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Women and Infant Nutrition Field Support Project (WINS)

WINS Project Consultant's Visit to Uganda

**Assessment of Training Needs and
Curriculum Materials Related to
Nutrition**

May 11 to 25, 1993

SUBMITTED BY:

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I. COMPOSITION OF THE ASSESSMENT TEAM

The assessment team comprised:

Ms. Ursula Wangwe, Nutrition Officer, Ministry of Health, Nutrition Division
Mrs. Christine Orone-Kanya, Training Officer, Ministry of Health, Nutrition Division
Mrs. Christine Aporu-Okol, Shimoni Primary Teachers' College, Kampala
Ms. Imelda Zimbe, Nutritionist, Institute of Public Health, Makerere University, Kampala
Mrs. Esta de Fossard - Consultant in Communication and Training, U.S.A.

II. THE TASK

- to assess the training needs of multisectoral teams, including primary school teachers at the district, subcounty and parish levels in the two pilot districts-- Iganga and Rukungiri;
- to review the health/nutrition education curricula and related instructional materials used for in-service training of the district teams, including primary school teachers;
- to propose strategies for enhancing the effectiveness of existing training courses and curricula as they relate to maternal and child nutrition in Uganda.

III. THE APPROACH

The task set for the team was extensive, especially considering the limited period of time. There was a large quantity of curricula material to be assessed and examined, and many different types and levels of training. Those who should undergo health education training (including training in nutrition), and for whom curriculum materials are being, or have been designed are:

- all members of each District Health Team
- co-opted practitioners from other government departments
- hospital health educators
- NGO representatives
- Health Education teachers at college level
- Primary School science and health teachers
- Traditional Birth Attendants (TBAs)
- Community Health Workers
- Community members

It was decided that it would be virtually impossible, and perhaps not very fruitful to do a detailed review of all course outlines, and all curricula materials. Rather, the team decided to

begin by researching the current knowledge, attitudes and practices of "teachers" at all levels, and community members. This would provide a basis of what is currently working and not working in nutrition education, and from this knowledge a more beneficial review of curricula materials and training needs could be accomplished. With this in mind, the team divided their work into three stages:

A. Stage 1: Preparation (Wednesday, May 11 through Friday, May 13)

This period would be devoted to the following tasks:

1. A review of the purpose and objectives of the Maternal and Child Nutrition Program in Uganda, in order to establish a standard against which to measure the effectiveness of the existing training and curricula.
2. An examination of possible factors--other than training and curricula--that might negatively affect the adoption of appropriate nutritional behavior for women and infants in Uganda.
3. The design of questionnaires to be used with the various levels of intervention in the districts.

B. Stage 2: Research (May 25 through May 22)

The team planned to visit Iganga District from Sunday, May 15 to Wednesday, May 18, and Rukungiri District from Thursday, May 19 to Sunday, May 22 to carry out research with administrators, RCs, TBAs, operational level personnel, teachers, teacher training colleges, primary school pupils, and community members.

C. Stage 3: Findings and Recommendations (May 23 through May 25)

Monday, May 23 through Wednesday, May 25 was set aside for reviewing the findings and making recommendations in accordance with the terms of the scope of work.

IV. IMPLEMENTATION OF THE SCOPE OF WORK

All the planned activities were carried out successfully in the following manner:

A. **Stage 1--Preparation Activities**

In reviewing the purpose and objectives of the Maternal and Child Nutrition Program in Uganda, the team listed the following criteria as fundamental to an examination of the degree to which Ugandan families are practicing appropriate standards of maternal and infant nutrition:

People will know:

- that families must be given the right food if they are to stay healthy in body and mind;
- that pregnant women, lactating mothers and growing children have special food needs which every family member should know about and help to maintain;
- that "nutrition" means knowing about the right foods to eat, and the amounts to eat to maintain a healthy body and a healthy mind;
- the foods (available in their own district), combinations, and amounts that comprise the basic diet for maintaining a healthy body and a healthy mind in every member of the family, at all ages;
- correct methods of food preparation and preservation, including how to build and use a charcoal cooler and a heat insulator or wonder box;
- that knowledge of eating right is just as important for boys as it is for girls;
- that parents must check their baby's growth by having him or her weighed each month from birth to three years;
- to seek nutritional advice from health workers;
- to find out from school-age children what they have been taught about nutrition at school, and encourage all members of the family to put these lessons into practice.

