Assessing the Practices of Ghanaian Community Health Workers through Task Analysis

Declaration of Good Standing and Conflict-of-Interest Disclosure

My presentation complies with FIGO's policy for declaration of good standing and conflict-of-interest disclosure. I do not have a financial interest in any product or service related to my presentation.

My participation at this Congress has been supported by Jhpiego. The Maternal and Child Survival Program is funded by the United States Agency for International Development.
Assessing the Practices of Ghanaian Community Health Workers through Task Analysis

Amos Asiedu, MSc
Learning Objectives

By the end of this presentation, participants will be able to:

1. Describe the task analysis process and its implementation to understand the practice of Ghanaian community health workers

2. Describe how the results of the task analysis were used to make recommendations about the scope of practice, competency development, and maintenance of Ghanaian community health workers
Background—Task Analysis Study in Ghana

In March 2016, MCSP assessed knowledge, practices, and competencies of community health workers in five regions.

• Assessment sought evidence-based programmatic findings to strengthen the following:
  • Pre-service education, in-service training, and practice of workers in community-based health planning services (CHPS)
  • Regulations of CHPS workers
  • Health care services provided within CHPS zones
Study Methodology

- Used cross-sectional study design
- Purposively sampled from five regions
  - 401 participants from four health care cadres (midwives, nurse-midwives, community health nurses [public health], and enrolled nurses [clinical])
- Developed 87 tasks using curricula, training package, and job descriptions for CHPS workers
- Used Jhpiego’s task analysis card game to identify task frequency, performance, training, and importance
How Different Task Variables Relate to Each Other

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Criticality</th>
<th>Location</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>—</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Criticality</td>
<td>—</td>
<td>—</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Location</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>6</td>
</tr>
<tr>
<td>Performance</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Photo by Kate Holt.
## Category and Frequency of Tasks

<table>
<thead>
<tr>
<th>Task category</th>
<th>Number of tasks per category</th>
<th>Daily</th>
<th>Weekly or monthly</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Administrative</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Home visits</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>School health</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Community and outreach</td>
<td>11</td>
<td>0</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Supervision</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Clinical/public health</td>
<td>49</td>
<td>16</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total number of tasks</strong></td>
<td><strong>87 (100%)</strong></td>
<td><strong>18 (21%)</strong></td>
<td><strong>45 (52%)</strong></td>
<td><strong>24 (28%)</strong></td>
</tr>
</tbody>
</table>
Staff Performing Tasks Not Included in Their Pre-Service Education

- Assess training needs for community health volunteers and provide updates: 90% (90%) Moderate-to-high criticality, 20% Learned in pre-service
- Provide technical support to community health volunteers: 82% (18%)
- Participate in planning at subdistrict level: 82% (15%)
- Supervision and distribution of long-lasting insectidal nets: 93% (6%)
- Collect, compile, and input routine DHIS2 data: 85% (6%)
### Staff Performing Some Critical Tasks without Training

<table>
<thead>
<tr>
<th>Task</th>
<th>Percentage of participants reporting:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Moderate or high criticality</td>
</tr>
<tr>
<td>Provide intrauterine contraceptive devices (IUCD)(^a)</td>
<td>58</td>
</tr>
<tr>
<td>Inspect food vendor certificates</td>
<td>87</td>
</tr>
<tr>
<td>Identify and treat syphilis in pregnancy</td>
<td>92</td>
</tr>
<tr>
<td>Participate in planning at sub-district level</td>
<td>82</td>
</tr>
<tr>
<td>Provide IUCD counseling and referral</td>
<td>76</td>
</tr>
<tr>
<td>Assist with adherence for psych drug treatment</td>
<td>92</td>
</tr>
</tbody>
</table>

\(^a\) In Ghana, nurses in community-based health planning and services zones are not allowed to administer intrauterine contraceptive devices; however, midwives and nurse-midwives are allowed.

Photo by Kate Holt.
Staff Trained on Critical Tasks but Do Not Feel Confident Performing Them

- Provide intrauterine contraceptive device
  - Not comfortable: 58%
  - Moderate-to-high criticality: 48%
  - Learned in pre-service: 73%
- Provide resuscitation for newborn if needed
  - Not comfortable: 43%
  - Moderate-to-high criticality: 69%
  - Learned in pre-service: 92%
- Conduct active management of third stage of labor in cases of emergency delivery
  - Not comfortable: 41%
  - Moderate-to-high criticality: 74%
  - Learned in pre-service: 95%
- Provide clean and safe delivery if unable to transfer a woman in active labor
  - Not comfortable: 40%
  - Moderate-to-high criticality: 70%
  - Learned in pre-service: 93%
- Assist with adherence to psychiatric drug treatment
  - Not comfortable: 35%
  - Moderate-to-high criticality: 61%
  - Learned in pre-service: 92%
Conclusions

• **Scope of practice**
  • Stakeholders should consider tasks in relation to scope of practice for community health workers.

• **Competency development and maintenance**
  • Number of reasons why tasks, even highly critical ones, might be performed infrequently.
  • Some low-frequency tasks require emphasis in the pre-service education curriculum, so providers develop relevant competencies.
  • Providers may need to practicing tasks, as part of continuing professional development, to maintain competencies.
Key Messages

1. Task analysis is a practical approach that can be used to generate evidence and data on health care workers’ current responsibilities.

2. Evidence and analysis can be applied to change the scope of practice, curriculum for pre-service education, and prioritize in-service training and support.
For more information, please visit

www.mcsprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.
Thank You