GROWTH MONITORING & PROMOTION

From Weighing Children to Understanding Growth

What the Healthy Village experience teaches us about scaling Growth Monitoring and Promotion in Ethiopia

Health Extension Workers measure a child's length during a community growth monitoring session.

Growth Monitoring and Promotion (GMP) is widely recognised as an important entry point for improving child health and nutrition. In Ethiopia, GMP is especially relevant in the context of the Seqota Declaration and the national ambition to end stunting among children under two.

The Healthy Village Programme has shifted GMP towards a more complete child growth and behaviour change platform by including the introduction of length measurement alongside routine growth monitoring and counselling. Beyond the programme, length measurement has been taken up as an innovation to be scaled within the new national model for scale-up of the Seqota Declaration.

This brief draws on qualitative research commissioned under the Healthy Village Programme and conducted by Node Consult P.L.C. in four Healthy Village implementation districts: Emba Alaje in Tigray, and Goncha Siso Enese, Enebse Sarmidir, and Shebel Berenta in Amhara. The study explored how GMP is perceived and practiced by Health Extension Workers, caregivers, community volunteers, government stakeholders, and programme partners.

The findings show that GMP is valued as a platform for child health, nutrition counselling, WASH messaging, and behaviour change. At the same time, they point to persistent challenges, including workload pressure for Health Extension Workers, equipment shortages, access barriers, infrastructure gaps, and the need for continued training and follow-up.

THE QUESTION FOR NATIONAL SCALE-UP

Is GMP ready for scale — and what is needed to scale it well?

A Health Extension Worker checks a child's Mid-Upper Arm Circumference at home — part of the more complete growth assessment introduced under the programme.

From weight monitoring to growth monitoring

The first 1,000 days of life are a critical window for child growth and development. During this period, growth faltering can start early and become difficult to reverse if it is not detected and addressed on time. GMP can help families and health workers identify when a child is not growing as expected and intervene early.

In many areas, routine GMP for children under two was mainly focused on weight measurement. Weight can show whether a child is underweight, losing weight, or experiencing acute nutritional stress. But it only captures part of the picture. A child can have an acceptable weight while still not growing adequately in length. This is especially important in relation to stunting, which reflects chronic undernutrition and repeated exposure to poor health, feeding, care, and WASH conditions.

For that reason, the Healthy Village Programme introduced length measurement into GMP practice in its implementation areas, alongside routine weighing, counselling, and follow-up. Length measurement allows health workers to monitor linear growth and identify whether a child is becoming too short for their age. This matters because stunting develops gradually. It is not always visible to caregivers, and it cannot be reliably identified through weight measurement alone.

If a child is not growing well in length or weight, health workers can discuss feeding practices, breastfeeding, complementary feeding, illness, hygiene, sanitation, care practices, and referral needs. For caregivers, it becomes a way to understand their child's development and what they can do at home.

What changed under the Healthy Village Programme?

The Healthy Village Programme was designed to reduce stunting and waterborne diseases among children under two by integrating nutrition, WASH, behaviour change, gender equality, and community engagement. GMP became one of the key platforms through which these different elements came together. Under the programme, GMP was strengthened in several ways. Health Extension Workers were trained and supported to conduct more complete child growth monitoring. These included weight, length, Mid-Upper Arm Circumference (MUAC), interpretation of growth status, counselling, and follow-up. Health posts were supported with tools such as weighing scales, length boards, growth charts, registration books, and, in some areas, digital tools. GMP sessions were linked with counselling, cooking demonstrations, hygiene education, home visits, mother-to-mother support groups, and community mobilisation.

Using GMP sessions, Health Extension Workers explained child growth, identified children needing support, advised caregivers, and connected families with other services or community structures. Mother-to-mother groups and village health leaders helped reinforce messages and support behaviour change beyond the health post.

