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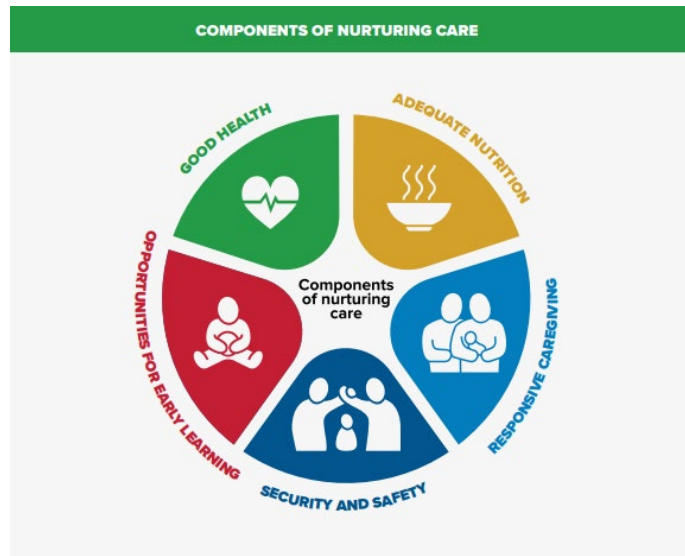
## Integrated Early Childhood Development Services: The Tanzania Experience

### EARLY CHILDHOOD DEVELOPMENT AND HIV

Approximately 43% of all children under age five in low and middle-income countries are at high risk of developmental challenges. Poverty, malnutrition and other socioeconomic challenges often give children a poor start in life, followed by long-term, irreversible consequences. Early childhood interventions, including early childhood development (ECD) programs, have the capacity to address issues in a timely manner. Consequently, such programs are critical to the promotion, protection and support of children’s growth. HIV infected children and youth, particularly those with history of AIDS and related developmental delay, are especially vulnerable. Both HIV infected and affected children have a greater risk of incurring mental health issues and neurocognitive deficiencies. Moreover, the nutritional health of these populations is more likely to be compromised than that of unexposed children.<sup>13</sup> In Tanzania, there are an estimated 1.4 million people living with HIV (PLHIV) – of which 91,000 are between 0 and 14 years old.<sup>4</sup> This statistic in itself demonstrates the Elizabeth Glaser Pediatric AIDS Foundation’s (EGPAF) rationale for the integration of ECD into HIV programs in the Tabora Region; it is necessary to support the healthy development of young children impacted by HIV.

### THE IMPORTANCE OF NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT

A child’s formative years are a time of unparalleled evolution and sensitivity. This is especially true of the period between conception and age three, whereupon children attain 80% of their adult brain volume.<sup>5</sup> Of course, the developmental process is often at the mercy of various external factors that may act as a hindrance. Thus, the first 1000 days of a human life present a crucial window of opportunity to intervene: for the mitigation of influences that can be detrimental in the long-term. For instance, the aforementioned period is a significant predictor of the ability to sustain good health and nutrition.<sup>6</sup> Nurturing care (from family members/caregivers, community-based services, etc.) that provides children



with safe, protective and stimulating environments is critical to children’s health and growth. This form of care encapsulates health, nutrition, responsive caregiving, security, safety, and sufficient opportunities for early learning.<sup>7</sup> Thus, early intervention – with programs that engage caregivers and families – increases the likelihood of children reaching their full developmental potential.<sup>8</sup> Support for ECD increases the health and wellbeing of children and families, thereby contributing to social cohesion and productivity. Such improvements have the potential to create a multigenerational impact, as social norms around nurturing care change.<sup>9</sup>

### THE NEED FOR ECD PROGRAMS IN TANZANIA

According to population-level estimates, 70% of children in Tanzania are at risk for poor development.<sup>10</sup> Despite significant economic growth over the past decade, a quarter of Tanzanians still live in poverty.<sup>11</sup> Indeed, in 2015, only 47% of 5 year old children were enrolled in pre-primary education, with those from poor households three times less likely to attend school than those in wealthier homes.<sup>12</sup> The Tabora Region is among the most impacted

areas – both economically and developmentally. In 2015, the region's literacy rate was 63% for women and 66% for men within the age 15-49 demographic. These numbers are substantially lower than the national estimates of 77% for women and 83% for men, in the same demographic, in the corresponding year.<sup>13</sup> Such statistics are concerning, due to the positive correlation between poverty/low education among parents and poor child development outcomes. Indeed, the relationship between the former and the latter is manifested through sub-optimal caregiving capacities, limited early stimulation and impoverished educational environments.<sup>14</sup>

