entire service shall remain voluntary.
- Follow-up and track changes.

Scenarios of linkage for children with inadequate growth

The seniors should be extracted from the result of root cause analysis checklist. The following table summarizes examples of scenarios of child with malnutrition and recommended actions.

Scenario	Probable cause	Recommended action
A child Age 0-5months with growth deterioration, first time detected	**In adequate intake:** - Due to poor breast-feeding practices (attachment and positioning). - Due to poor milk production - Due to separation of the child. - Early or late initiation of complementary feeding. - Workload on mothers - Due to illness:	Demonstrate proper breast-feeding procedure. Discuss with the mother on techniques and foods and drinks that can increase milk production. Link with PSNP, Advocate for extending maternal leave (2yrs) from communal service. If possible, advise for reconnection/ a child should breast feed or discuss for better supplements Diagnosis and treatment of the illnesses according to the case management (Rx) guidelines.
A child in the age group of 6-23 months with growth deterioration, first time detected	**Inadequate intake:** - Due to poor child feeding practice. - Due to poor food diversification **Inadequate food availability:** - Low production and food insecure Household **Childhood illnesses:** - Diarrheal diseases - Parasite infestations - Acute febrile illnesses - Other chronic illness and abnormalities	**Counsel the mothers/care giver** - Demonstrate weaning preparation and cooking demonstration and diversification of the dishes of the family. - Write management letter to Agriculture office, link with other sectors of social service as appropriate. - Apply further diagnosis of the cause after the service. - Write management letter to WASH office.

Awareness raising, Advocacy and Community mobilization

One of the key component of GMP to address misconceptions and to promote uptake of the service and improved coverage is awareness rising in the community mobilization. The following overarching focus areas of GMP are required to be mainstreamed.

1. The availability and benefits of GMP services in their catchment.
2. The common causes of child growth problem in the area.
3. The consequences of child growth faltering,
4. How malnourished children are managed at home, and
5. The role of mothers/caregivers in multi-stakeholder nutrition interventions.

Such advocacy messages reach the mothers/caregivers in two different ways:

1. Through targeted awareness raising activities about GMP for the general public, and
2. Through counseling services for the mothers having malnourished children.

For the effective utilization of GMP services, key messages should be delivered to the mothers/caregivers/the community to understand the benefits of GMP, they should come to the service provision sites, at the outreach or facilities (HPs or HCs), which, in turn, requires social mobilization to seek the service; hence, the term "Promotion" is added to Growth Monitoring" to indicate this important component of the GMP package.

Social Mobilization and Advocacy approaches for GMP

The WNCs, the WNTCs, WNCH officers and HEWs are expected to use the existing awareness creation and social mobilization approaches for other health services in place; and also, they are encouraged to use any other innovative approach to support the following activities:-

1. **Work with different community groups**:
   - Identify community groups with which they are going to work (Women Development Army, Youth associations, religious institutions, Ekub, Idir, School communities, etc.,)

- Coordinate with potential community-level stakeholders, social networks and community groups.
- Empower and engage members of Women Development Army (WDA) to identify eligible groups for GMP service and mobilize the community for better attendance in their catchment.

2. Apply community mobilization approaches:

- The following are steps of community mobilization to engage influential groups of the community for appropriate GMP promotion and action.
- Conduct simple SWOT analysis at their level.
- Organize community events: - hold a community orientation meeting to introduce the objectives of GMP implementation.
- Plan with community (How often, what platforms to use, who will do what, what messages to deliver when and where).
- Implement the prioritized actions with community.
- Define your team's role in accompanying community action: if you involve other actors in your mobilization team, define how best they can support the core group function.
- Strengthen the community's capacity to carry out its action plan.
- Provide the capacity building support/training (if any of the people who are responsible for executing the plan have knowledge or skill gaps).
- Monitor community progress in a structured manner and incorporate it in the planning process. Help the team to remain focused on the main objectives.
- Solve problems: trouble-shoot, advice and mediate conflicts.
- Evaluate together with the community.
- Document lessons learned and scale up.

3. Apply the techniques of advocacy:

Meaning and message making, selection of channels and communication approaches are important to apply advocacy and communication techniques.

- Deliver consistent messages to an audience through a variety of channels over an extended period of time. Messages will not be absorbed by audiences and influence their opinions overnight; repetition is vital. Consistency is also crucial; so, do not change your message until it has been absorbed by your audience. Deliver the same message in different ways, using different words, so it does not become boring.
- Make sure that your messages are being delivered by a source that the audience finds credible. The messenger is often as important (or sometimes more important) than the message itself. For example, if you are trying to reach the public through the press, use a newspaper that is widely read and well respected. If you are targeting parents, try to reach them through parent organizations or other parents. In GMP, Women Development Armies are suggested to work best.
- Create a message that the audience will understand. Use the "language" of the target group. Avoid technical terms or jargon. If your message presentation uses charts, keep them clear, simple and easy to understand. Use words or phrases that have positive images, rather than terms that may have negative connotations.

Ensure Community Conversation and apply techniques

Community conversation is one of the interventions of HEP and expected to be applied for GMP. It should include mothers/caregivers, fathers, the elderly, religious leaders and the youth; all of them organized 1 to 5 with the maximum of 20 participants in a session. They should conduct the conversation at least once in a month. They should base their discussion on the GMP data analysis feedback from the HPs, HCs and WNCB. The feedback should contain action plan about activities on awareness raising, enabling and sustainability issues. The WDA should play significant role in mobilizing the participants on time. Model households who follow their appointments regularly and who graduated from GMP program should be recognized every month. They should be given time to share their experiences and to motivate others.

Importance of community conversation:-

- It helps the service provider to address misconceptions and wrong attitudes circulating in the community.

- Help mothers/ care givers to clarify issues they have in mind and to reach consensus on the required actions.
- Encourage engagement of fathers and other important actors.
- Helps to address absentees and defaulters and improved coverage of GMP services.

How to conduct community conversion on GMP

- **First:** Identify issues that interest or hinder mothers/care givers to seek, participate and benefit from GMP services for their children.
- **Second:** Jointly analyze and understand issues and the root causes, and build confidence, self-esteem and accountability.
- **Third:** Explore and agree on possible solutions that are suggested and discussed upon by participants.
- **Finally**: Reach consensus and solutions against the issues with which the community will abide by.

The entire planning, execution and reporting of community conversation on GMP should be implemented according to the community conversion guide of the HEP

Summary of Community Mobilization for GMP service uptake in each governance level

S/N	Government structure	Strategies and Interventions
1	Federal	• Organize media campaign on GMP • Host TV and Radio shows on GMP • Design, print and distribute posters on GMP • Promote, harness and introduce innovations
2	Regional	• Organize media campaign on GMP • Host TV and Radio shows on GMP • Design, print and distribute posters on GMP • Conduct periodic review of GMP coverage and Social mobilization activities in Woreda and Kebele. • Print and distribute family health card • Promote, harness and introduce innovations
3	Woreda	• Organize social mobilization events on GMP • Sensitize Sectors to use GMP data to review their nutrition interventions. • Conduct periodic review meetings. • Periodically issue management letters on GMP utilization and growth status of children in the area. • Summarize social mobilization reports by Kebele. • Support and mentor HEWs and KNTCs/CLs.
4	Kebele and Community level	• Conduct community conversation on GMP • Register all new born and under two children in the Kebele by Got/sub-Kebele. • Mobilize all families with children under two years of age to attend GMP service. • Address misunderstandings and misconceptions on GMP. • Conduct home visit • Counsel mothers/care givers with malnourished children

CHAPTER FOUR

Data quality assurance and Trend analysis

This chapter focus on access to data, quality assurance, preparation for analysis and generation of reports using automated dashboards.

Data quality assurance

The key areas that need improvement and concerted effort to revitalize the use of GMP to strengthen multi-stakeholder interventions are data quality and trend analysis for decision making. The following important indicators have to be collected from each service center and made available at Woreda level for use. These indicators are collected and summarized on a monthly basis in line with DHIS2 reporting period at each level.

- Total number of children under two years of age (eligible/target population for GMP service)
- Number of children age 0-5 Months weighed
- Number of children age 6-23 Months weighed
- Number of children with underweight (moderate and sever)
- Number of children with overweight
- Number of children with normal weight
- Percent of GMP coverage
- Magnitude of each probable the root-causes for the observed malnutrition in the catchment area

From this data set, it is possible to calculate percentages and trend of malnutrition in a given area on a monthly basis.

Currently there are no documentation and reporting mechanism for the following important components of GMP.

- Evaluation of growth for each child over time.
- Community conversation and social mobilization activity.



- Counseling of mothers/caregivers,
- Root-cause analysis
- Linkage and follow up actions

Each woreda SD nutrition coordinator, the woreda nutrition and child health officer and DHIS2 officers and federal and regional nutrition and child health experts are expected to conduct periodic data quality check for GMP. This will be performed on monthly basis.

General parameters of data

- Completeness
- Accuracy
- Consistency
- Timeliness
- Validity
- Transparency

Onsite data verification

Conduct periodic onsite data verification mission, each reporting the unit/Kebele is expected to be visited at least once in every quarter and the reported data need to be verified against the information in the registration book of the service providers.

