Background
In the Eastern and Southern Caribbean, the Maternal and Child Survival Program (MCSP) provides technical assistance in the Eastern and Southern Caribbean (ESC) to improve the quality of health service delivery related to the Zika virus (ZIKV) outbreak response, particularly related to address gaps in health system and provider capacity to care and support of Zika-affected children and families. MCSP collaborates with Ministries of Health (MOH), Ministries of Education, professional associations, community-based organizations, and other non-government organizations (NGOs) to implement these activities. In 2018, MCSP worked with the MOH and other local partners in Barbados, Guyana, St. Lucia, Trinidad and Tobago, Grenada, and El Salvador to design and implement early childhood development (ECD) activities for families and young children impacted by Congenital Zika Syndrome (CZS) and other disabilities. Using MCSP’s approach to therapeutic early stimulation (TES) and psychosocial support (PSS), frontline health providers in these six countries are integrating these activities into their routine child health assessments and services and increasing referrals to disability specialists. Additionally, they are empowering caregivers to conduct TES activities at home with increased dosage/frequency and addressing caregiver stress and well-being to ensure all family members receive the support that they need.

Description
MCSP collaborated with Ministry of Health and Ministry of Education contacts and NGO partners in each country to identify health providers and facilities that provide specialized ECD services in which to integrate TES and PSS activities. During initial scoping visits held in late 2017, MCSP and key stakeholders identified focal areas for provider capacity development and engagement. With this information, MCSP developed an innovative TES training package addressing four domains: language and communication skills, cognitive, physical, and social-emotional development to support the holistic development of children with CZS and other disabilities. The materials draw from neuroscience as well as evidenced-based practices from pediatric therapies, including occupational, motor, speech, and orientation/mobility therapies, to create an easy-to-use
activity guide. MCSP worked with local partners to carry out tailored training of trainers (TOT) to orient supervisory-level health providers (pediatricians, public health nurses, mental health nurses, rehabilitation therapists and special education teachers) on the package of materials with the goal of cascading the training to district and community levels. To complement the TES package, MCSP also developed a PSS training manual to support caregivers of children with CZS and other disabilities. Utilizing art-based prompts and discussion forums, the manual guides health providers through important information on stress mitigation and techniques for improved well-being. Additionally, the manual orients the user to the process of creating, organizing, and maintaining support groups. At the end of the TES and PSS trainings, participants developed action plans for step-down trainings and methods to sensitize caregivers and the community at large about the importance of ECD services. After the training, MOH staff monitored the number of children and caregivers reached by TES and PSS services as well as referrals to specialized services to observe the impact of capacity-building and document linkages between general health care providers and specialized disability services. Throughout this process, MCSP provided remote technical and programmatic support to ensure fidelity and quality.

Program Approach, Strategies, and Interventions

- **Built capacity of health care workers to deliver TES and facilitated PSS groups:** worked with a range of health care providers to increase coverage, including those with limited disability experience and with specializations. MCSP also worked with specialized disability institutions, including the Child Development and Guidance Center (CDGC) (St. Lucia), A.C. Graham Center (Barbados), and Ptolemy Reid Center (Guyana), which provide central care for children with CZS and other disabilities.

- **Integrated TES and PSS into routine activities to improve child health outcomes:** fostered the adoption of TES activities into daily routine activities of caregivers at home as well as strengthened and encouraged support groups for PSS.

- **Utilized trackers and observation checklists to ensure quality:** collaborated with MOH and local partners to track referrals and establish feedback mechanisms for providers.

- **Collaborated with the MOH and other partners to integrate TES into protocols and curriculum:** worked with University of Guyana to include TES in the Rehabilitation Service degree curriculum and with the MOH in St. Lucia and Barbados to review child health guidelines to integrate TES and general early stimulation for typically developing children.

- **Supported advocacy efforts for ECD:** provided guidance to Grencase (sub-awardee in Grenada) to develop a short video on the importance of early stimulation with examples of activities that parents can do with their children. The video will be shown in community health center waiting areas and will reach families of young children, including those with CZS and other disabilities. MCSP also supported media engagement in Trinidad and Tobago, reviewing a suite of posters, brochures, and other informative materials on ZIKV prevention, CZS, and early stimulation.

Key Results and Findings

- Indicators for MCSP’s ECD activities focused on capacity development of health care providers, with the ultimate goal of improving service delivery to caregivers and children. Health providers in each country received two ECD trainings from MCSP, one focused on TES and another on PSS (Figure 1).
Partners in each location designed their own step-down strategy for subsequent ECD trainings. Grenada and Trinidad and Tobago (sub-awardees) included step-down trainings as part of their end-of-project deliverables. Grenada, Barbados, St. Lucia, and Guyana have committed to mobilizing domestic resources to support additional trainings.

Program monitoring aimed to improve understanding of how the new TES messages were understood by health workers. To do so MCSP assessed health workers’ knowledge of TES before and after training. In all locations, trainees displayed a substantial increase in TES knowledge after receiving the MCSP TES Zika training, scoring above 85% on the post-test (Figure 2).

In Guyana and St. Lucia, the number of children enrolled in a TES program increased from September to December (Figure 3). By the end of 2018, 2.5 times more children were enrolled in a TES program at the Ptolemy Reid Center, and seven times more children were referred to a TES program at the Child Development and Guidance Center than before MCSP’s intervention.
Figure 3. Number of children (age 0-3) with a disability enrolled in TES program

Recommendations

- Supporting children with CZS and other disabilities requires multi-sectoral collaboration. Identifying all appropriate providers and clarifying training cascades within those cadres before the TOT would improve efficiency of program expansion.

- Similarly, more purposeful collaboration between the MOH and Ministry of Education, as well as between NGOs working in these sectors, would improve the reach and continuity of support for children with CZS and their families throughout childhood.

- To promote sustainability, future projects should focus on integrating the TES and PSS curricula into providers’ pre-service training courses, as well as reinforcing in-service learning on these areas by establishing clear coaching and supervision mechanisms. Additionally, projects should seek to support and influence policies and systems to ensure an enabling environment for addressing the needs of families and children impacted by CZS and other disabilities.