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TRIP REPORT B - #404-1
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Travelers: Ms. Lynn Knauff, INTRAN Deputy
Director
Miss Pauline Muhuhu, INTRAN Regional
Director for Anglophone Africa
Ms. Fatou Yunkelle, INTRAN Consultant

Country Visited: Uganda

Date of Trip: October 31-November 4, 1993

Purpose: To debrief on and disseminate and
discuss the findings of the Uganda
Nurse Aides Study.

Program for International Training in Health

PAC IIb

**University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514 USA**

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 - **Summary of Findings and Recommendations Derived from the Nurse Aides Study.**

EXECUTIVE SUMMARY

Following a debriefing in Nairobi on the Nurse Aides Study with REDSO/ESA's Ray Kirkland and Angela Franklin Lord, and a run-through with INTRAH/Nairobi staff and consultants of the dissemination presentation to be made to the Ministry of Health/Uganda, an INTRAH team (Regional Director for Anglophone Africa Miss Pauline Muhuhu, Consultant Ms. Fatou Yumkella and Deputy Director Ms. Lynn Knauff) travelled to Uganda on October 31, 1993 for a three-day series of debriefings and discussions about the Nurse Aides Study, conducted during the third quarter of 1993 in 9 districts in western Uganda.

Materials were especially developed for the presentations in Nairobi and Uganda, including a 10-year retrospective of INTRAH's work with the MOH in Uganda, a summary of the study and the findings accompanied by a set of graphs, and a summary of major findings and recommendations. The complete study report had not yet been finalized by Ms. Yumkella, but will be available from the INTRAH Regional Office in Nairobi by the end of November 1993.

Based on field data collected from interviewees (nurse aides, district health teams, clients, central-level MOH staff and trainers), a sample of health facilities' records, and observations of nurse aides delivering certain aspects of family planning services, the findings support an expansion of training of nurse aides in family planning IEC, provision of selected methods (pills, condoms, foams and depo on a trial and supervised basis), and referrals for IUD's, sterilization and natural methods. Nurse aides, when trained, represent a widely-available and accessible source of selected family planning services, who can significantly increase family planning acceptance within 6 months after their training.

The findings of the study were described and discussed in separate meetings in Uganda with: staff of the MCH/FP Division, the Director of Medical Services/MOH, USAID/Kampala, and Ministry of Health central and district representatives, and other governmental and non-governmental representatives during a five-hour dissemination workshop. If the recommendation to expand nurse aides' training is acted on by the Ministry of Health, training capability and capacity at the district-level will need to be developed, indicating a potential role for the MTT over the next two years, at least.

SCHEDULE OF ACTIVITIES

- October 31** Ms. Yumkella and Miss Muhuhu arrived from Nairobi at 1:00 pm.
- Ms. Knauff arrived from Nairobi at 6:30 pm.
- November 1** Briefed and planned for Nurse Aides Study dissemination meetings with Dr. Fred Katumba, Acting Commissioner for Medical Services, Mrs. Rachel Rushota, FP/MH Training Coordinator, and Mrs. Grace Ojirot, Master Training Team Member.
- Briefed the Director of Medical Services, Dr. Kihumuro Apuli, on the Nurse Aides Study findings and recommendations.
- November 2** Visited the venue (the Hotel Equatoria, Kampala) for the MOH debriefing.
- Debriefed on the Nurse Aides Study at USAID/Kampala.
- November 3** Presentation of the Nurse Aides Study findings, and discussion of the implications and recommendations with MOH and district personnel and others.
- Debriefing on the presentation with the MTT.
- November 4** Ms. Knauff, Mrs. Rushota and Mrs. Ojirot met at the MCH/FP Division with Senior Medical Officer Dr. J. Bazirake and District Medical Officer Dr. James Akatwijuka.
- Departure from Uganda of Miss Muhuhu, Ms. Yumkella and Ms. Knauff.

I. PURPOSE OF TRIP

To debrief on and disseminate and discuss the findings of the Uganda Nurse Aides Study, MOH/INTRAH subcontract workplan activity #55.

II. ACCOMPLISHMENTS

- A. Following a review of data and the text in a draft copy of the Nurse Aides Study, several sessions were held with Ms. Yumkella in Nairobi to identify and better understand the major findings and their implications. These sessions led to decisions about content for the debriefings, data and other presentations, and the dissemination in Uganda. A summary of the study was prepared by Ms. Yumkella together with charts and graphs, after which the major findings and possible recommendations were charted by Ms. Knauff and INTRAH Deputy Regional Director for Anglophone Africa Mrs. Jedida Wachira and INTRAH Regional Director, Miss Muhuhu. These materials were presented to and reviewed by RO/N staff and consultant Ms. Stembile Matatu, together with a retrospective of INTRAH/MOH activities in Uganda that had been prepared by Miss Muhuhu. The feedback and suggestions from the presentation led to revisions, which were incorporated in the final versions of materials distributed and presentations made in Uganda.
- B. A debriefing on the Study, together with a discussion of the findings and major recommendations, were held at REDSO/ESA with Mr. Ray Kirkland, Chief of the Population and Health Division, and Ms. Angela Franklin-Lord, Population Advisor. Also presented was a ten-year retrospective of INTRAH/MOH activities in Uganda, which gave a context for the training of nurse aides and for the study made of their contributions.

- C. In Uganda, 4 debriefings and discussions were held:
1. With the Director of Medical Services, Dr. Kihumuro Apuli, and the Chief Nursing Officer, Mrs. Faith Elangot;
 2. With the Acting Director of MCH/FP, the Training Coordinator, and the master training team members;
 3. With USAID Health/Population staff and several other USAID/Kampala staff; and
 4. With MOH central and district level staff, and staff from other Ministries, NGO's and other organizations.
- D. A meeting was held by Ms. Knauff, Mrs. Rushota and Mrs. Ojirot with Dr. Bazirake of the MCH/FP Division and Dr. James Akatwijuka, DMO/Rukungiri, to discuss and gain clarification of comments and observations the two physicians had made during the major MOH dissemination activity on the previous day.

III. BACKGROUND

The Nurse Aides Study is an outgrowth of discussions in 1990, following an INTRAH/MOH training needs assessment update (see Trip Report B-#101) and a subsequent INTRAH/MOH planning session in 1991 (see Trip Report B-#220). The needs assessment site visits in the western region revealed the potential for nurse aides to provide basic elements of family planning services as a response to preliminary DHS findings of a low CPR despite fairly widespread knowledge about family planning. In 1991, the training of trainers of nurse aides and nurse aides training were planned and budgeted, together with the suggestion that a study be conducted to measure the contributions of trained nurse aides to family planning access and acceptance. Training proceeded as planned and in late 1992 and early 1993 a study design and data collection instruments were prepared by INTRAH Nairobi staff and Nairobi-based consultant, Ms. Abigail Krystall. The study was conducted in Uganda by an

Ugandan consultant, Dr. Mbonye, and members of the MTT, who were later assisted in central level data collection and data analysis by INTRAH consultant, Ms. Fatou Yumkella. Ms. Yumkella is the author of the study report and was a primary resource during preparations for and presentations of the Nurse Aides Study, the subject of this trip report.

IV. DESCRIPTION OF ACTIVITIES

- A. Ms. Yumkella's draft of the Nurse Aides Study was circulated for review and comment, forming the basis for detailed discussions of the findings in preparation for debriefings and presentations in Nairobi and Uganda.
- B. Several sessions were held with Ms. Yumkella on the data presented in the study and possible implications to be drawn from the data. The result of these sessions was agreement on the content of a study summary and the direction of various presentations to be made during the following week.
- C. Presentations and accompanying materials were prepared for 6 debriefings/disseminations: REDSO/ESA, RO/N and consultants, the acting ADMS for MCH/FP and the MTT, USAID/Kampala, the Director of Medical Services and the Chief Nursing Officer, and a group meeting of the MOH and other ministries/organizations.
- D. The debriefings were held, as scheduled. On October 29, REDSO/ESA's Ray Kirkland and Angela Franklin-Lord were debriefed, followed by a debriefing with RO/N staff and consultants. Their feedback resulted in revisions of both written and oral presentations. In Uganda, the INTRAH team (Miss Muhuhu, Ms. Knauff and Ms. Yumkella) met with the acting ADMS for MCH/FP and the MTT on November 1, which resulted in a tightening-up and some revision of the presentation. That

afternoon, the team and Mrs. Rushota debriefed with the Director of Medical Services and the Chief Nursing Officer. Dr. Kihumuro Apuli informed the team that nurse aides had become "permanent and pensionable" as of July 1, 1993 and the unit for budgeting of their salaries was the district. He noted that the number of MOH posts would continue to be reduced, with the health system relying on district level for planning and management, and health centers as the major point of contact for clients and patients. On the following day, November 2, the team and Mrs. Rushota visited the Kampala venue for the major dissemination activity to be held on the following day. Although the room was noisy and had other traffic problems, no changes could be made except to arrange for a microphone. That afternoon the INTRAH team together with the acting ADMS for MCH/FP, Mrs. Rushota and Mrs. Ojirot debriefed on and disseminated the findings of the study at USAID/Kampala. The sequence of presentations was: first, a description of INTRAH's work with the MOH over the past ten years followed by a description of the study and the findings (illustrated with overheads and graphs), and a discussion of the major findings and recommendations. On November 3, starting at about 9:30 and continuing until 2:15, the INTRAH team, Mrs. Rushota and Mrs. Ojirot, presented a description of the study and the study findings and recommendations, and Dr. Katumba, acting ADMS for MCH/FP, led a discussion of the material presented for about 25 persons from the MOH central and district levels, other Ministries, and other organizations. Clarifications were sought, some of the recommendations were endorsed, and some side or ancillary issues were raised, which required follow-up discussion on the following day. The meeting was productive and lively, despite the amount of outside traffic and construction noise and inside disruption

caused by scheduling of another conference in the adjacent room. Dr. Katumba was extremely effective as chair and facilitator, enabling a full and very participatory discussion of the data, their implications, and future action that might be taken. Issues and questions raised by the participants included the following:

How the Drug Bill would affect nurse aides' involvement in pill distribution. Dr. Kyabaggu, the Commissioner of Health who officially opened the meeting, noted that the Bill is flexible and procedures can be changed in light of new knowledge and new information such as that in the Nurse Aides Study.

Since there were no control districts, how could the increase in new acceptors be attributed to nurse aides? The response was given by the INTRAH team and consultant, who noted that the design was before/after, which was acceptable for the study question: what did nurse aides contribute to family planning acceptance after training? The Ministry of Health was interested in the experience with nurse aides as family planning providers in districts not covered by the study, but no one among the participants from non-western region districts was able to cite particular instances or data.

How will the rest of the regions be covered with nurse aides training? How will the nurse aides be made as proficient in other services as they are now in family planning? Dr. Kyabaggu noted that District Medical Officers were the sources for these answers.

Will the nurse aides be more fully compensated as a result of this training? It was noted that in some districts nurse aides were given kit bags, bicycles and other perquisites to help them in their family planning work.

Were the nurse aides who were selected for training different in any ways than others who were not selected for training? The research investigator again described the nurse aides profile, and Grace Ojirot of the MTT identified the selection criteria for training and the responsibilities accorded the district for selecting trainees.

Were clients asked about their satisfaction with services delivered by nurse aides? The INTRAH team noted that 72 family planning clients were interviewed,

of whom 99% had been served by nurse aides; among the 99%, 87% were satisfied with the services they'd received. A follow-up question had to do with the 13% who were not satisfied, but data were not available on the reasons for lack of satisfaction.

Several participants requested that district health visitors be trained as trainers and in training follow-up.