In every onsite data verification mission, the above key indicators should be verified and checked for the consistency of what has been reported and documented in the registration book. Most importantly, cross-check and certify the number and percentages of children categorized as:

- Overweight
- Normal,
- Underweight

  Moderate

  Severe



Tabulations to identify misclassifications:-

- The proportion of miss classifications (number and percentage of children classified as Normal while they should have been in the underweight or overweight, if there are any).
- Any chance of over reporting.
- Review/ cross-check and certify the weight records of particular child and the weight-for-age decision in the child growth chart and the registration book.
- Take sample records randomly and cross-check with the growth chart during home visit or at GMP sessions.

Table for weight-for-age data verification

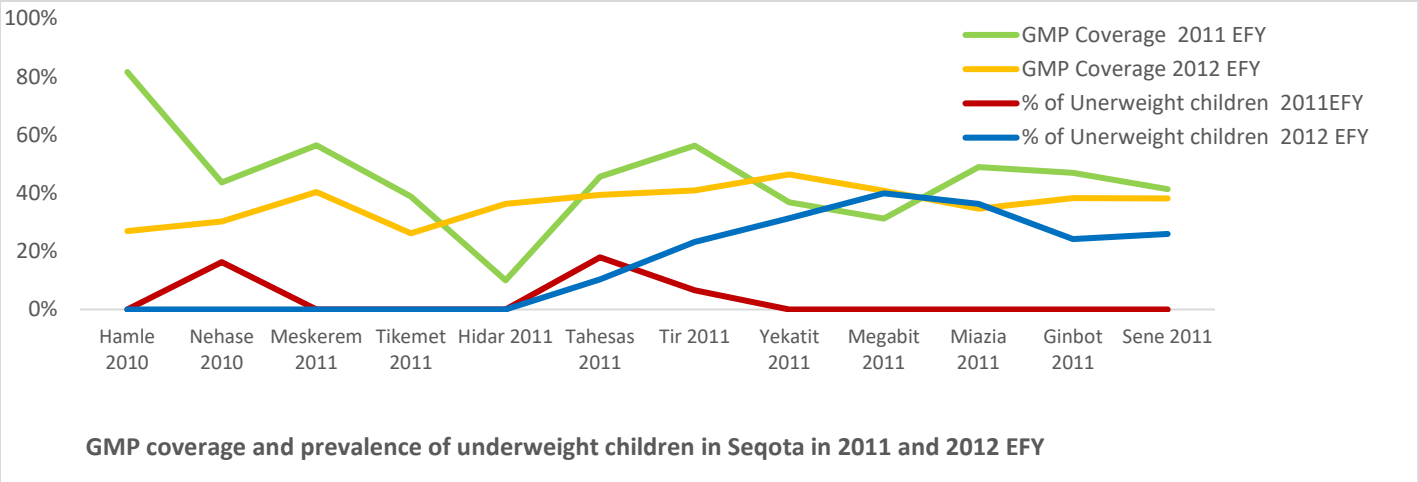
Category			Reported							
			Normal		Underweight				Overweight	
					Moderate		Severe			
			N	%	N	%	N	%	N	%
Category in the registration book	Normal									
	Underweight	Moderate								
		Severe								
	Overweight									

Table showing GMP service coverage (Proportion of weighed children to eligible ones)

Total # of < 2yrs (eligible children) in the catchment area		Total # of children weighed		GMP coverage (weighed / eligible) Performance level.	
0-5mo	6-23mo	0-5mo	6-23mo	0-5mo	6-23mo

Trend analysis and generation of reports at Woreda level using DHIS2 platform.

Trend analysis: GMP trend analysis is one of the focus areas to revitalize the use of GMP. Each WDHIS2 Officer or other concerned bodies are expected to conduct trend analysis on a monthly basis GMP performances and the status of child nutrition in the woreda. The GMP tools should be aligned with DHIS2. The trend analysis shall be conducted for each Kebele/reporting health facility by month to track the changes.



Example of GMP trend by Month for Seqota town Woreda

GMP dashboards

The GMP dashboards should serve as key performance tools to capture progress based on DHIS2 indicators.

Prevalence of underweight is considered as the best measure of GMP performance by WHO because it indicates the impact of the program. However, the trend of GMP coverage is used as a starting tool to indicate the immediate outcome of the inputs in the GMP processes in this guideline. GMP service coverage >80% is suggested to be good from all eligible population (all under 2 years of children) in a given area or defined catchment population.

The use of -2 Z-scores as a cut-off implies that 2.3% of the reference population will be classified as malnourished even if they are truly "healthy" individuals with no growth impairment. Hence,

2.3% can be regarded as the baseline or expected prevalence. To be precise the reported values in the surveys would need to subtract this baseline value in order to calculate the prevalence above normal. It is important to note, however, that the 2.3% figure is customarily not subtracted from the observed value. In reporting underweight and stunting rates this is not a serious problem because prevalence in deprived populations is usually much higher than 2.3%. However, for wasting, with much lower prevalence levels, not subtracting this baseline level undoubtedly affects the interpretation of findings.

The prevalence ranges shown in the Table below are those currently used by WHO to classify levels of underweight children in the community. It should be borne in mind, however, that this classification is simply reflects a convenient statistical grouping of prevalence levels worldwide. Moreover, the designations of prevalence as "low" or "medium" should be interpreted cautiously and not be taken as grounds for complacency. Since only 2.3% of the children in a well-nourished population would be expected to fall below the cut-off, the "low" weight-for-age group, for example, includes communities with up to four times that expected prevalence, and the "medium" group communities with up to an eightfold excess.

Classification for assessing severity of malnutrition by underweight prevalence ranges to assess GMP performance

Prevalence of Underweight children in the community	Severity of Malnutrition
<10 %	Low
10-19%	Medium
20-29%	High
>30%	Very high

Adapted from WHO Technical Report Series No. 854. Geneva: World Health Organization, 1995".

Communication of the trend analysis and review results

After the woreda/Kebele level trend of GMP performance and malnutrition statuses are generated, the data needs to be communicated to all SD sectors in the woreda. Therefore, the SD WNC is expected to establish/reinforce official communication channel to regular update the GMP status and GMP result. The method of communication can be discussed and agreed at the WNCB/ WNTC meetings.

A) **Presentation:** presenting the result and its implication in the meetings of the WNTC and WNCB if there is regular meeting on a monthly basis, GMP update and follow up actions can be permanent agenda each meeting.

B) **Poster:** Printing the GMP trend graph in poster form and facilitate the distribution of the posters in each SD sectors and follow up the actions with joint mission of the sectors.

C) **Office Memo/letter:** The other and more official method of communicating the result of trend analysis to the responsible sector to act accordingly. A copy should keep for all letters issued in the coordination office to monitor the turnout time and response rate.

D) **Follow up and track changes:** After adequately communicating the trend of GMP, each SD sector identified as responsible for the current malnutrition, are expected to revise their action plan and implementing arrangements. The following are methods of conducting follow up and tracking changes at Woreda and Kebele levels.

- Hold regular monthly monitoring meeting
- Conduct site visit and provide onsite support
- Organize joint onsite data validation and periodic supportive supervision
- Compare the monthly GMP records with the baseline.

E) **Develop periodic report:** The WNC are expected to develop monthly, quarterly and annual summary report on GMP including community conversation, counseling practices linkage and remedial actions. This periodic report should show the status of GMP implementation and prevalence malnutrition status. This report should be submitted to the WNCB and Zonal/Regional concerned bodies. All GMP reporting and recording tools and automated dashboard integrated with the DHIS2 platform.

CHAPTER FIVE

Mentorship and capacity building

Mentorship

Mentorship is essential for the effective implementation of GMP programs. The best method known to maintain an influx of talent to a discipline is by developing an active mentorship program. Mentorship should be flexible and based on mentees' training background. Realistic goals should be set, with written and verbal feedback.

Nutrition and child health officer of the woreda health office are expected to provide ongoing mentorship program and the SD WNC conduct supportive supervision and facilitation and monitoring of implementation in each sector.

- Frontline workers and other professionals engaged in GMP service
- HC staffs involved in GMP
- DHIS2 and HIT experts working at woreda and health center level respectively
- Health Extension Workers
- Community lab members
- Nutrition focal persons of the SD sectors and WNTCs.

The mentors should divide the workload and assign themselves to particular mentees. The mentorship program can be designed phase by phase by providing priority to high burden and high impact areas. Mentoring HEWs is to reinforce and maintain the knowledge and experiences gained during the cascade training.

Tip for effective mentorship for Mentors

- Listen more and compliment
- Make yourself available
- Support and facilitate for the mentee
- Teach the mentee by example
- Encourage and motivate the mentee



- Promote independence
- Avoid perfectionism
- Maintain balance
- Strengthen social relations, rejoice in success, convey joy and fun
- Track progress
- Give feedback on time
- Over promote nutrition
- Be aware of other commitments
- Do not promote your own agenda
- Do not sidestep workloads
- Do not try to take credit for mentees' work
- Do not condemn honest mistakes declared by the mentee

Please consider the entire component of GMP during mentorship and supportive supervision especially those components used to be overlooked (comfort and privacy of mothers, plotting and classification of children, CC, counseling, Root cause analysis and linkage).

All mentors are expected to generate written report and documentation in every mentorship and supportive supervision missions.

Orientation to Health Workers working on GMP and other important staffs.

