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BOGOTA, COLOMBIA TRIP REPORT

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EXECUTIVE SUMMARY

In one-week visit to Bogota, Colombia from February 10 to 15, 1986 for technical assistance to the Ministry of Health (MOH), the following scope of work was covered:

- a) Final revision of the Nutrition Training Module to be used in the training of Primary Health Care personnel for the implementation of the Child Survival and Development Plan (CSDP).
- b) Definition of instruments, indicators and criteria for the identification of high nutritional risk with purposes of program targetting.

The Colombian CSDP has been designed as part of a comprehensive strategy for the expanded coverage and increased effectiveness of PHC and basic health services. Major elements of the strategy are: expanded channelling/strategy ("canalizacion"), active community participation and popularization ("democratizacion") of the medical knowledge, social mobilization and youth involvement ("frente social juvenil"), judicious use of mass media, systematic training and supervision, and inter-sectoral/interinstitutional coordination.

Six program components were identified which are subjects of special effort in planning an implementation:

- a) Expanded program of immunizations (EPI).
- b) Control of Acute Diarrheal Diseases (CADD).
- c) Prevention and treatment of nutritional deficiencies.
- d) Prevention and treatment of acute respiratory diseases.
- e) Prevention and management of perinatal health problems.
- f) Prevention and management of psychosocial deprivation.

The nutrition component is being operationalized around the concept of "growth promotion" including growth monitoring, education for promotion of breast feeding and improved weaning practices in health and disease, promotion of maternal nutrition, and preventive and recuperative supplementary feeding. Coverage and effectiveness of growth monitoring is of great concern to MOH. A self instruction training module on the nutrition component of CSDP, prepared by MOH for training of field health personnel, was thoroughly reviewed. The new version of the module provides a

clear definition of activities for growth promotion, and describes concrete tasks and guidelines for growth measurements, data recording, and plotting in growth charts, interpretation, inquiring about feeding practices and morbidity, nutritional classification, follow-up and specific actions according to the child's growth status, feeding patterns and health experience. The module has four units:

- a) Basic concepts of nutrition and physical growth.
- b) Growth monitoring and promotion.
 - Nutritional monitoring during pregnancy.
 - Child's growth monitoring (techniques, interpretation, follow-up and action).
- c) Educational content (prenatal nutrition, breast-feeding, and weaning practices in health and disease).
- d) Supplementary feeding and management of nutritional problems (energy-protein malnutrition, anemia).

An agreement was reached on the growth charts to be used in clinic based growth monitoring as part of the Clinical Record. The "Road-to-health" chart is to be used both in clinic based and community based activities; it is intended to be handled and kept by the mothers and to serve as a motivational and educational tool. Consistent criteria for interpretation of either a single anthropometric observation or successive measurements (growth curves) were established for both the clinic and the community based charts. Specific guidelines were given for immediate action and follow-up according to the growth status of the child, as well as to feeding practices and recent morbidity.

The comprehensive approach to child survival and development adopted by the MOH implies an important political commitment that is crucial to overcome well-known constraints. If successfully implemented, it is likely to have a significant long-term sustained impact on child's survival and development. Areas in which some technical assistance may be required are: Operational plans for progressive implementation of the nutrition package of CSDP; applied/operational research on nutrition in PHC and CSDP, including systems analyses and operations research in PHC; and design/implementation of a national food and nutrition surveillance system.

In response to a request from the Colombian Ministry of Health, MCH Division (MCH/MOH), the consultant spent one week in Bogota (February 10-15, 1986) providing technical assistance on the Nutrition Component of the "Child Survival and Development Plan" (CSDP). The scope of work included:

a) Final revision of the Nutrition Training Module to be used in the training of Health personnel for the implementation of the CSDP.

b) Definition of instruments, indicators and criteria for the identification of high nutritional risk with purposes of program targetting.

The work was carried out entirely at MCH/MOH, with participation of MOH staff and technical personnel from the Colombian Institute of Family Welfare (ICBF). ICBF has important responsibilities in the implementation of the nutrition component of CSDP. The full week was spent in discussions to further define the nutrition component and in a detailed revision of the Training Module, a final version of which was ready for typing by the end of the week. Due to time constraints, it was not possible to participate in a Workshop on the National Food and Nutrition Surveillance System scheduled for Thursday and Friday in ICBF as part of CSDP.

The Colombian Government, highly concerned with the long term effectiveness of vertical approaches and campaigns for child survival, has conceived a Child Survival and Development Plan

(CSDP) whose basic approach is the expansion and improved implementation of MCH actions through the increasing coverage and effectiveness of PHC and the delivery of basic health services to the population at highest risk. Major elements of the strategy are: expanded channelling/strategy ("canalizacion"), active community participation and popularization ("democratizacion") of the medical knowledge, social mobilization and youth involvement ("frente social juvenil"), judicious use of mass media, systematic training and supervision, and intersectoral/inter-institutional coordination.

