



KNOWLEDGE ATTITUDE AND PRACTICE OF HEALTH EXTENSION WORKERS TOWARDS GROWTH MONITORING AND PROMOTION PROGRAM IN TIGRAY REGION, ETHIOPIA.

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ABSTRACT

Background: Currently, both preventable communicable diseases and nutritional disorders are major health problems in Ethiopia. Inspite of this issue, most progresses have been made to improve the health status of the population in the last two decades. However, still continued high population growth exerts overcrowding and faced a high rate of morbidity and mortality and the health status remains relatively poor. **Objectives:** The main aim of this study was to assess knowledge, attitude, practice and challenges of HEWs towards the Growth Monitoring and Promotion programs in Endamohoni, Sasi- Tsada Emba, Medebay Zana woredas of Tigray Region. Growth Monitoring is a screening tool to diagnose nutritional problems and status of children at an early stage. It has been suggested that growth monitoring has the potential for significant impact on mortality even in the absence of nutrition supplementation or education. **Method and Materials:** A cross sectional survey through LOT Quality Assurance method assisted by FGD, observation methods. Accordingly, 114 survey questionnaires for HEWs, 30 FGD, 9 KII were conducted from March 1to April 18, 2014. A pre-coded, pre-tested and structured questionnaire was used for the quantitative method and FGD was conducted in the three woredas for the qualitative method. **Results:** The findings of the study indicated that the HEW's overall knowledge of GM was found to be 96% and about 85 % of them recognized that GM was one of a child health program. The most widely used standard GPM equipment was found to be MUAC 46.9% and weight scale 35%. As to the knowledge of HEW in using these materials, 54.7% of them need additional refresher trainings and 41.1% of respondents reported that they know it very well. Besides, 86.2% faced a problem in doing GMP and the most frequent challenges were getting a result for the same child in different time was different (31%), difficulty in reading the scale (27.8%) and the result is different in time (21.1%). Subsequent in-service training was received by (84.4%) of HEW and, the content of the trainings that were given for the HEW 78(29.7%) of the trainings focused on definition of GMP, its important, 75(28.5%) on how to do GMP, 70(26.6%) how to use the result after weighing a child and only 40(15.2%) how to link the child with other programs. One third (75%) have reported that they have a good motive towards GMP while the HEWs activities were by and large being limited to the measurement of weight and MUAC of children who attended the HC. Top three reasons of HEW not giving counseling during GMP were lack of training on how to counsel 18 (60%), work burden 5(16.7%) and shortage of time 5(16.7%). Although growth charts were available in 70.5% of the selected health posts the study covered, they were used only in 51%. The main reason of not using was the lack of skills. The result of the qualitative data indicated that there was a fair knowledge GM by the HEW participated in the study yet the practice level was found to be very less due to challenges as lack of attention to the details of working conditions and to human resources management (underdeveloped environment); absence of Institutional arrangements for management of health service extension program at all levels; absence of regular supervision not doing monitoring the quality of training and soliciting cooperation of other social sectors; unavailability of contraceptives, infrastructure, vaccines in sustainable manner poor equipment and supply for GM practice. **Conclusion:** The study recommended that the GMP need due attention and rapid remedial intervention by joint efforts of the government, concerned NGO's civil societies and the community itself.

KEYWORDS: Knowledge, Attitude, Practice, Health Extension workers, Growth monitoring, Promotion program, Tigray.

1. INTRODUCTION

Growth Monitoring is a screening tool to diagnose nutritional problems and status of children at an early stage. It has been suggested that growth monitoring has the potential for significant impact on mortality even in the absence of nutrition supplementation or education (Garner *et al.*, 2000, Lofti, 2002). Currently, the Government policies for growth monitoring focus on children less than 5 years of age (The National academies press, 2011; Grummer-Strawn *et al.*, 2010). With an area of 1.1million Square kilometers and an estimated total population of 80,440,708 million in 2008, Ethiopia is the second most populous country in Sub-Saharan Africa (CSA, 2007). It is a prevention activity comprised of GM linked with promotion (usually counseling) that increases awareness about child growth; improves caring practices; increases demand for other services, as needed; and serves as the core activity in an integrated child health and nutrition program, when appropriate(Griffiths *et al.*, 2007). It is measuring and interpreting growth, to facilitate communication and interaction with caregiver and to generate adequate action to promote child growth through: Increased caregiver's awareness about child growth improved caring practices and Increased demand for other services, as needed (Mason *et al.*, 2006; Griffiths M, Del Rosso J. (2007).

