
30 December 2015

Dear Friends,

We hope you enjoy this month's edition of the Newsflash! We know that many of our Newsflash readers are working in their communities to address issues ranging from low school enrollment rates to child marriage to critical health problems. With that in mind, this month we are discussing a tried-and-true method of community engagement relating to any of those issues: home visits. Home visits by community based organizations, teachers, and health care providers have been proven to improve parental engagement in children's education, to save lives of newborn children, to facilitate effective diagnosis and treatment of illnesses like malaria or HIV, and, importantly, to strengthen relationships and build trust in communities. Included in this Newsflash are an article about a successful home visit campaign in South Africa, a thoughtful discussion of the cost- effectiveness of home visits, and a list of tips and reminders to help make home visits as impactful and effective as possible. Does your organization implement home visits as part of your work in your community? Do you think that home visits are an effective way to reach your community? We welcome your stories and feedback at newsletter@firelightfoundation.org!

Sincerely,

The Firelight Team

Article) South African 'Mentor Mothers' improve prenatal health outcomes
(Article) Are home visits a cost-effective way to prevent deaths in newborn babies?
(Resource) Home Visiting Guidelines
(Open for Proposals) Global Fund for Women
(Open for Proposals) WISE
(Soon: Open for Proposals) The Pollination Project

South African 'Mentor Mothers' improve prenatal health outcomes (by Mark Wheeler)

The incidence of HIV infection in South Africa tops that of any nation in the world, with some 6 million of the country's nearly 50 million residents infected. Sadly, young women — and particularly young pregnant women — suffer some of the highest rates of HIV infection. More than one-fourth of pregnant South African women are infected with the virus; in some communities, the infection rates are even higher.

But a new study conducted by UCLA's Mary Jane Rotheram-Borus, the director of the UCLA Global Center for Children and Families at the Semel Institute for Neuroscience

and Human Behavior, and her colleagues from Stellenbosch University in South Africa found that community-based interventions could improve the health of children in those contexts. A paper about the randomized controlled trial appears in the current edition of the journal PLoS One. The study found that regular home visits of pregnant mothers, and later of those mothers and their infants, by specially trained lay community mothers from the “Mentor Mothers” program led to significantly better health outcomes 18 months later in both the mothers and their children. The Mentor Mother home visiting program, developed by South Africa’s Philani Maternal, Child Health and Nutrition Project, has been in existence for the past 15 years. Mentor mothers are trained to provide health information and health intervention (such as a home visit), support mothers to improve healthy births, and to help mothers develop coping mechanisms that enable them to raise healthier children. The program currently operates at eight clinic sites in Cape Town and out of Zithulele Hospital, located in a deeply rural part of the country’s Eastern Cape region. Among other outcomes, the study found that Mentor Mother home visits led to a 50 percent improvement by mothers in completing tasks designed to prevent mother-to-child transmission of the HIV virus, compared to mothers in the control group of the study who did not receive home visits, just clinic-based pre- and postnatal care. The virus-transmission prevention tasks included pregnant mothers knowing their own HIV status and asking their sexual partners to be tested; mothers taking anti-retroviral drugs for the six weeks prior to childbirth and during labor; babies receiving anti-retroviral drugs for at least six weeks, until they can be tested for the virus; and mothers using one feeding method (breastfeeding or formula) for the first 6 months of their infants’ life, and, when possible, exclusively breastfeeding. In addition, the study found that mothers who received regular home visits breastfed longer and, among HIV-infected mothers, were more likely to breastfeed exclusively for six months. “There also tended to be fewer low birth weight babies, a condition which results in life-long problems,” said Rotheram-Borus, the Bat-Yaacov Professor of Child Psychiatry and Biobehavioral Sciences and the director of the Center for HIV Identification Prevention and Treatment Services at UCLA. Furthermore, those mothers who were visited often were more likely to use condoms with sexual partners and were the least likely to have a low birth weight infant; the children from frequently visited homes were less likely to be stunted or malnourished in the first 18 months than were the children of mothers who did not receive in-home peer counseling and support. In addition, Rotheram-Borus, who was the study’s first author, and colleagues found that having mentor mothers visit reduced alcohol use by mothers during pregnancy, based on self-reports by the mothers. Indeed, she said, “at 18 months of age, 65 percent of children who showed signs of fetal alcohol spectrum were in the control group of mothers not receiving the home visits.” Rotheram-Borus and her colleagues are currently following the children to examine which benefits persist at 3 and 5 years of age. “The study’s results will tell us how the Philani Programme modifies its outreach efforts as it begins to be globally diffused by the Church of Sweden — first to Swaziland and Ethiopia, and then throughout Africa.” There were multiple authors on the study. Funding was provided by the National Institute of Alcohol and Alcohol Abuse and the South African Ilifa Labantwana.

