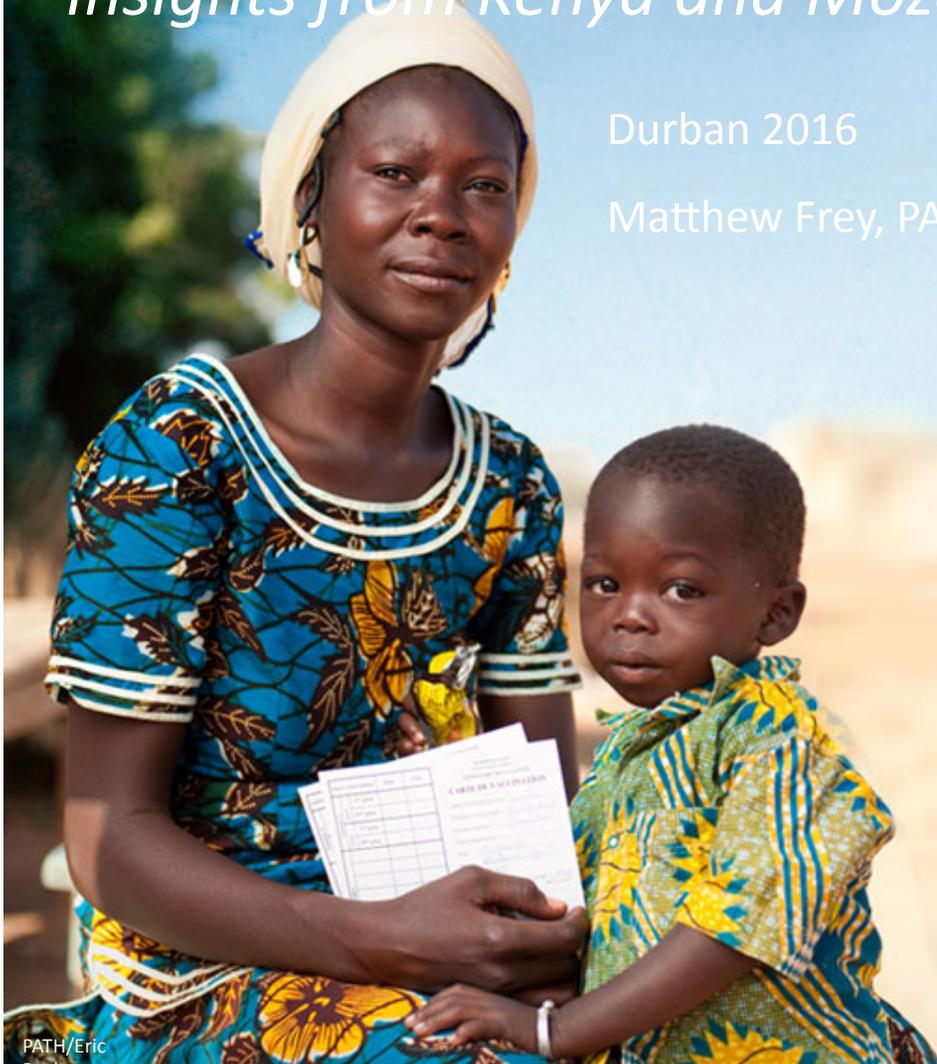


Building robust platforms for integrating ECD into the health sector by expanding the evidence base and strengthening the enabling environment: *Insights from Kenya and Mozambique*

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PRESENTATION

- Overview of Caregiver and Health Provider ECD practices
- Overview of ECD Policy Environment for 0-3s
- What Do We Mean by ECD Integration?
- Pathways for Influencing the Enabling Environment: Kenya & Mozambique Experiences
- Learnings to Help Guide Us in Future
- Further Evidence Needed to Drive Integrated ECD Agenda Forward

WHAT WE KNOW: CAREGIVING BEHAVIORS

Kenya:

- Less than one-third of caregivers engage in four or more stimulating activities with children on a regular basis.
- Most children do not have access to books, nearly 40 percent do not have homemade toys, and violent discipline is almost universal.
- Over half of children receive inadequate care at home.