The Healthy Village experience also showed that caregivers respond when GMP is practical and meaningful. When mothers see their child's growth status, receive clear counselling, and observe practical demonstrations, they are more likely to connect measurement with action. The research found that caregivers gained confidence, improved feeding practices, and adopted better hygiene and sanitation behaviours. In some cases, families started prioritising eggs, milk, and vegetables for children instead of selling them. Cooking demonstrations, peer learning, and home visits helped translate knowledge into daily practice.

GMP as a behaviour change platform

The research findings show that GMP was valued by both caregivers and health workers. Caregivers saw GMP as a way to understand whether their children were growing well and to learn how to improve child feeding and care. Health Extension Workers saw GMP as an entry point for prevention, counselling, early identification of growth problems, and referral.

A community cooking demonstration reinforces feeding advice given during GMP sessions.

A Health Extension Worker records information during a home visit.

Several positive changes came forward from the research:

1. **GMP strengthened caregiver knowledge and confidence.** Through discussions with Health Extension Workers, caregivers learned more about breastfeeding, complementary feeding, dietary diversity, hygiene, sanitation, and care during illness. This helped make child growth more understandable.

2. **GMP created space for practical learning.** Cooking demonstrations, hygiene demonstrations, and peer exchange helped caregivers move from general messages to concrete practices. This was important because many nutrition and WASH messages only become useful when caregivers understand how to apply them with the foods, resources, and constraints they have at home.

3. **GMP helped address misconceptions.** In some communities, weighing and measuring children was initially surrounded by fears, taboos, or misunderstandings. The study also found that some caregivers were not always clear on the purpose of repeated GMP visits, while others associated programme participation with material support. This shows the importance of clear and continuous communication about what GMP is for, why regular follow-up matters, and how caregivers can use the information to support their child's growth. Through counselling, household visits, and involvement of community and religious leaders, many of these barriers were reduced.

4. **GMP helped bring different actors together.** Health Extension Workers, mother-to-mother groups, village health leaders, fathers, religious leaders, local government actors, and development partners all played a role in supporting participation and reinforcing messages. This multisectoral and community-based support is important because stunting is not caused by one factor and cannot be solved by one sector alone.

5. **Digital tools showed promise.** In areas where tablets or mobile applications were used, Health Extension Workers reported that these tools made it easier to enter measurements, interpret growth status, and communicate results. Digital tools can reduce errors and increase confidence, especially when health workers need to interpret several anthropometric indicators.

These findings show that GMP can be a strong platform for preventive child health and nutrition. But they also show that quality matters. GMP is not automatically effective because it exists. It becomes effective when health workers have the time, tools, skills, and support to use it well.

Is GMP ready for scale?

The Healthy Village experience suggests that GMP is ready to be scaled as an approach, but with additional investment in the system around it. For scale-up to work, every health post and outreach setting must be able to measure children accurately, interpret results correctly, and use those results for counselling and action.

Health Extension Workers review growth monitoring records at their health post.

The research identified several barriers that could limit scale-up if they are not addressed.

Workload

Central to GMP, Health Extension Workers are responsible for health post services, household visits, school health activities, campaigns, reporting, and community mobilisation. Adding more complete GMP, including length measurement and counselling, can improve quality, but it also takes time. If their workload is not planned realistically, GMP may become rushed or reduced to measurement without meaningful promotion.

Equipment

GMP requires functional weighing scales, length boards, MUAC tapes, growth charts, registration tools, and where possible, digital devices. Shortages or poor-quality equipment can undermine accuracy and caregiver trust. Length measurement in particular requires proper equipment and good technique. If children are measured incorrectly or if data is interpreted incorrectly, the data may be misleading and counselling may be less effective.

Access

Some caregivers live far from health posts or face difficult terrain, insecurity, disability-related barriers, or household responsibilities that make regular attendance difficult. If GMP is scaled only through fixed health post sessions, the most vulnerable families may still be missed. Outreach and community-based approaches will be needed, especially for remote and underserved kebeles.