Six major program components were identified and the corresponding technical manuals and training modules prepared:

- a) Expanded program of immunizations (EPI).
- b) Control of Acute Diarrheal Diseases (CADD).
- c) Prevention and treatment of nutritional deficiencies.
- d) Prevention and treatment of acute respiratory diseases.
- e) Prevention and management of perinatal health problems.
- f) Prevention and management of psychosocial deprivation.

In addition to an active involvement of all health sector institutions (MOH, ICBF, Social Security Institute - ISS, etc), the CSDP implementation strategy includes an impressive country-wide social mobilization initiative ("social front for child survival") involving the Church, the Military Forces, the Red Cross, Labor Unions, voluntary organizations, trade unions,

cooperatives and all sort of community action organizations. Such a social mobilization is backed up by the training of "health scouts or watchers" (Vigias), among them high school students who must now spend 100 hours a year in community work as "health scouts/watchers" or promoters, as part of their curriculum. While this mobilization is intended to increase awareness, popularize knowledge in health, and elicit a wide support basis for the child survival and development actions, the health sector is preparing itself to expand the coverage and improve the effectiveness of basic health care services, with emphasis on the six components of the CSDP.

Nutrition is an important component of CSDP, and has been operationalized around the concept of "Growth Promotion" involving growth monitoring, education for the promotion of breastfeeding and the improvement of weaning practices in health and disease, promotion of maternal nutrition, and supplementary feeding, mostly with local commodities ("Bienestarina"), both with preventive purposes in children at risk and as part of the recuperation treatment of those already malnourished. This is to be implemented through the health infrastructure (including about 3,000 health posts/centers, a nation-wide network of day care centers, around 2,000 nutritionists, 5,000 rural promoters and other health personnel), with special efforts to ensure active community participation.

A detailed self-instruction modular training manual is being prepared with one specific module for each of the six technical components. The Nutrition Module was thoroughly reviewed, with emphasis on the clear definition of activities around health monitoring, which is regarded as the basic element of the nutrition package of CSDP. Coverage and effectiveness of growth monitoring is a matter of current concern in the Ministry of Health, in view of the apparent decrease in the coverage nationwide. (*) Information of effectiveness was apparently not available.

At present, growth monitoring in Colombia is almost exclusively clinic based. Insufficient supply of equipment and materials (scales, growth charts, etc.) to the health services, and the suspension of an ambitious food coupons program closely linked to child's growth monitoring, are some of the possible explanations for the current low coverage. About 5,000 weighing scales (CMA) are now available to be delivered soon to health posts and "promotoras", and revised versions of the growth charts (worked out through this consultation) will be printed and

*Recent data indicates figures ranging from 1% to 56% in different "Departamentos" for children having at least one measurement: such figures would drop even more if a more appropriate criterion were used, e.g. children having a minimum number of growth controls per year.

distributed together with measurement equipment and self-instruction training modules.

Once the nutrition activities were clearly defined, it was possible to undertake a detailed review of a draft for the training module prepared by the MOH. This module has four units:

- a) Basic concepts of nutrition and physical growth.
- b) Growth monitoring and promotion.
 - Nutritional monitoring during pregnancy.
 - Child's growth monitoring (measurement techniques, recording, interpretation, classification, follow-up and actions by the health personnel).
- c) Educational content (prenatal nutrition, breast-feeding, and weaning practices in health and disease).
- d) Supplementary feeding and management of nutritional problems (energy-protein malnutrition, anemia).

The training modules will be used for training of about 6,000 health care workers, as well as of high school teachers in charge of training "health watchers".

A sequence of concrete activities was defined for child's growth monitoring and promotion, and the corresponding tasks were described in detail: weight and height measurements, data recording, plotting the results in the growth charts of the Clinical record and in the "Road-to-health" chart (with the mother), interpretation, inquiring about feeding practices and morbidity experience, nutritional classification, follow-up and

specific actions.

Two types of growth charts, both of them based on NCHS reference values, (see Annex 1), were reviewed in terms of conceptual relevance as well as practical and operational aspects, and an agreement was reached which gave appropriated consideration to the advantages and disadvantages of the two instruments. The growth charts to be used are: One for weight and one for height, sexes separated, for clinic based monitoring, as part of the child's clinical record, and the "Road-to-health" chart (weight only) for mother's use in all growth monitoring activities and for community based monitoring by "promotoras" (see Annex 2). Criteria for interpretation were established taking into account relevance to immediate actions, simplicity, and type of personnel; thus very simple criteria were set up for the road-to-health chart to be mastered by the mothers in both clinic based and community based activities, and less simple but still easy to apply guidelines were given for clinic use.

