



CQUIN Differentiated MCH Workshop

May 25-27, 2021

*Double Benefit: Integrating Early Childhood
Development into PMTCT
A 5 year demonstration programme*

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27th May 2021



HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Background



- **Investing in Early Childhood Development (ECD) benefits everyone:** families, communities, countries and above all, the children who thrive, survive and transform.^{1,2}
- The **strained caregiving environment** experienced by HIV affected families often has a **negative impact on children's developmental trajectory.**²
- It is important to **build caregivers' capacity to support their child's development**, from the period of **pregnancy to age 3**, when children are most susceptible to environmental influences.¹
- **Integrated services** will help to help address the risk of HIV exposed and unexposed infants to developmental delays.

What we did

Supported caregivers at health facilities to build positive parenting skills, including:



1 Responsive caregiving



2 Infant stimulation



3 Interaction



4 Communication

Incorporated ECD messaging into:



1 ART Adherence



2 HIV Testing



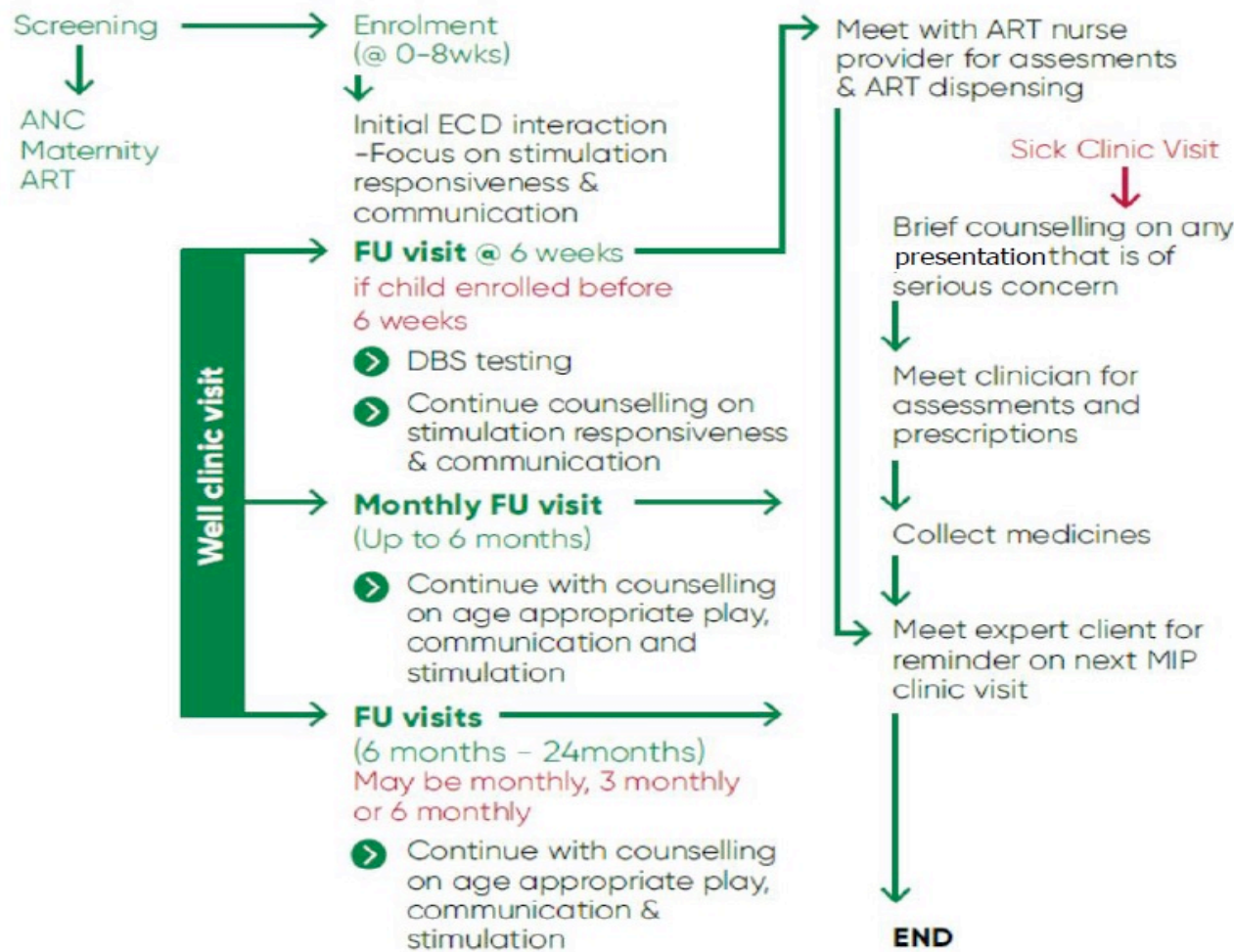
3 Nutrition



4 Family Planning

How we did it

- 1 Integrated ECD education and role play alongside Option B+ services for mothers living with HIV
- 2 ECD activities offered during clinic waiting times prior to ART consultations
- 3 Group ECD sessions prioritized but follow up individual sessions provided when needed/ requested



