RCPCH Global

Improving Early Childhood Development (ECD) practices: Identification and management of children with developmental delays and disabilities in Nigeria

Globally, 250 million children under 5 are at risk of poor physical and neurological development, leading to life-long disability. Almost 9 in 10 of these children live in low- and lower-middle income countries. Evidence shows that investment in early childhood development (ECD) is key to ensuring lifelong positive outcomes in healthy growth, education and the ability to participate in community life. With your support we aim to leverage the potential of early identification and intervention to help children with developmental delays and disabilities in Nigeria reach their full potential.

The situation for children with developmental delays and disabilities in Nigeria

Nigeria is Africa's most populous country with approximately 32,819,289 children aged 0-4 years old. I is estimated that every day over 2000 babies are born too soon, 60% of mothers do not access clinics or hospitals to give birth and more than half give birth without the support of a skilled worker.[1] This increases the chances that their baby will experience oxygen deficit at birth or other complications associated with developmental delays and disability. These babies are more likely to experience long-term physical, and neurodevelopmental challenges and are rarely provided with the early interventions needed to improve their chances of growing and thriving.

Premature birth – a key driver of developmental delays and disability – is very high in Nigeria, affecting almost 25% of newborns. Neonatal asphyxia – a lack of oxygen to the baby resulting from poorly managed obstruction during delivery –affects one in three babies in Nigeria and is strongly associated with cognitive impairment in the early years and onset of cerebral palsy – the leading cause of neurodisability among children in Nigeria.

A lack of systemic screening and widespread cultural beliefs and stigma mean these children are rarely identified in time to receive crucial early interventions. For those children who are identified, there are limited facilities skilled to provide the specialist care they need. Where services do exist, they often fall beyond the geographical reach and financial resources of the families who need them most, leaving caregivers unsupported and stigmatised, and their children facing lifelong educational and economic exclusion.

RCPCH background

RCPCH Global works in partnership with local paediatric organisations and other partners in low and lower-middle-income countries, improving the quality of frontline clinical care and reducing morbidity and mortality for mothers, newborns and children in hospitals and health centres across Asia, Africa and the Middle East. Our programmes focus on clinical education, training and mentorship for doctors, nurses and midwives to improve their practical skills. But our work goes further – through our local clinical partners we strengthen the health care facilities and the wider health system within which they work. By implementing programmes in partnership with government ministries, international partners, and local organisations, we support sustainable improvement in health system function for maternal, newborn and child health and development.

A mother and her son, 7 years old, receive care at the project's ECD centre, OAUTHC

1. UNICEF. (2015). Maternal and Newborn Health Disparities: Nigeria. Retrieved from https://data.unicef.org/wpcontent/uploads/country_profiles/Nigeria/country%20profile_NGA.pdf

