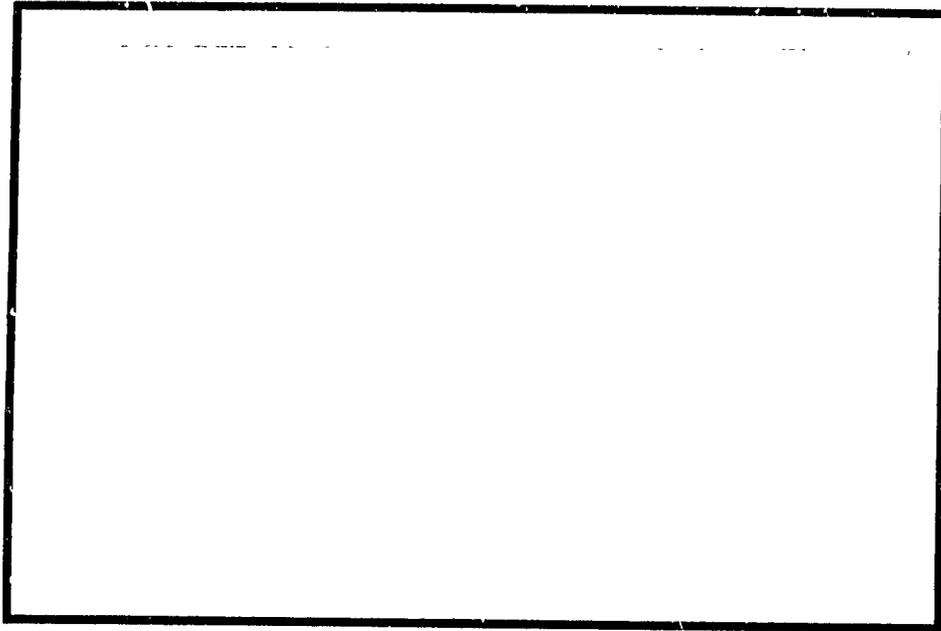


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**PRITECH**

Technologies for Primary Health Care

Management Sciences for Health  
1925 North Lynn Street  
Suite 400  
Arlington, Virginia 22209

**THE UGANDAN PUBLIC HEALTH INSPECTORATE**  
**TRAINING NEEDS STUDY**

**A Report Prepared By PRITECH/AED Consultant:**  
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**During The Period:**  
MAY 15 - JULY 18, 1991

**TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT**  
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**AUTHORIZATION:**  
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**ASSGN. NO:** SUP 191-UG

**PURPOSE OF TRIP:**

\* To assist with the design, implementation and analysis of a study to 1) identify the training needs of Ugandan health inspectors and health assistants and 2) to assess the effectiveness of CDD case management training of health inspectorate staff.

**TRAVEL AGENDA:**

\* PRITECH technical officer, Elizabeth Herman was in Uganda to assist with study design and planning from May 22 through June 1, and to assist with data analysis from July 1 through July 18. PRITECH consultant Terri McLean arrived in Uganda on May 19, served as the principle investigator in the study, and departed July 10th.

**FINAL REPORT:**

\* Details of the study design, research methodology, results and recommendations are contained in a separate formal report entitled "Final Report: Ugandan Health Inspectorate Needs Assessment/Performance Evaluation".

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## **A. Background to the Assignment**

The Health Inspectorate is that part of the Ugandan Ministry of Health charged with implementing and enforcing the Public Health Act. The responsibilities of the Health Inspectorate staff are broad and range from the inspection of restaurants and markets, to assisting communities with latrine construction and water supply protection. More recently, the Ugandan National CDD has enlisted the assistance of the Health Inspectorate staff in reaching communities and households with messages on diarrhea case management. The CDD program provides training, bicycles for local transport, ORS packets and financial reimbursement.

There are three levels of Health Inspectorate staff: Health Inspectors who receive three years of pre-service training, Health Assistants who receive two years of pre-service training, and Health Orderlies who, to date, have only received on-the-job training.

In October 1990 PRITECH sponsored a team of 2 consultants to identify the training needs of the Health Inspectorate and the steps required to meet them. This training needs assessment was viewed as a prerequisite to revising the pre-service and in-service training of Health Inspectors and Health Assistants. The team of consultants recommended "a community survey/needs assessment to establish the environmental health needs of the community, the training and support needs of the Health Inspectorate staff, as well as the Health Inspectorate department needs". The purpose of the current consultancy is to conduct the recommended community survey/needs assessment.

## **B. Clarification of the Terms of Reference**

Initial interviews with representatives of U.S.A.I.D., UNICEF, the Central Health Inspectorate Staff, and the CDD Program revealed a variety of perspectives regarding the terms of reference for the consultancy. U.S.A.I.D. has been providing funding through UNICEF to the CDD program to train and support Health Inspectors and Health Assistants in basic aspects of diarrhea case management. Therefore, there is an interest in evaluating the effectiveness of the training and the performance of Health Inspectorate staff in carrying CDD messages to the community level.

The Health Inspectorate is interested in a broad training needs assessment of all health inspectorate activities for the purposes of redefining the role of the Health Inspectorate staff and of developing relevant and effective in-service training. Many vertical programs are anxious to use health inspectorate staff as a means of reaching communities with information and services. Therefore, there is also a need to clarify the Health Inspectorate's role in the primary health care system. The CDD

program is interested in identifying additional ways to support Health Inspectorate activities related to the prevention of diarrheal diseases.

In January 1991, a community environmental health needs assessment was conducted by the Ministry of Health. This consisted of interviews with a convenience sample of 252 community members and leaders conducted at markets. Although some initial tabulations were available, the results were being analyzed at the time of the visit. It was explained that the results of this community environmental needs assessment were to be used to revise the health inspectorate pre-service training, and that the PRITECH consultants were to focus on in-service training needs.

After a series of preliminary discussions it was agreed that the current activity would consist of two components: a community survey and interviews with health inspectorate staff (specifically with District Health Inspectors, County Health Inspectors, and the Health Inspectors/Health Assistants in charge of sub-counties). The specific objectives of the two components are listed in the attached proposal and in introductions to the survey instruments (Annex 1). Both parts of the study were conducted in 4 Districts representing different parts of the country.

After the preliminary discussions, Mr. Peter Kankole, Chief Public Health Inspector, requested additional technical assistance going beyond the activities discussed above. This request stemmed from the interest of other donors to provide assistance in developing and administering in-service training for Health Orderlies. It was therefore agreed between the PRITECH team and MOH representatives that a questionnaire instrument be developed and information collected during the field research visits to assist the MOH in identifying Health Orderly in-service training needs. The data were collected by local counterparts during the field study and presented to Mr. Kankole for analysis and interpretation.

### **C. Site Visits**

Prior to the beginning of the study, the two consultants made site visits to two of the districts chosen as study sites. (Herman visited Kamuli with Mr. Willy Ongwen from the Health Inspectorate and McLean visited Masindi with Mr. Paul Luyima from the CDD program.) Mr. Paul Luyima made site visits to Kasese and Masaka district. During the site visits, members of the District Health Team were briefed on the study, potential local interviewers were identified, population information from counties and sub-counties was obtained, and logistical arrangements made.

### **D. Study Design, Pretesting and Data Entry Program**

The study design is outlined in Annex 1. The overall study and the initial drafts of both questionnaires were developed by the

two consultants and counterparts from the Health Inspectorate (Mr. Willy Ongwen) and the CDD program (Mr. Paul Luyima) with review and feedback from Mr. Peter Kankole and Dr. Musonge. See Annex 2 for Community, Health Inspectorate, and Health Orderly questionnaires.

The draft questionnaires were reviewed and pilot tested near Kampala by the field supervisors. Corrections and recommendations based on review and field testing were incorporated into the final draft. The questionnaires were pre-coded and results were analyzed using the EpiInfo program. All data entries were checked by a second person.

#### **E. Community Survey/Needs Assessment**

Five supervisors (including one of the consultants) served as trainers and monitors of the field research and two local counterparts provided logistical backup to the supervisors and interviewers. Ten interviewers per district were recruited by the District Medical Officer. The time required per district to conduct the survey included; 2 days for interviewer training and practice, 5 days for data collection, plus 2 days travel time to and from the sites. Surveys were completed in a total of 480 households and with 63 health inspectorate personnel in four Districts.

