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Maternal and Child  
Survival Program



**Integration of Early Childhood Development (ECD) Messages into CHPS Nutrition activities in Ghana and Kangaroo Mother Care Center of Excellence Koforidua**

Photo by Kate Holt/MCSP

# Background

- It is estimated that nearly half of all children in low and middle income countries do not reach their developmental potential due to lack of appropriate nutrition, stimulation, and care. To respond to this global concern, the field of early childhood development is moving toward greater integration across sectors to better support holistic child development (Black et al., 2015).
- Global research shows physical stunting is associated with cognitive stunting
- In Ghana, neonatal, infant and child mortality remain relatively high. Nutrition and factors associated with being underweight contribute strongly to these deaths. 19 percent of children under-five are stunted, five percent are wasted, and 11 percent are underweight (GDHS, 2014)

# Challenges Faced

- Most parents and caregivers lack adequate knowledge on how to identify development milestones and support their children's development.
- Neonatal mortality contributes approximately 50% of under-five deaths in Ghana, with prematurity being one of the top 3 causes of such deaths.
- Caring for pre-term babies is challenging and mortality rates are high both globally and in Ghana.
- Some of the biggest challenges are with feeding of pre-term babies and the cognitive delays that result from poor nutrition.

# Steps Taken to Overcome Challenges

- The GHS in partnership with MCSP Ghana's Early Childhood Development (ECD) 0-3 program is piloting the implementation of coordinated health, nutrition and ECD interventions.
- Feeding and cognitive stimulation have been integrated into the KMC Center of Excellence at Eastern Regional Hospital

# Community Health Planning and Services (CHPS)

- Community Health Officers (CHOs) responsible for a cluster of communities within a sub-district
- Supported by Health committees and Community Health Volunteers (CHV)
- Responsibilities include
  - Delivery of preventive services e.g. ANC, PNC, Immunisation, growth promotion, Vitamin A supplementation etc.
  - Treatment of common ailments and prompt referral of more complicated ones
- Operate from their compounds and through home visits

# ECD PROGRAM OBJECTIVES

- **Objective 1:** Finalize and disseminate an evidence-based set of early child development materials emphasizing early **childhood stimulation and responsive parenting** for children under three years.
- **Objective 2:** Build capacity of CHPS staff, CHVs, and Social Welfare officers to effectively teach caregivers with young children about psychosocial stimulation and responsive parenting in targeted districts.
- **Objective 3:** Assess the ability of CHPS staff and CHVs to integrate early childhood activities with their regular nutrition services as well as document changes in caregiver behaviors and child development.
- **Objective 4:** Create an enabling environment at the national and regional level to promote institutionalization of early child development activities into partner and government programming

