REPORT OF THE COMMITTEE ON HARMONIZATION OF COMMUNITY RESOURCE GROUPS (CRGs) AND HOME VISITS STRATEGY

FEBRUARY, 2019

HP
HP | BAUCHI STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY

EXECUTIVE SUMMARY

Based on the positive outcomes generated from the IMCHA home visits strategy, the State declared its commitments to adapt and scale up the intervention to other LGAs. A committee was therefore set up by the BSPHCDA to look into the various Community Resource Groups used by the Health MDAs and Developmental Partners with a view to harmonizing their messages and adapting the Home Visits strategy.

Mapping of all partner community resource groups (CRGs), strategy, coverage and mode of operation was conducted. The target groups for all CRGs include all Women of childbearing age((WCBA) husbands of WCBA, Parents of infants, adolescent boys and girls and children under 5. All ongoing strategies being used will continue but the messages will be integrated.

The principal issues involved in the home visits strategy are universal Home Visits coverage, Male involvement, Use of electronic data gathering system, Regular periodic visit and Evidence-based interaction. Each catchment area has 250 households and Visit to all households would be once every two months. Contents of messages would vary according to the target group identified in household.

Supervision would mostly be remote, making use of data collected electronically and output reports on workers' performance (coverage and quality) generated weekly and Health outcome indicators generated monthly, quarterly and annually. Supervisors to contact workers through cell phones to provide feedback and advice and periodic field visit for supportive supervision.

Contents of messages include Care during pregnancy, Antenatal check-ups /referral, Danger signs during pregnancy, Heavy work during pregnancy, Postnatal Care, Newborn/infant care, Immunization, Child spacing (Avoiding Kunika), Breastfeeding, Nutrition, Diarrhoea, Vitamin A, Measles, Acute respiratory infection, Malaria, Bed nets, Disease Surveillance, Hygiene, Sanitation and source of drinking water.

A training curriculum has been adapted for use. The trainers will be sourced from academic staff of College of Nursing and Midwifery Bauchi, College of Health Technology Ningi, Staff from SPHCDA, SMOH, LGHAs, CSOs and retired health workers. The pool of Trainers would be managed by the Human Resources and Health Education Units of the SPHCDA.

An administrative micro planning template was developed and populated to project the cost needed for the implementation by Ward by LGA. The micro plan covers set up and recurrent costs. The set up cost consists of trainings, equipment (Android phones) and Stationeries. The re-current cost consists of payment of workers' stipend, replenishment of recurrent stationeries, airtime, online supervision and field supervision. The average set up cost per Ward is N1,517,188= while the average monthly recurrent cost per Ward is N280,629= The average stipend that will be paid to a volunteer /HH visited is N170

INTRODUCTION

Bauchi State in collaboration with Development partners initiated and developed a realistic and acceptable info structure for universal coverage of home visits to pregnant women and their spouses in Giade and Toro LGAs. The results have been indicating positive maternal outcome impacts.

Based on the positive outcomes generated from the home visit, and the support of many development partners who are engaged in home visit activities, the State Government declared its commitments to adopt and upscale the intervention to other LGAs with harmonization of the contents to reflect key messages of all development partners.

A committee was therefore set up on 21st November, 2018 by the Executive Chairman BSPHCDA to look into the various Community Resource Groups used by the Health MDAs and Developmental Partners with a view to harmonizing their messages and adapting the Home Visits strategy. The TOR given to the committee was:

- Mapping of Stakeholders
- Defining acceptable CRG structures including Home Visits
- Conduct micro-planning
- Adapt content and messages
- Estimate cost
- Identify funding sources
- Identify training needs and contents
- Technical oversight for implementation

Membership of the committee:

1. SPHCDA
2. NSHIP
3. SOML
4. IMCHA
5. WHO
6. UNICEF
7. BA-N
8. PlAN International
9. TCI
10. CSOs Forum
11. BACATMA
12. Representative of Marie Stopes

METHODOLOGY:

Meetings

MAPPING OF STAKEHOLDERS

Mapping of all partner community resource groups, strategy, coverage and mode of operation was conducted as below:

S/N	Organization	Strategy	Name of Volunteer	Number of Volunteers	Coverage
1.	WHO	Community Dialogues	Field Volunteer	60	16 LGAs
2.	IMCHA	Universal Home Visits	Home Visitors	202	6 wards in Toro LGA
3.	BA-N	Home Visits, Town Hall Meetings, Male Engagement, Community Dialogue, Compound Meetings	Community Volunteers	257	11 LGAs for Now
4.	TCI	Selective Home Visits, NeighborhoodCampaign	Community Volunteers	75	5 LGAs
5.	UNICEF	Selective Home Visits, Town Hall Meetings, Community Dialogues, Compound Meetings	VCMs PSGs CORPs	473 60 600	9 LGAs 20 LGAs
6.	Plan International	• Home Visits, • Male Engagement • Women Engagement	• CBHVs • TBA's • Male Champions • 100 Women Groups	1650 825 330 330	10 LGA's

HARMONIZATION

The committee was able to go through all available messages and harmonized them. The harmonized messages are mainly on maternal and child health services which include; ANC, Postnatal Care, Immunization, Nutrition, Family Planning, Malaria, Hygiene and Sanitation, Water Supply and Disease Surveillance.

The target groups involve all Women of childbearing age, husbands of WCBA, Parents of infants, adolescent boys and girls and children under 5.

All ongoing strategies being used will continue but the messages will be integrated

HOME VISITS STRATEGY

DESIGN STRUCTURE FOR HOME VISITS

Basic principals

- Universal coverage
- Regular periodic visits to each household
- Male involvement
- Interaction is evidence-based
- Electronic data gathering

Administration

- Should be implemented in a phased manner – selecting limited number of wards in few LGAs at a time distributed in each senatorial zone with random allocation of wards to allow ongoing impact measurement.
- Divide selected wards into several catchment areas – *universal coverage*
- Each catchment area has 250 households – may be different in urban (350) and rural remote (150-200) settlements
- Train and assign a female and male worker for each catchment area
- Mapping visit (female worker) - register all households/CBAs and their spouses/children 0-23 months

- Baseline visit (female worker visits households while male contacts only identified spouses)- collect information on existing health care knowledge, attitudes practices and trends (reproductive, maternal and child health including immunization and nutrition)
- Visit all households and identified spouses once every two months.

Activities during follow-up visits

(Contents would vary according to the target group identified and registered for follow-up)

Female worker

All households

- Update list of CBAs/spouses/children in index register
- Screen all CBAs for a current pregnancy and refer to Health Facility for ANC
- Register new pregnant CBAs
- Screen if there are children 01-23 months in the household and refer all eligible Children for Immunization

Households with a pregnant woman

- Register new pregnant CBAs and refer for ANC
- Follow those pregnancies already registered in previous visits
- Record progress on pregnancy and interact with woman about care during pregnancy
- Screen for danger signs and refer all pregnant women to HFs for ANC
- Share information on pregnancy risks
- If the pregnancy is more than five months discuss about child care including Routine immunization
- Make a list of husbands for new pregnancies and give it to male worker

Households with a woman who recently delivered

- Document complete history of pregnancy including outcome
- Fill a death review in case the woman died
- Mark the women as delivered/dead
- Register the new born child for follow-up
- Discuss about child health and care including immunization
- Discuss about Kunika and child spacing
- Make a list of fathers of these children and provide to the male worker

Household with a child 0-11 months

- Discuss about child health and care including Immunization
- Document if child died with age, sex and cause of death
- Discuss about Kunika and child spacing

Household with a child 12-23 months

- Discuss about child health and care
- Document if child died with age, sex and cause of death

Male workers

Spouses with a pregnant wife (based on the list provided by the female worker)

- Record progress on pregnancy and interact with man about their support to the wife during pregnancy and going Health Facility for Ante natal check up
- Share information on pregnancy risks and danger signs
- If the wife is more than five months pregnant discuss about child care and Routine immunization

Spouses with a woman who recently delivered

- Document knowledge, attitudes and practices during wife's last pregnancy including outcome
- Discuss about child health and care including immunization
- Discuss about Kunika and child spacing

Fathers with a child 02-11 months

- Discuss about child health and care including immunization
- Discuss about Kunika and child spacing

Fathers with a child 12-23 months

- Discuss about child health and care

Monitoring and Supervision

Would mostly be remote making use of data collected electronically and output reports on workers' performance (coverage and quality) generated weekly and health outcome indicators

generated monthly, quarterly and annually. Supervisors to contact workers through cell phones to provide feedback and advice

Supervisory structure

Female supervisor at the ward health facility/Ward focal person (male)

- receive weekly reports on performance (coverage and quality) of workers (emailed by data manager)
- Review the report and list issues for feedback
- Contact each worker individually on phone to provide feedback and advice
- Document discussion points and send it to LGA supervisors
- Visit workers physically for unresolved problems as and when needed (in consultation with LGA supervisors)
- Receive monthly/quarterly/annual reports on key health indicators in the ward (emailed by data manager)
- Review the report, discuss with LGA supervisors, list and implement actions for improving coverage and quality
- Provide logistics support to the workers (cellular recharge, trouble shooting with handsets, stationery)
- Liaise with ward community leaders and structures for selection of candidates for training
- Support in the start-up training with main trainers (from LGA and state)
- Conduct refresher training for workers/new workers

LGA supervisors (male/female)

- receive weekly reports on performance (coverage and quality) of workers (emailed by data manager)
- Review the report and list issues for feedback to ward supervisors
- Contact each ward supervisors individually on phone to provide feedback and advice
- Document discussion points and send it to zonal supervisors
- Visit workers physically for unresolved problems as and when needed (in coordination with zonal and ward supervisors)
- Receive monthly/quarterly/annual reports on key health indicators in the LGA with ward distribution (emailed by data manager)
- Review the report, discuss with zonal supervisors, list and implement actions for improving coverage and quality in different wards and provide feedback to ward supervisors for further action
- Coordinate for logistics support to the ward supervisors (cellular recharge, trouble shooting with handsets, receipt of reports, stationery)
- Liaise with ward supervisors and advice/support on contacting community leaders and structures for selection of candidates for training
- Support as a facilitator in the start-up training of workers
- Support ward supervisors for refresher training of existing/new workers

Zonal supervisors

- receive weekly reports on performance (coverage and quality) of workers (emailed by data manager)
- Review the reports and list issues for feedback to LGA supervisors
- Contact each LGA supervisor individually on phone to provide feedback and advice
- Document discussion points and send it to State supervisors
- Visit workers physically for unresolved problems as and when needed (in coordination with state coordinator, LGA and ward supervisors)
- Receive monthly/quarterly/annual reports on key health indicators in the zone with LGA and ward distribution (emailed by data manager)
- Review the report, discuss with state coordinator, list and implement actions for improving coverage and quality in different LGAs and wards and provide feedback to LGA supervisors for further action
- Coordinate for logistics support to the LGA supervisors (cellular recharge, payments to the workers, receipt of reports, stationery)
- Support as a facilitator in the start-up training of workers

State coordinator (female?)