The Health Inspectorate staff questionnaire consisted of 32 questions and collected information concerning:

- training and support needs of the health inspectorate staff;
- staff's knowledge of basic EH/CDD principles;
- environmental health needs in the district from the perspective of the health inspectorate staff.

The household questionnaire consisted of 44 questions and examined information in relation to:

- the community's awareness of and contact with health inspectorate staff;
- community's understanding of the roles and responsibilities of the health inspectorate staff;
- effectiveness of the health inspectorate in informing the community about basic environmental health messages and principles.

A simplified clustered sampling method was utilized to select districts, counties, sub-counties, parishes (rural communities) and households. The method was based on that of the World Health Organization Expanded Program of Immunization. See final report for survey site selection methodology.

## **F. Presentation of Results and Recommendations for Follow-up**

Preliminary results were presented to and discussed with the CDD program manager, the chief health inspector and counterparts from the CDD program and the health inspectorate staff. A formal presentation was subsequently made to representatives of U.S.A.I.D., UNICEF, AMREF, and representatives of other Ugandan ministries. The executive summary of the final report (Annex 4) summarizes the presentation. The complete report of the study is pending and will be distributed separately.

As a result of the debriefing and of subsequent discussions, it is recommended that the study be followed-up by a workshop before the end of 1991. The purpose of the workshop would be to review the findings of both this study (Ugandan Health Inspectorate Training Needs Study) and of the community needs assessment conducted by the Health Inspectorate in January 1991, to discuss the implications of both studies in greater detail, and to begin to formulate priorities and performance standards for Health Inspectorate Staff.

## ANNEX 1

### PROPOSAL TO CONDUCT A TRAINING NEEDS ASSESSMENT AND PERFORMANCE ANALYSIS OF THE UGANDAN HEALTH INSPECTORATE STAFF

**PROPOSAL TO CONDUCT A TRAINING NEEDS ASSESSMENT  
AND PERFORMANCE ANALYSIS  
OF THE UGANDAN HEALTH INSPECTORATE STAFF**

**A. BACKGROUND:**

This proposal follows-up on the recommendations contained in the draft document entitled "Joint Report of a Consultancy on the Training Needs of the Health Inspectorate and Identification of Steps Required to Meet Them." That document was the product of a previous PRITECH consultancy conducted in Uganda in October 1990.

The report recommends strengthening the Ugandan Health Inspectorate to carry out its mandate "as a key implementation arm of most components of primary health care." Specific recommendations to achieve this objective are divided into those actions that can be taken by the Ministry of Health/Health Inspectorate and those requiring external inputs. The recommended short term steps requiring external support are:

- 1) A community survey/needs assessment to establish the environmental health needs of the community, the training and support needs of the Health Inspectorate staff, as well as the Health Inspectorate department needs;
- 2) Health Inspectorate program review and planning;
- 3) Design of in-service training curricula and plans;
- 4) Design of pre-service training of the health inspectors and health assistants;
- 5) Design of pre-service training of environmental health officers;
- 6) Development of training/reference manuals;
- 7) To establish information systems within the health inspectorate.

The purpose of the proposed study is to assist with completion of the first step, the community survey/needs assessment.

To date, in-service training for the Health Inspectorate on diarrhea case management and on personal hygiene measures for the prevention of diarrheal illnesses has been implemented by the Ugandan Diarrheal Disease Control Program. As part of a program review of national CDD activities, and in order to provide feedback that can be used in the design of additional in-service training for the health inspectorate, the proposed study will also analyze the performance of the Health Inspectors/Health Assistants who have received this in-service training.

## **B. OBJECTIVES:**

The objectives of the proposed study are:

1. To assess the training and support needs of the health inspectorate staff. These needs will be determined by:
  - a) Asking the District and County Health Inspectors (DHIs and CHIs), Health Inspectors (HIs) and Health Assistants (HAs) to identify their areas of strength and the topics in which they are in greatest need of additional training.
  - b) Determining how DHIs, CHIs, HIs and HAs allocate their time by reviewing their work schedules and asking what tasks require the major part of their time.
  - c) Identifying the most pressing environmental health (EH) needs in the district from the perspective of the health inspectorate staff.
  - d) Reviewing the health inspectorate staff's knowledge of basic EH/CDD principles.
2. To identify patterns of and problems with planning, supervision and management among the health inspectorate staff.
3. To determine the pattern and frequency of contact between the community and health inspectorate staff.
4. To determine the community's awareness of and contact with health inspectorate staff.
5. To determine the community's understanding of the roles and responsibilities of the health inspectorate staff.

6. To assess the effectiveness of the health inspectorate in informing the community about basic environmental health messages and principles, particularly those related to:

- latrines,
- water protection,
- personal hygiene,
- solid waste, and
- diarrheal disease case management.

## C. METHODS:

The methodology was developed in coordination with the Central Health Inspectorate staff and the CDD Program. The questionnaires were reviewed and pilot tested by the survey supervisors.

1. Study Design The study will consist of two parts conducted simultaneously in the same districts:
  - a. A household survey to determine the pattern and frequency of contact between the community and health inspectorate staff, the community's understanding of the roles and responsibilities of the health inspectorate staff, and the community's knowledge about basic environmental health messages and principles;
  - b. Interviews with health inspectorate staff to assess training, supervision and support needs.
2. Study Sites and Sampling Procedure

In selecting the study sites, the northern districts were eliminated from consideration because of security concerns. The remaining districts were grouped into Eastern, Central, Western, and Southwestern regions, and one was randomly selected from each region. The four districts chosen are Kamuli, Masaka, Kasese, and Masindi.

One county will be randomly selected for study in each district. Twelve Health Assistants (representing 12 subcounties) will be interviewed per district. Household interviews will be conducted in four randomly selected parishes (30 households per parish). If the populations of the counties, subcounties and parishes are available, the selections will be done with a probability proportionate to size. Households in each parish will be selected following the WHO cluster sampling protocol.

Nine to ten days will be allotted to training and interviewing in each district according to the following tentative schedule:

Thursday: Principal Investigator, 2 supervisors, administrative assistant (from the CDD program or the Health Inspectorate) and 2 drivers arrive at the study site and meet with the 10 local interviewers

Friday - Saturday:  
Training of local interviewers

Sunday: Principal investigator interviews the District Health Inspector and 2 County Health Inspectors. Rest day for the remainder of the team.

Monday: The entire team travels to the subcounty that is the site of the household interviews. The principal investigator (PI) interviews the Health Assistant (HA) of the subcounty, then proceeds with one driver to interview 2 HA's in other subcounties. The two supervisors and the 10 interviewers conduct the household interviews. After completing the interview with 3 HA's, the PI and the driver return to pick up the other team members.

Tuesday through Thursday:  
Repeat of schedule for Friday.

Friday: Complete unfinished work. Return to Kampala

Two districts will be studied simultaneously using 2 complete teams. This schedule and sampling scheme implies the following total sample size:

4 District Health Inspectors  
8 County Health Inspectors  
48 Health Assistants  
480 Households

### 3. Survey Personnel Requirements

- a. The CDD Program Manager and the Chief Health Inspector will provide technical guidance, review of study procedures and protocols and logistical support.
- b. Two principal investigators will plan the survey, train the supervisors and the local interviewers, interview the health inspectorate staff, supervise survey activities, and coordinate the analysis, interpretation, and reporting of results.

- c. Four supervisors will assist with the training and supervision of local interviewers and with coding of questionnaires.
- d. Interviewers will complete the household interviews.

4. Data Analysis

To the extent possible, the study questionnaires will be pre-coded. There will be double entry of the data using the Epi-Info computer program.