There was no consensus on nurse aides as CBD workers; several noted that nurse aides already have many jobs and may not have time for community-based distribution. Dr. Katumba again referred to district-level responsibilities for hiring and deployment of nurse aides.

A question was asked about training certificates for nurse aides, the response to which was that the decision should be made at district-level.

There was a suggestion that nurse aides be trained in other subject areas and that a training package be developed. A follow-up comment was made that the duration of training needed to be considered so that the nurse aides would not be absent from their jobs for long periods, and that phasing of training might be considered -- which had budgetary implications.

- E. As requested by USAID/Kampala Health and Population Officer Mr. Jay Anderson, Miss Muhuhu furnished USAID/Kampala with 25 copies of the newly-printed Uganda service policy guidelines along with the diskette and 25 copies of the Nurse Aides Guide and diskette. Also provided were copies of the INTRAH 1994 Appointment Calendar on Medical Barriers to Service Access.

V. **FINDINGS, CONCLUSIONS AND RECOMMENDATIONS** (See Appendix C for the Study Findings, Conclusions and Recommendations)

1. **Finding**

The number of debriefings/disseminations required intensive preparation during 5 days in Nairobi. However, Ms. Yumkella's understanding of the data and her willingness and capability to discuss them and their implications -- and to graph selected

findings -- contributed to efficient use of time and effort.

Conclusion

Intensive preparation with a competent researcher produced a well-informed debriefing/dissemination team.

Recommendation

With the number of presentations to be prepared, more lead time should have been allocated. The researcher should be included on the team in debriefings and dissemination presentations, as well as in the preparation for them.

2. Finding

It helped to examine the study for what we termed "take home messages;" that is, major, well-supported points in the study findings and those that had program implications which were likely to have an impact on the various audiences who would attend debriefings/disseminations.

Conclusion

Close examination of the study report and continuing discussions with and among those involved in conducting and managing the study evolved into a solid set of persuasive findings and well-supported recommendations, and materials to be handed-out that had been "pre-tested."

Recommendation

The process used in preparing for this series of disseminations and debriefings should be considered for future, similar preparatory activities.

APPENDIX A

**List of Persons Present at Dissemination of
Nurse Aides Study Findings to USAID/Kampala**

APPENDIX A

**DISSEMINATION OF NURSE AIDES STUDY
FINDINGS TO USAID/KAMPALA BY INTRAH**

NOVEMBER 2, 1993

People Present

- | | | |
|-----|----------------------|--|
| 1. | Anne Kabogoza Musoke | Program Management Specialist |
| 2. | Charles Balina | Engineer |
| 3. | Christine Kiganda | Education Specialist |
| 4. | Dr. Cecily Banura | HIV/AIDS/STD Specialist |
| 5. | David Puckett | Technical Advisor for Child Survival |
| 6. | Dr. E. F. Katumba | Acting Assistant Commissioner for Medical Services, MCH/FP |
| 7. | Lynn Knauff | INTRAH Deputy Director, CH, USA |
| 8. | Jay Anderson | Health and Population Officer, USAID |
| 9. | Grace Ojirot | Master Training Team, MOH |
| 10. | Pauline Muhuhu | INTRAH Regional Director, Nairobi |
| 11. | Rachel Rushota | FP/MH Training Coordinator |
| 12. | Fatu Yumkella | INTRAH Consultant |

APPENDIX B

**List of Persons Present at Dissemination of Nurse
Aides Study Findings to MOH Central and District
levels, and Other Ministries and Organizations**

DISSEMINATION OF NURSE AIDES STUDY RESULTS

By Ministry of Health/INTRAH

Nov. 3 1993.

Venue: Equatoria Hotel, Kampala

NAME	DESIGNATION	ADDRESS
1. M. Rugwiza (for DMO)	Ag. DHV, Kabale	P.O. Box 181, Kabale
2. F.W. Kasigwa	District Nursing Officer	P O Box 558, Jinja
3. H.Mwanja	District Nursing Officer	P.O. Box 25 Mukono
4. Mary Barugahare	District Health Visitor	P O Box 227, Mbarara
5. Dr. James Akatwijuka	District Medical Officer	P O Box 68 Rukungiri
6. R. Semakula	Senior Nursing Officer	P O Box 8 Entebbe
7. Aminah Mukasa	Trainer	PPAU/SEATS, Kampala
8. Joan Mboijana	FP/MH Master Trainer	MCH/FP Div. Entebbe
9. Lynn Knauff	INTRAH Deputy Director	INTRAH CH _U , USA
10.Regina N. Ssendi	FP/MH Master Trainer	MCH/FP Div. Entebbe
11.Lucy A. Asaba	FP/MH Master Trainer	MCH/FP Div. Entebbe
12.Mary Luyombya	FP/MH Master Trainer	MCH/FP Div. Entebbe
13.Dr. E.F. Katumba	Ag. Assistant Commissioner for Medical Services	MCH/FP Div. Entebbe
14.Dr. Kasirye Suleman	Doctor	Islamic Medical Ass.
15.Dr. P.R. Byaruhanga	District Medical Officer	P O Box 277, Mbarara
16.Dr. J.H.M. Bazirake	Senior Medical Officer	MCH/FP Div. Entebbe
17.Stembile Matatu	Clinical Consultant	INTRAH, Reg. Office Box 55699, Nairobi
18.Dr. I.K. Tamwesigire	National Population Officer	Ministry of Finance & Economic Planning
19.Benjamin Binagwa	IEC Officer	MCH/FP Div. Entebbe
20.Mrs. Mary A. Engwau	AID-Coordinator	Uganda Protestant Medical Bureau
21.Ms. Florence Kalikwani	Field - coordinator Busoga Diocese Family Life Ed. project	Busoga Diocese multi- sectoral Rural Development Program P O Box 1658, Jinja

NAME	DESIGNATION	ADDRESS
22. Mrs. Juliet Masinde	DDHS, Deputy Director Health Services	Ministry of Local Government P O Box 7037, Kamp
23. Nalukwago Magdalene	District Nursing Officer	District Medical Officers office P O Box 544, Masak
24. Agnes Tibuhwa	Nursing Officer	P O Box 49, Kasese
25. Rosina Shonubi	Management Assistant	CARE (Uganda) Box 7280, Kampala
26. Lucy Mukanga	FP Coordinator	Basic Health Servi GTZ, Fort Portal Kabarole District
27. Grace Ojirot	FP/MH Master Trainer	MCH/FP Div. Entebbe
28. Faith Elangot	Chief Nursing Officer	MOH, Box 8, Entebbe
29. Rachael Rushota	FP/MH Training Coord.	MOH Box 8, Entebbe
30. Pauline Muhuhu	INTRAH Regional Director	INTRAH Regional Office, Box 55699 Nairobi
31. Fatu Yumkella	INTRAH Evaluation Consultant	c/o P.O. Box 55699 Nairobi, Kenya

APPENDIX C

INTRAH Presentations to USAID/Kampala and the Ministry of Health

- INTRAH and MOH Activities, 1983-1993 and 94
- Summary of the Nurse Aides' Study Report
- Summary of Findings and Recommendations Derived
from the Nurse Aides Study

**INTRAH PAST, PRESENT AND NEAR FUTURE
IN UGANDA
1984 - 1994**

**PRESENTATION TO
USAID/KAMPALA AND MINISTRY OF HEALTH
NOVEMBER 2, 1993**

**PRESENTED BY
PAULINE MUHUHU
INTRAH REGIONAL DIRECTOR FOR ANGLOPHONE AFRICA**

INTRAH WORK IN UGANDA

INTRODUCTION

In 1983, MOH invited INTRAH to assist in expansion and improvement of FP services through training of service providers. At the time services were being offered by FPAU through FPUA and MOH sites.

A number of needs assessments have been conducted over the years to determine the training needs at various stages of INTRAH work in Uganda.

There have been three major phases of INTRAH work that have progressed from training for hospital based services to health centre services, to DMU and aid posts and finally to the Nurse Aide Study that is the subject of this meeting.

My presentation will focus on INTRAH work in Uganda, what influenced the direction INTRAH and MOH took and what led to the nurse aide study.

INTRAH PAST PAC I

November 1983 - September 1984

FOCUS OF TRAINING

- **Establishment of hospital based FP services.**
- **Facilitation of inclusion of FP component into the pre-service curricula for nursing, midwifery, public health nursing, psychiatric nursing and medical assistants programs.**

IMMEDIATE OUTCOMES

- **48 Service providers trained from hospital- based government and NGO hospitals**
- **22 tutors trained in clinical FP service delivery skills**
- **Prototype FP curricula were developed**
- **Status of FP in pre-service not known**

INTRAH PAST

STATUS AT END OF PAC I PROJECT

FOCUS

- **Hospital based services**

- **Pre-service Training**

RESULTS

- **Some service providers initiated limited services**
- **Most trained providers experienced inadequate support on site and most had no contraceptives and equipment**
- **Most schools introduced FP content**
- **There were inadequate practice sites and inadequate training materials**
- **Current status of FP in the schools is not clear**

INTRAH PRESENT, PAC IIA and B

October 1985 - December 1994

FOCUS OF TRAINING

- **Familiarization of senior MOH personnel with non-clinic based family planning services**
- **Familiarization of MCH/FP Division staff with the integration of clinic based FP services with other MCH services**

IMMEDIATE OUTCOMES

- **18 policy level, planners and trainers were oriented to CBD services in Thailand**
- **Two senior MCH/FP staff and one DHV were oriented to integrated services in Chogoria, Kenya**
- **Two FP trainers were trained on-the-job on integration of service and observed ways of linking up the clinic based and CBD services in Chogoria, Kenya**

INTRAH PRESENT, PAC IIA and B

OCTOBER 1985 - December 1994

FOCUS OF TRAINING

- **Development of hospital-based family planning technical management teams**

IMMEDIATE OUTCOMES

- **Four nurse/doctor teams Mulago, Kabale, Mbarara and Mbale were trained in clinical family planning service delivery skills in the Philippines**

NB: Except for Mulago, the Dr. member of all teams was non-available for either service delivery or technical support to the service providers in the clinics

INTRAH PRESENT, PAC IIA and B

October 1985 - December 1994

FOCUS OF TRAINING

- **Development of training capacity and capability within the MCH/FP Division/MOH**

IMMEDIATE OUTCOME

- **A master training team (MTT) with a variety of skills among the team**
- **Evidence exists of the team's ability to provide training and technical assistance in a variety of skills/ areas.**
- **Team of clinical preceptors and practice sites are in place**

AP

INTRAH PRESENT, PAC IIA and B

October 1984 - December 1994

FOCUS OF TRAINING

- Training capacity and capability development cont.

OUTCOMES

- Nine family planning trainer jobs have been identified and described in a document
- A pool of trainers from government, FPAU, CARE, UNFPA and UPMA were prepared as trainers
- Documentation of training has been established
- On-site follow-up is routinely scheduled, conducted, reported on and findings used to direct refresher training

INTRAH PRESENT

October 1985-December 1993

FOCUS OF TRAINING

- Training capacity and and capability development cont.