Source: UCLA Newsroom <http://bit.ly/1ReFp79>

Are home visits a cost-effective way to prevent deaths in newborn babies? (by Catherine Pitt)

Babies born in poor countries can be 50 times more likely to die in their first month of life than babies born in rich countries. In the safest country in the world for newborns, Japan, 1 of every 1000 newborn babies die in their first four weeks of life. In the United Kingdom, 3 of every 1000 newborn babies die. But in Sierra Leone, the most dangerous country for newborns, 50 of every 1000 newborn babies die in their first month – one death for every 20 babies born.

In fact, 85% of all the newborn babies who die each year are born into low- and lower-middle income countries. Each of these tragic deaths imposes a heavy emotional burden on the affected families and on many others.

The good news is that we already know key home care practices and medical interventions that could prevent the majority of these deaths. They include things like starting breastfeeding as soon as possible after birth; making sure that babies are kept warm by wrapping them well and not bathing them too soon; washing hands with soap and water; avoiding putting substances on the umbilical stump which can cause infection; and recognizing danger signs such as inability to suck, fast breathing, fever, or lethargy and taking the baby to a health facility quickly if these danger signs appear. In health facilities, key activities include safe care during childbirth, helping babies breathe immediately after birth, treating sick babies with antibiotics when necessary, encouraging healthy care practices, and caring for preterm babies.

Nearly three-quarters of the world's 2.7 million newborn deaths could be prevented without high tech care. The problem lies in finding effective and cost-effective strategies to connect newborn babies with these proven healthy care practices and medical interventions.

Six years ago, the World Health Organization (WHO) and UNICEF released a joint statement to recommend home visits as a strategy to reduce newborn deaths. The idea was that a structured package of home visits would provide opportunities to counsel new mothers on care practices, to assess the newborn baby for danger signs and encourage families to seek care at a health facility when necessary. If skilled health workers were not available to do these home visits, WHO and UNICEF recommended that countries train and support lay community health workers – people with a small amount of training, but neither nursing nor medical qualifications – to visit newborns and their mothers at home.

When WHO and UNICEF made this recommendation in 2009, only four studies had been conducted to evaluate home visits for newborns. These studies had demonstrated huge reductions – up to 60% – in newborn death rates, but all of these studies had been conducted in high mortality settings in South Asia, some were quite small-scale, and some had involved curative treatment at home, such as with antibiotic injections. This meant it still wasn't clear that a home visit strategy could really reduce newborn deaths on a large scale or in other regions of the world.

Our Newhints study evaluated a preventive home visit strategy to reduce deaths in newborn babies in rural Brong Ahafo region in Ghana. The study began with very careful work to understand the local context and to design the specific ways in which the strategy would be implemented. Researchers from the Kintampo Health Research Centre in Brong Ahafo, the London School of Hygiene & Tropical Medicine and University College London worked with district health management teams to develop the strategy, train and supervise an existing cadre of community health workers to carry out a carefully developed package of five home visits, and then to evaluate it. The Newhints study was conducted on a large scale. More than 400 community health workers in seven districts were trained to conduct home visits. They conducted home visits in half of the 98 zones in these districts, covering a total population of 385,000 people. They didn't conduct home visits in the other half of the zones so that these zones could be used for comparison within a cluster-randomized study design. The research team estimated that in one year alone, the community health workers conducted nearly 20,000 home visits with nearly 8,000 expectant and new mothers and their newborn babies. About 77% of mother-baby pairs received at least one visit and 21% received the full package of five visits. Ensuring a home visit within a day after the birth proved particularly challenging.