## ANNEX 2

HEALTH INSPECTORATE STAFF,  
HEALTH ORDERLY,  
AND HOUSEHOLD QUESTIONNAIRES

## HEALTH INSPECTORATE STAFF QUESTIONNAIRE<sup>1</sup>

### OBJECTIVES

1. To assess the training and support needs of the health inspectorate staff. These needs will be determined by:
  - a) Asking the DHI, CHIS, HIS and HAs to identify their areas of strength and the topics in which they are in greatest need of additional training.
  - b) Determining how DHIs, CHIs, HIs and HAs allocate their time by reviewing their work schedules and asking what tasks require the major part of their time.
  - c) Identifying the most pressing EH needs in the district from the perspective of the health inspectorate staff.
  - d) Reviewing the health inspectorate staff's knowledge of basic EH/CDD principles.
2. To identify patterns of and problems with planning, supervision and management among the health inspectorate staff.
3. To determine the pattern and frequency of contact between the community and health inspectorate staff.

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<sup>1</sup>(For interviews with District Health Inspectors, County Health Inspectors, Health Inspectors and Health Assistants)

**HEALTH INSPECTORATE QUESTIONNAIRE**

**FOR DISTRICT HEALTH INSPECTORS, COUNTY HEALTH INSPECTORS, HEALTH INSPECTORS,  
AND HEALTH ASSISTANTS DO SECTIONS A THROUGH D. SECTION E IS FOR DISTRICT  
HEALTH INSPECTORS AND COUNTY HEALTH INSPECTORS ONLY**

**SECTION A. GENERAL INFORMATION**

1. Interviewer's Code \_\_\_\_\_ 2. Date dd\_\_ mm\_\_ 1991
3. District (circle) 1) Kamuli 2) Masaka 3) Kasese 4) Masindi  
County \_\_\_\_\_ Subcounty \_\_\_\_\_
4. Interviewee (CIRCLE)
  - 1) District Health Inspector
  - 2) County Health Inspector
  - 3) Health Inspector
  - 4) Health Assistant
5. When did you qualify as a Health Inspector/Assistant?
  - 1) 3 years ago or less
  - 2) more than 3 years to 5 years
  - 3) more than 5 years to 10 years
  - 4) more than 10 years
6. We know that the lack of transportation, equipment, and money are major problems. What are the other obstacles and problems you face in carrying out the responsibilities of your position?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. When was the last time your supervisor visited you at your place of work?
  - 1) within the month
  - 2) more than 1 month to 3 months
  - 3) more than 3 months to 6 months
  - 4) more than 6 months
  - 5) never

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**HEALTH INSPECTORATE QUESTIONNAIRE**

**SECTION B. QUESTIONS ABOUT TRAINING NEEDS**

8. Which 3 of the following topics do you feel most knowledgeable about? (READ THE FOLLOWING LIST TO THE RESPONDENT AND CIRCLE THE APPROPRIATE ANSWERS)

- a) health education/community health
- b) food hygiene
- c) water source protection
- d) latrine construction/use/maintenance
- e) malaria control
- f) vector control
- g) personal and domestic hygiene
- h) diarrheal disease/ORS (also called CDD)
- i) solid waste
- j) don't know

9. What environmental sanitation topics are you weak in? (CHECK ALL THAT THE RESPONDENT ANSWERS)

- a) control of communicable diseases
- b) latrine hygiene
- c) disease transmission
- d) water protection
- e) personal hygiene
- f) meat inspection
- g) diarrheal disease/ORS
- h) malaria
- i) community participation/mobilization
- j) treatment of common illnesses
- k) other (specify) \_\_\_\_\_

10. What 3 activities occupy the greatest amount of your time? (ASK THE RESPONDENT TO NAME 3 ACTIVITIES, CIRCLE OR SPECIFY APPROPRIATE ANSWER)

- a) supervision
- b) monitoring the Inspectorate staff's activities
- c) presentations at community meetings
- d) report writing
- e) protection of water sources
- f) latrine construction/use/maintenance
- g) CDD (Control of Diarrheal Disease)
- h) other (specify) \_\_\_\_\_
- i) home visits

**HEALTH INSPECTORATE QUESTIONNAIRE**

11. Besides the activities mentioned above, what other activities do you routinely do? (CIRCLE ALL THAT THE RESPONDENT ANSWERS)

- a) talk to school students or teachers
- b) talk at community meetings
- c) inspect restaurants/markets
- d) supervise staff
- e) investigate complaints
- f) give immunizations
- g) make household visits
- h) discuss or work on latrine construction
- i) discuss or work on spring protection
- j) investigate disease outbreaks
- k) distribute ORS
- l) talk with leaders
- m) write reports
- n) program planning
- o) other (specify) \_\_\_\_\_

12. Have you attended any seminars, workshops or other in-service training in the last 3 years?

- 1) yes GO TO QUESTION 13
- 2) no GO TO QUESTION 15

13. How long ago did you attend the in-service training?

- a) less than 3 months ago
- b) more than 3 months to 6 months ago
- c) more than 6 months to 1 year ago
- d) more than 1 year to 3 years ago
- e) more than 3 years ago
- f) never

14. What topics were taught at the in-service training? CIRCLE ALL THAT THE RESPONDENT NAMES

- a) water protection
- b) supervision skills
- c) diarrheal case management (including ORS)/CDD
- d) latrine sanitation
- e) community based health care
- f) community participation/mobilization
- g) can't remember
- h) other (specify) \_\_\_\_\_

**HEALTH INSPECTORATE QUESTIONNAIRE**

15a. Do you have any health education materials to help you present information to the community?

- a) yes
- b) no

15.b If yes, what do you have \_\_\_\_\_

15.c (DISCUSSION QUESTION) IF THE RESPONDENT MENTIONS CDD PAMPHLETS) Are the CDD pamphlets useful or appropriate for educating the public?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16a. Do you have any reference books that you can refer to in doing your work.

- a) yes
- b) no

16b. If yes, list them

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C. QUESTIONS ABOUT DIARRHEA CASE MANAGEMENT**

17a. Do you have any ORS packets to distribute to families at risk?

- 1) yes
- 2) no

17b. If yes, do you have a constant supply? \_\_\_\_\_

18. How much water do you need to mix for one packet of ORS?

- 1) less than a liter
- 2) a liter
- 3) more than a liter
- 4) do not know

19a. Do you know how to mix sugar-salt solution?

- 1) yes
- 2) no

19b. If yes, how many teaspoons of sugar do you add to a liter of water?  
\_\_\_\_\_

19c. If yes, how many teaspoons of salt do you add to a liter of water?  
\_\_\_\_\_

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## HEALTH INSPECTORATE QUESTIONNAIRE

20. What are the signs of dehydration? CIRCLE ANY THAT THE RESPONDENT ANSWERS

- a) thirst
- b) change in behavior (for example, irritability or sleepiness)
- c) decreased urine
- d) sunken eyes
- e) dry mouth
- f) decreased or no tears
- g) sunken fontanelle
- h) vomiting
- i) skin pinch goes back slowly
- j) do not know
- k) other \_\_\_\_\_

21. Do you have a CDD handbook?

- 1) yes
- 2) no

### SECTION D. ENVIRONMENTAL SANITATION QUESTIONS

22. What can be done to increase community response to latrine construction?

- a. improve on community approach
- b. intensify health education efforts
- c. provide concrete slabs at subsidized rates
- d. communities choose the types of latrines they prefer
- e. others (specify) \_\_\_\_\_
- f. don't know

23. What can be done to protect a spring for drinking water?  
(CIRCLE ALL THAT THE RESPONDENT ANSWERS)

- a) build a fence around the spring
- b) build a system to drain water away
- c) cover the spring
- d) keep the grass cut around the spring
- e) keep animals away
- f) other (specify) \_\_\_\_\_
- g) don't know

24. What advice do you give people to educate them on how to protect drinking water from contamination in the home? (CIRCLE ALL THAT THE RESPONDENT ANSWERS)

- a) use clean containers
- b) use clean dippers
- c) cover the containers
- d) keep hands out of the containers
- e) put containers off the ground
- f) keep containers away from small children
- g) other (specify) \_\_\_\_\_
- h) don't know