## THE HEALTH SECTOR AS AN ENTRY POINT FOR EARLY CHILDHOOD DEVELOPMENT

Health services provide a unique opportunity to support early childhood development. Indeed, integrating ECD into health platforms facilitates the provision of comprehensive interventions, which are critical to child health and growth. ECD also assists efforts to identify vulnerable children, thereby allowing for strengthened caregiver capacity, which, in turn, supports the early development of these children. Notably, integration efforts in existing health infrastructure have shown to be feasible, affordable, and effective.<sup>15</sup>

As documented in the 2018 Nurturing Care Framework: the integration of health, nutrition, responsive caregiving, safety, security, and early learning interventions (into and between existing services) is important to maximize scalability.<sup>17-21</sup> The use of multiple entry points, beyond the education sector, is necessary to expand the reach and impact of child development interventions. The health sector has a formidable role to play in Sub-Saharan Africa (SSA), given its regular engagement with children and caregivers – particularly during the first one thousand days from pregnancy to a child's second birthday.<sup>22-24</sup>

EGPAF Tanzania provides PMTCT services to over 250,000 pregnant women – annually reaching 99% of pregnant women documented as receiving antenatal care (ANC) in EGPAF supported regions, which include 6 regions. As of 2018, over 150,000 PLHIV are receiving antiretroviral therapy (ART) in EGPAF supported facilities, including over 10,000 children under age 15. Moreover, community-based HIV support services are provided to over 50,000 clients, including 8,000 children. Leveraging its existing program in the Tabora region, EGPAF integrated ECD interventions into both reproductive and child health (RCH) and care and treatment clinic (CTC) services.

## MALEZI

### OVERVIEW

With funding from the Conrad N. Hilton Foundation, EGPAF's Early Childhood Development (ECD) Project, Malezi, supports the integration of early stimulation interventions into maternal, newborn, and child health (MNCH) services. Moreover, as a component of RCH and CTC services, prevention of mother-to-child transmission (PMTCT) services are provided at 86 EGPAF-supported community sites in 3 Tabora districts (Nzega, Igunga and Tabora Municipal). Although the crucial ECD period begins at conception and ends at age three, EGPAF's interventions target all children under age five, along with their caregivers. The goal of

providing ECD at these points is to increase the likelihood that HIV-infected and affected children will reach their full growth potential, while building the capacity of caregivers, health workers, and the health system to respond to their needs. EGPAF works closely with the department of Community Development, Gender, Elderly and Children within the Ministry of Health (MOHCDGEC) at various levels, to ensure quality integration of early stimulation activities in health facilities and communities.

Finally, it must be noted that the Malezi project is a two-phased intervention: the second phase builds on the momentum of the previous one, while simultaneously enhancing it (by scaling it up and incorporating new elements).

## REACH

### NATIONAL CAPACITY BUILDING

EGPAF emphasizes the value of investing in ECD and recognizes the critical role that stakeholders play in prioritizing this principle in policy and practice. The Malezi project has devoted considerable resources to collaboration with national policymakers – and a myriad of other stakeholders – to achieve project objectives and to ensure that ECD remains a national priority. The project informed policy changes that lead to the inclusion of developmental milestones in the Tanzania under-five booklet, in addition to the scale-up of a national training package: through the establishment of a national CCD guideline that informs the roll-out of this resource.

During the first phase of the project, EGPAF collaborated with the MOHCD and UNICEF to adapt the Care for Child Development (CCD) package<sup>25</sup> nationally. Jointly developed by the WHO and UNICEF, the CCD is a tool that provides guidance to health care workers (HCWs) and counselors, enabling them to help caregivers create stronger relationships with their children, become increasingly responsive to their needs and create environments conducive to their evolution. EGPAF continues to work with the government at both national and district levels, to provide technical support in the national adaptation process. In addition to counseling-related training and education for facility and community-based providers, Malezi provides employment assistance, mentorship to supported facilities, monitoring and evaluation tools. Furthermore, toys and play materials are supplied for facility and home-based sessions, and toy building trainings are made available, to sustain resources for ECD sessions. EGPAF also continues to work with other ECD partners to help the MOHCDGEC develop a national monitoring and evaluation (M&E) framework for ECD.

Beyond this, EGPAF advocated for the inclusion of key ECD indicators in facility data collection tools that will feed into the national health management information system (HMIS). The availability of key ECD indicators in the national HMIS will enhance decision-making at all levels and support efforts to ensure that ECD is an integral part of pediatric health. Malezi, for instance, played a critical role in the inclusion of developmental milestones in the under-five booklet developed by MOHCD and WHO. Other M&E tools developed include a facility register, a monthly report form



for community health workers (CHWs) and a monthly facility summary form. Additional indicators to monitor progress (including the number of health staff who integrate age-appropriate ECD messages, the number of caregivers with children under five receiving early stimulation messages and the number of children receiving early stimulation messages in CTC/RCH (HIV positive) were added. Data from these indicators will provide further quantifiable evidence on the feasibility and effectiveness of a health systems based ECD intervention focused on MNCH and HIV care in resource-constrained settings.