- receive weekly reports on performance (coverage and quality) of workers (emailed by data manager)
- Review the reports and list issues for feedback to zonal supervisors
- Contact each zonal supervisor individually on phone to provide feedback and advice
- Document discussion points and file
- Visit workers physically for unresolved problems as and when needed (in coordination with zonal, LGA and ward supervisors)
- Receive monthly/quarterly/annual reports on key health indicators in the state with zonal, LGA and ward distribution (emailed by data manager)
- Review the report, list and implement actions for improving coverage and quality in different zones, LGAs and wards and provide feedback to zonal supervisors for further action
- Coordinate for logistics support to the zonal supervisors (cellular recharge, payments to the workers, receipt of reports, stationery)
- Support as a facilitator in the start-up training of workers
- Organise master training for new trainers/supervisors and serve as a master trainer during these trainings

Data manager

Designing/fine tuning electronic instruments and output reports

- Upload instruments on the server
- Preparing handsets for the workers before start of field work (application, instruments, audio-visual IEC material)
- Process data (downloading and cleaning)
- Generate reports (workers' performance, key health indicators)

- Email reports to the state coordinators and all supervisors (would be automated)
- Support as a facilitator in the start-up training of workers especially in explaining use of handsets and how to record the data
- Organise master training for new trainers/supervisors and serve as a master trainer during these trainings

IT support

- Provide support to data manager for handing administration of server and internet connectivity

Selection criteria for home visit workers

- Ward and LGA supervisors to liaise with existing Traditional institutions/ the Ward Development Committees (WDCs) and CBOs for identifying potential candidates for training
- Tailor certain aspects such as age, gender and educational level to suit the contexts prevalent in the state
- Before selection commences, LGA and Ward level meetings MUST be conducted with stakeholders to provide knowledge and guidance on the process
- Candidates must be nominated by the Community
- Candidate must be resident in or close to the settlement to be served
- Candidate must be ready to serve their respective communities
- Candidate must be 20 years of age and above preferable married
- Candidate should have the ability to read in Hausa preferably with a minimum of primary school leaving certificate if obtainable
- Candidate with previous experience as community health workers such as Village Health workers, VCMs, VHWs, unemployed/retired health workers or CORPS should be given priority during selection
- Preferable having an android handset and knowing how to use it
- Preference based on capabilities such as aptitude, attitude, motivation, communication skills, integrity, leadership qualities and the ability to reach out to the community members as assessed during training

CONTENT

Home visit contents – general considerations

Topics and messages for specific target groups

- Disease surveillance (to be covered as part of GHQ on every visit ; inquiry for the period since last visit)
    - Acute flaccid paralysis (AFP/Polio)
    - Measles
    - Yellow fever
    - Meningitis
    - Haemorrhagic fever
    - Neonatal tetanus
    - Cholera

- Care during pregnancy (Target group: pregnant women and their spouses, target period throughout pregnancy)
    - Creating awareness on danger signs during pregnancy and child birth
    - Creating awareness about importance and benefits of getting BP checked and urine tested, TT vaccination (linked to ANC with a service provider)
    - Awareness about risks due to continuing heavy work during pregnancy especially during last trimester
    - Spousal communication to improve support for woman during pregnancy
    - Preventing gender/intimate partner/domestic violence during pregnancy
    - Screening of high risk women – repeated severe headache, swelling of hands, face or feet, blurred vision, high BP, anything wrong with urine, vaginal bleeding, fits
    - Referral to an appropriate facility according to gravity of risk
    - Monitoring - number of ANC visits, TT vaccination, BP checked, urine tested, HIV testing, receipt of Iron, folic acid and malaria prophylaxis, availability of bed nets, whether sleeping under a net

- Post-natal (target group delivered women and their spouses; Target period; as soon as possible after birth)
    - Document complete history of pregnancy
    - Outcome – live birth/still birth/miscarriage/twins
    - Place of delivery and person who attended the delivery
    - If a C/S conducted
    - Complications – PPH, prolonged/obstructed labour/fits/high fever/foul smelling discharge(sepsis), any other complication
    - Record birth weight/size of the baby if live birth
    - If the women died fill a death review form

- Newborn/infant care (target group: women and their spouses with a new born or infant; period: during last trimester of pregnancy and postnatal visit)
    - Breastfeeding - Giving colostrums(linked to early initiation), exclusive breastfeeding for six months, weaning, duration of BF
    - Awareness on routine immunisation
    - Vitamin A supplementation
    - Hygiene and prevention of diarrhoea
    - Management of diarrhoea – more fluids and continuation of feeding including breastfeeding
    - Advice to ensure child sleeps under a mosquito net (use of bed nets)
    - Monitoring – breastfeeding practices (colostrums, exclusive, duration), age at weaning, routine immunisation, vitamin A supplementation, prevalence of diarrhoea, whether received more fluids and continued feeding during diarrhoea, whether given anti-diarrhoeals, prevalence of ARI, if child sleeps under a bed net, prevalence of high grade fever, if tested for MP and received antimalarial, whether taken to a health facility for treatment of illness (Diarrhoea, ARI, Malaria)
    - Document death if any – Age and sex, cause reported by the mother/caregiver

- Kunika and its prevention (child spacing) (target group women and their spouses; target period; immediately after delivery of child/termination of pregnancy)
    - Discussion on individual attitudes, family dynamics/social norms/determinants – actions that would support child spacing
    - Spousal communication
    - Awareness on modern methods and reliable avenues for services for counselling and obtaining commodities
    - Monitoring – attitudes towards child spacing, knowledge about FP methods, current use of contraceptives

Ante-natal checkups and danger signs during pregnancy

- During this pregnancy how many antenatal check-ups have you had in total?
- Where did you have this check-up/ these checkups?
- During this pregnancy how many tetanus toxoid (TT) injections have you received in total?
- Can I see your vaccination card?
- During this pregnancy have you been tested for HIV?
- During this pregnancy how many times have you had your blood pressure checked in total?
- During this pregnancy how many times have you had your urine tested in total?
- During this pregnancy have you been taking Iron/folate tablets? (show the respondent Iron/folate tablets)

- During this pregnancy how many doses have you taken of tablets that prevent malaria? (show the respondent tablets for malaria prevention)
- During this pregnancy how frequently do you sleep under a mosquito net? <Always/mostly/sometime/rarely/never>

"During our household survey on maternal health outcomes in Toro LGA, we found that only 3 out of every 10 women knew five or more correct danger signs during pregnancy while only one out of ten knew the three important danger signs during the childbirth. I am sharing with you some important signs that indicate a danger situation during pregnancy and child birth. <Show and explain the women danger signs on the pregnancy registration card.> Danger signs during pregnancy include 1)bleeding from the vagina, 2)pains in the abdomen, 3)gush of fluid from the vagina, 4)high blood pressure, 5)fits, 6)swelling of feet or hands or face, 7)frequent headaches, 8)feeling faint with blurred vision, 9)high fever, 10)pain or burning when passing urine, and 11)no movement of the baby after 5 months. Danger signs during Childbirth include 1) Excessive bleeding, 2) convulsions during childbirth and 3) if the labour is prolonged for more than 12 hours".

"Lack of knowledge about these danger signs on part of women, their husbands, and other family members can make it difficult for them to recognize serious health risks to pregnant women and their unborn babies in time. I hope the information that I shared with you about danger signs will help you protect yourself from complications during pregnancy and childbirth. Do you have any question to ask about what I told you about the danger signs during pregnancy or child birth?"

- During the last one month what have you done to help your husband and other family members know about these danger signs?
- What can you do to ensure that your husband and other family members also know about these danger signs?

“Since high blood pressure and pain or burning when passing urine are among danger signs during pregnancy it is important you get your blood pressure and urine tested regularly during pregnancy from a health worker. Also during or soon after delivery the new born child may have a risk of neo-natal tetanus. This can be prevented if you get yourself vaccinated against tetanus. This vaccine checking of blood pressure and urine testing is available free of cost at all government health facilities. In addition they also provide free Iron tablets which are good for your health as well as your baby. They also provide free medicines to prevent malaria which can be dangerous for you and your baby during pregnancy.”

- What can you do to make sure you get your blood pressure checked and urine tested regularly and get vaccinated against tetanus?
- How can your husband help on this?
- How can your family help?
- During last one month did you have high blood pressure?
- During the last one month did anyone tell you there was something wrong with your urine?

- During the last one month did you suffer from frequent headaches?
- During the last one month did you experience dizziness or blurred vision?
- During the last one month did you have swelling of face or hands?
- During the last one month did you have fits or convulsions?
- During the last one month did you have bleeding from the vagina?
- <Mark the woman for referral at the facility?>
- < Check from your log book and note if during your last visit to the woman you referred her for any of the danger signs to a health facility.>
- Did you go to the health facility/hospital I referred to you last time for treatment or check-up?

Breastfeeding and diarrhoea

- How long after birth do you think child should be breastfed? <within an hour/within 24 hours/after 2-3 days>
- Do you think a new born child should be fed the colostrum (use local term) after birth?
- How long do you think a child should be breastfed?
- When do you think you should first give your child liquids other than breast milk such as water/pap, akamu, ogi/herbal drink?
- When do you think you should first give your child other solid foods?
- What do you think is the main cause of diarrhoea in children?
- If a child has diarrhoea, should you give him/her fluids (other than breast milk, such as water) to drink more than usual, the same as usual or less than usual?
- If a child has diarrhoea, should you give him/her food including breast milk more than usual, the same as usual or less than usual?
- If your child has diarrhoea would you give your child any medicine to stop diarrhoea?

"In our survey we found almost all children in Bauchi receive breastfeeding. However, for only three out of ten newborns, their mothers initiated breastfeeding within one hour after the birth. It is good to see eight out of ten children given colostrums. However, only one out of ten was exclusively breastfed into their sixth month of life. Early initiation of breastfeeding reduces the risk of neo-natal deaths among children and also helps mothers to prevent excessive bleeding after delivery by contracting uterus. Colostrum is rich in nutrients and vitamins, and protects newborns from many diseases including diarrhoea. Breast milk contains a lot of water. So if a mother breastfeeds her child frequently and on demand (whenever child cries to ask for it), there would not be any need to give extra water or fluids to the child even in hot weather. Exclusive breastfeeding reduces a child's exposure to contaminated fluids and food. So this is an important way to protect infants from diseases especially diarrhoea."

"Other things can help to protect young children from diarrhoea. You should keep your water container covered and clean at all times and make sure it is raised from the ground. And you should keep your compound as clean as you can. Young children get diarrhoea more easily when their surroundings are dirty and if they drink unclean water. If a child develops diarrhoea you should give the child extra fluids like water and continue feeding him well. You need to replace the water the child is losing every time he or she passes stool. Otherwise, child's tiny body will

get dried out very quickly and that is dangerous. During diarrhoea when you give the child water, put a pinch of salt and a teaspoon of sugar in each cup of water – just enough salt so that the water is as salty as tears. And one thing more: don't give a young child medicines to stop the diarrhoea - these can be harmful for young children. Do you have any question to ask about what I told you about breastfeeding and diarrhoea?" <Allow woman to ask any question and if needed explain further to satisfy her query and make sure she understand the key message and then continue with the interaction using following guiding questions.>

- How will you make sure that you start breast feeding your newborn within one hour after the delivery?
- How will you make sure you give your child the colostrums?
- How will you make sure you can exclusively breastfeed your child up to the first six months?
- How can your husband help?
- How can your family help?
- What can you do to keep your drinking water container clean, covered and raised?
- What can you do to keep your household clean of garbage, sewage and excreta?
- What can your family members do to help keep the household in good hygiene conditions?