HEALTH INSPECTORATE QUESTIONNAIRE

25. What advise do you give to a family to prevent worm infestation? a.

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b. don't know

THANK THE INTERVIEWEE AND ASSURE HIM/HER AGAIN THAT YOU WILL NOT SHARE HIS/HER  
INDIVIDUAL ANSWERS WITH ANYONE

**HEALTH INSPECTORATE QUESTIONNAIRE**

**SECTION E IS FOR DISTRICT HEALTH INSPECTORS OR COUNTY HEALTH INSPECTORS**

**SECTION E. QUESTIONS FOR DISTRICT HEALTH INSPECTORS**

26. Do you attend District Health Team (DHT)/County Health Team (CHT) meetings?

- a) yes GO TO QUESTION 28
- b) no GO TO QUESTION 31
- c) there are no meetings GO TO QUESTION 31

27. When was the last District Health Team (DHT)/County Health Team meeting (CHT) you attended?

- a) less than a month ago
- b) 1-2 months ago
- c) more than 2 months to 6 months ago
- d) more than 6 months ago

28. What is your role at these DHT/CHT meetings? **CIRCLE ALL THAT THE RESPONDENT MENTIONS**

- a) advise on environmental sanitation issues
- b) listen to other reports
- c) plan activities
- d) treasurer or secretary
- e) present reports
- f) other (specify) \_\_\_\_\_

29. In what ways (other than the DHT meetings), do you collaborate with the District Health Team?

- a) plan activities
- b) share information
- c) investigate diseases
- d) supervision visits
- e) other \_\_\_\_\_

30. What problems do you encounter, if any, in getting and distributing ORS? (DISCUSSION QUESTION)

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21

**HEALTH INSPECTORATE QUESTIONNAIRE**

31. Do you have any suggestions that would help us to improve the CDD component of the Health Inspectorate program? (DISCUSSION QUESTION)

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32. What are the major constraints you find in implementing CDD activities? (DISCUSSION QUESTION)

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33. Do you have any other suggestions as to what should be provided by the CDD program?

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34. What other equipment/supplies/activities would help to integrate prevention of diarrheal disease and case management?

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22'

**HEALTH INSPECTORATE QUESTIONNAIRE**

**THIS QUESTIONNAIRE IS FOR HEALTH ORDERLIES ONLY**

**SECTION A. GENERAL INFORMATION**

1. Interviewer's Code \_\_\_\_\_ 2. Date dd\_\_ mm\_\_1991
3. District (circle) 1)Kamuli 2)Masaka 3)Kasese 4)Masindi
- County \_\_\_\_\_ Subcounty \_\_\_\_\_
- Parish \_\_\_\_\_

**SECTION B. HEALTH ORDERLY TRAINING NEEDS**

4. What environmental sanitation questions are you asked most often by the community?

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5. What environmental sanitation activities occupy the greatest amount of your time?

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6. What environmental sanitation topics would you like to receive additional training?

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7. What reference health education/sanitation materials would you like to have?

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1-21

## HOUSEHOLD QUESTIONNAIRE

### Objectives

- 1) To determine the community's awareness of and contact with health inspectorate staff
- 2) To determine the community's understanding of the roles and responsibilities of the health inspectorate staff
- 3) To assess the effectiveness of the health inspectorate in informing the community about basic environmental health messages and principles, particularly those related to:
  - latrines
  - water protection
  - personal hygiene
  - solid waste
  - diarrheal disease case management

It should be noted that the questionnaire will not ask directly about the communities' perceived environmental health needs. This was done in the January 1991 community survey. It will assess the communities' informational needs indirectly by determining existing knowledge about environmental health issues.

**INSTRUCTIONS TO INTERVIEWERS:** Unless otherwise stated, the interviewers should NOT read the response options listed, but should check the response that is closest to the respondent's spontaneous answer. The response options are listed to make conducting the survey and doing the analysis easier.

Instructions for the interviewers are written in **BOLD CAPITAL LETTERS**.

The column to the far right of the questionnaire is for data coding and entry. It is not for use by the interviewers.

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**HOUSEHOLD SURVEY**

**A. IDENTIFYING INFORMATION**

1. Interviewer's code \_\_\_\_ 2. Date dd\_\_ mm\_\_ 1991
3. District (circle) 1)Kamuli 2)Masaka 3)Kasese 4)Masindi  
County \_\_\_\_\_ Subcounty \_\_\_\_\_  
Parish \_\_\_\_\_ Household No. \_\_\_\_\_
4. How many children less than 5 years old live in the household?  
0) None  
1) One  
2) Two  
3) Three  
4) Four  
5) More than four
5. Sex of primary respondent:  
1) male  
2) female
6. How many years of school have you attended?  
1) none  
2) less than 3 years  
3) 3 to 7 years  
4) secondary school level (S1-6)  
5) tertiary school level
7. Respondents's age  
1) 20 years or younger  
2) 21-30 years  
3) 31-40 years  
4) 41-50 years  
5) 51-60 years  
6) over 60 years  
9) don't know
8. Are you a community leader?  
1) yes GO TO SECTION B  
2) no SKIP SECTION B AND GO DIRECTLY TO SECTION C

**B. QUESTIONS FOR COMMUNITY LEADERS**

9. What is your title or role?  
1) RC1 or RC2 leader  
2) elder  
3) chief  
4) clan leader  
5) other (specify) \_\_\_\_\_

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**HOUSEHOLD SURVEY**

10. Has anyone from the Health Inspectorate ever visited you in your role as the community leader?

- 1) Yes GO TO QUESTION 10
- 2) No GO TO QUESTION 13
- 9) Don't know GO TO QUESTION 13

11. When was the last time he visited?

- 1) Within the last month
- 2) More than a month but less than 6 months
- 3) Between 6 months and a year ago
- 4) Between 1 and 2 years ago
- 5) More than 2 years ago
- 9) Don't know

12. What did he do during the last visit or any other visit he may have made. (CIRCLE ALL THAT THE RESPONDENT NAMES)

- a) Visited/inspected homes
- b) Talk at a community meeting
- c) Discuss or work on latrine construction
- d) Inspect a restaurant
- e) Inspect a market
- f) Discuss or work on spring protection
- g) Investigate a disease outbreak
- h) Give immunizations
- i) Distribute ORS
- j) Talk to school students or teachers
- k) Talk with religious leaders
- l) Other (specify) \_\_\_\_\_
- m) Don't know

**C. QUESTIONS ON WATER PROTECTION**

13. What is the source of your drinking water?

- 1) a protected spring GO TO QUESTION 14
- 2) a protected well GO TO QUESTION 14
- 3) a borehole GO TO QUESTION 14
- 4) a waterhole or pond GO TO QUESTION 15
- 5) a river/lake GO TO QUESTION 15
- 6) other (specify) \_\_\_\_\_ GO TO QUESTION 15

14. What do you do to keep that source clean and good for drinking? (CIRCLE ALL THAT THE RESPONDENT ANSWERS)

- a) build a fence around the spring or well or bore hole
- b) build a system to drain water away from the source
- c) protect the spring or well
- d) keep the grass cut around the spring or well
- e) keep animals away
- f) other (specify) \_\_\_\_\_
- g) don't know

**HOUSEHOLD SURVEY**

15. What do you do to make water safe for drinking? (CIRCLE ALL THAT THE RESPONDENT ANSWERS)

- a) boil it
- b) filter it
- c) nothing needs to be done
- d) other (specify) \_\_\_\_\_
- e) don't know

16. What do you do to keep water clean and safe to drink in the home? (To protect it from contamination)(CIRCLE ALL THAT THE RESPONDENT ANSWERS)

- a) use jerry cans
- b) use clean dippers
- c) cover the containers
- d) keep foreign matter out of the containers
- e) keep hands out of the containers
- f) store containers off the ground
- g) keep containers away from small children
- h) other (specify) \_\_\_\_\_
- i) don't know

**D. QUESTIONS ON PERSONAL HYGIENE**

17. When are the important times to wash your hands? CIRCLE ALL THAT THE RESPONDENT ANSWERS

- a) before eating
- b) after eating
- c) when they are dirty
- d) after defecating or using the latrine
- e) before food preparation
- f) after cleaning a baby
- g) other (specify) \_\_\_\_\_
- h) don't know

