

Nurture and Care of Children with Wasting in Myanmar

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Acknowledgement

Action Contrela
Faim (ACF)

Handicap
International (HI)

Background

Protracted armed conflict, flood, cyclone, landslides and out-break of diseases including C-19 pandemic

Increased displacement, limited access to food and livelihood activities due to manmade and natural disasters: **Internally: 1.9 M & externally: 63,200**

Interrupted basic social services due to civil disobedience movement and C-19 pandemic

Triple burden of Malnutrition: Stunting: >29%; Wasting >7% Anemia: >57% among U5 and PLW; & increasing trend of overweight (WRA & U5)

Multi-sectoral response needed to address triple burden of malnutrition



Integrated Nutrition Center (INC)

Treatment of children with wasting

Early Childhood Stimulation Therapy (ECST)

Mental Health and Care Practices (MHCP)

Maternal and Child Health (MCH) Services



ECST:

Development Milestone Assessment Tools (DMAT)

In 1st half of 2023, 477 children were assessed out of which 88 children were found with development delay and 2 children with disability. (~20%)



Developmental Milestone Assessment

These data are based on 7 ACF OTPs in Sittwe.

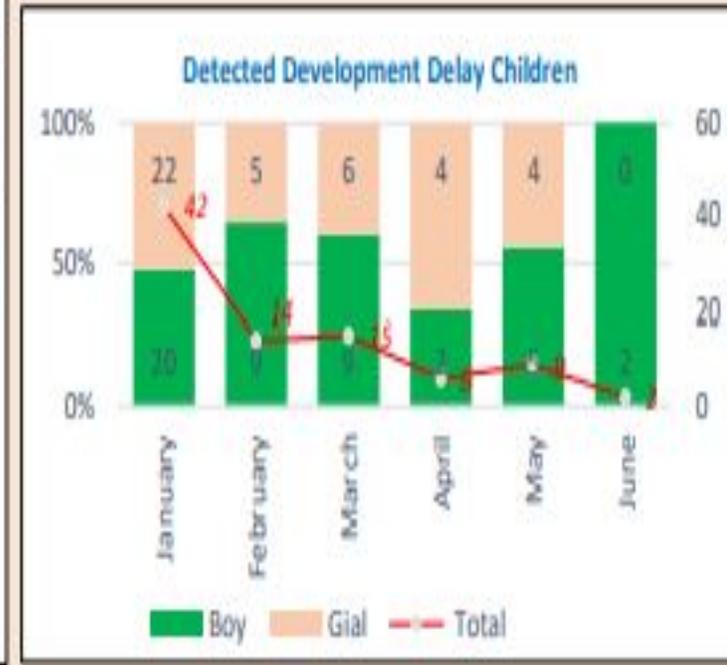
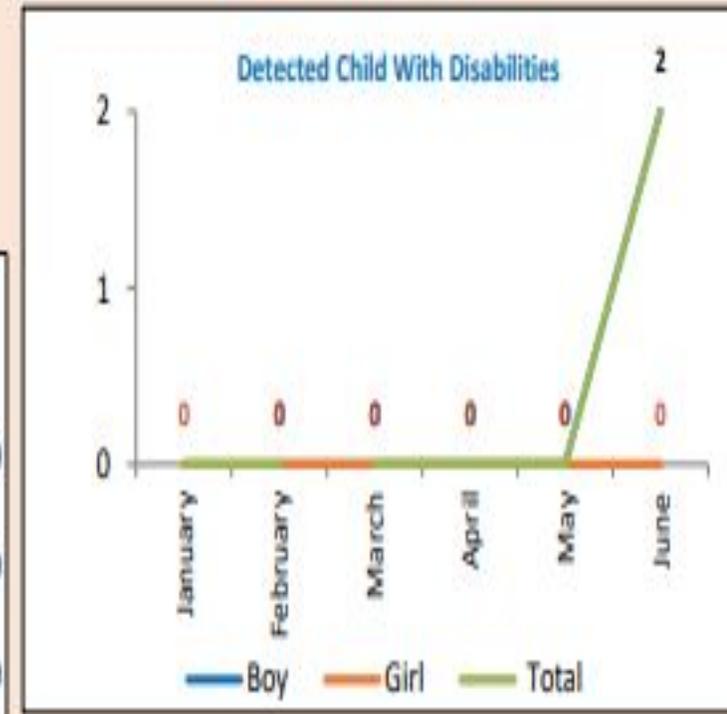
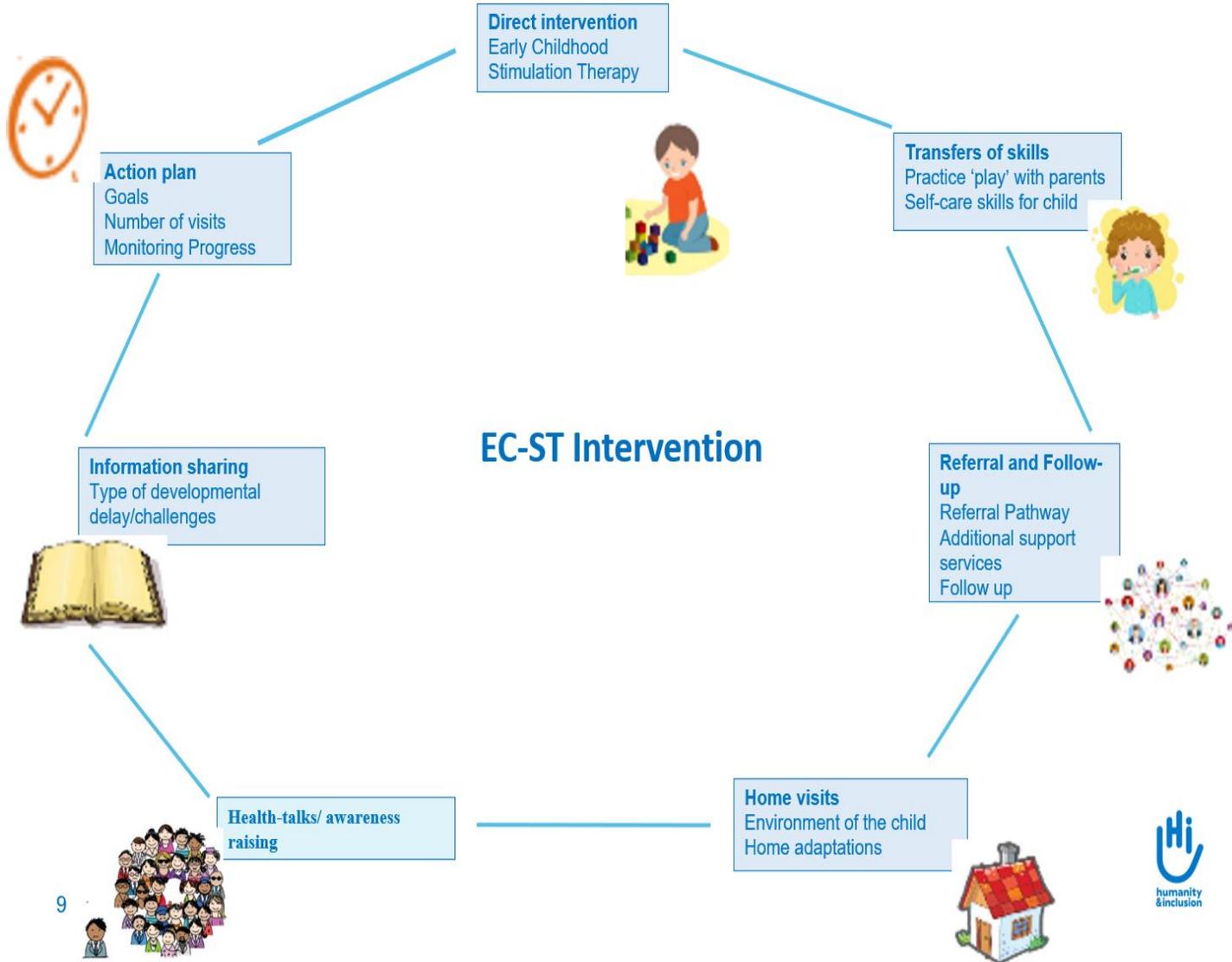
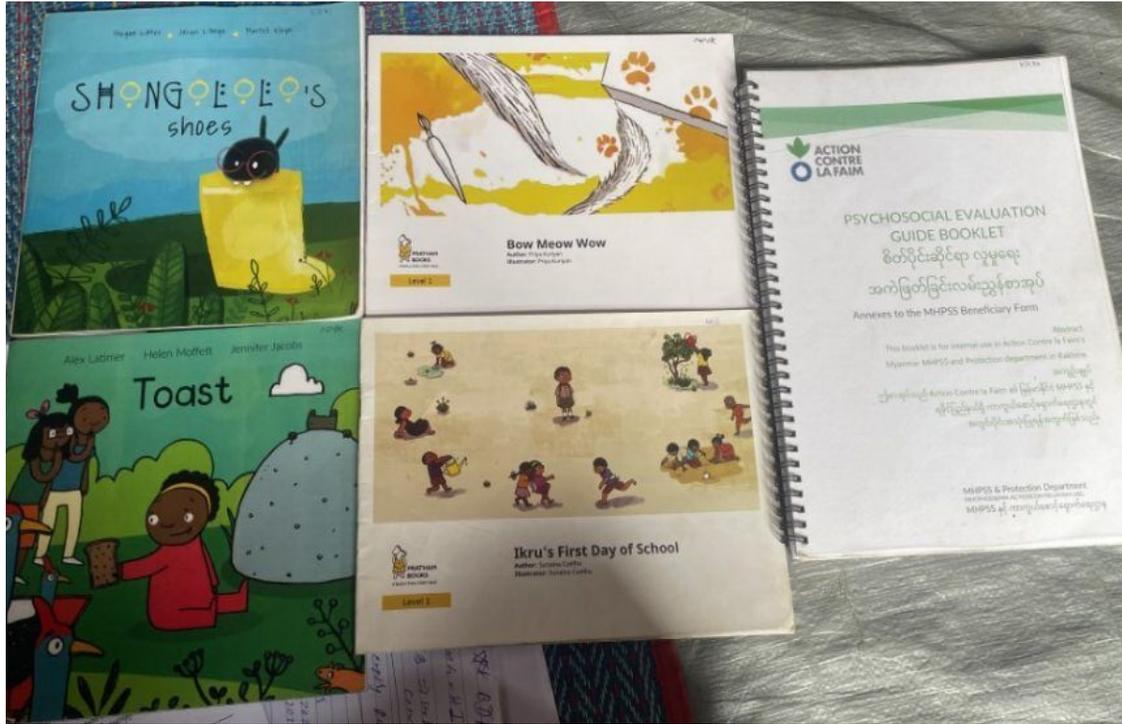