The attitude of all Ugandans towards nutrition will be:

- a positive realization of the importance of eating right as the basis of maintaining a healthy mind and a healthy body;
- a determination to ensure that the children of Uganda are correctly fed from the time they are conceived, through appropriate feeding of pregnant and lactating women, and growing children;
- a sense of pride in having a family that is "eating right" similar to the pride they currently experience in seeing the family well-dressed;

The practice that will be seen in all Ugandan families will correctly reflect the knowledge and attitude they have acquired. They will be seen to be carrying out the following practices:

- serving more than one food with each meal;

- growing or buying foods--for family use--that promote health;
- preparing and combining appropriate foods and serving them at the right intervals for children of various ages;
- preserving warm and cold foods correctly;
- having their children weighed each month from birth until three years of age;
- controlling family size and spacing;
- knowing the best methods of preparing food to maintain nutritional effectiveness;
- seeking nutritional advice from health workers, and from knowledge acquired by school-age children;
- feeding sick children and adults appropriately;

Factors affecting nutritional behavior

The team put forward the following list of possible factors--other than training and curricula--that might negatively affect the adoption of appropriate nutritional behavior for women and infants in Uganda:

- lack of trainers' perception of nutritional skills as important health-related issues, particularly when considered against such things as AIDS, diarrhoea, immunization;
- lack of health workers' time to teach nutritional skills, because of demand from community to teach about problems that are perceived as more important;
- lack of demand from community to be taught nutritional skills;
- community perception that nutrition is not as important as other health issues, in part because of the observation that when a patient is sick, the doctor or nurse will administer "something"--a shot, a pill, etc. In the case of nutrition, no medicine is given, so it is not seen as so important;
- mis-placement of nutrition as a "health problem" because it is not treated in the same way that other health problems are. Possibly it should be seen as a community-related problem, to be addressed by the community as a whole, rather than by health-related practitioners alone;

- lack of strong motivation to do anything about nutrition. The motivation to deal with such things as AIDS, diarrhoea and communicable diseases is much stronger because a) the negative effects are very clear; b) treatment is administered.

B. Stage 2: Research Field Visits

In order to determine a) the current knowledge, attitude and practices of the community and b) the efficacy of current nutrition training and curricula, the team visited the two districts of Iganga and Rukungiri and spoke with community members and all levels of trainers. Questionnaires were designed to be used with the various groups to be interviewed. The following groups were selected for interviewing:

Group A: Administrative level

District Health Team:

District Medical Officer
Medical Officer
District Health Visitors
District Health Inspector
District Health Educator
Nursing Officer
CBHC Coordinator

District Education Officer
District Inspector of Schools
District Executive Secretary for Women and Children
Community Development Officer
Chairman, District Health Committee (did not meet)
District Agricultural Officer
District Executive Secretary

Group B: Operational Level

Medical Assistants
Assistant Health Visitors
District Health Inspector
Inspectors
Health Assistants
Orderlies
Nursing Aides
Traditional Birth Attendants
Health Educators
Assistant Health Educators

Family Planning Counselors
CBHC Committee
Community Health Workers (CHWs)

Group C: Community Members

Women--various ages
Men--various ages
Resistance Council (R.C. 1) representatives

Group D: Science and Health Teachers

Head Teachers
Principals
Primary School Teachers
College Tutors

Group E: Students

School pupils
College students

Questionnaires were designed, each group having a separate questionnaire. (Appendix A). Groups A, B, D, and E were asked to provide written answers to the questionnaire. Group C was invited to respond to the questions orally in focus groups.

