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# Integrating ECD into Healthcare Settings

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# Background

- One third of children 3 and 4 years old fail to reach basic milestones in cognitive and/or socioemotional growth (McCoy et al., 2016)
- For children affected by HIV, the risks are even greater.
  - Children and infants living with HIV have been found to experience greater delays in motor, cognitive, language, and overall development than their peers (Potterton, 2008; Baillieu & Potterton, 2008; Le Doare, Bland, & Newell, 2012).
- With such daunting figures, where could we conceivably best respond? Could integrating ECD into HIV health contexts provide a possible solution?

# Integration of ECD within HIV/Health



Philip Laubner/CRS

*Objective:* to explore the integration of early childhood development (ECD) into HIV programming.

Two-pronged approach:

- 1.) A comprehensive literature review
- 2.) Key informant interviews with experts in the field of early childhood development

# Literature Review

- Early intervention can be successful. Multiple studies have demonstrated successful interventions with last effects.
- Meta-analyses of early stimulation reveal their effectiveness. Programs are routinely offered via home visits, group sessions and/or clinic appointments. All have been demonstrated effective with general populations (Aboud & Yousafzai, 2015).
- Home stimulation techniques have demonstrated success with HIV infected infants and children, with increases in cognitive and motor skills (Boivin, Bangirana, & Nakasujja, 2013).

# Literature Review: The Health Center

- The health sector provides a potential for ECD services to reach disadvantaged communities (Yousafzai, 2014).
- Integration could mean additional benefits for children at lower cost than stand-alone services (Grantham-McGregor, 2014).
- However, challenges exist to this integration.



# Key Informant Interviews

- Building on the background and literature review, we conducted key informant interviews.
- Interviews lasted approximately 1.5 hours.
- Experts were initially identified by USAID and 4Children staff. These experts were then asked to refer the interview team to additional experts who could contribute.
- 15 experts in early childhood development, HIV and health in LMIC were interviewed.

# Findings: Barriers to Integration

- Resource and training deficits at the health center
  - Insufficient materials
  - Health care providers are underpaid and overwhelmed
  - ECD is viewed as an add-on service or care that is not essential
  - ECD is viewed as education and separate from routine pediatric assessment or treatment
  - Lack of training for healthcare staff
- Resource deficits for caregivers
  - Difficult for them to access local clinics and services
  - Specialists are often located in urban areas and transportation and clinic fees are cited as common problems.

# Findings: Barriers to Integration

- A need for additional evidence-based materials and interventions on ECD in LMIC.
  - A lack of research in low resource settings to support standardized materials and interventions.
  - New models are proliferating without standardization, and existing models are adapted ad hoc for cultural competence.
  - A lack of existing materials, even IEC materials that could be used with parents and by clinical staff
  - A more robust and culturally diverse evidence base is also needed in order to increase clinician and government buy-in.

# Findings: Opportunities for Integration

- Taking a systems-wide approach would unify the message that ECD is important and ease the burden on clinicians to be the sole dispensers of information.
- Expanding the number and type of professionals that engage caregivers on ECD topics
- In order to train individuals, clinics could partner with community based organizations that are working on similar issues and leverage their strengths and expertise



*Photo top: Oscar Durand; bottom: Debbie DeVoe*

# Findings: Opportunities for Integration

- The use of waiting rooms as spaces for modeling play and appropriate parent-child interaction.
- Creating mother-to-mother mentoring programs that provide young mothers with social support and network of resources for follow-up after they leave the clinic.



# Findings: Changing healthcare provider behavior

- Create easy-to-understand visual tools that can serve both as a reference when teaching caregivers and a visual reminder for clinicians to observe and inquire about a child's development
- Develop a mentoring program for clinicians. Older, respected clinicians serve as mentors for younger clinicians.
- Creating standards of practice for all providers to include ECD with routine pediatric examinations: change at the policy level.
- Train healthcare administrators so that the clinics and facilities began stressing that ECD integration is a key component of care



# Findings: Priority Interventions

- **Model parenting skills:** When parents are in health care settings, model good parenting skills and give them a plan to try at home. Involve fathers. Teach parents about stimulation.
- **Task shifting:** Teach other professionals and paraprofessional about the importance of ECD.
- **Improve the quality of counseling:** Developmental counseling cards and other resources can serve as a reminder for the provider and the caregiver to discuss ECD.



*Photo: Ellie Gardner/CRS*

# Findings: Priority Interventions

- **Build positive relationships:** Program planners should build positive relationships with clinicians and health care providers in a way that promotes understanding and open communication.
- **Children most at risk:** Focus interventions in HIV clinical care and address the delays that living with HIV can cause among children.
- **Tracking system:** Develop and implement an easy-to-use tracking system of developmental milestones.
- **Research:** More research is needed in order to create a more robust evidence-base and develop new ECD programs.
- **Maternal depression:** Train clinicians on importance of maternal mental health and its linkage to ECD.

# Summary

- Integration is possible, but difficult even in the best of situations.
- A systems approach that incorporates a focus on ECD by many different actors will likely be the most effective approach.
- Creating policy change and an enabling environment is critical to long term success.
- Short-term interventions are feasible in the meantime.



Photo: Michael Stulman

# Thank you!

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