OUTCOMES

- Five curricula and trainer and trainee materials were developed and are in place. These include comprehensive clinical skills, basic clinical skills, basic training skills, preceptorship skills, Nurse Aide FP/MH skills.
- A trainers' reference library has been supplied to the MTT
- Five clinician reference libraries have been supplied to sites where trainers or preceptors are located

November 2 1993

INTRAH PRESENT, PAC IIA and B

October 1985- December 1994

FOCUS OF TRAINING

- **Establishing uniformity, quality and standards of training**
- **Expansion of services to health centre dispensary maternity units and dispensary levels**

OUTCOMES

- **Formulation and dissemination of policy guidelines and standards for service delivery and training**
- **Application of guidelines to training and service delivery**
- **Application of the guidelines to creation of the nurse aides' guide**
- **Nurse and midwives have been trained for clinic based service delivery at health centre and DMU levels**
- **Attempts have been made to provide equipment to these service providers, but**

INTRAH PRESENT, PAC IIA and **B**

October 1985 - December 1993

FOCUS OF TRAINING

- Service expansion cont.
- Strengthening maternal health services at dispensary and DMU levels

OUTCOMES

- As a trial, training and follow-up of Nurse Aides as a new FP service cadre at dispensary and Aid post sites in 9 districts in the Western region
- Training of Nurse Aides in selected aspects of maternal health service delivery
- Inclusion of selected maternal health content into the Nurse Aide Guide

INTRAH PRESENT, PAC IIA and B

October 1985 - December 1993

FOCUS OF TRAINING

- **Standardizing FP service delivery practices**
- **Evaluating the contributions of nurse aides to family planning services in the western region**

OUTCOMES

- **FP service procedure manual is under development. Content has been drawn from the guidelines and have been applied in training and trainee performance assessments**
- **Findings of the study justify expansion of the nurse aides' training to accelerate FP service acceptance and site expansion**

November 2, 1993

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INTRAH NEAR FUTURE

January 1994 - June 1994

FOCUS OF TRAINING

- Updating MTT, NGO trainers and preceptors in infection control and the STD/HIV relationship with FP
- Reproductive health update for Medical assistants in rural health facilities
- Translation of the nurse aide Guide in additional 3 languages

EXPECTED OUTCOMES

- Upgrading of the in-service training family planning curriculum to integrate FP with STD/HIV infection control procedures.
- Strengthening of the referral system and technically FP trained service providers
- Increased accessibility of reference materials for this new cadre of FP service provider

"Draft"

**SUMMARY OF A REPORT ON THE
STUDY OF NURSE AIDES'
CONTRIBUTIONS TO FP SERVICE
EXPANSION IN UGANDA**

By

**Ms. FATOU YUMKELLA
INTRAH CONSULTANT**

October 1993

EXECUTIVE SUMMARY

In 1992, one hundred and thirty six (136) Nurse Aides from nine districts in the Western Region of Uganda were trained to provide information about the benefits of family planning and to counsel clients and re-supply orals and dispense non-prescription contraceptives. Thereafter, an evaluation study was conducted to assess the contribution of trained Nurse Aides to the availability and accessibility of family planning services.

Data were collected at district and central levels using twelve evaluation tools. The content of each tool contributed in separate ways to obtain information on Nurse Aides for the examination of knowledge and skills, suitability and acceptability for performing their family planning roles, and service changes which occurred as a result of training. Training, supervision and logistical aspects were also investigated to identify and analyze possible causes of job performance problems.

As is typical of many field studies, the data collected were influenced by minor weaknesses in the design of some tools and certain field conditions: In spite of these limitations, the results indicated that the training of Nurse Aides contributed positively to the provision of family planning services in the 9 districts of the Western Region.

An examination of changes in family planning service acceptors before and after training of Nurse Aides using service statistics collected at health units, showed a monthly average of 223 new clients before training as compared to 537 after training in all 9 districts combined, indicating a 100% increase in the number of new

clients served. It was noted that in Bundibugyo district where training was conducted only five months before the study, the increase in the monthly average of new acceptors was threefold. This might be due to application of revised policy guidelines, which permitted Nurse Aides to initiate oral contraceptives.

Increases were also observed in most districts for re-visits and the number of clients on each contraceptive method. Since the changes were observed in every district and showed no relationship to the number of qualified health staff trained in family planning at the service sites, the increase could be attributed to the efforts of trained Nurse Aides.

Observation of Nurse Aides' performance of 4 of 9 family planning jobs for which they were trained indicated the attainment of performance scores well above the acceptable level of performance of 65% of the maximum score, particularly for establishing rapport and in counselling clients for informed choice.

Nurse Aides personal characteristics appeared suitable for family planning service provision in relation to the client group. They are within the reproductive age group and indigenous to the district in which they work. They therefore represent a more permanent category of staff. In addition, they have a 62% CPR, making them suitable family planning role models.

It was therefore not unexpected that interviews with Ministry of Health staff at central, district and health facility levels as well as clients, revealed that this cadre of new family planning service providers was not only acceptable, but also favoured.

There is evidence from this study for encouraging the replication of similar training in other districts. However, to further enhance the Nurse Aides' performance and for strengthening the districts' capacity for training and supervision, there is need to ensure a sufficient number of qualified trainers and supervisors at district level and adequate logistical support for supervision.

1. INTRODUCTION

1.1. BACKGROUND

In an effort to expand health services to the majority of the population, the government of Uganda has adopted the Primary Health Care (PHC) strategy which requires a shift from costly curative services to cost-effective preventive services. With the introduction of this strategy, family planning was integrated into the overall Maternal and Child Health Programme (MCH) as a means of reducing child and maternal morbidity and mortality.

The initial effort to expand family planning services concentrated on the training of midwives to provide services. This, however, did not result in any significant change in terms of expansion and availability of family planning services. According to the Demographic and Health Survey (DHS) for Uganda carried out between 1988/89, contraceptive use was low because services were not widely available and accessible, despite a high level of family planning knowledge of some kind. There was, therefore, need not only to increase the number of family planning service providers but also the number and types of family planning service sites.

The Ministry of Health through the Maternal and Child Health/Family Planning (MCH/FP) Division responded to this need by extending the role of service provision to the Nurse Aides/Dressers cadre of health workers (hereafter referred to as Nurse Aides) who constitute a majority of

health workers at peripheral service delivery points, including health centres, dispensaries, dispensary maternity units, sub dispensaries and aid posts. Nurse Aides assist in the provision of ante natal care, deliveries, immunization and some curative services at both static and outreach service delivery points.

Over a period of six months (September 1992 to January 1993), 136 Nurse Aides in nine districts in the Western Region were trained in two-week workshops, one in each district. The purpose of training was to prepare Nurse Aides to provide information to individuals and couples about pregnancy and sexually transmitted diseases (STDs), risk factors, and contraceptive methods, to recruit clients and to provide oral resupplies and non-prescription methods. Training was conducted at district level by District Health Visitors (DHVs) and service providers, with help from the Master Training Team from Central level who provided on-site technical assistance. Each district conducted one round of the Nurse Aides training and more training is scheduled.

Training content was based on a curriculum especially developed for Nurse Aides and the Nurse Aides Guide; both were general from content in the FP/MH Policy and Standards Guidelines. The Nurse Aides Guide provides information on risk factors, contraceptive information, recruitment and counselling of family planning clients, initiating non-prescription methods and re-supplying oral contraceptives using a checklist. The Guide

was translated into two local languages commonly used in Western Region and there are plans for further translation into other languages.

1.2 RATIONALE FOR TRAINING AND DEPLOYING NURSE AIDES IN FAMILY PLANNING

The rationale for training and deploying Nurse Aides in family planning included the following factors:

- Nurse Aides are a majority of health workers at every health unit including the district hospital and most non-governmental hospitals/units.
- They are indigenous to the districts in which they work and therefore represent a more permanent category of staff in each facility.
- At present, the trained health workers who are at the health units (Midwives, Nurses and Medical Assistants) are few in number, and have a heavy workload related to the provision of PHC services. They are unable to cope on their own with the added responsibility for FP awareness building, counselling and service provision. Trained Nurse Aides could therefore relieve the trained health worker of various basic FP tasks.
- They are well placed to educate, counsel and recruit FP clients because they assist in provision of basic health services in static and outreach service sites

including young child services, immunization, prenatal care, deliveries and some curative services.

They are in a position to meet clients' demand for accessible, available and reliable family planning service points.

2. GOAL AND OBJECTIVES OF THE STUDY

2.1 GOAL

The goal of the evaluation study was to assess the contribution of the training of Nurse Aides to the availability and accessibility of family planning services. The findings will provide information for decision making on:

The potential of Nurse Aides to increase family planning use.

Ways of increasing the Nurse Aides' training programme's effectiveness and impact.

2.2. SPECIFIC OBJECTIVES

- i. To determine the potential for training Nurse Aides in order to increase family planning use.
- ii. To identify ways of increasing the Nurse Aides training programme's effectiveness and impact.
- iii. To provide information relevant to the expansion and strengthening of decentralization of family planning in-service training.

- iv. To identify resources and support requirements needed for strengthening district family planning training capacity.
- v. To determine the influence of policy guidelines and standards on family planning training for increased and improved services.

3. METHODOLOGY

3.1 THE STUDY DESIGN

To fulfill the objectives, data were required from district and central levels.

3.1.1. The District Level

All nine districts in Western Uganda where Nurse Aides had been trained were selected for inclusion in the study. These districts were: Mbarara, Bushenyi, Rukungiri, Kabale, Hoima, Masindi, Kabarole, Bundibugyo and Kasese.

In each district, information was obtained from the district health team, comprising of District Medical Officers (DMOs) and District Health Visitors (DHVs), and from Nurse Aides. The Nurse Aides were expected to complete a questionnaire and participate in a focus group discussion.

A sample of health units within a district served as the study units for the assessment of Nurse Aides skills, health facility data, information from qualified health staff and MCH/FP clients. Four health units were selected out of a universe of fifteen with trained Nurse Aides per district. The selection of health units was such that they represented Nurse Aides working:

- a) without a qualified staff

- b) with qualified staff not trained in family planning
- c) with staff who are trained in family planning

3.1.2 The Central Level

At the central level, senior medical personnel, the master training team, non-governmental organizations involved in provision of family planning and training services, and preceptors at training practicum sites were interviewed.

3.2 THE EVALUATION TOOLS

Twelve evaluation tools were designed, pretested and revised before the study took place. Various formats were adopted in the to suit the intended purpose. The majority were in the form of questionnaires and interview schedules consisting of both open and close-ended questions. The open-ended questions were intended to obtain explanations or views unique to each respondent.

