Advancing country efforts for early childhood workforce development:
The Home Visiting Workforce Need Assessment Tool

Hosted by:

RESULTS FOR DEVELOPMENT

INTERNATIONAL STEP by STEP ASSOCIATION
Speakers

**Moderator**

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The early childhood workforce is prepared, supported, and empowered so that it provides young children and families with quality services.
Overview of the Needs Assessment Tool
Home Visiting Needs Assessment Tool

Scope
• Personnel supporting home visiting programs
• Targeting pregnant mothers and caregivers with children under age 3
• Delivered across sectors

Rationale
• Increased country focus on supporting parents and children in first 1,000 days
• Supports global efforts: Nurturing Care Framework
• Complements existing tools/resources
Objectives of the tool

Support policymakers and relevant stakeholders to:

- Review/analyze/reflect on status of HV programs & workforce
- Prioritize areas for government attention
- Identify workforce gaps and issues
- Improve knowledge exchange across diverse sectors/actors
What does the international research tell us about effective home visiting programs?

- Greater frequency of visits and longer duration
- Quality of interactions between home visitor and family members
- Caregivers and children practice activities together and receive coaching and feedback
- Workers who tailor content to meet needs/interests
- Ongoing support and reflective supervision

Source: Putcha et al., forthcoming
Conceptual framework

Methods:
• Review of literature
• Review of workforce tools
• Consultations with global and regional experts
• Feedback from stakeholders in pilot countries
Areas with Direct Impact

- Job descriptions/profiles
- Competences
- Standards
- Recruitment
- Skills assessment at hiring

- Training (Pre-and In-Service)
- Supervision/Mentoring
- Peer Support
- Professional Development
- Career Pathways

- Curricula
- Manuals/Resources
- Screening/assessment tools
- Play materials

- Workload
- Remuneration
- Incentives (monetary and non-monetary)
- Organizational culture/stress
- Transportation
- Community Safety
Areas with System-level Impact

- Duration
- Frequency
- Target Group
- Content
- Modality

- Program governance
- Program finance
- Buy-in for HV programs
- Workforce rules/regulations
- Community support
- Coordination across services/sectors
- Program leadership

- Data Collection
- Data Usage
- Program standards/guidelines
- Performance monitoring
Structure of the Tool

Each of the 7 Tool Areas is organized into Goals, Measures, Reflection Questions.
Goal 2: Home Visitors have adequate opportunities while in their roles to develop the skills and knowledge needed to support families and grow their careers.

Measure 1: In-service training is widely available and accessible, and adequately focuses on the knowledge and skills most relevant for the day to day roles of home visitors.

- Are in-service training opportunities available and accessible to all home visitors? (e.g. offered on a regular basis, at a low cost or free of charge…)
  - If transportation is a barrier to attending trainings, are there stipends available to cover such costs?
  - Are home visitors able to leave work to participate in these opportunities? Do they receive paid time off to participate?
- Are in-service training opportunities responsive to and reflective of the roles and responsibilities of home visitors?
  - Are topics relevant to their day-to-day roles?
Piloting the Needs Assessment Tool

Identified Bulgaria and Siaya County, Kenya through preference for sites with:

- Established home visiting service/program at the national/sub-national level;
- Interest in strengthening their home visiting / early childhood workforce;
- Ability to participate in stakeholder interviews or consultation calls
- Inflection point with regards to their early childhood workforce
- Willingness to document and share their experiences
In each country, we:

- **Worked with country leads** to understand their needs, priorities, and current planning processes related to the home visiting workforce

- **Contracted a local consultant** provide additional background and conduct key information interviews and focus group discussions

- **Hosted a 2-day tailored and participatory workshop with a range of stakeholders** including home visitors, supervisors, health officials, civil society partners, and national ministry officials
During the workshop, we use the tool to:

- Develop a **vision** for the home visiting services across the 7 Tool Areas
- Reflect on the **current implementation status** of key components of an effective home visiting system
- Identify workforce development **strengths and areas for improvement**
- **Prioritize next steps** to continue to capitalize on our strengths to implement nurturing care, improve our soft spots, and achieve our vision
- Stimulate discussion and increase alignment about workforce development efforts needed to **sustain a quality home visiting service and system**
Pilot Workshop Process

Day 1

- Provide background on tool development and structure
- Develop **Vision Statements** for each tool area
- Create **Reflection Grids** to depict the current home visiting services for each tool area: plot according to status and feasibility
Pilot Workshop Process

Day II

- Share the discussions from each tool area
- Prioritize areas for exploration
- Identify action steps and ways to move from our current status to the vision we defined
- Summarize commitments and share how outputs will be used to strengthen workforce efforts
In Brief:
Home visiting systems in Bulgaria and Siaya County, Kenya
A model of a home visiting service developed and piloted in two regions of the country (2013-2019)

The model objective is to:

• Strengthen caregivers’ capacities to provide nurturing care to children from 0-3,
• Improve early identification of developmental difficulties and risks for children’s wellbeing, and
• Facilitate early intervention including through improved access to available health care, social and educational services in the community.

