



Supporting Community Health Workers to Integrate Early Childhood Development in Mozambique



Integrate ECD into health sector: 1,000 days and touchpoints

- **1,000 days period (pregnancy to Y2) is critical for physical, cognitive, linguistic and emotional development of children**
- **Developmental delays in early years are often irreversible**
- **Health sector is the only one that reaches young children and caregivers (up to 26 touchpoints on the first 2 years of age)**
- **Lancet 2016 ECD series, nurturing care model**



Mozambique CHWs (APEs) program: who they are, how it works

- **Community members**
- **Primary school education, 4 months MOH health training**
- **Rural areas**
- **Link between communities and health facilities**
- **80% preventative (home-based visits, community meetings), 20% curative**
- **Focus on treatment of child diseases, referrals, contraceptive SC and HIV drop outs**
- **Work with a health unit of reference (commodities, supervision, etc).**
- **Modest subsidy (around 23 USD current exchange rate)**

PATH approach to support integration of ECD into CHWs/APEs MOH program

- **Developed in coordination with MOH after initial assessment**
- **Since 2013**
- **“Minimum package” for ECD integration includes:**
 - **Screening for developmental delays;**
 - **Counseling on age-appropriate care, nutrition and stimulation**
 - **Referrals in case of developmental delays**
- **PATH provides technical and financial support of:**
 - **APE training**
 - **Meetings with community leaders**
 - **IEC materials for APE use**
 - **Mentoring and Supervisory activities**



Going to scale, challenges

- **CHWs/APEs is a national program, depends of MOH national policies and decisions**
- **Limited APEs educational background and training**
- **Avoid too many APES responsibilities and tasks, needs for prioritization**
- **Poor APEs supervision and coaching**
- **Motivation (poor subsidies, lack of supplies, etc.)**



Enhancing CHWs/APEs retention and job satisfaction

- **Subsidies**
- **Health system support (training, coaching, supervision, basic equipment, regular supplies)**
- **Community / social recognition**



Methods

- **Evaluation questions:**

Workload +
job satisfaction

Productivity

Quality of work

Value added

- **Data sources:**



**Program data
(intervention +
control)**



**Observations
(intervention +
control)**



Surveys



Interviews

Findings: Job satisfaction and workload

CHW job satisfaction (n=13 of 15 CHWs)



CHW job satisfaction, workload (n=13 of 15 CHWs)