18. Why is it good to use soap when washing your hands? CIRCLE ALL THAT THE RESPONDENT ANSWERS

- a) it removes dirt
- b) it helps stop the spread of disease
- c) it kills germs (or cultural equivalent)
- d) it prevents skin disease
- e) other (specify) \_\_\_\_\_
- f) don't know

**HOUSEHOLD SURVEY**

**E. QUESTIONS ON SOLID WASTE**

19. How do you dispose of rubbish?

**CIRCLE ALL THAT THE RESPONDENT ANSWERS**

- a) burn it
- b) bury it
- c) throw it in a pit
- d) put it in a pile
- e) throw it in the garden
- f) other (specify) \_\_\_\_\_
- g) don't know

20. Why are heaps of rubbish dangerous to health?

**CIRCLE ALL THAT THE RESPONDENT ANSWERS**

- a) they can contaminate water
- b) they can breed insects and other pests
- c) they smell bad
- d) they can contain things that injure people (broken bottles and tins)
- e) they spread disease
- f) they make the house look bad or dirty
- g) other (specify) \_\_\_\_\_
- h) don't know

**F. QUESTIONS ON DIARRHEA CASE MANAGEMENT**

21. We know that children sometimes have diarrhea. What do you think are the causes of diarrhea in children? **CIRCLE ALL THAT THE RESPONDENT ANSWERS**

- a) false teeth or teething
- b) dirty water or dirty food
- c) spirits
- d) germs or contamination
- e) other (specify) \_\_\_\_\_
- f) do not know

22. What should you do at home if your child gets diarrhea?

**CIRCLE ALL THAT THE RESPONDENT ANSWERS. IF HE/SHE SAYS "TAKE THEM TO A DOCTOR OR HEALTH CENTER", ASK AGAIN EMPHASIZING THAT YOU WANT TO KNOW WHAT CAN BE DONE AT HOME.**

- a) give extra fluids to drink
- b) continue to breast feed/feed
- c) stop/decrease breast feeding
- d) stop/decrease feeding
- e) give oral rehydration salts solution (ORS)
- f) give sugar-salt solution (SSS)
- g) give tablets or syrups
- h) give traditional medicines
- i) give dry tea
- j) other (specify) \_\_\_\_\_
- k) don't know

HOUSEHOLD SURVEY

23. Do you know how diarrhea can kill children?

CIRCLE ALL THAT THE RESPONDENT ANSWERS

- a) it makes them very weak
- b) it makes them lose fluids or dry out
- c) it makes them refuse to eat or drink (loss of appetite)
- d) all the food comes out
- e) through fever
- f) other (specify) \_\_\_\_\_
- g) don't know

24. Many children with diarrhea can be safely taken care of at home, but some cases should be taken to a health center. Can you tell me under what circumstances a child should be taken to the health center? CIRCLE ALL THAT THE RESPONDENT ANSWERS

- a) when the diarrhea lasts more than a certain number of days  
(WRITE THE NUMBER OF DAYS \_\_\_\_\_)
- b) if there is blood in the diarrhea
- c) if there are many stools
- d) if there is fever
- e) if the child is vomiting
- f) if the child is weak
- g) if the child will not eat/drink
- h) if the child shows certain other signs or symptoms  
(WRITE THE SYMPTOMS NAMED) \_\_\_\_\_
- i) other (specify) \_\_\_\_\_
- j) do not know

25. SHOW ORS PACKET Have you ever seen this?

- 1) yes GO TO THE NEXT QUESTION
- 2) no SKIP TO QUESTION 34

26. Where have you seen it? CIRCLE ALL THAT THE RESPONDENT ANSWERS

- a) at the health center
- b) in a neighbor's/relative's house
- c) the health worker (Health Inspector, Health Assistant or Health Orderly) showed it to me
- d) the community leader showed it to me
- e) in a shop
- f) a traditional healer showed it to me
- g) other (specify) \_\_\_\_\_
- h) don't know

27. Has anyone ever taught you how to prepare it?

- 1) yes GO TO THE NEXT QUESTION
- 2) no GO TO QUESTION 34

**HOUSEHOLD SURVEY**

28. Who taught you how to prepare it?
- 1) neighbor, friend or relative
  - 2) a medical worker or someone at the health unit
  - 3) a health worker (Health Inspector, Health Assistant or Health Orderly
  - 4) a traditional healer
  - 5) a shop owner
  - 6) "I read the directions on the package"
  - 6) other (specify) \_\_\_\_\_
  - 7) "I don't remember"

INTERVIEWER ASKS: Please show me how much water should be mixed with this package.

29. INTERVIEWER OBSERVES THE MEASURING UTENSIL USED AND CIRCLES THE RESPONDENT'S ANSWER :

- 1) Tumpeco mugs
- 2) cowboy or kimbo tins
- 3) beer bottles
- 4) other (specify)
- 9) respondent doesn't know

30. INTERVIEWER MEASURES THE AMOUNT OF WATER AND CIRCLES THE RESPONDENT'S ANSWER:

- 1) less than 700 cc.
- 2) 701 to 900 cc.
- 3) 901 to 1100 cc.
- 4) 1101 to 1300 cc.
- 5) more than 1300 cc.
- 9) respondent doesn't know

31. How often do you give the ORS when the child has diarrhea?

- 1) every time the child has a stool
- 2) less than 3 times in a 24 hour period
- 3) between 3 and 5 times in a 24 hour period
- 4) more than 5 times in a 24 hour period
- 5) other (specify) \_\_\_\_\_
- 6) do not know

32. How much should a small child receive at a time?

- 1) as much as he/she will drink
- 2) less than one quarter of a Tumpeco mug
- 3) about 1/4 of a Tumpeco mug
- 4) more than 1/4 of a Tumpeco mug
- 5) other (specify) \_\_\_\_\_
- 6) do not know

**HOUSEHOLD SURVEY**

33. What is the longest amount of time the solution should be kept before throwing is away?

- 1) less than 12 hours
- 2) more than 12 but less than 24 hours
- 3) 24 hours
- 4) more than 24 hours
- 5) other (specify) \_\_\_\_\_
- 6) do not know

IF THE RESPONDENT IS A COMMUNITY LEADERS GO TO QUESTION 40

**G. QUESTIONS RELATED TO THE HEALTH INSPECTORATE**

34. Have you ever seen health inspectors, health assistants, or health orderlies, that is health workers who work in the community?

- 1) yes GO TO THE NEXT QUESTION
- 2) no GO TO QUESTION 38

35. What do they do? CIRCLE ALL THAT THE RESPONDENT ANSWERS

- a) inspect restaurants or markets
- b) inspect meat
- c) inspect homes
- d) help to dig wells or bore holes
- e) keep sources of water clean
- f) help to build latrines
- g) teach about health/hygiene
- h) visit schools
- i) advise on building construction
- j) teach about diarrhea
- k) give immunizations
- l) distribute ORS
- m) other (specify) \_\_\_\_\_
- n) do not know

36. When was the last time you saw the health inspectorate worker (HI/HA/HO) doing his work?

- 1) Within the last month
- 2) More than a month but less than 6 months
- 3) Between 6 months and a year ago
- 4) Between 1 and 2 years ago
- 5) More than 2 years ago
- 9) I don't remember

**HOUSEHOLD SURVEY**

37. The last time you saw him, what work was he doing?

**CIRCLE ALL THAT THE RESPONDENT NAMES**

- a) He spoke at a public meeting
- b) Inspecting my home/visiting my home
- c) Gave immunizations
- d) Assisted with latrine construction
- e) Demonstrated or worked on spring protection
- f) Distributed ORS
- g) Other (specify) \_\_\_\_\_
- h) Don't know

38. What did the HI/HA talk about the last time you saw him?

- 0) Did not give any advice
- 1) Prevention of diarrhea
- 2) Treatment of diarrhea
- 3) Latrines
- 4) Water
- 5) Disposal of rubbish
- 6) Personal hygiene
- 7) Other (specify) \_\_\_\_\_
- 9) Don't remember

39a. Has any health inspectorate worker (Health Inspector, Health Assistant or Health Orderly) ever talked to you about preventing or treating diarrhea?

- 1) Yes
- 2) No

39b. If yes, where?

