

Effect of Incorporating an ECD Programme into the Existing Monitoring and Training System of Government Primary Health Care Services in Bangladesh—A CRCT

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BACKGROUND

- **In LIMICs 43% of <5 children are at risk of poor development due to poverty, malnutrition and poor home stimulation**
- **This has life long consequences to cognition, education, mental health, adult productivity and parenting of the next generation.**
- **There are no Govt. services for stimulation in the home for children <3 years in Bangladesh**

OBJECTIVES

- **To assess the ability of the Bangladesh Govt. health care services to integrate parenting sessions to promote young children’s development into community health clinics, including training and supervising clinic staff**
- **To produce tools to assist going to scale including:**
 - **Training manuals for supervisors**
 - **Inventories to assess the quality of the parenting sessions conducted by clinic staff**
- **To assess the effectiveness of the program through the impact on home stimulation**

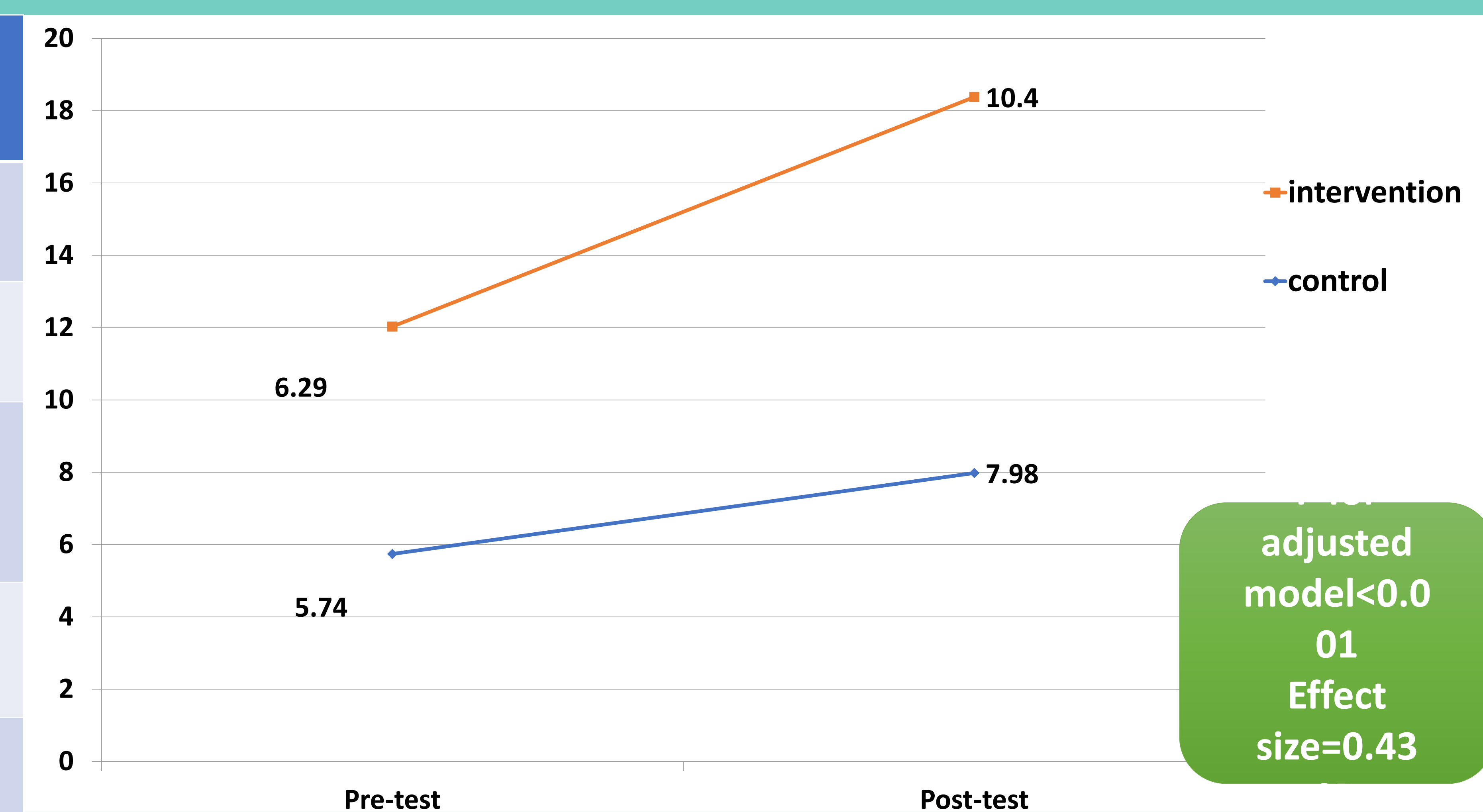
METHODS

- **Study design:** Cluster-Randomized Controlled Trail (48 Community Clinic randomly selected from 1 district and randomized into intervention and control)
- **Sample size:** 24 parents with their children aged 6-30 months in each clinics to attend fortnightly sessions (n=574)
- **Intervention:** 6 months
- **Selection of evaluation sample:**
 - Two clinics were randomly selected from each Union and 12 children per clinic were randomly selected (n=284) from intervention and control clinics and assessed at baseline.
- **Measurement used for evaluation:** Family Care Indicators to measure quality of stimulation at home and burn questionnaire to assess job satisfactions and burn out of the health workers.

RESULTS

Baseline characteristics	Control(n =192)	Intervention (n=192)	P-Value	Baseline characteristics	Control(n =192)	Intervention (n=192)	P-Value
Gender: (female)	99 (51%)	101 (53%)	0.80	Asset total (mean, Sd)	6.44 (1.93)	6.44 (1.68)	0.99
Child’s age (m)	18.3 (6.2)	17.2 (6.24)	0.07	Housing (mean, Sd)	5.27 (1.20)	5.26 (1.17)	0.98
Mothers’ Education (≥ grade 5)	119 (62%)	140 (73%)	0.02	Crowding (mean, Sd)	2.94 (1.35)	3.01 (1.33)	0.60
Fathers’ Education (≥ grade 5)	108 (56%)	114 (51%)	0.50	FCI at baseline	5 (0-17)	8 (0-17)	0.20
Housewife mothers, n (%)	176 (91.2%)	180 (93.8%)	0.34	Burn out total score of Health Workers (endline)	54.71 (7.62)	54.30 (6.03)	0.74
Fathers’ Occupation (regular job/petty business/living abroad), n (%)	103 (50%)	103 (50%)	0.99				

FCI Total



CONCLUSIONS

- **The study was successful in involving Government health facilities.**
- **The findings indicate that the programme can be integrated with Government primary health services in large scale covering wider population**
- **A sustainable organizational structure for ECD should be considered**



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~All authors have declared no conflict of interest~