At the end of the trial, the research team estimated that the Newhints home visit strategy had reduced the death rate amongst newborn babies by about 8%. Although the trial was large, it still was not large enough to be sure of this result. There was, however, strong evidence that Newhints had improved home care practices and the rate at which families sought care for sick babies, even though these good practices were already relatively common at the start. A substantial barrier was that even though families sought care, the quality of care for sick newborn in health facilities was not good. When the Newhints results, published in *The Lancet*, were combined with results from other trials, further analysis indicated that home visits were likely to reduce newborn deaths by about 12%, and that there was a 95% chance that the true reduction was between 5% and 18%.

Compared to the tremendous reductions achieved in the early trials in South Asia, these reductions seemed small. However, the strategy did appear to prevent deaths, just not as many as hoped. It was therefore very important to assess whether this impact was worth the resources home visits would require, or whether Ghana could achieve greater health gains by doing something else with the same resources.

We analyzed the costs and cost-effectiveness of the Newhints home visit strategy, gathering evidence about the value of all of the resources used to deliver the intervention. Our findings, published in *The Lancet Global Health* today, revealed that the strategy cost just over \$10,000 per newborn life saved. Despite the lower-than-hoped-for effectiveness, the Newhints strategy could be highly cost-effective in Ghana. In fact, in Ghana alone, a 12% reduction in the newborn death rate would represent saving thousands of newborn babies who die every year. As we examined what our findings might mean for other places, our analysis showed that the higher the newborn death rate at the start, the lower the cost for each newborn life saved.

The Newhints study was funded as part of the Africa Newborn Network, through Save the Children's Saving Newborn Lives programme, from a grant from the Bill & Melinda Gates Foundation. Additional funding for the trial was provided by the UK Department for International Development and WHO.

Source: Healthy Newborn Network <http://bit.ly/1Y2KILh>

Home Visiting Guidelines

The purpose of home visiting is to build a positive relationship with the family. Through home visits a teacher or other school staff can provide families with information about school, discuss a child's academic growth and school behavior, communicate family information back to the school, and help connect families to services available in the community.

Building relationships depends in large part on the skills and attitude of the home visitor. Four important components of successful home visiting are communicating with skill and heart, empathy, understanding non-verbal communication, and listening well.

1. Communicating with skill and heart:

- Giving adequate wait time
- No interrupting
- Listening carefully then responding appropriately
- Moving the parent from focusing on the problem to identifying steps to resolving the problem

2. Empathy:

- Coming to a deeper understanding of another person's situation by looking at it through his or her perspective or experiences.

3. Understanding non-verbal communication:

- Sometimes the words we speak are less significant in communicating ideas than our expressions and stance.
- Facial expressions, body posture, awareness of personal space, and intuition all play

a vital role in understanding.

- Confusion can be the result of unfamiliarity with the other person's norms.

4. Listening:

- Working effectively with families requires good questions and even better listening skills.
- Door openers: Looking for common ground. Do you have relatives, friends, or acquaintances in common? Do you share similar hobbies or experiences?
- Encouragers: Acknowledging what the parent is already doing right.
- Open-ended questions: Ask questions that cannot be answered yes or no and encourage thoughtful responses.

How to prepare for a home visit:

- Think about your goals for this visit and make a plan. Will you need to prepare materials or information?
- Schedule the home visit ahead of time and call again the day of the visit.

How to respectfully enter the home:

- Be prepared for the visit with goals in mind and any needed materials.
- Stand where you can be easily be seen.
- Introduce yourself and remind the parent of the purpose of your visit.
- Ask the parent where he or she would like you to sit.
- Say something positive about the family or the home.
- Establish the focus of the visit.