Starting from early 1980s, Growth Monitoring (GM) has been promoted as one of the key components of community nutrition programmes. Since then, in areas where growth monitoring and promotion (GMP) has been implemented as part of a package of nutrition and health programs, positive impacts on child growth outcomes have been reported (Technical Consultation UNICEF, 2008). Since 1990, the effectiveness of GMP has been questioned mostly due to problems in implementation including low coverage and poor linkage of monitoring to promotion activities. Several recent reviews have made an effort to evaluate effectiveness of Growth Monitoring as an intervention per se, and the Lancet Nutrition Series listed stand-alone GM as a not-to-do intervention for lack of enough supporting evidence (United Nation system standing committee on Nutrition, 2008). In view of the confusion about the real place and value of GM and GMP in promoting better growth for children, a need for a consolidated effort towards better understanding of GMP within the larger conceptual framework of community nutrition interventions and of its purpose and expected outcomes is still widely felt (UNICEF Headquarters New York, USA, 2008; Mangasarian. 2008).

The World Health Organization [WHO] (1986) defines growth monitoring and promotion (GMP) as a nutritional intervention that measures and charts the weight of children from 0 to 5 years of age and uses this information to counsel parents so that they take actions to improve child's growth (Adenike *et al.*, 2010). Disturbances in health and nutrition, regardless of their

etiology, almost always affect growth, thus growth assessment has been said to be the single most useful tool for defining health and nutritional status in children at both the individual and population levels (WHO, 1986). Out of the twenty four million children born each year in Africa, four million (16.6 percent) will not survive to see their fifth birthday, even though over 50% of these deaths are largely preventable through immunization, growth monitoring and timely interventions (Bello and Esther., 2010). But some research indicates that the rationale for monitoring the growth of a child—most commonly done in the developing world through monitoring weight but can include monitoring length/height is based on the following assumptions: Growth is a good proxy for overall child well-being and its measurement serves as a robust indicator, a dynamic process that is made visible by monitoring changes in anthropometric indices and reflects current, not past, events; Adequate nutritional (anthropometric) status is dependent on meeting standards for growth velocity (Iyanuoluwa *et al.*, 2011). Growth Monitoring, particularly of infants and young children, is widely regarded as an essential element of primary health care and in a recent survey 154 of 178 Ministries of Health (88%) reported that they monitor child growth. The potential of Growth Monitoring lies in its use as a diagnostic tool for identifying a child with a nutritional or health problem, thus enabling action to be taken before the child's nutritional status is seriously jeopardized (Ashworth, A ,2008). The government has focused on “providing quality promotive, preventive, and selected curative health services in an accessible and equitable manner to reach all segments of population, with special attention to mothers and children's (Ministry of Health, 2010/11 – 2014/15).

A very large proportion of the population (84%) Live in the rural areas, the country experiences a heavy burden of disease mainly attributed to communicable infectious diseases. The Ethiopian Government has formulated a series of Health sector Development programs (HSDP I, II and III 1997-2010) in line with plan for accelerated and sustained development to end poverty (PASDEP) and to achieve the health-related Millennium Development Goals (EDHS, 2005). The major health problems of Ethiopia remain largely preventable communicable diseases and nutritional disorders. Despite major progresses have been made to improve the health status of the population in the last one and half decades, Ethiopia's population still face a high rate of morbidity and mortality and the health status remains relatively poor. The quality of health extension program (HEP) services depends on the human resource capacity; ownership, access to infrastructure, utilities and other services; availability of medical equipment's, drugs, and other supplies; availability of client friendly health service infrastructure; and strength of health systems(Center for National Health Development in Ethiopia, Columbia University. 2011). Figures on vital health indicators from DHS 2005 show a life expectancy

of 54 years (53.4 years for male and 55.4 for female) and an IMR of 77/1000. Under-five mortality rate has been reduced to 101/1000 in 2010v and more than 90% of child deaths are due to pneumonia, diarrhea, malaria, neonatal problems, malnutrition and HIV/AIDS, and often a combination of these conditions (Ministry of Health, 2010/11 – 2014/15). Therefore, the main aim of this study was to assess knowledge, attitude, practice and challenges of Health extension workers towards the Growth Monitoring and Promotion programs.

A few studies have explored the issues behind this apparent lack of effectiveness. One qualitative study, conducted among an international panel of district medical officers, showed that the suboptimal function of GMP was mainly due to the lack of participation of caregivers and a poor understanding of the concept of growth monitoring. Another institution-based prospective study conducted in Zambia mentioned poor community involvement, lack of support from health workers, poor referral systems and monitoring, and suboptimal supervision practices. Together with inadequate logistics and over- ruling poverty, these issues seemingly continue to challenge the effectiveness of GMP.