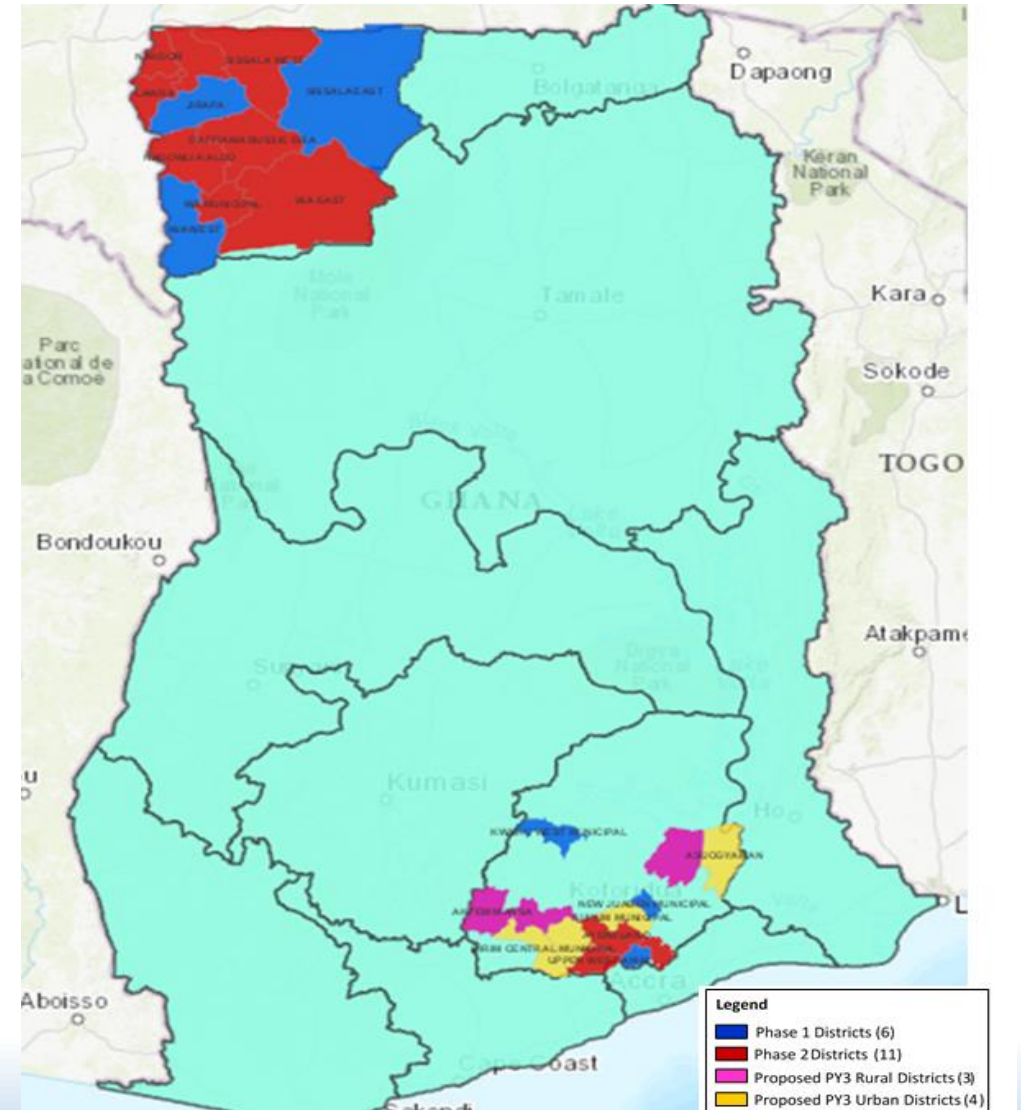


# Program Scope

## Pre/Post-Intervention Design

### Program participants

- >1000 CHPS Staff
  - >500 CHVs
  - > 2000 Caregivers
  - >20 SWOs
- **Setting – 2 regions out of 10**
    - **PY1: 6 Districts (Eastern – 3 & Upper West -3)**
    - **PY2: 11 Districts (Eastern- 3 and Upper West- 8)**
    - **PY3: 7 proposed Districts (Eastern)**
  - **Existing system being used**
    - **GHS CHPS system**
    - **Social Welfare system**



# Pre-Implementation Approach

- Focus group discussions were conducted with mother to mother support groups (MTMSGs) in districts located in the Upper West and Eastern regions.
- Above informed the development a 0 - 3 ECD package to deliver the program in conjunction with ongoing nutrition services provided by CHOs,Volunteers and SWOs
  - Parenting session manual
  - Counselling cards
  - Flip chart
  - Poster
  - Training Guide
  - Flyer
- **13 sessions across four topics: play, early communication, responsive care and positive parenting**



