

REACH UP: a pilot early childhood parenting programme for children aged 12 - 30 months in a rural district in Zimbabwe

Submission date 30/07/2020	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 14/10/2020	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 05/11/2024	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims:

Children who grow up in a stimulating, nurturing and safe environment have long-term benefits and often shown through improved self-esteem, social interaction and school performance. Sanyati, a rural district of Mashonaland West Province has high levels of poverty and about 80% of the population is engaged in subsistence farming. Only 35% of children in the 3 - 5 year age group attend preschool and there are no programmes providing early childhood development services for children in the 0 - 3 age group. Reach Up is an early childhood parenting intervention which is based on the Jamaica home-visiting intervention. The Reach Up parenting intervention has shown benefits to child and parent outcomes with an evidence base of over 30 years. The aim of this study is to find out the impact of the parenting intervention on children's language and psychomotor development and the caregiver's knowledge of child development and child-rearing practices.

Who can participate?

Mother-child pairs are eligible to participate if the child is 12 - 30 months of age and attends the ECD centre health check services in their neighbourhood. Children with congenital abnormalities or other known disabilities that could affect development are excluded from the sample.

What does the study involve?

The Reach Up parenting intervention provides a structured curriculum in which trained home visitors support parents by helping them to provide a stimulating environment for their children and facilitate interaction and learning. The curriculum includes activities such as search for hidden objects and imitation of sounds and gestures for younger children and concepts of shape, size, position and color for older children. Activities to help language development, fine and gross motor skills and problem-solving are included. In order to keep the intervention low cost, toys are made from materials commonly available in the homes such as plastics bottles and cardboard boxes. Verbal interaction between mother and child, the use of positive feedback and frequent praise to promote the child's feeling of self-worth are emphasized.

The home visitors are the two paraprofessional ECD assistants attached to each centre. They already have basic training and experience in ECD and are trained in using the Reach Up protocol

with adaptations for rural Zimbabwe. For some children, the paraprofessional ECD teacher visits their home twice per month and once a month the mother-child pair meets at an early childhood development centre with other mothers, until the child is 30 - 48 months. The ECD paraprofessional shows the mother ways to help their child develop well. She shows them play activities and lets the mother practice doing them with their child. Toys are left in the home and exchanged at the next visit. For some children the ECD worker does not visit their home but the mother-child pair continues to receive usual care from the quarterly health checks at the ECD centre. Questions are asked to find out about their housing, education, how they have been feeling recently, what they know about how children develop and activities they do with their child. The researchers also obtain information about the child's weight and length. These measurements are done at the beginning and end of the programme. They also measure the child's development at the end when the child was between 36 - 54 months by giving him/her some activities to see how their language and problem-solving ability is developing.

What are the possible benefits and risks of participating?

There are minimal risks to the mother and child from participating. The risks and discomforts for participation are no more than would occur in everyday life. The only benefit is having an assessment of how the child is developing. The researchers cannot and do not guarantee or promise that the participants will receive any other benefits and/or compensation from this study.

Where is the study run from?

The study is implemented by a non-governmental organization, the JF Kapnek Trust-Zimbabwe and its personnel, in the rural district of Sanyati. The Great Zimbabwe University conducts the evaluation of the study.

When is the study starting and how long is it expected to run for?

July 2015 to November 2018

Who is funding the study?

The Open Society Foundations, Open Society Institute Budapest Foundation

Who is the main contact?

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Contact information

Type(s)

Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
ZIM001

Study information

Scientific Title

REACH UP: pilot of a cluster randomized controlled trial of an early childhood parenting programme for children 12 - 30 months in a rural district in Zimbabwe

Study objectives

Training parents and caregivers in early childhood stimulation will lead to improvements in the children's developmental levels and parents' knowledge of child care and development and the amount of stimulation they provide to their children

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 20/04/2016, Medical Research Council of Zimbabwe (Medical Research Council of Zimbabwe, Josiah Tongogara/ Mazoe Street, PO Box CY 573, Causeway, Harare, Zimbabwe; +263 (0)4 791792/791193; mrcz@mrcz.org.zw), ref: MRCZ/A/2034

Study design

Multicentre cluster randomized trial

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Child development

Interventions

A two-stage sampling procedure is used. Firstly each of the 51 ECD centers which had been established under the J.F. Kapnek ECD programme in the Southern Sanyati region are assigned a unique identifier number. Using a table of random numbers 24 centres are randomly selected for the study. 12 centres are assigned to the intervention and 12 centers to the control group. The randomization of the ECD schools is conducted by a statistician at the host department in Jamaica.