Diagram Areas of intervention and Follow up Plan



Stimulation Exercise

Mental Health and Care Practices



- Promote Interaction between child and mothers
- Use Pictorial booklet and charts
- Toys and equipment for engaging children and caregivers

- Psychological Assessment of Mother's: mother's stress level and reasons for not taking care of children
- Coordinate with other family member for necessary support
- Assess the progress both for children and caregivers during follow up visit



Lesson Learned and Challenges

Lesson Learned

- The DMAT- is simplified for the community volunteers. **Simplified and community-based approach increase access to live-saving nutrition services and decreases overcrowd in health centers**
- A close collaboration with respective stakeholders (ICRC for amputation cases & Sittwe General Hospital for medical cases) resulted in better outcome. **Strong coordination and collective understanding among partners ensure comprehensive service delivery in adherence to standard**
- Integration with social protection, SBCC give more visibility/resources/coverage of nutrition program

Challenges

- Funding for expansion of other needed areas where the malnutrition treatment centers are operating
- Travel authorization to conduct follow-up home visits, track patient and ensure the quality of program
- Security and accessibility for regular follow up visits

Recommendations



To expand the ECST and MHCP services at other nutrition centers where the malnutrition treatment services are functioning at the fixed clinics



To seek the financial support for training of the nutrition staff about ECST and MHCP



**Thank you for your
kind attention**

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Integrating ECD into Health Services Syria

Dr. Dalal Alhamwy

Programmes Coordinator, AKHS in Syria

October 18, 2023

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Before the crisis 2011

Since 2003, AKF - ECD programme in Syria continues to move forward with its efforts to improve access to quality ECD services (formal, non-formal) through:

- a) Strengthening and expanding ECD services within Salamieh District and KG teacher training curriculum,
- b) Continuing its engagement in the development of ECD National Strategy,
- c) Increasing exchange of lessons and approaches between these two levels as well as regionally.