On returning from the field, the team collated the answers to the questionnaires--a total of 40 pages of information which is not appended to this report because of its bulk. It is on file in the WINS office in Uganda.

C. Stage 3: Findings and Recommendations

With the results of the questionnaires, discussions and observations from the field trips collated, the team listed the following findings:

Group A: Administrators

- those who are not in the health or agriculture sector or working directly with the community have had no training in nutrition;
- others have had some training, but insufficient. Much of it is informal and it is not uniform;

- there is lack of understanding of the relationship between nutrition and the particular areas of work of the various administrators;
- there is general lack of understanding of the concept "nutrition", and difficulty in translating it to the vernacular languages;
- district personnel are giving no nutrition training to the next level operators.

Group B: Operational Level

- do not perceive giving nutrition advice as an important part of their job;
- community does not often ask them for advice about nutrition;
- the nutrition talks they give tend to be formal and not related to the reality of the community;
- they lack recent training in nutrition;
- they perceive the community as not motivated to learn about nutrition;
- they are not using and did not ask for materials about nutrition;
- they are not able to define "nutrition", or translate it easily or appropriately into vernacular languages.

Group C: Community Members

- do not perceive nutrition as a problem in the community;
- are not receiving information on nutrition from local extension workers;
- a typical diet under normal circumstances consists of matoke/sweet potatoes, eaten with beans or greens;
- maize and other food crops grown are usually sold, leaving the family short of food;
- meals do not comprise a "balanced diet";
- there is no difference between what adults eat and what they feed their children;
- adults are not receiving nutrition information from their school-going children;

- women are more likely than men to see "eating right" as the most important factor in family well-being;
- lack of understanding that a balanced diet is more important than "expensive foods" (this suggests that extension workers are giving "text book" information and not discussing local food options);
- men do not appreciate the importance of nutrition for all family members and at different stages of growth;

Traditional Birth Attendants and Community Health Workers (TBAs and CHWs)

- do not perceive giving nutrition advice as part of their job;
- community does not seek nutrition advice from them;
- lack understanding of the full range of advantages of good nutrition;
- recognize improvements in the health of the community, but do not specifically mention nutrition as one of them;
- attribute the improvements to their teaching;
- lack both formal and informal training in nutrition, but would like to have training in this area;
- have great difficulty explaining, defining, and translating the concept of "nutrition";

Group D: Science and Health Teachers and Primary School Teachers

- do not identify "nutrition" as an important part of the health curriculum;
- perceive that students find "nutrition" both interesting and useful;
- are not giving practical education in nutrition, perhaps because of a lack of suitable equipment (as was suggested by some in discussion after they had completed the questionnaires);
- text books present nutrition information in a formal manner, and do not include motivation, practical exercises, or participatory methods;
- have great difficulty explaining, defining, and translating the concept of "nutrition"

- appear to be not trained to make use of available local products in teaching "nutrition";

Group E: Science and Health Teachers, Teachers College Tutors and Students

- perceive "nutrition" as a community problem;
- perceive that students state "nutrition" to be the "most interesting" and "most useful" topic on their health education syllabus;
- perceive that students are not sharing nutrition information at home;
- appear to have had some training in the practical side of nutrition teaching (the questionnaire did not establish when they had this training);
- are interested in obtaining "nutrition" teaching materials;
- have great difficulty in explaining, defining, and translating the concept of "nutrition";

Group F: Primary School Pupils

- do not identify "nutrition" as a community problem;
- have been taught "nutrition" in their health education classes;
- do not state it as a priority in their listing of "most interesting" health education topics, but do state it as one of their "most useful" topics;
- say they do share food (nutrition) information at home;
- lack practical instruction in "nutrition";
- have been instructed (especially P7) in the meaning of "balanced diet" (including scientific explanation).

