Integrated ECD, MBC and Wash: The THRIVE Project

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faith. action. results.
Background – Early Childhood Development

• In the first 1000 days of life, children undergo rapid and critical development impacting health and development
• Protective factors: healthy food, clean water, health care, and opportunities for learning are crucial elements for brain development
• Recommended expansion of services across the sectors indicating ‘stand alone’ interventions are not favorable for early childhood development.
The THRIVE II Project

- Catholic Relief Services is implementing a social and behavior change strategy for integrated ECD
- It is targeting 13,776 pregnant women and caregivers of children below 2 years in Kenya, Malawi & Tanzania.
- THRIVE II duration is Jan 2016 – June 2018.
**Intervention**

**Integrated Messages:**
- Early Stimulation
- Positive Parenting & Discipline
- Maternal Nutrition
- Infant & Young Child Feeding; WASH
- Maternal Mental Wellbeing

**Community Model**

**Health Facility Model:**
- ECD Spaces
- Care for Child Development implemented by Nurses in ANC & Child Welfare Clinics
Criteria to narrow our implementation research?

What did we know from the baseline?

- Mothers reported depression and anxiety
- Majority of mothers do not often practice stimulation in pregnancy
- Majority of mothers approved of physical punishment of the children
- Mother often used physically punishment
- Handwashing during the critical times by mothers was low
- There was a need to go beyond messaging and to address important barriers to practicing WASH behaviors at key times
• Amy Wash research implementation
Mimi- implementation of the MBC
Adaptation of the MBC for SCORE
John research data
Mimi next steps
Key messages:

- There is no health without maternal mental health. Children can’t thrive unless the caregivers are also thriving.
- As stated in the WHO nurturing care framework, integrated activities: nutrition, health, safety, protection and opportunities for learning are core indivisible interventions to ensure child health, wellbeing and to develop children full potential in life.
Challenges:

- Country readiness to implement integrated ECD activities (iECD)
- Donor funding siloed interventions only
- There is a lack of mental health professional in low and middle income countries.
- It is important to continue learning whether trained lay health workers can sustainably implement integrated mental health/ECD models with fidelity
Next Steps

• Scale up of intervention packages to other IYCF/WASH programs
• Continued cultural adaptation and testing of the iMBC model in multiple Sub-Saharan African countries
• Continued implementation research to generate evidence of the impact of iECD activities in child health and development.
• Use evidence to influence governments and donor to enable scaling-up iECD
• Continued improving the capacity and institutional strengthening of in-country partners to implement quality iECD interventions.