Clinician skills in screening and counseling on early childhood development and nutrition

Findings from Mozambique

PATH/Eric Becker

CONRAD N. Hilton FOUNDATION

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Assessment conducted by:

- Judite Pinto, M&E Officer, PATH Mozambique
- Eunice Cunhete, M&E Associate, PATH Mozambique
- Nami Kawakyu, Consultant, PATH USA
- Loida Erhard, M&E Officer, PATH USA

Presented by:

- Debjeet Sen, Regional Specialist, PATH

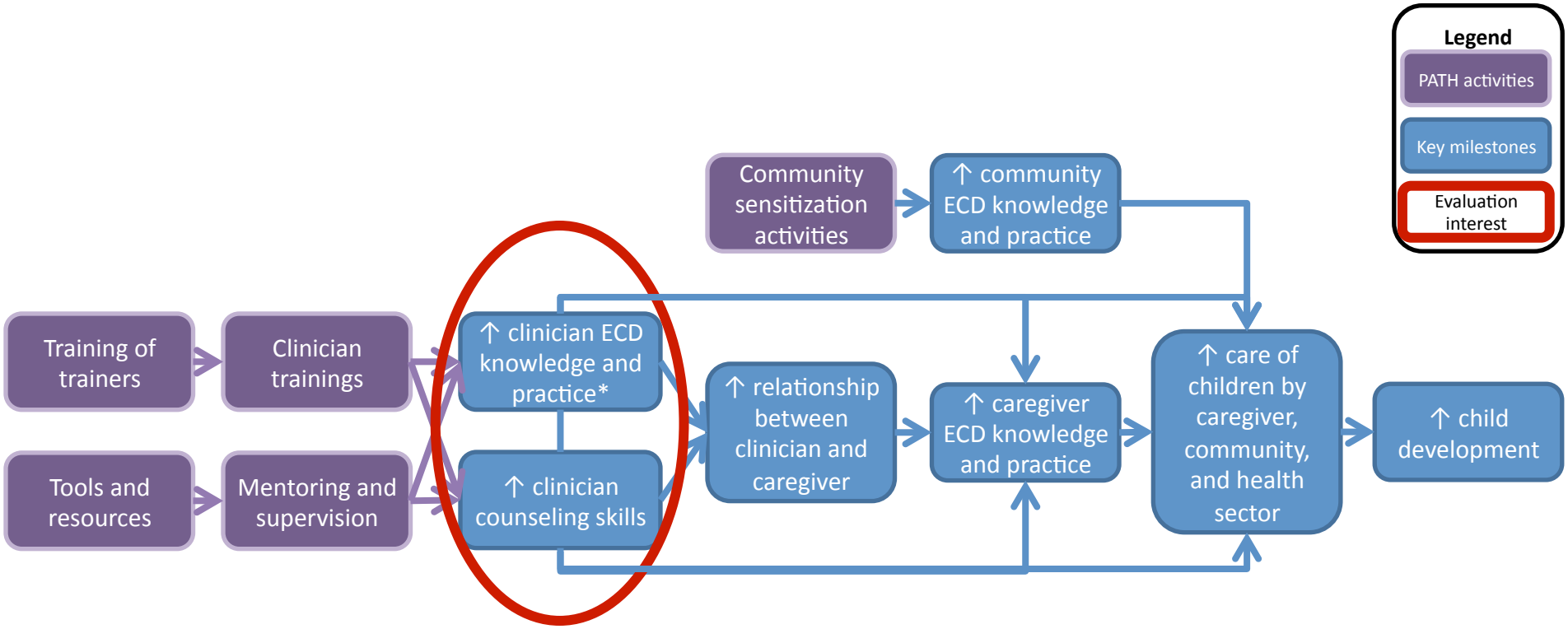
Why integrate/strengthen ECD and nutrition counseling in MCH services?

- Screening of developmental milestones & counseling on stimulation is **part of several MOH norms**, but does not take place in regular MCH service delivery
- The **health system** provides the only means to reach children with ECD services in the early years
- Promotion of good nutrition practices—esp., maternal nutrition and complementary feeding of children 6–23 months—is often not part of routine MCH services
- Both ECD and nutrition share the same **"window of opportunity"** of the early years when delays in child development and growth are preventable or may still be **reversible**

PATH's integrated ECD/nutrition model

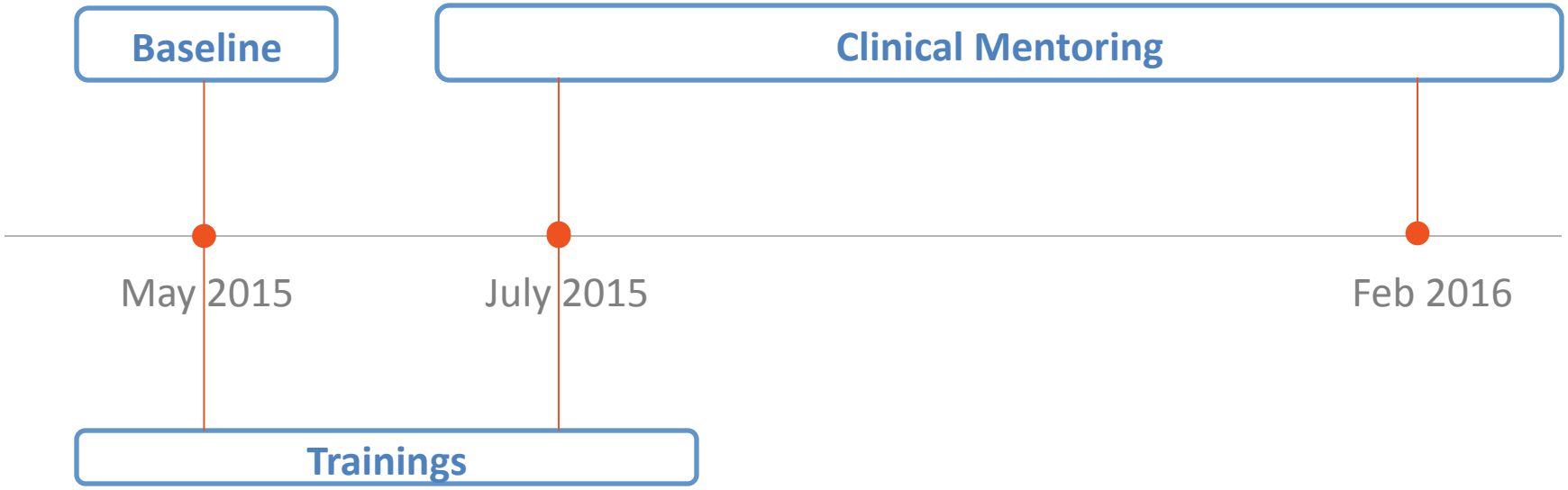
- Support the creation of an **enabling environment** for integration of ECD/nutrition interventions into health systems
- **Improve care and stimulation behaviors** and **nutrition practices** of caregivers of children 0–3 years through capacity building of service providers at health facility and community levels
- **Expand knowledge and evidence base** on feasibility and impact of promoted ECD interventions

Theory of change



*Clinician ECD knowledge and practice includes screening for and counseling on nutrition and development