However, little research has been done to assess the real-world practice of GMP at the grassroots level, among those who actually perform GMP. It is also important that the problem be investigated in different contexts since the practice of GMP and underlying causes can differ hugely between countries, and researchers from different countries may be able to learn from the successes and failures in other countries. In that respect, Ethiopia is an interesting setting in which to study this issue. Mal- nutrition is widespread in Ethiopia, and there have been several reforms in the healthcare system, with increased attention towards GMP but with little success; further research could usefully shed light on the factors that influence successful implementation of GMP in Ethiopia (Health, Population and Nutrition, September 1, 2014).

2. METHODS AND MATERIALS

2.1. Study Area and study period

The Tigray region, placed in the North part of the country bordering Eritrea in the north, Sudan in the West, and the region Afar and Amara of Ethiopia in the west and in the South respectively. Tigray Region has a surface of 53,623 km² and the altitude changes between 3,900 meters in the highest mountains of the eastern zone to almost 500m below the sea level in the area of the west. Consequently, the temperature in the region presents big oscillations according to the area. Also, the rainfall also changes from 300mm to 1,000mm, and there are frequent and severe droughts. The total population of Tigray is around 6.2 million (49.2% male and 50.85 female} which is about 8% of the total population of Ethiopia and 85% the people live in the rural areas of the region. Health coverage in Tigray was one of the lowest

in Ethiopia. Only 12% of the society was getting some health benefits. Since 1991 after the number of health posts or small clinics increase from 100 to 600, small hospitals from 10 to 40, central hospitals from 4 to 13 and one referral hospitals were built and are giving service to the public. The health coverage in this state from 1991 to 2006 grew from 12% to 70% and still is growing (Abraham, 2011). The study was conducted from March 1 to April 18, 2014.

2.2. Study Design

A community based cross sectional survey through LOT Quality Assurance method assisted by FGD, observation methods.

2.3. Source and study population

The HEWs performance enables me the information on the HEWs capacities and implementation process. Thus, the assessment of the HEWs implementation process was taken at different levels of the health system serving the communities where sample households were selecting for health outcome determination. The total Number of subjects was 267.

2.4. Sample size and sampling procedure

Purposive selection health posts located in the sample villages, HEWs working in these health posts, respective referral health centers, respective HEW supervisors and district health management responsible for the supervision and management of HEP was sampling for this assessment. In principle of the sample size selection method which is LQAS the sample size determination was restricted at a minimum of 19 and above. The result with the minimum 19 sample is statistically significant and acceptable. In the case of this study it is suggested to sample at least 19 HEWs from 19 health post from one supervision area which is the district The researcher used sampling is a simple, low cost random sampling methodology those are: three Woredas of Tigray region such as: Endamohoni: 21 kebele south Tigray, Sasi Tsada Emba: 26 kebele central Tigray and Eastern: Medebay Zana 20 kebeles.

Accommodating the above constraints, the number of samples included in the sample, were determined by the LQAS sample size formula. Three of the parameters, namely, the number of samples, the total population size, and the average of the square of the populations in each sample, are obtained directly from the census of the population. The size of the sample collected in each sample is determined by the minimum sample required to apply LQAS decision rules with acceptable error. It is typically set to either 19 or 20 for two reasons: (1) previously developed and field tested training materials can be used immediately (Valadez, Weiss et al. 2003) to carry out an LQAS analysis of each SA, and (2) these sample sizes have been used successfully in many applications globally. Thus, an estimate of the interclass correlation, $\hat{\rho}$, is the only unknown quantity and we

discuss methods of obtaining this estimate in the following section.

For the qualitative component of the sampling frame random selection of participants with the help of Woreda health office and HEWs was employed. An average one FGD was conducted with 6-12 mothers with children under the age of two.

2.5. Instruments and measurement

Survey Instruments Questionnaires, the KAP assessment was utilize standard and structured questionnaire which are designed considering the objectives of the assessment, the required output and which was allow this end, The questions are designed to capture all information requirement of the study and are based on the indicators solicited in the project. Especially, greater efforts was made to ensure that the questions are sufficient enough to capture the intended indicators and in line with the assessment model. Moreover, careful consideration of issues such as limiting the interview to a reasonable length; ensuring the questions are clear, unambiguous, and within the feasible knowledge of the respondent. For this purpose, professionals in the team who are involved in this survey were participating in drafting; pre-testing and finalizing the instruments. The designed questioners were based at the health post level: HEW knowledge and perception module, HEW competence module and Health post performance module used to collect information from the HEWs and health posts to assess the KAP and challenges of HEWs to towards GMP programs.

