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TRIP REPORT
RIAU, INDONESIA
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First Trip Report for NCP/AED Consultancy

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Place where this consultancy was performed: Bengkalis District, Riau Province Indonesia

Period of this trip: Jan. 25 - 30, 1993

Activities performed during this trip:

1 - 25 - Travel from Jakarta to Bengkalis. Met with PCI staff and district MCH/nutrition team and discussed the work schedule and refresher training in the evening.

1 - 26 - Observed the refresher training (Trainers: PCI staff and district MCH/nutrition staff; Trainees: 2 health center doctors, 6 kaders, 1 vaccinator, and the head of sub-district PKK).

1 - 27 - Visited 2 health centers (Selat Baru and Bengkalis), investigated kader's supervision, reward system and discussed issues on how to supervise kader's communication skills on-the-job with supervisors (doctors, midwives, nurses and vaccinators).

- Courtesy call to the head of the village.
- Worked with supervisors to develop a supervisory strategy to assess and improve kader's communication skills.
- Drafted the check list and guidelines.

1 - 28 - Discussed the supervisory strategy and the check list with the district MCH/nutrition staff and developed an implementation plan.

- Revised and translated the check list and guidelines.
- Visited a posyandu (integrated health post) and observed the activities and kader's communication skills during the session.
- Courtesy call to the head of district MOH, Dr. Fatah Lingga.

1 - 29 - Trained supervisors to use the newly developed check list and to give constructive feedback to the kaders. Modified the check list according to their suggestions and standardized indicators and reporting procedures.

1 - 30 - Travel from Bengkalis to Jakarta

People met during this trip:

Dr. Fatah Lingga, Head of Bengkalis sub-district MOH.

Mr. Ismial Mahyuddin, Head of MCH division, Bengkalis sub-district MOH.

Mr. Chairam, Head of sub-district PKK (Women's Welfare Organization).

Key findings and rationale for the strategy being tested:

Posyandu has been chosen as the supervision site for this trial. Since the early 1980s, the Indonesian Government has established a unique mechanism to provide primary health services to each community throughout the entire country. This outreach system is called "posyandu" which translates to "integrated health post". Organized by the community itself, posyandu usually is held once a month on a fixed date for 2-3 hours at the village. Two or three posyandus will be held if the village is big. Posyandu provides service delivery to the mothers, pregnant women and children under five years of age in five areas, namely nutrition (including growth monitoring), immunization, MCH/ANC, family planning and health education. Usually there are 5 stations in a posyandu: (1) registration, (2) weighing, (3) recording on the growth card, (4) health education, and (5) health services. Ideally community health volunteers (kaders) are stationed at desk 1 to 4 to conduct relevant activities. At desk 1 they assist in registering the mother or infant, at desk 2 they weigh the infant and record the weight on the child growth card, at desk 3. Desk 4 is where kaders explain the significance of what has been recorded on the growth card and give health education to mothers. He/she usually spends 1 - 3 minutes with each mother in this noisy, hectic setting. Health center staff (either vaccinator or nurse or midwife) will provide medical services at desk 5. They are also responsible for supervising the kaders' activities.

Since organizing the posyandu is a shared effort between health center and the women's welfare organization (PKK), there is a dual supervision system for these kaders. However, the PKK system is rather weak from my observation here and my experience elsewhere in Indonesia. Therefore, the health center supervision system has been chosen as the mechanism of this trial. By incorporating supervision of kaders' communication skills into the existing government system, this trial will strengthen the capacity of the posyandu. This is also in line with PCI's project in the region.

Kaders are volunteer health workers from the same community. Most of them are housewives. They are usually rewarded by recognition of their service other than by monetary payment. For example, an ID card was issued to kaders here to allow them to get free medical consultation and medicine at the health center. Uniforms are also provided by the community to these kaders. Because of the nature of the volunteer work, there is a high drop out rate among kaders.

