

**PERFORMANCE OF COMMUNITY HEALTH WORKERS IN COMMUNITY BASED
MANAGEMENT OF MALARIA, PNEUMONIA AND DIARRHEA AMONG
CHILDREN UNDER 5 YEARS IN LIRA DISTRICT**

By

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Declaration

I declare that I personally did the work presented and that this has not been presented before to any institution or university for any award. Where other individuals' work is referenced, it has been cited or acknowledged appropriately.

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Acronyms and abbreviations

AOR	Adjusted Odds Ratio
CHW:	Community health workers
COR:	Crude Odds Ratio
HCU:	Health Child Uganda
HSSP:	Health Sector Strategic Plan
ICCM:	Integrated Community Case Management
LRA:	Lord's Resistance Army
MDG:	Millennium Development Goals
MOH:	Ministry of Health, Uganda
UBOS:	Uganda Bureau of Statistics
UDHS:	Uganda Demographic Health Survey
UNICEF:	United Nations International Children's Fund
VHC:	Village Health Committees
WHO:	World Health Organization

Operational definitions

Community Based Management: This is the practice of managing malaria, pneumonia and diarrhea at household level in villages by trained community health workers.

Community Health Workers: These constitute the community health team; they are volunteers in villages who are trained to carry out activities that promote health in their villages. In many places in Uganda, they are referred to as village health members but in this study we shall refer to them as community health workers.

Health sub district: This one of the organizational levels of the district decentralized healthcare system, it's just below the district level. It covers the area of a county and it is headed by a health sub-district in-charge.

Performance: This was defined as the ability to execute a specific task in a way that attains the desirable outcomes (Neeraj Kak et al., 2001). It will be measured by assessing individual CHWs' ability to identify and respond to danger signs, elicit signs and symptoms and prescribe medicines (Kalyango et al., 2012a)

Good performance: Good performance was a score that is equal or above 75% after combining knowledge and case scenarios (Alam et al., 2012a).

Poor performance: from the assessment done any score less than 75% will be classified as poor performance (Alam et al., 2012a).

Pneumonia: Child with cough and difficult breathing or fast breathing (≥ 50 breaths per minute in children aged four to 12 months and ≥ 40 breaths per minute in children above 12 months but below five years)

Malaria: child with fever or history of fever within the previous 24 hours

Diarrhea: the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual)

Abstract

Introduction: Many countries in Sub-Saharan Africa are failing to achieve their millennium development goal 4 of which Uganda is not an exception. Evidence shows that using the CHWs strategy can reduce child mortality by 24-40%. Despite this, existence of CHWs in Lira district has not led to a significant reduction in child mortality. This study sought to assess performance of CHWs in managing malaria, diarrhea and pneumonia and to understand the factors associated with their performance.

Methods: In cross-sectional study, 393 eligible CHWs in Lira were recruited into the study between June and July 2015. From each of the four counties in Lira, one sub county was randomly selected and the required sample size from each sub county was got by proportionally dividing the overall sample size among the study sites. Data was entered using Epi-data and analyzed using STATA. Performance was measured by combining questionnaires that assessed knowledge and case scenarios that assessed practical skills. Performance was categorized into good and poor performance and odds ratios used as measure of association. Mixed methods were used to determine the factors associated with performance.

Results: The response rate of 92.8% was attained. Overall only 6% of the respondents had good performance. Performance in pneumonia management was found to be poorest of all the three illnesses. The factors that were seen to independently affect performance included; managing only 2 extra illnesses CHWs (AOR 8.90 95% CI 1.30-50.24), having more than one financial incentive in previous month (AOR; 0.05 95% CI 0.01-0.38) and having an initial training of 3 days (AOR, 15.22 95% CI 2.3-100.6). The qualitative section further confirmed quantitative findings; the key determinants of performance here were: incentives, workload and training.

Conclusion: The performance of CHWs in Lira in managing malaria, diarrhea and pneumonia is lacking. The factors that negatively influence performance are: the lack of regular refresher trainings and a high workload. The incentives given to CHWs by community members are seen to motivate them. The CHWs benefited from short-lived trainings lasting less than 5 days.