**THE UNIVERSE FROM WHICH SAMPLES WERE DRAWN AND THE
SAMPLE SITES**

	<u>UNIVERSE</u>	<u>SAMPLE</u>
Districts	9	9
Trained Nurse Aides questioned	136	114
Trained Nurse Aides observed	136	27
DHVs	9	8
DMO	9	8
Health Facilities	135	34
Clients	-	232
NGO's		5
MTT	5	5
Health Facility Staff		29

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TABLE 2 - The Level of Accomplishment of Data Collection

TARGET GROUP	No. Expected	Number Interviewed	% Accomplishment
Nurse Aides/Dressers	136	114	84%
Nurse Aides skills observation	36	36	100%
MCH/FP clients	-	232	-
District Medical Officers	9	8	89%
District Health Visitors	9	8	89%
District Health Units	36	34	94%
Qualified Health Staff in Health Unit	-	29	-
District Based FP Organizations	2	2	100%
Trainers at MOH Headquarters	5	5	100%
Senior Health Personnel	5	5	100%
Practicum sites in Kampala	5	5	100%
FP Organizations in Kampala	2	2	100%

Table 10 Use of Family Planning by Nurse Aides

USE OF FAMILY PLANNING	YES		NO		Total
	Freq.	%	Freq.	%	
Ever used	66	61.9	39	37.1	105
Currently using	69	61.6	43	38.4	112

Table 16 Distribution of Clients Seen Before and After Training as Estimated by Nurse Aides

PERIOD	Number of Service Providers	Total No. of clients seen	Average No. of Clients <u>per month</u>
One month before training	17	324	19
One month before interview	104	2668	26

N=17

Table 8 Distribution of Nurse Aides Knowledge Retention by Peak Responses to Questions

QUESTION	Peak Response	Freq. N=114	%
1. Pregnancy and child birth become risky/ dangerous for the mother and baby's health when:			
a. A mother falls pregnant after age	35	108	94.7
b. A mother falls pregnant before age	20	95	83.3
c. A mother falls pregnant less than _____ years from the last pregnancy	2	103	90.4
d. A mother has more than _____ pregnancies	4	104	91.1
2. Should the following women use Combined OC pills?			
- Women with heart disease	No	103	90.4
- Women with liver disease	Yes	90	78.9
- A woman who has never had a child	Yes	73	64.0
- A woman with high blood pressure	No	100	87.7
- Girls below 18 years of age	Yes	75	65.8
3. Should the following women be referred to hospital for delivery:			
- Women less than 150 cm	Yes	112	98.2
- Pregnant for the first time	Yes	111	97.4
- 18 Year old who has had prior normal delivery	Yes	91	79.8
- Woman who has had normal delivery and is going to have 5th child	Yes	102	89.5

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Table 20 Assessment of Training and Implementation of Nurse Aides Training Course by District Health Staff

NUMBER	MTT	DMO	DHV	TOTAL
	5	8	8	21
Easy	1	1	-	2
Fairly Easy	1	2	4	7
Somewhat Demanding	3	3	4	10
No Comment	-	2	-	2

Table 9 Preferred Topic if a Nurse Aide Was to Give a Health Talk to Community

SUBJECT	N = 114	
	Freq.	%
Family Planning	101	89
Immunization	65	57
Nutrition	35	30
Diarrhoea	21	18
Malaria	8	7

Table 17 Change in Number of New Clients by Number of Trained Qualified Health Staff in Four Districts

DISTRICT	Number of Qualified Staff <i>health facilities</i>	Number Trained in FP	Number Attended Basic FP Skills Course	Number Attended Compre. FP Skills Course	No. of New FP Clients	
					Before Training Nurse Aides	After Training Nurse Aides
Hoima (3)	2	1	1	0	15	14
Bushenyi	4	4	3	3	31	68
Kabarole	4	3	0	2	15	33
Bundibugvo	2	1	1	1	65	199

Table 23 Frequency of Supervisory Visits by DHVs

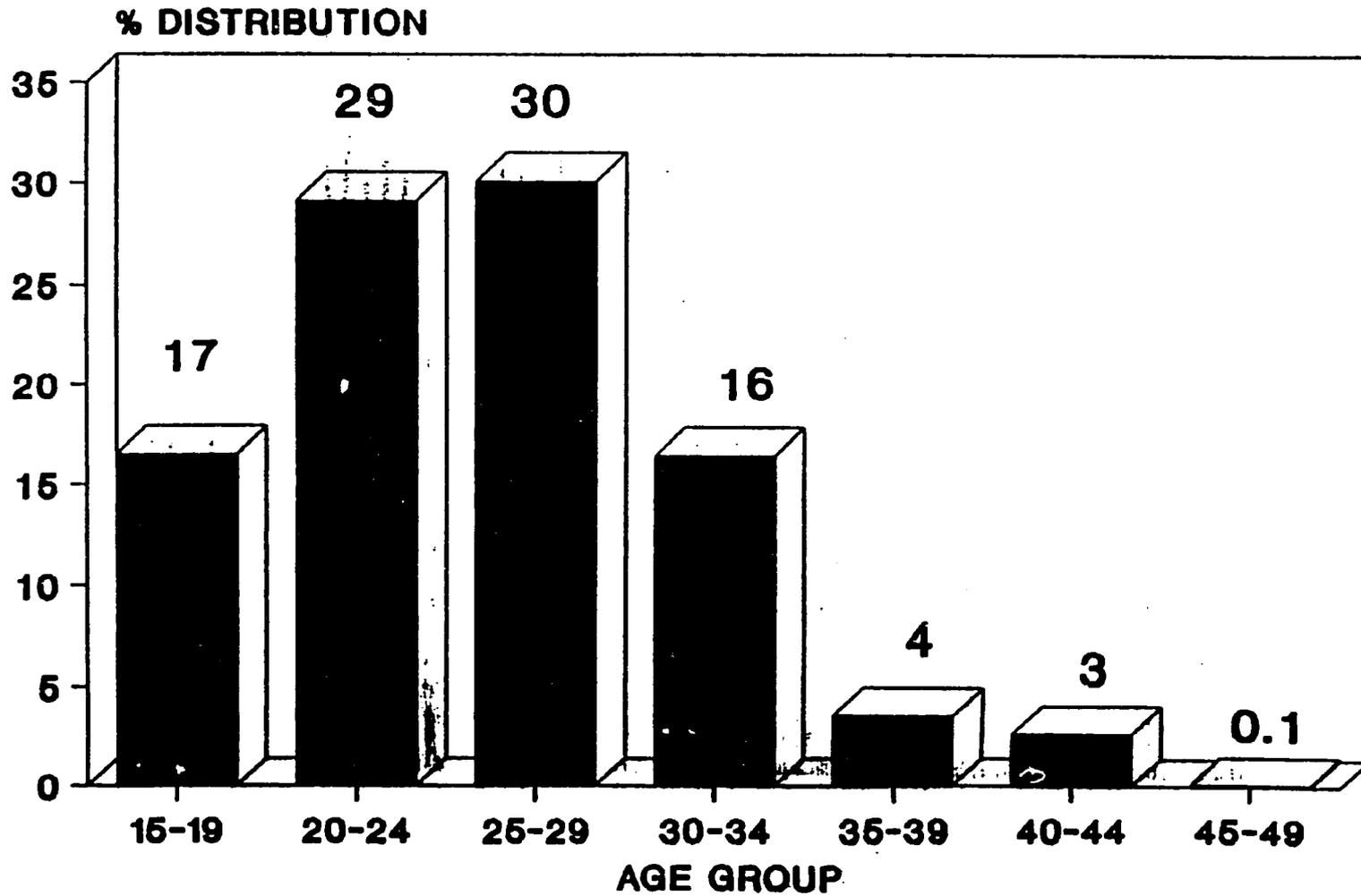
District	Health Facilities for Supervision	Ideal No. of Times to Health Facility	Are you able to do this?	Frequency of visit
Mbarara	63	Once in 2 months	No	Once in 3 months
Hoima	34	Once a month	No	Occasionally
Kabale	-	Once a month	No	Occasionally
Kasese	40	Twice a month	No	Once in 3 months
Kabarole	39	Once in 2 months	Yes	Once a month
Masindi	35	Once in 2 months	No	Occasionally
Fukungiri	-	Once a month	No	Occasionally
Bundibugyo	-	Once every 2 months	No	Once in 3 months
Bushenyi	-	-	-	-

6.2 CONCLUSION

On the basis of the finding that the number of family planning clients has substantially increased since training of Nurse Aides, we may conclude that Nurse Aides have made family planning more available and more easily accessible.

A replication of training in other districts is therefore expected to lead to a greater coverage and use of family planning. This will ultimately result in the achievement of the desired overall goals of improved maternal and child health in the country.

**FIG 1 AGE DISTRIBUTION
OF NURSE AIDES**



NUMBER OF NURSE AIDES-114

FIG 2A HEALTH SERVICES PROVIDED BASED ON INFORMATION FROM NURSE AIDES

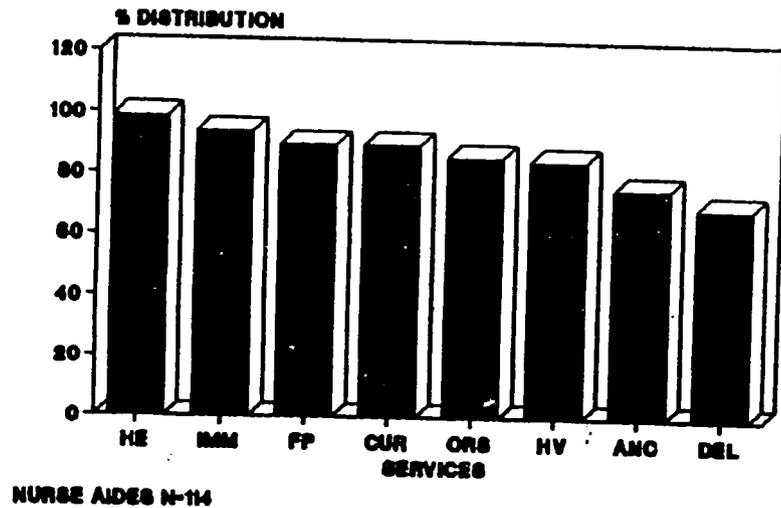
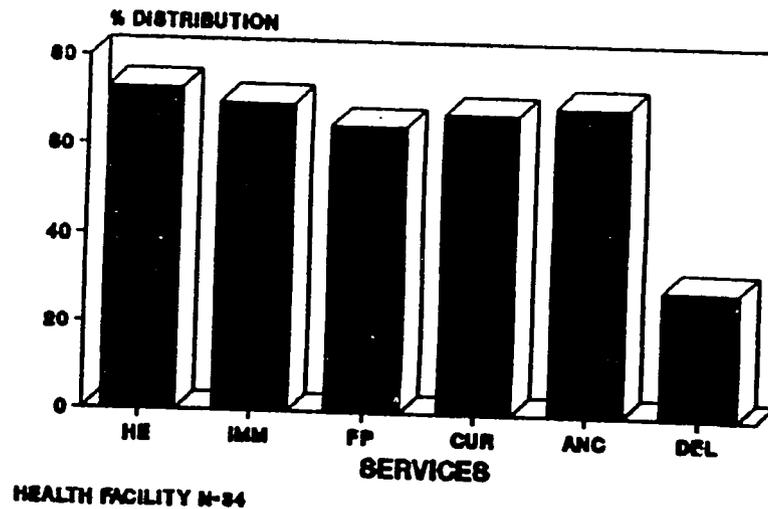
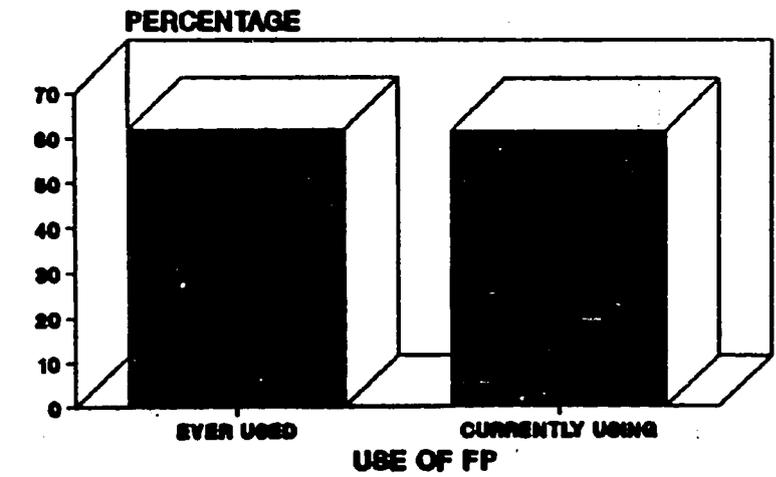