- 3) In my home
- 4) In the health unit
- 5) At a community meeting
- 6) Other (specify) \_\_\_\_\_
- 9) Do not remember

**B. QUESTIONS ON LATRINES**

40. How do you usually dispose of baby's feces?

- 1) in the bush
- 2) in the rubbish
- 3) in a latrine
- 4) bury it
- 5) other (specify) \_\_\_\_\_
- 8) "I don't take care of any children"
- 9) I don't know

**HOUSEHOLD SURVEY**

**41. What are the health advantages of using a latrine? (CIRCLE ALL THAT THE RESPONDENT ANSWERS)**

- a) Prevent disease transmission
- b) Controls flies or other insects
- c) Keeps the yard clean
- d) Keeps feces out of sight
- e) Other (specify) \_\_\_\_\_
- f) Don't know

**42. How can human feces be harmful? (CIRCLE ALL THAT THE RESPONDENT ANSWERS)**

- a) attracts flies
- b) transmits disease to other people
- c) transmits disease to animals
- d) contaminates the air
- e) attracts evil spirits
- f) contaminates water or water source
- g) other (specify) \_\_\_\_\_

**43. Do you have a latrine?**

- 1) yes                      GO TO QUESTION 38
- 2) no                        GO TO QUESTION 39

**44. ASK TO SEE THE HOUSEHOLD LATRINE. OBSERVE THE FOLLOWING:**

- |                               |       |    |
|-------------------------------|-------|----|
| a) Is it covered?             | Yes   | No |
| b) Is it clean?               | Yes   | No |
| c) Is there a superstructure? | Yes   | No |
| d) Other observations         | _____ |    |

**THANK THE INTERVIEWEE AND ASSURE HIM/HER AGAIN THAT YOU WILL NOT SHARE HIS/HER INDIVIDUAL ANSWERS WITH ANYONE**

## ANNEX 3

### SUPERVISORY TEAM ORIENTATION AGENDA/TRAINING MATERIALS

-  
SUPERVISORY TEAM ORIENTATION  
June 3 - June 4, 1991

PUBLIC HEALTH TRAINING NEEDS ASSESSMENT STUDY

- |       |   |             |
|-------|---|-------------|
| I.    | Methodology for Household Selection   | Willi       |
| II.   | Introduction to ORT, Case Management,<br>Diarrhoeal Disease Control   | "           |
|       | Practical Exercise: Measuring/Reading<br>ORS Survey Containers  | "           |
| III.  | Review Questionnaire<br>-How to Introduce the Questionnaire to Interviewers<br>-Interviewing and Observing<br>-Using Success Analysis<br>-Exercise: "Stop the Bus There is A Bomb on Board" | Terri/Willi |
| IV.   | Practical Exercise: Conducting the Survey   | Team        |
| V.    | Discuss Practice Exercise Observations  | Team        |
| VI.   | Supervisors' Role in the Needs Assessment Study   | Terri       |
| VII.  | Officers' Role in the Needs Assessment Study  | " "         |
| VIII. | Team Leaders' Role "  | "           |
| X.    | Address Any Team Members' Concerns  | Willi/Paul  |

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**CHECKLIST FOR TRAINING AND SUPERVISING THE INTERVIEWERS**

**SUPERVISOR TEAM LEADERS/SUPERVISORS**

**Checklist: Interviewer Training**

- \_\_\_ Interviewer Ice Breaker Exercise
- \_\_\_ Staff Introduced
- \_\_\_ Project Introduced
- \_\_\_ Survey Introduced
- \_\_\_ Introduce Methodology for Household Selection
- \_\_\_ Monitor ORT Demonstration
- \_\_\_ Conduct Survey Practice Exercises
- \_\_\_ Monitor ORT Practice Exercises
- \_\_\_ Clarify Questions, Concerns, etc.

**SUPERVISORS**

**Checklist: Initial Meeting with Interviewers**

- \_\_\_ Supervise Survey Practice Exercises
- \_\_\_ Supervise ORT Practice Exercises
- \_\_\_ Monitor Survey Techniques
- \_\_\_ Collect and Review Surveys Upon Completion
- \_\_\_ Clarify Questions, Concerns, etc.

**OFFICERS**

- \_\_\_ Provide guidance
- \_\_\_ Make Logistical Arrangements with DMO/CHI personnel
- \_\_\_ Lodging/Fuel/Etc. Logistical Arrangements
- \_\_\_ Accounting/Documentation
- \_\_\_ Conduct/Supervise ORT Training
- \_\_\_ Conduct Health Orderly Questionnaire

## DEVELOPING TEAM SUPERVISORY SKILLS USING SUCCESS ANALYSIS

You and the supervisory team you work with both have to judge how well your work is going. You should not wait until you have finished the survey to look at what has happened. It is better to look at what is happening on a regular basis, such as at the end of every day and every week. You need to know that you have supervised the interviewers well, and that you have reviewed their work to prevent mistakes from being made. Especially in the beginning of the survey you will need to work very closely with all of the interviewers to ensure that the questions are communicated accurately and that the forms are filled out properly.

Success analysis is a helpful way of reviewing and evaluating what you have been doing on a regular basis. Success analysis looks at your successes and not just at your failures. It reviews the problems that came up and how you overcame them. To use success analysis, you and your supervisory team members should ask yourselves these questions:

1. What have we done that was successful? Why were we successful?
2. What problems did we meet? How did we overcome those problems?

For example: Is there a better way to communicate questions using local language? Did the interviewers follow the survey methodology OK.

3. What have we learned that can help us to overcome any problems?

Success analysis can be done—

\*\* every day after work ... (meeting your supervisory team members and interviewers for dinner or at the end of the day

\*\* at the end of each household survey.... this will be important in the beginning until the interviewers become confident and more familiar with the survey instrument

\*\* whenever major problems come up

\*\* in the morning during breakfast... meeting with your supervisory team members and interviewers to discuss problems or questions encountered

TEAM WORK INCLUDES SHARING INFORMATION AND LEARNING FROM EACH OTHERS' EXPERIENCES

## INTERVIEWING AND OBSERVING

### A. STEPS FOR CONDUCTING AN INTERVIEW

#### 1. Introduction of visit

Greetings; explain objective of visit and how information will be used — be informal, friendly.

Explain that you are collecting information that will help determine what people in the community think are some of their community health needs and how health services can be improved. (Put these thoughts in your own local language).

#### 2. Approach to asking the question

Pleasant tone of voice, simple language.

#### 3. Reaction of interviewer to responses given

Show interest in all answers. Make both verbal and nonverbal responses neutral to all answers.

Ask follow-up questions when needed and appropriate. make sure the answer was understood correctly.

#### 4. Conclude the interview

Thank the interviewees. Again, explain that the information they have provided will help to improve health programs for their community and others in their country.

## CONDUCTING THE SURVEY

Each Interview Team should survey 30 households per day.

### SUPERVISOR TASK INSTRUCTIONS

1. Each District will consist of 2 supervisors and 10 interviewers.
2. Divide the interviewers into teams of 2 people. Five teams total.
3. Assign the interviewers to parishes where they speak the local language.
4. One interviewer will ask the questions and the second interviewer will record the information.
5. Remember: The interviewers should work as a team and help each other to clarify information and record information accurately.
6. There are 2 supervisors per district, therefore it is necessary for you to rotate among the interviewer teams to provide guidance, answer questions, and to ensure that the forms are filled out accurately.
7. The supervisors should observe the skills of the interviewers and be prepared to reassign teams. For example, if a team consists of 2 people with strong interview and communication skills and another team would benefit by having one of those interviewers on their team, then use your diplomatic and professional discretion to change team members. This will help to make the teams stronger.
8. If you observe a team that requires additional supervision be prepared to work closer with that team.
9. If you observe any problems (not of a personal nature), discuss it with the other interviewers and supervisors. See HANDOUT 3. Supervision skills improve by sharing and discussing problems encountered.
10. You can help to make the teams stronger by:

**CLARIFYING:** Defining terms; clearing up confusion; working to get the task clear.

**FOCUSING:** Staying on target; avoiding going off on tangents

THE SURVEY RESULTS AND ANALYSIS WILL DEPEND ON THE ACCURACY OF THE INFORMATION OBTAINED DURING YOUR SUPERVISION OF THE INTERVIEWERS

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## ANNEX 4

### EXECUTIVE SUMMARY

#### TRAINING NEEDS ASSESSMENT AND PERFORMANCE ANALYSIS OF THE UGANDAN HEALTH INSPECTORATE STAFF

**DRAFT REPORT: TRAINING NEEDS ASSESSMENT  
AND PERFORMANCE ANALYSIS  
OF THE UGANDAN HEALTH INSPECTORATE STAFF**

17 July 1991

**A. EXECUTIVE SUMMARY**

During the months of May through July 1991, the Ugandan National Diarrhoeal Disease Control Program and the National Health Inspectorate Division of the Ministry of Health, with technical assistance and support from PRITECH, collaborated in conducting a performance analysis and training needs assessment of Health Inspectorate staff. The assessment was conducted in 4 districts, and consisted of a survey of 480 households as well as interviews with 61 health inspectors and health assistants. The results of the assessment are intended to guide the planning of in-service training for health inspectors, and to provide information for the CDD program review scheduled in September 1991.

