Inclusive Child Development (ICD) programme in Ghana

1. Background; Data & Models
2. Research & Interventions
3. Conclusion and the Way forward

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Inclusive Child Development programme (ICD) in Ghana (2011-2016); Embedded within Mainstream Health & Education Services of 2nd largest healthcare provider in Ghana; Christian Health Association of Ghana (CHAG) under MOH, in collaboration with Ghana Health Service (GHS).
High burden of developmental impairments in rural Sub-Saharan Africa

26% of children with moderate or severe developmental disabilities. Epilepsy, cognitive and hearing impairments were most prevalent and 22% of the children had multiple impairments. (Couper, 2002; Mung'ala-Odera et al., 2006).

17% of the children in Ghana in the age of 2-9 years are having a disability. (MICS Unicef, 2007)

72% of the cause of childhood disability of children from 0-9 was related with risk factors in the neo-natal and post-natal period (CBR Sandema survey 2009).
CAUSES OF DISABILITY

- Malnutrition 20%
- Accident/Trauma/War 16%
- Infectious Diseases 11%
- Non-Infectious Diseases 20%
- Congenital Diseases 20%
- Other (including ageing) 13%

Source: UN Figures in Overcoming Obstacles to the Integration of Disabled People, UNESCO, DAA, March 1995
OVERALL AIM: CONTRIBUTE TO REDUCED CHILDHOOD DISABILITY WITHIN THE PHC OPERATIONAL AREAS (MCH)

1. To reduce the incidence of children born with an impairment due to antenatal & neonatal risk factors
   (primary prevention)

2. To reduce the disabling effect of an impairment during early childhood; Increased early detection and referrals to the appropriate interventions.
   (secondary prevention)

3. To prevent social & Educative exclusion during early childhood
   (tertiary prevention).
Main models & References where the ICD approach is based upon:
1. Research Steps in the Development of Public Health Interventions (Geoff Solarsh and Karen J. Hofman, Disease and Mortality in Sub-Saharan Africa WORLD BANK 2006)
2. International Classification of Functioning, Disability and Health (ICF)
Inclusive Child Development in practice

1. **Training & capacity building:**
   Empowerment at Community-Academic-Policy level.

2. **Health Promotion on preventable conditions:**
   Disability Prevention toolkit within PHC; ANC/PNC
   Ante Natal care services: Iodine, Folic acid, Vit A, screening STI’s

3. **Early detection:**
   Tools: 10Q (Zaman eo 1990), Social and Physical Developmental Milestones Chart (Werner 2009) linked to MOH Child Health record

4. **Early intervention:**
   Referral mapping & Multi Disciplinary Screening Teams in Schools/PHC

5. **Evidence Based Practice**
   Community parents training intervention.

6. **Collaboration** Comm, MOH, MOE, MGSP, NMC

I will Highlight the Research and the development of Inclusive Trainings curricula for nurses & midwives.
Process of advocacy on a Disability – Inclusive- curricula development and Primary health care services (chronologically 2014-2016)

Based on KAP study and agreements with main partners an inclusive plan was drawn related to:

1. Prevention & Early detection within Maternal & Child health services
2. Disability Inclusive Primary Health Care & Inclusive Education
3. Community intervention for children with Cerebral Palsy.
4. Sustainable inclusive capacity building of Nurses and midwives.

Approach:

1. Development of toolkit for Midwives/CHNs/ CBMs Involvement in Child Health Policy 2015-2020
2. Mainstream disability within PHC on district level; Multi-sectoral ‘CBR’ or ‘D&ID’ approach implemented in collaboration with MOE, MSW & DPO’s. : Screening tools and MDST
3. Establishment of CP self-help groups & caretakers empowerment (Quality of Life changes Evaluated through research)
4. Involvement in 5 yearly Major curricula review of NMC
Involvement in 5 MAJOR Curricula Review of Nurses and Midwives Council of Ghana:
1. Definition of Disability  UNCRPD/ICF within all trainings curricula;
2. Prevention/Early Detection& intervention within CHN & Midwives & Mental Health ;
3. Basic Sign language, Health staff attitude towards families & children with impairments
Evaluating the impact of a community-based training programme to empower parents of children with cerebral palsy.