Stay safe:

- Listen to your intuition.
- If a situation doesn't feel safe, leave.

Follow-up:

- Carry through promptly on any promises or agreements made during the visit.
- Record notes about your visit so you remember what was discussed.

Source: AKPIRC <http://bit.ly/1TFTYOU>

Open for Proposals: Global Fund for Women (Deadline January 31, 2016)

Global Fund for Women invests in women's groups that advance the human rights of women and girls. We strengthen women-led groups based outside the United States by providing grants ranging from \$5,000 to \$30,000 per year for operating and project expenses. First-time grant awards generally range from \$5,000 to \$13,000 per year. We value local expertise and believe that women themselves know best how to determine their needs and propose solutions for lasting change. To maximize our impact in defending and expanding hard won gains in women's rights, Global Fund for

Women's grantmaking will focus on three critical areas:

- Freedom from Violence
- Economic & Political Equality
- Sexual & Reproductive Health & Rights

Global Fund for Women receives over 2,500 proposals each year and is able to award about 500 grants annually. Unfortunately we do not have the resources to provide funding to all the groups that meet our criteria. We do, however, give priority to women's groups that might particularly benefit from our support. We fund organizations based outside of the United States. To be considered for the 2016 grant making cycle, organizations must create an online profile by January 31, 2016.

For more information please visit: Global Fund for Women <http://bit.ly/1lBo6Rg>

Open for Proposals: WISE Awards 2016 (Deadline January 15, 2016)

The World Innovation Summit for Education (WISE), an initiative of QATAR FOUNDATION, invites applications for the 2016 WISE Awards. Each year, the WISE Awards recognize and promote six successful innovative projects that are addressing global education challenges and that have demonstrated a transformative impact on communities and societies. They are models of excellence and practice that inspire others through innovation and creative action in education. Each WISE Awards winning project will receive \$20,000 (US), and will benefit from increased public interest through media exposure and other means.

The WISE Awards recognize successful, innovative educational projects that have already demonstrated a transformative impact on individuals, communities, and society. These projects are models of excellence and practice that serve as an inspiration for others to improve education through innovation and creative action. The ideal project would be an ongoing, innovative and successful education initiative that:

- Has an excellent record of proven success - Is financially sustainable
- Has a clear plan for the project's future objectives and development
- Is scalable and replicable in other contexts and regions of the world
- Has a clear understanding and knowledge of: its innovative nature; its distinctiveness within its sphere of action, the type and depth of its impact on its beneficiaries.

To apply, applications must be submitted online by January 15, 2016.

For more information please visit: WISE Awards Guidelines <http://bit.ly/1OmjCEr>

SOON Open for Proposals: The Pollination Project (Opening Early January)

The Pollination Project seeks to unleash GOODNESS and expand COMPASSION all over the world. We make daily seed grants to inspiring social change-makers who are committed to a world that works for all.

Our daily grant making began on January 1, 2013 and since then, we have funded a

different project every single day. We also make larger impact grants of up to \$5000 to projects that have demonstrated impact and success.

Through a global network of grantees and community partners, we identify extraordinary grassroots leaders who would not likely qualify for funding from other foundations or institutions. Once they have the backing of The Pollination Project, grantees often leverage their grant into more funding, building their team, media attention and more.

Our online grant application process will open in early January.

For more information, please visit: <http://bit.ly/1OWEWoJ>

As part of the Firelight Foundation's Capacity Building Program, Firelight provides "Newsflashes" to share relevant resources and information with our active grantee-partners via weekly emails and via post on a monthly basis. We hope that by facilitating access to information for grassroots, community-focused organizations, programming for children and families, as well as organizational development, is enhanced. Past editions of the Firelight Newsflash can be found on our website:

<http://www.firelightfoundation.org/resources/newsflash>

We welcome your comments, feedback and ideas for upcoming Newsflashes at newsletter@firelightfoundation.org

For more information contact:

Firelight Foundation
740 Front Street, Suite 380
Santa Cruz, CA 95060 USA
www.firelightfoundation.org
+1 831-429- 8750