

INTEGRATING EARLY CHILDHOOD DEVELOPMENT INTO FORMAL AND NONFORMAL HEALTH SERVICES IN KENYA AND MOZAMBIQUE

1. Early years component of the programs¹

Essential Package model

- **Target group:** Vulnerable caregivers and children from pregnancy to age 5 years.
- **Materials:** *Essential Package* Visual Guides extensively adapted through formative research, toys developed from locally available materials, local games and songs, recipes, etc.
- **Implementers:** Government community health workers [CHWs] (Kenya) and community-based organization (CBO) volunteers (Mozambique); supervised by government community health extension workers (CHEWs) and CBO supervisors, respectively.
- **Platform:** Home visits to deliver key intervention messages and demonstrate best practices
- **Intervention steps:**
 1. Ask caregiver about her/his health, nutrition, and economic condition; as well as her/his health, nutrition, and care and stimulation practices in relation to their child.
 2. Observe caregiver practices (e.g., household hygiene, cooking practices, care and feeding practices, playing with the child, etc.).
 3. Share selected *Essential Package* messages based on what was observed and what was told by the caregiver.
 4. Model and support caregiver to practice a relevant activity (nutrition, hygiene, care, stimulation, etc.).
 5. Reinforce message by explaining the importance of the activity for the growth and development of the child.

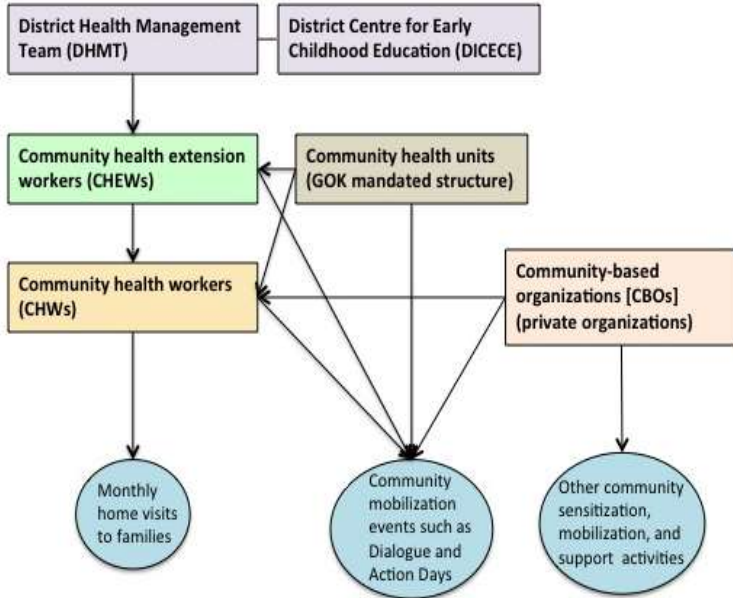
Care for Development (CfD) model

- **Target group:** Vulnerable caregivers and children from birth to age 3 years.
- **Materials:** *Care for Development* manual, counseling cards, toys from local materials, etc.
- **Implementers:** Maternal and child health (MCH) nurses and Agentes Polivalentes Elementares (APEs [CHWs]), CBO volunteers (Mozambique).
- **Platform:** Health facility and waiting room consultation; home visits.
- **Intervention steps:**
 1. Observe the quality of caregiver-child interaction; help promote sensitive and responsive caregiving.
 2. Identify current caregiver practices in supporting the child's development.
 3. Praise the caregiver for good practices or sensitive interactions with the child.
 4. Model and help caregiver to practice an activity to interact and play with the child using household materials. Explain why the activity is important.
 5. With caregiver, identify ways to implement the learned activity at home.

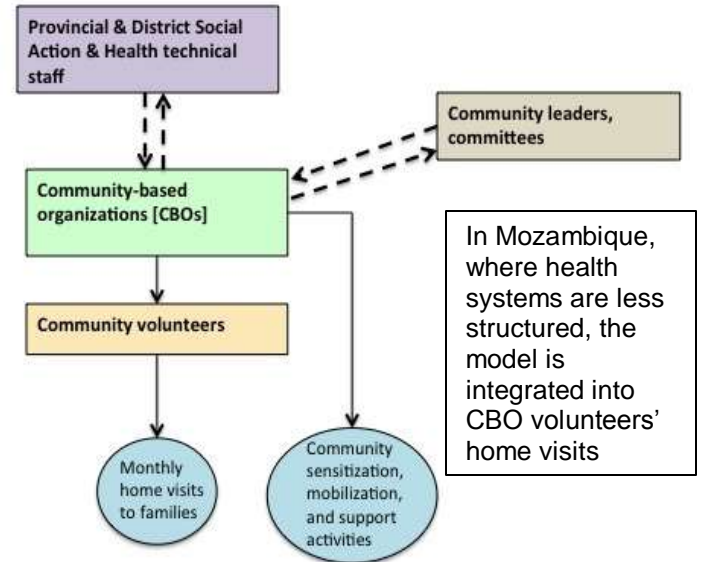
2. Integration into health services

Essential Package model (Kenya and Mozambique)