Findings: Job satisfaction and workload



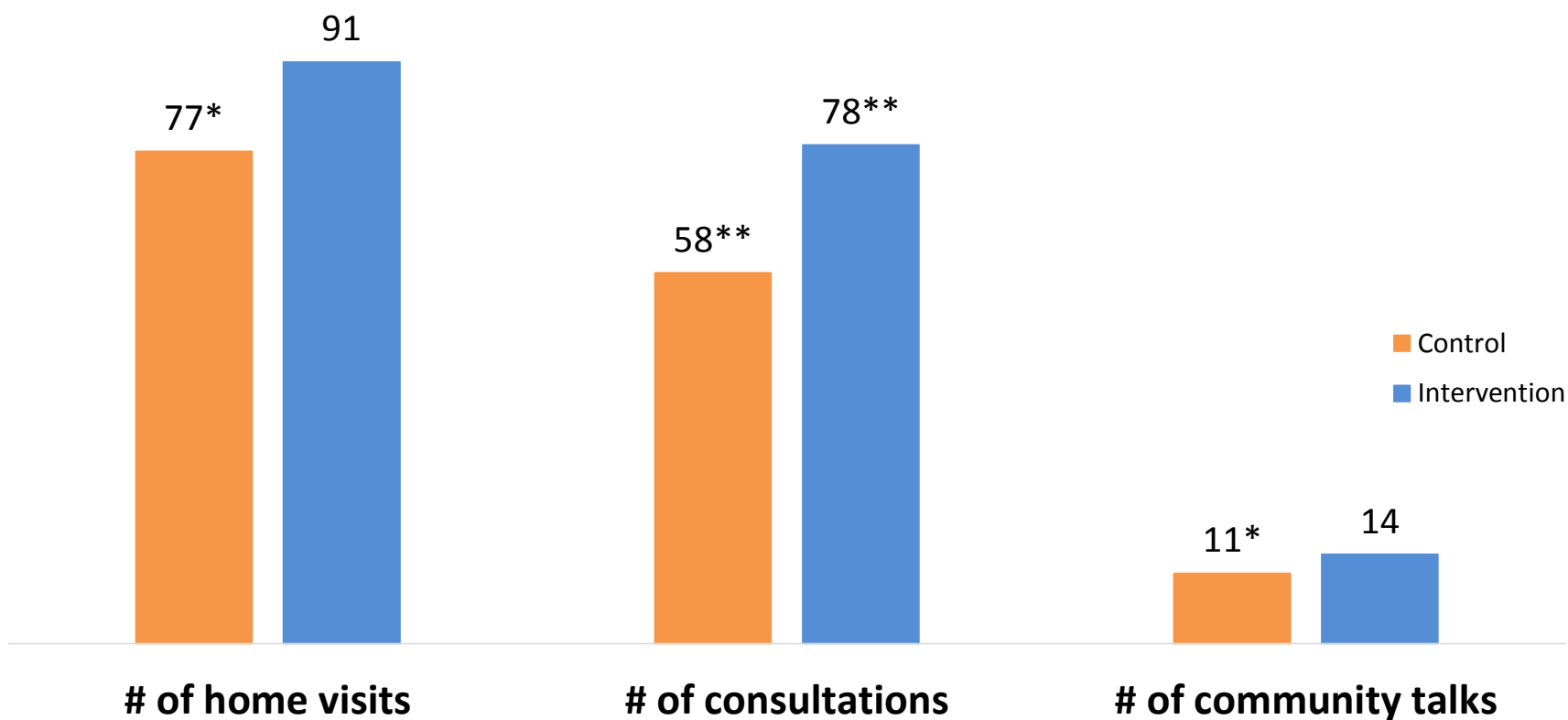
Photo: PATH

“[ECD integration] made the job more enjoyable.”

-CHW #5 (interview)

Findings: Productivity

Average CHW monthly productivity (2015),
Control vs. Intervention

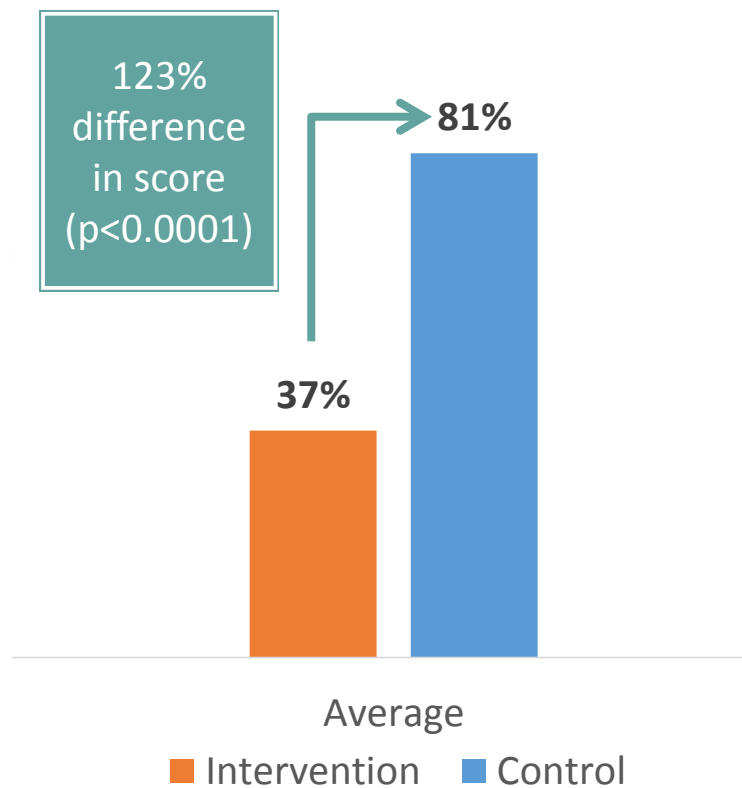


*Average over 11 months (missing April 2015 data)

**Average over 8 months (missing January-April 2015 data)

Findings: Quality of work

CHW Household Visit Performance (2016), Control vs. Intervention



Findings: Quality of work



Photo: PATH

“[PATH’s support] has improved the way I communicate with families. It is no longer just telling communities what they should do, but also showing them how to do it.”

-CHW #3 (interview)

Findings: Value added

- ↑ relationship between CHW and families and families and children
- Change in caregiver practices
- Change in children

*“I see that it 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.”*

-CHW #2 (interview)

Summary

Workload +
job satisfaction

Productivity

Quality of work

Value added

Thank you! Muito Obrigado!



Photo: PATH

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