During the crisis

Through community based interventions,

- a) Adults learn how to understand and interact with children and then to support the growth of all aspects of their personality (psychological, social, cognitive, motor, and linguistic, etc.)
- b) Children learn coping skills that help them grow and develop in the best possible way.

"My Child and I" "I'm Ready to Go to School" "Open Days"

Interactive Learning Environments

Active learning pedagogy is being promoted at all **Early Learning Centers**, and with newly trained educators and caregivers.



Challenges & Opportunities

- Low coverage of ECD interventions during the first 1,000 days.
 - Crisis impact, changing the priorities. “How to survive?”
 - High displacement rate.
-
- Integrated ECD and Health interventions.
 - The health system has a unique opportunity as entry point for ECD integration.



Is the health system in Syria prepared for ECD integration?

Strengths

High immunization coverage even during the crisis

Experience in adapting IMCI and child well-being programmes (13 visits).

Existing MNCRH services that consist of most child care elements

Acceptable number of health workers and facilities

Home visits are part of the mandate of health centers

Weaknesses

Immunization sessions don't be used as an opportunity of care for child development.

Partial implementation

Vertical programmes – low coordination and integration – poor development component

No system to ensure every child in each visit will receive the complete care for child health and development

Low effectiveness of home visits and other community interventions.

**What we have done during the
period 2016 till 2023?**

Key activities with MoH 1

- Piloting in Salamieh District with development of the required materials to introduce and integrate ECD “selection 8 PHCs”.
- Identify and assess 8 health centers for the implementation
- Advocacy at national level.
- Introduction and advocacy workshops for the health decision makers (central administration and targeted provinces)
- Establish national ToT / Review and approve the training materials depend on CDC, The Lancet and American Pediatric.
- Orientation sessions in the four provinces which will be targeted later
- Capacity building for the health workers.
- Development of criteria for Child Friendly Center. *(will present later)*

Key activities with MoH 2

- Assess the results in Salamieh district.
- Present and share it with MoH and other concerned partners.
- Expand the implementation to 6 governorate in Syria country to include 68 PHCs.
- Support the PHCs with require material to apply.
- Develop a follow up and supervision system with monthly and progress reports.
- Develop a referral system for cases need more care.

1. Health definition as entry point to introduce ECD.
2. Based on SECD (brain development).
3. Principles for Child rights, key ECD messages, the investment in ECD, its relationship with child health and development and the role of health system.
4. Building on the existing services and interventions (*it is not new additional child programme*)
5. Integrate the assessment and counseling for child development within the 13 child visits. “CDC”
<https://www.cdc.gov/ncbddd/actearly/milestones/index.html>
 - <https://www.cdc.gov/ncbddd/actearly/freematerials.html>

Schedule of child visits

Visit No.	Age of child	Recommendations to play	Recommendations to communicate	Immunization and Health Care
1	1 week	Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.	Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.	BCG, Hepatitis 1 and Polio 0 Vaccines + Vit K + Medical Exam + breastfeeding assessment / counseling
2	3 Mon	Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string.	Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.	Penta vaccine ¹ + Medical Exam Detect congenital hip dislocation + growth monitoring + breastfeeding assessment / counseling
3	4 Mon	Let your child respond to loud sounds, watch things as its move. Put your child in clean and safe places and around him colorful objects to see, reach for and feel different textures.	Smile, laugh, sing and talk to your child and hold him. Respond to your child's cries with warmth consistency.	growth monitoring + feeding assessment
4	5 Mon	Put your baby in new places and different positions to see people and things from different angles.	Provide opportunities to your child to meet older friendly children.	Penta vaccine + growth monitoring
5	7 Mon	Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.	Respond to your child's sounds and interests. Call the child's name, and see your child respond.	Penta vaccine + Polio + nutrition + growth assessment / counseling
6	10 Mon	Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.	Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". Sample toy: doll with face.	Check anemia + nutrition / growth assessment / counseling

6. Develop the guidelines and tools for the development assessment, counseling and stimulation activities.
7. Provide the methods to deliver the integrated package of health and development care for each child in each visit (clients' flow, reallocate the services, job description, information system, role of reception ..)
8. Promote the community-based component of child care to improve family and community practices related to child health and development in both sickness and health cases.