FIG 2B HEALTH SERVICES PROVIDED BASED ON OBSERVATION AT HEALTH FACILITIES

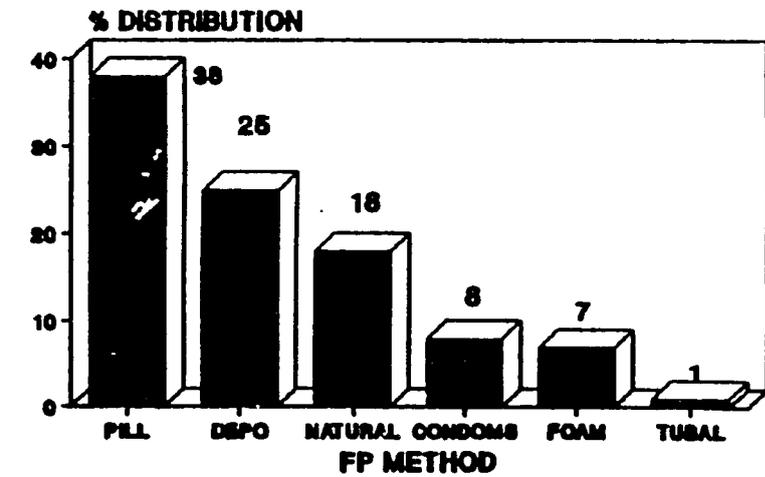


**FIG 3 USE OF FP METHOD BY NURSE AIDES
EVER USED AND CURRENTLY USING**



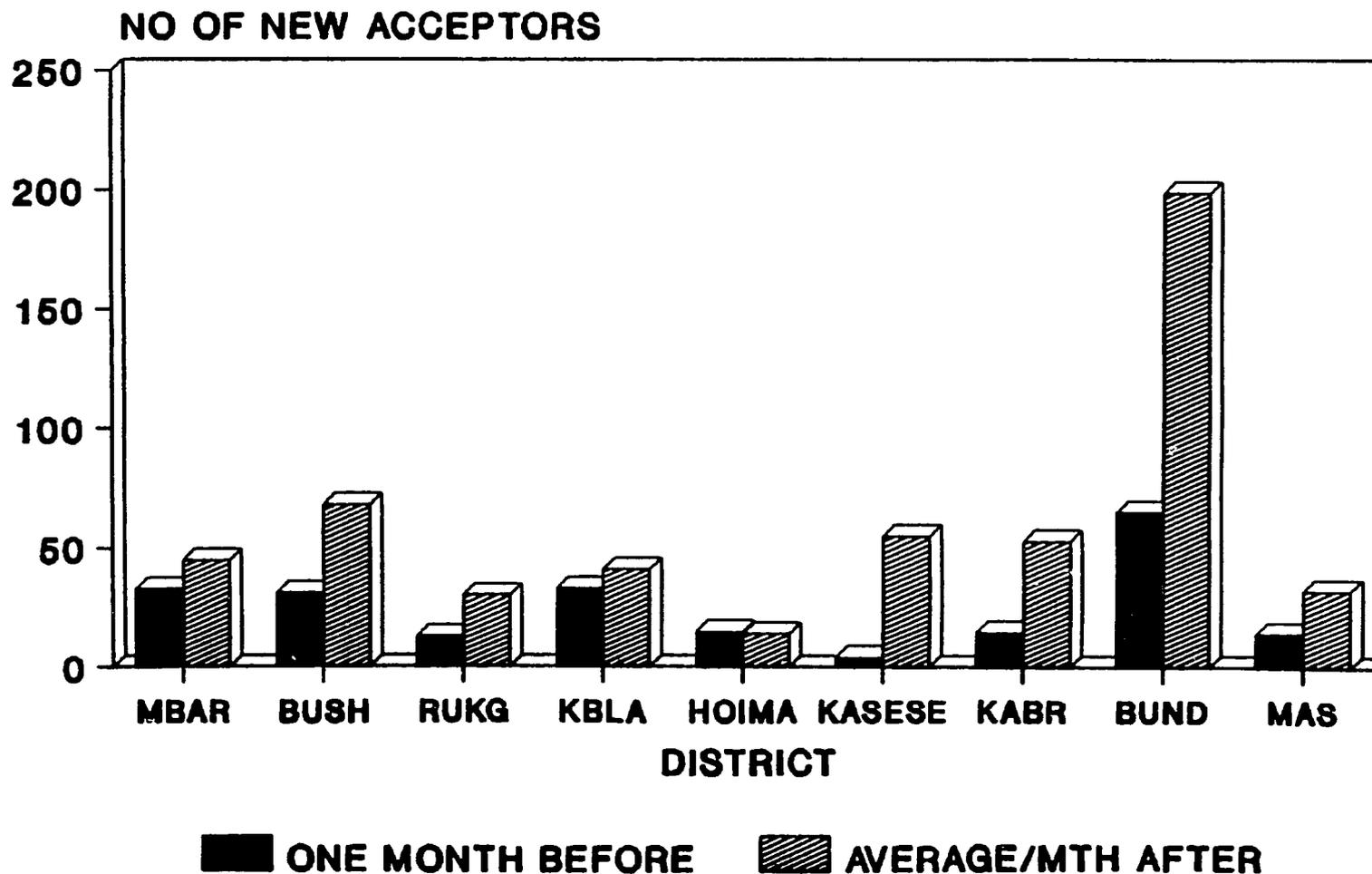
NUMBER OF NURSE AIDES-114

**FIG 4 FP METHODS CURRENTLY USED
BY NURSE AIDES**



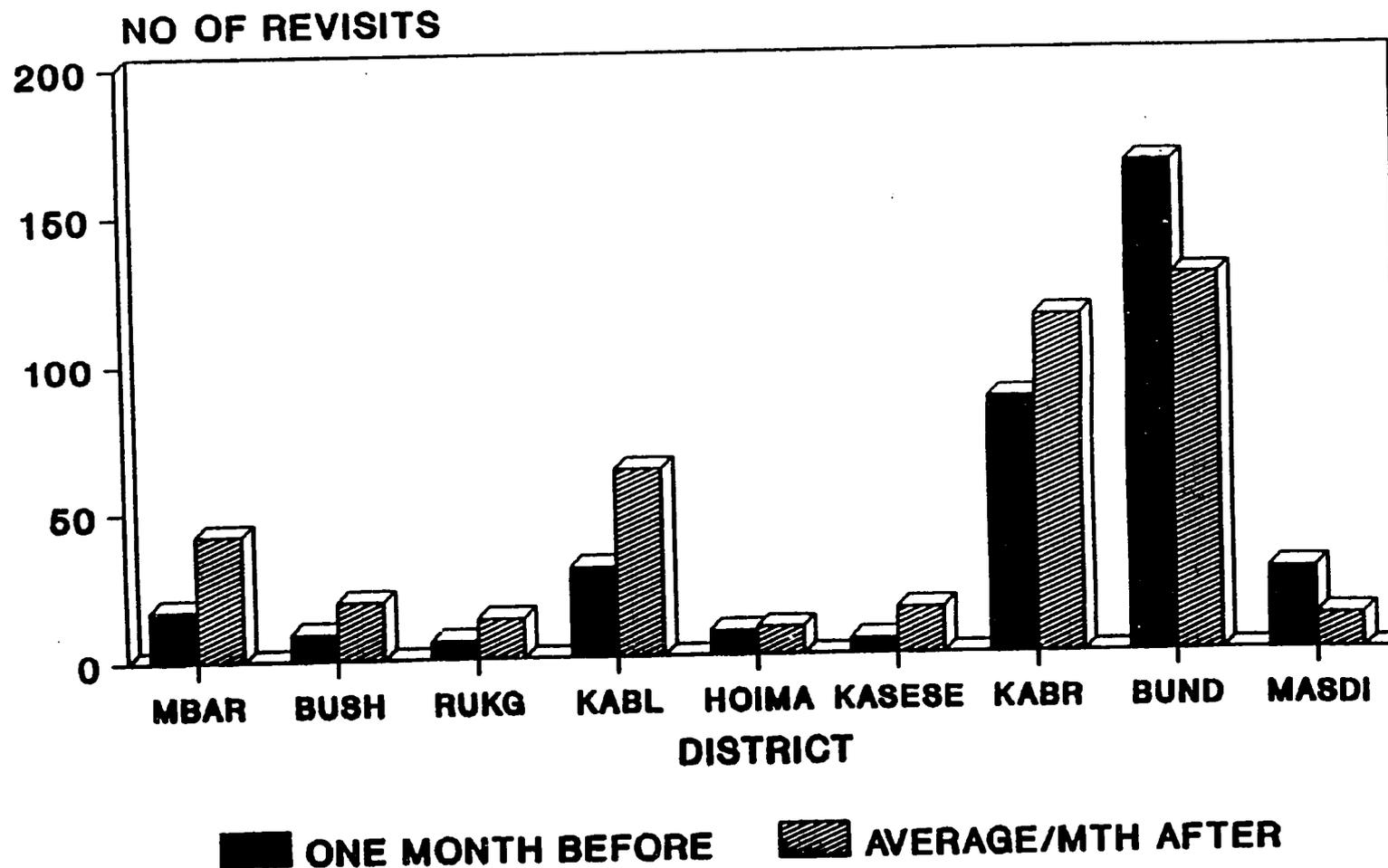
NUMBER OF NURSE AIDES-69

**FIG 6 NUMBER OF NEW ACCEPTORS
BEFORE AND AFTER TRAINING BY DISTRICT**



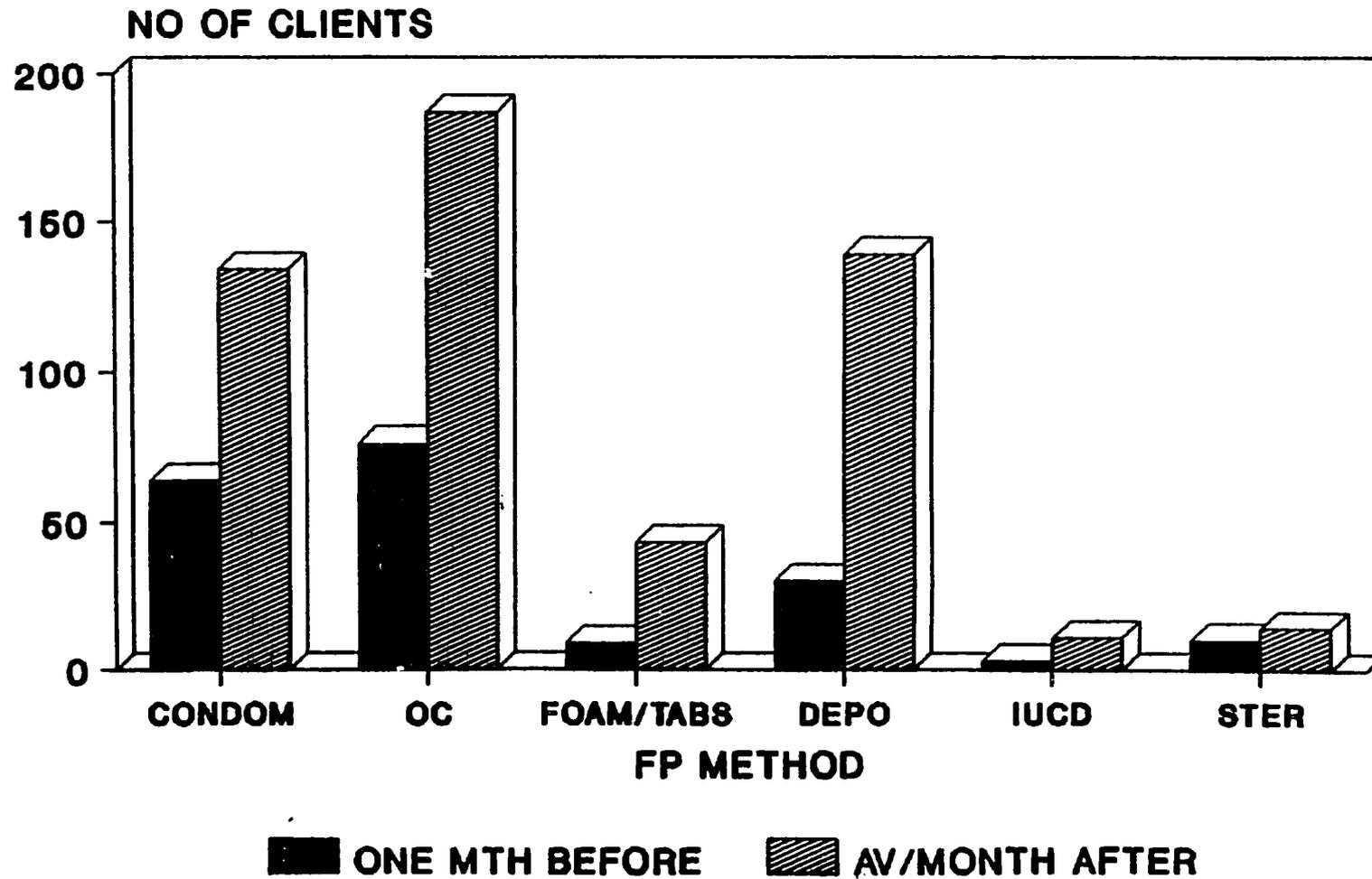
