INTRODUCING AN INNOVATIVE PACKAGE FOR INTEGRATING ECD AND STRENGTHENING NUTRITION CONTENT IN MCH SERVICE DELIVERY
Why early childhood development (ECD)?

• Globally, over 200 million children under 5 years fail to reach their developmental potential—in contrast to the 6.6 million children who die of disease and poor health

• While more children are surviving due to improved access to healthcare, many more children are not thriving

• This represents a huge loss of human potential and results in poor long-term societal outcomes

• Failure to reach age-appropriate developmental milestones in the early years is often irreversible in later life

Source: UNICEF
Why ECD? (Contd.)

• Children who receive age-appropriate stimulation in the early years have better health, education, social, and economic outcomes 20–30 years later in life.

• Stress during pregnancy and maternal depression contribute to behavior difficulties in children and are linked to poor child growth and development.

• Through age-appropriate stimulation, developmental delays can be avoided and/or tempered.

• ECD is a vehicle for health equity and social inclusion—especially for children that are malnourished, exposed to HIV, born premature/low birthweight, and who grow up in difficult circumstances (e.g., poverty and conflict).
The window of opportunity for ECD is very short
Integration of ECD and nutrition is critical for a child’s “holistic” development

- Both ECD and nutrition share the same “window of opportunity” of the early years when delays in child development and growth are more easily reversible
- Nutrition and ECD potentially work in synergy
- Promotion of good nutrition practices—esp., maternal nutrition and complementary feeding of children 6–23 months—generally not part of routine MCH services
- The health system provides only means to reach children with ECD services in the early years
- While exclusive breastfeeding rates have improved, dietary diversity and feeding practices remain poor and stunting rates continue to be high
PATH’s integrated ECD/nutrition programming in a nutshell

- Support the creation of an **enabling environment** for integration of ECD/nutrition interventions into health systems

- **Improve care and stimulation behaviors** and **nutrition practices** of caregivers of children aged 0–3 years through capacity building of service providers at health facility and community levels

- **Expand knowledge and evidence base** on feasibility and impact of promoted ECD interventions

- Current implementation in 4 districts in South Africa, 1 province in Mozambique, and 1 county in Kenya

- Expected 2016 scale-up to 5 additional counties in Kenya and 2 additional provinces in Mozambique
PATH’s approach to ECD/nutrition integration

- Integration of the following into MCH and HIV touch-points at the community and facility levels
  - Tracking of developmental milestones
  - Detection and referral of developmental delays
  - Counseling on promotion of age-appropriate care and stimulation
  - Counseling on age-appropriate nutrition practices

- UNICEF/WHO *Care for Child Development* forms the basis of implementation

- Touch-points include:
  
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<th>ANC</th>
<th>Immunizations</th>
<th>Activities implemented by community-based organizations</th>
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<td>Maternity</td>
<td>Pediatric treatment</td>
<td>GMP</td>
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Activities implemented by community-based organizations.
Key achievements: Enabling environment

• Support for establishment of National ECD Taskforce in Kenya
• Validation of programming strategy and materials by key national and subnational stakeholders
• Integration of ECD activities into government annual planning processes at subnational level
• Development of an advocacy pack containing technical briefs, photo album, and posters
Key achievements: Capacity-building

- Training of community-based service providers to integrate ECD into home visits reaching over 7,200 children (2012–14)
- Building capacity of 27 CBOs to integrate ECD into community-based activities (2012–14)
- Extensive adaptation and validation in two countries of WHO/UNICEF Care for Child Development IMCI module, based on formative assessments and stakeholder feedback
- Preparation of counseling cards, job aids, posters, data registers, and toy-kits to facilitate service delivery
- Ongoing training of community health workers and health facility staff to reach at least 175,000 households with children 0–3 years with integrated ECD/nutrition services by 2017
Key achievements: Knowledge expansion

• Qualitative endline assessment of first 2.5 years of implementation (2012–14) revealed acceptability and feasibility of ECD integration into health systems and appreciation of the importance of ECD—esp., for children 0–3 years—among beneficiaries and service providers

• Survey to track changes in health service provider ECD/nutrition knowledge, attitudes, and practices from training and mentoring, ongoing in Mozambique

• Presentation of integrated ECD/nutrition model and program results at key international and national forums

• Seeking funding and partners for operations research in Kenya

• Dissemination of monthly email newsflashes (SIGN UP!)
Thank you!