Child Friendly Centre 1

1. The health center provides all the component of child health services
2. The child health services are organized in the way guarantee every child will receive the full package of services he needs on a regular basis.
3. The ECD concepts and interventions of care for child development are integrated into the health services in the health center
4. The concepts and principles of ECD are recognized and considered by the staff during the operation of health center
5. The staff of the health center trained sufficiently on the components of child health services.

Child Friendly Centre 2

6. The health workers know when, how and where to refer the cases couldn't be addressed in the health center.
7. There is suitable waiting area for children and their parents where the health workers can provide awareness sessions and do some stimulation activities.
8. The design of building and furniture in the health center are safe and suitable for children.
9. The center's environment is suitable to meet the needs of children including the colors of the walls, drawings, the exist of corners for children's games and breastfeeding and change of baby's diapers.

Child Friendly Centre 3

10. The community is partner in the services for child health and development provided by the health center and the coverage of these integrated services is not less than 80%.

Capacity building for Health Workers



- Explain the Objective of development Assessment Card.
- Consider “Look & Listen” method for assessment. (observe the child and listen to the caregiver).
- Each HWs felt that this project touch them in their own life.

Parents' sessions (inside /outside health center)



- Health Workers facilitate parenting sessions.
- Sessions number, time, place is defined by parents.
- Encourage the parents to apply motivation activates with their children, and let them do that.
- Community health volunteers implement activities with children.

Stimulation activity corners inside health facilities



- Establish activity spaces near waiting area.
- Provide examples for parents about stimulation activities and handmade materials.
- Discover children's talents.

Evaluation Key Results 2023

100%: at least one aspect of improvement in the knowledge, attitudes and practices (65% provision of child health and development services; 40% built good relationships with families)

95% mentioned success stories and positive responses from parents (87% welcome and acceptance; 80% the increased level of clients' confidence)

Evaluation Key Results 2023

Through interviewing 57 of supervisors, trainers and those concerned with childcare services in the health centers:

- 100%: at least one aspect of improvement in the **quality of child health services**: “organization and flow of services, provide integrated package in a systematic way”
- 100%: at least one aspect of **improvement in the knowledge, attitudes and practices** “Provision of child health and development services, built good relationships with families”
- 95% Mentioned success stories and positive responses from parents “welcome and acceptance, increased level of clients’ confidence”

Evaluation Key Results 2023

- 75% of children under 5 visited the PHCs have received comprehensive child care services.
- 80% Caregiver who visited the PHCs received counselling about ECD
- Many types of late development have been assessed and referred.

References

- [CDC's Developmental Milestones | CDC:](#)
- <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>
- [Tools for Tracking Milestones, CDC](#)
- <https://www.cdc.gov/ncbddd/actearly/freematerials.html>
- [Advancing early childhood development: from science to scale. An executive summary for The Lancet's Series, WHO, UNICEF, World Bank Group:](#)
- https://www.who.int/maternal_child_adolescent/documents/early-child-development-lancet-series/en/
- [Advancing Early Childhood Development: from Science to Scale, The Lancet](#)
- <https://www.thelancet.com/series/ECD2016>
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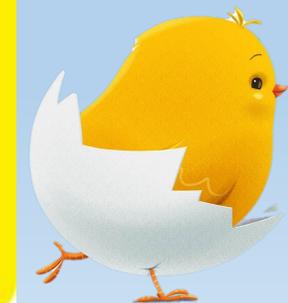