2.6. Data Collection, Analysis and Presentation

Under taking a pre-test of the survey instruments (Questionnaires), FGDs and key informant interviews helped for the purpose of identifying and correcting errors and shortcomings before the implementation of the actual survey. It also helped to evaluate the general receptivity and feasibility of the questionnaire, consistency of the questions and appropriateness of the wording used and to identify specific problems of communication between the interviewer and the respondent. The researcher was closely involved in the pre-test to observe all stages of the work while it is being done in the field. Questionnaires were finalized after reviewing results and incorporating comments on the pre-test. The study was guided by the following qualitative and quantitative methodological approaches: KAP of HEWs, Observational methods of HEWs, Focus Group Discussions (FGDs) with mothers whose children under age 2 and In-depth interviews with Key informants. Observing and recording in the field: The center of attention for this field research was observing and recording on the checklist (see at Appendix) what occurs and how the HEWs measure and use the materials and well noted down of the rapport is expected. Key informant interviews (KIIs) were conducted with the objective of soliciting ideas from different level HEWs trainers, partners, supervisors and the woreda health

offices. The reason in-depth interview is selected is that it provides an opportunity to the investigators to question thoroughly certain areas of inquiry and it permits greater of responses, which is not possible through any other means.

The basic criteria adopted to select these samples were based on their awareness of the GMP program. Interviews were semi-structured. Initial interview questions were going to prepared based on standard regulations and the Ethiopian Constitution and other relevant documents and observations of the group, but an individual interview varies as themes emerged through the respondent's input. In order to explore the perception of the beneficiary mothers (mothers with children under two) on the growth monitoring programs services provided by the HEWs. The focus group discussion method is also considered compatible to the nature of the study and is substantial to the qualitative method mentioned above. Therefore, the Focus Group Discussion is used to explore more open and a closer perspective of the subjects, which may be impossible to obtain in the other method. Further, focus group discussions give an opportunity to the team to develop issues in a more focused fashion. The team member tasks and responsibilities were clearly spelt out to ensure that accurate, informative submissions are collected. Finally, Assessment tools and instruments data collection was through personal interviews using structured questionnaires and in some cases through observation. All the questionnaires were translated into Tigrigna languages.

2.7. Data Quality Control and Assurance

The principal investigators reviewed the respondent filled mailed electronic questionnaire for completeness of the collected data. All questionnaire used for the data collection were kept sequentially. The data was stored in safe and secure place.

2.8. Ethical considerations

The study protocol was reviewed and approved by the Ethical Review committee of Addis Ababa University (AAU). Then, brief note explaining Knowledge attitude and practice of health Extension workers towards growth monitoring and promotion program in Tigray region, Ethiopia and aim of the study was written on the first page of the structured questionnaire to create an understanding about the purpose and its importance of participating in the study. It has to be confidential and ethically sensitive as the nature of the study demands, the following ethical considerations were strictly taken care of throughout the research process. Only subjects consented structured questionnaire. Data was collected anonymously and used mainly for the research.

3. RESULTS

3.1. Knowledge about GMP

Almost all HEWs 94 (96%) heard of GMP Program and about 85 % of them recognized that GMP was one of a child health program.

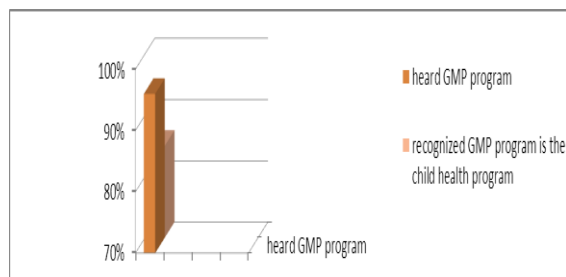


Figure 1. Knowledge of HEWs about GMP programs.

3.2. Knowledge about GMP equipment's

Regarding the GMP equipment's that the HEW currently using, 86(39.1%) are using Weight scale, 40(18.2%) height board and 89(40.5%) of the HEW usually used MUAC tape. Above half, 64(55.7%) of the equipment were provided to the health post before two years' time. Most of the equipment, 82(87.2%) were in working condition as the time of this survey.

Table 2. Knowledge of HEWs about GMP equipment.