Diarrhoea surveillance

- When did this child last suffer from diarrhoea?
- Was there any blood in the stool?
- During this last episode of diarrhoea, did you give the child fluids (other than milk, such as water) to drink more than usual, same as usual or less than usual?
- During this last episode of diarrhoea, did you give the child food (including breast milk/milk) more than usual, same as usual or less than usual?
- During this last episode of diarrhoea, did you give the child any medicine to stop diarrhoea?
- How long did this last episode of diarrhoea last?
- Where, if anywhere, did you seek treatment for the child for the diarrhoea?
- Did the Health Facilty provide ORS

General hygiene (Water and latrine) Target group Family members – to be covered as part of GHQ on every visit ; inquiry for the period since last visit)

"Diarrhoea is a very common child hood killer disease that can be prevented. What can be done to help to protect young children from diarrhoea? You should make sure that you get water from good source such as tap, protected well and borehole. You should make sure that your water source is far away from latrines. If we are not sure the water is safe, we should treat it by boiling before drinking . Keep your water container covered and clean at all times and make sure it is raised from the ground. And you should keep your compound as clean as you can. Keep your pit latrine closed every time. You should wash your hands before and after using toilet, before and after meal, before and after infant and child care including feeding them. Young children get diarrhoea more easily when their surroundings are dirty and if they eat and drink unclean food and water. If a child develops diarrhoea you should give the child extra fluids like water and continue feeding him well. You need to replace the water the child is losing every time he or she passes stool. Otherwise, child's tiny body will get dried out very quickly and that is

dangerous. During diarrhoea when you give the child water, put a pinch of salt and a teaspoon of sugar in each cup of water – just enough salt so that the water is as salty as tears. And one thing more: don't give young children medicines to stop the diarrhoea - these can be harmful for young children. Do you have any question to ask about what I told you about breastfeeding and diarrhoea?" <Allow women to ask any questions and if needed explain further to satisfy their query and make sure they understand the key message and then continue with the interaction using following guiding questions.>

- What is your source of drinking water? Well, bore hole and tap
- What toilet facility do you have in this household? Water system, pit latrine, bush
- Observe the distance between the well / borehole sources with fit latrine.
- Do you filter the water before drinking (if well is source)?
- Do you boil the water before drinking (if well is source)?
- What else do you use to treat the water before drinking it
- What will you do to ensure the availability of toilet in the household if not available (follow up to ensure toilet is made available)
- If available, what will the family do to ensure that the toilet is kept covered and clean?
- What can you do to ensure that the compound is kept clean and free from garbage and sewage?
- What will you do to ensure that members of the family wash their hand before and after child care, before and after meals, before and after using toilet, and whenever necessary?

Heavy Work during pregnancy

- During the last one month, did you reduce your routine heavy work?

"During our household survey, 6 out of every 10 women in Toro LGA told us that they did not reduce their heavy work during their last pregnancy. Groups of men and women in communities later told us they believe that heavy work is good for a pregnant woman since it helps them deliver easily."

"However, pregnant women who do not reduce heavy work may deliver before term and give birth to weak babies. Do you have any question to ask about the risks I told you of not reducing heavy work during pregnancy?"

- During the last one month, did you reduce your routine heavy work?
- During the last one month how did you manage to reduce your heavy work?
- What can you do that would help you reduce your heavy work during rest of your pregnancy?
- How has your husband helped you to reduce your heavy work?
- What can your husband do to help you reduce your heavy work?
- During last one month how has your family helped you to reduce your heavy work?
- What can your family do to help?

Spousal communication and domestic violence

- During the last one month how frequently did you discuss with your husband about pregnancy and child-birth related issues?
- During the last one month did you suffer any form of mental/verbal abuse (bad names, bickering, criticizing, being shouted at) at home?
- During the last one month did you suffer any form of physical abuse (beating, kicking, or slapping) at home?

"In our survey we also found that 3 out of 10 Toro women never or rarely speak with their husbands about issues related to pregnancy and childbirth. Since husbands are the principal decision-makers in their houses, they need to know what is happening to their wives during pregnancy and childbirth and that, too, well in time. This would help them to make timely decisions not only to prevent complications but also to manage them in a better way."

"We also found that 3 out of 20 women in Toro experienced physical violence from their husband during their last pregnancy. Such women were twice as likely to suffer from complications during pregnancy and child birth. Do you have any questions about importance of discussion among husband and wife on pregnancy and child birth related issues or risks to the pregnant women from domestic violence?"

- During the last one month how did you ensure you and your husband discuss about pregnancy and childbirth more frequently?
- What can you do to make sure you and your husband discuss about pregnancy and childbirth more frequently?
- During the last one month how has your husband helped to prevent episodes of violence during this pregnancy?
- What should your husband do to prevent episodes of violence during this pregnancy?
- During the last one month how have your family members helped to prevent episodes of violence during this pregnancy?
- What should your family do to help?
- What else besides family support would help prevent episodes of violence during this pregnancy?

Vitamin A, Measles, Acute respiratory infections and malaria

Vitamin A

Did this child receive any vitamin A supplementation (red or green capsule) during last six months?

Measles

Has this child had measles?

What was the age when the child had measles? <age in completed months>

Acute respiratory infections

When did this child last suffer from an illness with fever, cough, and rapid breathing?

Where, if anywhere, did you seek treatment for the child for this last episode?

Did the child receive antibiotics for the treatment of this illness?

Bed nets and Malaria

For GHQ section

How many bed nets do you have in this household?

How many of these are treated?

For CHQ section

During last one month how often did this child sleep under a bed net?
<Never/always/mostly/sometimes/don't know>

Was this net treated?

In our survey we found that eight out of ten households had a treated bed net. However, only five out of ten children always slept under a treated bed net. Making sure that your child sleeps under a treated bed net would help prevent the child from Malaria.

- How will you make sure that your child sleeps under a treated bed net?
- How can your husband help?
- How can your family help?

When did this child last suffer from severe fever?

How many days did this last episode of severe fever last?

Where, if anywhere, did you seek treatment for the child for this last episode?

How long after the onset of fever did you take see this treatment?

Was the child's blood tested for malaria?

Did the child receive antimalarial medicines for the treatment of fever?

FIELD PROCEDURE INCLUDING SCHEDULE OF VISITS AND TARGET GROUPS

SCHEDULE OF VISITS AND TARGET GROUPS

 Universal coverage: A participating Ward in each participating LGA must be universally covered living no house hold uncovered.

 Screens all CBAs (Women of Child bearing Age) for a pregnancy completed during last one year (baseline visit only). This is to give us the bases for comparison of the Knowledge, attitude and practice of care available for the pregnant women.

 Screen all children 12-18 months old (baseline visit only). This also to obtain information on the knowledge and practice available for the child under this age.

 Periodic visits to each household. The male worker is to visit each house every two months to update the list of CBAs in each house, Screen all CBAs for pregnancy and Register and follow all those currently pregnant

WORKERS:

MALE AND FEMALE:

What do female home visitors' do?

- The female worker visits each house in assigned catchment area to collects basic household profile data, records all births and deaths during last one year screen CBAs for women pregnancy, Screen for danger signs and refer those at risk and follow up all registered pregnant women until delivery and pay one visit after delivery. She follows up the children born by such women at 12 month old.

- She uses handsets to record and send data. In some wards video clips are used by both female and male visitors.

- What do male home visitors' do?

The male Visitors visit the houses of all husbands to women who gave birth last year and who have children 18-24 months, registered pregnant women and all children born to such women once 12 months old.

Field procedures

Organizing field

- Each ward is divided ward into several catchment areas based on its population with each catchment area having around 350 households.

- A team of trained workers, one female and one male worker is assigned to each catchment area

Conduct of the visit: This is achieved in three phases:-

- Mapping
- Baseline
- Follow ups

Mapping Visit

- Requires female worker only. She visits all the households in assigned area, Collects basic household profile data, records all births and deaths during last one year, lists all CBAs in an index register and provides a registration card to each household.

Baseline visit – female worker

- At this 2nd visit she screens all CBAs for a pregnancy completed during last one year and if the CBA cares for a child 12-18 months old.
- Makes a list of husbands of women for who completed pregnancy during the last one year and fathers of children under 12-18 months old. she Provides the list to the male worker

The male worker

- Follows the list provided by female worker and visits each husband/father listed by female worker
- Records information on KAP for each

Follow-up visits – female worker

- This is the surveillance visits. The female visits all households in her assigned area once every two months. She pays 4 visits during pregnancy. At each visit to the households she updates list of CBAs/husbands in index register. Screens all CBAs for a currently pregnancy, registers new pregnant CBAs and issues a pregnancy registration card.
- Gives evidence based information on Danger signs during pregnancy and child birth, heavy work during pregnancy, spousal communication and domestic violence
- On Child health she gives evidence based information on Breastfeeding – colostrum, exclusive, duration, Weaning – age at starting other liquids and solids, Hygiene, Prevention and management of diarrhoea and Child vaccination.

- Discuss possible actions to improve care based on the evidences as it affects the pregnant woman and the child.

- She pays one visit after the delivery to record outcome, mark as delivered in her log book, register the new born child in a separate log book for her

- These children are followed after they are 12 months old and record their health and care status.

- Makes a list of fathers of these children and provides the list to the male worker who follows all husbands once every two months. He pays four visits during pregnancy and one visit after the delivery.

- Interacts with the husbands using same instrument as the female to provide and share information on evidence on pregnancy and child care and fills the KAP section of MQ with each father.

TRAINING

Training of Trainers

The trainers are sourced from academic staff of College of Nursing and Midwifery Bauchi, College of Health Technology Ningi, Staff from SPHCDA, MOH and LGHAs, Retired Health workers and CSOs. The pool of the Trainers would be managed by the SPHCDA. So far the Agency has a total of 28 trained trainers on home visit.

Training of workers

Training manual

Preparation for the training

Advocacy

VisitLGA and ward stakeholders to discuss the following:

- Background - Collaboration between Government and Community
- Objectives of the scheme
- Design and Method of implementation
- Delineate catchment areas in each wards (250 households/catchment area)
- Guideline for identification and selection of workers
- Roles and responsibilities of the community leaders
- Identification of potential field workers
- Screening and selection of the identified workers

Logistic arrangements

The preparation should start two to three weeks prior to date of start of training. Coordinate with LGA coordinators to decide about

• Training dates and venue
• Participants – nominated for each community by the respective community leader with some reserves (4 -5 for each training)
• Local logistic arrangements such as transport, food, generator for power when needed, writing board/markers, venue for field practice (outside the ward)
• Arrange for the transport for the training team to reach venue
• Arrange for stationery (file cover, Jotter, pen and name tags) for each participant
• Arrange for handset, SIMs and internet bundles for trainees as well as facilitators
• Load the ODK and appropriate questionnaires
• Test the questionnaire to check it runs well on each handset
• Check for ward name, area and interviewers' code
• Arrange for Index registers (punched with serial numbers) and in adequate numbers
• Arrange for GHQ and pregnancy registration cards
• Arrange for Male pamphlets to be used for explaining danger signs
• Arrange for participation registration sheet
• Print enough numbers of PRE-TEST and POST-TEST questionnaires for trainees
• Prepare training agenda/assign responsibilities of team members to facilitate each session
• Assign specific responsibilities to different team members to ensure all arrangements are done in good time

Contents and guidelines for facilitators on different sessions during the training

Facilitators should use thefollowing guidelines and contents to explain to the workers about different aspects of field work during their sessions. These should be used in conjunction with the relevant sections in the training handout.

Methods and field procedures

Universal coverage of whole ward – each and every household, each CBA, each pregnant woman and her husband, each child born to the pregnant woman covered

Divided into catchment areas of around 250 households

A female and a male worker work together in each catchment area

The female worker goes door to door – registers households, screens for CBAs currently pregnant, follows each pregnant woman her through her pregnancy with up to four visits during the pregnancy (every two months) and then one visit after the delivery – registers the new born child and follows the mother/caregiver of the child after 12 months to record health status and caring practices during their first year of life.

The male worker gets a list of husbands of registered pregnant women (from the female worker) and contacts each one individually at home to follow for four visits during the pregnancy of his wife and one visit after the delivery. He also gets a list of registered children to follow their father once the children are 12 months old.

What do these home visitors do?