Methods: Timeline

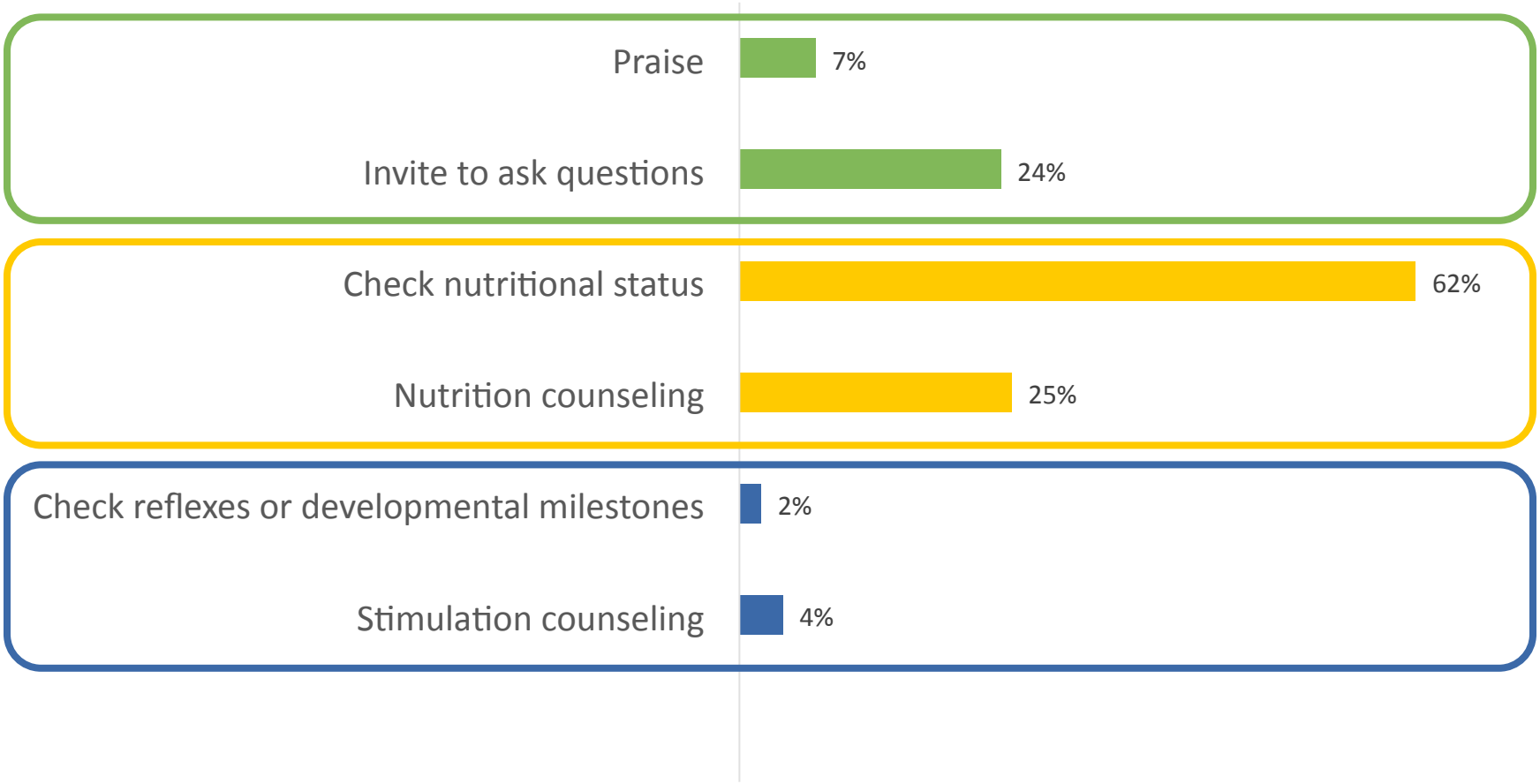


Methods: Baseline (May 2015)

We used a 22-item UNICEF/WHO-adapted **clinical mentoring tool** to measure clinical ECD, nutrition, and interpersonal performance at baseline

- **21 providers** at 8 randomly selected health facilities
- Providers were observed at the following services: PNC, well-child clinic (CCS), sick child consultation, and consultation for children "at risk" (HIV or TB-exposed, malnourished, etc.) [CCR]

Gaps in clinician performance at baseline

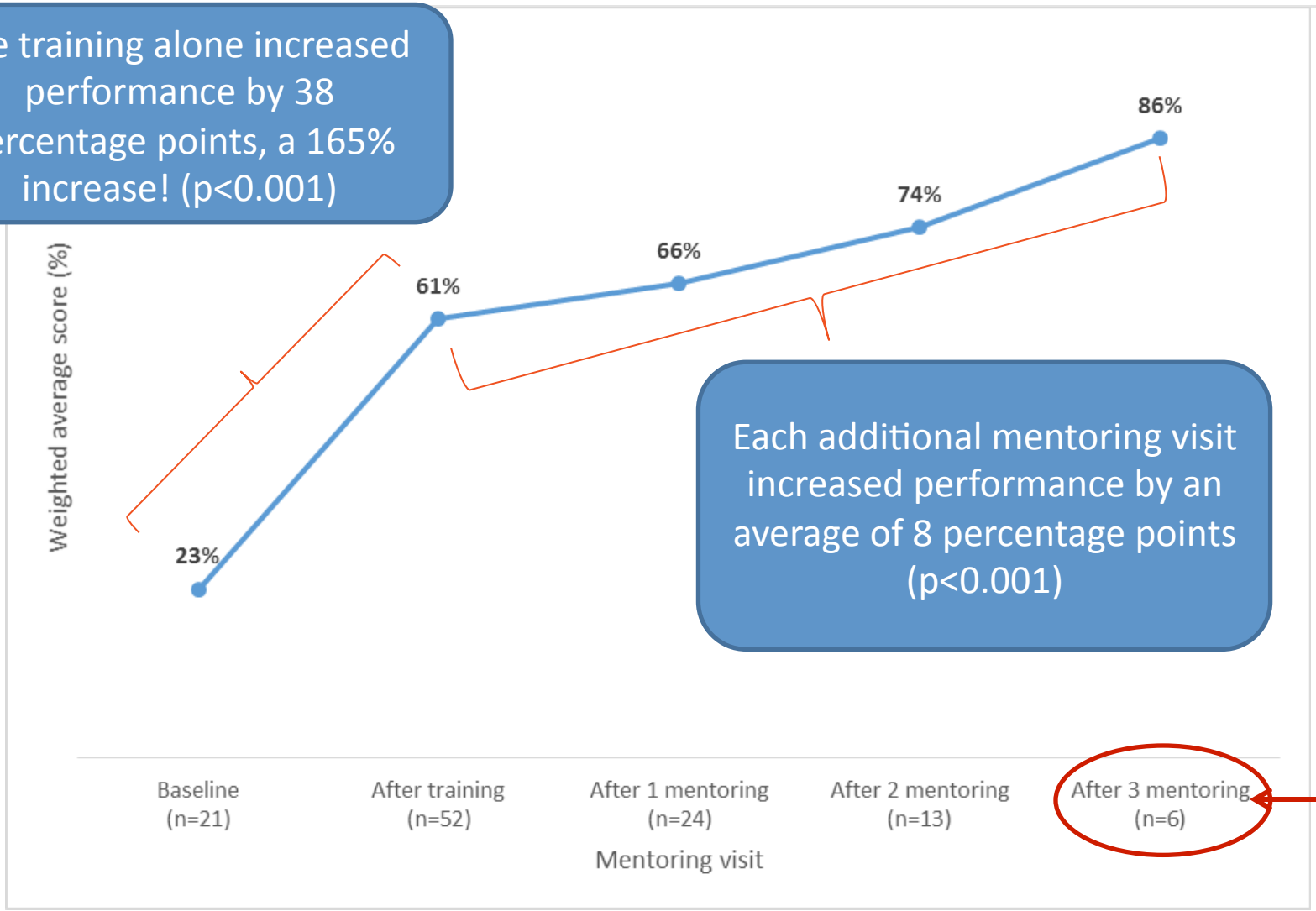


Baseline findings have been used to design training and mentoring processes and IEC materials