Five diagnostic categories were established for the combination of weight and height measurements in clinic based child's growth monitoring activities, based on either one single measurement (provisional diagnosis) or the slope of the growth curves:

1. Normal growth.
2. Overweight (this appears to be an important problem in some communities).
3. At risk of malnutrition.

4. Acute malnutrition.
5. Chronic malnutrition.

Three simple diagnostic categories were established for the "Road-to-health" chart, using similar criteria, for the purposes of mother's motivation and education in all settings and for concrete actions by the "promotoras" in rural areas:

1. Normal growth.
2. At risk of malnutrition.
3. Malnutrition.

For each of the five diagnostic or three simplified categories, guidelines for actions were given for the health personnel to implement as part of growth promotion. Such actions include specific recommendations and educational messages for improved weaning practices, better dietary management of diarrheal and other diseases, promotion of breast feeding, and prevention and management of infectious diseases, as well as eventual enrollment in feeding programs or referral for special care (treatment of morbidity, nutrition recuperation programs, etc). They also include congratulations to mothers of children growing well and encouragement of positive health behaviors and feeding practices. Specific actions are contingent upon the child's growth, and relate to feeding patterns and disease experience.

Recommendations

The decision of the Colombian Ministry of Health to adopt a

comprehensive approach to the Child Survival and Development Plan, within the context of extended coverage and increased effectiveness of PHC and basic health services is, no doubt, a sound one, as it is the renewed priority given to nutrition improvement as a pre-requisite for long-term impact of other health actions aimed at child survival and development. This is certainly a major departure from the past exclusively curative or "selective care" approaches leading to vertical programs and sporadic campaigns on which the health sector is bound to rely as a substitute for PHC and improved health services.

The comprehensive approach does not have the attractiveness of delivering "magic bullets" (simple, low-cost, politically neutral technologies) to the population, and requires a more systematic effort to overcome the several constraints to improve PHC and the provision of basic health services; however, it implies a stronger political commitment to the well-being of the population through ensuring increasing coverage, continuity and sustainability of health care, and it is more likely to produce long-term sustained impact on child survival and development. Furthermore, excellent human resources are available to carry out such endeavor.

The time period scheduled was not sufficient to cover topics other than the training module and, tangentially, some operational aspects of the nutrition component of CSDP. Among these, three major aspects in which some technical assistance is

required were left for the future:

1. Operational plans for progressive implementation of the nutrition component of CSDP, and for the field testing and refinement of the training module.

2. Identification of priority areas and plans for implementation of applied/operational research on the nutrition and perinatal packages of CSDP. The following priority areas are suggested for discussion and further elaboration:

- a) Development, testing and application of instruments for nutritional assessment and monitoring during pregnancy, as a means to improve prenatal care, e.g. risk assessment and targetting of nutrition programs.
- b) Evaluation of the efficacy and effectiveness of the current instruments used for the assessment of obstetric risk (riesgo materno-fetal).
- c) Development and implementation of simple, appropriated technologies for the improved nutritional management of acute diarrhea and other common diseases of childhood, with emphasis on the use of locally available weaning foods.
- d) Operational research on the implementation of growth promotion activities, both clinic-based and community based, aimed at increasing their coverage and improving their effectiveness. In this regard, it was felt that systems analyses of the current PHC implementation,

with emphasis on MCH and growth promotion, are urgently needed to develop the most appropriate approaches to improve implementation and, eventually, to design operations research to overcome bottlenecks for the achievement of increased coverage and improved effectiveness. This is in line with the PRICOR II approach to operations research (OR) in PHC; therefore, the Ministry of Health would be interested in supporting initiatives to include Colombia as one of the countries for the implementation of PRICOR II-OR.

- e) Further exploration of the actual problem of Vitamin A deficiency which, according to the last National Health Survey (1977-80), appears to be of public health significance in the northern coastal region, particularly among infants and children. The potential effectiveness of Vitamin A interventions on child's morbidity and mortality in this region should also be explored, as well as its relationships with nutritional anemias, highly prevalent in the same geographic area.
- f) Assessment of iron status and nutritional anemias among pregnant women and in the adolescent population, as a basis for immediate action to prevent them.

3. The development and implementation of a national food and nutrition surveillance system (NFNSS) with food and nutrition

policy and planning purposes, is regarded by MOH and ICBF as a high priority endeavor related to CSDP. ICBF has been given the major responsibilities for the NFSS and is planning to develop and implement it as a priority action beginning in 1986, in close coordination with MOH.

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