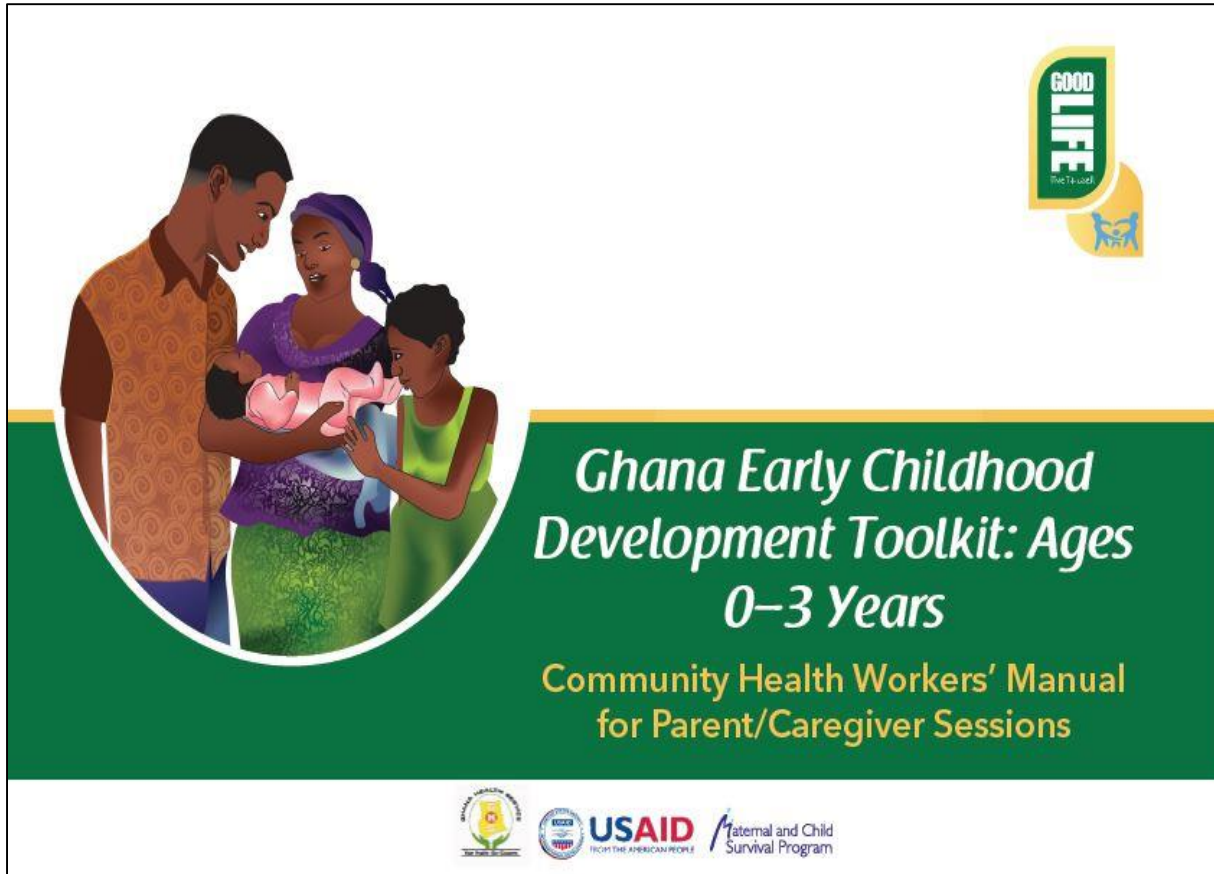
# Implementation Approach Cont'd

- 5-day training of trainers, 4-day training for CHPs staff and CHVs, providing knowledge and skills for program delivery as well as support of caregivers to adopt and practice key early stimulation practices.



