



a decade in communicable disease control and child health

# Assessment of communication and clinical skills of community health workers in rural Uganda

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# Outline

- Background
- Objective of the study
- Methodology
- Results
- Learning



# Background

## Increased importance to assess quality of care

- As ICCM programmes are growing in number and scale, there is an increasing importance to assess the quality of care provided to ensure children are managed appropriately

## Communication skills are as key as clinical but overlooked

- While assessment of ICCM services tend to focus on clinical aspects, interpersonal care should be equally placed as a key process of quality of care to effectively improve health outcomes

# Good quality sick child consultation should:

- Combine clinical and interpersonal communication skills
- Leading to:
  - Positive **rappport** between child, caregiver and CHW
  - Disclosure by the caregiver of sufficient/relevant **information** for diagnosis purpose
  - Accurate clinical diagnosis by CHW
  - Treatment decision by CHW relevant with diagnosis
  - **Understanding** by the caregiver of the child's condition and prescribed treatment
  - **Commitment** by caregiver and CHW to comply with treatment/referral and follow-up

# Objectives of the study

## Clinical

- Are the CHWs, able to consistently apply the clinical guidelines?

## Interpersonal care

- What interpersonal communication skills are applied by CHWs?

# Methodology

- Small operational research study within large scale ICCM programme implementation in mid-western Uganda
- 1 district, 20 CHWs, 40 consultations
- Used mixed methods, primarily qualitative:
  - direct observation of sick child consultation
  - exit interview with caregivers
  - in-depth interview with CHWs
- Clinical skills: assessed against the “Sick Child Job Aid”
- IPC skills: structured observation checklist for 3 core competencies:
  - Socio-emotional care
  - Diagnosis and problem solving
  - Counselling and education

# 1. ASK THE CAREGIVER

Name of Child \_\_\_\_\_

How old is the child? Age



0 - 7 days

## 3. ASK AN

Refer to Step 4a

## 2. ASK

Does the child have a fever?  
If yes, for how long?



Cough

Number Of Days

If fever present



If Cough

0 - 7 days

60 or more breaths per minute

Number Of Breaths

2-11 months

50 or more breaths per minute

Number Of Breaths

## 4a. P

If the



### Diarrhoea

For 14 days or more

Begin giving ORS to continue



### Fever and cough

Give Rectal thermometer

4 - 11 months

1 - 3 years

4 - 5 years

Help caregiver



## 4b. TREAT AND ADVISE

### 5. ADVICE FOR AT HOME

Give more fluids and

- Advise caregiver to give plenty of:
  - Clean water
  - Soup
  - Yoghurt drinks
  - Light porridge
  - and give ORS

Go to the health facility if:

- Advise to go to the health facility if:
  - Cannot drink or feed
  - Has blood in stool
  - Becomes sicker
  - Develops any other danger signs
  - Has not improved in 2 days

Sleep under a net

- Advise caregiver to be sure the child sleeps under a mosquito net.

Follow up child in 3 days

- Decide if you (the VHT member) will follow up the child or if the caregiver will bring the child back.

### 6. ROUTINE CARE FOR THE NEWBORN

Keeping the baby warm

Advise the caregiver on the following:

- Wrap the baby in warm, dry clothes, including the head and feet.
- Put the baby in skin-to-skin contact with the mother, as shown in the picture.
- Delay the baby's first bath until after 24 hours.



Breastfeeding exclusively

Advise the mother on the following:

- Start breastfeeding immediately after birth.
- Feed the baby on only breast milk, on demand, at least 8 times a day.
- Ensure the baby is well positioned and attached on the mother's breast.

Skin and cord care

Advise the caregiver on the following:

- Wash hands before handling the baby.
- Do not apply anything on the cord. Leave the cord dry and open.
- Bathe the baby with clean soap and water.



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# Preliminary results based on observations