Provide orientation to health workers engaged in GMP service provision at health centers and hospitals about the revitalization initiatives of the GMP service and data utilization. This orientation is the primary responsibility of the woreda nutrition and child health officer, Woreda health office head and the SD WNCs. The orientation can be organized along with other training programs.

Provide Cascade training of HEWs

The SD WNC and the woreda nutrition and child health officers of the health office should organize and provide cascade training to HEWs on the overall implementation of GMP services, community conversation, root cause analysis, communication/presentation of the result to the

attention of the Keble council and community lab members, linkage and follow up changes with simple analysis techniques of the GMP data for decision making. Please use the facilitator manual for the details of this cascades training.

Joint learning mission

Organize joint learning mission and onsite support to high burden Kebeles in child malnutrition. Understand their situation and provide onsite support. All the WNCB members are expected to participate in the learning mission. Subgroups can be reorganized to cover more Kebeles. At least one learning mission is expected per quarter.

Experience sharing mission

- Facilitate experience sharing mission to best practicing Kebeles by inviting HEWs.
- Organize experience sharing mechanism across woredas and Zones to learn best practices and maintain the motivation level.
- Use experience sharing mechanisms and case stories in SD woreda via the local language and further with in the sectors and experts and target community.
- Recognize best practicing Kebeles/HEW in events and also post the picture and the name of HEWs, best achievers as Workers of the month.

CHAPTER SIX

Roles and Responsibilities of stakeholders

The role and responsibilities of sector offices and key staffs listed below are key functions related to revitalize the use of GMP services and data analysis and utilization for further actions to improve the service delivery. Data collected by the HEWs, health workers at health facilities and other GMP service givers from each Kebeles should be analyzed every month by the WNC or other concerned bodies to show GMP trends of the Woreda so that the status of child malnutrition of the specified Woreda could be evaluated.

In the table, previously existing roles and responsibilities by the stakeholders will remain active based on the food and nutrition strategy and the multi-sectoral guideline, SD implementation plan and other documents. Some of the existing roles and responsibilities are intensified/strengthened to be aligned with requirements of the GMP service utilization. In addition, new roles are incorporated to strengthen implementations through joint planning, supportive supervision/mentorship, training and onsite support by the multi-sectoral SD stakeholders to revitalize the GMP service and GMP data utilization.

S/N	Stakeholder	Key function in relation to GMP	Remark
1	Woreda Health Office	Technical leadership, Provision of GMP service and ensured access.	Existing role
		Supply acceptable and standard weight measuring and mounting device.	Existing & intensified role
		Generate quality assured GMP data and trend analysis	Existing and intensified role
		Make regular GMP as entry point/prerequisite for other services (vaccination, clinical services, for families in therapeutic nutrition, school enrollment)	New role
		Capacity development and mentorship	Existing role
		Communication of the GMP trend analysis result to other sectors/ stakeholders for decision making and follow up actions.	Existing and intensified role
		Facilitate CC, address misconceptions, conduct SBCC to improve coverage of GMP	Existing role
		Cooking demonstration, child feeding practice	Existing role

S/N	Stakeholder	Key function in relation to GMP	Remark
2	Woreda DHIS2 Officer	As member of the Woreda heath office, Collects GMP data, analyze, interpret, and deliver to the Woreda Nutrition and Child Health Officer.	Existing and intensified role
		Conduct periodic onsite data verification and quality assurance service.	Existing and intensified role
3	Woreda Nutrition and Child Health Officer	Facilitate monthly generation of GMP trend analysis and interpretations	Existing role
		Develop monthly update report on GMP and revitalization process, submit to the SD Woreda Nutrition Coordinator and present the update as member of the WNTC.	Existing and intensified role
		Summaries the root causes of current malnutrition by Kebele and provide the report for action to SD WNC and head of the WHO.	New role
		Provide ongoing capacity building and mentorship services to HEW and other HWs engaged on GMP.	Existing and intensified role
4	SD Woreda Nutrition Coordinator	Collects the GMP update report, enrich and interpret with other sectors performance presents it to the WNCB for decision on monthly basis.	Existing and intensified role
		Facilitate the revision of Multi-sectoral planning as GMP trigger indicator for sectors, data and root causes analysis and presentation for decision on monthly base,	Existing and intensified role
		Share the trend analysis and the root cause monthly to all sectors, write management letter and facilitate the review of the progress, recognize best performers, ensure accountability with the Woreda administrator.	Existing and intensified role
		Coordination, Facilitation, and communication, document records and meeting minutes	Existing role
5	Woreda Nutrition Coordination Body	Administrative leadership and support	Existing role
		Conducted learning journey and provide onsite support	Existing role
		Facilitate social mobilization awareness creation	Existing role
		Review and make informed decision, ensure accountability and recondition of best performers	Existing role
6	Woreda Nutrition Focal Person each sector.	Facilitate and discus the implementation of identified gaps and root causes in their sector.	Existing role
		Involve in SBCC to improve GMP coverage	New role
		Update the sector plan based on the GMP report	New role
7	Woreda Agriculture office	Utilization of GMP information relevant to the sector,	Existing and intensified role

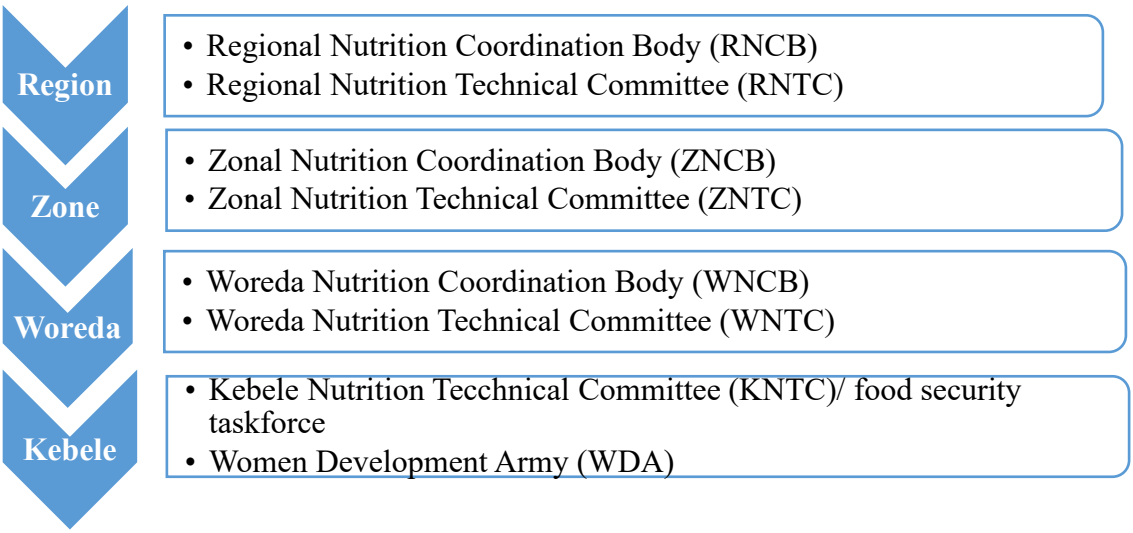
S/N	Stakeholder	Key function in relation to GMP	Remark
		Participate in Social mobilization and remaining for consistent and improved coverage of GMP	New role
		Implementation of nutrition sensitive intervention: Nutrient Dense foods and PSNP	Exiting role
8	Woreda Life-Stock and Fishery	Utilization of GMP information relevant to the sector,	Existing and intensified role
		Intensify household production of animal products with improved genetic pool	Existing role
		Promote consumption fish and animal products by mother and children with in the 1000 days window of period.	Existing role
9	Woreda Education office	Participate in social mobilization and awareness creation programs for GMP coverage School Sanitation	New role
		Consider GMP record as mandatory for school enrolment and School feeding	New role
10	Woreda Power, Water and Sanitation office	Utilization of GMP information relevant to the sector,	Existing and intensified role
		Safe water supply, hygiene and sanitation	Existing role
11	Woreda labor and Social Affairs office	Utilization of GMP information relevant to the sector and linking to IGA, TDS, PDS,	Existing and intensified role
		Ensure equity & social protection for mothers having child with malnutrition	Existing role
12	Woreda Women and Children Affairs office	Utilization of GMP information relevant to the sector	Existing and intensified role
		Ensure child safety and security, maternal nutrition and demand creation.	Existing and intensified role
		Promote participation of mothers to GMP service	New role
		Provide support to the WDA to strengthen community mobilization and related activities during GMP and other service deliveries.	New role
13	Woreda Road Authority	Infrastructure development, ensure access to HFs	Existing role
		Improve quality of life and exchange of goods	Existing role
14	Woreda Finance office	Allocation of budget based on the updated plan of each sector and follow up,	Existing and intensified role
		Resource tracking and ensure accountability	Existing role
15	Disaster prevention,	Ensure access to emergency food supply,	

S/N	Stakeholder	Key function in relation to GMP	Remark
	Food Security and Areas in need of special needs Coordination Commission	Identification of prone areas and preparation before possible crises.	Existing role
16	NGOs, CSO, and FBOs working on Nutrition in the Woreda	Provide technical and financial support,	
		Work based on the need of the society and findings of GMP, Facilitation and create enabling environment,	Existing role
17	Kebele Nutrition Task Force/CL	Conduct home visit and understand the root cause	Existing and intensified role
		Support HEWs	Existing role
		Promote participation in GMP in the community	New role
		Encourage WDA for their role in GMP participation	New role
18	Communities and Beneficiaries	Participate in CC, share experience, support mothers/care givers	

Coordination mechanism

The WNCB and WNTC where each sector has representatives are the platform for coordination of activities and SD Woredas have multi-stakeholder Woreda nutrition coordinator (WNC) accountable to the Woreda administrator. The WNC have the leverage to facilitate and assist the Woreda administrator for effective coordination and leadership.