# Materials I

## PARENTING SESSIONS MANUAL

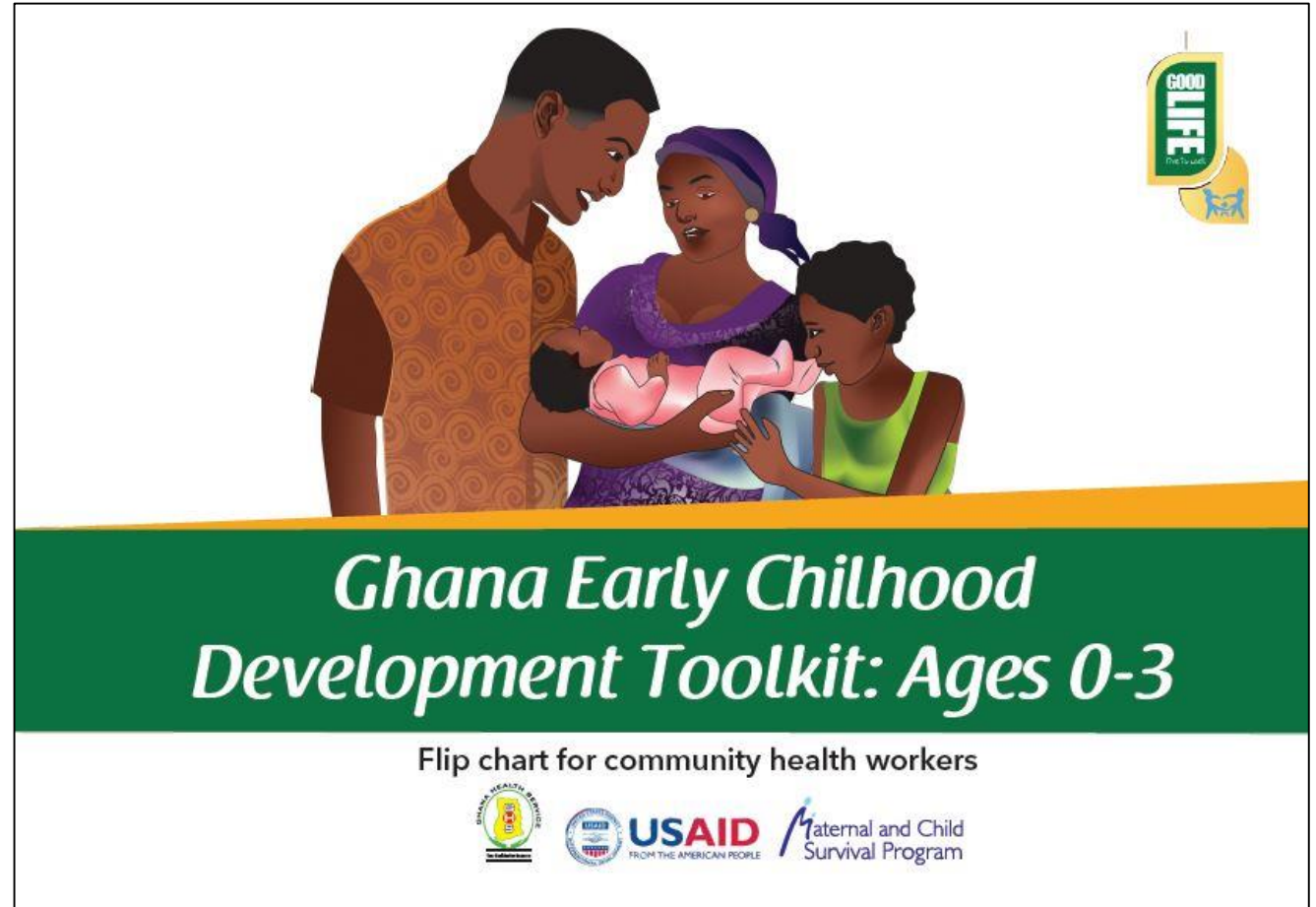


- Parenting Session Manual specifies the process of delivering ECD sessions to caregivers
- It contains the background of child development, norms and sample activities
- It has the various activities (specific for different age groups) to complete with caregivers
- Detail instructions are given at every step to indicate what exactly the facilitator should do

# Materials

- The Flip Chart has the same activities, messages, and illustrations as in the Parenting session manual
- It is used for delivering sessions with large groups
- The pictures are large and visible to caregivers in a group
- All 4 age groups (0-6 months, 6-12 months, 1-2 years and 2-3 years) have separate pictures with captions on each



## THE FLIP CHART


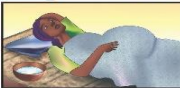







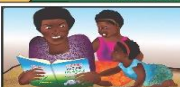








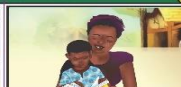






# Materials

## WALL CHART

PREGNANCY TO BIRTH			
			
Your baby can hear and recognize your voice. So talk to your baby throughout the pregnancy.	Take rest 2 hours in day time. It helps your baby to relax and grow properly.	A healthy mother means a healthy baby, try and minimize stress during your daily routines.	Prepare a rattle, colorful toys and other soft toys for your baby
LEARN THROUGH PLAY			
0 - 6 MONTHS	6 - 12 MONTHS	1 - 2 YEARS	2 - 3 YEARS
			
Provide some colourful objects to the child to see and grab. Sometimes slowly move the colourful objects for your child to see and to reach for.	Play with your hands and sing songs that have hand motions and go along with the lyrics with your babies. Eventually, he/she will start to copy your gestures and sing along with you.	Make a toy box for the child with variety of safe objects they can play with and explore (example cups, lids, small bottle, pots, leaf, dolls etc.)	Encourage your child to play with writing objects, draw in the sand or on the floor with a stick, tree branch or piece of chalk. Give them opportunities in paper or slate to draw or write
EARLY COMMUNICATION			
			
Even little babies communicate. Get a conversation going by imitating your babies sounds and gestures. When baby says "uuuu" you also say "uuuu"	Tell your child stories, rhymes and songs and encourage him to clap his hands and copy hand gestures	Take your child outside often. Tell the name and introduce the things around.	Continue to read books to your child and talk about the pictures. Encourage your child to tell simple stories.
POSITIVE PARENTING			
			
Hold, swaddle, cuddle, sing and calm baby down when it is crying or sad.	Keep harmful, dangerous and poisonous things like detergent, medicine where a child can't reach. Keep play space safe.	Talk to your child about feelings. If the child is crying, ask them to tell you why they are sad. Praise them when they do something good.	Explain to child why a behavior is desired or undesired and be a good model.
RESPONSIVE CARE			
			
Frequently make eye contact and smile and laugh with your baby.	Put aside and spend special time talk, playing and singing to your baby. It builds strong bonds.	Set routines for your child so they know what is coming next. Reading a book together can be one of the routines in your home.	Allow your child to participate in home activities. For example, they can play pretend or help sort vegetables when you are cooking while you are also cooking. It builds independence.



- The Poster is the summary of all the activities from 0 – 3 years
- It is used for large groups sensitization and counselling sessions especially during ANCs, CWCs, PNC etc.

# Materials

- The TOT Guide has introduction and goals
- It also has the introduction to ECD and a deep dive from sessions 1 to 13
- Planning, monitoring and supervision of field implementation of MCSP 0-3 project

## TOT GUIDE



Ghana Early Childhood  
Development Toolkit

Ages 0–3 Years: Training of Trainers Guide



# Channels to deliver ECD materials

Medium	Region (s)	
	Eastern	Upper West
Mother-to-Mother Support Groups (MTMSG)	Feasible in the rural, not urban settings	Feasible
Child Welfare Clinic (CWC)	Feasible (Monthly)	Feasible (Monthly)
Religious Fellowship Groups (RFGs)	Exploring now in Urban areas	Exploring now in Urban areas
Home visits	Sensitization Only	Sensitization Only
Counselling during ANC (especially on developmental milestones)	Sensitization Only	Sensitization Only
Durbar (lead organization by the CHMC)	Sensitization Only	Sensitization Only
PTA Meetings	Exploring now in Urban areas	Exploring now in Urban areas
Day Care center	Proposed for PY3 for Urban setting	Proposed for PY3 for Urban setting



