

COMBINE Study: Technical Brief

Volunteer Home Visit Tools and Job Aids for Community-Based Newborn Care

Background: The Community-Based Interventions for Newborns in Ethiopia (COMBINE) research study evaluated a strengthened package of maternal and newborn care within the Health Extension Program (HEP) in Ethiopia, including a package of pregnancy and postnatal care (PNC) home visits by Health Extension Workers (HEWs) and community volunteers. COMBINE also assessed integrating community-based management of possible serious bacterial infection (PSBI) by HEWs into this strengthened package of care, when referral was not possible or accepted by the family. This brief describes COMBINE's tools and processes used by community volunteers for counseling, recording and reporting home visits, and discusses their potential value for use during the scale-up of Community-Based Newborn Care in Ethiopia.

During the 5-year COMBINE study, approximately 3,500 female volunteer community health workers (hereafter referred to as volunteers) were recruited and trained to work in partnership with HEWs to conduct pregnancy and PNC home visits. Each volunteer was responsible for 30-50 households in their community. Formative research reflected a strong preference for women to provide home visits, and this was stressed for consideration during the community-led volunteer selection process. Other attributes recommended as contributors to the volunteer's success as change agents included active participation and respect in the community, patience, and the ability to communicate well with others. With the roll-out of the Health Development Army (HDA), many of these volunteers have since become Development Team Leaders (DTL) or 1:5 Network Leaders.

PREGNANCY AND POSTNATAL HOME VISITS



Photo courtesy of Save the Children

At the health post, an HEW (left) records home visit cards from volunteers, with supportive supervision by a Project Officer (right).

Through COMBINE, volunteers were asked to conduct two home visits during pregnancy. The first when the pregnancy was identified, and the second during Month 8. Culturally, pregnancies are often not acknowledged until they are apparent, so volunteers relied on social networks, community gatherings, and personal observations as opportunities to identify pregnant women. Volunteers were also asked to provide three PNC home visits, ideally within 24 hours of childbirth and on Days 3 and 7 of the newborn's life. A visit on Day 30 was also done to document the post-neonatal status of the infant. HEWs were asked to conduct one pregnancy visit as soon as they were notified by the volunteer, and two PNC home visits—the first within 48 hours of birth and the second on Day 4 of the newborn's life.

TOOLS AND JOB AIDS

HEWs and volunteers used different recording systems for home visits, geared to their literacy level and the content of the visits they provided. This discussion focuses on volunteer recording and reporting.

Home Visit Cards

Volunteers used six different cards to record activities: pregnancy home visits, delivery notification to the HEW, PNC home visits, and referral of neonates with danger signs. As most volunteers were non-literate, cards were color-coded with only the date and name fields requiring the assistance of a literate person.

Using the yellow PNC home visit card in Figure 1 as an example, volunteers recorded the following:

1. Entered the mother's name, *gasha/gote* (neighborhood), and date of delivery.
2. Placed a check mark in the appropriate bubble based on when they visited the mother and newborn; for example, if the first visit happened two days after delivery, they checked the second bubble.
3. Documented the survival status of the newborn during the visit by circling the appropriate picture on the left side of the card.
4. If the volunteer identified danger signs in the newborn, they circled the picture (s) depicting the danger sign(s) in the two duplicate boxes on the right side of the card.
5. The lower duplicate box with the identified danger sign(s) was removed and given to the mother to serve as a referral slip when the mother sought care at the health post. The other duplicate box remained affixed to the card for COMBINE monitoring purposes.

