ASSESSMENT OF THE IMPLEMENTATION OF THE HOME VISITING STRATEGY: THE CASE OF MATERNAL AND NEWBORN CARE IN THE GA SOUTH MUNICIPALITY OF GHANA

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OUTLINE OF PRESENTATION

• Background
• Problem statement
• Objectives
• Conceptual framework
• Methods
• Results
• Discussions and conclusions
Background

• Home visiting:
  • is recommended worldwide for the reduction of all – cause maternal and infant mortality (Luckowpow et al., 2017).
  • ensures equitable access to health care services (Engmann et al., 2016; Folger et al., 2016; Nesbitt et al., 2016).
  • enhances uptake of health services by families of low socio-economic background (Abdu et al, 2016).
Problem Statement

• Globally most of the 216 mothers and over three million infants who die annually; die at home around the perinatal period uncounted (Hodin et al., 2016).
• Clients are expected to be visited at home around this period (Luckopow, 2017)
• The Ghana Health Service adopted home visiting as a public health service delivery strategy since 1952 and it is the wheel of the Community-based health Planning Services (PHNG, 2010).
Study Objectives (1)

General objective:

• To assess the implementation of the home visiting strategy for maternal and newborn health care in the Ga South Municipality.

• Specific objectives were to determine the influence of:
  1. service provider factors on home visiting services.
  2. client factors on home visiting services.
  3. community factors on home visiting services.

3. determine the effect of home visiting services on maternal and newborn care.

4. determine how the home visiting strategy is used to improve maternal and newborn care.
conceptual framework of the study

**Home Visiting strategy**
- Nursing Intervention
  - Counselling
  - Health education
  - Referral
  - Activities of daily living

**Intervening Factors**
1. **Service Provider Factors/Meso System**
   (CHOs available, work load)
2. **Client Factors/Micro system**
   (Socio economic status, social network/support)
3. **Community Factors/Macro System**
   (Geographical access, Health and social amenities)

**Outcome**
- Maternal Health Care
  - ANC 4 plus visits
  - Post Natal attendance
- New born Health Care
  - Cord care practices
  - Exclusive breastfeeding

**Figure 2:** Conceptual frame work on assessment of the home visiting strategy
Methods (1)

Figure 1: study design

Cross-sectional study

Quantitative study
- Desk review:
  - Home visitor case records;
  - Policy documents;
  - Community registers

Qualitative study
- Observation:
  - Home visitors (4)

Key Informant Interviews:
- Programme Manager (3)
- Past Principals (1)
- Registrar (1 NMC)
- Facility Heads (2 PHNs)

Focus Group Discussion:
- Home visitors (10 CHO)
- Women (20)

Triangulation analyses:
- Survey data
- Observation data
- Key Informant Interviews data
- Focus Group Discussion data

Outcome:
Synthesised/synergised results

Ethics

Study Approval

Informed Consent

No Scientific Fraud/Falsification

Survey:
- Pregnant & post-natal mothers (453)
key findings

• 49% of the respondents had either seen or received services from the home visit service providers.

• The service providers were overloaded with work hence had to compromise on home visiting services.

• Clients' social networks were not involved in clinical decision making on clients yet they had significant influence on clients' responsiveness to health services.

“The ‘home nurses’ [social network] are terrible. They will say we have delivered more babies nothing happened. You have delivered only one baby and you are disturbing us with the nurses say... why did God create water? Give the baby water and let us think” – (FGD, pregnant woman from Weija).
“In places where you see home visitors especially in the CHPS system, you see that there are not much defaulters....the defaulter rate is almost zero. You see that when they visit them they talk to them about the clinics and remind them of when to come to clinic. They also make sure they are comfortable. They also talk to their spouses. From their maternal death audits you could see clearly that those who die were those who were not attendants. Nobody followed them up at home” – (KII, GHS Manager, national level).
Discussion

• Ntsua et al. (2012) found out that Community Health Officers in the Brong Ahafo region were making one home visit per week instead of the stipulated 10 visits per day due to their workload.

• The CHO’s complained that OPD cases and health sector programmes interfered with home visiting schedules.

• This is congruent with Daro et al., (2003); Ellenbecker, et al., (2006); & Whittaker et al., (2017).
Conclusion

• The home visiting strategy exists in Ghana but fraught with challenges across the ecological levels.

• It is implemented under the CHPS strategy in the Ghana Health System.

• The workload of the CHO's influence home visiting services negatively.

• Clients' social networks are potential resources for responsiveness to home visiting services.
Appreciation

• “I feel a very unusual sensation .... If not indigestion, I think it must be gratitude” - (Benjamin Disraeli)
• My deepest gratitude goes to the conference team for reposing so much trust in me.
• you have given me the opportunity to tell my story outside my country.
• I also acknowledge all of you here for giving me the confidence to present my work.
• Nye yi wala don (Thank You)