Fifteen kaders were trained on "Learning to Listen to Mothers" in December 1991 and 2 kaders have dropped out since then. No follow-up activities have been conducted after the training. Six kaders and four supervisors attended the one-day refresher training. Session four and five of the manual were used for reinforcing their inter-personal communication skills. During the training, kaders shared their experiences in

communicating with mothers at posyandu and practiced communication skills intensively. By the end of the training, each of the trainees demonstrated his/her ability to effectively communicate with mothers. Most of the kaders were very active during the training and note that they are willing to apply the skills they have learned to their work.

A supervisory strategy was derived from interviewing supervisors and kaders, observing refresher training and posyandu session. Two sets of indicators were selected to evaluate the possible impact of this supervisory strategy. A check list was developed for monitoring kader's communication skills during the posyandu session. A set of indicators were selected for supervisors to monitor kader's performance and record the result on the check list.

The rate of eligible mothers (mothers who have children under five years of age) who attend posyandu was chosen as an objective indicator to measure the impact of kader's improved communication skills. It is assumed that if kaders provide better services and communicate with mothers more effectively, mothers would feel safe and want to come back again. However, in addition to kader's communication skills, many other factors determine whether a mother will attend posyandu or not. For example, household chores and other community or family events usually compete for her time. Nevertheless, kader's effective communication will certainly help these mothers to prioritize their tasks and bring their children to posyandu.

Specific objectives for using the check list:

This check list was developed to assess and improve kader's communication skills and reinforce effective two-way communication between kaders and mothers in growth monitoring and promotion. Five simple, easy indicators were selected for supervisors to monitor kader's communication skills during posyandu and record them on the check list. Realistically, these indicators have to be as simple and explicit as possible to allow supervisors to use them in a busy, noisy environment.

These indicators were chosen based on the "Five Steps toward Good Communication" outlined in the "Learning to Listen to Mothers Manual". The first two indicators "Ask mothers open questions" and "Listen to mothers without interruption" are simple measurements for "Step 1: Evaluate the child's situation with the mother" and "Step 2: Talk with the mother to establish priorities". The third indicator "Give specific and practical information" and the fourth indicator "Help mothers to make a plan" reflect step three and step four respectively. Finally, the last indicator "Ask mother to repeat the plan" helps kaders to confirm that the mother understands and gives him/her a chance to reinforce important points. It mirrors the last step of "Listen to the mother's plan and offer encouragement". Greeting the mother and review of the child's growth card with her are not included in the check list since kaders routinely practice these behaviors.

Implementation Plan

Six supervisors (1 midwife, 1 vaccinator, 2 nurses, 1 sanitation worker and 1 family planning field worker) will participate in this trial. Except for the family planning field worker, the rest of the supervisors are health center staff. They visit posyandu every month to carry out their own activities such as immunization and antenatal care as well as to supervise kaders' activities. These supervisors are assigned to supervise 6 kaders who attended the refresher training. After each posyandu session, the supervisors will turn this check list to the health center doctors who will evaluate the form. The District MCH/nutrition staff will collect the check list from the doctors at the beginning of each month. During the course of five months (February - June), approximately 300 kaders-mother encounters will be observed and recorded. Since this trial is extra work for these supervisors, a small amount of money (\$3.60/month) will be provided to each of them to cover their transportation costs. This is covered by the budget that PCI submitted early on.

The first trial of this strategy and check list will run from the beginning of February till the beginning of April (all activities will be stopped during the 2 weeks of the Ramedan celebration, March 20 - April 3). The consultant will monitor the progress of the trial through telephone calls to the district MOH staff and health center doctors.

The consultant will go back to Bengkalis around April 4 - 5 to evaluate the strategy and collect the check lists. The strategy and the check list will be revised according to the feedback from the supervisors and sub-district MOH staff. The consultant will also set up an implementation plan to use the revised check list.

The second trial will be conducted from mid April to mid June. The consultant will monitor the progress by telephone calls. She will meet with NCP/AED staff in Washington to discuss progress during her home leave (end of April or beginning of May). The consultant will then go back to the field around mid-June to collect the results of the second cycle of the trial and finalize the strategy and the check list. The final result of this trial will be incorporated into a supervision manual that includes materials from other countries.

