

LOGICAL MODEL OF THE HOME VISITING PROGRAM

INPUTS	OUTPUTS		OUTCOMES-IMPACT		CONTRIBUTING TO FOLLOWING GOALS
	<i>Activities</i>	<i>Participants</i>	<i>Short-Medium</i>	<i>Medium-Long</i>	
<p>1. Institutional and professional support of relevant stakeholders (MH, ASA, health and social service providers, health professionals, local authorities).</p> <p>2. Personnel:</p> <ul style="list-style-type: none"> • Sufficient number of home visitors (nurses) per region • Social worker • Health mediators (if necessary) • Supervisors • Trainers • Managers <p>3. Job Aides:</p> <ul style="list-style-type: none"> • Home Visitor records; • Information, education and communication 	<p>- Training /regular supervision is provided to the staff (# of trainings/supervisions; content of the trainings, level of knowledge of the home visitors on specific issues)</p> <p>- Recruitment of caregivers and identification of the most vulnerable children and families (including pregnant women without health insurance) (share of the child population 0-3 years and pregnant women covered by different packages of support);</p> <p>- Home visits to pregnant women and children under 3 years of age in accordance with the approved</p>	<p>Trainers/supervisors & Home Visitors</p> <p>Local authorities, local service providers, hospitals, communities, child protection departments</p> <p>Health visiting team, families and children, health care providers</p>	<p>1. Improved access to antenatal care, with a particular focus on pregnant women without health insurance</p> <p>2. Improved access of the most vulnerable children to well-child care, provided by GPs and pediatricians</p> <p>3. Improved knowledge and practices for newborn care by families</p> <p>4. Improved breastfeeding initiation and exclusive breastfeeding practices during the first 6 months of life, breast feeding on demand and time of weaning</p> <p>5. Improved parental knowledge about child health and development</p>	<p>Improved child growth</p> <p>Improved child cognitive language and social-emotional development</p>	<p>Reduction in infant mortality and morbidity</p> <p>Reduced rates of preterm/low weight at birth</p> <p>Reduction in violence against children, child abuse, neglect and institutionalization</p> <p>Reduction of young children in institutional care</p> <p>Improved early school readiness</p> <p>Increased health literacy</p> <ul style="list-style-type: none"> • Healthy lifestyles and behaviors • Health seeking behaviors <p>Increased engagement of vulnerable and marginalized families in health, social and other public services</p> <p>Equity in children's wellbeing services</p>

<p>(IEC) materials for families</p> <ul style="list-style-type: none"> • Questionnaires for collection of feed back from service users. <p>4. Other Resources:</p> <ul style="list-style-type: none"> • Service methodology; • Policies, procedures and Guidelines • Technology – telephones, ICT, web-based database • Suitable premises • Transportation <p>5. Community awareness and support – awareness of caregivers for the services</p>	<p>Methodology and individual plans of action with families (#of home visits per family per year; #of home visits per health visitor per month; share of vulnerable families reached; home visits in accordance with the methodology; coverage of the child population and pregnant women with services; areas covered during the home visits)</p> <ul style="list-style-type: none"> - Assessment of families’ strengths and resources and child needs (analysis of the family individual plans): - Identification of risk for child health and development (environmental, biological, social) (share of vulnerable children in the total number children reached) 	<p>Social and education service providers</p> <p>Health visiting team</p> <p>Health visiting team</p>	<p>6. Improved early stimulation practices in the home (singing, talking, reading, etc.)</p> <p>7. Improved responsive parenting practices and safe family environments</p> <p>8. Improved early identification and support of children at risk of developmental delays and children with disabilities</p> <p>9. Improved immunization coverage</p> <p>10. Improved access to family planning services</p> <p>11. Improved identification of children at risk of abuse, neglect and abandonment</p>		
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	<ul style="list-style-type: none"> - Counselling, guidance and support to expectant parents to prepare them for birth and parenthood; - Counselling, information and support to encourage healthy lifestyle and uptake of immunization; - Information, support and guidance on breastfeeding, complementary feeding, and adequate nutrition; - Information, modelling of child care practices and advice on early stimulation and responsive caregiving; - Monitoring of child development (# of children identified with developmental delays and referred to services); 	<p>Health visiting team</p> <p>Health visiting team</p> <p>Health visiting team</p> <p>Health visiting team</p> <p>Health visiting team</p>			
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	<ul style="list-style-type: none"> - Information, referral and support for access health reviews provided by GPs and pediatricians (#of referrals); - Information, referral and support for access to a range of available community services and resources, including antenatal care for pregnant women without health insurance - Advocacy on behalf of vulnerable families and their needs before different service providers and responsible local institutions. - Individual case management and coordination of support with other relevant service providers to 	<p>Health visiting team</p> <p>Health care providers/other service providers, child protection departments, home visiting team.</p> <p>Health professionals, health care providers, social and education service providers, child protection departments, home visiting team.</p> <p>Health visiting team</p>			
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	<p>facilitate support to families with complex needs: meetings with health, social and educational service providers on individual cases and issues (#of joint cases with the child protection departments and other local services)</p> <p>- Capacity building of health care providers and other providers of services for children to align messages and build shared understanding on specific issues (for example on child feeding) (#of seminars/joint trainings with other professionals and service providers)</p>				
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Assumptions:

- All resources for effective service delivery are available (including human resources, training and supervision, etc.)

- There are sufficient services – social, educational and health, that provide support for meeting the complex needs of children and families;