In the second stage caregivers with a child aged 12 – 30 months, residing in the catchment area served by the selected ECD centres are identified through a house to house survey of the area and invited to participate. Those caregivers consenting to participate are enrolled until the required number of participants had been attained. At each of the 24 ECD centres, 16 mother-child pairs are enrolled.

The intervention is implemented over two years from July 2016 to June 2018. Each home visitor is responsible for eight children and their caregivers. Two home visits per month are conducted in the children's homes and one group session is conducted monthly at the ECD centre. The home visits utilize age and developmentally appropriate activities from the REACH UP curriculum. Toys are left in the home and exchanged at subsequent visits. The monthly group session includes discussions on topics of interest to the caregivers such as child development,

child abuse and nutrition. Each group session lasts approximately 1 - 1.5 h. The mother-child pairs enrolled in the control group receive the usual care provided by the JF Kapnek Trust team when they attend the ECD centres.

The follow-up takes place between 08/10/2018 and 03/11/2018. Trained interviewers hired by the researchers from the Great Zimbabwe University conduct the data collection at the ECD centres.

Intervention Type

Behavioural

Primary outcome(s)

1. Children's development measured using the Griffiths Mental Development Scales Extended Revised (GMDS-ER) at the end of the intervention period
2. Mothers' knowledge of child development measured using a parenting attitudes questionnaire at baseline and at the end of the intervention
3. Stimulation provided in the home measured using the Infant and Toddler Home Observation for Measurement of Environment (HOME) scales at baseline. The Early Childhood Observation for the Measurement of Environment (HOME) scales was used at the end of the intervention period

Key secondary outcome(s)

Maternal depressive symptoms measured using the Center for Epidemiologic Studies Depression Scale (CESD) at baseline and at the end of the intervention

Completion date

03/11/2018

Eligibility

Key inclusion criteria

Caregivers with a child aged 12 – 30 months, residing in the catchment area served by the selected ECD centres

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Mixed

Sex

All

Total final enrolment

387

Key exclusion criteria

Children with congenital abnormalities or other known disabilities that could affect development

Date of first enrolment

08/06/2016

Date of final enrolment

24/06/2016

Locations

Countries of recruitment

Zimbabwe

Study participating centre

Alabama Primary School

PO Box 1074

Kadoma, Sanyati

Zimbabwe

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Study participating centre

Barclay Chase Primary School

PO Box 527

Kadoma, Sanyati

Zimbabwe

-

Study participating centre

Blackmorevale Primary School

PO Box 4

Chakari, Sanyati

Zimbabwe

-

Study participating centre

Boterekwa Primary School

PO Box 720

Kadoma, Sanyati

Zimbabwe

-

Study participating centre
Chakari Primary School
PO Box 96
Chakari, Sanyati
Zimbabwe

-

Study participating centre
Chengwe Primary School
PO Box 26
Sanyati
Zimbabwe

-

Study participating centre
Chiguvare Primary School
Sunrise Street
Sanyati
Zimbabwe

-

Study participating centre
Cotton Research Primary School
PO Box 765
Kadoma, Sanyati
Zimbabwe

-

Study participating centre
Handley Cross Primary School
PO Box 65
Chakari, Sanyati
Zimbabwe

-

Study participating centre
Javachava Primary School
PO Box 64
Sanyati
Zimbabwe

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Study participating centre
Jompani Primary School
PO Box 614
Kadoma, Sanyati
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Study participating centre
Machipisa Primary School
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Montana Primary School

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Study participating centre
Musambanyama Primary School

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Renje Primary School

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Study participating centre
Rondor Primary School

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Sponsor information

Organisation

University of the West Indies

ROR

<https://ror.org/03fkc8c64>

Funder(s)

Funder type

Charity

Funder Name

Open Society Foundations

Alternative Name(s)

Open Society Institute, OSF

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United States of America

Funder Name

Open Society Institute Budapest Foundation

Results and Publications

Individual participant data (IPD) sharing plan

The data-sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		26/10/2023	05/11/2024	Yes	No