Thank you

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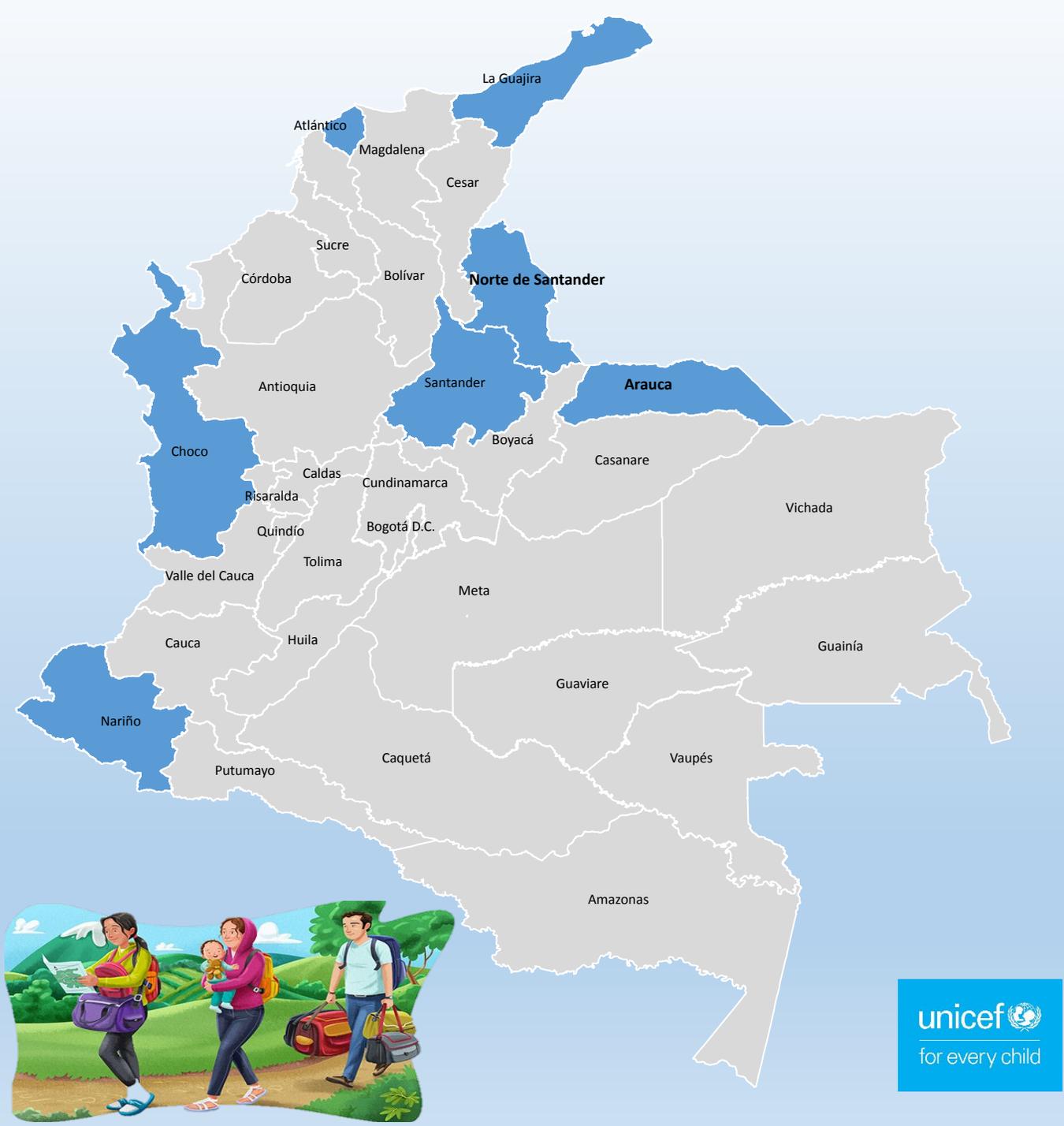
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BACKGROUND





OPERATION



Fixed Service Points

These spaces have a permanent physical structure that is part of an inter-agency response in which services are complemented to provide a comprehensive response.



Itinerant Service Points

“Chiquivan” Mobile units that have a team of professionals and the necessary equipment to adapt the point of care in an itinerant manner, with emphasis on migrant population in transit, in Informal Human Settlements and Host Communities.



PIO 2023 Spaces

6 Fixed Spaces

7 mobile units

28 Itinerant Spaces

Arauca

- 1
 - Terminal

Norte de Santander

- 3
 - EACANA
 - Ayuda en acción
 - Martha Duque

Santander

- 1
 - Quebrada seca

Nariño

- 2
 - Pastoral Social Pasto
 - Pastoral Social Ipiales

Necoclí

La Guajira



11

- 7 Comunitarios
- 4 Ruta

7

- 6 Comunitarios
- 1 Ruta

10

- 5 Comunitarios
- 5 Ruta

3

- 1 Atención en Playa*
- 2 CDI

6

- 6 Comunitarios

CROSS-CUTTING STRATEGIES



Families, caregivers and children participated in the strategy.

