

Evaluation of the feasibility and value of integrating nutrition and child development into the national community health worker program in Mozambique



Background

Responsive care, early learning and adequate nutrition in the first three years of life is critical for long-term physical, cognitive, and socio-emotional development. Children who are appropriately stimulated and nourished in their early years grow up to be healthier adults with better socioeconomic outcomes. Since 2012, PATH has developed and supported implementation of an innovative model that integrates early childhood development (ECD) content into routine facility- and community-level health services for children under three years in Kenya, Mozambique, and South Africa.

Upon Ministry of Health (MOH) guidance, PATH began working with the Maputo Province Provincial Directorate of Health in 2014 to provide technical and financial support to the community health worker (CHW) program in Boane District. Given that CHWs are sometimes the first connection to the health system for families with young children, PATH supported the integration of nutrition and developmental screening and counseling topics, such as responsive feeding and developmental milestones, into:

- The standard national CHW orientation training.
- Quarterly CHW refresher trainings.
- Educational materials for CHW use.
- Monthly supervisory meetings.
- A home visit mentoring tool for CHW district supervisor use.

Methods

PATH conducted an evaluation in November 2016 to understand the feasibility and value added of integrating nutrition and development topics into CHW work. Data

collection included surveys with 13 of 15 CHWs in Boane and in-depth interviews with 6 purposively selected Boane CHWs. Select indicators from the MOH CHW program were compared between Boane and a control district in the same province. Eleven Boane CHWs and nine randomly selected CHWs from the control district were directly observed using a 25-point household visit mentoring tool that measured key competencies in interpersonal and priority service provision skills. PATH also conducted structured interviews with 20 caregivers with children ages 0 to 3 years old who had received three or more household visits from PATH-supported CHWs in Boane.

Quantitative data were analyzed for summary statistics using Excel. Qualitative data were analyzed for themes following open-coding of transcripts using ATLAS.ti (v7).



CHW screening a child for malnutrition. Photo: PATH.

Findings

Workload and job satisfaction

On average, Boane CHWs reported working 31 hours a week, spending most of that time on household visits (13

hours) and receiving patients (12 hours). Boane CHWs reported spending an average of 32 minutes for each household visit. Nearly all Boane CHWs reported being satisfied or very satisfied (12/13, 92 percent) with their job in general, and with their workload. One Boane CHW stated:

“[Nutrition and development integration] made the job more enjoyable.”

–Boane CHW #5 (interview)

Productivity

On average, Boane CHWs were more productive in their main responsibilities in 2015 than CHWs in the control group. On average, Boane CHWs conducted 18 percent more household visits, 34 percent more consultations, and 27 percent more community talks per month than the control CHWs.

Work quality

The average CHW household visit performance score in the control district was 37 percent, compared to the average score of 81 percent in Boane—a greater than 110 percent statistically significant difference ($p < 0.0001$). Key differences between control and Boane CHWs were in conducting developmental screening and counseling and in communication skills; more Boane CHWs were observed praising caregivers and explaining the importance of discussed health topics compared to control CHWs.

Value added

Integration of nutrition and development screening and counseling into CHW work in Boane were positively received by CHWs and caregivers and improved the relationship between CHWs and families.

“I see that [integration] has improved my relationship with families because they see that what I do is important. Families now welcome me with joy. Families are grateful to see the benefits.”

–Boane CHW #2 (interview)



CHW conducting a household visit. Photo: PATH.

Caregivers and CHWs explained that household visits changed caregiver feeding practices:

“Caregivers learned that they can solve problems of malnutrition with local things. Mothers are producing diversified foods in their farms to feed their children.”

–Boane CHW #6 (interview)

Caregivers similarly described a change in parenting practices, especially in communication, discipline, and play, which reportedly changed relationships between caregivers and children:

“Caregivers now teach children instead of punishing. Without shouting. They try to listen to the children, to know what they mean.”

–Boane CHW #1 (interview)

“Now I play more with her and make her talk and laugh.”

–Caregiver of 2-year-old

Caregivers also described how these changes in the caregiver and family affected their children, most commonly regarding improvements in development and overall health. CHWs described that children were “open,” “freer,” and “no longer afraid of adults.”

“[The children] are more cheerful, have a good life and good behavior.”

–Caregiver of 2.5-year-old

Next steps

Findings from the evaluation were shared with provincial and district health authorities. A follow-up dissemination meeting with the MOH and other stakeholders was held to discuss implication of findings for the CHW program. At a later stage, PATH expanded integrated support of CHWs to all districts in Maputo Province. PATH will continue to provide this support while working with the national MOH program to strengthen CHW supervisory systems, including the integration of nutrition and child development topics into supervisory tools.