## HEALTH SYSTEM CAPACITY BUILDING

Capacity strengthening occurred at both the facility and community level. The project oriented regional and council health management teams to provide ECD support in the health facility and in the community. Health providers and CHWs received training about the provision of CCD counseling. During these training sessions, the quality, age-appropriateness, safety and hygiene of play materials were addressed. EGPAF worked with the MOHCDGEC, through the Social Welfare Department, to inform health providers and CHWs regarding the use of locally available resources to develop age-appropriate play materials. Beyond this, health facilities were provided with start-up kits that included scissors, glue, and floor mats, play materials and storage space.

In the community, EGPAF also provided a daylong ECD orientation event for the leaders of Most Vulnerable Children's Committees (MVCC). These committees help identify vulnerable children for referral to social services. The aforementioned session served to catalyze leaders' participation in a facilitated community dialog that aimed to promote ECD and develop community-backed plans to support ECD work. 120 MVCC members from 47 facilities participated in orientation sessions.

Community dialogs were also held in communities surrounding health facilities. These discussions aimed to create awareness of ECD related activities taking place in facilities and identify gaps and challenges in communities concerning child development, including the involvement of fathers. A total of 5,500 community members – caregivers, community leaders, health providers, CHWs, MVCCs – were reached in the initial and follow-up meetings. During the gatherings, community-specific action plans were developed, to address gaps identified in communities (for example whether children with developmental disabilities are identified and referred for services, as necessary/whether caregivers and children are being visited by CHWs in their homes).

At the site level, two HCWs from each supported health facility received CCD training, in order to deliver messages about early stimulation to caregivers of children under five (through group sessions, or individual counseling). Approximately 124,000 caregivers were reached through group counseling in RCH and CTC waiting areas; almost 26,000 caregivers were reached with individual counseling. These interventions have reached 100% of HIV+ pregnant mothers with messages about early stimulation. Furthermore, 130 HCWs integrated appropriate ECD messages in communication and stimulation practices into MNCH,



PMTCT, and HIV services – exceeding planned activity targets by 30%. Finally, 94% of HIV infected and 46% of HIV exposed children have received ECD services at CTC and RHC since 2016.

Beyond this, age-appropriate play materials were developed for use in ECD corners (furnished, stimulating and child-friendly waiting areas used for group counseling and to demonstrate early stimulation activities). This development enabled all caregivers and children to have access to play and interaction, making use of soft toys, books, etc.

Such play materials were also intended for CHWs to use in demonstrations conducted during home visits. Notably, EGPAF is supporting the MOHCDGEC to develop a Standard Operating Procedure (SOP) for establishing ECD corners in all health facilities nationwide.

The resources in Figure 3 have proved useful for MNCH volunteers, as they visit households with at-risk children under age five. The flipchart is used to assess the way caregivers play with their children, observe the environment and play materials available in the household, and to counsel the caregivers themselves. EGPAF trained 300 community MNCH volunteers to integrate ECD interventions into their regular home visits. These sessions included nutritional assessments, as well as counseling and support to promote retention in HIV services. If concerns about nutrition status, HIV status or developmental status are noted, CHWs refer the family to the health facility for further assessment and support, using the developed project referral form. CHWs conduct follow-up visits to find out about new play and communication activities the caregivers have undertaken with children and any new, locally made play materials developed.

### Figure 3: ECD Resources Developed

- **Speaking book** (Your child's development: Play and communicate with your child) – provides age-appropriate early stimulation messages
- **CCD counseling flip chart** – job aid for health providers at facilities and in households
- **Posters** – provide age appropriate home based activities for caregivers to do with children

Additionally, EGPAF provides mentorship to health facilities as a means to continue building capacity in technical areas related to ECD. A mentoring checklist, introduced as part of the CCD training package, assists health providers to provide guidance to caregivers regarding play and communication with their children. Specific topics include: advising caregivers about the provision of a safe and stimulating home environment, helping caregivers gauge child development and identify possible delays, recommending age-appropriate play and communication activities, provision of (and follow-up for) referrals for specialized care and facilitating CCD group counseling

## MALEZI EVALUATION

Malezi's internal program evaluation was qualitative in nature. The three-month evaluation helped to demonstrate the evolution of caregivers and providers' knowledge and capacity concerning ECD and ECD practices. Indeed, substantial increases in caregiver knowledge and practices were seen. Reported levels of communication with children during pregnancy rose from 6% the before intervention to 53% at the end line, as did reported understanding of the importance of play for development. Early stimulation practices by caregivers also increased, as follows:

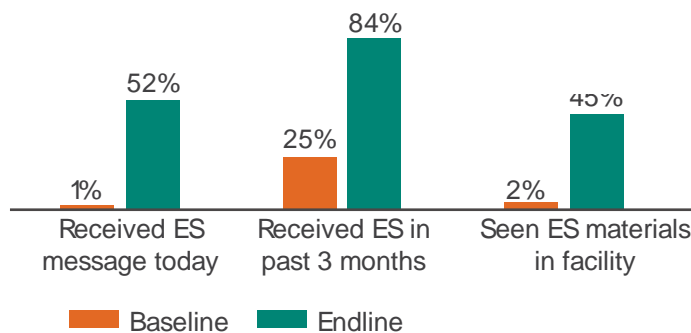
- Play using local toys (24% to 60%)
- Play using household objects (67% to 82%)
- Book reading and looking at pictures (11% to 36%)
- Singing (80% to 97%)
- Telling stories (22% to 48%)

Furthermore, toy availability in households increased twofold. The proportion of caregivers who were visited by a CHW at end line compared to baseline also increased significantly, improving exposure to guidance about stimulation practices.

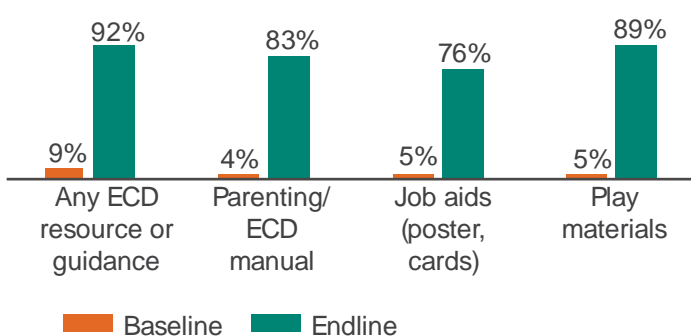
Knowledge among health providers, facility-based health providers and CHWs increased significantly, as well as their access to ECD resources. Providers reported an increase in access to ECD resources, which include SOPs, tools and play materials. Moreover, their knowledge regarding ECD increased from 10% to 90% at the end line.

A more comprehensive (three arm, quasi-experimental and pre/post-observational) cohort study will be completed in the second phase of the Malezi project. The second phase evaluation will additionally assess the impact of media and capacity building of CHWs, using video aids to support behavior change.

### Clients reporting receipt of early stimulation (ES) message from health provider or seen ES toys at facility-based exit interview before and after the Malezi program



### Access to ECD resources among community and facility-based health providers at baseline and endline



## MALEZI II SCALE UP

The first phase of the Malezi project (2016-2017) focused on the training of health care and community workers. This instruction made use of the CCD curriculum and tools, as well as the integration of ECD into facility and home-based services. The second phase of the project (2018-2020) will continue to scale-up and enhance the ECD work and capacity building, while testing new approaches to promote ECD, increase the quality of ECD services provided at facility and community levels and document the model for dissemination within Tanzania and beyond. Malezi II will expand the reach of CCD program implementation to nearly double the number of health facilities. Furthermore, the project will introduce two additional components: a mass media campaign and video job aids. The latter will work to further support CHW education and improve counseling skills. Also in terms of mass media, the addition of radio messaging is expected to promote positive perceptions of, and knowledge about, ECD. Such communications are also expected to expand the appreciation of responsive caregiving at the community level.

Malezi II will also respond to a gap identified in the project's existing referral system, which proved unable to ensure reception of proper treatment or assistance for children in need. To address this shortcoming, Malezi II aims to map available services and develop an effective bidirectional referral system, with priority placed on assuring the availability of information, education, and communication (IEC) materials with ECD messages in health facilities and communities. Furthermore, all providers who regularly engage with children under age five (including nutritionists,

physiotherapists, community development officers, and OVC care providers) will be trained on appropriate ECD messaging. This will make certain that providers throughout the system of care can incorporate ECD messaging and practice into their engagement with parents.

## THE WAY FORWARD

The Malezi Project in Tanzania has demonstrated the feasibility of ECD integration, by way of health services. It is also apparent that health services can play a significant role in improved access to early childhood development support and access to resources for caregivers (particularly those with children at increased risk). Investments are critical to ensuring that service providers have the knowledge and skills necessary to promote early childhood development and foster its integration into the health system. In order to address current programmatic gaps, and build sustained capacity to ensure the delivery of quality ECD interventions, the commitment of the Ministry of Health – and other ministries and stakeholders – is imperative.

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