1) Track the knowledge, attitude and practices of women and men on pregnancy, child birth and child health;

2) Provide information and education to pregnant women and their spouses on:

 danger signs during pregnancy,

 heavy work during pregnancy,

 inter-spousal communication on pregnancy and child birth issues,

 domestic violence,

 exclusive breastfeeding,

 hygiene / sanitation and management of diarrhoea

 child immunisation;

3) Use handsets to show educational video clips

4) Identify high risk pregnant women and refer them to a health facility with a follow-up during subsequent visit (guidance stored in the handsets)

5) Discuss possible actions women, spouses and families can take to ensure better care of pregnant women, and children (guided by information in the handsets); and record what they are doing in this regard on each visit

6) Use handsets to record and send data on the health status of women and children

Hand out for home visit training

Concepts and definitions

 Household – people living normally together eating from the same pot – exclude visitors – difference between a compound and a household

 Head of the household – whose decisions are respected – not necessarily the financial head – identify and mark head for each housing unit in the compound (compound head (Sarki) would be the head for his housing unit not all in the compound)

 Women of child bearing age (CBAs) - women of age range 14-49 years

 GPS – Geographic positioning system – software in handsets or tablets used to record location of the place where handset/tablet is being used

 Antenatal Care(ANC) – visiting a health facility or worker for check-up during pregnancy

 Danger signs during pregnancy and child birth - show and explain from the male pamphlet as well as the pregnancy registration card

 Heavy work during pregnancy – explain by giving examples such as pounding, fetching water or fire wood, lifting or carrying heavy loads

 Domestic violence – how common it is in Bauchi? - Mental violence (bad names, bickering, criticizing, being shouted at) – Physical violence ((beating, kicking, or slapping or other similar forms of physical violence)

 Exclusive breastfeeding – only breast milk no other fluids or solids (including water)- recommended for first six months

 Management of diarrhoea – recommendation is to give more fluids and continue feeding - sugar salt solution - no medicines to stop diarrhoea

 Prevention of diarrhoea - Household hygiene (no garbage/sewage in or around the compound; keep drinking water container clean, covered and raised)

 Child immunisation – explain the 9 diseases included in the routine immunisation programme and details of the schedule of vaccination

Home visit scheme

In the home visits programme, each female worker has to visit each and every house in her catchment area once every two months.

When she approaches a house, she takes out her handset. She records her identification code, the settlement code and her area code. She then gets the GPS reading at the doorstep. The GPS reading could take a few minutes. The GPS location helps in verifying the place where the worker has actually conducted the interaction. The reading is recorded automatically and cannot be manipulated. She cannot proceed with the interaction without recording the GPS.She then knocks on the door and introduces herself and the purpose of her visit.She seeks informed consent for continuing the interaction from the household respondent. This consent is recorded in the handset. She proceeds with her interaction within the household only after the household has consented to it. When the household is locked or when an eligible respondent is not present at the time, she records this information. She revisits these households within the next two or three days.

Mapping visit

The Mapping visit is the first visit to each house, when first starting work in a catchment area. During this visit the female worker interacts with a household respondent using a general household questionnaire, or GHQ. The GHQ records household basic household information, including information about births and deaths in that household within the last one year and the number of women of child-bearing age, or CBAs in the house.The female worker opens an index register. Each page represents one household. From this, she assigns a unique code to that house. The code is printed at the top of the page for that household in the index register.On the same page in the index register, she writes the name and age of each CBA. She records the husband's name if the CBA is married. Each CBA has a unique code in the index register.The worker then fills out a household registration card. She puts the basic identification information and the household code on the card, gives it to the respondent, and asks them to keep it safe.

Before she leaves the house, the worker thanks all the respondents and informs them about her next visit.

The worker visits each consecutive household till she covers the whole settlement. If her catchment area includes more than one settlement she repeats the same process in all other settlements to achieve universal coverage.

Baseline visit

The Baseline visit is the second visit to each house. The female worker starts the second round of visits, called the baseline visits, only after she has mapped *all* the houses in her catchment area. During this visit the female worker enters the household and asks for the household registration card. She matches the household code in the index register, and opens that page in the register.

She administers the GHQ to the respondent. She updates information in the index register against that house if she finds additional CBAs living there. She requests to meet each CBA alone. She

takes basic information from each CBA regarding their age, education and marital status. Among those who are married, she records the number of previous pregnancies and living children. She also records if they had a pregnancy within the last one year.

The worker administers a pregnancy history questionnaire, also called a PHQ, to those CBAs who report a pregnancy in the last one year. The PHQ collects information about CBA's knowledge, attitude, behaviour and practices during the last pregnancy and childbirth as well as a complete history including outcome of last pregnancy. It's important to include *any* pregnancy, even if it ended in a miscarriage or stillbirth.

The female worker asks each CBA if they have a child 12-18 months old in their care. For each child, the worker administers a child health questionnaire, also called a CHQ, to the CBA. The CHQ collects information about CBA's knowledge, attitude, behaviour and practices about child care. It also collects health care indicators for the child including breastfeeding, nutrition, immunization status, last diarrhoeal episode if any and the way it was managed, and condition of household hygiene.

While in the house, the female worker prepares log sheets. She lists the names and other identification details including contact numbers of husbands whose wives reported a recent pregnancy. This sheet is called the baseline pregnancy log sheet. The worker also lists down the names and other identification details including contact numbers of fathers of children aged 12-18 months covered in the household. This is called the baseline child log sheet.The female worker hands over these two log sheets to the male worker covering the same catchment area.

The male worker subsequently identifies and visits the men whose names are listed in the log sheets. During his interaction with each man, the male worker uses a handset to record information about the visit. He records the GPS location close to the household to make sure it matches with the GPS location recorded for the household by the female worker. He explains the purpose of his visit and seeks informed consent for interaction.During his interaction with each man, he administers a male questionnaire also called MQ. The MQ records man's knowledge, attitude, behaviours and practices around pregnancy and child health. After completing the interaction the worker thanks the respondent and informs him about possible subsequent visits under the scheme.

Surveillance (follow-up) visits

Visits during pregnancy

After completing the baselines visit with all the households in her catchment area, the female worker now starts rounds of follow-up visits. She visits each household once every two months. During each of these visits the female worker verifies and updates the list of CBAs in the index register. She seeks consent to interact with each CBA in privacy. She asks each CBA if she is currently pregnant.

The female worker registers all CBAs who report a current pregnancy, and issues each one a pregnancy registration card. She copies the CBA's code and the household code from the index register onto the pregnancy registration card, gives the card to the pregnant woman and asks her

to keep it safe. The worker lists the CBA's name, husband's name, code and the household code into a pregnancy log book. She uses this log book to track each listed pregnancy during her subsequent visits to the household.

She administers the pregnancy surveillance questionnaire, the PSQ, to each pregnant woman in the household. The PSQ helps the worker to discuss with the woman various aspects of care during pregnancy. A section of this guide prompts a series of questions on danger signs. If the CBA reports any danger sign, the questionnaire props up a message on the screen, to alert the worker. The worker then issues a high risk referral form. She writes down the danger sign in the form, and asks the CBA to visit a nearby health facility.The PSQ facilitates the worker to engage the CBA on a discussion about danger signs during pregnancy and child birth as well as safe practices during pregnancy. While explaining danger signs the worker uses pictorial explanations printed on the inner side of the pregnancy registration card.

When the pregnancy is at five months or more at the time of the visit, the female worker also interacts with the pregnant CBA about child health using a child surveillance questionnaire also called CSQ. The CSQ guides the worker to discuss aspects of child care including breastfeeding, immunisation and household hygiene and diarrhoea management. The discussion prepares the pregnant CBA to take appropriate care of the new born once she delivers.In some areas, the pregnant CBAs also watch, on the handsets, short video clips on pregnancy and child care practices.

Before leaving each house, the female worker prepares a pregnancy log sheet for the male worker. This log sheet contains the name of the husband. She also marks the visit against the listed CBA in the appropriate column in her pregnancy log book including if the CBA was referred or not.She thanks the CBA and informs her about her next visit.

The male worker subsequently visits each two months the men whose names are listed in the log sheets. During his interaction with each man, he administers a male surveillance questionnaire called MQ. The MQ guides the male worker to discuss with men on their knowledge, attitude, behaviours and practices about pregnancy and child birth. It prompts men on possible actions they can take to support their wives during pregnancy and for care of the new born after delivery. The male worker provides an information pamphlet that has pictorial explanation on danger signs during pregnancy and child birth. The worker uses this pamphlet to explain danger signs. The male worker also shows a series of short videos on care of pregnancy women and the new born baby.After completing the interaction the male worker marks on her log sheet against the listed husband the visit number in the appropriate column. He thanks the respondent and informs him about his next visit.

Workers continue their follow-up visits to each house/husband once every two months.

Visits after delivery

When the CBA delivers her baby, a last visit monitors the health of the mother and records the pregnancy history using the PHQ. The worker records the name of the new born child with the name of the mother, father and an identification code on the household page in the index register.

She fills the relevant section on the pregnancy registration card about the birth and lists the child in a child log book she keeps with her.

The male worker conducts a visit to the man and administers a knowledge, attitude, behaviour and practices section of the MQ to the husband.

Child surveillance visit

During the follow-up visits the female worker keeps monitoring the new born. When the new born completes 12 months of age, she administers a CHQ to the mother or care giver documenting health and care status of the child.

God forbid, if a child dies before reaching 12 months, the worker documents the death together with the cause as reported by the mother or caregiver. She marks the visit on the pregnancy registration card and in her log book declares the surveillance for the pregnancy and child complete.

The female worker lists the father's name in a child log sheet and provides it to the male worker. The male worker then visits the fathers to administer the knowledge, attitude, behaviour and practices section of the MQ to them. After the visit, he marks the surveillance as complete for the man in his log book.

DATA PROCESSING & MANAGEMENT

Checking server connectivity

Go to web browser and TYPE server address;

http://carebotswana.co.bw/ODKAggregate

Press ENTER

Check to see that server is working well.

Pulling Records to a data base

• Open Putty

• Type the host address ……and press ENTER

• Enter username and in the password

• Type the Pull command "Pull N5"

• Records will be pulled, zipped and saved on the server

• Wait till pull command is completed. After pulling records for all the wards type "exit" to close Putty

Downloading the data files

• Open WinSCP

• Select ODK Download and Click Login

• Type username and password

• Folders will be visible for each ward

• Open each folder to transfer the latest zipped file for each ward to a local folder on your machine

• Close WinSCP

Downloading the data files

• Extract the files from the zipped folder.

• Open CIETMap to READ the data.

Checking errors

• READ different data sets (GHQ, WQ, CHQ and MQ)

• Check for the following errors:

– Invalid visit date

– Records with duplicate codes (for GHQ, WOMAN, CHQ, PHQ, MQ)

– GPS invalid records

• For mapping visit - KML file on Google Earth

• For subsequent visits – distance from Mapping location – cutoff 30 meters)

– Invalid (inadequate) fill time for different sections covered by the workers

Correcting errors

• Run “FREQ” command to check DATEVISIT

• Select invalid dates

– create a correction programme and run on the data set

• Generate new variables to mark invalid records

– Duplicates

– GPS invalid

– time invalid

– Sequence invalid

Verifying GPS Location

Mapping visit

– Make a KML file using CIETmap

– Supervisors to visualise the file on Google Earth

– Verify GPS validity and make a programme marking individual households for female workers and husbands for male workers as GPS invalid

Baseline and follow-up visit (female**)**

– For GHQ run the programme "GHQ python loadtest"

– Calculate the distance between mapping and subsequent visit GPS location

– Mark each record automatically as valid or invalid running a programme - 30 meter cut-off

Baseline and Follow-up visits (male)

– Import "Mapping GPS location" into MQ data set

– Calculate the distance between mapping and MQ visit GPS location

– Mark each record automatically as valid or invalid running a programme - 30 meter cut-off

Coverage/Quality reports

• Run the report automation python programme

• Generate Excel coverage and quality reports for female and male workers

• Send reports to respective supervisors

• Supervisors to review workers' performance

• Provide feedback to the workers

Remote Monitoring, Supervision and Feedback

All workers are monitored remotely as they send the data to the central server. The records are pulled twice in a week by the data manager to generate coverage and quality reports for all the workers. The reports are sent to the central supervisors who review these reports to list issues with specific instructions for action to be taken providing feedback to individual workers, LGA supervisors and state team. They check for subsequent download to see if the worker has rectified the errors. At the end of month, they also generate monthly payment sheet for workers.