- Incorporation of counseling on **BOTH stimulation and nutrition** in the intervention package
- Use of **mentoring**: observation of service delivery and skills-building through coaching of service providers
- Tailored ECD messages and activities **for each service** delivery point—i.e., not a “one-size-fits-all” model
- Development of counseling cards and IEC materials that are **visually appealing and easy to use**
- Focus on improving **overall quality of counseling** that is more participatory and responsive to clients’ needs

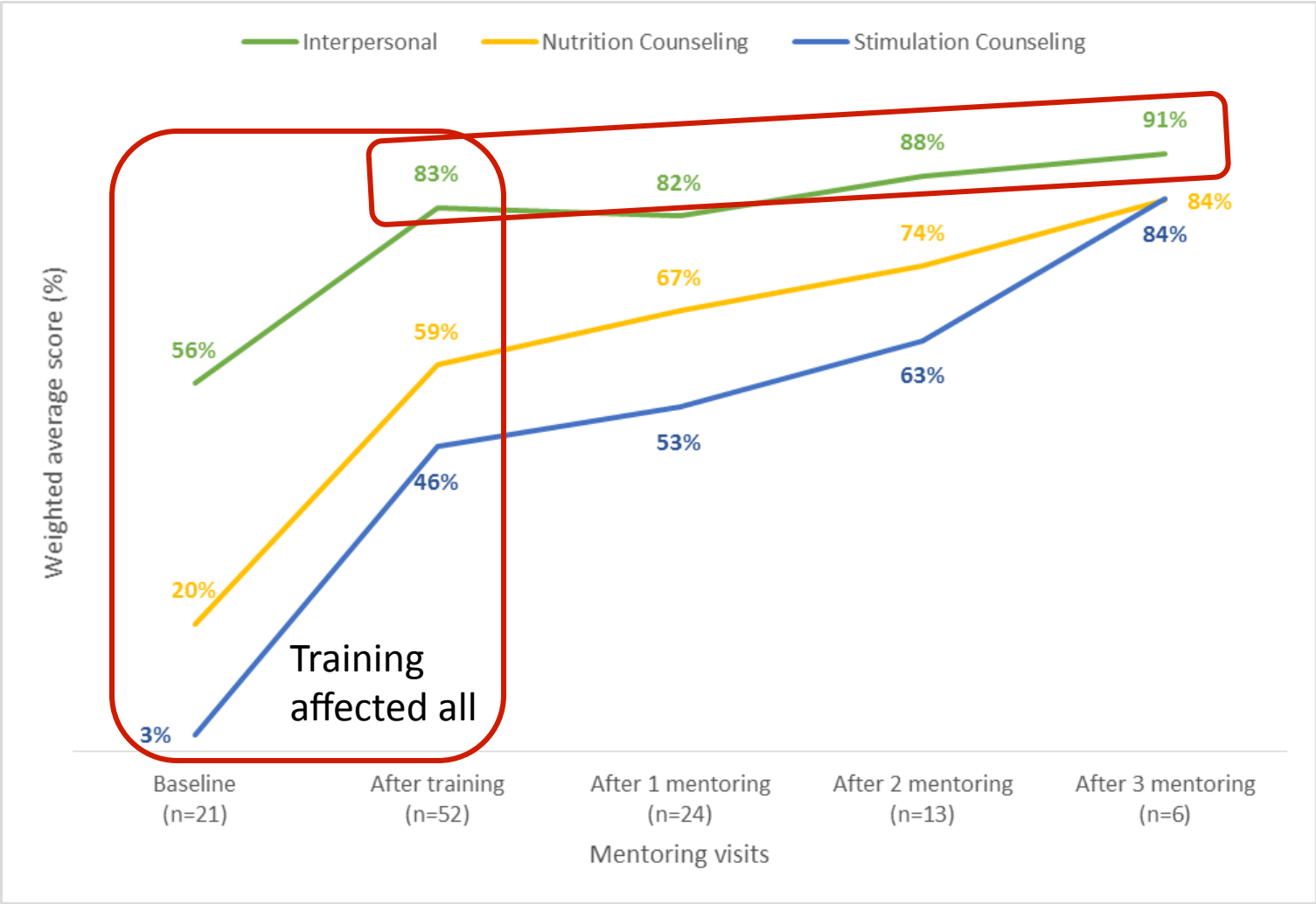
Change in average clinician performance (May 2015-Feb 2016)

The training alone increased performance by 38 percentage points, a 165% increase! (p<0.001)



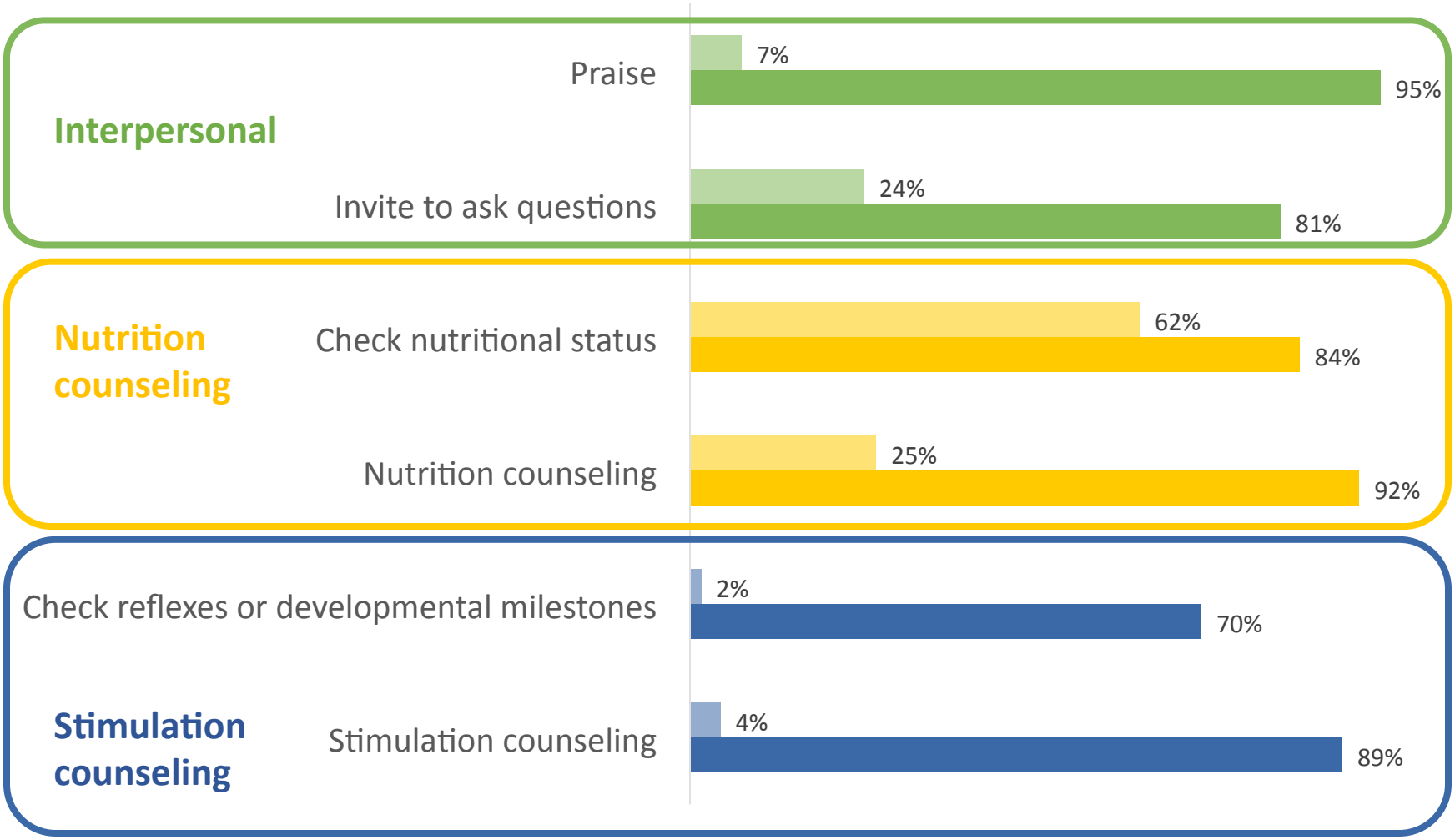
Each additional mentoring visit increased performance by an average of 8 percentage points (p<0.001)

