A Formative Evaluation of the Parent Infant Home Visiting Programme

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Executive Summary

Background

The Parent-Infant Home Visiting Programme (PIVHP) is a home-based parenting programme targeted at new and expectant mothers, characterised as *vulnerable*. Participants are recruited from low-income communities situated on the Cape Flats, in Cape Town, South Africa. The programme consists of antenatal and postnatal sessions, facilitated by trained Parent Infant Attachment Counsellors (PIACs), recruited from target communities. There are two programme cycles per year: one from January to June, and a second one from July to December. The overarching goal of PIHVP is to contribute towards the prevention of child abuse, abandonment and neglect; and to promote positive infant growth and development.

The programme has to date not been guided by an explicit theory of change (TOC). There was no Monitoring and Evaluation (M&E) system in place at the time of the evaluation either. The programme engages in extensive data collection for administrative purposes. This data, however, is not captured nor analysed systematically to monitor progress or measure impact. This formative evaluation aims to capitalise on the existing data.

Evaluation Focus

This evaluation focused on the first 2019 programme cycle. The main objective of this evaluation was to determine the extent to which the PIHVP had been implemented with fidelity. As such, a process evaluation was conducted to address the following evaluation questions:

1. Did the PIHVP beneficiaries recruited for the first 2019 programme cycle meet the eligibility criteria specified by programme?
2. What proportion of participants completed and dropped out of the PIHVP during the first programme cycle of 2019? What are the reasons provided for programme dropout?
3. To what extent did the PIHVP meet its targeted number of participants? What are the reasons for over/under coverage?
4. Did the participants receive the home-visiting sessions at the duration and frequency prescribed by the programme model?

5. Did PIACs complete and conduct all programme activities, developmental screenings and demonstrations as intended?

6. How did participants perceive PIACs in terms of the support they provided and their preparation level, knowledge, and reliability?

7. To what extent do PIACs implement the skills acquired through their training into their sessions?

8. Are the participants satisfied with the service they received? What are the strengths and limitations they identified?

9. To what extent did participants engage with the PIACs (around the content) during home-visit sessions?

Methodology

The evaluator first extracted and refined the programme's TOC through structured consultations with the programme manager. The plausibility of the PIHVP's programme theory was then assessed through an extensive literature review. The evaluator then proceeded with the process evaluation. A combination of both primary and secondary data sources, and quantitative and qualitative data analysis were used. The data collection process is summarised in Table 1 below.

Table 1

Evaluation Question	Data collection and analysis procedure
1	Personal and demographic information were extracted from a secondary data source and analysed using a quantitative analysis software to determine the proportions of different categories across all variables, and whether selected variables were contingent on one another.
2	The start and end data of participant cases, and reasons for participant dropout, were determined from two secondary data sources. These sources were then analysed using a quantitative analysis software, which determined the proportions of participants who completed and dropped out of the PIHVP, the frequencies of identified reasons for dropout, and whether the reasons provided for dropout were contingent on participants' ages.
3	The programme's enrolment targets were determined through both a primary and secondary data source, with the former providing information on the reasons for under/over coverage as well.

Evaluation Question	Data collection and analysis procedure
	The primary data source was analysed using a qualitative analysis software, while the secondary data source was manually examined.
4	Two secondary data sources were consulted to determine the start and end dates of participant cases. A third secondary source provided data on the duration of home visits, while a fourth provided data on participants' perceptions. All sources were then analysed using quantitative data analysis software to determine the frequency with which antenatal and postnatal sessions were adhered to, the average duration of sessions, and the frequency with participants' specified receiving the intended amount of home visit sessions from PIACs, respectively.
5	A secondary source provided data on the prescribed session activities, screenings and demonstrations outlined for each home. This data was then compared to another secondary data source that provided data on the actual activities, screenings and demonstrations conducted during the evaluation period. The latter source's data was then analysed using a quantitative analysis software to determine the frequency with which all session activities were conducted as intended.
6	A primary and secondary data source provided data on participants' perceptions on whether PIACs were supportive, knowledgeable, well-prepared and reliable. Primary data was analysed using a qualitative analysis software, and secondary data through a quantitative analysis software programme, to determine the prevalence and frequency with which participants perceived PIACs as supportive, knowledgeable, well-prepared and reliable, respectively.
7	A secondary data source provided direct observation data on PIAC performance during home visits. This data was analysed using a quantitative software programme to determine the prevalence with which PIACs implemented aspects of their training during home visit sessions. Additionally, another secondary source provided data on participants' perceptions of PIACs. This data was analysed using a quantitative software programme, which determined the frequency with which participants perceived PIACs as knowledgeable, and programme information as helpful and useful.
8	A primary and secondary data source provided data on participants' satisfaction with the PIHVP. Primary data was analysed using qualitative analysis software to determine what participants perceived as the programme's strengths and weaknesses, whether they saw the programme as having an impact on their lives, and whether they would recommend the programme to other mothers. The secondary data source was analysed using a quantitative analysis software

Evaluation Question	Data collection and analysis procedure
	programme to determine the frequency with which participants indicated being satisfied with various components of the PIHVP.
9	Participants' responses to activities that required dialogue with PIACs were first identified through a secondary data source, then ranked according to a primary data source based on the level of response. A quantitative analysis software programme was then used to determine the proportions of these level of responses, and whether these responses were contingent on participants' ages and the status of their current pregnancy (i.e. first, second, third or more).