Required logistics

 Laptop/desktop available

 Internet Connectivity for downloading

 Email Address to receive coverage from data manger

 Download the coverage sent from the data manger

 Create folder and save the coverage/quality reports on your laptop/desktop

 Examine the coverage and quality – list errors for individual workers

Expected errors for each worker

GPS Invalid

Duplicates

Households/women not covered by female worker(Households/women list)

Child covered but hygiene section not covered

Husbands listed by female worker but not covered by male worker (Husbands' list)

Not sending records on time

Feedback to the worker

Supervisors to use cell phone to provide feedback to the workers via phone call or SMS

Follow-up on feed back

• Check if worker has followed-up individual worker sequence on corrections whether has been made or not.

• Keep a record of individual errors and issues for each worker

• Look in subsequent data download for compliance and corrections against errors

Advice and warning to three types of workers

• First download - *making mistake but committed* – advise and encourage not to repeat mistakes – retrain in the field if necessary

• Second download - *careless workers* - repeating same error again on consecutive downloads even after advised – warn for dismissal

• Third download – *cheating workers* – consistently wrong and not complying despite advice – fire the worker and replace with a new one

Contents and guidelines for facilitators on different sessions during the training

Facilitators should use the following guidelines and contents to explain to the workers about different aspects of field work during their sessions. These should be used in conjunction with the relevant sections in the training handout.

Methods and field procedures

Universal coverage of whole ward – each and every household, each CBA, each pregnant woman and her husband, each child born to the pregnant woman covered

Divided into catchment areas of around 300 households

A female and a male worker work together in each catchment area

The female worker goes door to door – registers households, screens for CBAs currently pregnant, follows each pregnant woman her through her pregnancy with up to four visits during the pregnancy (every two months) and then one visit after the delivery – registers the new born child and follows the mother/caregiver of the child after 12 months to record health status and caring practices during their first year of life.

The male worker gets a list of husbands of registered pregnant women (from the female worker) and contacts each one individually at home to follow for four visits during the pregnancy of his wife and one visit after the delivery. He also gets a list of registered children to follow their father once the children are 12 months old.

What do these home visitors do?

1) Track the knowledge, attitude and practices of women and men on pregnancy, child birth and child health;

2) Provide information and education to pregnant women and their spouses on:

- danger signs during pregnancy,
- heavy work during pregnancy,
- inter-spousal communication on pregnancy and child birth issues,
- domestic violence,
- exclusive breastfeeding,
- hygiene, sanitation, source of drinking water and management of diarrhoea
- child immunisation;

3) Use handsets to show educational video clips

4) Identify high risk pregnant women and refer them to a health facility with a follow-up during subsequent visit (guidance stored in the handsets)

5) Discuss possible actions women, spouses and families can take to ensure better care of pregnant women, and children (guided by information in the handsets); and record what they are doing in this regard on each visit

6) Use handsets to record and send data on the health status of women and children

Concepts and definitions

- *Household* – people living normally together eating from the same pot – exclude visitors – difference between a compound and a household
- *Head of the household* – whose decisions are respected – not necessarily the financial head – identify and mark head for each housing unit in the compound (compound head (Sarki) would be the head for his housing unit not all in the compound)
- *Women of child bearing age (CBAs)* - women of age range 14-49 years
- *GPS – Geographic positioning system* – software in handsets or tablets used to record location of the place where handset/tablet is being used
- *Antenatal Care (ANC)* – visiting a health facility or worker for check-up during pregnancy
- *Danger signs during pregnancy and child birth* - show and explain from the male pamphlet as well as the pregnancy registration card
- *Heavy work during pregnancy* – explain by giving examples such as pounding, fetching water or fire wood, lifting or carrying heavy loads
- *Domestic violence* – how common it is in Bauchi? - Mental violence (bad names, bickering, criticizing, being shouted at etc) – Physical violence ((beating, kicking, or slapping or similar forms of physical violence)
- *Exclusive breastfeeding* – only breast milk no other fluids or solids (including water) recommended for first six months
- *Management of diarrhoea* – recommended to give more fluids and continue feeding - sugar salt solution - no medicines to stop diarrhoea
- *Prevention of diarrhoea* - Household hygiene (no garbage/sewage in or around the compound; keep drinking water container clean, covered and raised)
- *Child immunisation* – explain the 9 diseases included in the routine immunisation programme

Introduction to home visit tools and instruments

- *Questionnaire and discussion guide for female worker:* (General household and CBA screening section (GHQ), Pregnancy surveillance questionnaire (PSQ), Child surveillance questionnaire (CSQ), Pregnancy history questionnaire (PHQ), Child health questionnaire (CHQ) and household hygiene section
- *Questionnaire and discussion guide for male worker*: (Pregnancy surveillance questionnaire (PSQ), Child surveillance questionnaire (CSQ), Questions on Knowledge, behaviour attitudes and practices on pregnancy, child birth and child health
- *Video clips* - embedded in the discussion guide on each topic - three in the PSQ section on 1)Danger signs during pregnancy and child birth, 2)heavy workload during pregnancy and, 3)inter-spousal communication/domestic violence – two in the CSQ section on 1)Exclusive breastfeeding, management of diarrhoea and hygiene and, 2)Child immunisation
- *Household index register:*for female worker – one page to be assigned to eachvisited household – label the name of the household head – household (GHQ) serial number printed on top for identification – lists CBAs in the household and children born to registered pregnant women
- *Household registration card* – to be filled and provided to each household for identification purposes at the time of first/baseline visit
- *Pregnancy registration card* – to be filled and provided to each pregnant woman for identification purposes at the time of first visit during a running pregnancy; also to be used for discussing and explaining danger signs during pregnancy and child birth
- *Referral form* – to be filled in for each identified Pregnant woman that is yet to start Ante natal check up, fill and advise about the referral facility; ask to carry the form and get it filled by the health worker at the facility; collect the form on next visit to check if she visited the facility. Write reason if didn't go, sign and submit the form to the LGA supervisor.
- *Pregnancy registration log sheet for male workers* – list of spouses/husbands of pregnant women registered for follow-up and to be contacted by male workers – female workers to fill the sheet and provide it periodically to the male worker
- *Child registration log sheet for male workers* - list of fathers to children 12-18 months registered and followed by female worker and to be contacted by male workers – female workers fill the sheet when they follow-up a child 12-18 months in a household and provide it periodically to the male worker
- *Male pamphlet on danger signs during pregnancy and child birth* - to be used to discuss and explain danger signs during pregnancy and child birth by the male worker and provided to the spouse/husband during first visit.

- *Handsets* - The smartphone handsets loaded with Open Data Kit (ODK) collect software – to be used to 1) administer the discussion guide/questionnaire 2) record data on responses to questions and location (GPS) information about where the discussion is conducted, 3) show the video clips to the respondents (pregnant women and their spouses)

Introduction to handsets

Distribute the handsets to the participants. Show them the code on the handset and explain this is their code as well as their area code. Explain about different functions and let them see it on their handsets as you explain.

- How to switch on?
- Starting and using ODK
- Use of different tabs on the main page
    - Filling a blank record
    - Editing a saved record
    - Finalising the saved record for sending
    - Sending finalised records

Briefly explain the purpose and later demonstrate practically at respective relevant stages during the training.

- Charging the handsets to make sure they are functionally available for use during the day.
- Handling and caring for the handsets – responsibility and accountability
    - Not to use for any other purpose
    - No downloading or changing settings,
    - Making sure no one else uses it,
    - Avoid tampering,
    - Would require replacing the handset in case of any damage or loss

Review and discussion of the instruments

Ask participants to open ODK on their handsets and use the tab "Fill blank form" to open the female workers' instrument (FWQ). Make use of the same form to explain how different sections of the instrument would be available and work by asking them to go back to the point (question) from where if you change the response option you get a different section in the questionnaire to fill.

Mapping visit

Female worker: General household questionnaire (GHQ)

- Participants do a around each reading a question with options and instructions
- Discussion and clarifications on questions as needed by the trainers
- Explain ward, area, settlement and worker's code
- GPS recording
- What happens to the instrument if the household is locked or no one eligible (ask them to select the option and show the skip as it takes them to the end of the questionnaire) – Advise to leave a page blank in the index register as reserved for this household to return later or in next round
- Introduction – name, organisation, purpose, expected benefits, rights to participate (refuse or stop interview, not to answer any question)/time required
- Consent questions – ethical obligation to get informed consent
- Registering the household on the index register and issuing the GHQ registration card
- GHQ serial number on the Index page and recording on handset and GHQ registration card
- What happens if the respondent refuses to participate? (Show them practically the skip as it works on the handset)
- Registration of CBAs in the household in the Index register; name with age (preferable date of birth but at least year) – CBA serial number; husband name – husband serial number
- Recording of births and deaths – explain the period i.e. last one year – Make reference to the current date and going back till the same date last year.

Baseline visit

Female worker: GHQ questionnaire and CBA screening section for completed pregnancy

- Participants do a around each reading a question with options and instructions

- Discussion and clarifications on questions as needed by the trainers
- Explain ward, area, settlement and worker's code
- GPS recording
- What happens to the instrument if the household is locked or no one eligible (ask them to select the option and show the skip as it takes them to the end of the questionnaire) – Advise to return later or in next round
- Introduction – name, organisation, purpose, expected benefits, rights to participate (refuse or stop interview, not to answer any question)/time required
- Request for GHQ card issued in mapping visit – Verify with the same in the index register – verify name of the household head
- Consent questions – ethical obligation to get informed consent
- Verify number of CBAs against those listed in the mapping visit. Update if necessary e.g. a new CBA added or some dying or moving away from the household permanently due to marriage or any other reason.
- Explain about repeat of CBA section in the handset as many times as the number of CBAs entered in the handset
- What happens if no CBAs in the household? (show them the skip as it works on the handset)
- Introduction to individual CBA – name, organisation, purpose, expected benefits, rights to participate/refuse/stop interview/time required
- Consent questions for CBA – ethical obligation to get informed consent from individual CBA
- Personal information and knowledge questions
- Especially explain the multiple response questions to ensure the participants understand they need to record and probe more than one responses
- Screening for completed pregnancy during last one year – explain how to probe and record the exact date of delivery/termination of pregnancy
- Explain what happens if the date of delivery/termination of pregnancy is more than a year. It skips PHQ section so they need to confirm and record the date very carefully and accurately.
- What happens if CBA is not available? (show them practically the skip as it works on the handset) What to do in terms of covering this CBA? (Explain to ask when she would be available and then come back if available on the same day. Explain use of

supplementary visit to cover such CBAs; what to record in the number of CBAs question G18CBANUM)

- What happens if CBA didn't have a completed pregnancy during last one year? (show them practically the skip as it works on the handset)
- What happens if you entered a wrong number of CBAs? (Explain how to make correction by going back).

