

Effectiveness of Timed and Targeted Counselling on Maternal, Newborn and child Health and Nutrition (MNCH/N) Outcomes in Palestine: Assessment of Intervention



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Presentation outline

- ▶ Problem statement
- ▶ Study objective
- ▶ Study design
- ▶ Study stages
- ▶ Results
- ▶ Conclusion

Problem Statement

A 2010 landscape analysis (desk research and qualitative assessment) revealed gaps in the following areas:

- ▶ New born care practices (adding salt, harmful massage ,khol).
- ▶ Feeding practices (EBF, duration of breastfeeding, complementary feeding)
- ▶ Care illness management and recognition of danger signs.



Study Objective

- ▶ The objective of this intervention is to assess the effectiveness of home targeted and timely visits by trained community health workers (CHWs) for increased knowledge and improved practices among caregivers of children under 1.



Timed and Targeted Counselling (ttC) Approach

▶ Designed so messages are:



▶ **Timed**: not too early in case they are forgotten, or too late for the behaviour to be appropriately practiced



▶ **Targeted** to those practicing these behaviors, and to those influencing the decision to adopt these behaviours.



▶ **Counselling** :communicated in a secure environment that encourages open discussion with a trained Community health workers .

Study design

- ▶ This intervention study focuses on the direct outreach of community health workers to the households of the selected mothers with children under 1.

This study was divided into four stages :

- ▶ **First stage:** The preparatory stage and selection of field workers
- ▶ **Second stage:** The assessment stage
- ▶ **Third stage:** The implementation stage
- ▶ **fourth stage:** The evaluation stage



Preparatory Stage and Selection of Field Workers

- Identifying the new community health workers collaboration with village stirring committees and village councils.
 - Training the new CHWs.
 - Selecting household beneficiaries :1556 mothers from 37 different communities were selected .
 - Scheduling CHW home visits .
- *32 hours on capacity building activities .*
 - *8 hours follow up training with a focus on growth monitoring.*
 - *32 training hours on data collection (baseline and end line data).*
 - *8 hours on using the job aids.*

Second stage: The assessment

- ▶ Baseline data was collected from the intervention group (n=1556) by the CHWs.
- ▶ Baseline data was collected by completing a structured multi-item questionnaire according to the study objectives.
- ▶ Data was cleaned, entered and analyzed using the statistical software package SPSS version 17.

Descriptive Characteristics

- Compared variables for mothers in the 37 targeted communities such as: mother's age, infant's gender, father's level of education, mother's level of education, mother working, mother's profession, father working, father's profession and the number of live births

No significant differences in the socio-demographic characteristics between villages were identified

Third stage: The implementation

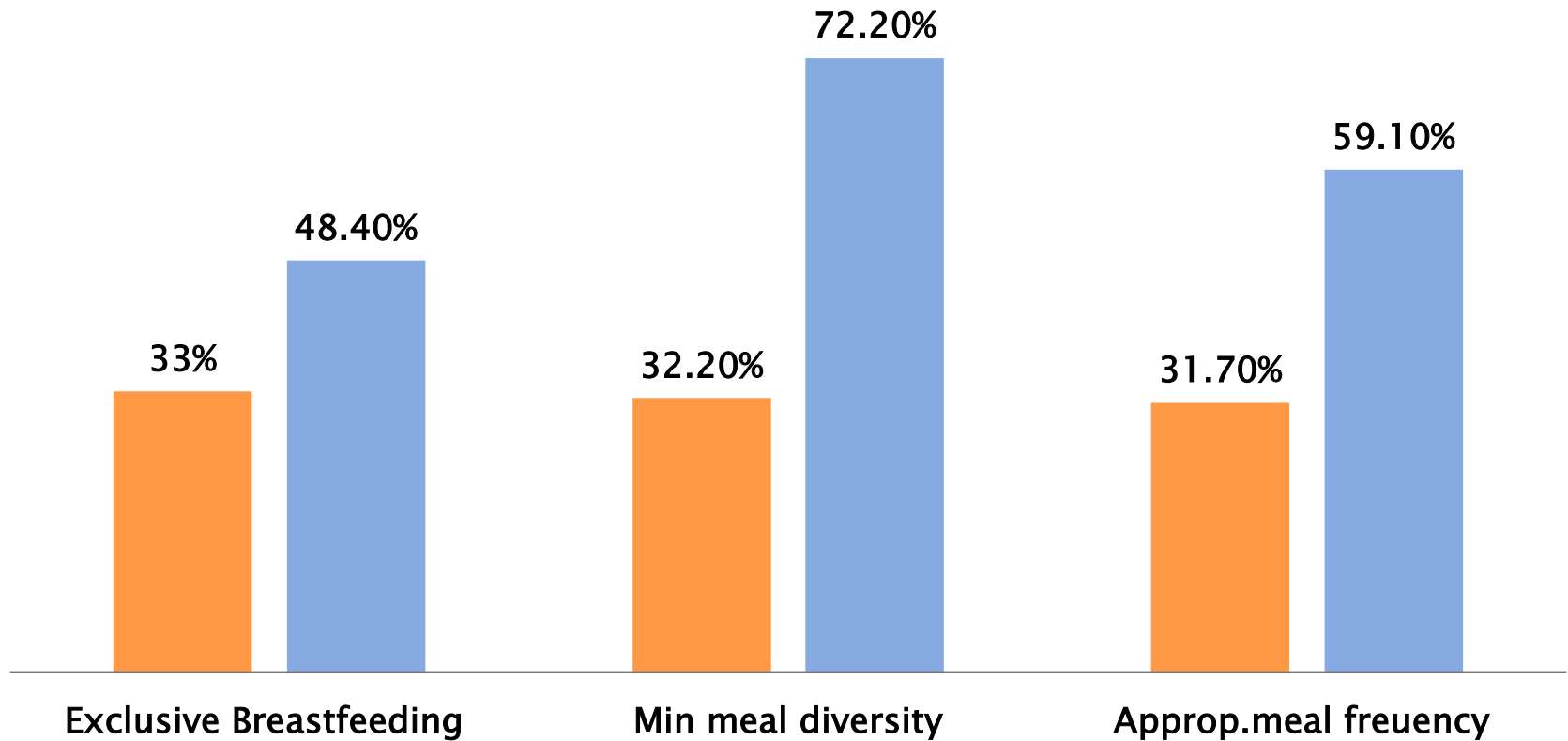
- CHWs conducted the household visits and delivered the messages on timely basis.
- Each CHW was assigned an average of 18 households; they visited the target household a minimum of 2 times per month and a maximum of 4 times as required by the case (first time mothers , sick child)
- CHWs were also responsible for monitoring infant growth.
- Supervision and coordination team meetings took place bi-weekly.
- Plans and forms were reviewed to assure work quality by the project coordinators.
- Field monitoring visits were conducted by World Vision staff.