Photo by Kate Holt/MCSP



Photo by Kate Holt/MCSP



## Number Of Personnel Trained

Location	PY1: Number Trained	PY2: Number Trained	Total
Eastern	354	361	715
Upper West	367	582	949
National	4	3	7
<b>Total</b>	<b>725</b>	<b>946</b>	<b>1,671</b>

Notes: GHS Staff, SWOs and MoGCSP were trained

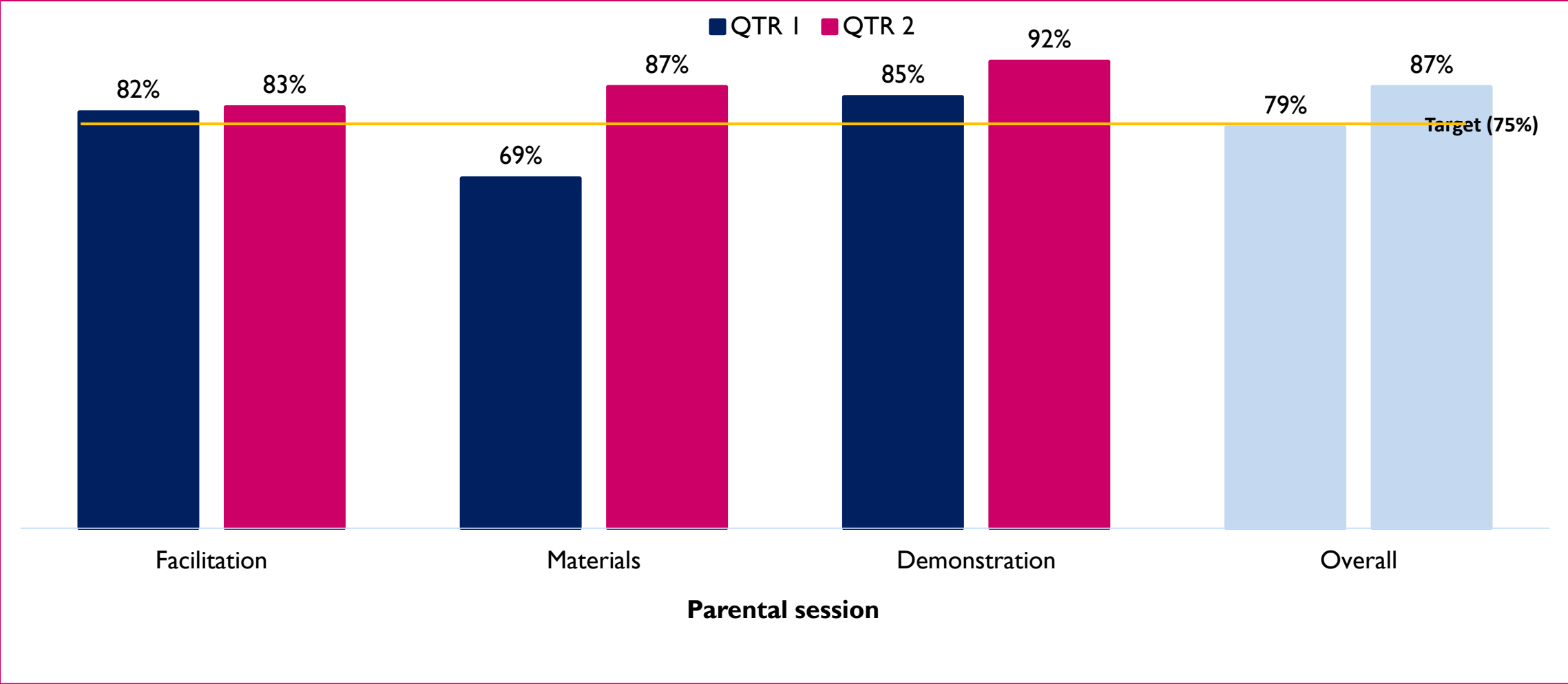


Photo by Fred Effah/MCSP



Photo by Fred Effah/MCSP

# Improved Performance by CHPS Staff During Parental Sessions



The figure displays improvement in scores from demonstration of early stimulation activities during parenting group sessions at the MTMSG and CWCs for quarter 1 & 2.

## Yellowanah Shares a Story:

Yellowanah observed that her daughter, Kezia, was inactive, a little withdrawn, and generally timid for a two-year-old. This can be worrying for a first-time mother. Fortunately, six months ago, Yellowanah happened to hear about an early childhood development (ECD) session organized by Mubarak Mohamadu, a Community Health Officer (CHO) during the mother-to-mother support group in Segrivengveng. “I started attending the sessions every other week at 3pm”, says Yellowanah, adding that she “has not missed a session as we have been meeting under a big tree at the center of the village”. During the session, Yellowanah was excited to join other parents and caregivers, who took turns to practice the stimulation activities with their children. At every turn, she showed love to Kezia in many ways: cuddling, hugging and tickling. She also nurtures her with statements of love and reinforcing words of praise. The ECD sessions have indeed nourished the bond of love between Yellowanah and Kezia, creating a connection that many parents crave for, but may not understand how to create.



