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Survive and Thrive: 2 Years into the Hilton ECD Program

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Blueprint presentation

- Overview 2 years into S&T program
- Description of integrated ECD services
- Challenges
- lessons learned

Survive & Thrive Project Information

Young children, ages 0 to 5 years, in two high-density, high-HIV prevalence areas of Lusaka are supported to adequately realize their full cognitive, social, emotional, and physical potential



PROJECT OBJECTIVE 1:
Parents, caregivers, and ECD teachers have the knowledge and skills to actively support the developmental needs of their children; especially children exposed to HIV in utero



PROJECT OBJECTIVE 2:
Two Lusaka-based clinics which serve vulnerable communities demonstrate increased capacity to assess and respond to the developmental needs of HIV- exposed, positive and/or vulnerable children



PROJECT OBJECTIVE 3:
EGPAF through its national profile will work to promote ECD knowledge and skills throughout Zambia

- Initiated in 2012 with support from the Conrad N. Hilton Foundation
- A 3 year Pilot to establish ECD services in the primary health care setting.
- Activities based at 2 Survive & Thrive Units - natural extensions of clinics with an addition of specific ECD activities
- Little programmatic information progress on implementation

Site Information

Mandevu

- Catchment population: 86,700
- Women age 15-49 years: 19,081
- Expected live births per year: 4,267
- Population Under 5: 13,877

Mount Makulu

- Catchment population: 17,370
- Women age 15-49 years: 3,821
- Expected live births per year: 860
- Population Under 5: 3,473

Clinical Services Provided

	VCT	Under 5	OPD	ART	Antenatal Care	Family Planning	TB Corner
Mandevu	X	X	X (0-14)				X
Mount Makulu	X	X	X	X	X	X	X

S&T unit



Mount Makulu Caregiver information & support groups



Training of HCW and volunteers

Health care workers (40)

- Developmental assessments for children 0-5 years
- How to identify and refer children with developmental delays
- Growth monitoring
- Nutritional training

Volunteers (40)

- 2 stage initial training
 - to identify children with developmental delays
 - HIV management.
- Growth monitoring
- Nutritional training
- Pediatric Counseling
- Mbuya DAISEY disclosure
- CPR
- Business management (performance based asset transfer program)

volunteer



Children identified with developmental delays in PY2

- In PY2, 117 children were screened with 87 identified as having developmental delays
- 89% of children screened in PY2 had a developmental delay in at least one domain. 61% of children had delays in three or more domains.

Children identified with developmental delays in PY2

Age	Total # Delayed	Cognition	Communi- cation	Gross Motor	Fine Motor	Personal Social
4 Months	0	0	0	0	0	0
6 Months	2	2	1	1	1	2
12 Months	3	4	2	4	3	3
18 Months	7	2	3	3	2	4
2 Years	12	7	11	10	12	6
3 Years	15	8	11	10	10	8
4 Years	11	6	9	9	10	8
5 Years	12	7	10	9	10	6
6+ Years	25	17	19	19	20	18
Total	87	53	66	65	68	55

HIV Testing and Status of Mothers and Children of S&T

Site	# Mothers Tested for HIV	# Mothers with Confirmed HIV+ Status	# HIV+ Mothers Who Are on Treatment	# Children Tested for HIV	# Children with Confirmed HIV+ Status	# HIV+ Children Who Are on Treatment
Mandevu	64	11	10	51	2	0
Mount Makulu	37	8	6	32	4	2
Total	101	19	16	83	6	2

Description of package of integrated services at the S&T units

- Assessments and development of care plans for newly identified children
- Nutrition screening, counselling and monitoring and provision of HEPS/RUTF
- PCOE developmental intervention clinic
- Attend to children identified with disabilities
- Psychosocial counselling
- School readiness sessions
- Caregiver information & support groups
- Early stimulation sessions
- Referral to specialist services

Initial Assessments and care plans

- Children that attend the unit are assessed and a care plan is formulated (case history, household care plan, developmental screen and C-DAZ)
- Currently, S&T units are on average identifying 15 children with delays per month

Nutrition screening, counselling and support

- Volunteers trained in Infant and Young Child Feeding (through the DHO) conduct nutrition promotion talks
- Children enrolled and new children will have height for weight measurements and MUAC scores recorded.
- Clinic is supported to provide HEPS/RTUF to children as indicated. Children will receive ongoing nutrition monitoring

PCOE Assessment days

- Monthly visits to S&T clinics by multidisciplinary team from PCOE (Paediatric neurologist, Physiotherapist and Occupational Therapist, behaviour specialist and communication support teacher)
- Children identified from initial assessment who require appointment with and/or multidisciplinary assessment attend accompanied by their volunteer.

Services for handicapped children

- SHN staff will complete developmental assessments on each child in order to establish each child's current performance level in Cognition, Communication, Motor, Socio-emotional, and Adaptive skills.
- Develop Individualized Educational Plans (IEPs) according to need
- To run specialized intervention sessions from the 'Survive & Thrive' units (educational physical and sensory stimulation)

Psychosocial counselling

- Paediatric Counselling: All the volunteers and health staff at the clinic have been trained in and will provide PC sessions.
- School readiness sessions. Site-coordinators support the running of small groups for children aged 4-5 falling behind in vital pre-school skills across both sites

Referrals

- Referral to specialist services (+/- transport support) (to Beit cure for operations, for EEGs, ophthalmology audiology, cerebral palsy children to optimal feeding clinics, etc.)
- Referral to clinic VCT and ART services

Challenges

- Identification of ECD by volunteers resulted in identification of children with disabilities in communities
- These children though not exactly target population need services as well.
- ART services in Mandevu.

Lessons learned

- We have developed a simple scalable package of small number of key ECD services integrated at primary health care level.
- Importance of the volunteer workforce and the need for development and livelihood strategies (PBAT Performance Based Asset Transfer) for this group.

Lessons learned cont.

- Community ownership for sustainability
 - Monthly partnership meetings (with the clinic and District staff)
 - Monthly Stakeholders meeting (with the community)
- Integration of services; primary Paediatric care as entry point for early integrated interventions.

Caregivers, children and volunteers, Christmas Party 2013



acknowledgements

- Conrad N. Hilton Foundation
- Susan Strasser
- Elizabeth Kazembe
- Elizabeth Chatora
- Charles muneene
- Stephanie Ahn
- Lisa Boemer
- Andrea Uehling.

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- Thank you.