**Final Dissemination 21- 24th of November 2016 Accra- London**

Registration for Full report during this Forum

**Manual Free Downloadable:** [http://disabilitycentre.lshtm.ac.uk/getting-to-know-cerebral-palsy/](http://disabilitycentre.lshtm.ac.uk/getting-to-know-cerebral-palsy/)

In English & Spanish. *French & Swahili translation ongoing*

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**Mixed Methods 2014-2016**

**HR-based, participatory approach**

**Advisory Board Ghana**
(Government, care-takers, Implementers, Researchers, DPO’s)
Predictors of malnutrition

• Trend – more malnutrition with severity of cerebral palsy (mild 43%, moderate 67%, severe 72%)

• Trend - with worsening levels of poverty (least poor 54%, medium 63%, Poorest 78%) but these were only of borderline significance (0.007 and 0.008 respectively)

• In total 70% of children were classified as being one of more of: underweight, stunted or wasted (compared to national data: 13% < 5 years are moderately or severely underweight, 23% stunted, 6% wasted)
Weight for age

Children from the poorest households are at least twice more likely to be underweight, stunted or wasted in comparison with children from the wealthiest households. In total 70% of children were classified as being one of more of: underweight, stunted or wasted

National data: 13% < 5 years are moderately or severely underweight, 23% stunted, 6% wasted
Child’s education

- 24% of children of school going age currently attending school

Reasons child not attending school

- Caregiver assumed disabled child could not attend
- Being disabled, was refused
- Lack of money
- Recent illness
- Other
Child’s Functioning - UNICEF Questions
Children ≥ 2 years

Level of difficulty with…

- Vision
- Hearing
- Walking
- Being understood
- Learning
- Behaviour

Legend:
- None
- Some
- Alot
- Cannot do
Quality of Life Change - Summary Scores - PedsQL

Baseline Median score (SD) vs. Endline Median score (SD)

P < 0.001 – significant positive change
Quality of life – significant improvement in scores across different domains

Mean score changes

P< 0.001 – all domains
Conclusions

- Dissemination Research on CP used as powerful advocacy tool for Awareness rising, Empowerment tool and Inclusive Planning & Budgeting of Policy makers and program implementers.

- The ‘bottom up’ approach has been made more sustainable by integration Disability within the NMC curricula and MOH policies.

- Linking (inter)national universities & health-trainings institutes with implementing bodies (CHAG,GHS) stimulates sustainable sharing of knowledge and Inclusive Primary Health Care on the long term.

- Specific interest for the community intervention to empower families with children with developmental impairments and Cerebral Palsy increased on all levels.

- Improved referral pathways and community follow-up in the 6 selected programme areas.

- Inclusive Child Development is crosscutting ‘vertical’ ministries; Health, Education, etc.
Achievements in JAN-JUNE 2016

**Quality of Life changes** determined after the 2 years CP research.

**Multidisciplinary screenings** integrated within existing PH system; sustainability

**Referral pathways** intensified; use of local resource persons during workshops/screenings.

**Capacity building of lecturers on NEW National trainings curricula of 98 Nurses and Midwives trainings institutes**

**Awareness raising toolkit** on Prevention of Childhood Disability integrated in 6 pilot zones

**On the job training** in the communities. (CBR/PCD off/Ptass./volunteers/CHN

**Disability specific statistics**; see CBM half year report

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9000 children screened in 6 months (each of the 2 MDST screens an average of 750 children a month)

2430 children detected with impairments = 27%

360 children (4%) needed to be referred.

Hearing impairment is highest prevalent (12.8%)

32 children < 5 send for early orthopedic intervention

72 children with CP and developmental delay integrated in self help groups for early stimulation

2070 children could be given immediate intervention & community follow up
Challenges;

Povert-related issues. (transport/medical costs)

Local beliefs & practices.

Reliable data on childhood disability within the Inclusive mainstream health programmes.

No reliable data in a country on childhood disability, or at least it is not comparable with other countries.
Early Child Development Initiatives should be disability inclusive!
- To prevent long-term disability;
- To adhere to the SDG’s, which are disability inclusive;
- To adhere to economic development which is only cost-effective if the 15% of PWD are included.
- Many LMIC have Inclusive Education policies (pre-school, primary education)
- To facilitate adequate data collection and budget allocation.

THANK YOU
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You contributions are highly appreciated
Thank you for listening!

CBM INCLUSIVE CHILD DEVELOPMENT WEST AFRICA

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Inclusive education

Capacity building

Health promotion & Advocacy

Screening & early intervention IN SCHOOL/PHC

Evidence based; Link with Research

Curricula Development

Evidence based; Link with Research

Curricula Development