*Yellowanah shares a playful moment with her two year old daughter, Kezia.  
(Photo: MCSPI/Kate Holt)*

## Outcomes

- Developed a global set of early child development (ECD) materials concentrating on early childhood stimulation and responsive parenting for children under 3 years and adapted to the Ghana country context.
- Improved knowledge and competencies of GHS Staff, SWOs and MoGCSP to be able to integrate ECD activities into their routine activities.
- Improved caregivers' health and education practices with their young children (0-3 years).
- Supported children's progress on developmental milestones through early stimulation



# Lessons from PYI Implementation

## ECD session medium delivery

- MTMSG
- Child Welfare Clinic

## Prospects and Success

- ECD activities are easily integrated into CHO's routine activities.
- Introduction of early stimulation activities led to an increase in attendance at Child Welfare Clinic (CWC) in some districts.
- Increased membership of various MTMSG
- MTMSG less active in the urban areas, hence shift to day care centres and church groups



Photo by Fred Effah/MCSP



Photo by Kate Holt/MCSP

# Sustainability/Conclusion

- Ghana-specific ECD materials and global ECD materials can be adapted to different programs for children 0-3 years
- Master trainers will be certified under MCSP, will have the capacity to scale-up ECD trainings to other staff
- An enabling policy and implementation environment ECD in Ghana as a result of the cross-ministerial engagement with the GHS, Ministry of Gender, Child, and Social Protection, Education, and other agencies like UNICEF etc.
- Documented good practice of ECD integration into health programming that can be taken up by other countries as part of global rollout of nurturing care framework.



Photo by Kate Holt/MCSP



Photo by Kate Holt/MCSP



# Acknowledgement

- USAID
- MOH
- Ghana Health Service
  - Family Health Division
  - PPME
  - Health Promotion
- Ministry of Gender, Children, and Social Protection
- Eastern and Upper West Regional Health Directorate
- District Health Administrations
- Sub-District Supervisor's, CHPS Staff and CHVs
- MCSP Technical Staff



Photo by Amos Asiedu/MCSP



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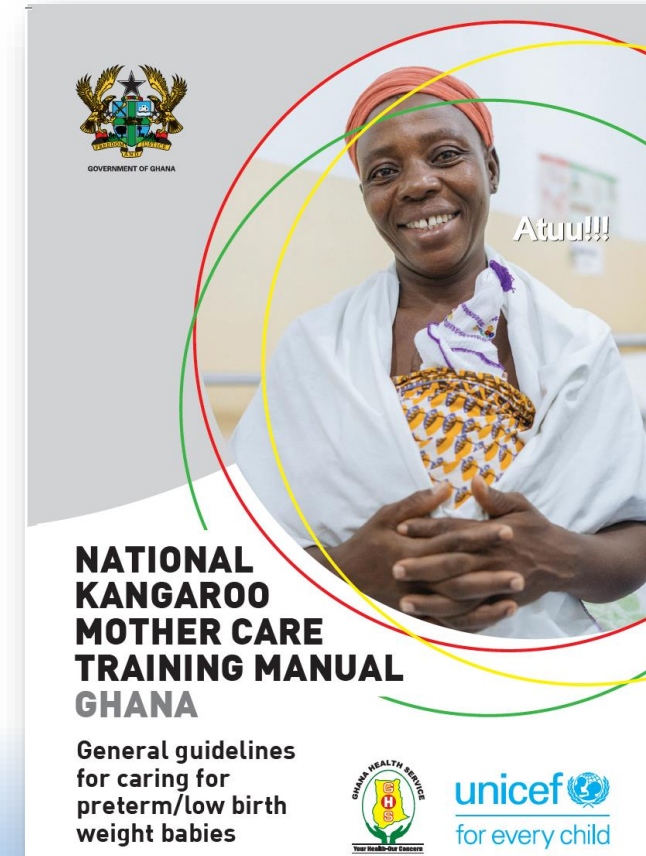
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# KANGAROO MOTHER CARE AT EASTERN REGIONAL HOSPITAL, KOFORIDUA