Female worker: Pregnancy history (PHQ), child health (CHQ) and Hygiene sections

Scenario 1: CBA with a completed pregnancy during last one year but no child 12-18 months old

- Participants do a around each reading a question with options and instructions
- Discussion and clarifications on questions as needed by the trainers
- Especially explain the multiple response questions to ensure the participants understand they need to record and probe more than one responses
- Explain what to record in the question about if the woman cares for any child 12-18 months old in this situation and what happens if she records NO
- Explain what to record in the question about if a child 12-18 months old has been covered in this household and what happens if she records NO
- Conclude by explaining the instrument only shows the PHQ for this scenario and no CHQ or hygiene section

Scenario 2: CBA with no completed pregnancy during last one year but with a child 12-18 months old

- Participants do a around each reading a question with options and instructions
- Discussion and clarifications on questions as needed by the trainers
- Especially explain how to probe, verify (birth certificate or vaccination card if available) and record the date of birth for the child
- Explain what happens if the woman said she cares for a child 12-18 months but the date of birth is less than 12 months or more than 18 months. Explain this as a quality check so she can verify the age of the child and make correction accordingly.
- Explain what to record in the question about if a child 12-18 months old has been covered in this household and what happens if she records YES. It opens the hygiene section

- Conclude by explaining the instrument in this situation does not show PHQ but shows the CHQ and hygiene section

Scenario 3: CBA with a completed pregnancy during last one year and also with a child 12-18 months old

- Participants do a around each reading a question with options and instructions
- Discussion and clarifications on questions as needed by the trainers
- Especially explain the multiple response questions to ensure the participants understand they need to record and probe more than one responses
- Explain what to record in the question about if the woman cares for any child 12-18 months old in this situation and what happens if she records YES
- Especially explain how to probe, verify (birth certificate or vaccination card if available) and record the date of birth for the child
- Explain what happens if the woman said she cares for a child 12-18 months but the date of birth is less than 12 months or more than 18 months. Explain this as a quality check so she can verify the age of the child and make correction accordingly.
- Explain what to record in the question about if a child 12-18 months old has been covered in this household and what happens if she records YES. It opens the hygiene section
- Conclude by explaining the instrument in this situation shows all the sections i.e., PHQ, CHQ and hygiene section

Male worker: Male questionnaire (CASCADA section)

- Participants do a around each reading a question with options and instructions)
- Discussion and clarifications on questions as needed by the trainers
- Especially explain the multiple response questions to ensure the participants understand they need to record and probe more than one responses
- Explain ward, area, settlement and worker's codes
- GPS recording
- GHQ serial number – check and enter from the baseline sheet provided by the female worker
- Husband serial number - check and enter from the baseline sheet provided by the female worker

- Introduction – name, organisation, purpose, expected benefits, rights to participate/refuse/stop interview/time required
- Consent questions – ethical obligation to get informed consent
- What happens if respondent refuses? – Ask them to check by selecting the refusal response.

Surveillance (follow-up) visit

Female worker: General household and CBA screening section

- Explain ward, area, settlement and worker's code
- GPS recording
- What happens to the instrument if the household is locked or no one eligible (ask them to select the option and show the skip as it takes them to the end of the questionnaire) – Advise to leave a page blank in the index register as reserved for this household to return later or in next round
- Introduction – name, organisation, purpose, expected benefits, rights to participate (refuse or stop interview, not to answer any question)/time required
- Consent questions – ethical obligation to get informed consent
- Registering the household on the index register and issuingthe GHQ registration card
- GHQ serial number on the Index page and recording on tablet and GHQ registration card
- What happens if the respondent refuses to participate? (Show them practically the skip as it works on the tablet)
- What happens if it is a follow-up visits? – Ask the participants to select the response accordingly and check for the questions now available in the section.
- Registration of CBAs in the household in the Index register; name with age (preferable date of birth but at least year) – CBA serial number; husband name – husband serial number
- Explain about repeat of CBA section in the tablet as many times as the number of CBAs entered in the tablet
- What happens if no CBAs in the household? (show them the skip as it works on the tablet)
- Introduction to individual CBA – name, organisation, purpose, expected benefits, rights to participate/refuse/stop interview/time required

- Consent questions – ethical obligation to get informed consent from individual CBA
- Screening of individual CBAs – registration for pregnancy surveillance, if currently pregnant – if first visit register and issue a pregnancy registration card (explain how to fill)
- What happens if CBA is not available? (show them practically the skip as it works on the tablet) What to do in terms of follow-up?
- What happens if CBA is not pregnant? (show them practically the skip as it works on the tablet)
- What happens if you entered a wrong number of CBAs? (Explain how to make correction by going back).

Pregnancy Surveillance (PSQ) and Child Surveillance (CSQ) sections

Scenario 1: First visit to the woman with woman not registered for pregnancy surveillance and is 4 months pregnant

- Explain how to register the woman and issue a pregnancy registration card
- Participants do a around each reading a question with options and instructions)
- Explain the use of pregnancy registration card for discussion while covering the section on danger signs
- Explain the use of referral form to a health facility
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument only shows the PSQ for this scenario

Scenario 2: First visit to the woman with woman not registered for pregnancy surveillance and is 6 months pregnant

- Explain how to register the woman and issue a pregnancy registration card
- Participants do a around each reading a question with options and instructions)
- Explain the use of pregnancy registration card for discussion while covering the section on danger signs
- Explain the use of referral form a health facility
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument shows the PSQ as well as the CSQ for this scenario although it is still the first visit and why?

Scenario 3: A follow-up visit #2 to the woman with woman already registered for pregnancy surveillance and is 5 months pregnant

- Explain the workers need to ask woman to produce the registration card they provided her during first visit and verify the identification and number of visits.
- Participants do a around each reading a question with options and instructions)
- Explain the use of pregnancy registration card for discussion while covering the section on danger signs
- Explain the use of referral form to a health facility
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument still only shows the PSQ for this scenario although it is a follow-up visit and why

Scenario 4: A follow-up visit #4 to the woman with woman already registered for pregnancy surveillance and is 8 months pregnant

- Explain the workers need to ask woman to produce the registration card they provided her during first visit and verify the identification and number of visits.
- Participants do a around each reading a question with options and instructions)
- Discussion and clarifications on questions as needed by the trainer
- Explain the use of pregnancy registration card for discussion while covering the section on danger signs
- Explain the use of referral form to a health facility
- Conclude by explaining the instrument now shows both the PSQ and CSQ for this scenario and why

Scenario 5: Follow-up visit #5 to the woman with woman already registered for pregnancy surveillance but is not currently pregnant (this essentially means woman was pregnant and registered with us for pregnancy surveillance and now her pregnancy has terminated and she is alive and healthy to interact with you)

- Explain the workers need to ask woman to produce the registration card they provided her during first visit and verify the identification and number of visits.
- Participants do a around each reading a question with options and instructions)
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument now does not show the PSQ but the PHQ and continues with the CSQ and why

Scenario 6: Follow-up visit #5 to the woman already registered for pregnancy surveillance but is not currently pregnant (this essentially means woman was pregnant and registered with us for pregnancy surveillance and now her pregnancy has terminated) but she is dead

- Explain the workers to identify a respondent from the household preferably another senior woman to discuss what happened to the woman
- Ask the respondent if she could produce the pregnancy registration card they provided to the deceased woman during first visit; verify the identification and number of visits.
- Participants do a around each reading a question with options and instructions)
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument now does not show the PSQ but the maternal death audit section and why

Scenario 7: Follow-up visit #6 to the woman with woman not registered for pregnancy surveillance nor she is currently pregnant but she has a child 12-18 months to be follow-up on this visit

- Explain the workers need to ask woman to produce the pregnancy registration card they provided her during first visit and verify the identification and number of visits.
- Participants do a around each reading a question with options and instructions)
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument now does not show the PSQ, PHQ or CSQ but the CHQ and HH hygiene section and why

Male worker: Male questionnaire

- Explain ward, area, settlement and worker's codes
- GPS recording
- GHQ serial number – check and enter from pregnancy/child registration log sheet provided by the female worker
- Husband serial number - check and enter from pregnancy/child registration log sheet provided by the female worker
- Introduction – name, organisation, purpose, expected benefits, rights to participate/refuse/stop interview/time required
- Consent questions – ethical obligation to get informed consent

- What happens if respondent refuses? – Ask them to check by selecting the refusal response.
- How to mark duration of pregnancy if more than one wife pregnant? – Mark for the wife who has the longest duration of pregnancy (e.g., if there are two wives pregnant one for 4 months and one for 7 months. Mark the duration as 7 months).

Scenario 1: First visit to the husband/spouse with a wife pregnant for 5 months or less

- Participants do a around each reading a question with options and instructions)
- Explain the use of pamphlet with danger signs for discussion while covering the section on danger signs
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument only shows the PSQ for this scenario

Scenario 2: First visit to the husband/spouse with a wife pregnant for 6 months or more

- Participants do a around each reading a question with options and instructions)
- Explain the use of pamphlet with danger signs for discussion while covering the section on danger signs
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument now shows both the PSQ as well as the CSQ sections

Scenario 3: Follow-up visit to the husband/spouse with a wife pregnant for 5 months or less

- Participants do a around each reading a question with options and instructions)
- Explain the use of pamphlet with danger signs for discussion while covering the section on danger signs
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument only shows the PSQ for this scenario – Why?

Scenario 4: Follow-up visit to the husband/spouse with a wife pregnant for 6 months or more

- Participants do a around each reading a question with options and instructions)
- Explain the use of pamphlet with danger signs for discussion while covering the section on danger signs
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument shows both the PSQ and the CSQ sections

Scenario 5: Follow-up visit to the husband/spouse listed for a child follow-up

- Participants do a around each reading a question with options and instructions)
- Discussion and clarifications on questions as needed by the trainers
- Conclude by explaining the instrument skips all the discussion and videos and only shows questions that record knowledge, attitude, behaviours and practices in each section

Training Agenda

Training of field workers on home visit scheme

First Phase (Mapping Visit)

Training Curriculum–Day 1

08.30 – 09.00 REGISTRATION

09.00 – 09.05 OPENING PRAYER (Volunteer)

09.05 – 09.15 WELCOME ADDRESS Someone from LGA should welcome the participants

09:15 – 09.45 INTRODUCTIONS The facilitator should ask each participant to introduce herself as follows:

 Name

 Organization and designation (if any)

 Educational qualification

 Previous work experience

 Experience using android phones

09.45 – 09.50 HOUSE KEEPING & ADMINISTRATION The facilitator should explain clearly the following rules:

 Punctuality

 Use of training facility and respect (keep it clean and don't damage)

 Listening, speaking, group work, respect of other's opinion

 Timings, breaks, food, field practice arrangements

09.50 – 10.20 PRE-TRAINING ASSESSMENT The facilitator should explain about

 Writing name and date

 How to mark the true and false questionnaire (tick mark true or false)

 For questions with more than one response, need to mark all the responses they think are correct

 Maximum time allowed to complete the test (20 minutes)

10.20 – 11.10 INTRODUCTION TO THE HOME VISITS SCHEME

 The facilitator explains about the background need, objectives and overview of the sheme

 Situation of maternal health and services in Nigeria and Bauchi

 Overall goals and objectives

 Stakeholders

 Partnership for implementation (BASPHCDA and implementing partner)

11:25 – 12:00 TEA BREAK

12.00 – 12.30 BASIC DEFINITIONS (see handout)

12.00 – 12.50 HOME VISITS: ADMINISTRATIVE ORGANIZATION

 Catchment area around (250 household)

 Recruitment of workers – from the same community, unemployed Health workers, Primary/secondary school leavers or any higher qualification, identify in consultation with community leaders

 Trained workers visit ALL households in their catchment area every two months

o Explain three types of visit – Mapping

o Second visit – Baseline

o Third visit onward – Follow – up visits

 This training is about Mapping Visit

 Payments – only for valid records

12.50 – 01:15 MAPPING VISIT

 Female worker to visit and register every household

 Issue a household registration card (show and explain the card)

 Fill the household page in the Index register (show and explain the register and page)

 List all the CBAs (start from respondent if herself a CBA or the youngest)

 Record profile information about the household using mapping GHQ

 Inform about next visit

01.15 – 02.00 LUNCH/ PRAYER BREAK

02.00 – 02.30 INTRODUCTIONS TO TOOLS AND HANDSETS/ODK COLLECT

 Household Index register

 Household register (GHQ) card

 Handset

 Explain how to operate the handset and ODK

 Ensure each participant practices on her own handset

02:30 – 03:45 REVIEW OF GENERAL HOUSEHOLD QUESTIONNAIRE

 Explain the trainees how to open the questionnaire in ODK

 Reminder about definition of the household

 Who answers the questionnaire? (head or most senior knowledgeable member)

 Review of questions: training participants open the questionnaire on their hand sets, facilitator to do a go-around with each participant reading one question and then recording a dummy response

 Explain how the questions are skipped on different options such as locked household, refusals and no deaths.