Kenya



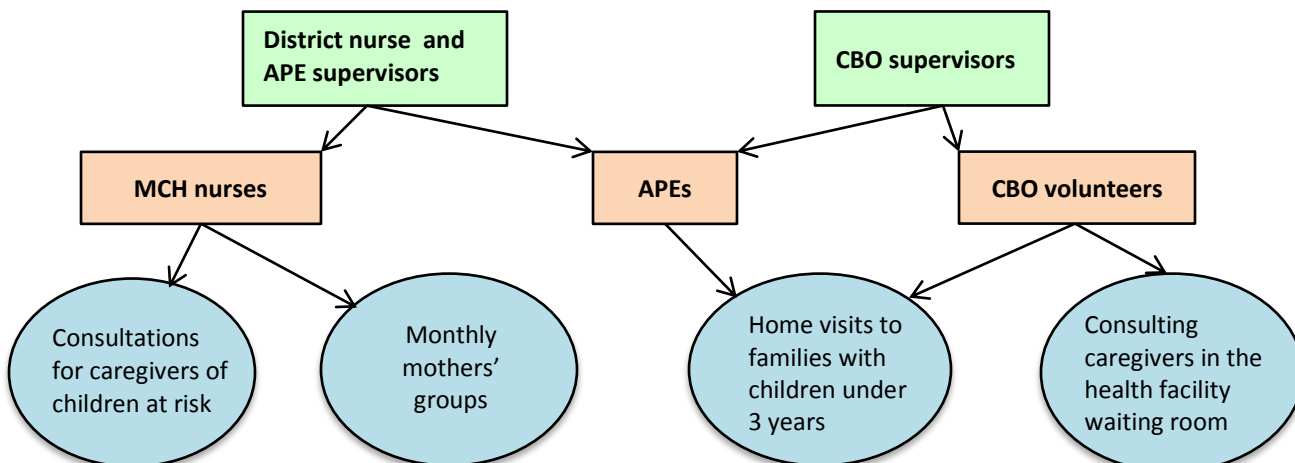
Mozambique



Signs of promise:

- *Essential Package* Visual Guides help volunteers structure regular health and nutrition interventions during home visits, as well as introduce care and stimulation practices.
- Families show interest in receiving home visits and are motivated by visual materials.
- Volunteers use the Visual Guides to interact with children as well.
- Volunteers have observed that home visits: (1) increase male caregivers' involvement in parenting; (2) increase presence of toys in households; (3) lead to greater use of household hygiene techniques such as 'tippy taps;' and (5) more kitchen gardens. Volunteers report being able to identify and refer cases of developmental delays in children.

Care for Development model (Mozambique)



Signs of promise:

- District health authorities are eager to help supervise nurses and APEs and to expand the model to other health facilities and APEs.
- MCH nurses feel that CfD is easy to integrate into their consultations.
- MCH nurses feel CfD can enrich their group sessions for mothers of children at risk.
- APEs feel CfD can be integrated into home visits to families with young children.

3. Key challenges faced and the solutions identified

At the level of government

There is inadequate knowledge and acceptance of the integrated ECD model at national and provincial government levels; ECD is considered to be synonymous with preschool

Solutions

- Engage in strategic advocacy for the integrated ECD model (especially in the context of integration into existing health and nutrition services); showcase real-life experiences with this model in facility and community settings in specific countries and regions.
- Leverage larger affiliated health systems strengthening projects (such as APHIAPlus Western Kenya) that already have significant government buy-in to promote the integrated ECD model among government stakeholders working in health and nutrition.
- Use the integrated nature of existing ECD and health policies and frameworks to advocate for application of a more integrated model of ECD in non-education settings.

At the level of supervisors

Government supervisors are reluctant to carry out additional (supervision) activities if they are not paid additional allowances for this work

Solutions

- Create an enabling environment by obtaining buy-in from top-level government institutions.
- Instead of creating parallel structures, use existing government supervision systems and tools (e.g., modify home visit data collection tools to include care and stimulation practices, work with government stakeholders to improve quality of supervisions, etc.).

At the level of practitioners (CHWs, nurses, volunteers)

CHWs' caseload in Kenya is very high (up to 100 families/ month) and some feel that adding a care and stimulation component will further increase their workload

Solutions

- Use CHWs that successfully integrate care and stimulation activities (and the *Essential Package* in general) as role models and advocates for this approach with other CHWs.
- Obtain CHW supervisors' support by promoting the added value of care and stimulation in improving child health outcomes; advocate for the inclusion of these practices in home visits.

Family needs and caregiving practices are often not diagnosed before counseling

Solution

- Train practitioners to probe for family's current situation and needs in every home visit.

Practitioners tend to focus on mostly physical games and pretend-play

Solutions

- Model and practice games that promote language and thinking skills; work with hypothetical situations, and ask practitioners to suggest appropriate developmental activities for the child.
- Brainstorm with practitioners on how traditional games can be adapted to also promote language, problem-solving, etc.

For the care and stimulation component, practitioners often focus on doing an activity directly with the child, forgetting to include the caregiver

Solution

- Reinforce the practice of “teaching the caregiver to teach the child” at in-service trainings, through simulations and by discussing the likely outcomes of each approach (focusing on the child versus focusing on the caregiver).

At the level of caregivers

Caregivers are often too busy with daily chores or work and do not have time for home visits, or for playing with the child.

Solutions

- Identify other caregivers of the child (e.g., older siblings and grandparents) and build their capacity to play with children.
- Teach caregivers how to integrate ECD activities into their daily chores and care routines for the child (feeding, bathing, etc.).
- Build caregivers' understanding of the importance of care and stimulation activities.
- Identify and engage the help of “positive deviant” caregivers in the community, who have demonstrated ways to play with their children in spite of busy schedules.

The *Essential Package* Visual Guides are not written in the local language and/or have images of poor quality makes understanding certain messages difficult for caregivers

Solutions

- Prepare *Visual Guides* in most common local language in areas of implementation (e.g., Luo in western Kenya and Changana in Mozambique).
- Look into ways to improve the quality of current images in the *Visual Guides*.

ⁱ The two models, *Essential Package* and *Care for Development*, were chosen as most suitable for this project, since they offer interventions that can be easily integrated into existing structures and activities of the formal and non-formal health sector in Mozambique and Kenya. While the *Essential Package* is designed to be primarily used in home visits by CHWs and CBO volunteers, CfD is designed to be integrated into more structured MCH consultations.