Mi amigo el pana muñeco



Pedagogical kits were delivered within the framework of the "Mi Amigo el Pana... Discover



PIO te busca



CROSS-CUTTING STRATEGIES



Mi amigo el pana te lee



La Manta que abraza



CROSS-CUTTING STRATEGIES



Breastfeeding
and
complementary
feeding
promotion





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¿HOW PIO INSPIRED OTHER INITIATIVES?





“El trato es súper mejor aquí, nos atendieron nos brindaron conocimientos a través del juego.”
Mujer de 18 a 59 años venezolana.
Cúcuta, N. de S.

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Promoting Early Childhood Development and Maternal Mental Health in Post-Conflict /Emergency context in Ethiopia

January 2022-March 2023



PATH
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BACKGROUND

The armed conflict in northern Ethiopia caused tremendous loss of life, displaced millions of people, and destruction of infrastructures—including health facilities —across the war-affected regions.

Rapid assessment demonstrated lack of basic services, severe food insecurity, and exposure of children and caregivers to stress and violence. These experiences are likely to negatively affect young children’s development.

To respond to the need, PATH has built on its earlier work with FMOH to integrate developmental monitoring, counselling and play sessions in key MCHN services, and has, with FMOH approval, added maternal mental component to these interventions drawing on its experience in the region.



PROJECT SCOPE



Woredas:
Sekota Zuria, Gidan, Raya Kobo, Kalu, Dahana, Efrata

Expected direct beneficiaries:

- 60,477 children under 5
- 15,052 pregnant & lactating women

Time period

January 2022 – March 2023

Budget:

\$500,000

Funder:

Big Win Philanthropy

INTERVENTION 1: INTEGRATION OF DEVELOPMENTAL MONITORING & COUNSELLING IN ROUTINE MCHN SERVICES

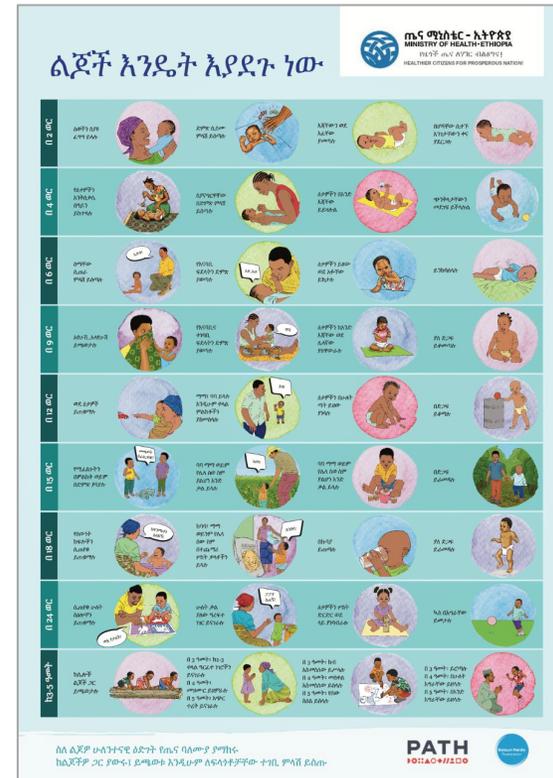
SUMMARY: 421 service providers including HEWs were trained on integrating ECD interventions in ANC, PNC, WBC and U5 services, and received FMOH approved job aids and mentorship through the project support.

As a result, 99 primary health care facilities (18 HCs and 81 HPs) provided developmental monitoring & counseling services.

Service delivery reports, between June 2022 and Feb 2023 indicated that:

- ❖ 100,658 children under 5 years of age were monitored for their developmental status across the six project woredas.
- ❖ Of these, 1,310 children (1.3%) were identified with suspected developmental delays, and 98 were identified with confirmed developmental delays and referred.

“...the children now are not afraid of the provider during EPI and sick baby clinic, when you compare it before ECD was implemented.” (E-P)



“I saw children with suspected delays go back to “no delays” after monthly counseling.” (RK-P)

INTERVENTION 2: PROMOTION OF PLAY SESSIONS IN WAITING AREAS AND PEDIATRIC WARDS

SUMMARY: Play sessions are run by health providers at a health facility's waiting area, pediatric wards, and stabilization centers. Children participate with their caregivers and/or other children as a group using home-made play materials in a prepared playbox.