DR JOCELYN GYAPOMAA ASIBEY  
SPECIALIST PAEDIATRICIAN

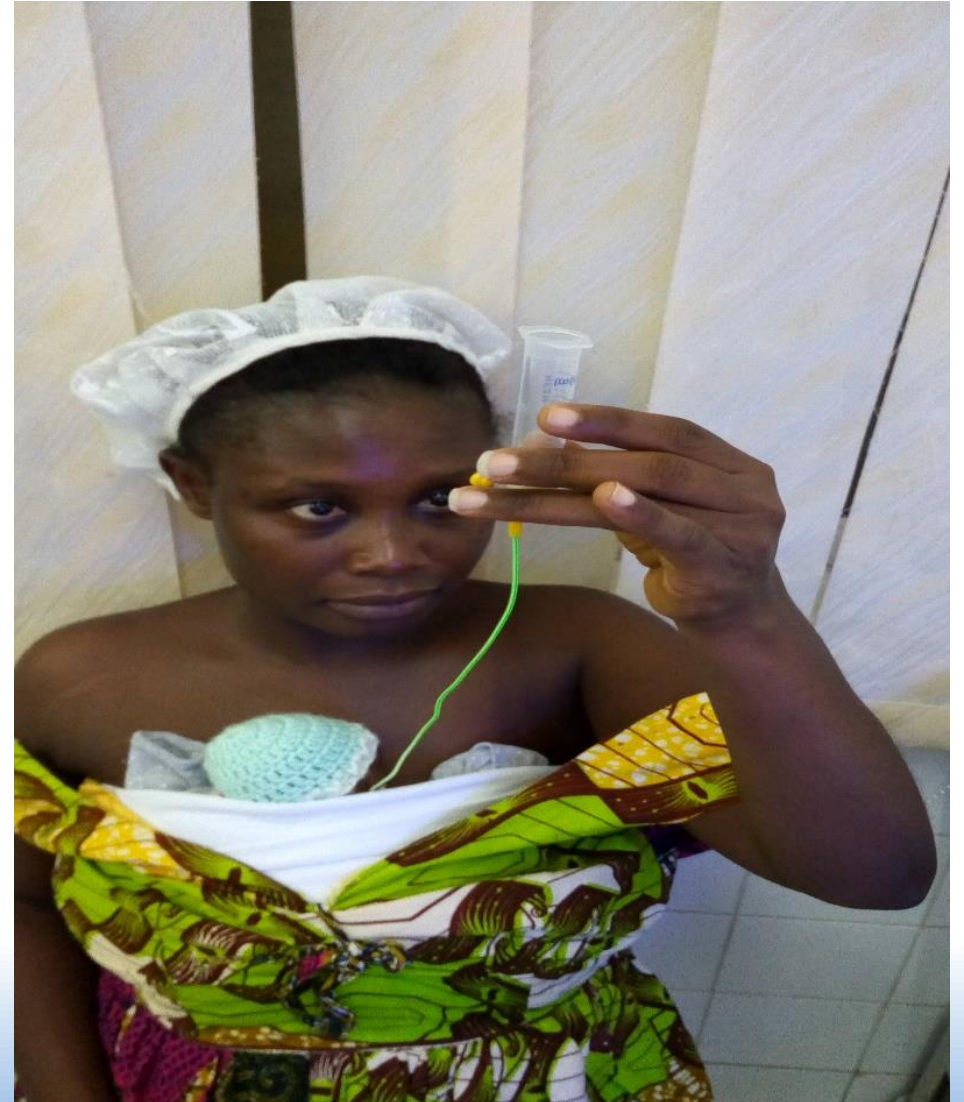
# What is Kangaroo Mother Care?

- KMC is a natural method for caring for LBW babies
- Initiated at the health facility and continued at home
- Consists of 3 components
  - Early, continuous & prolonged skin to skin contact between mother & baby
  - Exclusive breastfeeding & breastmilk feeding
  - Early discharge & follow up care after discharge





KMC Nutrition is critical for LBW babies:  
*Exclusive breastfeeding & Breastmilk feeding*



## History of KMC At The Regional Hospital

- Before 2016, inpatient KMC practice was implemented and afterwards, preterms/LBW infants were followed up at the general paediatric out patient clinic.
- In 2016, under the MEBCI project supported by PATH, one of the objectives was to improve KMC services and establish a Regional KMC center of excellence at the hospital

## KMC TRAINING IN BOGOTA

- With support from the Government of Colombia, the Eastern Regional Hospital, Koforidua (ERHK) was selected in Ghana to host the maiden Kangaroo Mother Care Excellence (KMC) Centre. Consequently, three specialists (medical doctor, psychologist and nurse) from the hospital were offered a two-week training by the Kangaroo Foundation, Bogotá, D.C. in November 2015





## KMC FOLLOW UP CLINIC SET UP

- At the beginning of 2016, the first model KMC clinic was evaluated by team from the Kangaroo Foundation as one of the centres in Africa for the care of preterm/ low birth weight (LBW) babies and training in KMC



## KMC FOLLOW UP CLINIC ACTIVITIES

- Follow up for the preterm babies and LBW infants
  - Physical growth assessment
  - Neurodevelopmental assessment
  - Psychosocial support for parents
  - Home visits