Key Findings and Conclusions

Based on the available literature consulted, the programme theory of the PIHVP was deemed plausible. More specifically, the literature supported the structure, duration, and content of the PIHVP; the type of facilitator utilised by the programme; and their strategies for engaging participants. Findings of the process evaluation indicated that:

- The PIHVP only has the capacity to collect data on six of its ten eligibility criteria. These criteria are not used as a method for screening participants' eligibility for the programme. As a result, enrolled participants only satisfied three eligibility criteria – two of which were inferred from proxy data. Therefore, enrolled participants were not closely aligned with the PIHVP's target population.

- A large portion of participants dropped out of the PIHVP during the first programme cycle. Many of these participants indicated they were 'not available' to complete the full programme. The ambiguity of this dropout category prevented the evaluator from determining whether this unavailability was due to factors internal or external to the programme.

- The PIHVP did not reach its intended participant enrolment figures for the first programme cycle of 2019. The evaluation found that this was due to factors both internal and external to the programme.

- There were extreme deviations from the intended frequency of home-visit sessions both within the antenatal and postnatal components of the PIHVP, with slight deviations noted from the intended programme duration. These deviations may have affected participants' time spent on the programme and the amount of exposure to programme content, respectively. Although the amount of home visit sessions appeared to be in line with the programme's design, the high level of social desirability bias suspected among this data meant these results could not be considered reliable.

- The inconsistent data capturing techniques implemented by PIACs during the first programme cycle of 2019 may have confounded the quality of data linked to the PIACs adherence to programme activities, and participants' level of response levels to programme content. Nonetheless, this data was still analysed to gain preliminary insight into the amount of programme content received and level of communication between PIACs and participants, respectively. These results indicated that:
    - There appeared to be 'high' levels of adherence to screenings, demonstrations, and the first activity of programme sessions. Adherence levels then appeared to regress to 'moderate' and 'low' levels across the remaining activities. There was also a steady frequency of no responses captured by PIACs during the evaluation period.
    - PIACs captured in-depth notes on their engagement with participants across a limited amount of sessions during the evaluation period. More frequent were programme session notes that lacked detail on participants' responses to programme activities. There was also a steady frequency of no responses being captured at all by PIACs. Based on these findings, 'closed-ended' communication from participants appeared to be more prevalent during the evaluation period.

- Participants perceived PIACs as reliable, knowledgeable, prepared for sessions, and as individuals who provided them with support. Furthermore, most of them perceived the programme curriculum topics and counselling from PIACs as the programme's strengths, and the current programme length, as its limitation. In addition, most participants indicated that the programme had an impact on their parenting, and that they would recommend the programme to other parents. However, the high likelihood of social desirability bias among the and the non-representative sample used may have limited the reliability and generalisability of this data, respectively.

- The PIACs had largely implemented their training during home-visit sessions, based on perspectives from both the participants and the programme staff member who conducts PIAC performance observations. However, the need for additional participant on thisissue was recognised, given the likelihood of social desirability bias linked to the source from which their data was obtained.

Recommendations

- Priority should be placed on developing a proper M&E system for the programme, so that data can be collected in a more systematic manner. This will place the programme in better position to analyse data, of which programme performance and progress over time could then be determined. A participatory approach is recommended, as it will encourage greater ownership of the M&E system and enhance the M&E capacity and skills of the PIHVP. A high-level guideline for developing this is also provided.

- Efforts to increase the capacity of PIAC performance monitoring, to ensure that these observations are completed at the prescribed frequency as stipulated by the programme's design.

- Efforts for continuous upskilling of PIACs facilitation skills, particularly focused on their time management and data capturing techniques, to ensure all programme content is delivered within the prescribed duration of the programme, as well as high quality programme data, respectively.

- Strengthening of self-administered survey conducted by the programme – the Client Evaluation form. In order to produce high quality data, it is recommended that the programme anonymise both the form and the data collection process. Furthermore, it is recommended that the format be restructured to display items categorised by themes; that questions be rephrased to remove ambiguity; and that provision be made for more rating scales.

- Strengthening of the data collection tool used to capture programme session data – the Parent Infant Information. In order to produce high quality data, it is recommended that each of these sheets be restructured to reflect the programme activities of their respective sessions, and that quantitative data capturing components be incorporated as well, to aid in more efficient note taking of key information. Furthermore, it is recommended that sheets be made available in PIACs' home languages, to assist them in capturing more detailed notes.

- Efforts to ensure data collection tools are in place to measure all ten eligibility criteria, as directly as possible. It is further recommended that eligibility criteria be used as a screening tool to determine participants' suitability for the PIHVP before enrolment, to ensure sufficient coverage of the intended population.

- Implementation of strategies to increase participant retention rates, such as regular telephonic communication with parents to remind them of upcoming sessions and to confirm scheduled dates and times for these sessions; sending them updates on sessions missed; and following up on reasons for missed sessions.

- Implementation of strategies to increase participant recruitment figures, such as strengthening relationships with influential organisations and individuals within the community to gain buy-in and support of the PIHVP; hosting PIHVP open-days at community halls; and strengthening the capacity of the door-to-door recruitment strategy by making programme resources, such as shuttles, available to increase community coverage and for more safer and efficient navigation through communities.

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