Effective coordination and leadership



Annexes

Annex 1: Root cause analysis checklist

Seqota Declaration

Federal Program Delivery Unit

Mentorship Program for Growth Monitoring and Promotion Services

Root-Cause Analysis Checklist for Children with Malnutrition Among children attending GMP Services, (To be used by GMP Service Providers)

General	Remark
Q. 1 What was the possible cause of weight loss in the child? a. Prolonged inadequate food intake b. b. Acute childhood illnesses causing anorexia and/or diarrhea	
Q. 2 If prolonged inadequate food intake is the cause, what are the possible causes of the prolonged inadequate food intake? a. Household food insecurity b. Lack of access to food c. Inadequate child care and feeding practices d. Inadequate support from GMP stakeholders.	
Q. 3 If household food insecurity, what are the causes for the food insecurity? a. Climate change (drought) b. Displacement (conflicts/ war/ floods/ landslides) c. Lack of access to food	
Q. 4 If lack of access, what are the probable causes? a. No food distribution, b. No road access c. No financial capacity	
Q. 5 If inadequate child care and feeding practices at home, what was missing? a. Early initiation of breastfeeding b. Exclusive breast feeding for 6 months c. Continued breast feeding until the age of 2 years d. Initiation of complementary feeding from 6 months e. Food diversification f. Cooking skills and materials g. Increased fluids and diet for sick child	

Q. 6. If inadequate support from nutrition stakeholders, what was lacking? a. No handover and proper linkage b. Linked service available at all c. Not welcoming and sustainable support	
Q. 7 If childhood illness, what are the possible cause for the illness and weight loss? a. Poor environmental sanitation conditions. b. Unsafe water source c. Poor household water handling. d. Distant health facility e. Unsatisfactory health service and advice to mothers/caregivers	
Home visit If poor environmental and unfavorable behavioral conditions or practices visit the home and investigate further.	
Q. 8 How is the solid and liquid waste management in the living area? a. Good b. Poor	
Q. 9 How is the toilet condition? a. Not available at all b. Poor toilet utilization	
Q. 10 How is the cooking and dining environment? a. Good b. Poor	
Q. 11 How is the household water handling? a. Good b. Poor	

Annex 2: GMP mentorship tool and checklist

Seqota Declaration

Federal Program Delivery Unit

Mentorship Program for Growth Monitoring and Promotion (GMP) Services

Mentorship is the ongoing capacity development program with close follow up, coaching and support to share experiences and develop specific skills on the base of mutual trust and shared goal. Mentorship involves the mentor and mentee in a given setting.

Mentorship has definite characteristics and have advantages over supportive supervision and performance-based management, the following are the principles of mentorship:

- Mentorship is ongoing with define target and time frame.
- Mentorship requires trust, respect and mutual understanding b/n the mentor and mentees
- Mentorship focus on available knowledge and skills and exchange mechanism.
- Mentorship is not managerial procedure or not attached to performance-based management.
- Mentorship requires open communication and accessibility
- Mentorship cares to personal relationship
- Mentorship ensures independence and collaboration
- Mentorship assumes the mentor as role model for the mentee.

The mentorship program to revitalize the use of Growth Monitoring and Promotion (GMP) to measure the effectiveness of multi-sectoral interventions in SD woredas have two levels.

1. **Woreda level Mentorship program:** The woreda level program targeted the expertise and skill of Woreda Nutrition coordinators, health sector leaders and data managers to conduct monthly GMP analysis, coordinate, support and follow up of sectors to take actions based on the evidence generated from the GMP service. The Woreda level

intervention includes capacity building training and mentorship programs as TOT will be delivered by the TA provider, Nitsuh Ethiopia.

2. **Kebele/ Health facility level:** The kebele level intervention is the secondary stage/cascade level of intervention targeting the skill of health professionals with a focus to Health Extension Workers (HEWs) on improve the quality and coverage of GMP services, interpretation skills, counselling skills based on the measurement of the particular child, root cause analysis documentation and communication of the result to the Kebele council for action.

Cascade training will be organized by FPDU to HEWs and health facility staffs to revitalize the service at community level. HEW at HPs are key to the success of the program since they are the only person who have close contact with the mother/care givers of every child with malnutrition.

1. To provide proper counseling service to mothers/care givers to curve growth faltering before irreversible complications has had happened to every child in their catchment area.
2. To Provide Root case analysis and identify fundamental causes of the observed malnutrition.
3. To facilitate linkage for further services for lasting solution at household level.
4. To proper documentation and conduct simple percentage calculation and present the finding to the community Lab members.
5. To send cleaned data for DHIS2 entry at woreda level.

Seqota Declaration

Federal Program Delivery Unit

Woreda level Mentorship Program, Mentee profile sheet:

Name of the Woreda: _____ Zone: _____ Region: _____

Name of the Woreda Nutrition Coordinator: _____

Position (formal assignment): _____

Qualification: _____ Service Year: _____

Phone #: Landline: _____ Mobile #:_____

Email address: _____

Name of the person responsible to GMP in the Woreda Heath Office: _____

Position (formal assignment): _____

Phone #: Landline: _____ Mobile #:_____

Email address: _____

Name of the Woreda DHIS2 focal person/ data manager: _____

Position (formal assignment): _____

Phone #: Landline: _____ Mobile #:_____

Email address: _____

Name of the Mentor: _____

Phone #: Landline: _____ Mobile #: _____

Email address: _____

Signatures

Woreda Nutrition Coordinator: _____ Mentor: _____

Date: _____ Date: _____

Woreda level GMP Mentorship Program Checklist

Name of the Woreda: _____ Date: _____

This checklist should be completed with the Woreda Nutrition Coordinator at the beginning of the GMP mentorship program**:**

S/N	Focus area	Yes	No	Remark
1.	**Leadership and Coordination**			
1.1	Is there functional Nutrition Coordination Body (WNCB) in the Woreda?			
1.2	Do the WNCB meet regularly? (at least once in a month)			
1.3	If yes, is GMP discussed in the regular meeting?			
1.4	Are all of the 9 SD sectors represented in the WNCB?			
1.5	How many times did the WNCB hold meetings in the past 3 months?			
1.6	Was the GMP performance or level of malnutrition one of the agenda?			
1.7	Did the WNCB members ever attend training on GMP in the past 2 years?			
1.8	Did the WNCB members ever visit GMP service sites in the past 2 years (HPs, HCs or Community outreach programs)?			
1.9	If yes to Q 1.9, was GMP focused or integrated with other programs?			
1.10	Have you ever sent feedback /communication note/ official letter about the performance status of certain SD interventions to SD sectors in the past 3 months**?**			
1.11	Do the SD sector representatives attend the meeting you call on behalf of the WNCB chair person or Woreda Administrator?			
2.	**Human Resources**			
2.1	Is the current Woreda Administrator full time assignee or delegate/ temporarily assigned in addition to his/her position?			
2.2	Is the Woreda Nutrition Coordinator full time assignee?			
2.3	Have all the sectors assigned GMP focal persons?			If No, list those that have not assigned yet.

3.	**Reporting**			
3.1	Could the Woreda Nutrition Coordinator access the GMP data at the DHIS2 platform?			
3.2	From whom do you get the GMP data? a. From the Woreda Health Office head b. Directly from the Kebeles/HFs c. Directly from the DHIS2 system			
	d. Others, please specify			
3.3	How do you get the GMP data from the health system?			
3.4	Was the report regular and timely (submitted in the period)?			
3.5	Was the report complete (included all the reporting units and all required cell were filled)?			
4.	**Experience**			
4.1	Have you/one of the nutrition focal persons ever conducted GMP trend analysis in the past one year?			
4.2	Have you ever interpreted the GMP data/analysis reports and presented/communicated to WNCB?			
4.3	Have you ever participated in supportive supervision to HEWs on GMP in the past one year?			
4.4	Have you ever conducted onsite data verification on GMP in the woreda?			
4.5	Have you ever conducted data quality check on GMP in the past one year?			
4.6	Have you ever provided feedback to the woreda health office/reporting unit/ on GMP report in the past one year?			
4.7	Have you ever conducted root-cause analysis to understand the responsible factor of the child growth faltering?			
4.8	Have you ever conducted/attended home visit session to assess the root-causes of growth faltering?			
5	What are the major challenges to achieve high GMP coverage for children under two years in the Woreda?			

6	What additional supports are needed to achieve the GMP coverage and data utilization?
7	What are the major challenges to achieve quality GMP service in the Woreda?
8	What are the major challenges of using the GMP monthly data and trend analysis to assess the effectiveness of multi-sectoral intervention?
9	What additional support do you need for quality GMP service?