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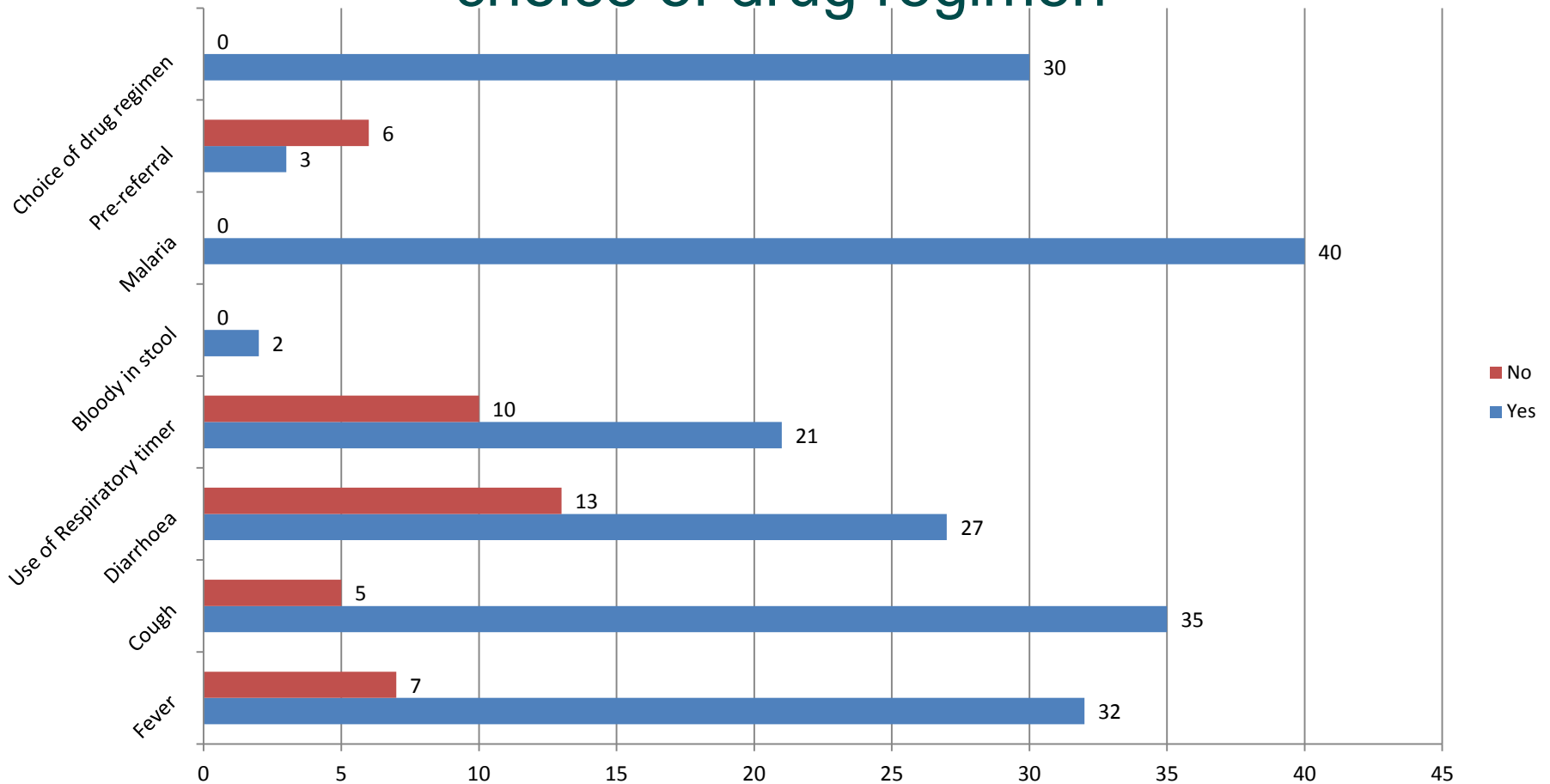


# Strong technical skills observed in CHWs

**Most CHWs correctly applied technical skills (assess, classify and treat), and are strongly guided by the use of the Sick Child Job Aid.**

- The job aid was used and followed in all 40 consultations observed.
- Job aid was used to explain tests and diagnosis (conclusion) as well as treatment
- Rapid diagnostic tests for malaria (RDTs) were systematically and properly used when assessing for malaria