Figure 1: PNC home visit card for volunteers

Woman's name: _____

Gasha/Gote: _____

VCHW name _____

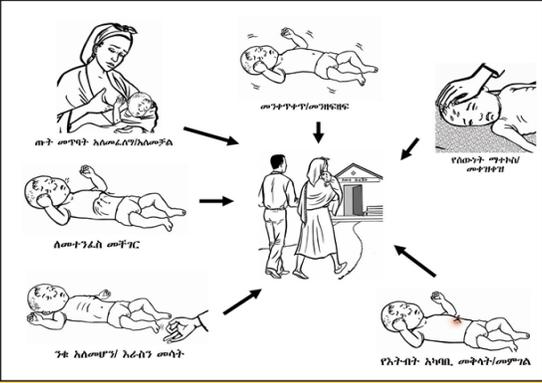
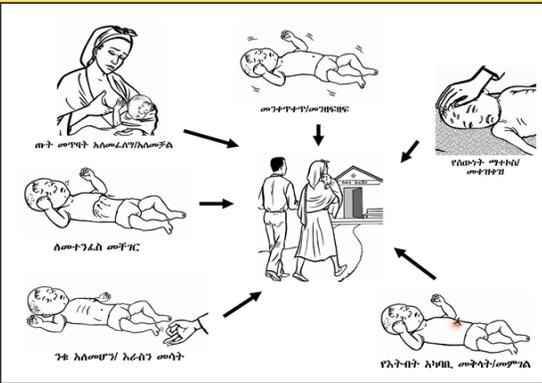
Date of Visit _____

Date of Birth: ____/____/____






Health Post Stamp

Pregnancy Register

At the health post, HEWs kept a pregnancy register to record and track all significant events during pregnancy and the PNC period, including the number and timing of home visits, as well as the infant's status at 30 days. This information was compiled using the volunteers' completed cards as well as the HEW's separate set of visit forms.

Counseling Aids

Volunteers and HEWs reinforced key messages and counseled mothers during home visits through the use of the Mother and Newborn Health (MNH) Booklet. This pictorial counseling aid included simple written messages promoting focused antenatal care (ANC), planning for birth, the recognition of danger signs and care-seeking for the mother and newborn, and essential newborn care (ENC). The MNH Booklet was given to pregnant women at the first home visit for on-going reference. Volunteers used a Danger Signs Card during PNC home visits, which was also pictorial and emphasized maternal and newborn danger signs after delivery requiring referral.

REVIEW MEETINGS

HEWs and volunteers had a group meeting at the health post at the end of each month. At each meeting, volunteers submitted their completed home visit cards to the HEW, with the exception of the delivery notification card, which was sent to the HEW immediately after completion, so that she could perform a PNC visit as soon as possible. HEWs reviewed the cards, reconciled any questions with the volunteers, and recorded the home visit information in the pregnancy register at the health post. At the monthly meetings, HEWs and volunteers discussed home visit coverage, comparing figures with the expected number of pregnancies and live births in the catchment area - derived from the COMBINE baseline census - and agreeing on any follow-up corrective actions. Each monthly meeting was also used for ongoing training to refresh volunteer counseling skills and knowledge of danger signs in the mother and newborn requiring immediate referral.



DISCUSSION

Qualitative research at the conclusion of COMBINE indicated that volunteers found the home visit card system straightforward and easy to use. Although the majority of volunteers were non-literate, they did not perceive this as a challenge in using the cards. Many indicated their children or another member of the family helped them with the limited writing that was required.

Volunteers noted the home visit and counseling cards provided helpful structure and direction to carrying out their work. Home visit cards served as valuable job aids to remind the volunteer of the sequence and frequency of the visits. Furthermore, the MNH Booklet and Danger Signs Cards facilitated consistent counseling and transfer of key maternal and newborn messages. As COMBINE's monitoring data consistently showed that HEWs do not reach as many pregnant and newly delivered women through home visits as volunteers, these tools to aid the volunteer can play an important role in the scale-up of community-based newborn care. Endline qualitative research also shows that recently delivered women found the information and pictures that were in the MNH Booklet given to them helpful:

“She gave me a paper with pictures on it. There is a picture of a mother with danger sign, and it shows how she went to the health facility. And there are a lot of other good things in that book... She was using the pictures in the book when she was teaching me. There were writings on the top and bottom of the pictures. And she taught me by looking at the pictures.”

- 20 year-old mother, Adulala, Adele Mecha kebele (village)

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