V. OVERALL SUMMATION

A. Review of the Findings

A review of these findings shows that at all levels:

- there is a lack of clear understanding of the meaning of "nutrition" as it applies

- at the community level, rather than in its scientific meaning;
- there is no standard approved way of explaining "nutrition" and its importance at the community level;
- there is no standard translation of the word "nutrition" in vernacular languages; indeed it cannot be literally translated in one word in Ugandan vernacular languages;
- no motivation is offered to community members for the learning and practicing of good nutritional habits;
- too little attention is paid to the use of locally available products in a balanced diet, and to the options that could be used when recommended foods are not available for seasonal, economic, or other reasons;
- teaching tends to be formal and didactic rather than participatory;
- too little practical "hands-on" teaching is provided.
- appropriate nutritional behaviors are unlikely to occur until these problems are resolved.

B. Determination of Changes Needed in Training and Curricula

Based on the findings from the field trips and the review of existing curricula materials and training syllabi, the team drew up a list of changes that should be made in ALL curricula materials, together with changes that are needed at the community level and at the educational institution level.

In order to determine these changes, it was necessary first to decide exactly WHO comprises the community to be addressed, and to make some amendments to earlier determinations about WHAT every community member should know and do in order to practice "good nutrition."

C. Audience

The information on nutrition needs to be understood and practiced by all Ugandans--both rural and urban. Our audience, therefore, is comprised of women and children and men (who traditionally have been exempted from understanding the importance of nutrition). It was decided that the stress on the message should be somewhat different for each of these groups at the rural level:

Men--need a clear motivation.

- Women--need clear motivation and useable (rather than scientific) facts.
- School age Children--need clear motivation, useable facts, and scientific explanation.

D. What They Should Know and Do

It was agreed that the following knowledge and behaviors were vital to effecting an improved nutritional status in Uganda's women and children:

1. eat a mixture of different health-giving foods;
2. know the three food groups and the foods in each group that are available locally;
3. know and practice correct methods of feeding during illness;
4. recognize early signs of malnutrition and know how to combat them;
5. know and practice correct ways of preparing different types of food for different ages;
6. use labour saving and fuel saving devices for food preparation;
7. know and use correct storage and preservation methods for foods that are locally available;
8. relate feeding to growth*;
9. grow and keep enough food for family, rather than selling it all for profit;
10. know what to substitute when certain foods are not available;
11. understand that a child who is correctly fed and is gaining weight is less likely to become ill*;
12. understand that a child who is correctly fed takes less time to recover from illness, and costs less in drugs and time*;
13. understand that an adult who is correctly fed can be more productive and therefore earn more money*;
14. understand that a correctly fed adult is more able to resist disease*;

Those marked * were considered to be essential for **motivating** a change in nutritional behavior, and were found to be absent from all curricula and training materials used to date.

E. Language Used

Based on the findings about the inappropriateness of much of the language used in typical nutrition teaching at the community level, the following points were agreed upon:

- the word "nutrition" should be avoided at the community level, and intervention should concentrate instead on teaching people to **"know how to find, prepare and eat food that is good for you and your family"**;
- it is not necessary to give scientific explanations of nutrients at the community level. Rather than dealing with "vitamins, carbohydrates, and proteins," it is more appropriate to instill in people a knowledge of the correct mix of actual foods that are locally available. Explanations of how food affects the body, and how the various nutrients--proteins, vitamins, etc. work should be maintained in curricula and training materials designed for institutions of learning: teacher's colleges, nursing schools, primary school upper levels--5.6.7;

F. Reaching the Audience

In considering the best ways to reach the various groups in the community audience, it was determined that the following methods are likely to be most appropriate with each group:

Men--Posters around in meeting and drinking places; musical groups; informal and strongly motivational messages.

Women--Current methods of delivery should be maintained, but added to these should be women's clubs and churches, practical demonstrations; recipes, food tastings, RC meetings.