Data required at the beginning of the Mentorship Program

Name of the Woreda: _____

Name of the Woreda Nutrition Coordinator: _____

Date: _____

Reporting period: Monthly ☐ Quarterly ☐ Biannual ☐ Annual ☐

S/N	Indicator	Number	%	Remark
1	Total Number of Kebele in the Woreda			
2	Total number of Kebeles having functional community Lab in the Woreda?			
3	Total Number of functional health posts (HP) in the Woreda			
4	Total number of HPs providing GMP service in the Woreda?			
5	Total Number of functional health centers in the Woreda			
6	Total Number of fictional Hospitals (Primary and tertiary) in the woreda			
7	Total number of private clinics in the woreda.			
8	Total number of drug venders in the woreda (private).			
9	Total number of eligible populations for GMP in the Woreda (under two years of age) in the reporting year.			
10	Total number of eligible children under two years of age weighted in the Month in the Woreda			
11	Total number of Children with severe malnutrition in the Woreda			
12	Total number of children with Moderate malnutrition in the Woreda			
15	Total number of children with malnutrition linked for additional support			
14	Total number of HHs with malnourished children visited to understand the root causes of the problem?			
15	Total number of children with malnutrition in the woreda, the fundamental cause of the problem is identified?			

Annex 3: GMP trend analysis tool and dashboard

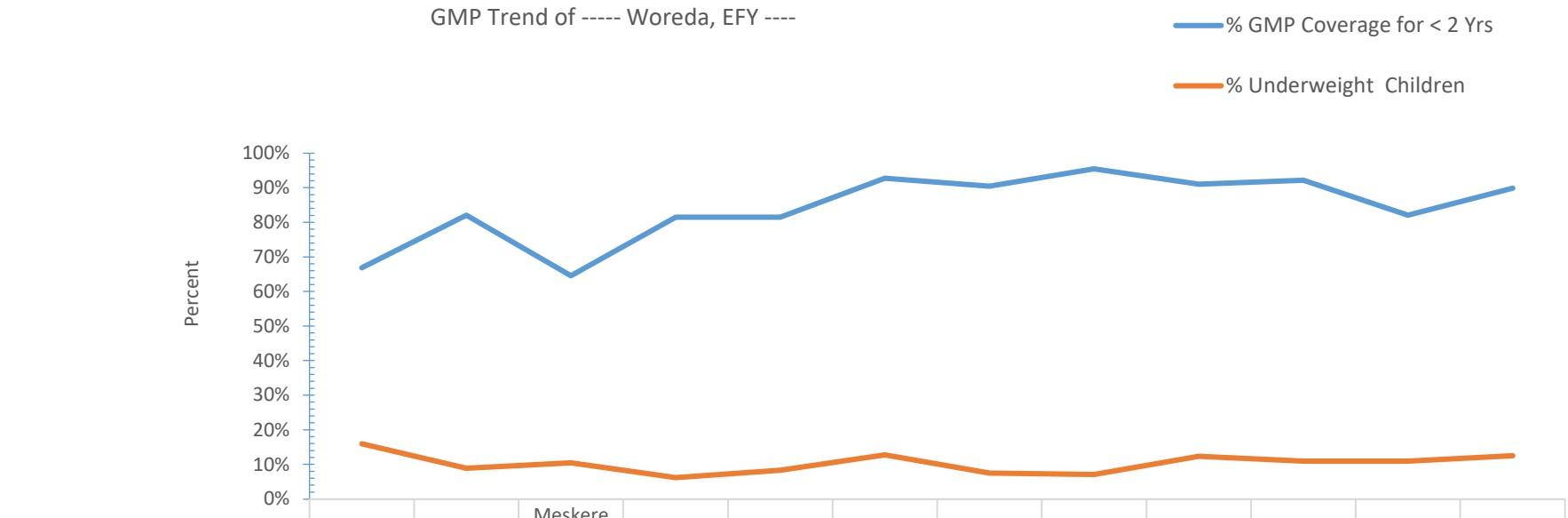
1. Summary of Monthly Growth Monitoring and Promotion (GMP) Trend Analysis for SD Woredas

						Weighted		Moderate Malnutrition		Severe Malnutrition	
S. No	Month	Region	Zone	Name of the SD Woreda	Target Population	0-5 Months	6-23 Months	0-5 Months	6-23 Months	0-5 Months	6-23 Months
1	Hamle				178	66	53	8	5	4	2
2	Nehase				178	69	77	5	1	5	2
3	Meskerem				178	56	59	5	2	4	1
4	Tikimt				178	74	71	4	1	3	1
5	Hidar				178	67	78	5	2	3	2
6	Tahsas				178	84	81	9	4	5	3
7	Tir				178	85	76	4	2	4	2
8	Yekatit				178	86	84	5	3	3	1
9	Megabit				178	77	85	6	5	7	2
10	Miyaziya				178	78	86	6	3	6	3
11	Ginbot				178	69	77	6	2	6	2
12	Sene				178	82	78	7	3	8	2
				TOTAL		**893**	**905**	**70**	**33**	**58**	**23**

Summary of Monthly Growth Monitoring and Promotion (GMP) Trend Analysis for SD Woredas (Cont…)

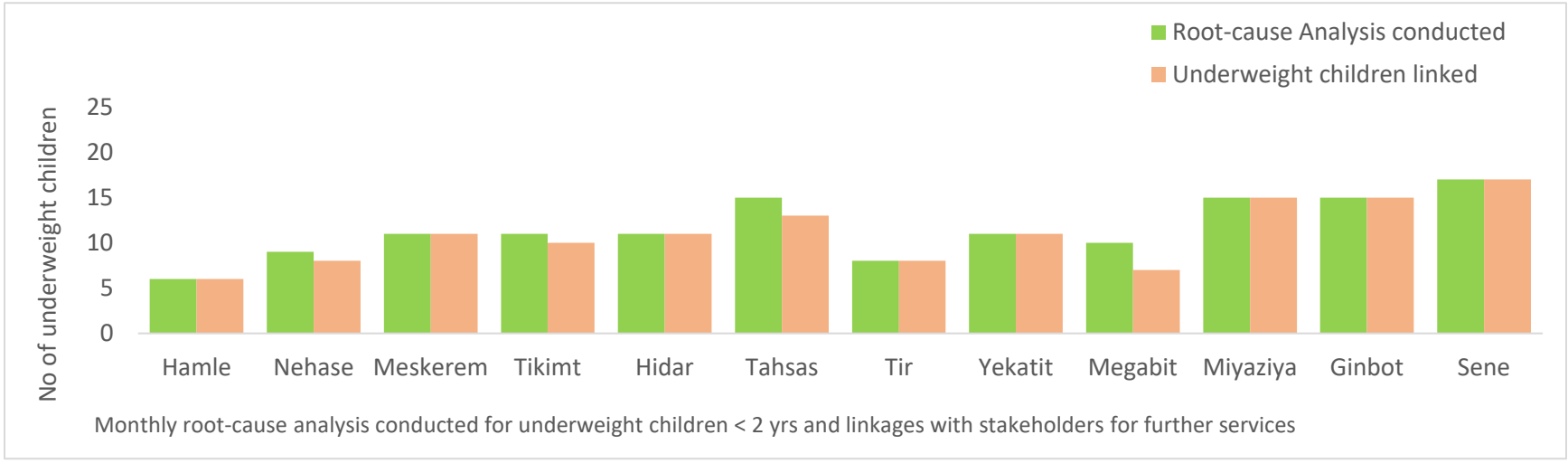
GMP Coverage		Root-cause Analysis for Underweight				Home visit for underweight children		Contact Details of the person filled the information			
No GMP Coverage	% GMP Coverage	No Underweight	% Underweight	Root-cause Analysis conducted	Underweight children linked	No of HHs with underweight children	No of HHs with underweight children Linked	Name	Email	Telephone	Remark
119	67%	19	16%	6	6	7	6				
146	82%	13	9%	9	8	10	7				
115	65%	12	10%	11	11	10	10				
145	81%	9	6%	11	10	9	8				
145	81%	12	8%	11	11	10	10				
165	93%	21	13%	15	13	12	10				
161	90%	12	7%	8	8	7	7				
170	96%	12	7%	11	11	9	9				
162	91%	20	12%	10	7	7	6				
164	92%	18	11%	15	15	13	13				
146	82%	16	11%	15	15	11	8				
160	90%	20	13%	17	17	15	15				