DATA FROM HEALTH FACILITY RECORDS N-34

**FIG 7 NUMBER OF REVISITS
BEFORE AND AFTER TRAINING BY DISTRICT**



DATA FROM HEALTH FACILITY RECORDS N-34

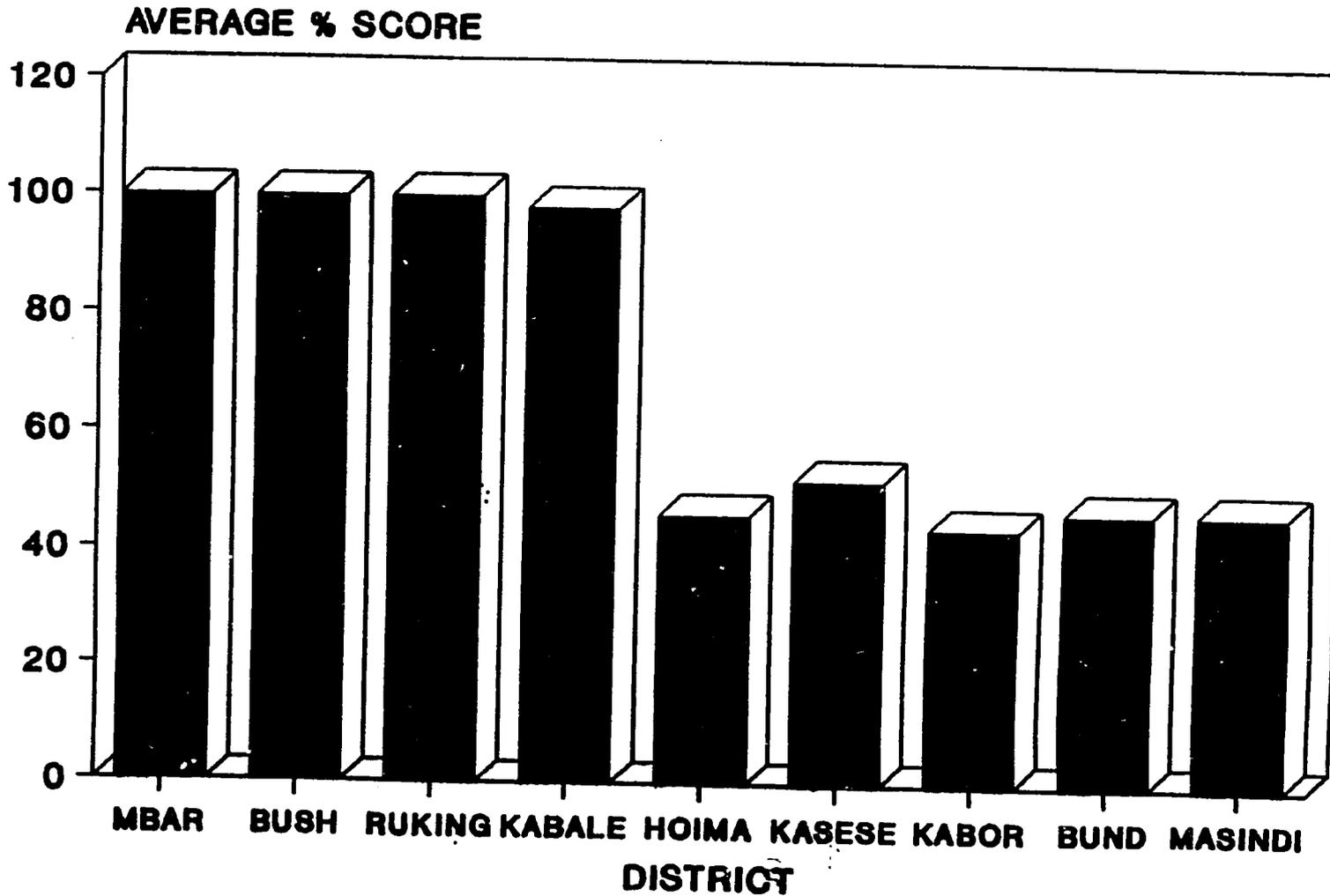
FIG 8 NO OF FP CLIENTS IN H/F BY TYPE OF CONTRACEPTIVE BEFORE/AFTER TRAINING NA



NO OF HEALTH FACILITY=34

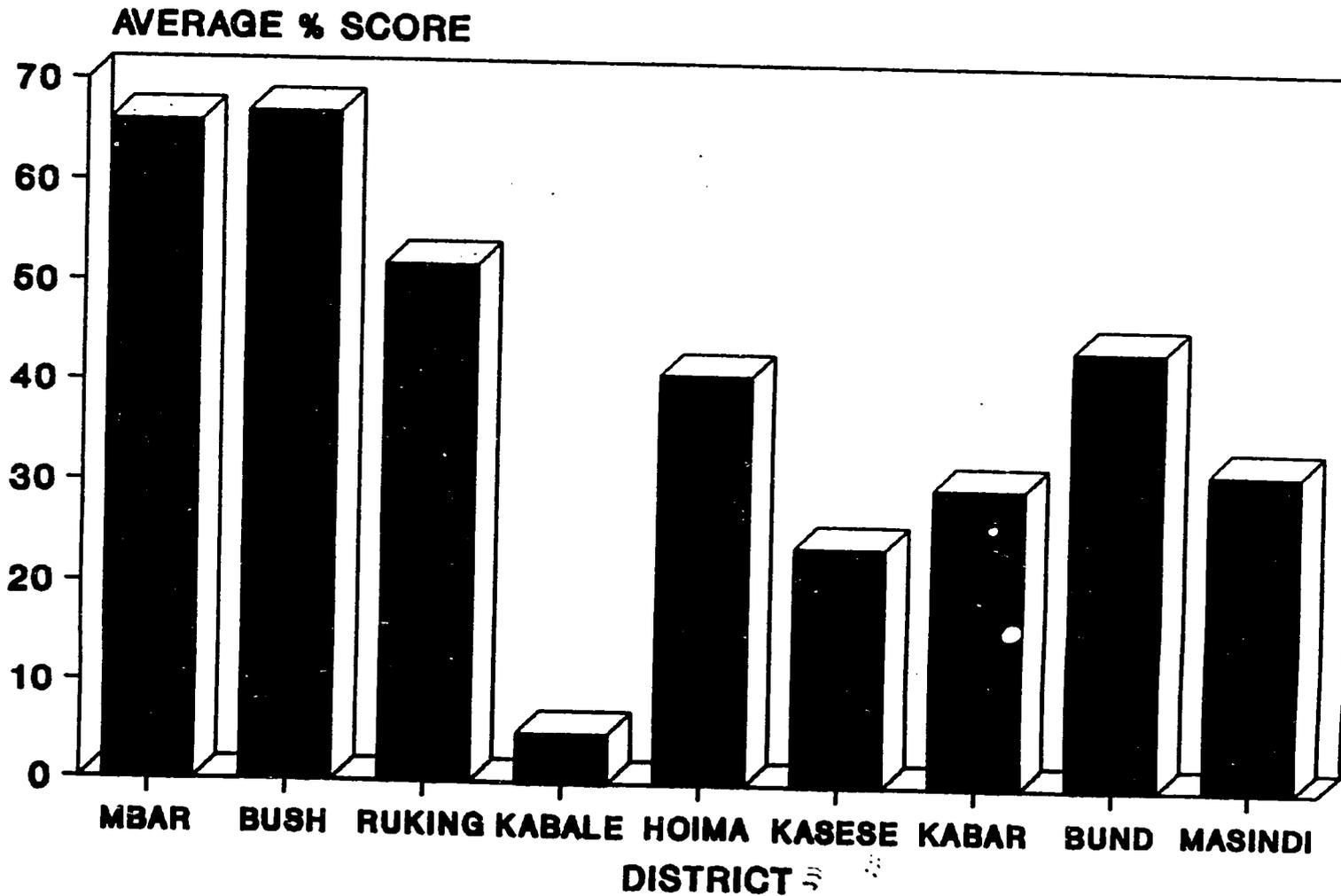
6

**FIG 9 AV PERFORMANCE SCORE OF NA
FOR ESTABLISHING RAPPORT BY DISTRICT**



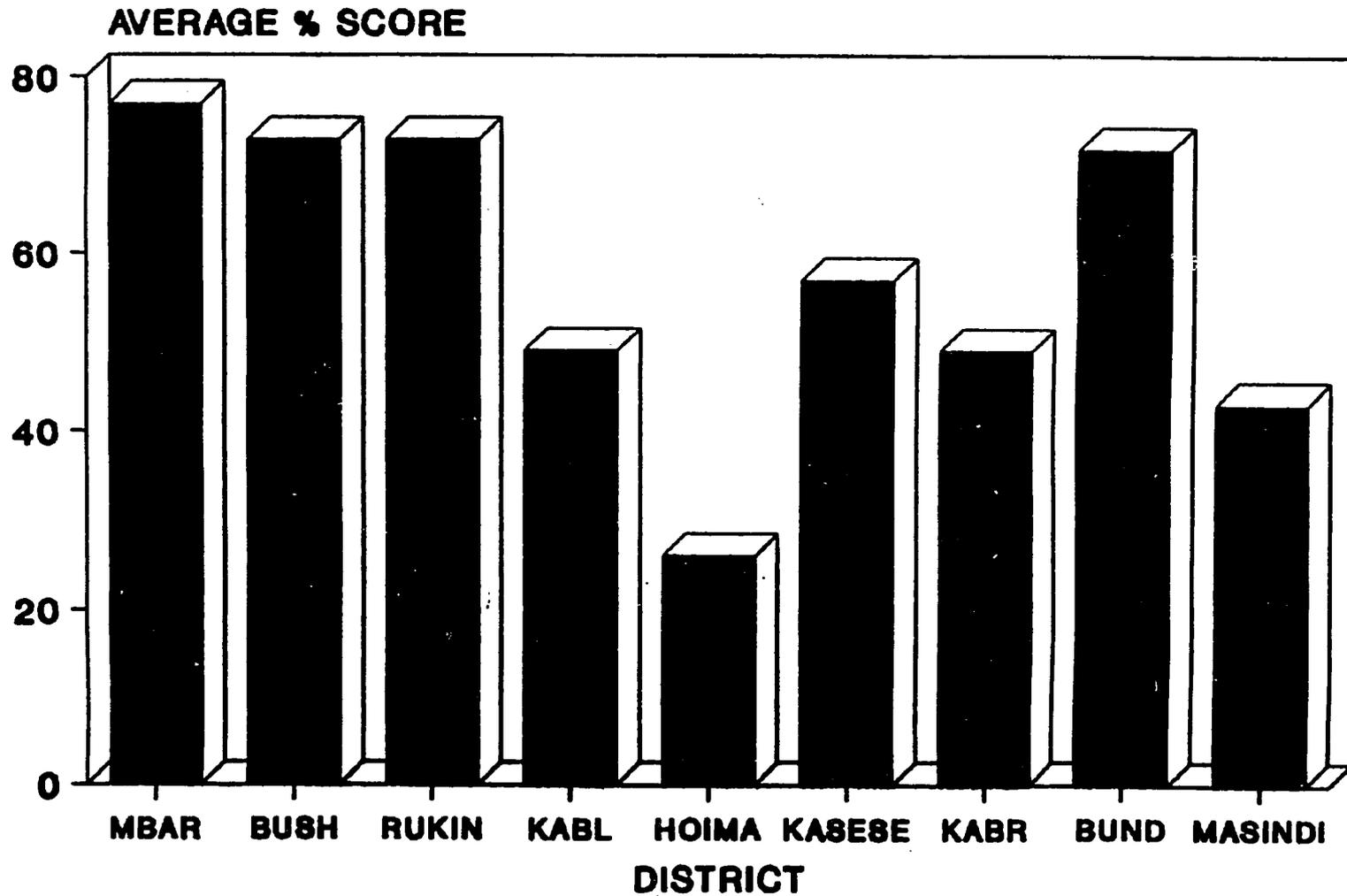
SCORES OBTAINED FROM OBSERVATION OF 27NA

