

Designing, Implementing and Evaluating a Scalable Home Visiting Intervention: Impacts and Challenges

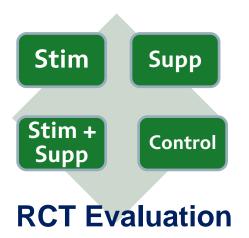
Attanasio O, C Fernandez, E Fitzsimons, S Grantham-McGregor, C Meghir, M Rubio-Codina, *British Medical Journal* 2014, 349:g5785

iYCG Workshop - Sao Paolo, 11 November 2014

Scalable ECD Intervention in Colombia

- 1. Psycho-social stimulation via home visits
- 2. Micronutrient supplementation

n = 1,429 children 12-24 months 96 semi-urban towns in 3 regions lasting for 18 months (2010-2011)



delivered by local women (use existing CCT infrastructure), mentors

IMPACTS of Stimulation

- 0.26 SD cognitive development (Bayley-III)
- 0.22 SD receptive language (Bayley-III)
- 0.28 SD play materials; 0.27 SD play activities (FCI)

No effect micronutrient supplementation; no interaction effect





Design Challenges: Fidelity & Appropriateness

- Adjust intervention to delivery at scale local women, piggy-bag on existing services ("local champion") minimum low-cost materials & rotate them
- Adjust intervention to home visitor abilities
 organise curriculum by week, match activities to child's age,
 specific instructions in simple language
- Culturally appropriate (country, disadvantaged families)
 familiar images, local games & songs, use every day routines &
 activities, use family structure
- 4. Maintain quality
 - frequency of visits, length of intervention, child graduation, ratios: home visitors per supervisor, families per home visitor



Implementation Challenges: Sustain Quality

- 1. Identify suitable home visitors assess capabilities, availability, "motivation"
- Long enough initial training periodic retraining
- 3. Continuous mentoring and supervision mentors/supervisors permanently on the field, text messages, phone communication, bulletins
- 4. Mentors/supervisors: profile and training
- 5. Sustain enjoyment and motivation remuneration (full/part time job), professional development path, team spirit, keep mums & children interested ----- fun!



Evaluation Challenges: Measurements

- 1. Representativeness of Sample
- 2. Child Outcomes
 good concurrent and predictive validity,
 can be assessed reliably at scale, sensitive to small improvements
- 3. Intermediate Outcomes: understand behavioural changes in the home knowledge, practices, material resources, constraints
- 4. Implementation of Intervention: quality of processes; key elements; what works data on visitors, supervisors and families, interactions home visits (frequency, duration, quality)
- 5. Intervention Costs tedious but crucial