Change in average clinician performance, by skill type (May 2015-Feb 2016)



Mentoring had limited effect on improving interpersonal skills

Change in average clinician performance, before training to after training + 2 or more mentoring visits

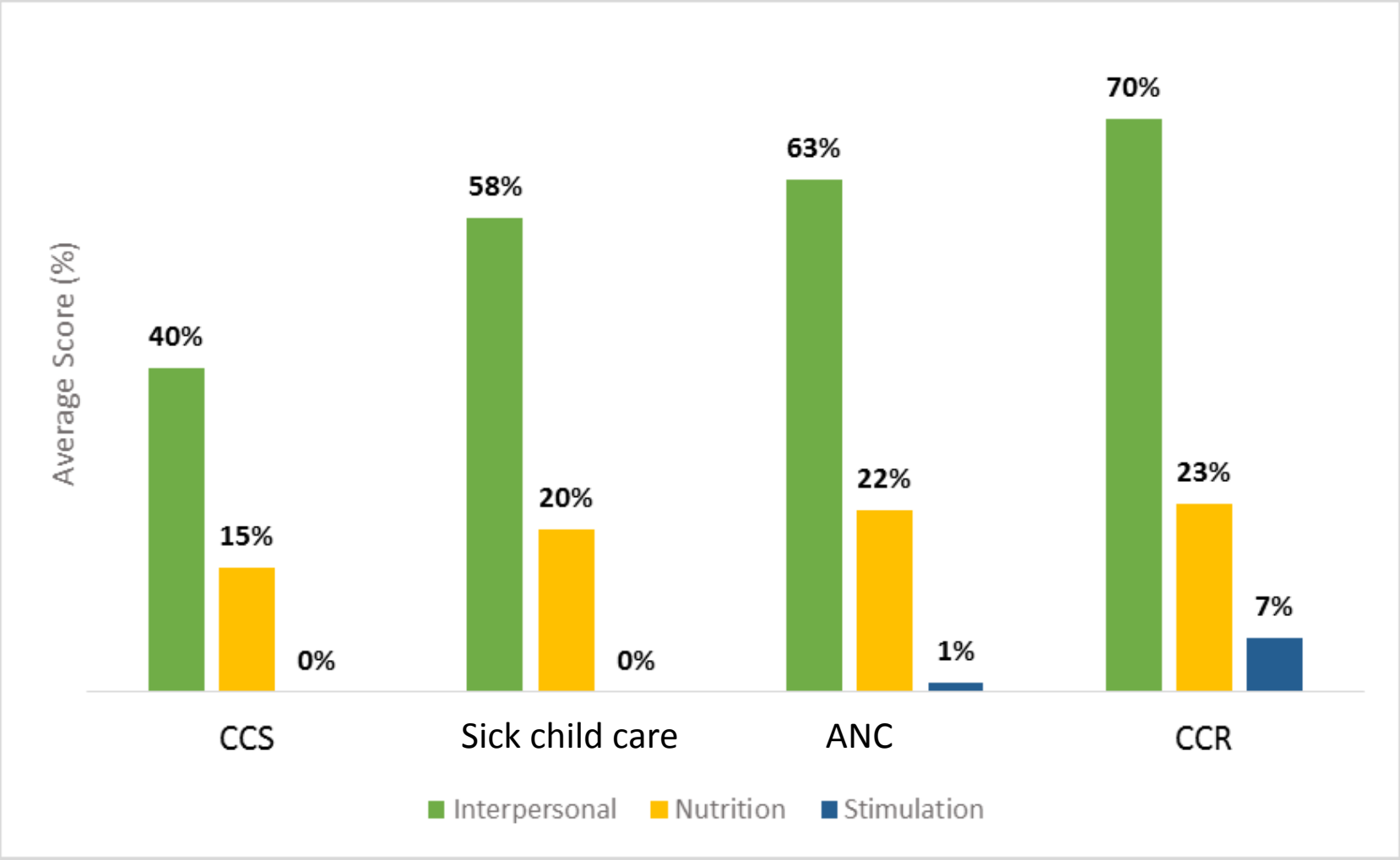


Key questions for consideration

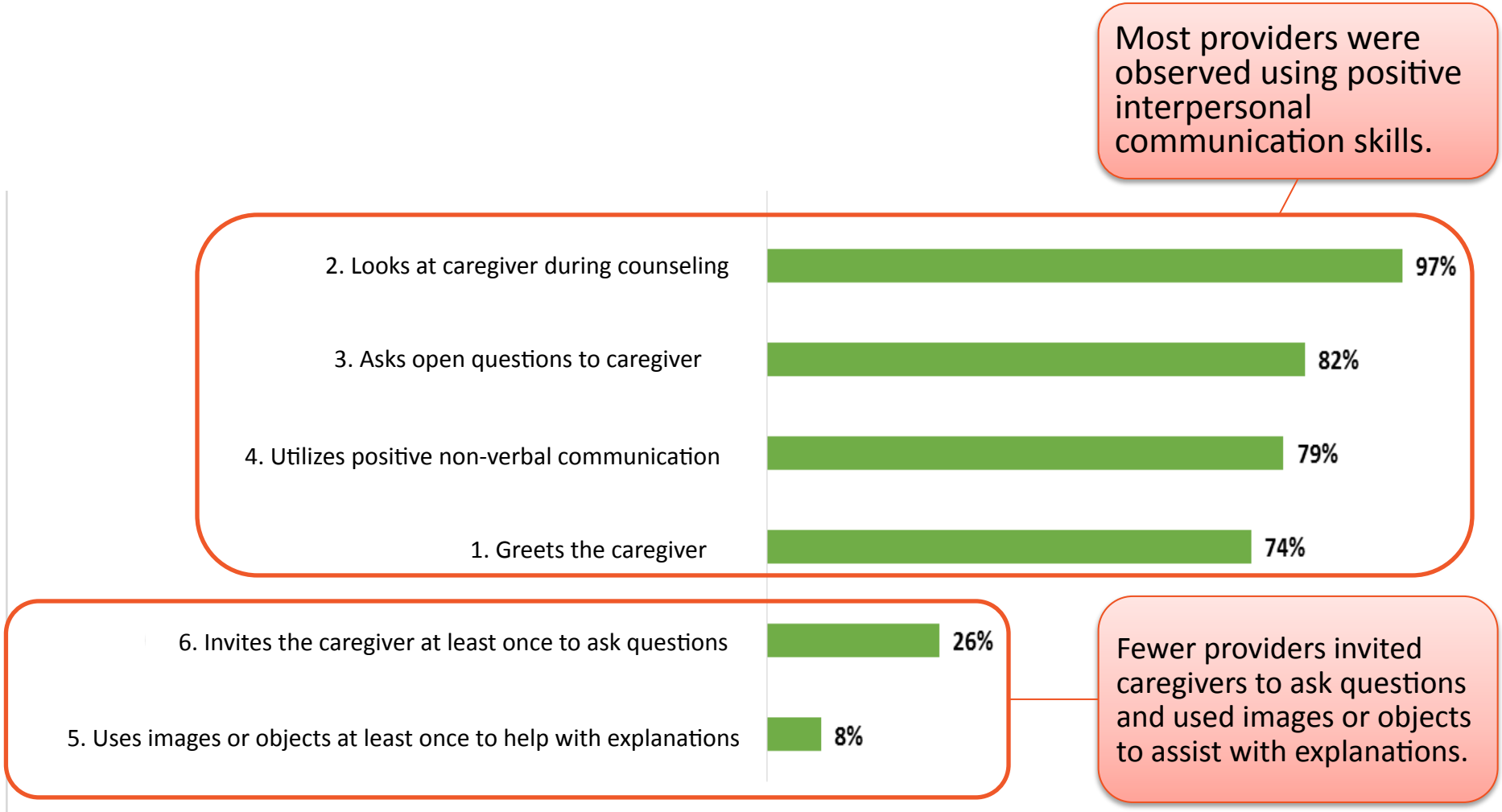
- What is the minimum number of mentoring sessions required to achieve desirable performance levels?
- Does mentoring need to focus on interpersonal skills as well—or only technical skills in nutrition and stimulation?