HEWs Knowledge of GMP equipment's how to use by %	
Weight scale	39.1%
Height board	18.2%
MUAC	40.5%

As to the HEW'S self-report knowledge in using these materials, 39(41.1%) of the respondents reported that they know it very well, which means they do have proper knowledge and practical skill in using the tool, of 52(54.7%) of them need additional refresher training, and only the remaining 4(4.2%) said I don't know how to use it. Concerning the preparation the HEW does before starting the weighing, the most frequently mentioned were I will check its functionality before putting the baby in it 82(36.6%), I will check the level whether it is at 0 82(36.6%), and I will check the level place to put and read the scale zero was responded by 52(23.2%), least mentioned was I don't check it normally, 6(2%).

About the preparation the HEW does before starting the height board like that of weighing, the most frequently mentioned were I will check its functionality before putting the baby in it 41(32.8%), I will check the level 36(28.8%) and I will check the level place to put was responded by 33(26.4%) least mentioned was I don't check it normally, 8(6.4%). Almost all respondents 93(98.9%) were using MUAC tape during GMP and from the total of 94 respondents 77(37.9%) reported that the decision to use different materials of GPM is as per the standard, 49(24.1%) were as per their supervisors advice and 67(33%) were based on their knowledge.

In this study, the most widely used standard GMP equipment were MUAC 76(46.9%) and Wt scale 57(35%). Concerning the knowledge of respondents about difference between GMP and Screening, only 15(8.2%) of the respondents replied they are the same, while 62(34.1%) held the view that GMP includes weight check and counseling and 55(30.2%) GMP is focusing on monthly weighing of children and screening involves Height check and MUAC (Table 1).

3.3. Knowledge on Counseling and GMP

Most of the health post 86(96.6%) GPM program has included counseling as reported by the HEW and as to what involved in the counseling sessions, 86(16.8%) said counseling based on the child weight, 84(16.4%) on child feeding, 87(17%) on proper care of the child, 83(16.2%) on regular GMP follow up, 77(15.1%) on importance of child care and following up of GMP programs and 81(15.9%) on hygiene and sanitation.

Top three reasons of HEW not giving counseling during GMP were lack of training on how to counsel 18(60%), work burden 5(16.7%) and shortage of time 5(16.7%).

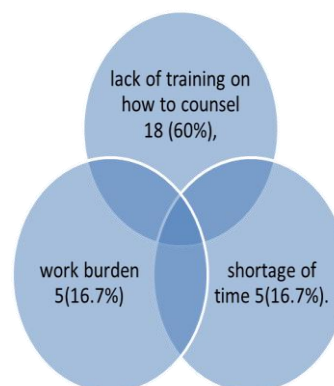


Figure 2. Top three reasons of HEW not giving counseling during GMP.

Training in GMP

Subsequent in-training was received by 81(84.4%) of HEW and among those who took the in-training, the content of the trainings that were given for the HEW 78(29.7%) of the trainings focused on definition of GMP, its important, 75(28.5%) on how to do GMP, 70(26.6%) how to use the result after weighing a child and only 40(15.2%) how to link the child with other programs. And hence, during the training courses of the HEWs, special emphasis should be given on, Nutrition Health Education (NHE) and follow up action.

Knowledge of documentation in GMP

Standard registration book 78(52.3%), exercise book and design the template by themselves 38(25.5%) were the top two methods of recording in GMP.

Knowledge of GMP guideline

89(95.7%) of the HEW knew some guideline document which states about GMP.

Supportive supervision on GMP

HEW didn't get any supportive supervision from woreda, health center or another agency on IYCN program especially on GMP as reported by 23(25.6%) of HEWs. Regular supervision is critical for program quality. It ensures that the supervisor understands the challenges faced by the workers and supports them continuously. Supportive supervision implies not only adding a training aspect to the visit, but also engaging directly in problem-solving with the worker, conducting home visits, attending meetings and visiting community leaders.

3.4. Attitude of HEW towards GMP program

In assessing their opinion and motivation to use GMP programs, most of them 71(75%) have reported that they have a good motivation to do GMP.

When the respondents were asked about to rate their interest to improve the accuracy of measurements in growth monitoring promotion chart measurement process 64(72.7%) of the HEW replied that they are very interested to upgrade their skill while 23(26.1%) said interested. (See Figure 2).

