Integration of Early Childhood Development (ECD) Messages into CHPS Nutrition activities in Ghana and Kangaroo Mother Care Center of Excellence Koforidua
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 Poster is the summary of all the activities from 0 – 3 years

• It is used for large groups sensitization and counselling sessions especially during ANC, CWC, 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
## Channels to deliver ECD materials

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

Photo by Kate Holt/MCSP
## Number Of Personnel Trained

<table>
<thead>
<tr>
<th>Location</th>
<th>PY1: Number Trained</th>
<th>PY2: Number Trained</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>354</td>
<td>361</td>
<td>715</td>
</tr>
<tr>
<td>Upper West</td>
<td>367</td>
<td>582</td>
<td>949</td>
</tr>
<tr>
<td>National</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>725</strong></td>
<td><strong>946</strong></td>
<td><strong>1,671</strong></td>
</tr>
</tbody>
</table>

Notes: GHS Staff, SWOs and MoGCSP were trained
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 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.
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 PY1 Implementation

ECD session medium delivery

• MTMSG
• Child Welfare Clinic

Prospects and Success

• ECD activities are easily integrated into CHOs 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
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.
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
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.
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
• 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.
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

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