

Clinical mentoring of early childhood development services in Mozambique



Project background

Despite evidence that care and stimulation of the first three years of life is critical to a person's long-term health and well-being, clinicians in low-income settings rarely screen for developmental delays or counsel caregivers on ways to promote a child's development. To address this gap, PATH is training and mentoring clinicians to integrate early childhood development (ECD) screening and counseling into health care services for children 0 to 3 years old across Kenya, Mozambique, and South Africa.



A mother receives counseling on ECD activities to ensure the healthy development of her child. Photo: PATH.

Methods

To assess change in clinicians' ECD screening and counseling skills with caregivers of children 0 to 3 years old in Mozambique, PATH directly observed 21 clinicians provide services in eight randomly selected health facilities to collect baseline data, before PATH's interventions took place. Observed services included well-child checks, sick-child care, and consultation of children considered "at risk" (e.g., HIV- or TB-exposed,

malnourished, etc.). During each session, a 24-item, UNICEF/WHO-adapted checklist was used to measure key competencies in interpersonal skills, as well as nutrition and developmental screening and counseling skills. Once the clinicians received ECD training, PATH mentors began visiting health facilities to provide one-on-one mentoring to support clinicians and continue to build their ECD screening and counseling skills. To tailor the mentoring session to clinicians' professional development needs, mentors use the same 24-item tool to evaluate each clinician's ECD skill level. Linear regression was used to estimate changes in average clinician ECD scores associated with receiving ECD training and mentoring visits.

Findings

The average baseline clinician ECD performance score was 23 percent (Figure 1). At baseline, clinicians performed highest in interpersonal skills (56 percent) and lowest in developmental counseling (3 percent). After receiving the training, clinicians scored an average of 61 percent, a statistically significant increase of 38 percentage points ($p < 0.001$). The average ECD score after training and three mentoring visits was 86 percent.

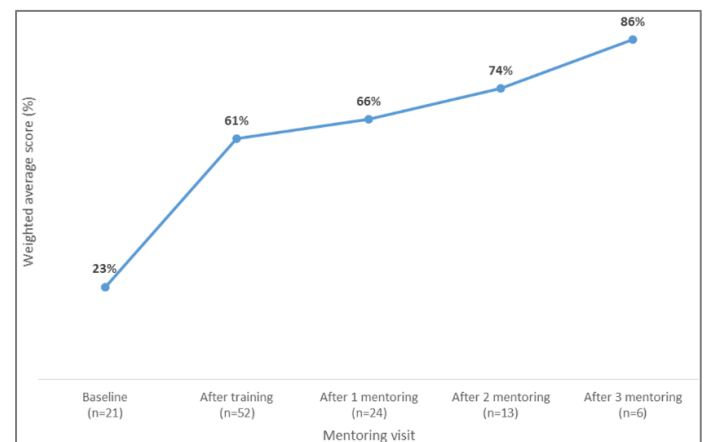


Figure 1. Change in average clinician's ECD performance. May 2014–February 2015.

There were also substantial improvements observed from baseline to post-intervention for key competencies in interpersonal skills and nutrition and developmental screening and counseling skills (Figure 2). During the baseline visits, very few clinicians praised the caregiver (7 percent) or invited the caregiver to ask questions (24 percent). But after receiving ECD training and two or more mentoring visits, nearly all clinicians were observed praising the caregiver (95 percent) and most invited the caregiver to ask questions (81 percent).

Similarly, there was an increase in clinicians who checked the child's nutritional status from baseline (62 percent) to after receiving training and mentoring (84 percent). While only a quarter of the clinicians provided nutrition counseling before PATH's support, nearly all (92 percent) clinicians included this in their practice after PATH's support.

The largest shift was observed in developmental screening and counseling skills. Almost no clinicians (2 percent) assessed developmental milestones or reflexes nor provided developmental counseling (4 percent) at baseline, while after training and mentoring most clinicians were observed integrating this into their practice (70 percent and 89 percent, respectively).

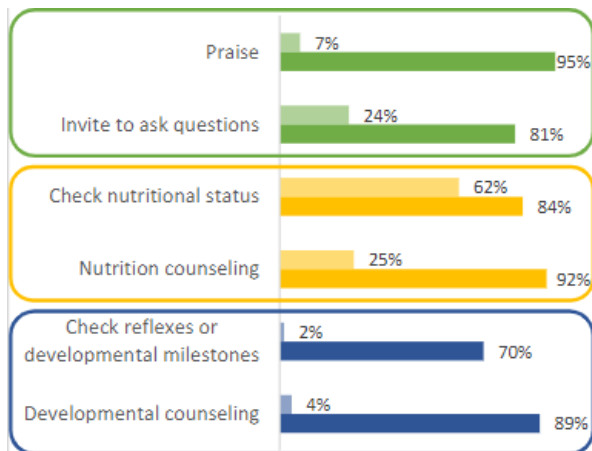


Figure 2. Change in average clinician's ECD performance, before training to after training, plus two or more mentoring visits.

Conclusions and next steps

The baseline findings identified a major gap in screening and counseling children 0 to 3 years old and their caregivers for nutrition and developmental milestones during routine health visits and the need for in-service training and mentoring, job aids, and guidance to effectively integrate such services within the limited consultation time. PATH's work to address this gap has shown promise in improving clinician skills in ECD screening and counseling of children 0 to 3 years old, as well as an increase in integrating this practice during



*A PATH-trained clinician performs a well-child check on an infant.
Photo: PATH.*

routine consultations. PATH's Integrated ECD program is actively using these findings to refine its clinical mentoring strategy in Kenya, Mozambique, and South Africa. The data will be especially useful for establishing training and mentoring standards and guidelines that are based on realistic and sustainable government health service delivery capacity and systems.

For more information, please contact:

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