**FIG 10 AV PERFORMANCE SCORE OF NA
INTRODUCING MCH CLIENTS TO FP/DISTRICT**



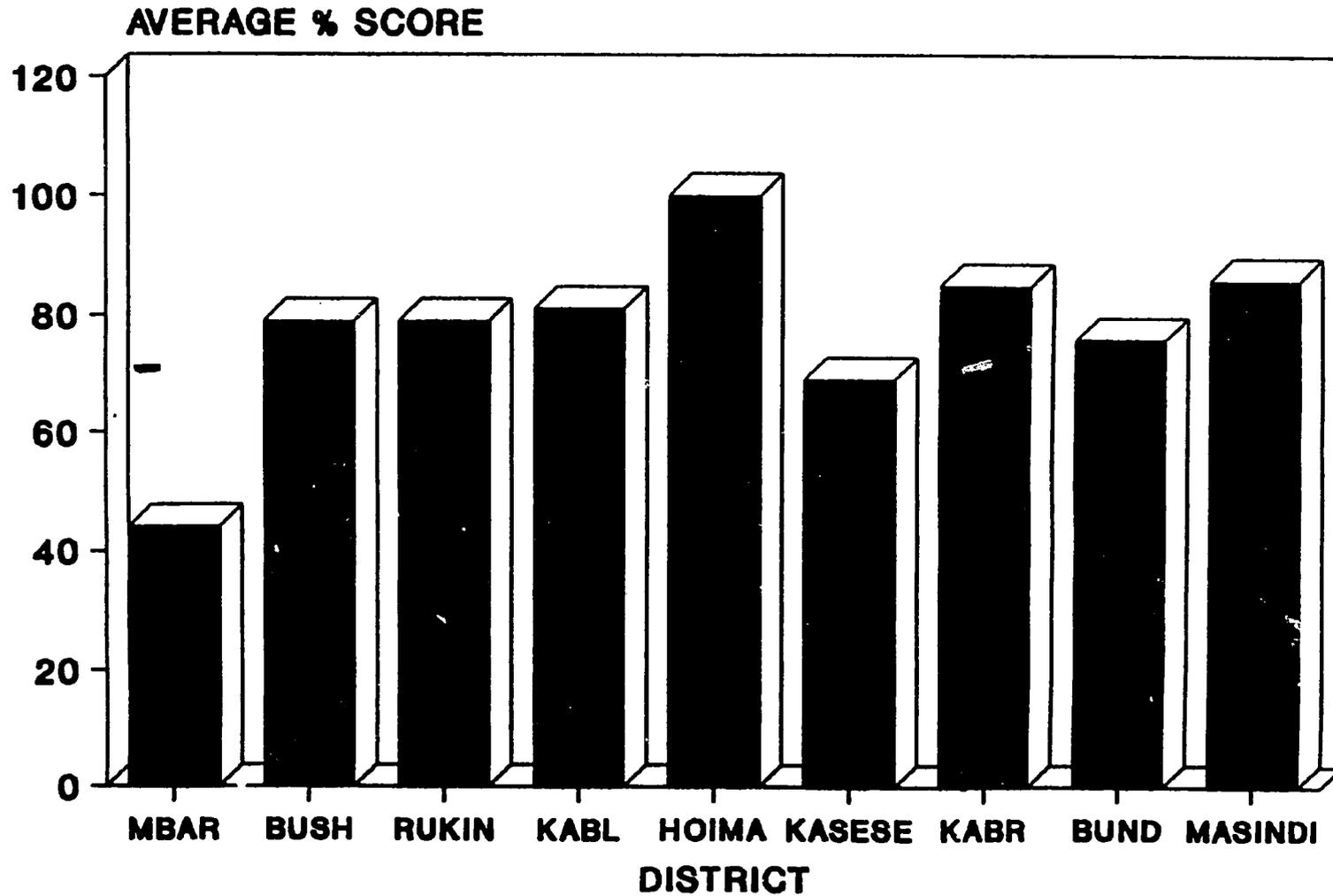
SCORES OBTAINED FROM OBSERVATION OF 27NA

**FIG 11 AV PERFORMANCE SCORE OF NA FOR
EXPLAINING FP METHODS TO MCH CLIENT/DIST**



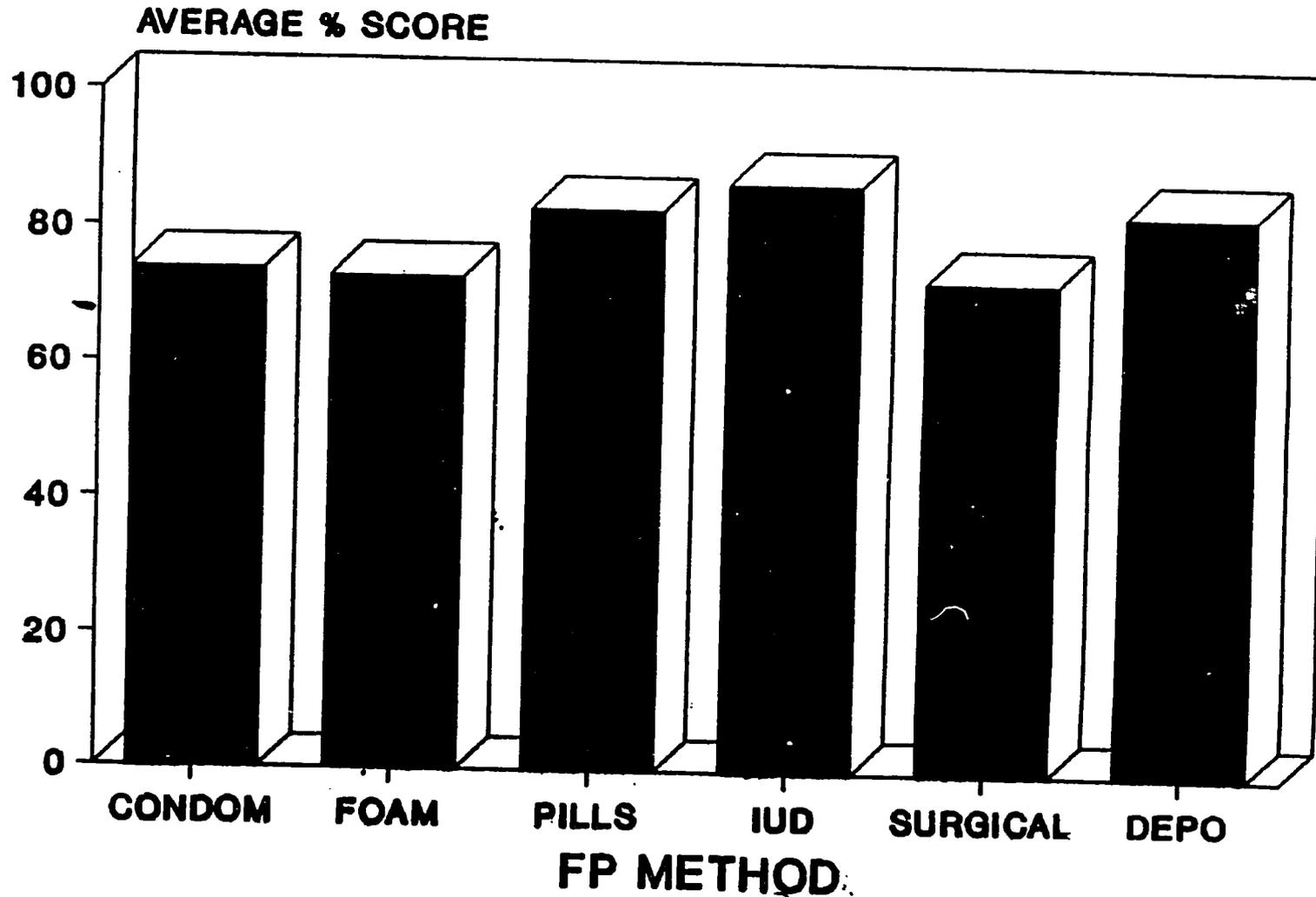
SCORES OBTAINED FROM OBSERVATION OF 27NA

**FIG 12 AV PERFORMANCE SCORE OF NA FOR
COUNSELLING ON ALL FP METHODS/DISTRICT**



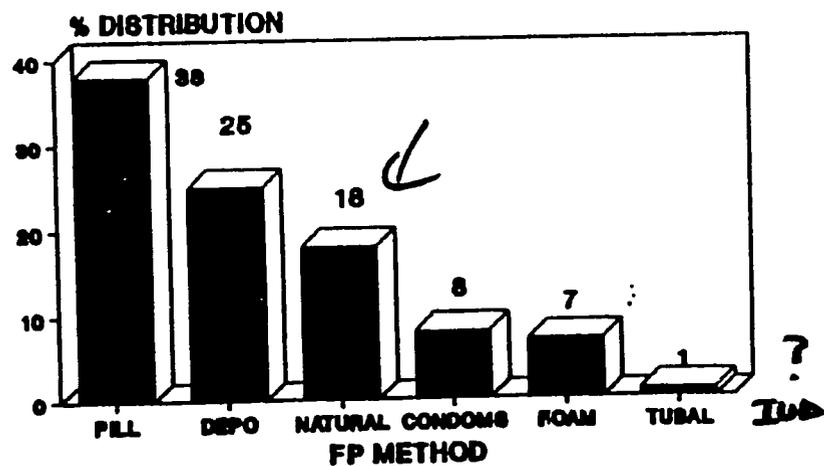
SCORES OBTAINED FROM OBERVATION OF 27NA

**FIG 13 AV PERFORMANCE SCORE OF NA FOR
COUNSELLING NEW CLIENTS ON FP METHODS**



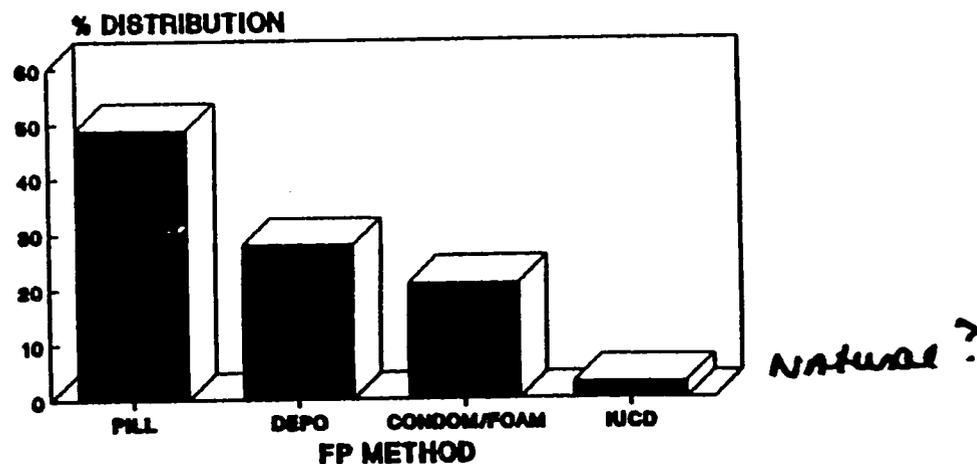
SCORES OBTAINED FROM OBSERVATION OF 27NA