 Clarification on individual questions as needed

 Questions on births and deaths only for during last one year

 Explain what does last one year mean – date of visit as reference point and then going back one year.

 Explain how to fill the index register

 Explain how to fill the GHQ register card

03:45 – 04:00 PRAYER BREAK

04.00 – 05.00 CLASSROOM PRACTICE IN PAIRS Participants

 Participants to work in pairs

 Fill a mapping visit survey form on their handset and send it to server

 Fill and issue a GHQ registration card

 Fill a page for the household in the index register

 Make a list of CBAs on the index page

05.05 – 05:10 CLOSING PRAYERS

05.10 – 05:30 PREPARATION FOR DAY 2 Meeting with coordinators to make arrangements for field practice

 Arrange for Practice community – inform village head, WDC, ward focal persons

 Arrange for advocacy to inform community leaders about field practice

 Arrange for transport if needed

 Distribute trainees with each female and male supervisors

 Arrange for stationery (Index register, charged handset and enough GHQ cards for each trainee)

 Arrange for Projector and Power arrangements to project GPS data monitoring

Training Curriculum – Day 2

09.00 – 09.05 OPENING PRAYER

09.05 – 09.30 RECAP DAY 1 Facilitator should encourage participants to summarize key points covered during day 1 training

09:30 – 10.00 PREOCEDURES AND RULES FOR FIELD PRACTICE The facilitator should announce:

 Teams with supervisors

 Targets for field practice (number of households to be covered)

 Timings – when to report back while in the field

 Ask the trainees to only save the records. Don't send the records from the field. The supervisors should check the filled saved records for any error and discuss it with the trainee before sending it off. The records can be sent once back in the class room.

 Supervisors to note name and contact number for each trainee in their groups

 Each supervisor to make sure their group of trainees have all the necessary stationary (handset, Index register, Household Registration cards)

 Each supervisor to check for time and date setting in the handsets for their group of trainees is correct

 The handset should have the SIM card and the internet bundle

10.00 – 10.20 ETHICAL CONSIDERATIONS FOR WORKERS The facilitator should explain importance and need for:

 Informed consent for participation, Confidentiality, Privacy

 Respect for respondents and information

 Sincerity to work

 Professionalism

 Time management

 Security concerns (for respondent as well a s worker)

10.20 – 10:50 TEA BREAK

10.50 – 11.30 TRAVEL TO FIELD PRACTICE COMMUNITY

11.30 – 03.00 SUPERVISED FIELD PRACTICE

 The overall training coordinator with support from ward/LGA focal person should assign a catchment area to each group of workers.

 The area should be large enough to allow each trainee to cover 10 – 15 households. So if there are 4 trainees in a group allow at least 60 households in the area

 Before dispersing the supervisors should remind each trainee about the end time and the minimum target

 Supervisor should assign households to each trainee so she should know where each worker is working

 Once a trainee completes the work in a household she should ask the supervisor male or female whoever is available about the next house.

 The female supervisor should supervise at least two complete households for each trainee

 During supervision pay attention to how the trainee is

 Recording the GPS

 Introducing herself properly

 Obtaining informed consent by asking the three consent questions

 Asking the questions the way written in the tables and recording the responses is correct

 Filling and issuing the household registration card correctly

 Recording the code of the assigned page correctly in the tablet and on the registration card

 Making the list of CBAs correctly. Pay attention to the order (starting with the youngest), codes assigned to each CBA, writing husband's name properly against each married CBA and giving the correct codes

 Number of CBAs recorded in the tablet (G18) should be equal to the number of CBAs listed in the Index register.

 Saving the finalized records in the handset

03.00 – 03.45 LUNCH & PRAYERS BREAK

03.45 – 04.00 SENDING RECORDS TO THE SERVER

 The supervisors work with the trainees to explain how to send their records to the server

 Send all the saved records to the server data manager to download the KML file

 Have a hot spot internet ready and working during projection

 Supervisors to provide their feedback about the performance of each worker confidentially to the central coordinator for final selection

 Central coordinator together with the Ward/LGA focal persons to select worker for each catchment area

 Central coordinator to ensure as much as possible the worker is fromthe same catchment area and select them on merit

04.00 – 04.30 DEMONSTRATION ON USING GPS DATA FOR MONITORING The facilitator should:

 Open the KML file

 Show how the Google Earth takes us to Nigeria, then Bauchi and thento Toro.

 Explain some landmarks so trainees could identify and relate with thelocation e.g. the main Jo road ward headquarters, training site, some schools etc.

 Show them the records done in the class room first. Also explain whythey are clustered. Relate it with what happens if a worker does the households sitting at the same place. Explain the GHQCODE

 Show them the households covered during the field practice.

 Explain clearly the data is instantly available as soon as they send itand we can see the literally at the same time when they are working in the community if the network is available and they keep sending the data.

 Show how the dots are now scattered reflecting thetrainees going door to door.

 Show the sequence of GHQCODE. Explain how it reflects the workers moving sequentially

 Open the data by clicking a dot to show them the responses for different questions.

 Conclude by making a strong statement we will be in a position tomonitor each and every visit they make in their catchment areas.

04.30 – 04.45 ANNOUNCEMENT ON SELECTION AND START OF FIELD WORKNEXT DAY

 The facilitator together with LGA/Ward focal person should now announce the finally selected workers.

 Congratulate those selected

 Encourage those not selected that they have also performed well. Theyare in reserves and can be called upon in case a worker doesn't continue and it often happens.

 Inform about the start of the field work next day

 Announce the schedule of work for different groups of workers on eachday along with names of supervisors

05.05 – 05:30 CLOSING PRAYERS AND PAYMENTS

05.10 – 05.30 PREPARATION FOR DAY 3 – START OF FIELD WORK Meeting with LGA coordinators to make arrangements for field work

 List of workers and catchment areas (with start-up settlement) and assigned supervisors

 Arrange for transport if needed

 Arrange to inform community leaders about selection ofworkers and start of field work

 Arrange for stationary (Index registers, give only first one to the workerand keep the remaining with the ward focal person who provides them as and when needed (inform workers about who to contact for more registers). Charged handset with SIM and internet bundle, charger and enough GHQ cards for each worker

Training Curriculum – Day 3 (Start of work)

09.00 – 09.05 OPENING PRAYER

09:30 – 10.00 PROCEDURES AND RULES FOR THE SUPERVISED FIELD WORK The facilitator should announce:

 Each worker to sit with her supervisors

 Minimum target for supervision (number of households to be supervised – at least 10)

 Timings – when to report back while in the field

 Supervisor to note name and contact number the assigned worker

 Each supervisor to make sure the worker has all the necessary stationary (handset, Index register, Household registration cards)

 Each supervisor to check for time and date setting in the handset for the assigned worker

 Make sure the Index register is labeled properly including settlement name and code on top

 The handset should have the SIM card and the internet bundle

 All the supervisors to check the filled records in the field and ask the workers to send it from the field instantly once they have checked it.

 Once the target is achieved the supervisor if satisfied with the work can leavethe worker to continue working in the community

 If there is a need for additional supervision inform and arrange with the central coordinator accordingly

10.00 – 11.00 TRAVEL TO INDIVIDUAL CATCHMENT AREA – START – UP SETTLEMENT

11.00 - -2.30 SUPERVISED FIELD WORK

 The supervisor should guide the worker about the demarcation of catchment area.

 If any confusion especially in urban areas they should contact ward focal person.

 Identify the community leader house for advocacy as well as start of the field work.

 This is the first house in this settlement. Also request the community leader to help worker in demarcation of catchment area explaining her about landmarks as boundaries.

 The male supervisor to do the advocacy

 The female supervisor should visit the households with the worker and keepsupervising her for at least 5-6 complete households

 During supervision pay attention to how the trainee is

 Recording the GPS

 Introducing herself properly

 Obtaining informed consent by asking the three consent questions

 Asking the questions the way written in the tablets and recording theresponses correctly

 If her understanding about the questions and interpretation of response is correct

 Filling and issuing the household registration card correctly

 Recording the code of the assigned page correctly in the tablet and on the registration card

 Making the list of CBAs correctly. Pay attention to the order (startingwith the youngest), codes assigned to each CBA, writing husband's name properly against each married CBA and giving them correct codes

 Number of CBAs recorded in the tablet (G18) should be equal to thenumber of CBAs listed in the Index register.

 Saved the record and if the network is available sent it to the server

 Allow worker to do 3-4 more households independently and check ifshe is can work without support.

 If satisfied leave the worker in the community, encourage herto contact the supervisor in case of any need or problem.

 If there is a need for additional supervision discuss and arrange for itwith the central coordinator

Baseline visit

Training Agenda - Day 1

08.30 - 09.00 REGISTRATION

09.00 - 09.05 OPENING PRAYER Volunteer

09.05 - 09.15 WELCOME ADDRESS

09:15 - 09.45 INTRODUCTIONS

· Introductions & icebreaker (name, community, education/qualification, previous work experience, experience using android phones)

· Housekeeping rules (Punctuality, use of building, listening, speaking, group work, respect of other's opinion)

· Administrative issues (timings, breaks, food, transport, financial compensations during and procedures, selection of field teams)

10.15 - 10.30 RECAP OF TRAINING ON MAPPING VISIT

· Overall goals and objectives

· Stakeholders

· Partnership for implementation (BASPHCD and Implementing partner)

10:30-10:50 CONCEPTS AND DEFINITIONS

10:50-11:2 TEA BREAK

11:20-11:40 INTRODUCTION TO HOME VISIT TOOLS AND INSTRUMENTS

12:00-01:30 DISCUSSION ON INSTRUMENTS Participants divide into male and female groups and discuss respective instruments

01:30-02:00 LUNCH/ PRAYER BREAK

02:00-03:30 PARTICIPANTS CONTINUE DISCUSSING INSTRUMENTS IN GROUPS

03:30- 04:30 CLASS ROOM PRACTICE

Participants work in pairs to practice how to administer the questionnaire

04.30 – 05.00 RECAP OF FIELD PROCEDURES 05.00 CLOSING PRAYERS

Training agenda – Day 2

09.00 – 09.05 OPENING PRAYER

09.05 – 09.30 RECAP DAY 1 Facilitator should encourage participants to summarize key points covered during day 1 training

09:30 – 10.00 PEOCEDURES AND RULES FOR FIELD PRACTICE The facilitator should announce:

 Teams with supervisors

 Targets for field practice (number of households to be covered)

 Timings – when to report back while in the field

 Ask the trainees to only save the records. Don't send the records from the field. The supervisors should check the filled saved records for any error and discuss it with the trainee before sending it off. The records can be sent once back in the class room.

 Supervisors to note name and contact number for each trainee in their groups

 Each supervisor to make sure their group of trainees have all the necessary stationary (handset, Index register, Household Registration cards)

 Each supervisor to check for time and date setting in the handsets for their group of trainees is correct

 The handset should have the SIM card and the internet bundle

10.00 – 10.20 ETHICAL CONSIDERATIONS FOR WORKERS The facilitator should explain importance and need for:

 Informed consent for participation, Confidentiality, Privacy

 Respect for respondents and information

 Sincerity to work

 Professionalism

 Time management

 Security concerns (for respondent as well a s worker)

10.20 – 10:50 TEA BREAK

10.50 – 11.30 TRAVEL TO FIELD PRACTICE COMMUNITY

11.30 – 03.00 SUPERVISED FIELD PRACTICE

 The overall training coordinator with support from ward/LGA focal person should assign a catchment area to each group of workers.