RECOMMENDED PLAYBOX KIT	
FROM 3 MONTHS RATTLES/ SHAKERS	FROM 9 MONTHS HOMEMADE BALLS, ROLLING BOTTLES (3-5)
	
TOYS ON STRINGS	HOMEMADE "DRUM"
	
FROM 1 YEAR CARS, PLANES (5-6)	FROM 1.5 YEARS HOMEMADE CHILDREN'S BOOKS (5-6)
	
DOLLS & SCARVES	STACKING CUPS, TINS, DISCS (2-3 SETS)
	
FROM 3 YEARS ONWARDS CONTAINER WITH THINGS TO COUNT, GROUP, & MAKE PATTERNS (2 SETS)	DRAWING, BRAIDING, WEAVING (1-2 EACH)
	
<small>DO NOT GIVE SMALL OBJECTS TO CHILDREN UNDER 3. MAKE SURE THAT PLAYTHINGS DO NOT HAVE SHARP PARTS THAT CAN HURT THE CHILD. DISINFECT AND CLEAN THE TOYS AFTER EACH PLAYBOX SESSION.</small>	

"... previously we used store bought toys at the stabilization center, but now we use home made play materials that are made from easily available and used materials. This helped us to produce the type, color and quantity of play items that we want at any time..... it also makes it easy to us in encouraging caregivers to prepare them at home for their children."
(S-P)

INTERVENTION 3: MATERNAL MENTAL HEALTH SCREENING & COUNSELLING IN ANC AND PNC

SUMMARY: 363 service providers including HEWs were trained on MMH intervention and received job aids, and mentorship through the project support across conflict-affected 6 woredas.

As a result, 99 primary health care facilities began providing integrated MMH services for the first time.

Service delivery reports, between June 2022 and Feb 2023 indicated that:

- ❖ Out of 16,997 women who sought routine ANC and PNC services in six woredas, 16,445 (97%) received integrated screening and counseling for maternal depression.
- ❖ Of these 218 were identified with mild maternal depression, supported and linked to the mothers' psychosocial support groups.
- ❖ Seven women that had moderate or severe depression were referred to the nearest referral hospital.

"When I assess the depression status of the mother in our health center and I talk to them, they get relief from stress when they share their experience, and they feel healthy. So now most of the suspected cases [of depression] returned to normal." (K-P)



"I have been worried about mothers who developed depression. There was nothing I could do for these mothers. The training solved my worries and taught me how to provide possible solution to MMH problems." (S-P)

INTERVENTION 4: COMMUNITY-BASED PSYCHOSOCIAL AND PARENTING SUPPORT

SUMMARY: 117 trained Health Extension Workers were trained to establish mother groups and facilitate 14 sessions on topics such as maternal mental health, co-parenting, child nutrition and development.

As a result, 55 mother baby psychosocial support groups were established and enrolled/served 825 mothers across 6 project woredas. Most groups met every two weeks in their nearest health post. 70% of women completed all 14 sessions, and 86% completed between 11 and 13 sessions.

- ❖ The pre and post intervention evaluation indicated that while 44% of women showed mild depressive symptoms at the start of the program, only 4% reported such symptoms in the end.
- ❖ 4% of women had moderate or severe depression at the baseline, but no women were identified with such symptoms at program closure.
- ❖ Caregiver knowledge scores in child development and nutrition increased from 31% at baseline to 61% at endline.



“Mother support group helps us to share our experiences and reflect on the things we faced. We talk about hot issues as well as stressful conditions and it gives us relief and helps get rid of painful things from our mind. It also offers opportunity to stimulate children and makes them active when they are playing with locally available materials.” (S-M)

SCALABILITY AND SUSTAINABILITY

“...staff are trained, the job aids are available, HMIS registers and DHIS have incorporated ECD, DHIS report includes ECD, so this is a good opportunity to sustain the program. (K-P)

“The Health center management integrated this intervention with our supervision checklist for the health center and health posts, to monitor the implementation...” (G-P)

“Maternal mental health is one of the services needed for pregnant and breastfeeding and it’s our responsibility to provide comprehensive ANC and PNC services.” (G-P)

“...we will sustain the programbecause this is one of Ministry of Health’s activities.” (K-P)

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