Fourth stage: The evaluation

- ▶ After 12 months of intervention CHW's collected endline data from the targeted mothers .
- ▶ Data was cleaned, entered and analyzed using the statistical software package SPSS version 17 .

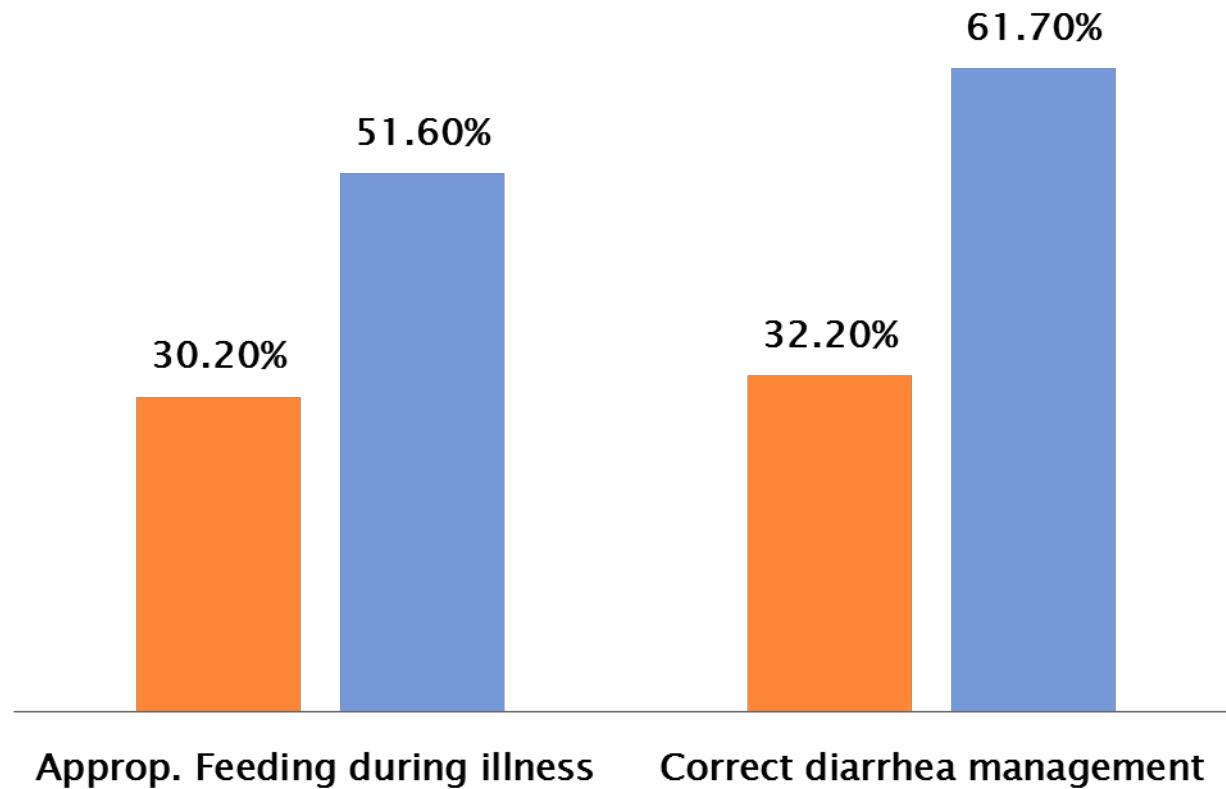
Infant and Young Child feeding Result 1

Before After



Illness management Result 2

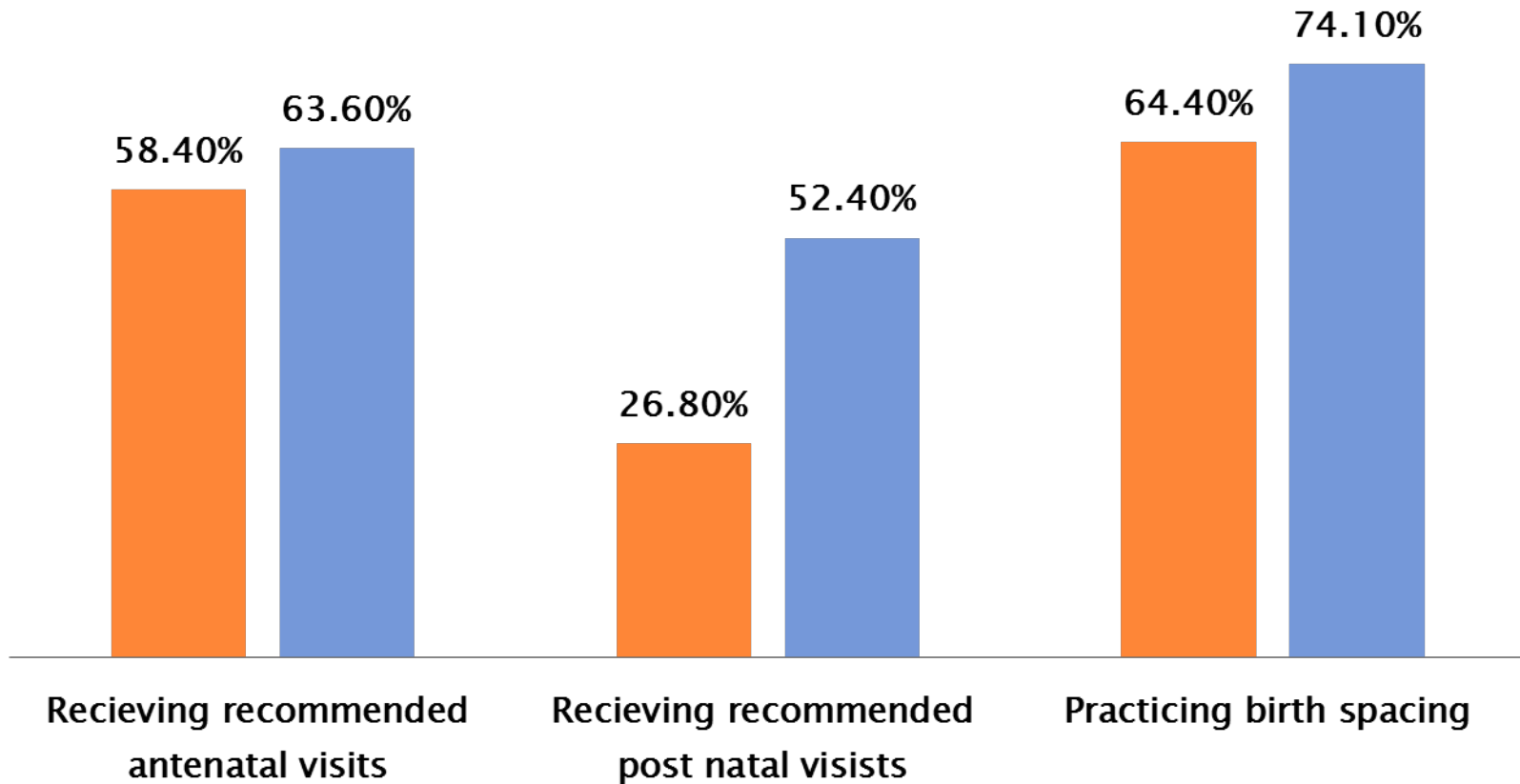
Before After



Maternal care

Result 3

Before After



Timed Targeted Visits



“I wanted to be a CHW because I always wanted to know the right information concerning topics related to mother and child health and nutrition, and I always wanted to transfer this to my community”. Says a CHW .

Confusion is what I used to feel. Before this project, I used to hear different stories about infant care and feeding practices, but now I’m so happy I’m not confused any more! I have one source of information that I can rely on, and I really can see the impact of that on my child,” says one mother from a targeted village in Bethlehem.

Conclusions

The study showed :

- The effectiveness of community level approach “timed and targeted counselling” in contributing to the change in mothers’ knowledge and behaviour related to MNCH/N.
- The positive effect on the CHWs, as they became recognized and respected members in their communities

Plan for scale-up and sustainability of approach

- Scale-up of ttC for all World Vision project areas in JWBG- 140 communities – 2500 HH per year
 - Pilot ttC with early child development and maternal mental health interventions .
 - Integrate and enhance the role of CHWs to be part of a CBO or MoH
- Mobile technology “smart phones “ will be used to monitor the work .