- Is there significant drop-off in performance levels after the end of mentoring?
- Are existing government supervision structures able to provide or sustain sufficient support to maintain good standard of ECD service delivery?
- What changes in government service delivery guidelines and standards are needed to support these practices?

Thank you!

Average provider performance by SKILL TYPE and SERVICE TYPE (n=61)

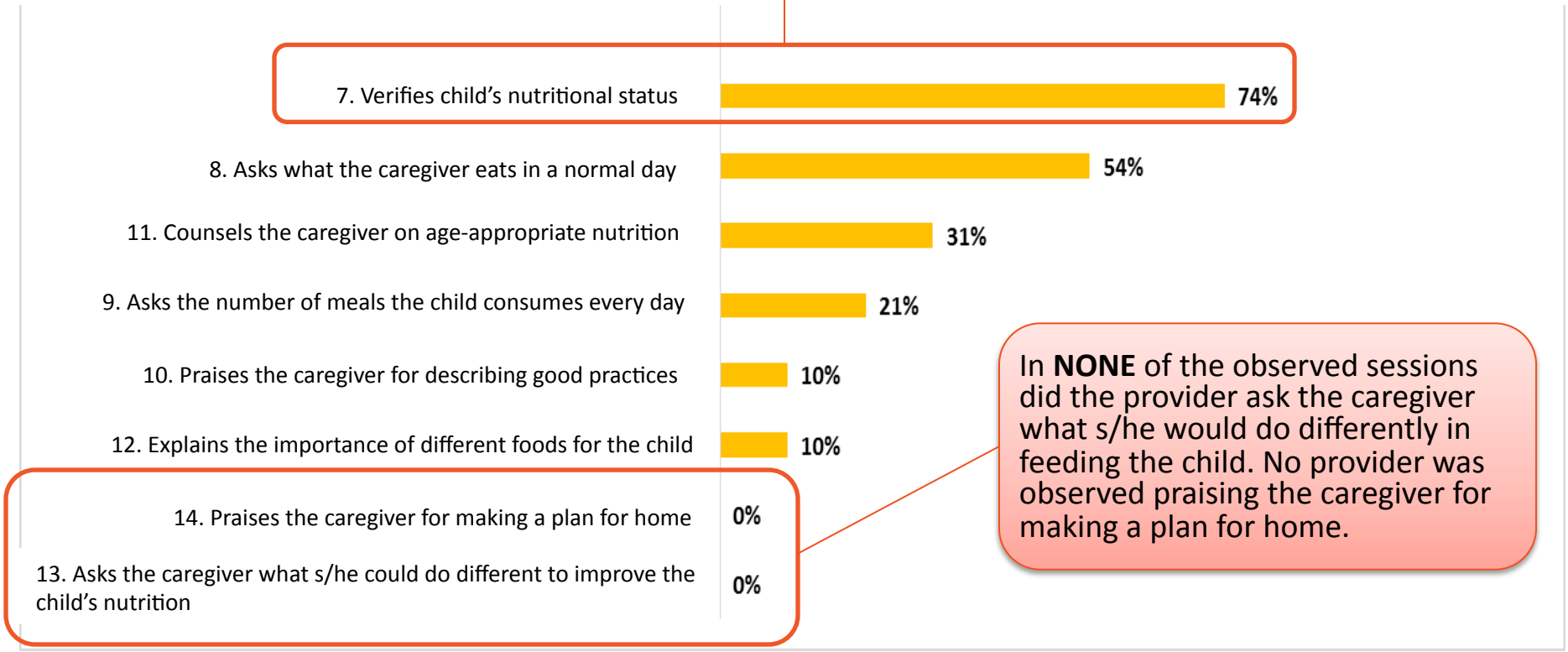


Frequency of interpersonal communication skills observed at baseline (n=61)



Frequency of nutrition counseling skills observed at baseline (n=61)