Children--Current methods through schools should be maintained but on a more practical and participatory level. Parents must also be encouraged to motivate their children to good nutrition habits.

G. Motivation

It became very clear during the course of these investigations that no real **motivation** is being offered to people to adopt good nutritional habits. In other areas of health, people can clearly determine for themselves whether they feel well or sick; clear changes are perceivable when treatment, medicine or immunization is given. For the vast majority of people there is no immediate perceptible change as a result of altered eating habits. This is not unique to Uganda; it is universally recognized that persuading people to employ good nutritional habits is not easy. Indeed, many people spend a great deal, if not all of their lives, living and operating quite successfully on a less than perfect diet. In situations like that which exist in Uganda, however,

where nutrition--particularly for women and children--in many areas tends to be sub-standard, it is vitally important to find a meaningful way to persuade people that good nutrition can lead to an improved life.

It has been found, both in this assessment, and in work by many other organizations in Uganda, that "stunting" is not considered a serious problem by the community. People are apt to excuse it with the explanation that "height is genetic, and different people are meant to be smaller than others." Stunting does not present any clear serious disadvantages to the individual, and does not, therefore, provide a motivation for altering eating habits. It is only when malnutrition reaches its advanced and perceivable stages that it is seen as a "disease" or a threat to life.

It is clear, therefore, that widespread changes in nutritional behavior can be expected only when people have a clear and personally relevant motive for changing their behavior.

In considering the relationship of "nutrition" to "a good life", the team found it to be the very foundation stone of the building blocks of a good life.

H. Building Blocks of a Good Life

- Eat right
- Keep healthy (recreation, rest, exercise, hygiene, clean water)
- Work for an income (training and materials)
- Have a good and appropriate education to the full extent of your ability
- Have adequate shelter
- Have self respect and respect for others
- (Some people may also consider family size as an important building block).

Based on the realization that nutrition affects every one of these blocks, the team devised the following motivational statement and believes that it should be widely used throughout the nation to encourage better nutrition:

A correctly fed family can be progressive because they can resist disease, be more productive, and have more money.

I. Curriculum Content

It was agreed that, in the interests of disseminating a clear, standardized, and workable understanding of "nutrition" at all levels, every curriculum should contain:

1. **The same definition of nutrition as "knowing how to find, prepare and eat food that is good for you and your family."**

In cases of dealing directly with the community, it will be usually unnecessary to use the word "nutrition" at all.

2. **The same motivation: "A correctly fed family can be progressive because they can resist disease, be more productive, and have more money."**

3. **Usable facts which will cover the following topics:**

- A correctly fed family eats a staple with a properly prepared relish in sufficient amounts at each meal. At least twice a week they also eat fruit and green vegetables.
- A list of staples, relishes, fruits and green vegetables, and options.
- Correct methods of preparation for various types of food for different age groups, and for sick people.
- Emphasis on the use of oil-rich seeds with green vegetables.
- The need for the use of iodized salt.
- Young children can eat cold left-over food that has been properly protected as long as it is served with relish.
- Options if there is no relish.
- Additional foods that should be added to the diet if possible.
- Methods of protecting food, including left-over food.
- Breast feeding.
- Growing food and saving enough for family throughout the year.
- Making the best use of foods in season.
- Feeding sick and recovering people.
- Appropriate foods for pregnant and lactating mothers.
- Growth monitoring.

4. Methods of involving learners in **participatory and practical learning**.
5. Simple, practical recipes that can be used by community members. Curricula designed for institutions of learning should also include:
6. the **scientific explanation** of nutrition and nutrients.

It is seen as vitally important that all this information be available in standardized accurate translation in the various vernacular languages--at least at the operational level.