# Correctness of diagnostic and treatment information; use of the respiratory timer and choice of drug regimen



Preliminary results from 40 observations

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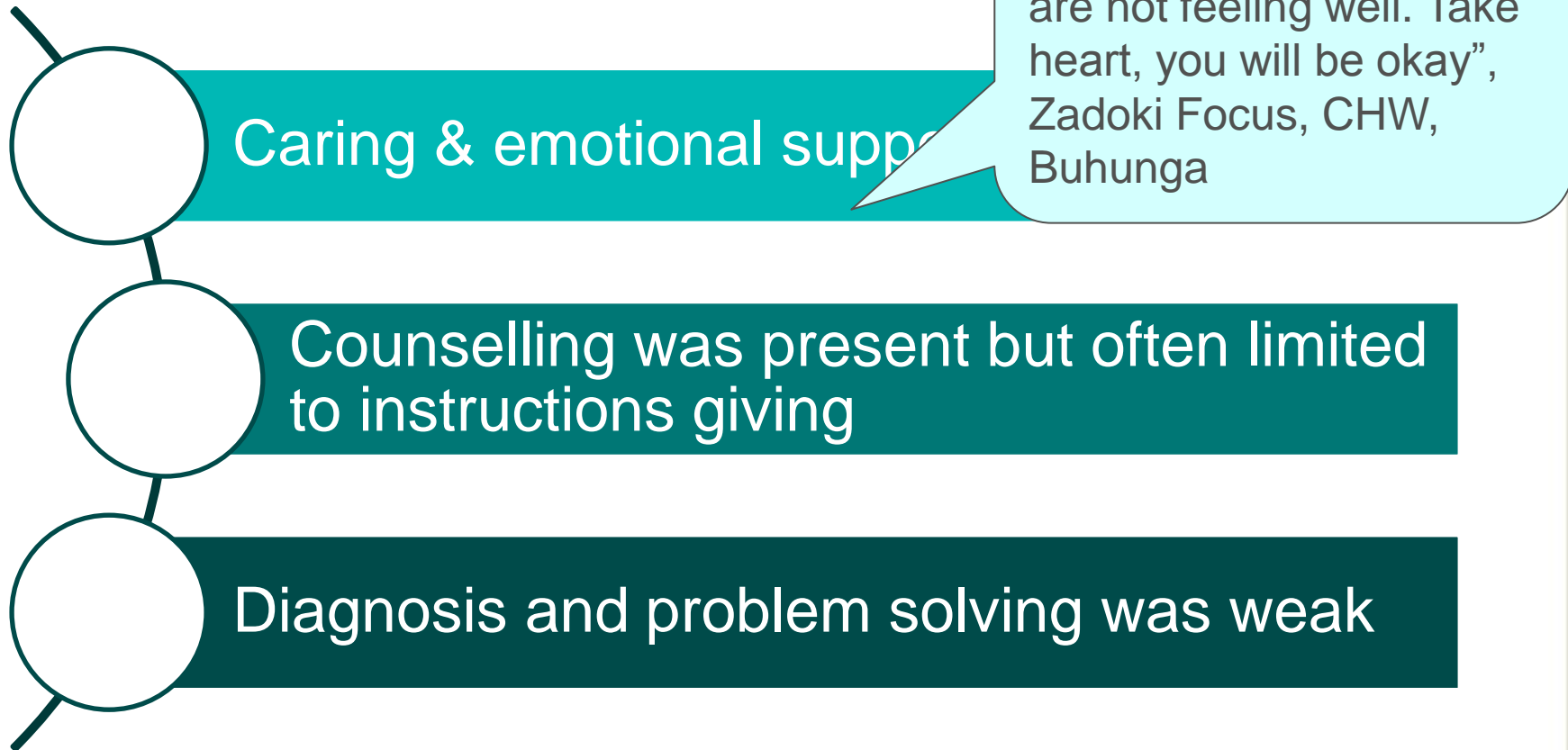
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# Practices with scope for improvement

- Tendency to work mainly from self-reported symptoms
- Tendency not to ask about duration of symptoms
- Ask for age of the child later in the consultation
- Deviation from guidelines was observed when the job aid was not explicit enough (e.g. when and where to go if child does not get better)
- Use of respiratory timers remains challenging (no specific job aid)

# Three core interpersonal competencies observed



# Examples of socio-emotional care observed

	<b>N=40</b>
CHW made body contact with sick child e.g. touching	40
Positive facial expression	39
Sociability observed in the consultation	36
Words of empathy	34
Words of partnership	33
CHWs handled sick child's interruption with understanding	31

N=Total Number of observations

# Examples of counselling and education skills observed

	N=40
Corrected misconceptions	17
Asked caregiver to repeat/describe treatment instructions	16
Discussed follow-up visit	16
Asked caregiver about potential challenges to compliance	13
Asked caregiver perspective on cause of illness	9
Asked caregiver what changes they will make	2

N=Total Number of observations

# Main drivers of satisfaction

Caregivers

being given a solution

caring attitude with the child

use of Job Aid shows honesty

CHWs

helping, solving a

« You see if you (CHW) don't handle that child very well, that means the child will fear and that child will not be able to take that medicine, so it is very important to treat the child well. And it can give the caregivers that confidence in you, they can say such and such a CHW is very good to our children, she plays with them so they keep coming » (CHW)

# Learning

- Sick child job aid is a trusted guide for both CHW & caregiver and appears to contribute to quality of care
- Interpersonal skills are the key drivers of caregivers' satisfaction, impacting positively on the CHWs' clinical skills
- For this reason, joint focus on interpersonal and clinical skills can improve quality of care





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[www.malariaconsortium.org](http://www.malariaconsortium.org)

Thank you



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