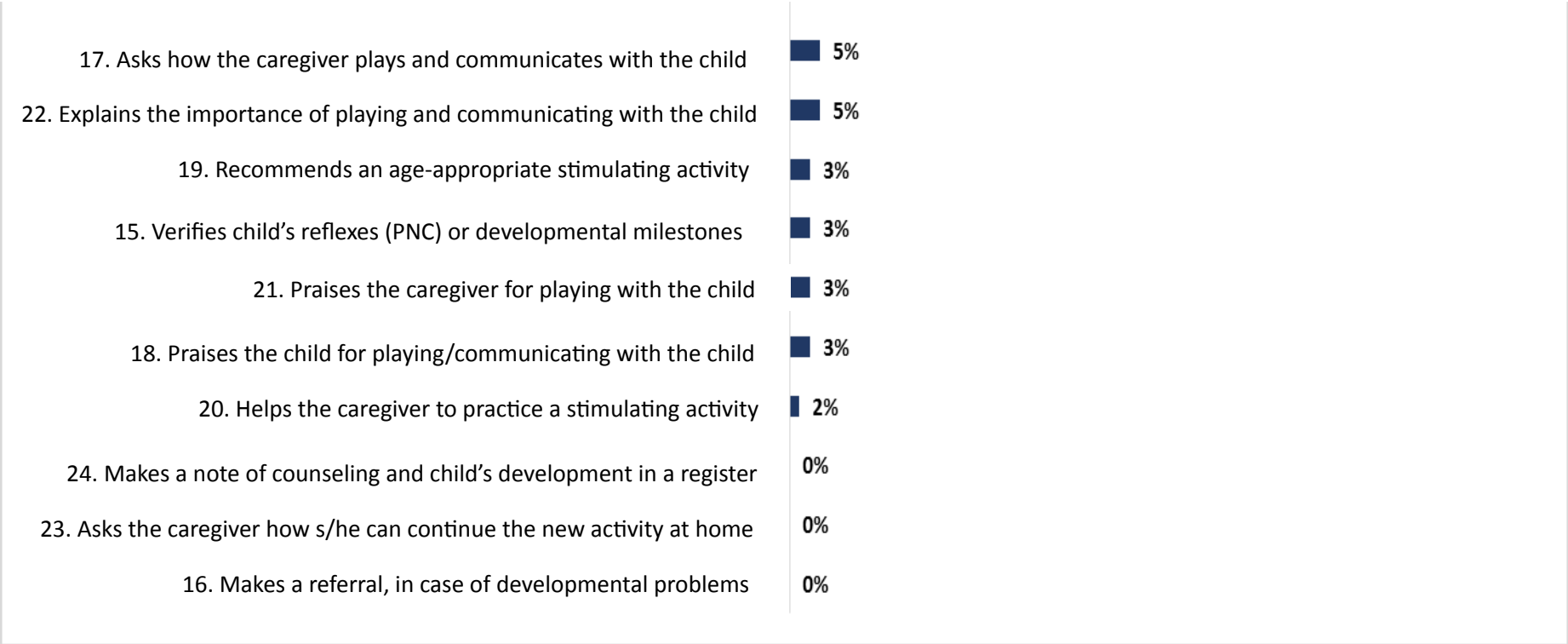
In 26% (16/61) of observed sessions, providers did **NOT** check the child's nutritional status.



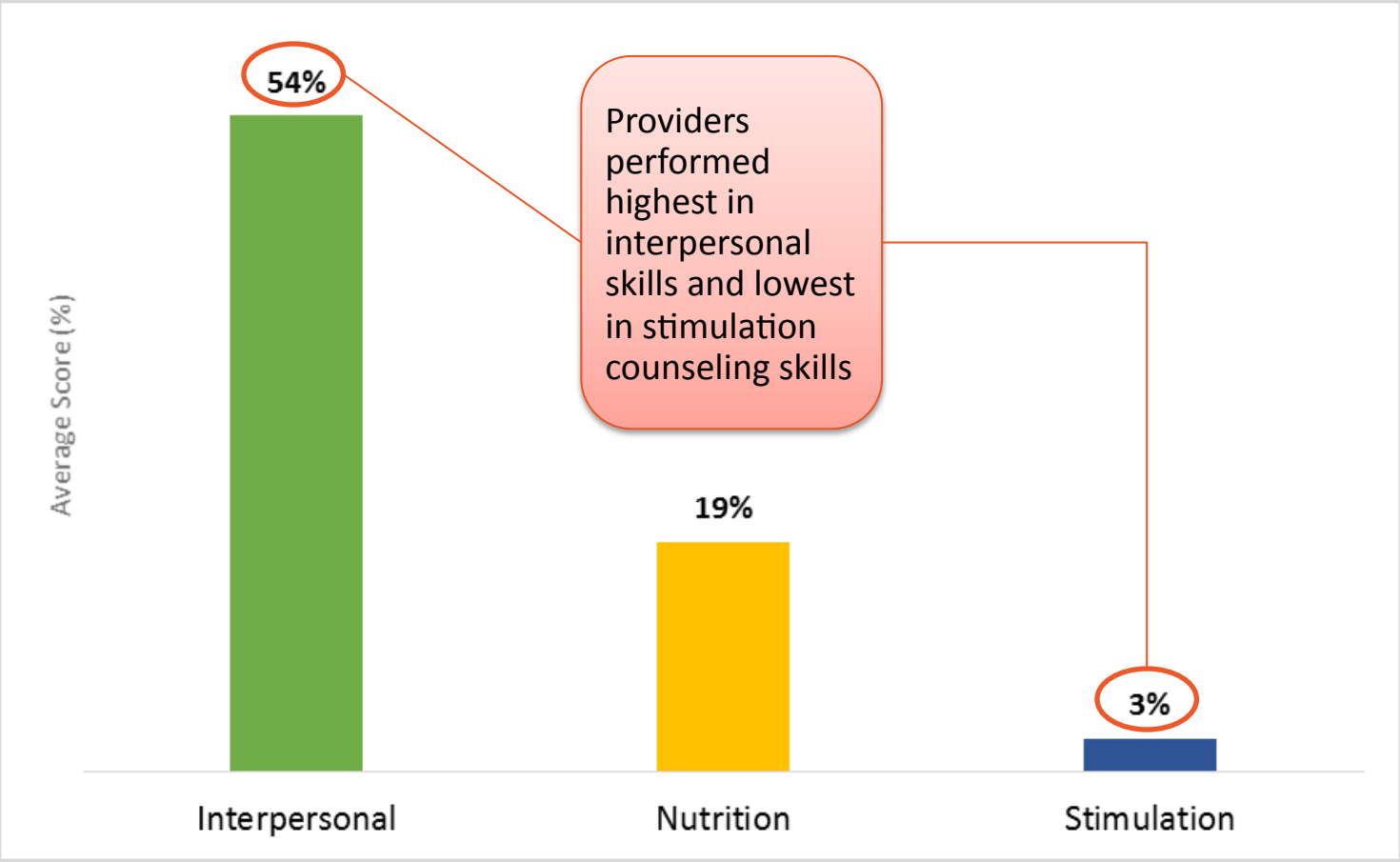
In **NONE** of the observed sessions did the provider ask the caregiver what s/he would do differently in feeding the child. No provider was observed praising the caregiver for making a plan for home.

Frequency of stimulation counseling skills observed at baseline (n=61)

