

Growth Promotion for Child Development

**Proceedings of a
colloquium held in
Nyeri, Kenya,
12-13 May 1992**

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February 1993

Growth Promotion for Child Development

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held in Nyeri, Kenya, 12–13 May 1992

Edited by
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Co-sponsored by
the Canadian International Development Agency (CIDA), Cornell University,
and the International Development Research Centre (IDRC)



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ISBN 0-88936-676-4



Printed on recycled paper

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Tamil Nadu Integrated Nutrition Project (TINP), India

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One of the most heralded growth monitoring and promotion (GMP) projects in the world is that conducted in the State of Tamil Nadu in India, known as the TINP. This project has received funding over many years from the World Bank. Continued funding indicates that the World Bank and its consultants view TINP as being highly successful.

The Tamil Nadu Integrated Nutrition Project (TINP) provides integrated health and nutritional services to nearly a million children in rural south India through village-based community nutrition centres. It is among the few successful, large-scale development projects that has relied heavily on growth monitoring. Growth monitoring has been used as the integrating strategy for providing a range of services including short-term selective supplementary feeding, oral rehydration therapy, immunization, nutrition counselling, deworming, and prophylaxis against vitamin A deficiency.

Children enrolled in community nutrition centres are weighed monthly by field-level community nutrition workers (CNWs). Weighing is conducted at the centre for all children present on the 3 days earmarked for weighing. Children who do not attend on any of the 3 days are followed-up and weighed in their homes.

Mothers of all children are given nutrition education. Children who falter growth or those that are seriously malnourished are selected for 90 days of supplementary feeding at the centre. Workers are encouraged to spend much of their time in following up such children at home to counsel mothers, helping them to understand and analyze the reasons for growth faltering, and suggesting feasible solutions/actions. Mothers are encouraged to start implementing these solutions at home to improve the growth of the child. Children who gain at least 500 grams over the 90 days of feeding and individualized counselling are "graduated" out of

supplementary feeding. Children who fail to "graduate" by these criteria after 90 days continue feeding at the centre, and are also referred to the multipurpose health worker for check-ups.

TINP has been described briefly here to illustrate a weighing program where analysis of weights is the basis for an important action which is selected feeding of children. In TINP, the main assessment is weighing. An important analysis is judging whether secular weight gains are satisfactory or unsatisfactory, and one of the important outcomes is selected feeding for 90 days, after which reassessment is done.

A question that needs to be asked is whether there is a role for supplementary feeding or not, in each GMP program. Then, if there is to be supplementary feeding, should it be universal or selective? In Tamil Nadu, some would argue that universal feeding would be better, or that seasonal feeding might be preferable, or that targeting be based on factors other than growth faltering. Another consideration when supplementary feeding is a chosen action, is whether feeding should be done at home or in a centre.

Finally, it is sometimes claimed that TINP has been useful:

- In influencing community participation,
- In serving as an integrating strategy,
- As a tool for nutritional surveillance,
- As a screening tool, and
- As a source of information for program management.

I believe that TINP has been used for screening and for program management. In the other three areas the role of TINP is less clear (Shekar and Latham 1992).

Note: This paper is based largely on the article in the reference.

Reference

Shekar, M. and Latham, M.C. 1992. Growth monitoring can and does work! An example from the Tamil Nadu Integrated Nutrition project in rural South India. *Indian J Pediatr* 59:5-15.