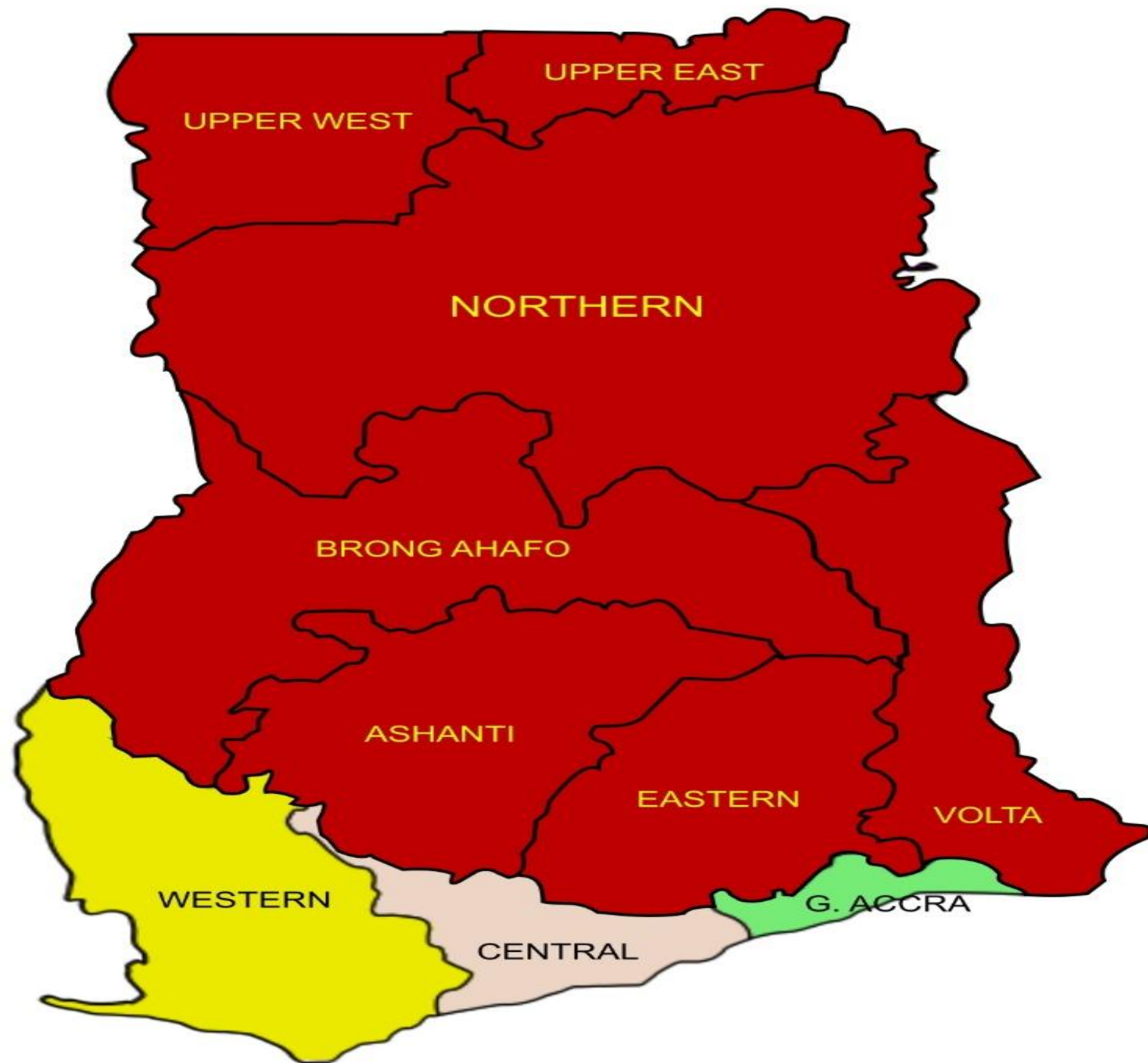


# ACTIVITIES



## TRAINING

- With support from the Ghana Health Service, Embassy of Colombia in Ghana, and agencies like PATH, the ERHK's KMC Excellence Centre has seen several achievements. It has trained over 50 professionals and several interns in Ghana. Currently, 10 new clinics have been established across Ghana through the centre between 2017 and 2018.



# Retrospective Study On Outcome of KMC For Preterm Babies at Eastern Regional Hospital, Ghana

## **Outcomes:**

- No post-discharge hospital deaths after introduction of KMC outpatient clinic in 2015 and 2016.
- Reduced percentage admission of post-discharge morbidities after 2015
- More than 50% of preterms babies were lost to follow up in 2015

## **Conclusion:**

- Regular follow up of preterm babies post discharge at KMC OPD clinic(with the full compliment of KMC) reduces morbidity and mortality in preterm
- Home NSS may have positive effect in improving the development of babies



# Future Prospects

- Expand training capacity with support from Government of Colombia, Kangaroo Foundation and other stakeholders to neighbouring countries in West Africa

For more information, please visit  
**[www.mcsprogram.org](http://www.mcsprogram.org)**

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