J. Other Institutions with which MOH Nutrition Division Should Work

In the understanding that good nutrition is the fundamental building block of a progressive life, it is important that the WINS project provide approved standardized messages to, and work in close co-operation with the following organizations:

Ministry of Health:

- Health Education
- Control of Diarrhoeal Diseases (CDD)
- Uganda National Expanded Program of Immunization (UNEPI)
- Uganda Community Based Health Care Association (UCBHCA)
- Maternal and Child Health/Family Planning (MCHFP)
- Training Division
- Health Manpower Development Centre (HMDC)

Ministry of Education:

- School Health Education Project (SHEP)
- Primary Teachers Colleges
- Primary Schools
- Secondary Schools
- Inspectorate
- Tertiary Institutions

Ministry of Agriculture & Animal Industry:

- Home Economics Section
- Extension services
- Uganda National Food and Nutrition Council
- Ministry of Information and Broadcasting

Ministry of Commerce:

Bureau of Standards

Ministry of Labour and Social Services:

National Council for Children
Ministry of Women in Development
Ministry of Lands, Water, and Mineral Resources
Ministry of Local Government
Ministry of Internal Affairs
Makerere University
Faculty of Agriculture, Food Science & Technology Department
Faculty of Veterinary Medicine
Faculty of Education

Faculty of Medicine:

Child Health Development Centre
Institute of Public Health

Non Government Organizations (NGOs):

UNICEF; Red Cross; AMREF; Save the Children Fund;
Religious organizations; etc. Also local NGOs.

VI. SUMMATIVE RECOMMENDATIONS

As a result of the extensive work undertaken by the team in the two week assignment, the following recommendations are made:

A. Health-related materials and activities

1. There is no apparent need for the large number of curricula currently being used by various institutions, ministries and departments. There is need only for two curricula: one for educational institutions; the other for the operational and community level. The WINS team should prepare the content of each of these, and make them available to the relevant people.
2. A meeting should be set up as soon as possible with representatives of all organizations named above who should be working cooperatively in the dissemination of nutrition information. The purpose of this meeting would be to share with these groups the new approach to disseminating nutrition information,

putting the emphasis on motivation, appropriate language, participatory training styles, and the use of locally available foods and their options.

3. Motivational materials should be developed in the form of:
 - a) "The Well Fed Family Recipe Book", which will be an updated version of the existing recipe book (Good Food Recipes in Child Nutrition, produced by Mwanamugimu Nutrition Services, Ministry of Health and the Department of Home Economics, Ministry of Agriculture and Forestry, 1987). The revised version will reflect the new approaches to nutrition education outlined in this report.
 - b) A "Well Fed Family" poster, depicting a happy well-fed family, a recommended meal, and the Motivational Statement. Both of these should be made available in appropriate numbers in the various vernacular languages.
 - c) The standard Motivational Statement and the standard Nutrition Definition should be translated accurately into each vernacular language. The accuracy of these translations should be checked through back-translation to ensure that the message is as standardized as possible, even in different languages.
 - d) All training courses should follow the recommendations in this report so that participants learn the importance of the key points: motivation; local application; appropriate definition and explanation of the concept of "nutrition", local foods and options, participatory and practical dissemination methods.
 - e) In order to encourage extension workers, TBAs and others at the operational level to be more diligent and accurate in giving nutrition training, they should be provided with copies of the Well Fed Family poster, and the Well Fed Family Recipe book in the vernacular language appropriate to their area.
 - f) A one-day training course for those on the Administrative Level should be arranged in which the new motivational and practical approach to nutrition training can be demonstrated to them. A copy of the Well Fed Family poster should be made available for the office of each administrator.

B. Primary School Activities

1. Teachers should be encouraged to explain and stress the motivational importance of good nutrition.
2. Teachers should encourage children to share "nutrition" information at home. This might best be accomplished by the use of a work book similar to the one used in Swaziland to transfer the immunization message from school children to

their parents. (A copy of this book, together with the report on its use and success is on file at the WINS office in Uganda). It is recommended that such a book be produced and tried out as a pilot in a selected number of schools in the Iganga and Rukungiri districts. Part of the testing of the book would determine whether it alone can compensate for the deficiency of the existing text books, or whether it would be necessary to produce new Primary School nutrition text books.