Mozambique:

- Less than half of caregivers reported having playthings at home; only 14 percent use them to play with children.
- Talking to children is not common (29 percent) and a negligible percentage of caregivers reported playing games.
- Only 29 percent of caregivers engage in responsive feeding by cuddling, playing, talking, varying meals, and entertaining the child.

Health Care Providers: Baselines show very limited knowledge of developmental milestones; developmental assessment not being done; relevant care/stimulation practices rarely promoted

WHAT DO WE MEAN BY ENABLING ENVIRONMENT FOR INTEGRATED ECD WITHIN HEALTH?



- **Counseling and education on early childhood development**
- **Developmental assessments**
- **Referrals for developmental delays**
- **Child-friendly health facilities**

WHAT WE KNOW: ENABLING ENVIRONMENT

Common Elements Across Both Countries

- Predominant government ECD policy focus on 3-5's
- Limited ECD policy content or program guidance for 0-3's from MOH or other ministries (Child Health Passport; IMCI; nutrition rehabilitation manual)
- No standardized developmental assessment tools in primary health care services
- Few instances of government approved care and stimulation job aids, training materials or other standardized ECD service delivery inputs within health services
- No health service delivery data on ECD being routinely collected nor indicators for 0-3s

Kenya: Strong government interest in ECD integration; strong UNICEF engagement; MOH leadership has emerged led by champion within the NCAHU

Mozambique: Gradually emerging interest but limited investment; no MOH champion and no strong partners engaging other than PATH

WHAT DO WE MEAN BY “INTEGRATION”?

ECD
Package
Approach

- CCD & Reach Up
- Extensive parallel inputs: training; M&E; technical tools

Fully
Integrated
Approach

- Integrate ECD into range of existing policies, guidelines, materials as they are revised

KENYA EXPERIENCE: CCD PACKAGE-BASED APPROACH

- Strong government leadership led to creation in 2015 of ECD Working Group within MOH NCAHU
- Clear MOH commitment to CCD as foundational to integrated ECD approach
- Investment from UNICEF, PATH, and Aga Khan Development Network in adaptation and testing of CCD package
- National CCD package in process of being finalized and endorsed by MOH, expected by end 2016

MOZAMBIQUE: OPPORTUNISTIC APPROACH

- Work being done primarily through relevant national technical working groups and task forces rather than through dedicated MOH ECD working group
- CCD materials used to strengthen recently revised IMCI national package and Supervision tools
- MOH Training Department has requested assessment of pre-service health worker training curricula as first step in integrating child development content
- MOH has approved the use of PATH-Developed ECD IEC materials across the health system nationally
- MOH has added a new ECD indicator (# children with psychomotor delay), which is included in the recently revised national register books for well child and sick child service

COMPARING APPROACHES TO INTEGRATING ECD

Approach	Advantages	Limitations
Package based	<ul style="list-style-type: none">• Available evidence suggests highly effective• Strong support from both providers and caregivers• Can be rapidly scaled up	<ul style="list-style-type: none">• Is additive to existing health system architecture• Current CCD model costly• More difficult to sustain
Opportunistic Graduated Integration	<ul style="list-style-type: none">• Works within existing architecture of health system• Lower cost• More sustainable	<ul style="list-style-type: none">• Slow process awaiting natural revision cycles• Less focus, less ECD content and (potentially) less impact on developmental outcomes & parenting practices

TENTATIVE CONCLUSIONS

- Not an either or situation
- CCD (or similar) package is critical to both focus stakeholder attention on the issue and to provide validated, proven effective tools for those partners with resources to use the package, both governmental and non-governmental
- For purposes of both scale and sustainability, the fully integrated approach is essential so that care and stimulation content is reflected in all relevant technical materials and policy documents
- This will require more careful mapping of all relevant policy and technical documents reviews country by country
- Integration of care and stimulation content and responsive counselling methodology into pre-service curricula for formal health workers (nurses, midwives especially) and non-formal (CHWs and other volunteer networks) needs to be a higher priority to achieve long term structural impact

WHAT WE STILL NEED TO KNOW

- Does it work? Beyond qualitative evidence... Can we significantly impact caregiver practices and child development through health system approach?
-a better understanding of how it works best
- What it will cost to take it to scale?



**Thank
you!**