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What worked



- ✓ Ensuring understanding and **support from Ministry of Health and community leadership**
- ✓ Delivering integrated programme through **existing health care workers** providing ART support
- ✓ **Maximized use of waiting times** at ART clinic
- ✓ **Improved mothers' clinic attendance** through streamlined approach
- ✓ Regular **de-briefing and supervision** of integrated sessions
- ✓ **Updates and feedback** provided to health facility management and community

Challenges / Gaps



- ! Limited capacity to address **maternal mental health** issues
- ! On-going challenges of constrained **ART delivery space**
- ! **Overburdened health care workers** who are often pulled into other tasks
- ! Existing health care worker cadre (Expert Clients) trained to deliver integrated program replaced by new cadre
- ! **Covid-19** affected ability to continue with group intervention design

Evaluation Assessments: Qualitative

Perceived Impact and Acceptability



- ✓ Mother's perceptions of Option B+ services have improved
- ✓ Mother's improved knowledge of ECD key concepts and benefits of practicing responsive parenting

Maternal Mental Health



- ✓ Mothers facing multiple stressors
- ✓ Affordable and accessible interventions needed to help mothers cope

Male Partner Buy-In



- ✓ Fathers motivated to support ECD; notice immediate positive response to stimulation
- ✓ Improved family dynamics

Feasibility of ECD at Home



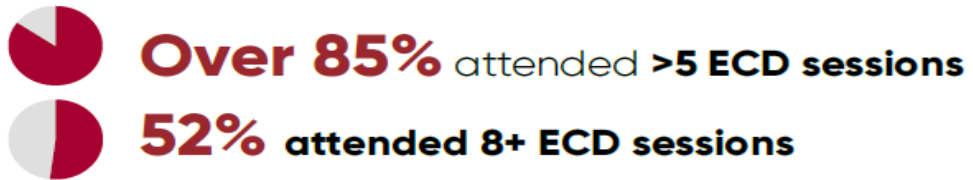
- ✓ Increased support from family and friends

Evaluation Assessment: Qualitative

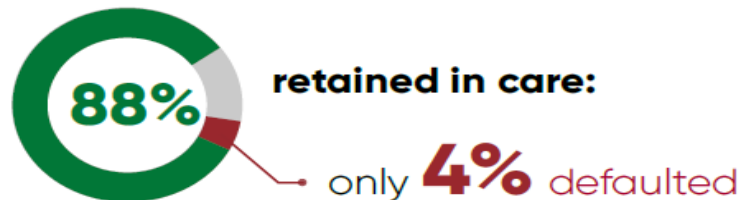
607 mother-infant pairs were enrolled in the program for at least 12-months

An end line analysis of medical charts revealed:

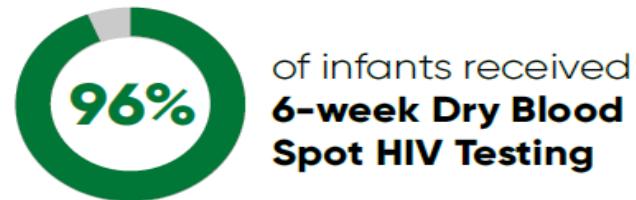
Women were highly engaged in ECD sessions



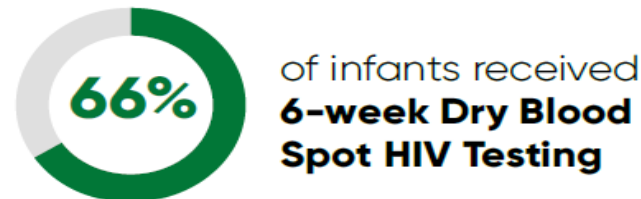
HIV-related outcomes were highly encouraging



Comparison (non ECD) site: _____



Comparison (non ECD) site: _____



Evaluation Assessment: Costing

A study was undertaken to investigate cost of sustaining programme

Three possible scenarios – from lowest cost to highest:



- 1 Delivered through MOH/ NGO by existing cadre of Patient Attendants
- 2 Delivered through MOH/NGO by Health Surveillance Assistants (Community Health Workers)
- 3 Delivered through NGO by Patient Supporters

Results:

- **Lower wages/stipends and lower levels of supervision lower costs significantly**
Personnel delivered intervention: lowering wages or supervision compromises quality and impact
- **Intervention becomes more efficient if merged with other programs**
Risk of disruption and distraction as staff work across projects must be addressed

Way Forward

- Continue to advocate for integration of ECD across clinical services in both policy and funding
- Disseminate findings in community among the ECD network and partners in Malawi and through national and international platforms, including peer reviewed journals.
- Double benefit? Integrating an early childhood development programme into HIV PMTCT Option B + services in Malawi

<https://doi.org/10.1080/09540121.2021.1876834>

- Integrated early childhood development services improve mothers' experiences with prevention of mother to child transmission (PMTCT) programs in Malawi: a qualitative study

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06342-2>