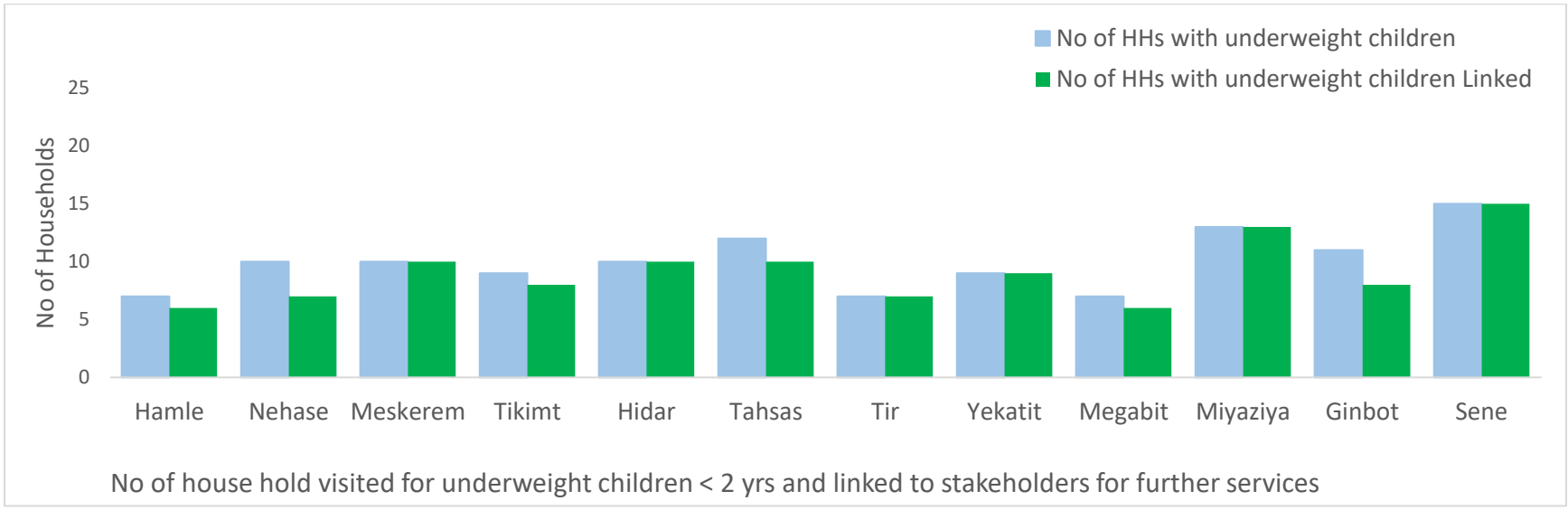
Sample graph for Monthly GMP trend at SD Woreda level (Summary)



	Hamle	Nehase	Meskerem	Tikimt	Hidar	Tahsas	Tir	Yekatit	Megabit	Miyaziya	Ginbot	Sene
% GMP Coverage for < 2 Yrs	67%	82%	65%	81%	81%	93%	90%	96%	91%	92%	82%	90%
% Underweight Children	16%	9%	10%	6%	8%	13%	7%	7%	12%	11%	11%	13%

Sample graphs for Monthly root-cause analysis, home visit and linkage for further services at Woreda level (Summary)





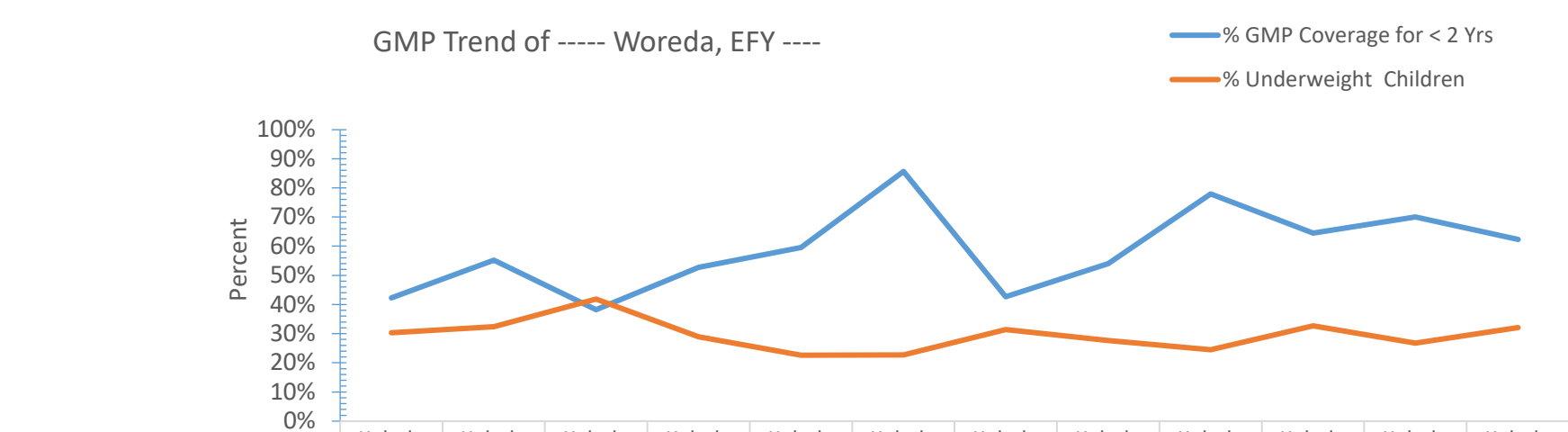
2. Monthly Data Entry and GMP Analysis Tool for SD Woredas

S. No	Name of Kebele	Name of the SD Woreda	Target Population	No of Children Weighted		No of Children < 2 Years weighted with Moderate Malnutrition		No of children < 2 Years weighted with Severe Malnutrition	
				0-5 Months	6-23 Months	0-5 Months	6-23 Months	0-5 Months	6-23 Months
1	Kebele A		78	12	21	2	5	2	1
2	Kebele B		78	14	23	2	5	3	2
3	Kebele C		78	11	20	3	6	1	3
4	Kebele D		78	15	23	1	7	2	1
5	Kebele E		78	21	32	3	4	3	2
6	Kebele F		78	25	41	5	5	3	2
7	Kebele G		78	12	23	1	6	2	2
8	Kebele H		78	23	24	5	3	2	3
9	Kebele I		78	21	32	3	6	2	2
10	Kebele J		78	23	26	4	7	3	2
11	Kebele K		78	22	34	3	7	2	3
12	Kebele L		78	21	32	5	5	3	4
TOTAL				**220**	**331**	**37**	**66**	**28**	**23**

Monthly Data Entry and GMP Analysis Tool for SD Woredas (Cont…)

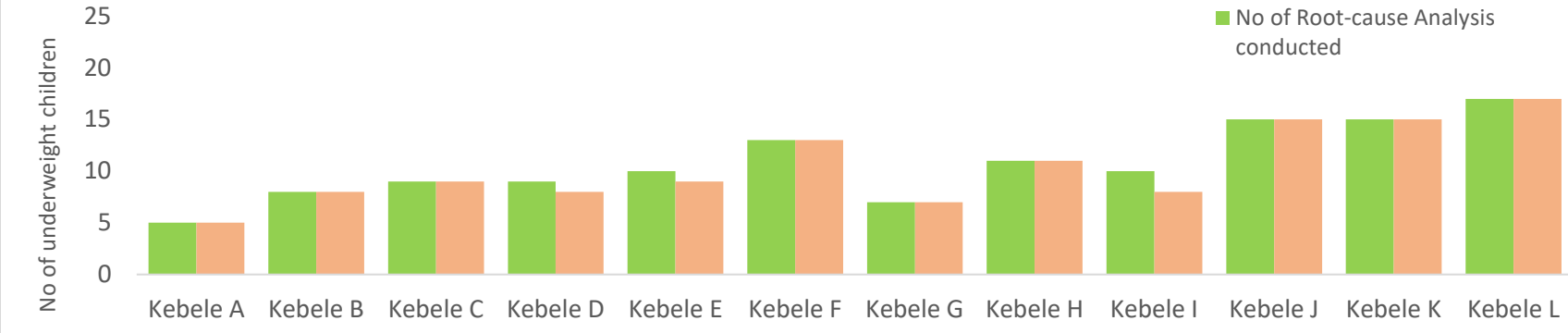
GMP Coverage for Children < 2 Years		Root-cause Analysis for Underweight Children < 2 Years				Home visit		Contact Details of the person filled the information			
No GMP Coverage	% GMP Coverage	No Underweight	% Underweight Children	R-C Analysis conducted	Underweight children linked	No of HHs with underweight	No of HHs with underweight children	Name	Email	Telephone	Remark
33	42%	10	30%	6	6	7	6				
37	47%	12	32%	9	8	10	7				
31	40%	13	42%	11	11	10	10				
38	49%	11	29%	11	10	9	8				
53	68%	12	23%	11	11	10	10				
66	85%	15	23%	15	13	12	10				
35	45%	11	26%	8	8	7	7				
47	60%	13	28%	11	11	9	9				
53	68%	11	21%	10	7	7	6				
49	63%	16	33%	15	15	13	13				
56	72%	15	27%	15	15	11	8				
53	68%	17	32%	17	17	15	15				