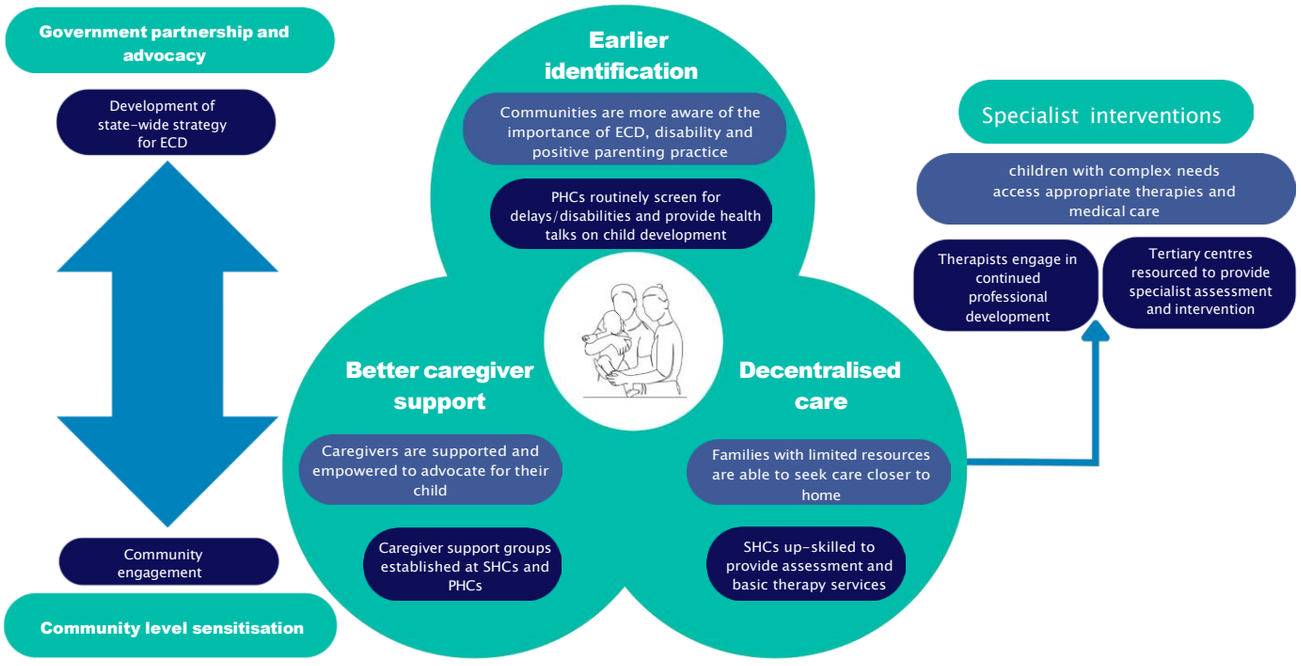
A UK-Nigeria Early Childhood Development Partnership Initiative

Osun state is in South-West Nigeria and home to an estimated 846,964 children under 9

In early 2024, RCPCH Global formed a partnership with the Obafemi Awolowo University Teaching Hospital Complex (OAUTHC), one of the leading teaching hospitals in Nigeria, working with a small team on the ground led by paediatric neurodevelopmental specialist Dr Oluwatosin Olorunmoteni, to pilot a project supported by the UK's Global Health Workforce Programme (funded with UK aid). The pilot, designed as the starting point for long-term collaboration, has created a powerful partnership between OAUTHC, the Osun State Ministry of Health, the Osun State Primary Health Care Board, and clinical teams at participating hospitals and health centres across Ife Central Local Government Area.

Together we have piloted a comprehensive intervention model in which; frontline health workers in primary clinics screen children for developmental problems and refer cases of concern, clinicians at secondary (hospital) level manage mild to moderate cases, and OAUTHC operationalise a tertiary specialist multidisciplinary treatment centre at the University Hospital (OAUTHC ECD Centre), to receive the most complex or severely affected children. Crucially we have also worked to form and support community groups, working with parents to train them in providing home-based therapeutic care for their children.

RCPCH Model: improving early identification and intervention for children with developmental delays and disability



Our approach integrates interventions across all levels of the healthcare system from primary healthcare centres (PHCs) to tertiary specialist care and engages stakeholders from the community level through to the Federal Ministry of Health (FMoH) to advance the Early Childhood Development agenda in Nigeria.

Primary Level	Secondary Level	Tertiary Level
Working with nurses and midwives to integrate basic monitoring of child development using a simple screening tool (MDAT SIGN)[1]. Supporting development of 'Baby Ubuntu' community groups empowering caregivers of children with disabilities. Providing wider community and facility-based health education on child development, positive parenting practices and developmental delays and disabilities	Training clinicians to conduct detailed developmental assessments (MDAT IDEC). Working with lower/secondary hospital clinicians to understand, manage and refer children with disability Increasing basic therapy services for children with disabilities, decentralising care and improving accessibility for wider community uptake	Establishing specialist multidisciplinary teams, able to conduct integrated assessments, arrive at focused diagnoses, and provide holistic care to children with complex neurodevelopmental difficulties and disabilities.