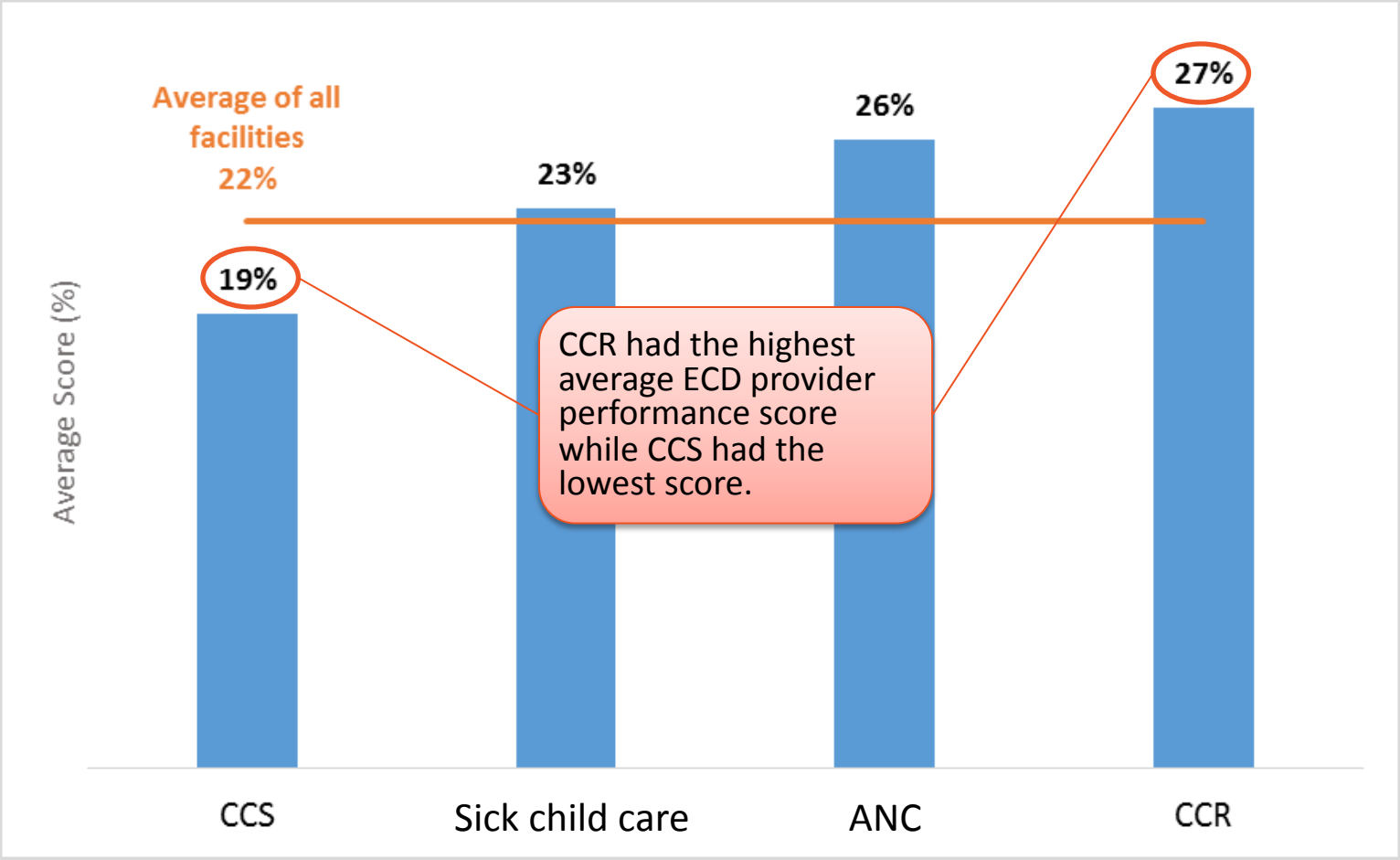
Very few providers were observed evaluating children on reflexes/milestones and counseling caregivers on stimulation.



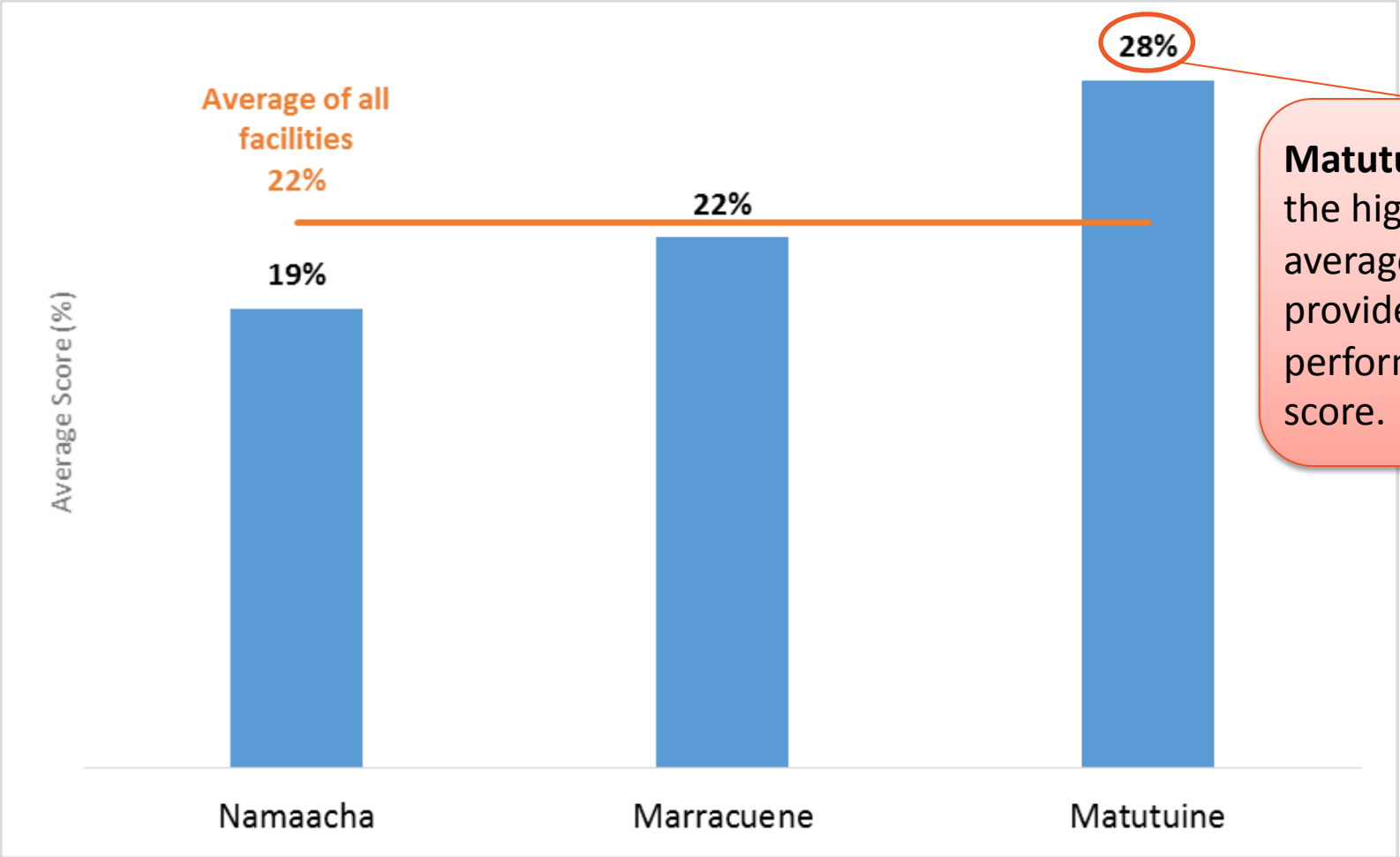
Average provider performance, by SKILL TYPE (n=61)



Average provider performance, by SERVICE TYPE (n=61)