The study was designed to address two main questions:

- How effective has the training of the HI in diarrhoea case management been?
- What are the training and support needs of Health Inspectorate (HI) staff?

**1. Results assessing the effectiveness of CDD case management training**

There is evidence to support the effectiveness of CDD training for HI staff based on: a) high levels of self-assurance and reported activity; b) good levels of basic knowledge among HI staff; c) community reports of hearing HI staff talk about diarrhea treatment or prevention; d) improved knowledge of community members who were taught about diarrhoea home management by HI staff. Specifically:

- \* Forty-three (71%) of the 61 HI staff interviewed identified CDD case management as an area of strength, and 40 (66%) identified it as one of three activities occupying the greatest amount of their time.
- \* All HI staff knew the volume of water to mix with a packet of ORS. Of the 37(66%) trained in CDD case management, 35(95%) could name 3 or more signs of dehydration and 22(59%) named 5 or more signs.
- \* Thirty-five (60%) of 58 community leaders reported having been visited by someone from the health inspectorate, and 22(63%) of those reported that the HI either visited homes or distributed ORS.

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- \* One hundred eighty-three (44%) of 421 (non-leader) community members reported having "ever seen" Health Inspectorate staff. One third of those who had ever seen a health inspectorate worker said that he/she had talked about preventing or treating diarrhoea.
- \* When compared with people taught to prepare ORS in health centers, people taught to prepare ORS by HI staff were more likely to recommend giving ORS at home during diarrhea (38% versus 18% p <.05)
- \* When compared with people taught to prepare ORS in health centers, people taught to prepare ORS by HI staff showed:
  - Higher rates of correct mixing (55% versus 45%)
  - Greater knowledge of "germs" as a cause of diarrhoea (77% versus 66%)
  - Higher rates of recommending extra fluids during diarrhoea (23% versus 15%).<sup>1</sup>

There is also evidence that there is room for improvement: a) in community use of extra fluids and ORS at the onset of diarrhoea; b) in the mixing of ORS; c) about hand-washing practices; and d) in community coverage by HI staff. Specifically:

- \* When asked what should be done at home when a child gets diarrhoea, less than half (42%) of the total sample recommended any kind of fluids, (13% of people recommended giving extra fluids to drink, 18% recommended giving ORS, and 27% recommended SSS).
- \* Less than half (47%) of people who were shown how to mix ORS used an appropriate amount of water (between 90ml and 1100cc.)
- \* Only 18% of people interviewed reported that it is important to wash hands after defecating or using the latrine.
- \* Of the 413 respondents having seen an ORS packet, 336(81%) saw it at the health center and 53(13%) were shown it by a Health Inspectorate staff person.<sup>2</sup> Of

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<sup>1</sup> These differences are not statistically significant.

<sup>2</sup> These figures are somewhat difficult to interpret because community members do not always distinguish between different kinds of "doctors" or health workers. Health assistants who teach about CDD case management during immunizations at health

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the 312 respondents who were taught to prepare ORS, 80% were reportedly taught by someone at a health unit, and 21% by a Health Inspectorate staff person.

These results are confirmed by data from the recent survey indicating that health education given at health facilities during illness visits for diarrhoea is generally poor. The current study suggests that individual health education delivered by Health Inspectorate staff is likely to be more effective. The appropriate amount of time for HI staff to spend on CDD case management teaching, however, needs to be discussed and considered. HI staff are already scheduled to allocate 12 out of 22 days (54%) per month to this activity.

## **2. Results assessing the training and support needs of Health Inspectorate staff**

The greatest obstacles and problems reported by Health Inspectorate staff in carrying out their responsibilities include transport (inadequate numbers of vehicles, breakdown of bicycles, lack of money for fuel, poor roads, etc.), lack of personal support (accommodations, schools, access to health care), and finances (low salaries, late payments, no advances for expenses). Following these logistical issues, the most commonly reported problems relate to communication with and mobilization of communities and leaders.

Results indicate remarkably good levels of supervision with 41(67%) of respondents reporting a visit from their supervisor within the last month, and 56(92%) within the last 3 months.

The Health Inspectors and Health Assistants interviewed reported feeling most knowledgeable about diarrhoea case management, water source protection, latrine construction and maintenance, and health education/community health. They reported feeling weakest in meat inspection, malaria, control of communicable diseases, vector control and community participation/mobilization. Although nearly 50% of respondents report that they routinely talk to school students or teachers and at community meetings, this is not confirmed by the results of the household survey.

The most common recommendations to improve the diarrhoea case management component of the Health Inspectorate relate to transport and finances. Other common recommendations include training local leaders and teachers (41%), providing uniforms/protective clothing (34%), providing more visual aids/health education materials (28%), in-service training for

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facilities or at community meetings may not be identified as Health Inspectorate staff.

HIs HAs (25%), increasing supplies of ORS (25%), and providing equipment such as thermometers, tape measures, office supplies, reference books, blackboards, etc., (25%).

### **3. Conclusions/Recommendations**

In considering whether to decrease, continue or increase its efforts to train and support Health Inspectorate staff, the CDD programme should consider the results of this study in context. Although the rates of awareness of HI staff (44%) and contact with HI staff about preventing or treating diarrhoea (14%) among (non-leader) community members are less than optimal, these represent an improvement when compared with unofficial results from previous studies. Copies of these previous reports should be reviewed to assess comparability of samples and of questions.

Given the difficulties with assuring adequate supplies of ORS and in teaching correct recipes for SSS, the CDD programme should provide alternative recommendations for the initial home management of diarrhoea. The possibility should be entertained that Health Inspectorate Staff might achieve more by stressing the importance of administering extra fluids (including water) and food during diarrhoea and teaching early referral of severe cases, than by teaching about and distributing ORS packets.

Although every effort should be made to resolve the very real and significant logistical problems faced by HI staff, it should be recognized that this will take time. In the interim, both the CDD programme and the Health Inspectorate Division would do well to upgrade the staff members' ability to maximize their effectiveness in face of logistical difficulties. Skills development might include giving effective demonstrations to school students and to groups of adults, mobilizing existing community organizations to extend outreach, and training formal and informal community leaders to reinforce messages about diarrhoea case management.

The well-trained and well-supervised Health Inspectorate represents a unique and valuable resource in Uganda. Many programmes will seek the help of the division in reaching the community with messages and products. It is recommended that before the Health Inspectorate proceeds to develop an in-service training agenda, a workshop be held to carefully review and consider the results of this survey and of the community survey conducted by the Ministry of Health in January 1991. Participants in the workshop should develop priorities for training and support that are based not only on areas of identified weakness, but also on the Health Inspectorate's definition of its own role, its own performance standards and its own priorities. The costs and benefits of extending the HI staff's role to include case management of other communicable diseases and malaria (for example) should be critically examined.