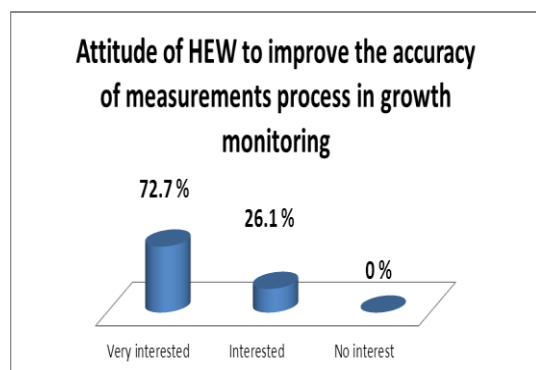


Figure 3. Attitude of HEW to improve the accuracy of GM measurement process.

Respondents were asked their attitude whether supportive supervision is important for GMP Program, almost all the HEW 87(98.9%) perceived that it is important.

3.5. Practice of HEW on GMP

A total of 28 GMP measurement practice were observed. 13(46.4%) of the GMP measure were performed very good based on the WHO standard and 15(53.6%) of the GMP measure were completed in good way that is MUAC, weight and height measurement done properly. And also they did record for documentation task.

Table 3. The skill of the HEW regarding assessment of GM is depicted in.

Practice of HEWs on GMP	
Performed very good based on the WHO standard	46.4%
Performed good based on the WHO standard	53.6%

3.6. Mother Involvement for GMP

The most frequently reported ways of mobilizing the mothers by HEW for growth monitoring program were health/women development armies 87(27.8%), immunization days/child health days 90(28.8%) and churches and other gatherings to announce 74(23.6%).

Challenges of HEW in doing GMP

Majority, 87(96.7%), of study participant believed that it is important to conduct GMP every month. Most of the respondents 60(68.2%) faced a problem in doing GMP and the most frequent challenges were the result for the same child in different times were different 28(31%), difficulty in reading the scale 25(27.8%) and the result is different in time 19(21.1%). Thus (See Figure 1).

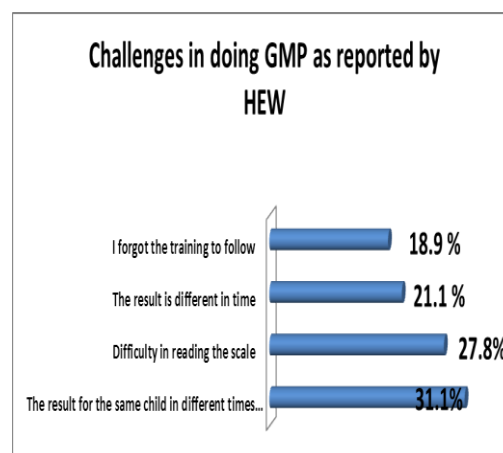


Figure 4. Challenges in doing GMP by HEW.

4. DISCUSSION

The overall GM activities are to achieve behavioral change in mothers with respect to child feeding, appropriate response to illness and an understanding of the various factors which influence the growth and development of the child and the adoption of methods in the community to promote optimal health. The advice that was given by HEW to mothers regarding the GMP result was not satisfactory. This indicated that the HEW themselves could not comprehend the GMP adequately. Or nutrition health education and other follow up action on GM were given low priority. In some settings, HEW may also become overburdened by additional tasks and focus most of their attention on delivery of services rather than effective counseling and problem-solving with mothers. And hence, the training and supportive supervision of the HEW should focus on nutrition health education and other follow up action on GMP. Similarly, that the suboptimal function of GMP was mainly due to the lack of participation of caregivers and a poor understanding of the concept of growth monitoring (Roberfroid et al, 2005;). In addition, in Zambia mentioned poor community involvement, lack of support from health workers, poor referral systems and monitoring and suboptimal supervision practices. With regard to inadequate logistics and overruling poverty, these issues seemingly continue to challenge the effectiveness of GMP (Charlton et al., 2009).

Large programs in Tanzania (Iringa), WHO Global database on the Implementation of Nutrition Action (GINA). 2012), India (Tamil Nadu Integrated Nutrition Project, 2001), Madagascar, and Senegal (Marek., 1999) showed that children whose growth is monitored and whose mothers receive nutrition and health education and have access to basic child health services have a better nutritional status and/or survival than children who do not. And also a complete schedule of activities carried out under the package of growth monitoring include (Kapil et al., 1994 pp 239-244): Weighing; Maintaining growth charts; Health promotion advice to mothers, Follow up by health worker, Mothers meetings, Health care activities such as immunization, oral rehydration therapy (ORT), birth spacing, etc.; and Home visits by health worker. As it has been observed practically, weight-for-age, height-for age, MUAC were carried out adequately by the HEW. Weight-for-age tends to be used universally in GMP programs, whereas other indicators are less often utilized (Mangasaryan et al., 2011; Prostet al. 2008; de Onis M et al., 2004).