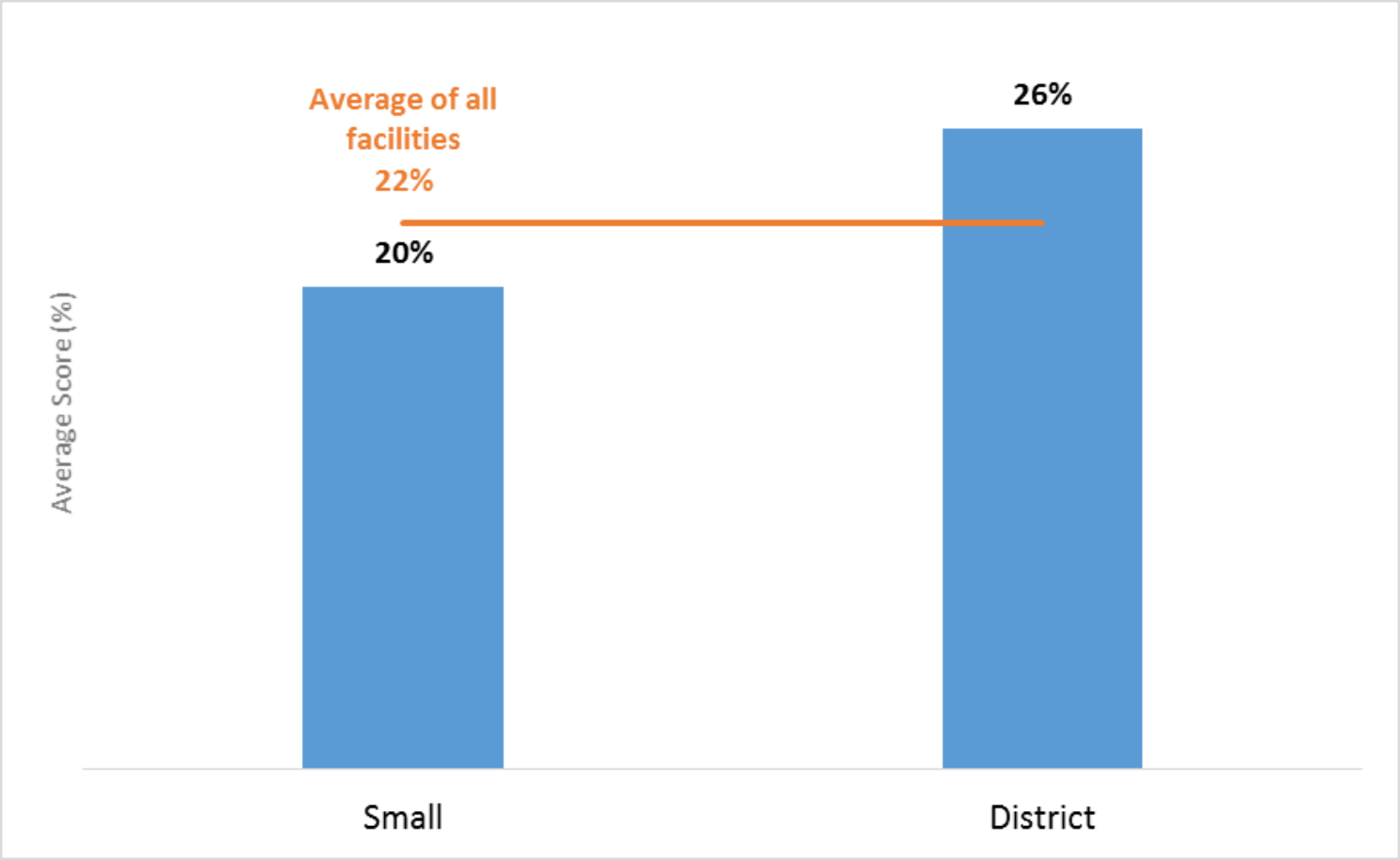


Average provider performance, by DISTRICT (n=61)



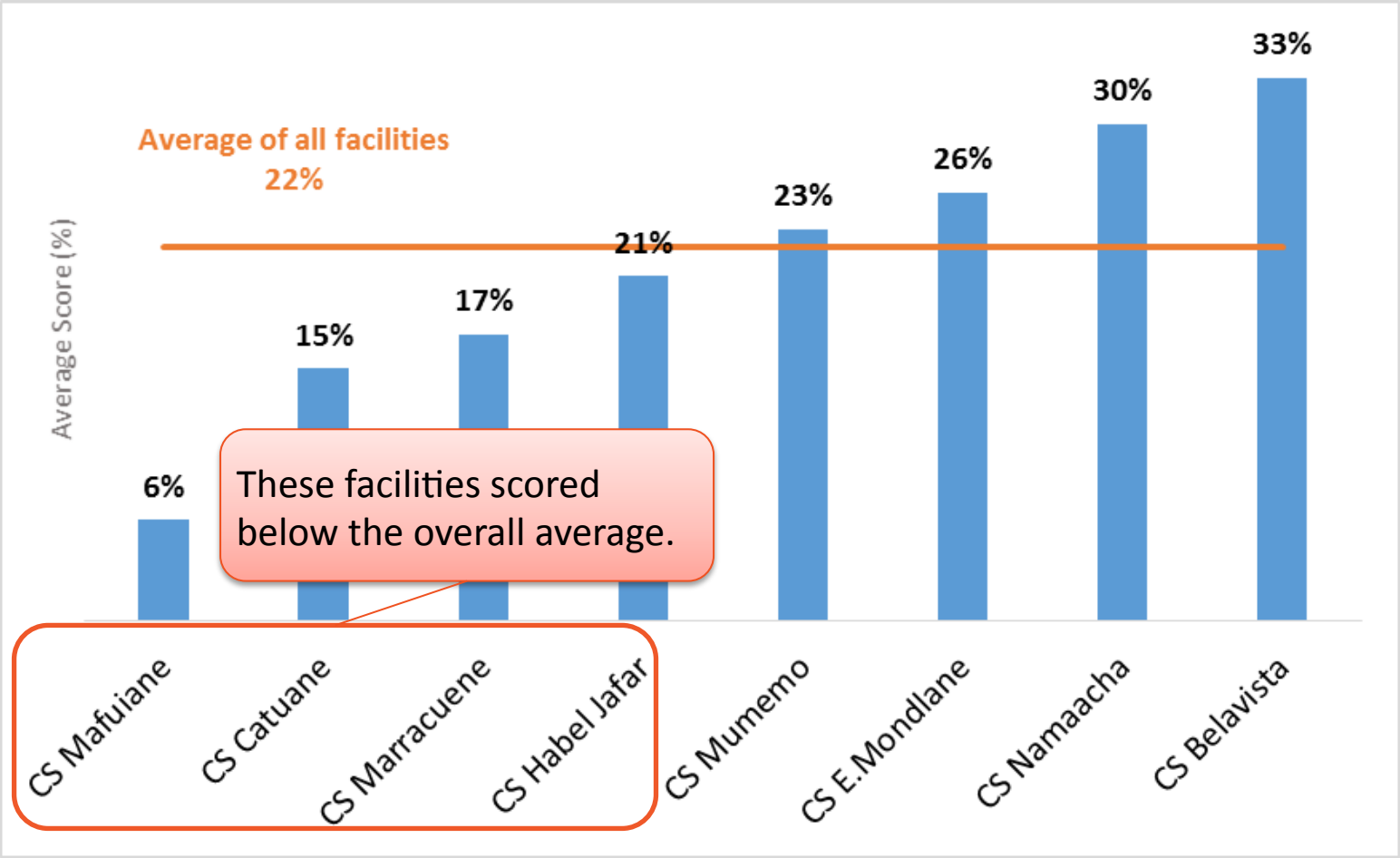
Matutuine had the highest average ECD provider performance score.

Average provider performance, by HEALTH FACILITY SIZE (n=61)



District HFs performed slightly better on average than small HFs.

Average provider performance, by HEALTH FACILITY (n=61)



Note: The number of providers observed at a HF minimally affected the HF average score (Pearson's correlation: 0.1).