Infrastructure

Some health posts lack adequate waiting space, water, sanitation facilities, demonstration areas, furniture, or privacy. These conditions affect both service quality and caregiver experience. GMP sessions often require mothers to wait, children to be undressed, measurements to be taken carefully, and counselling to happen respectfully. Poor infrastructure makes this harder.

Sustained behaviour change

The research shows that GMP can influence feeding and hygiene practices, but behaviour change takes time. Economic hardship, food availability, gender norms, cultural beliefs, and competing priorities all shape whether caregivers can act on advice. GMP scale-up therefore needs to remain connected to practical household support, community structures, WASH, food and nutrition security, and social behaviour change approaches.

For these reasons, the question is not whether GMP should be scaled – it should – but rather how to scale it without losing quality.

What is needed to scale GMP well?

Scaling GMP well requires investment in five areas.

1 Make length measurement a standard part of quality GMP

Length measurement should be treated as an essential part of GMP for children under two, not as an optional add-on. This requires clear national guidance, practical job aids, and integration into routine monitoring systems. Health Extension Workers need to understand why length matters, how to measure accurately, how to interpret results, and how to explain them to caregivers.

2 Equip health posts and outreach teams with the right tools

Scale-up requires reliable access to functional, affordable, and good-quality equipment. Every health post providing GMP should have the basic tools needed to measure, interpret, record, and counsel: weighing scales, length boards, MUAC tapes, growth charts or digital tools, registration systems, and simple materials for counselling and demonstrations.

If GMP is scaled nationally, equipment availability and cost could become a major bottleneck. The Healthy Village Programme has already started exploring this through the local production of length boards (see Box 1). Scale-up should not only focus on procuring more equipment, but also on finding smarter, more affordable, and more sustainable ways to make essential GMP tools available where they are needed.

LOCAL INNOVATION

Length boards produced by local woodmakers

One practical challenge in scaling length measurement is the cost and availability of quality length boards. Within the Healthy Village Programme, local woodmakers have piloted the production of length boards at around one-third of the cost of boards purchased in Addis Ababa.

This shows that scale-up can create opportunities for local innovation — reducing costs, shortening supply chains, and strengthening local ownership. Quality standards remain essential: locally produced tools must be accurate, durable, safe, and aligned with national specifications.

1/3 of the cost of length boards bought in Addis Ababa

A local woodmaker with a length board he makes and sells.

3 Strengthen HEW capacity and manage workload realistically

Measuring length is more technically demanding than weighing, and interpreting growth status requires confidence. Health Extension Workers need practical training, refresher sessions, mentoring, and supportive supervision to ensure that measurements are accurate and that results are translated into appropriate counselling and follow-up. Digital tools can support this process, but they do not replace the need for strong basic skills.

At the same time, scale-up must recognise that Health Extension Workers cannot carry the full responsibility for GMP alone. If mobilisation, measurement, recording, interpretation, counselling, referral, and follow-up all remain on their plate, GMP risks becoming rushed, irregular, or reduced to measurement without meaningful promotion. This raises an important question: which parts of GMP can be safely supported by community structures without reducing quality? The programme is currently exploring this through a promising pilot with mother-to-mother groups and village health leaders.

4 Keep promotion at the centre of Growth Monitoring and Promotion

The “promotion” part of GMP is what turns measurement into change. Scale-up should therefore strengthen the counselling function of GMP. Caregivers need clear explanations of what the measurements mean and what actions they can take. This counselling should remain practical and connected to household realities — breastfeeding, complementary feeding, dietary diversity, responsive care, illness, hygiene, sanitation, and referral where needed. Cooking demonstrations, home visits, peer learning, and community-based follow-up can help reinforce the messages given during GMP sessions.

5 Design GMP for inclusion and access

GMP scale-up should actively consider who may be left behind. Caregivers in remote areas, mothers with disabilities, single mothers, low-income households, and communities affected by insecurity may need adapted approaches. This could include outreach GMP sessions, mobile teams, community-based follow-up, support from village health leaders, and closer coordination with local structures. If GMP is intended to contribute to national stunting reduction, it must reach the children most at risk of being missed.