Sample graph for GMP trend of Kebeles in the SD Woreda

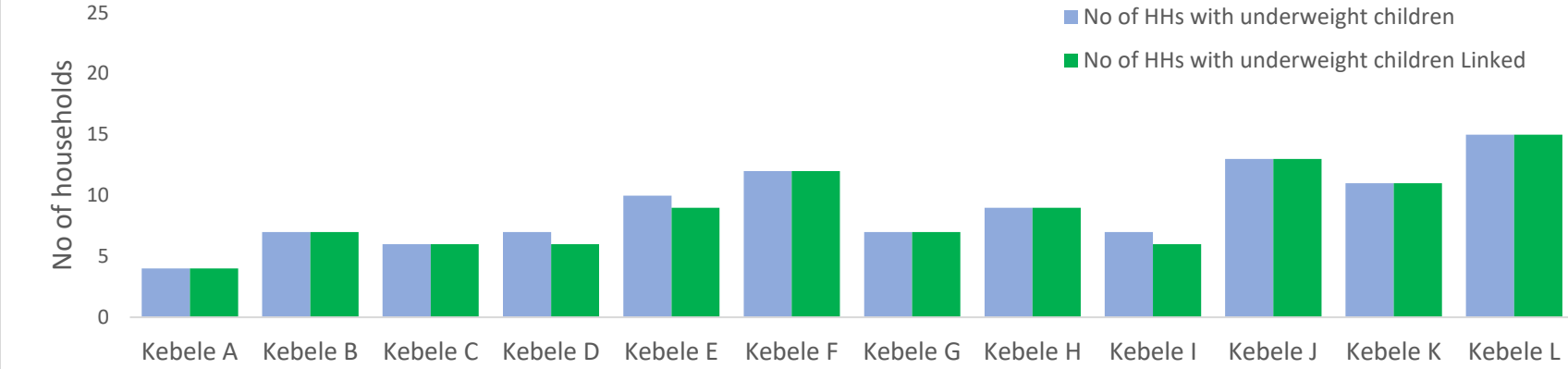


	Kebele A	Kebele B	Kebele C	Kebele D	Kebele E	Kebele F	Kebele G	Kebele H	Kebele I	Kebele J	Kebele K	Kebele L
% GMP Coverage for < 2 Yrs	42%	55%	38%	53%	60%	86%	43%	54%	78%	64%	70%	62%
% Underweight Children	30%	32%	42%	29%	23%	23%	31%	28%	25%	33%	27%	32%

Sample graphs for root-cause analysis and home visit and linkage for further services of Kebeles in the SD Woreda



Monthly root-cause analysis conducted for underweight children < 2 yrs and linkages with stakeholders for further services



No of house hold visited for underweight children < 2 yrs and linked to stakeholders for further services



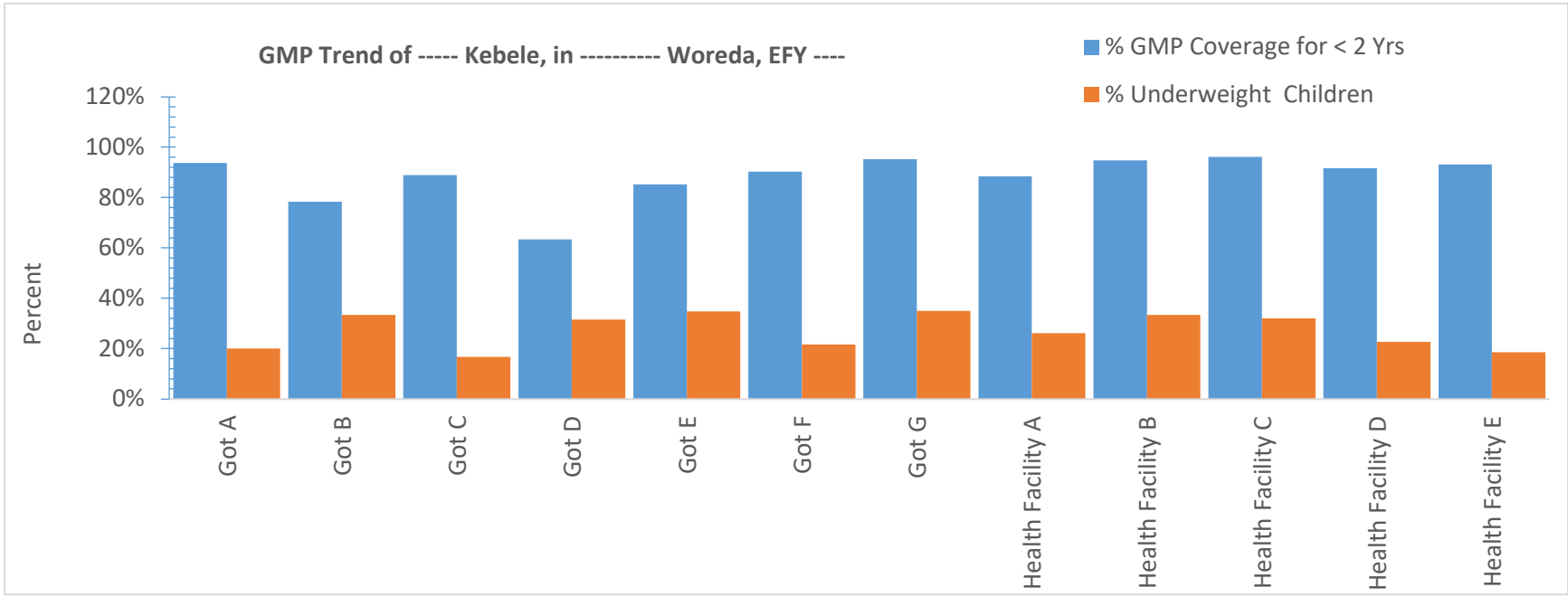
3. Monthly Data Entry and GMP Analysis Tool for Kebeles in the SD Woredas

				No of Children < 2 Years Participated in GMP (Weighted)		No of Children < 2 Years weighted with Moderate Malnutrition		No of children < 2 Years weighted with Severe Malnutrition	
S. No	Name of Got (Health Facility)	Name of Woreda	Target Population	0-5 Months	6-23 Months	0-5 Months	6-23 Months	0-5 Months	6-23 Months
1	Got A		32	17	13	2	1	2	1
2	Got B		23	11	7	2	1	2	1
3	Got C		27	9	15	1	1	1	1
4	Got D		30	11	8	1	2	2	1
5	Got E		27	12	11	3	1	2	2
6	Got F		41	19	18	3	2	1	2
7	Got G		21	10	10	1	2	2	2
8	Health Facility A		26	12	11	2	1	2	1
9	Health Facility B		19	8	10	2	1	2	1
10	Health Facility C		26	12	13	2	1	3	2
11	Health Facility D		24	14	8	1	1	2	1
12	Health Facility E		29	15	12	1	1	2	1
TOTAL			**325**	**150**	**136**	**21**	**15**	**23**	**16**

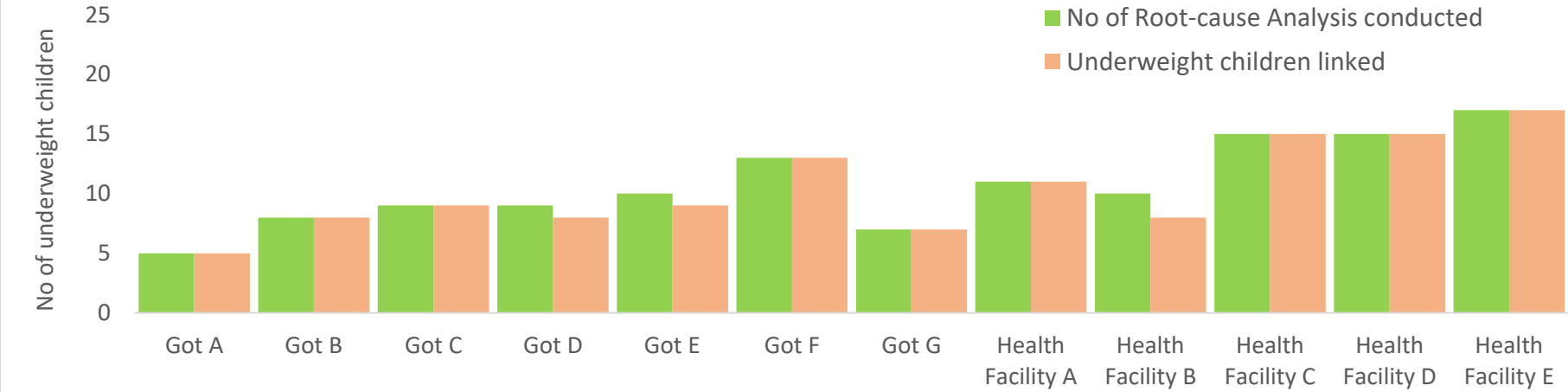
Monthly Data Entry and GMP Analysis Tool for Kebeles in the SD Woredas (cont…)

GMP Coverage		Root-cause Analysis for Underweight Children				Home visit for underweight children		Contact Details of the person filled the information			
No GMP Coverage	% GMP Coverage	No Underweight	% Underweight	No of R-C Analysis conducted	No of Children linked	No of HHs with UW children	No of HHs with UW children Linked	Name	Email	Telephone	Remark
30	94%	6	20%	5	5	4	4				
18	78%	6	33%	8	8	7	7				
24	89%	4	17%	9	9	6	6				
19	63%	6	32%	9	8	7	6				
23	85%	8	35%	10	9	10	9				
37	90%	8	22%	13	13	12	12				
20	95%	7	35%	7	7	7	7				
23	88%	6	26%	11	11	9	9				
18	95%	6	33%	10	8	7	6				
25	96%	8	32%	15	15	13	13				
22	92%	5	23%	15	15	11	11				
27	93%	5	19%	17	17	15	15				