The consultant will collect the baseline indicator of the rate of eligible mothers (mothers who have children under five years of age) attending posyandu during her next field trip. This data will be collected again at the end of this trial to compare any possible change.

Guidelines for Supervisors to Use this Check List

Specific Objectives

- To reinforce effective two-way communication between kaders and mothers in growth monitoring and promotion at integrated health post;
- To test the supervisory strategy, recording and reporting procedure;
- To conduct a small scale trial to use this check list as a mean to assess and improve kader's communication skills on-the-job.

Procedures for Using this Check List

(1) Observing and Recording

During the integrated health post session, the supervisor arranges his/her working desk next to the health education desk (the 4th table). The supervisor will select a minimum of 10 pairs of kader-mothers and observe their conversations and interactions when he/she finishes his/her own task. He/she will record the result on the check list as instructed.

(2) Identify the Strengthens and Weaknesses of the kader's Communication Skills

Add all "+" in each row of the check list. If the number is $>7^*$ in one row, the kader demonstrates the relevant good communication skill. If the number is <7 , the kader needs to improve this particular skill. Kaders who achieved the total score of ≥ 35 with at least 7 in each aspect have demonstrated the ability for effective two-way communication skills with the mothers.

In case there are less than 10 mothers attending the health post, the supervisor should scale the total score to fit the total number of attending mothers. For example: if only 8 mothers showed up, the criteria for judging kader's good communication skills should be 28 (total full score times 70%: $40 \times 70\% = 28$). In this case, kaders who achieved the total score of ≥ 28 with at least 7 in each aspect have demonstrated the ability for effective two-way communication skills with the mothers. Alternatively, the supervisor may take mothers from other health posts to meet the requirement.

* In Indonesia, on a scale of 10, Excerllent: >9 , Good: 7 - 8, Fair: 5 - 6, Poor: < 5 .

(3) Provide Feedback to the Kaders

At the end of the integrated health post session, organize a short meeting to summarize and evaluate all activities. Please take this chance to praise kaders who demonstrated good communication skills and make suggestions on how to improve their weak points.

(4) Reporting

After each integrated health post session, please turn this check list to the health center doctor. The District MCH/nutrition staff will collect the check list at the beginning of each month from the doctors. Blank forms can be obtained from health center doctors if needed.

(5) Monitoring Plan

The first trial of this strategy and check list will be conducted from the beginning of February till the beginning of April (since all activities will be stopped during 2 weeks of Ramedan celebrations, March 20 - April 3). Dr. Huan Linnan will be back around April 4 - 5 to collect the check list and revised it if necessary. Please share your experiences with her on using this check list to supervise kaders. She will also ask your suggestions and ideas on how to improve this supervisory strategy and recording and reporting procedure. We will then revise the strategy and the check list together and try it again.

The second trial of this strategy and check list will be conducted from mid-April to mid-June. Dr. Huan Linnan will be back around mid-June again to collect the result of this trial and finalize the strategy and check list. The final result of this trial will be incorporated into a supervisory manual to be used in Indonesia as well as in other developing countries.

Thank you very much for your time and effort.

Trial - 1

Check List for Observing and Supervising Kader's Communication Skills

Health post: _____ Village: _____ Health center: _____
 Supervisor _____ Kader: _____ Date: _____

Mothers talked Aspects to be observed	1	2	3	4	5	6	7	8	9	10	Total "+"
1. Ask mothers open questions											
2. Listen to mothers without interruption											
3. Give specific and practical information											
4. Help mothers to make a plan											
5. Ask mother to repeat the plan											
Total number of "+"											

Instruction for using this check list:

- Put "+" if kader demonstrates the relevant communication skill, put "-" if not. "+/-" is not allowed.
- At the end of the health post session, add number of "+" in each row and each column, then sum the total number of "+" and put the number in the bottom right cell.
- Check the following box according to your observation:

Yes, this kader demonstrated he/she is able to apply good communication skills when talking to the mothers.

No, this kader need to improve the following communication skills: _____

In order to improve the kader's communication skills, I have done the following: _____

Supervisors signature _____ Acknowledged by _____ (Health center doctor)

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