 The area should be large enough to allow each trainee to cover 10 – 15 households. So if there are 4 trainees in a group allow at least 60households in the area

 Before dispersing the supervisors should remind each trainee about the end time and the minimum target

 Supervisor should assign households to each trainee so she should know where each worker is working

 Once a trainee completes the work in a household she should ask the supervisor male or female whoever is available about the next house.

 The female supervisor should supervise at least two complete households for each trainee

 During supervision pay attention to how the trainee is

 Recording the GPS

 Introducing herself properly

 Obtaining informed consent by asking the three consent questions

 Asking the questions the way written in the tables and recording the responses is correct

 Number of CBAs recorded in the tablet (G18) should be equal to the number of CBAs listed in the Index register.

 Filling the PHQ section according to the situation of CBA screened in the household

 Filling of CASCADA section by the male participants

 Saving the finalized records in the handset

03.00 – 03.45 LUNCH & PRAYERS BREAK

03.45 – 04.00 SENDING RECORDS TO THE SERVER

 The supervisors work with the trainees to explain how to send their records to the server

 Send all the saved records to the server data manager to download the KML file

 Have a hot spot internet ready and working during projection

 Supervisors to provide their feedback about the performance of each worker confidentially to the central coordinator for final selection

 Central coordinator together with the Ward/LGA focal persons to select male worker for each catchment area

 Central coordinator to ensure as much as possible the worker is from the same catchment area and select them on merit

Training agenda – Day 3

09.00 – 09.05 OPENING PRAYER

09.05 – 09.30 RECAP DAY 2 Facilitator should encourage participants to summarize key points covered during day 1 training and provide feedback on general errors to the workers and specific errors to each individual worker

09:30 – 10.00 ANNOUNCEMENT OF GROUPS AND SUPERVISORS FOR FIELD PRACTICE

10.20 – 10:50 TEA BREAK

10.50 – 11.30 TRAVEL TO FIELD PRACTICE COMMUNITY

11.30 – 03.00 SUPERVISED FIELD PRACTICE

03.00 – 03.45 LUNCH & PRAYERS BREAK

03.45 – 04.00 SENDING RECORDS TO THE SERVER

04.00- 04.30 FEEDBACK ON THE FIELD PRACTICE

04.30 – 04.45 ANNOUNCEMENT FOR RESUMPTION OF FIELD WORK

04.45 CLOSING PRAYERS

Training on Surveillance (follow-up) visits

Training Agenda - Day 1

08.30 - 09.00 REGISTRATION

09.00 - 09.05 OPENING PRAYER

09.05 - 09.10 WELCOME ADDRESS

09:10 - 09.30 INTRODUCTION

· Introductions & icebreaker (name, community)

· Housekeeping rules (Punctuality, use of building, listening, speaking, group work, respect of other's opinion) · Administrative issues (timings, breaks, food, transport, financial compensations during training and procedures)

09.30 - 09.45 RECAP OF BASELINE TRAINING

· Visiting each household

· Registration – GHQ card

· Listing CBAs, Index register

· Collecting baseline information - Female instrument

· GHQ section including births and deaths, number of CBAs

· Interacting with each CBA – screening for completing pregnancy during last one year, filling PHQ section, screening for children 12-18 months, filling CHQ section for each identified child

· Baseline registration sheet to list husbands/fathers

· Male workers – interacting with husbands/fathers listed in baseline sheet- CASCADA

09.45 - 10.30 FEEDBACK ON BASELINE FIELDWORK

· Workers' feedback and comments, suggestions

· Supervisors' feedback – common errors, target achievement

· Baseline registration sheet

· Male instrument

10:30 - 10:50 TEA BREAK

10:50 - 11:20 CONCEPTS AND DEFINITIONS

11.30 – 12:00 FOLLOW-UP PHASE: METHODS AND FIELD PROCEDURES

Facilitator to use handout and explain different concepts

12.00 – 12:15 TOOLS AND INSTRUMENTS FOR FOLLOW-UP VISITS Facilitator to use handout and explain different concepts

12.15 – 01.0 PARTICIPANTS DISCUSS INSTRUMENTSIN GROUPS Facilitator to use handout and explain different scenarios listed

01:00 - 01:45 LUNCH & PRAYERS BREAK

01.45 – 03.45 PARTICIPANTS CONTINUE DISCUSSING INSTRUMENTS IN GROUPS

03.45 – 04.00 PRAYERS BREAK

04.00 – 05.00 PARTICIPANTS CONTINUE DISCUSSING INSTRUMENTS IN GROUPS

05:00 CLOSING PRAYERS

Training agenda – Day 2

09.00 – 09.05 OPENING PRAYER

09.05 – 09.30 RECAP DAY 1 Facilitator should encourage participants to summarize key points covered during day 1 training

09:30 – 10.00 PEOCEDURES AND RULES FOR FIELD PRACTICE The facilitator should announce:

 Teams with supervisors

 Targets for field practice (number of households to be covered)

 Timings – when to report back while in the field

 Ask the trainees to only save the records. Don't send the records from the field. The supervisors should check the filled saved records for any error and discuss it with the trainee before sending it off. The records can be sent once back in the class room.

 Supervisors to note name and contact number for each trainee in their groups

 Each supervisor to make sure their group of trainees have all the necessary stationary (handset, Index register, Household Registration cards)

 Each supervisor to check for time and date setting in the handsets for their group of trainees is correct

 The handset should have the SIM card and the internet bundle

10.00 – 10.20 ETHICAL CONSIDERATIONS FOR WORKERS The facilitator should explain importance and need for:

 Informed consent for participation, Confidentiality, Privacy

 Respect for respondents and information

 Sincerity to work

 Professionalism

 Time management

 Security concerns (for respondent as well a s worker)

10.20 – 10:50 TEA BREAK

10.50 – 11.30 TRAVEL TO FIELD PRACTICE COMMUNITY

11.30 – 03.00 SUPERVISED FIELD PRACTICE

 The overall training coordinator with support from ward/LGA focal person should assign a catchment area to each group of workers.

 The area should be large enough to allow each trainee to cover 10 – 15 households. So if there are 4 trainees in a group allow at least 60 households in the area

 Before dispersing the supervisors should remind each trainee about the end time and the minimum target

 Supervisor should assign households to each trainee so she should know where each worker is working

 Once a trainee completes the work in a household she should ask the supervisor male or female whoever is available about the next house.

 The female supervisor should supervise at least two complete households for each trainee

 During supervision pay attention to how the trainee is

 Recording the GPS

 Introducing herself properly

 Obtaining informed consent by asking the three consent questions

 Asking the questions the way written in the tables and recording the responses is correct

 Number of CBAs recorded in the tablet (G18) should be equal to the number of CBAs listed in the Index register.

 Filling the PSQ and CSQ sections according to the situation of CBA screened in the household

 Saving the finalized records in the handset

03.00 – 03.45 LUNCH & PRAYERS BREAK

03.45 – 04.00 SENDING RECORDS TO THE SERVER

 The supervisors work with the trainees to explain how to send their records to the server

 Send all the saved records to the server data manager to download the KML file

 Have a hot spot internet ready and working during projection

 Supervisors to provide their feedback about the performance of each worker confidentially to the central coordinator for final selection

 Central coordinator together with the Ward/LGA focal persons to select worker for each catchment area

 Central coordinator to ensure as much as possible the worker is from the same catchment area and select them on merit

Training agenda – Day 3

09.00 – 09.05 OPENING PRAYER

09.05 – 09.30 RECAP DAY 2 Facilitator should encourage participants to summarize key points covered during day 1 training and provide feedback on general errors to the workers and specific errors to each individual worker

09:30 – 10.00 ANNOUNCEMENT OF GROUPS AND SUPERVISORS FOR FIELD PRACTICE

10.20 – 10:50 TEA BREAK

10.50 – 11.30 TRAVEL TO FIELD PRACTICE COMMUNITY

11.30 – 03.00 SUPERVISED FIELD PRACTICE

03.00 – 03.45 LUNCH & PRAYERS BREAK

03.45 – 04.00 SENDING RECORDS TO THE SERVER

04.00- 04.30 FEEDBACK ON THE FIELD PRACTICE

04.30 – 04.45 ANNOUNCEMENT FOR RESUMPTION OF FIELD WORK

04.45 CLOSING PRAYERS

Training agenda – Day 4

Will be used as a cushion day to catch up with unfinished class room contents during day 1 or need to provide more field practice to the workers before resuming the actual field work

MICRO PLANNING

An administrative micro planning template was developed and populated to project the cost needed for the implementation by Ward by LGA.

The micro plan covers set up and recurrent costs. The set up cost consists of trainings, equipment (Android Phones) and Stationeries. The re-current cost consists of payment of workers' stipend, replenishment of recurrent stationeries, airtime, online supervision and field supervision. The average set up cost per Ward is N1,517,188= while the average monthly recurrent cost per Ward is N280,629= The Micro plan is based on 2019 projected population.

The average stipend that will be paid to a volunteer /HH visited is N170.The cost is basically based on the evidence generated from Toro IMCHA project. The unit costs can be adjusted based on the capacity of the implementing organization.

Below is the summary of micro plan estimated budget

S/N	LGA	# Of Wards	# Of Catchment Areas	Population	Set Up Cost(once)	Recurrent Cost(Monthly)
1	Alkaleri	19	334	542486	44097185	8097260
2	Bauchi	20	505	762653	66673888	12233750
3	Bogoro	13	65	130064	8581788	1590150
4	Dambam	16	116	233088	15315190	2823840
5	Darazo	17	193	388572	25481308	4686470
6	Dass	13	69	138910	9109898	1686910
7	Gamawa	18	222	442305	29221105	5387980
8	Ganjuwa	16	217	433162	28649968	5267030
9	Giade	13	123	242427	16239383	2993170
10	Itas Gadau	16	176	355212	23236840	4275240
11	Jamaare	13	89	182062	11750448	2170710
12	Katagum	20	227	457103	19936153	3670490
13	Kirfi	13	114	227985	15051135	2775460
14	Misau	16	203	406936	26801583	4928370
15	Ningi	18	298	597989	39344195	7226420
16	Shira	18	181	361417	23896978	4396190
17	Tafawa Balewa	16	120	339755	19726950	4116040
18	Toro	17	271	541173	35779453	6573290
19	Warji	13	90	177177	11882475	2194900
20	Zaki	18	146	295691	19276015	3549540
	Total	**323**	**3757**	**7256167**	**490051933**	**90643210**

FUNDING SOURCES:

State Primary Health Care Development Agency (SPHCDA)

Save One Million Lives Program for Results Project (SOML P for R)

Nigeria State Health Investment Project(NSHIP)

Breakthrough Action Nigeria (BAN)

PLAN International,

The Challenge Initiative(TCI)

UNICEF

Integrated Health Project (IHP)

World Health Organization (WHO

STRATEGY DOCUMENT ON HOME VISITS

A strategy document for Home Visits has been developed awaiting finalization. PLAN International has agreed to fund the finalization and printing of the document. Sections will include:

- Literature review and current situations
- field methods including schedule of visits and target groups
- Micro plan - costs and budget, possible schedule of implementation
- Messages (contents)
- Data design and management including instrument and software
- Data linkages to National Community HIS
- Monitoring and supervision
- List of selected LGAs/wards for implementation in waves
- Training needs, contents and methods (curriculum)
- Annexes

RECOMMENDATIONS

1. Coordination among partners should be strengthened
2. Fast-track the approval of the final report and issue it to partners to ensure timely implementation
3. Facilitate the finalization of the home visit strategy document
4. Consider leveraging on CRGs from other sectors to pass health messages
5. Adopt the implementation of the scheme in waves starting from selected high risk wards and monitor the progress overtime before enrolling another set of LGAs/wards
6. Other CRG strategies by government agencies and partners should continue as usual but messages should be integrated
7. There is need to have one harmonized referral cards for home visits