1 MDAT is a technical protocol and set of tools supporting practical screening and assessment of developmental challenges for children 6 months to 5 years. It has been adapted specifically for use in low-income countries and resource-poor health care systems.

Our achievements so far

> ***I learnt how to notice disability in children that come for immunization and also how to address parents effectively if we notice disability in their children. We learnt how to use the toys to detect whether a child has a disability or delay.***

Through the pilot year, we have trained 122 frontline health workers across 19 primary healthcare centres (PHCs) in Ife Central Local Government Authority. As a result, almost 4,500 children have been successfully screened. Working with PHC staff and supervisors, we have shown the feasibility of the screening tool as an effective and sustainable addition to routine care. Working with OAUTHC leadership, we have supported the refurbishment and operationalisation of a new Early Childhood Development Centre at OAUTHC, as well as supported clinical teaching, mentoring and professional development for their multidisciplinary team through a UK-Nigeria exchange between OAUTHC and Alder Hey Specialist Children's Hospital in Liverpool.

In November 2024, 11 UK clinicians visited the new ECD centre over 3 weeks to provide training and mentoring

Occupational Therapist Sarah Cooke provides training on Sensory Integration Therapy to the OAUTHC team

Our refurbished open therapy space encourages multidisciplinary care for children with neurodevelopmental disabilities

Our model recognises the vital importance of empowering caregivers as key agents in promoting their children's development and welfare. To this end, we have incorporated a community-based disability care training package (called 'Baby Ubuntu') developed by the London School of Hygiene and Tropical Medicine, through partnership with their programme in Uganda. To date, we have trained 10 facilitators and delivered the Baby Ubuntu empowerment programme to over 50 caregivers, enabling them to provide basic therapeutic care at home and supporting them to become powerful advocates for their children.

I see this support group as an avenue, a place, whereby parents in the same position can come together, share experiences. We talk about our children's condition. We share our stories. We share the pains together. We share our success together. it has been a kind of relief. And that's why it's important for us ... parents see this group as being somewhere they can come to relieve themselves of the stress involved in this journey.

The Baby Ubuntu Programme

The Baby Ubuntu programme was designed and is led by experts from the London School of Hygiene and Tropical Medicine's International Centre for Evidence in Disability. It aims to increase caregiver knowledge and skills in caring for a child, 0-2 years, with a developmental disability, using a participatory learning approach, with an emphasis on working with groups and the empowerment of parents and caregivers

Accountability, sustainability and impact

The sustainability of our approach comes from the recognition that real change happens when it is locally driven. Across each of our activity areas, our work is designed to support and empower our local national partners and counterparts – helping them to take on and embed new capabilities in the drive for better child health. Alongside our programme's direct support to communities, caregivers and clinicians in Osun State, we recognise that it is only through embedding the principles and model of our ECD programme –within local government, community leaders, and other leading actors in paediatrics and child health – that we can hope to make sustainable change, at progressively greater scale, creating real impact both in Osun State and across Nigeria.

As we work to support community empowerment and clinical skills around early child development, we also build dialogue and advocate with government at local, state and central levels – emphasising the humanitarian imperative of investing in early childhood and addressing emergent disability and the clinical efficacy of appropriately scaled interventions, from home to specialised centres. Through our advocacy, we emphasise the economic efficiency of Nigerian leaders making those investments now, as a significant contribution to future generations of social inclusion, livelihoods and growth.

About RCPCH

The Royal College of Paediatrics and Child Health is the membership body for paediatricians, and we have over 24,000 members across the UK and internationally. We are responsible for education, training and setting professional standards and informing research and policy. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

This report was produced by the RCPCH Global Team on behalf of the Royal College of Paediatrics and Child Health

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RCPCH
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