This research finding indicated that there are some gaps of on job trainings to up to date the HEWs regarding the GMP programs like measuring the height, weight and compare reading the GMP chart. Before the supervisors did go to health post they used to visiting home to home and discussed with the steering committees to exploit the information. It is noted that since the HEWs are over engaged by other health service programs, the GMP program was not handled separately rather integrates with the immunization programs. Therefore this may compromise the quality of the program and also incapacity of the HEW's to utilize all their skill and knowledge.

During the observation on the field, the researchers noticed that most of the techniques of GMP program were practicing by the HEWs in appropriate way. But (Musyoki. 2013). Suggested that all the community health workers were able to read observed weights accurately and record correctly on the card the weights that were observed. Some challenges were observed which included the date of entry, which was only clearly indicated in 50% of the cards in centers. None of the cards observed had 100% attendance while the weights in most of the cards (89.5%) were never joined to make the mothers picture the growth pattern of their babies. The CHWs did not communicate to the mothers about the growth or the weight of the child. Although the date of next visit was clearly indicated mothers had no communication about the growth of their children with the CHWs. This was also confirmed in a focus group discussion when mothers said that they had dropped from the CBGMP because even when their children were weighed they were never told anything about it *In Endamokoni woreda key informant respondents told us that there are mother's monthly meeting programs which is used to get counseling and advice from the HEWs*

about how to feed their child that can be documented as a best practice.

Regarding the GMP program there is shortage of Pad or recorder of the GMP programs which may affect the HEW's to do the documentation work properly and improved their skill in this regard as it is heard in the FGD session. In Medebaye Zana Woreda a 34 year mother answered that "the HEWs advise us about the use of breast feeding, about the normal weight related to age and nutritional status of the child." During the FGD, A 42 years Mother of three children answered regarding the GMP that "they have got different services from the HEWs. Such as weight measurement, MUAC, counseling, environmental hygiene and referral systems" She stresses also how much the importance of counseling brought great change in day to day life of her children that "the HEWs always counsel us about the use of breast feeding, nutritional management etc." To emphasize here idea that (UNICEF- technical Consultation, 2008) the importance of counseling.

It is important to underscore that GMP without proper tailored counseling in not recommended. Counseling aides should include generic algorithms addressing assessment, analysis and action, with specific advice for different situations, linked to individual counseling tools to address each specific situation. The algorithms and counseling cards will need to be tailored to country contexts and based on formative research results. Counseling aides should include clear principles of effective counseling and negotiation. Importance of developing counseling skills should be emphasized. Training should include role play and practical sessions and should be followed up by regular coaching; mentoring and support to ensure good counseling skills are developed and applied. There needs to be a tool to record the negotiated decisions, actual implementation by the caretaker and subsequent follow up. Supportive supervision of counselors is crucial. For sustainability, it is suggested to have individuals tasked by the national structures to perform this function.

During FGD the key informant interview one of the supervisors of the HEWs in Medebay Zana said that "the HEWs need in service training since they are over engaged by different packages"

Thus on the other hand papers of (Brownlee- A, July 1990) Health worker Inadequacies and possible training strategies recommend that the importance of training that In growth monitoring for both health professionals and front line workers should be strengthened, as many knowledge and attitude problems are common both at the professional and auxiliary levels. High level professionals, educated to play a curative role, often have little understanding of the detrimental effects on survival of the interaction between malnutrition, growth failure and infection. They often fail to either use with monitoring as a tool in their own work or act on

measurement results collected by those under them. Lower level workers thus are often unenthusiastic about monitoring tasks and may lack the needed technical skills as well. Competency-based training programs focusing on practical knowledge and skills for both monitoring and promotion are essential.

In Sasei Tsaedaemba the MCH unit leader said that "If HEWs are not getting training, the quality and the result of health service will affect including GMP program".

In the paper of (Ebiyo et al., 2007) it emphasize that the importance of training most are not based on performance need analysis showing gaps in knowledge and skills but mostly on dictates of presumed requirements of vertical or quasi-vertical programs. They are often conducted without adequate planning, organization and resources, human resources expertise in particular. In some countries, these "hotel workshops" have been blamed of taking personnel from their job and reducing the already scant supply of full-time equivalent workers. Although universal access to information for health professionals is a prerequisite for meeting the Millennium Development Goals and achieving Health For All, the majority of health workers in Ethiopia lack access to reliable, relevant and usable information.

