Promoting Nurturing Care through an Integrated ECD / RMNCH Programme in Kenya

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2. Goal and Objectives
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m2m ECD PROGRAMMING IN AFRICA

Ghana (2019-21): Integrated ECD/RMNCH (AN + 0-3 yrs)

Kenya (since 2018): Integrated ECD/RMNCH (AN + 0-3 yrs)

OVC programmes:
Kenya (Nilinde)
Uganda (Better Outcomes)

Malawi (2018-22): Integrated ECD/RMNCH (AN + 0-3 yrs)

Eswatini (2016-18): ECD + PMTCT (AN + 0-2 yrs)

South Africa (2015-19): ECHS (0-5 yrs)
(2019-21) Integrated ECD/RMNCH (AN + 0-3 yrs)

Lesotho (2016-17): ECD + PMTCT (0-5 yrs)
Goal: HIV-positive, HIV-exposed and other vulnerable young children have improved health, wellbeing and developmental outcomes
WHAT ARE OUR OBJECTIVES?

1. **Integrate ECD** into m2m’s facility and community RMNCH/PMTCT services.

2. **Improve health and wellbeing of vulnerable children** aged 0-5 years through promoting optimal development and reducing HIV vertical transmission, and improving linkages and retention in care among children aged 0-5 years.

3. **Improve health and wellbeing of pregnant women and mothers** of young children.

4. **Create a safe and stimulating environment** for early childhood development within health facilities, homes and communities.
WHAT DO WE DO?

Key activities:

• High intensity case management via monthly household visits for clients assessed as most vulnerable:
  • Peer mentorship to caregivers – advice, information, psychosocial support; Referrals and linkages to health facility & other services
  • Assessments: Maternal mental health; Household hygiene and safety; Responsive caregiving; Positive discipline; Development milestones; Nutrition screening – MUAC
  • Early book sharing

• Community-based parenting groups – AN & PN – with attached playgroups (PIPS) – monthly, including practical toy making skills
Through m2m's face-to-face services, Mentor Mothers build trusted relationships with clients to ensure they get the care they need.

Peer Services: Face-to-Face

Examples include:
- 1-1 & group sessions (counselling & education)
- Screening & testing for HIV & other illnesses
- Post-natal baby clubs
- Active follow up of clients who do not report for services or treatment

m2m is using technology to augment its face-to-face services, to increase and intensify reach and follow up of even more clients.

Peer Services: Via Phone

Scripted one-to-one phone calls
- Tailored by client risk status
- Supported by mHealth apps

Virtual Mentor Mother Platform (WhatsApp)

EXTERNAL FACTORS:
- COVID-19
- HIV prevalence
- Non-communicable diseases (i.e., Diabetes)
- Related illnesses (i.e., TB, Malaria...)
- Fragile health systems

June 2020

One: COVID-19-focused information chatbot

July-August 2020

Two: Content on HIV, maternal & sexual health, & early childhood added

End of 2020

Three: Additional interactive services
WHAT HAVE WE ACHIEVED? (2019)

94% of children enrolled in our integrated ECD/RMNCH programmes* reached all of their developmental milestones at 12 months

11% of mums in our integrated ECD/RMNCH programme in Kenya experienced a sustained improvement in coping

*Kenya, Malawi
HOME MADE TOYS
Thank you!