Target group: families with young children, pregnant women and their families. Three levels of services, universal access.
• Siaya County, Kenya, has 2148 home visitors who are referred to as Community Health Volunteers (CHVs). The CHVs are appointed by community members to support in carrying out home visiting.

• The CHVs have the responsibility of visiting pregnant women and children under the age of 3, to promote appropriate self-care, disease prevention, responsive caregiving, timely referrals and positive health seeking behavior.

• Each CHV is assigned 100 households and is supervised by a Community Health Assistant (CHA).
What was your motivation to participate in the piloting process?
Motivations for piloting of the ECWI HV Workforce Needs Assessment Tool, Bulgaria

• To facilitate a national discussion over the need to plan long-term measures to ensure qualifies human resources for home visiting (identified as a challenge for establishing home visiting services nationally in the evaluation process)

• Identify specific measures/activities to be considered during the process of scale up of home visiting services, as well as beyond it.
Motivations for piloting of the ECWI HV Workforce Needs Assessment Tool, Siaya County, Kenya

• The County, has invested massively in scaling up home visiting initiative since devolution.

• The assessment of the workforce status and terms of engagement has never been done to establish the emerging issues in home visiting and reflect on the ways in which they can be supported to be more effective.

• The tool was introduced at the right time when the County was struggling to think through how to boost CHVs morale in order to improve on their output in their day to day services.
What are the main takeaways from the piloting workshop? What were the main achievements of using the Tool?
The process of piloting: a 2-day workshops with participation of home visitors, as well as policy makers, a framework for structured and comprehensive discussion on home visiting human resource development.

The outputs:

- Encouraged structured, system thinking on the issues related to human resource development for the needs of home visiting services;
- Helped identify key gaps and priorities to be addressed in the future;
- Facilitated exchange of views/perspectives between policy makers and frontline workers.
- Raised awareness of the key national stakeholders on the need to have a comprehensive strategy for human resource development.

Challenges:

- Difficulty to project in the future (beyond the piloting experience)
- No system approach to development of home visiting in Bulgaria
Main Take-Aways Siaya County, Kenya

• Effective home visiting require competent and motivated personnel who clearly understand their roles and responsibilities.

• Importance of having an enabling environment where policies clearly define the modalities and scope of engagement with clear mechanisms for performance monitoring and quality assurance. Home visiting personnel’s need regular follow ups & mentorships.

• Siaya County team was able to identify their strengths, weaknesses and opportunities in home visiting for pregnant women and children.

• The design of the tool is unique and covers a wider scope and all aspects of home visiting and enables in depth understanding of the home visiting situation and the influence of various issues on home visiting.

• The tool provided the management, the opportunity to identify priority interventions to support personnel delivering home visiting for pregnant women and children.
Main Take-Aways Siaya County, Kenya

• The method of execution was participatory thus giving the participants an opportunity to reflect and contribute openly with their experience and suggestions.

• Additionally, the tool addresses the support that home visitors receive since it impacts the way in which they are able to carry out their tasks on a day to day basis and ultimately influences their relationship with families.
How did you/will you use lessons learned, findings and insights from the piloting workshop to strengthen the workforce?
Implications for the future

- The gaps and priorities identified informed the development of the project to be funded with EU funds (for example the review of service methodology, training, supervision, standards).

- Discussions over others need to continue as part of a comprehensive plan.

- However, some issue are systemic (for example related to carrier development, renumeration, etc.) and they can be addressed only as part of a comprehensive reform of the health care system.
Implications for the future

• The workshop was impactful on the workforce strengthening efforts especially at this time when the County is in the process of developing the Community Health Services Bill and the Maternal and Child Health Bill.

• We will use the resolutions from the meeting to make amendments on certain areas to cover the needs of the CHVs and other workforce member such as issues of Career progression, performance monitoring, quality assurance, social security and protection.

• The County was able to identify Gaps in monitoring CHVs performance and Quality Assurance
  • Mitigation: Develop a tool/Checklist for integrated support supervision.

• It was identified that the county has not established mechanisms for holding supervisors of home visiting accountable
  • Mitigation: Set performance targets for supervisors

• Incorporate the resolutions in our pending bills.
Do you have any recommendations/advice for other countries aiming to change or improve their home visiting systems and strengthen the workforce?
Recommendations

Benefits:

• Excellent tool for situational analysis and planning for strengthening human resource development for the needs of home visiting services (but can be also easily adapted for other services/systems, for example social workforce development);

• It could be used both at the level of service provider (with some adaptation) and at system level.

• At system level it provides a very comprehensive, long term framework for human resource development.

• It also provides insight in aspects related to quality of the services and their set up – may help improve the aspects related to quality (standards, curriculum, tools, monitoring and evaluation systems).

Challenge:

• The tool is more suitable if the development of the home visiting system is more advanced – the service is recognized, and its place in the health care system or the system of services is well defined, and sustainability is ensured.
Recommendations

• The tool needs to be administered at least once annually to assess home visiting situation and identify areas of improvement to include in annual work plans.

• The tool can be contextualized to be used for assessment of needs of any workforce/cadre in any sector (nurses, nutritionists, ECD teachers, agriculture extension workers etc.)

• The beauty of the tool is that it is modulated and one can choose to use one module at a time depending on the need.
Q&A
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