Abstract Title: Using technology to monitor quality of interpersonal communication amongst community health workers

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Background

Uganda is a low income country with a high fertility rate (5.4 births/woman), an unmet need for family planning (28%), low modern contraceptive use (35%), and a high teenage pregnancy rate (25%)\(^1\)

One of PSI Uganda’s major areas of intervention is reproductive health, specifically, promotion uptake of contraception among women of reproductive age (15-49 years). We use interpersonal communication (IPC) to change deep rooted cultural and religious mindsets that remain barriers to women seeking contraception from our ProFam franchise of over 170 network clinics. We have a force of over 300 active IPC agents promoting uptake of contraception.

Monitoring of our interventions is key to enable us identify gaps, or replicate what works to raise the modern contraceptive prevalence. However, with such a large force and few staff, we encountered a challenge in effectively supervising these agents, and ensuring that they are communicating in the right way, and that their referrals indeed reach the health facility. Their supervisors were unable to give proper feedback on the quality of their communication. We also lacked clear visibility of the trends in use of communication tools, effective communication skills, their technical knowledge, and how this correlates to effective referrals for all agents, as any supervision feedback was paper based, and filed at the facility level.

Description of Intervention

Each ProFam clinic has a pair of community health workers undergo an initial training to exposing them to the adoption stairway, communication skills, technical knowledge to dispel myths and misconceptions that stand in the way of uptake of contraception. Thereafter, they reach the members with health education and referring potential clients to the ProFam facility for affordable quality family planning services. They are equipped with communication tools like flip charts, and balanced counselling cards to enable them assist clients to choose the suitable method for them.

We came up with an Open Data Kit that enables the field supervisors of the IPC agents to collect both qualitative and quantitative data based on their observations of an IPC session, enabling them to tailor their supervision according to the needs of that particular team of IPC agents. The tool scores the IPC agents against the multiple variables, clearly identifying gaps that need to be addressed in their communication including availability and use of communication tools, identifying and addressing barriers, accuracy of technical information shared and accuracy of data collection.

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\(^1\) Uganda Demographic Health Survey, 2016
**Results/Lessons learned**

Since the introduction of the Open Data Kit tool for supervisors, IPCs agents are reaching more clients because of the more focused supervision using the tool. Taking an example of the Northern region with 26 ProFam facilities overseen by two PSIU staff; the number of contacts per month rose from an average of about 2600 women reached with health education monthly to 3838 women reached monthly from the same facilities from July to October 2017 when the data kit has been in use. The PSIU staff have together completed 108 supervision visits during the 4 months. The region has also since registered an 85 percent availability of communication tools for all agents, and an 80 percent use of tools during all sessions observed by the PSIU staff.

**Discussion/Implications for the Field**

From the data trends we are seeing, it is clear that effective supervision is linked to high performance of community health workers. This could be due to motivation gained from focused feedback and support given to the agents based on gaps identified through the data kit. The tool enables real time audits of communication tools, and identification of a pattern of gaps that can be specifically addressed in trainings, as opposed to carrying out generic refresher trainings for community workers.