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


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

**$515 USD child/year**
Design Challenges: Fidelity & Appropriateness

1. Adjust intervention to delivery at scale
   local women, piggy-bag on existing services (“local champion”) minimum low-cost materials & rotate them

2. Adjust intervention to home visitor abilities
   organise curriculum by week, match activities to child’s age, specific instructions in simple language

3. 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”

2. **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