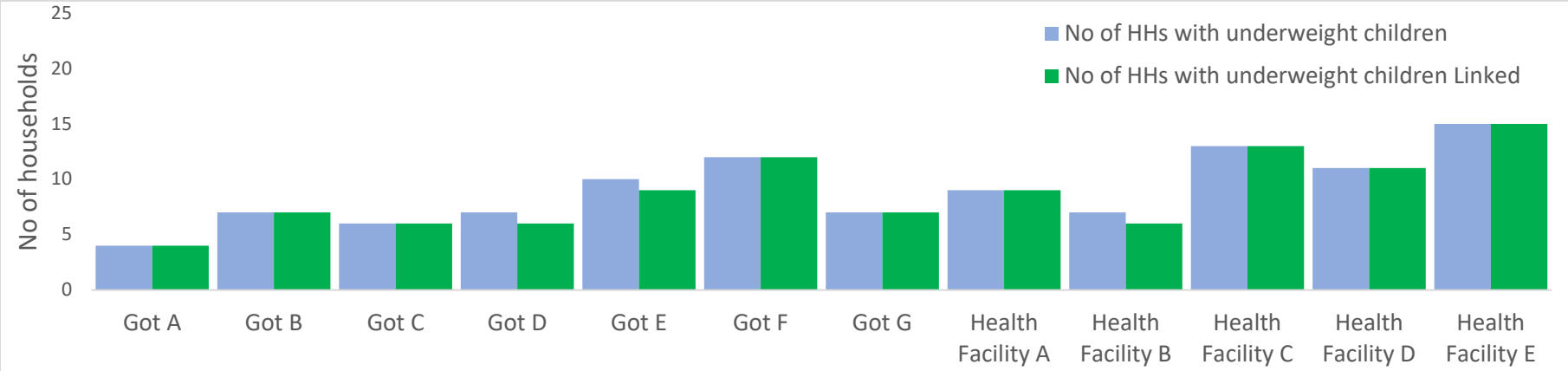
Sample graph for GMP trend of _____ Kebele in _____Woreda



Sample graphs for root-cause analysis, home visit and linkage for further services of _____Kebele in _____ Woreda



Monthly root-cause analysis conducted for underweight children < 2 yrs and linkages with stakeholders for further services



No of house hold visited for underweight children < 2 yrs and linked to stakeholders for further services



4. GMP Dashboard

I. Data Entry for GMP Coverage for children < 2 years in the Woreda

DATA SHOULD ONLY BE ENTERED IN TO CELLS COLORED WITH BLUE												
Denominator	MONTH											
	July		August		September		October		November		December	
Target Population	Total No Weighted	%	No Weighted	%	No Weighted	%	No Weighted	%	No Weighted	%	No Weighted	%
3060	1418	46%	1774	58%	1707	56 %	1677	55%	1260	41%	1572	51%

	July		August		September		October		November		December	
	%	Rating	%	Rating	%	Rating	%	Rating	%	Rating	%	Rating
	46%	LOW	58%	MEDIUM	56%	MEDIUM	55%	MEDIUM	41%	LOW	51%	MEDIUM

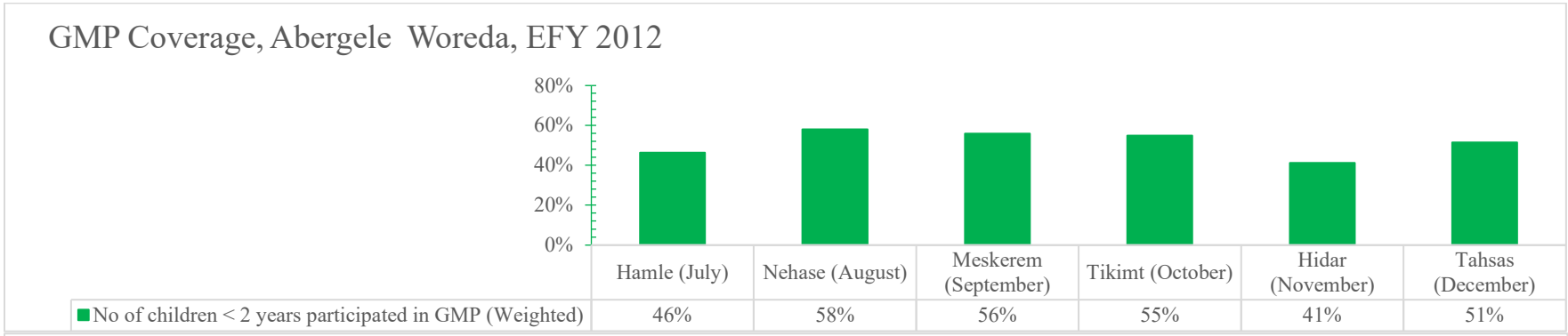


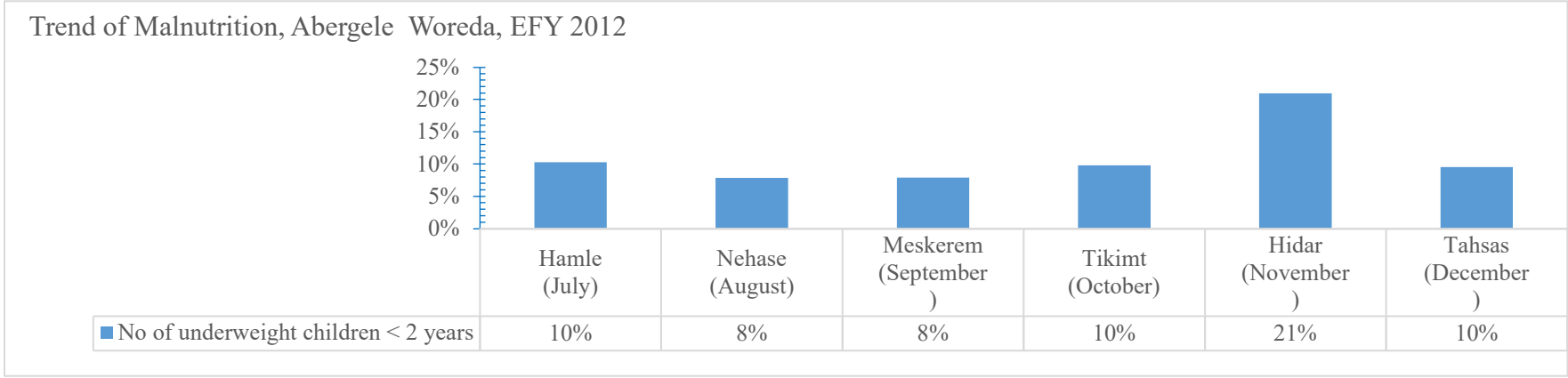
II. Data Entry for Underweight children < 2 years in the Woreda

DATA SHOULD ONLY BE ENTERED IN TO CELLS COLORED WITH BLUE												
	MONTH											
Denominator	**July**		**August**		**September**		**October**		**November**		**December**	
Total Weighted (from GMP coverage)	**UW**	**%**	**UW**	**%**	**UW**	**%**	**UW**	**%**	**UW**	**%**	**UW**	**%**
	146	10%	139	8%	135	8%	164	10%	264	21%	150	10%
Note: UW = Total No of Underweight children < 2 years												
	July		**August**		**September**		**October**		**November**		**December**	
	%	**Rating**	**%**	**Rating**	**%**	**Rating**	**%**	**Rating**	**%**	**Rating**	**%**	**Rating**
	10%	MEDIUM	8%	LOW	8%	LOW	10%	LOW	21%	HIGH	10%	LOW

III. Automated graphs and charts based the GMP coverage and Underweight data

GMP coverage (Summary)	July		August		September		October		November		December	
	%	Rating	%	Rating	%	Rating	%	Rating	%	Rating	%	Rating
No of Weighted)	46%	LOW	58%	LOW	56%	LOW	55%	LOW	41%	LOW	51%	LOW
Malnourished (summary)	July		August		September		October		November		December	
SEVERITY	%	Rating	%	Rating	%	Rating	%	Rating	%	Rating	%	Rating
No of UW children < 2 yrs	10%	HIGH	8%	MEDIUM	8%	MEDIUM	10%	MEDIUM	21%	HIGH	10%	MEDIUM







Annex 4: Under two years child information sheet

Date: ……(dd)…… (mm)…… (yy) in Ethiopian Calander

Name of the child: ……..…… Father's full name: ……..……

Mother's full name: ……

Unique ID: ……...

Address: Kebele …… 'Got' ……... Village……..…… Health Post/Health center: …...…… Service Site:……..

Weight: ……. ….. Kg Ht/ Length ……..….cm

Weight-For-Age from the growth curve (circle the right letter during every visit)

A. Normal **B**. Underweight – Moderate **C**. Underweight – Severe **D**. Overweight

Growth pattern (starting from the second visit and on every follow up visit till the end of GMP service)

A. Normally growing **B**. Growth faltering **B1.** Flat **B2.** Deteriorating **B3**. Intermittent

Critical root-causes identified (Dx):

Lack of awareness about: ……

…..……...

Lack of enablers: …. ...……



Counseling/ advices given (Rx):

Key areas discussed and consensus reached

……

……

Demonstrations (Awareness and skills): ……

……

Linkage (Families linked to further service providers based on the root cause analysis result): *Mention the responsibilities of each receiving sector/organization*

1. ……
2. ……
3. ……
4. …….
5. ……

Next appointment date and time in E.C. ……../……/…….(dd/mm/yy) time :……..

Remark: ……

Name of the service provider: …….. Signature: ……..