3. Teachers should use practical demonstration methods for teaching both boys and girls sound nutrition habits. Local inexpensive foods should be used in these demonstrations, as is already being done by some teachers who invite students to bring small amounts of foodstuffs for the practical lessons.
4. Schools should work towards providing kitchens or cooking arrangements as a permanent part of their equipment, in order to provide practical lessons using appropriate technology for teaching nutrition. It is recommended that SHEP take this into serious consideration as an area to which they could contribute.
5. Nutrition text books for primary schools should be updated to make them more interesting, appropriate and useable to Ugandan primary school children.
6. A copy of the Well Fed Family poster should be made available to each school in the Iganga and Rukungiri districts. Teachers should be given copies of the Well Fed Family Recipe book.
7. Boys should be encouraged to take "Food and Nutrition" as well as girls.
8. The current move by the Ministry of Education to offer "Nutrition" as a subject separate from "Science and Health Education" should be put into practice so that girls and boys will have a better opportunity to understand how nutrition is the fundamental building block of everything they undertake in life.
9. Teachers should relate "nutrition" to other subjects in the curriculum, such as Social Studies.
10. As well as working in the classroom, teachers should work directly with the community and with extension workers in the teaching of nutrition information.

VI. FOLLOW-UP ACTIVITIES

If this report with its suggested recommendations is accepted, certain follow-up activities would be generated, and the question of financial assistance for them should be considered. These activities are:

- A. Writing and printing the two new standard curricula;
- B. Design, production, printing, pre-testing, and distribution of the "Well Fed Family" poster. It is suggested that the Motivational Statement be written in several languages on the poster to avoid multiple print runs.
- C. Rewriting, editing, translating, printing and distributing the Well Fed Family recipe book. The books should be available in several vernacular languages.
- D. Design, production, printing, distribution and pilot-testing of the Primary School activity book (in English only).
- E. The preparation and presentation of two training workshops (one in Iganga, one in Rukungiri) for administrators.
- F. The organization and preparation of a meeting with all cooperating agencies at which the new approach to nutrition education can be shared. It would be advantageous for the poster and the recipe book to be available prior to this meeting and the administrator training workshops.

Time, cost, and personnel estimates for these follow-up activities can be provided as required.

The Assessment Team would like to thank all those who have given their assistance to the carrying out of this assessment task.

QUESTIONNAIRES

1998

QUESTIONNAIRES

In all questionnaires--except C--space was left after each question, where respondents could record their answers. These spaces have been omitted for the purposes of this report.

QUESTIONNAIRE A: ADMINISTRATOR LEVEL

1. Where did you receive your health education training?
When:
2. What health education courses have you taken in the past twelve months?
3. What, in particular, interested you in any one of these courses?
4. In what area(s) of health education would you like to have further training?
5. Do you hand out printed information as part of your job?
Yes.... No....
To whom?
On what subject(s)
6. Write down, in order of importance, the subjects you teach under Health Education:
7. What is your concept of nutrition?
8. Have you organized any training sessions on nutrition for your staff during the past year?
Yes.... No.... How many?.....
For which staff members?

QUESTIONNAIRE B: OPERATIONAL LEVEL

1. Describe your duties during the course of a typical week:

2. Health Workers:

List the topics of the health education talks you have given in the last month, and the length of time of each talk:

Teachers:

List the health education topics you have taught during the last year, and state how much time you spent on each topic.

3. With what problems do community members most often request help from you:

4. Do you hand out printed information as part of your job?

Yes.... No.... To whom?

4a. About what subject(s)?

5. What changes have you noticed in community health practices in the last year?

To what do you attribute these changes?

6. What do you normally talk about in your sessions on "nutrition"?

7. Do you have materials available for health education?

Yes.... No....

What would you like to see added to materials that you use for health education?