FIG 4 FP METHODS CURRENTLY USED BY NURSE AIDES



NUMBER OF NURSE AIDES-69

FIG 5 FAMILY PLANNING METHODS USED BY NEW ACCEPTORS



N-72 NEW ACCEPTORS

**STUDY ON THE CONTRIBUTIONS OF TRAINED NURSE AIDES TO
FAMILY PLANNING SERVICE EXPANSION IN UGANDA**

**FINDINGS AND RECOMMENDATIONS, BASED ON THE OBJECTIVES OF
THE STUDY AND STUDY FINDINGS**

Objective 1: Determine the potential for training nurse aides in order to increase family planning use.

Findings:

1. According to service records from 34 service sites with trained nurse aides, the number of new clients of all methods increased from **229** per month before training to **537** per month 4 to 6 months after training.
2. According to the 114 trained nurse aides and dressers who were questioned, 17 who said they had previous family planning training reported that they had served 324 clients or 19 per provider during the month before their INTRAH-sponsored training. Among the 114 who were trained under INTRAH auspices and who were asked how many clients they had served in one month, 104 reported a total of 2,666 clients served, or an average of 26.7 clients per provider.
3. Planned and actual training, numbers of trainees and service venues of trainees were almost entirely consistent:

135 to be trained
136 actually trained
135 to be trained from non-hospital service sites
120 trained from non-hospital service sites

In addition, the service sites of the 114 nurse aides who were interviewed were primarily non-hospital:

32.5% from health centres
25.4% from sub-dispensaries
13.2% from dispensary maternity units
14 % from dispensaries
3.5% from aid posts
11.4% from hospital-based

4. Among the sample of 114 nurse aides who were questioned, the average number of years they had been on the job at the service site was 7.
5. Of 72 new family planning clients who were interviewed during the study, 99% reported that they had been served by nurse aides, and 86% of those expressed satisfaction with the services they had received.
6. The 114 trained nurse aides who were questioned were positive toward their family planning work and felt confident as service providers. They indicated during focus group discussions that counseling for informed consent increases their workload and the service time per new client, which they feel may lead to lost clients who do not want to wait for services. (Average waiting time was 2.5 hours for family planning and 2.8 hours for MCH).
7. The nurse aides were trained in 9 family planning jobs over a 10 day period. During the study, 27 trained nurse aides from the 9 districts were observed performing 4 jobs: Establishing rapport, introducing MCH clients to FP concepts, explaining individually to MCH clients the FP concepts, and counseling on all methods and on each method. The average mean performance scores were: 72, 42, 50, and 79, respectively. The highest achievable score was 100 and the cut-off score was 65.

Conclusions:

- o Trained nurse aides significantly increase the number of new FP acceptors for all methods within 4 to 6 months after training.
- o Planned and actual training, training numbers and trainee selection criteria were almost entirely consistent, with most nurse aides coming from non-hospital service settings. Likewise, the sample of nurse aides who were questioned and in focus groups was similar to the universe of nurse aides who were trained.
- o Trained nurse aides are allowed by their "seniors" to perform the family planning jobs they were trained to do, and clients have no problem with nurse aides as their service providers.

- o Nurse aides from many types of service settings can be trained and they put their training to use almost immediately after training. Their performance scores on the two recruitment processes require investigation: do they owe to training weakness or basic difficulties in promoting family planning, or to other factors?
- o This trial series of nurse aides training workshops demonstrated that nurse aides can be trained, they apply their training, and they produce service impact.

Objective 2: To identify ways of increasing the effectiveness of the nurse aides' training programme and its impact on services.

Findings:

1. The study findings from interviews and observations indicated that trained nurse aides produced the desired and intended results with respect to expanding services. Similarly, planned and actual training tracked closely, and when visited on-site, nurse aides were observed doing what they were trained to do. The trained nurse aides' impact on services has been identified under Objective 1, above. The study team also made note that there were no complaints about training-related logistics and finance, which should be especially cited in view of past experiences with these factors in Uganda.
2. There are some training problems, but these are not major:

There are few training and client education materials in local languages.

The practice time was short and practice sites were reportedly far from the training venue and also the practice sites had a low client load.

There are few trained trainers in the districts.

Conclusion:

- o The effectiveness of training can be increased, no doubt, but it is fairly effective even now.

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Objective 3: To provide information relevant to the expansion and strengthening of decentralization of family planning in-service training.

Findings:

1. There were 9 training workshops, one in each district. The duration of each workshop was 10 days; the trainers were 1 DHV and 1 service provider in each district, who were technically assisted by an MTT member. In all 136 nurse aides were trained, of whom 114 were interviewed during the study.
2. The reported weak points of training -- from the central and district level points of view -- were: materials were in English; the practicum was short and the practice sites were too far from the training venue and had too few clients; and, the DHV's did not feel well prepared as trainers.
3. The reported strong points of training were: training took place as planned; the numbers of trainees expected actually appeared and they stayed for 10 days of training; trainee selection criteria appeared appropriate; the training venue was fairly proximate to the trainees; the trainees were able to converse in the local languages with clients during the practicum.
4. The district-level teams and MTT said that training was demanding, but they thought training had prepared the nurse aides well, even with the difficulties noted.
5. Training workshop planning forecasts made by district-level personnel ranged from 3 days to 6 months, indicating a lack of familiarity with what it takes and what needs to be done to plan training.

Conclusions:

- o In order to decentralize training and maintain training standards and uniformity, it was necessary to develop a standardized training curriculum, training materials, a service guide for nurse aides and have MTT involvement with the district-level trainers.

- o Planning for competency-based training at district-level is not well-understood either in terms of the training planning jobs to be done or the time required it takes to do them.

Objective 4: See Objectives 2 and 3, above.

Objective 5: To determine the influence of policy guidelines and standards on family planning training for increased and improved services.

Findings:

1. In Bundibugyo district, the nurse aides were approved to initiate orals, using a checklist, and were trained accordingly. The result was a three-fold new acceptor increase of orals (from 10 to 33 in one month; the corresponding increase for Depo was 0 to 19). The Guidelines, Nurse Aides Guide and the training curriculum were revised to reflect the change, and an "orals initiation" checklist was added to the Nurse Aides Guide.
2. The content of the Nurse Aides Guide and the standardized Nurse Aides training curriculum were derived from the Policy Guidelines.

Conclusions:

- o The Guidelines, Guide and training curriculum have standardized nurse aides training and their service practices, despite widely decentralized training and supervision.
- o Guidelines, the Guide and the training curriculum can change based on service needs and realities if trainers and service providers are alert to the needs and realities.
- o Guidelines influence training and services. Service realities and the service environment influence Guidelines and training. Training promotes standardized service practices contained in the Guidelines.

RECOMMENDATIONS:

1. **The study findings support the purposes for which nurse aides training was undertaken: Training nurse aides contributes to significantly increased acceptance of pills, Depo and condoms by new clients, within 6 months after training; therefore:**
 - a. **Nurse aides in geographically underserved areas should be trained to inform, educate, recruit and counsel in family planning, and initiate orals using the checklist, re-supply orals using the checklist, and dispense non-prescription methods.**
 - b. **Under trial and study conditions, 20 trained nurse aides in the western region should be trained and supervised to initiate and re-supply Depo, using checklists. Both the processes and outcomes should be studied and reported with a view toward expanding Depo access.**
 - c. **Nurse aides as community-based distributors of orals, condoms and foam should be tried out in 3 or 4 of the big western region's districts, on an entrepreneurial basis. Acceptor numbers should be monitored by the DMO if possible. If it is not possible, the MOH should try to identify the yield of this effort through the DHS update next year.**
2. **The study findings indicate that the nurse aides' training programme could be made more effective by the following:**
 - a. **The Nurse Aides Guide should be translated into 3 more regional languages, and widely disseminated and distributed.**
 - b. **Client educational and informational materials should be designed, prepared, disseminated and distributed in 5 major languages, but only in the presence of an overarching IEC strategy for client recruitment.**
 - c. **Each district that intends to train and deploy nurse aides in family planning should be assisted by the MTT to prepare a training strategy, goal, objectives and training plans. Training venues and practica should be considered as part of the strategy. A district-level core training team should be**

6.5

developed and prepared to undertake the 9 major training jobs as identified by the Ministry of Health. The MOH should supply the districts with the nurse aides training curriculum, training materials, training or trainer kits, and other training necessities. The current MIT could assist the districts to develop training capability and capacity, as part of this effort of decentralization.

d. Training financing should be sought from donors.

3. There is a suggestion among the study findings that there are certain job performance problems among nurse aides related to client recruitment: performance scores were lower on the two client recruitment jobs. In order to find out why this problem exists, it is recommended that:

An OR study should be designed and executed to discover whether recruitment is under-emphasized in training and thus affecting performance, or whether recruitment as a process is a more general problem among all health personnel. No matter what the results are, trainers and training should be adjusted accordingly.

4. The strong and inseparable linkages between and among service and training guides, training, and service delivery come through very clearly in the study. Therefore it is recommended that:
- a. All Guidelines and Guides be reviewed/revised/updated at least once a year, based on training and service experiences, recommendations from the field, new knowledge and technology, and new directions in MOH policies and plans.
 - b. District training teams be made up of perspectives in service management, service delivery and training in order to strengthen the training and service linkage, which will help to improve and extend applications of the Guides and Guidelines.

6/8

Program for International Training in Health

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December 7, 1993

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Ms. Lucy Mize
Project Manager
R&D/POP/CMT
Room 811, SA-18
Agency for International Development
Washington, DC 20523-1819

Re: DPE-3031-Z-00-9024

Dear Lucy:

Enclosed is one complete copy of INTRAH trip report B-#404-1 and 2.

Country: Uganda

Dates: October 31 - November 4, 1993

Traveller(s): Ms. Lynn Knauff, INTRAH Deputy Director

Miss Pauline Muhuhu, INTRAH Regional Director for
Anglophone Africa

Ms. Fatou Yumkella, INTRAH Consultant

Purpose of Trip: To debrief on and disseminate and discuss the
findings of the Uganda Nurse Aides Study.

Please let us know if you need additional copies of this report or
portions thereof.

Sincerely,



Vickie Hayes-McGee
Program Assistant

Enclosure

cc: Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director
Mr. Pape Gaye, INTRAH/Lomé Miss Pauline Muhuhu, INTRAH/Nairobi
Mr. Jay Anderson, USAID/Uganda Mr. Ray Kirkland, REDSO/ESA
Mrs. Hope Sukin, AFR/ARTS/HHR AID Acquisitions