**ANNEX 5**

**TRAVEL SCHEDULE**

## TRAVEL SCHEDULE

5/15 McLean  
 Seattle: 10:15 am departed  
 Washington D.C.: 8:30 pm arrived

5/16 Washington D.C.: Meeting with Courtney Lukitsch and Andrea Usaik, AED  
 Washington DC: 7:20 pm departed

5/18 Nairobi, Kenya: 9:00 am arrived (bumped from flight arrangements to depart Nairobi at 1:00 pm, departed Nairobi 5/19)

5/19 Nairobi: 4:00 pm departed  
 Kampala, Uganda: 6:00 pm arrived

5/20 Kampala: Meeting with W.W. Lwanga, CDD Training Officer

5/21 Kampala: Meeting with Steve Atkisson and Luchlan Munroe, UNICEF; Paul Luyima, CDD Training Officer; Zachary Biqirima, Senior Public Health Officer, AMREF

5/22 Kampala: Meeting with counterparts Den Willy Ongwen, Deputy Chief Health Inspector and Paul Luyima  
 Dr. Elizabeth Herman PRITECH technical officer arrived Kampala

5/23 Kampala: Introductory PRITECH Team meeting with David Puckett, USAID; meeting with Dr. Colin Glennie Health Program Officer, UNICEF; conducted a Uganda literature review using UNICEF computer research information system

5/24 - 5/27 PRITECH team/counterpart working sessions, surveys drafted; draft survey instruments submitted to Dr. Musonge, and Mr. Kankole for comment

5/28 Planning visits to 2 study sites (Herman to Kamuli and McLean to Masindi)

5/29 First meeting with supervisors from Makerere University  
Working session with supervisors/counterparts to review and revise community/HI questionnaires

5/30 Pilot test of community and health inspectorate survey instruments by supervisors and counterparts

5/31 Revised community survey instrument per Dr. Musonge and Mr. Kankole's comments

6/1 Reviewed accounting system with Herman  
Reviewed survey instrument coding methodology  
Reviewed WHO community selection methodology  
Travel agenda drafted with counterparts  
Training agenda reviewed with counterparts

Final draft survey instruments submitted to Dr. Musonge, Mr. Kankole, and Colin Glennie UNICEF, for additional comments

Herman departed Uganda

Kamuli: Willy Ongwen departed for Kamuli to make training/lodging arrangements

6/2 Kasese: Paul Luyima departed Kampala for Kasese to arrange for survey implementation

Kampala: Submitted surveys for stenciling  
Reviewed typed stencil, resubmitted for corrections  
Drafted Supervisory Team training materials

6/3 Kampala: Meeting with counterparts to finalize PHI questionnaire  
Health Orderly questionnaire drafted  
Reviewed survey/training materials and survey schedule with counterparts  
Community/PHI survey instruments mass-produced

Kasese: Paul Luyima departed Kasese for Masindi

6/4 Kampala: Sheraton Hotel, Supervisory Team Training  
Met with Mr. Puckett to review per-diem rates

	Masindi:	Paul arranged for survey implementation
6/5	Kampala:	Sheraton Hotel, Supervisory Team Training Paul arrived from Masindi, 4:00 pm
6/6	Kampala: Masaka:	TEAM A (inc. McLean) Departed 1:00 pm Arrived 6:00 Meeting with interviewers for orientation and icebreaker
	Kampala: Kamuli:	TEAM B departed 10:00 am Arrived 2:00 pm
6/7 - 6/8	Masaka: Kamuli:	TEAM A Interviewer Team Training TEAM B "
6/9:	Sunday	
6/10 - 6/15	Masaka: Kamuli:	TEAM A Surveys Conducted TEAM B "
6/13	Masaka: Kampala:	McLean departed 5:00 pm for Kampala to arrange money transfer with AED Arrived 7:00 pm
6/14	Kampala:	McLean, data coding
6/15	Kampala:	Supervisory teams return to Kampala financial accounting, data coding
6/16	Kampala:	Review data coding
6/17 - 6/19	Kampala:	Financial accounting, reviewed data coding, met with Eva Semacula, UNICEF to review EpiInfo program and data entry
6/20	Kampala: Masindi:	TEAM A departed 9:00 am arrived 3:00 pm Meeting with interviewers for orientation and icebreaker
	Kampala Kasese	TEAM B departed 9:00 am arrived 4:00 pm
	Kampala:	McLean reviewed data coding, submitted Masaka and Kamuli Community Surveys to Eva Semakula for data entry
6/21	Kampala: Kasese:	McLean departed 10:00 arrived 4:00 pm
6/21 - 6/22	Masindi Kasese	TEAM A Interviewer Team Training TEAM B "

6/24 - 6/28	Masindi Kasese	TEAM A     Survey Conducted TEAM B     "                "
6/28	Kasese: Kampala:	McLean departed 9:00 am arrived 3:00 pm Meeting with Eva Semakula, UNICEF for data entry
6/29	Kasese: Kampala:	TEAM B departed 10:00 arrived 6:30
	Masindi: Kampala:	TEAM A departed 11:00 arrived 6:30
	Kampala:	Reviewed survey coding/data entry
6/30 - 7/1	Kampala	"                        " Financial accounting
7/2	Kampala	Reviewed survey coding/data entry  Herman returned to Uganda 3:00 pm
7/3 - 7/4	Kampala	Herman briefing, reviewed data coding, Data entry, team meeting with Dr. Musonge Interviewer's certificates of appreciation sent to CDD
7/5	Kampala	Debriefing with Mr. Kankole (McLean) Data entry
7/6	Kampala	Data entry, report writing Team meeting with Dr. Musonge
7/7	Kampala	Data coding and entry
7/8 - 7/9	Kampala	Report writing
7/10	Kampala	McLean departed Uganda
7/11		Mc Lean arrives Washington D.C. Herman attempts to attend Health Inspectorate meeting in Mbale (vehicle breakdown)
7/12	Washington Kampala	McLean has debriefing with PRITECH/AED Herman continues data analysis
7/13	Washington	McLean departed Washington for Seattle Herman continues data analysis
7/14		Herman continues data analysis, meets with traditional healers working group

7/15 - 7/16 Continue data analysis and reporting  
7/17 Presentation of survey results, Kampala Sheraton  
7/18 Herman had debriefing with Dr.Puckett, departed Uganda  
7/19 Herman arrived Baltimore/Washington

ANNEX 6

LIST OF CONTACTS

**ANNEX 6  
LIST OF INDIVIDUALS CONTACTED**

**USAID, Kampala**

Mr. David Puckett, Technical Advisor for Child Survival

**Ministry of Health, Entebbe**

Dr. Musonge, Director, Control of Diarrhoeal Diseases  
Mr. Peter Kankole, Chief Health Inspector  
Mr. Den Willy O. Ongwen, Deputy Health Inspector  
Mr. Paul Luyima, CDD  
Mrs. Byekwaso, UNEPI  
Ms. Winfred Tabaaro, CDD Trainer  
W.W. Lwanga, CDD  
Dr. Sam Oumo Okiror, Assistant Program Manager, CDD

**Study Team Supervisors**

Ms. Olive Nakachwa, Public Health Dental Assistant/Tutor  
Ms. Rhoma Lukandwa, Nurse Tutor  
Mr. A. Asua Alara, Public Health Dental Assistant/Tutor  
Mr. Polycarp Onyait, Public Health Dental School, Tutor

**District Ministry of Health**

Dr. Fred Tuhirirwe, District Medical Officer, Masaka  
Mr. Deusdedit Yiga, District Health Educator, Masaka  
Mr. Papias Burakali, District Health Inspector, Masaka  
Mr. James Katende, Health Inspector, Kampala  
Mr. James Genza, Health Assistant, Kampala  
Mrs. Victoria Osire, Acting District Health Visitor, Kamuli  
Mr. Elliot Gwatenga, District Health Inspector, Kamuli  
Mr. Kafuko Lyawaghala, District Health Educator, Kamuli

**AMREF Entebbe**

Mr. Zachary Biqirimana, Senior Public Health Officer

**Makerere University, Kampala**

Edward K. Kirumira, Lecturer, Sociology Department

**UNICEF, Kampala**

Dr. Colin Glennie, Health Program Officer  
Steve Atkisson, Project Officer

**PRITECH**

Ms. Kizito (Herman)  
Ms. Nsubuga (McLean)