8. What training have you had in the last year?

8a. Was "nutrition" included in any of these training courses?

Yes.... No....

8b. Was the training in "nutrition" adequate? Yes.... No....

If "No," what would you like to see added to the course?

QUESTIONNAIRE 1: TRADITIONAL BIRTH ATTENDANT

1. How many mothers do you see in the course of a week?
2. Do you have a fixed time table for seeing your clients?
Do you have a fixed time table for them to visit you?
3. What advice do you most often give to your clients?
4. With what problems do mothers or other community members most often request help from you?
5. In this area, what foods are recommended for pregnant mothers?
6. What types of advice would you give to a mother who has just delivered? (PROBE: Breast feeding)
7. What changes have you noticed in community health practices in the last year? To what do you attribute these?
8. What do you normally talk about in your sessions on "nutrition"?
9. What training have you had in the last year?
10. Was "nutrition" included in this training? Yes.... No....

Is there any other information you would like to have on nutrition? If so, what?

QUESTIONNAIRE 2: COMMUNITY HEALTH WORKERS

1. Describe your duties during the course of a typical week:
 - 1a. How many homes do you visit in a typical week?
2. Do you have a fixed time table for seeing your clients?
Yes.... No.....
- 2b. Do you have a fixed time table for them to visit you?
Yes.... No.....
3. What advice do you most often give to the people?
4. With what problems do community members most often request help from you?
5. What changes have you noticed in community health practices in the last year?
- 5a. To what do you attribute these?
6. Do you normally talk about "nutrition" during your work?
Yes..... No.....
- 6a. If you do talk about nutrition, what do you say?
7. What training have you had in the last year?
8. Was "nutrition" included in this training? Yes... No...
Is there any other information you would like to have on nutrition? If so, what?
9. Do you hand out printed information as part of your job?
Yes.... No.... To whom?
- 9a. About what subject(s)?
10. How does the community show its appreciation of the work you do?

QUESTIONNAIRE C: COMMUNITY MEMBERS

1. What is the biggest health problem in your community?
2. What is your community trying to do about this problem?
3. How many Health Talks have you heard in the last month?
What was the subject of each of these talks?
Who gave each talk?
Where did you go to hear the talk(s)?
4. What does your family most often eat?
What do young children in your family most often eat?
5. How do most people in your community earn their family income?
6. Do you ever get information on health related issues from your school-aged children?
Please tell me about anything you have received in this way recently.
7. Which of the following things do you think is most important for family health?
 - preventing malaria
 - eating right
 - immunization
 - preventing diarrhoea
8. What does "eating right" mean to you?
9. What advice would you give to a young mother and father about how to help their family eat right?
10. Whose responsibility is it to see that the family eats right?
Why do you think that?

QUESTIONNAIRE D: Science and Health Teachers

1. Does the health curriculum in your school relate to the health problems of your community? Yes.... No....

If so, in what ways? If not, what is wrong with it?

2. What aspect of health education do your students find most interesting?

- most useful?
- least interesting?
- least useful?

3. How do your students use the health education they are given at school?

- 3a. How do you know what use they make of their health education?

4. What materials do you use in your health education classes?

- 4a. What would you like to see added to the materials you use for health education?

5. To what grade(s) are you currently teaching health education?

6. Do you believe nutrition education should be separate from health education in the grade(s) you teach?

Yes.... No....

Comment on your answer if you wish:

QUESTIONNAIRE E: PUPILS

1. In your science class, do you learn about health problems of your community?

Yes.... No....

If you said "Yes," please say which problems you learn about:

2. List the health education topics you have learned about from your science teacher:

3. Which topics did you find most interesting?

Which topics did you find least interesting?

Which topics did you find most useful?

Which topics did you find least useful?

4. What health information have you shared with members of your family?

5. What activities that you learned in your health education class have you had the chance to use at home?

6. What foods do you normally eat for lunch or supper?

7. What do you think "eating right" means?