The accelerated training and deployment of HEW could only aggravate the situation unless systematic and adequate measures are taken to meet the challenges of some 30,000 HEW in some of the most remote areas of the country. Because of great distances and poor transport and communication facilities the sense of isolation of these cadres is bound to be great. For the same reasons, contact with and support from professionals with better training and skill is bound to be rare. The first intake of HEW did not have any reference material during their training and were deployed without any. The general tendency with CE is to delay and handle it in an ad hoc manner. The need for a well-planned and timely CE is patent and the assessment of the training of the first intake of HEW identified CE as a critical area that needs to be addressed. Moreover, knowledge and experiences on access of HEW to information are very limited and there are virtually no previous studies on the subject.

In Sasei Tsaedaemba Woreda one key informant/supervisor answered that " *The challenges of the HEWs are weight and height measurement of the child due to refusal of mothers to allow them to do so because of the society norms*".

Thus (A -ASEBHATU, 2008) Program Challenges while implementation of Ethiopia's Health Extension Program:

The Following are major challenges encountered during the implementation of the program: Lack of attention to the details of working conditions and to human resources

management, absence of Institutional arrangements for management of health service extension program at all levels, absence of regular supervision not doing monitoring the quality of training and soliciting cooperation of other social sectors, in availability of contraceptives, infrastructure, vaccines in sustainable manner, in some area, health posts are not fully well equipped with needed equipment and supplies and no enough research conducted on program area.

5. CONCLUSION

From this finding using Growth Monitoring and promotion programs, preferably weight, height and MUAC, to assess, or even follow the growth of children can be useful. In this research most health posts, HEWs knowledge, attitude, practice and challenges towards GMP program were good. However, major drawbacks are in the communication aspect, many HEWs were not aware about the follow up action required to be taken on finding of GM apart from providing some advice for mothers. In many instances detection of early growth faltering is not given its due importance. From the study findings, the programme under review has some strengths and weaknesses. Therefore the researcher recommends all the necessary activities to be done by the responsible bodies. Information produced by KAP and challenges of HEWs towards GMP programs like this one can help guide intervention programs by giving program planners a clearer picture of current capacity of the HEWs. At the same time, the data may be used to give an indication of how well the combined effects of a package of interventions are working in the project areas, by providing information to help guide program planning. Refresher in-service training on GMP should be given by skilled professionals, with adequate duration and with optimal preparation to improve the service in the study area. During the training courses of the HEW, special emphasis should be given on Nutrition and Health Education (NHE), counselling and other follow up action on GM including the mother participation in GMP. Detailed guidelines for the implementation of program at the field level. Consistent to the quantitative finding, the FGD and in-depth interview data showed that over engagement by other health service programs, refusal of some mothers to allow HEWs to weigh their children, gaps of on job trainings and shortage of Pad or recorder of the GMP programs were some of the problems that hinder the HEWs not fully utilized their capacity in the GMP program measurement process.

Implication to Social Work

Social work is a professional and academic discipline that seeks to improve the quality of life and subjective well-being of individuals, groups and communities through research, policy, community organizing, direct practice, crisis intervention, and teaching for the benefit of those affected by social disadvantages such as poverty, mental and physical illness or disability, and social injustice, including violations of their civil liberties and human rights (From Wikipedia, the free

encyclopedia, May 2013). Whereas the World Health Organization [WHO] (1986) defines growth monitoring and promotion (GMP) as a nutritional intervention that measures and charts the weight of children from 0 to 5 years of age and uses this information to counsel parents so that they take actions to improve child's growth.

Therefore this research presents direct practice, crisis intervention and teaching for the benefit of those affected by social disadvantages about GMP programs. Moreover It informs the capacities of HEWs on using and calibrating of growth monitoring measuring equipment towards the GMP programs based on the above basic social work ideas. The results show a number of issues that are important in understanding the capacity of HEWs and their limitation.

AUTHOR'S CONTRIBUTIONS

MTB has made substantial contributions to beginning and design, collection of data, analysis and interpretation of data and in drafting the manuscripts and correcting the comment given by the advisors. In addition, involved in revising the research paper and the manuscript critically for important intellectual context and approval of the final version to be published and participated in its design and coordination. He participated in the approval and funding process, participated in the design of the study participated in its design and coordination. AAG and GDB have involved in revising the research paper and the manuscript critically for important intellectual context and approval of the final version to be published and participated in its design and coordination. All authors had greater contribution in reviewing the manuscript English and topography. And helped to draft the manuscript.

AUTHOR CONFLICTS

No any conflict among Authors.

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