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KNOWLEDGE AND USE OF SSS AND ORS IN LESOTHO

REPORT ON A VILLAGE HEALTH WORKER STUDY

July 1990

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1. INTRODUCTION

1.1 Objectives of the Study

In March of 1990 the Center for International, Health, and Development Communication at the University of Pennsylvania, in collaboration with the Health Education Division and other Divisions of the Ministry of Health of Lesotho, conducted several studies related to diarrhoea, oral rehydration, and immunisation. One of those studies examined what village health workers (VHW) in certain Health Service Areas (HSA) know and do about diarrhoea and oral rehydration therapy (ORT), with a special emphasis on the use of Oral Rehydration Solution (ORS). Thi report presents the results of that study.

The study was conducted at the request of the Ministry of Health (MOH) which was seeking more detailed information about what VHWs know about ORT and how they use the water/sugar/salt solution and ORS packets in their treatment of diarrhoea. Although the MOH has been encouraging the use of ORS packets by VHWs, it has not been clear just how VHWs use either SSS or the ORS packets in their treatment of diarrhoea. Since the MOH decided to more actively promote the use of ORS packets by VHWs in the past two years, the MOH wanted to determine if there were gaps in knowledge or problems in use, so they could be identified and corrected as the programme expanded.

In 1988 a government programme with VHWs was initiated in the HSA of Mohale's Hoek on an experimental basis. The programme provided training for VHWs in the use of ORS packets and the packets were given to the VHWS for a small fee. The VHWs were then to resell the packets to mothers who had children with diarrhoea. Early reaction to the programme was positive, and in 1989 the programme was expanded to the HSAs of Mafeteng and Butha Buthe. The MOH plans to extend the programme into several more HSAs in 1990. In addition, the Private Hospital Association of Lesotho (PHAL) had been promoting the use of ORS packets by VHWs in some HSAs for years by including packets in the medical kits given out initially to VHWs and by training VHWs in using the packets for diarrhoea.

1.2 Background Elements

The VHW programme in Lesotho dates from the mid-1970s when the HSAs of Tebellong, Scott, and Quthing of the Private Hospital Association of Lesotho (PHAL) began VHW training programmes. In 1988 a major national evaluation of the VHW programme was conducted for UNICEF by Lipholo Makhetha and a team of researchers in order to identify problems with the programme and suggest solutions. Information was collected throughout the country through small

group discussions and by interviewing key informants and village health workers. A total of 349 VHWs were interviewed linked to 37 Health Centres throughout the country. The VHWs closest to the Health Centres were the ones most likely to be interviewed. Mr. Makhetha wrote a report on the evaluation dated April 1988 and entitled, "Report on VHW Evaluation."

The evaluation found that most VHWs were chosen by their villages, that the majority of the population had access to them, that training programmes varied tremendously from one HSA to another, and that supervisory activities by health centre nurses were sporadic. VHWs were asked several questions about the use of ORS packets. The survey found that 75% knew about the ORS packets, that 74% knew that ORS replaces lost water, that 42% knew the correct proportions to use in mixing, and that 16% gave proportions that would yield a weak solution of ORS.

2. CONDUCTING THE STUDY

2.1 Choice of Sample

After consultations with the heads of the Family Health Division and the Control of Diarrhoeal Disease (CDD) programme, it was decided that a minimum of 100 VHWs should be interviewed from at least five HSAs with different experiences regarding the promotion of ORS packets. The government HSAs of Mohale's Hoek, Mafeteng, and Butha Buthe were chosen because they had all participated in the MOH programme of training and distribution of ORS packets. Scott was also chosen because it began ORS promotion with VHWs many years ago. The HSA of St. James and Berea were chosen because neither one has had a programme of ORS promotion among VHWs. Thus there were three government HSAs that have promoted ORS packets among VHWs and one that has not (Berea) as well as one PHAL HSA that has promoted packets (Scott) and one that has not (St. James). The names of the HSAs and the health centres visited can be found as Appendix B.

Each HSA in Lesotho generally has from 6 to 12 health centers linked to the central hospital. In order to have the sample be widespread geographically within each HSA, we decided to interview VHWs from four different health centers in the HSAs of the study whenever possible. The health centers from each HSA were chosen in consultation with the person, usually the HSA trainer, who was usually also in charge of the VHW programme. In most cases health centers were chosen that had the most active VHWs at the time. While the selection was not random, the results do give a general idea of the performance of many VHWs who were active at the time of the survey. The total number of VHWs interviewed was 114.

2.2 Questionnaire

The questionnaire was formulated after discussions held with personnel from the Control of Diarrhoeal Disease programme and the Family Health Division in November regarding the main concerns of the MOH about the use of ORT by VHWs. The following subjects were addressed: the training of VHWs, the time and place of service, knowledge of the symptoms of diarrhoea and dehydration, the treatments recommended for both diarrhoea and dehydration, knowledge of the mixing of SSS and ORS packets, and the treatments preferred by VHWs and by women for diarrhoea. The questionnaire was translated into Sesotho and pretested. While most of the questions were closed-ended with precoded answers, questions about symptoms of diarrhoea, about causes of diarrhoea, about the subjects of training, and about reasons for preferring SSS or ORS were open-ended and were coded after the completion of the survey. Data entry and coding were done at the Center for International, Health, and Development Communications with the SPSS data entry programme. The questionnaire can be found as Appendix A.

Some quantitative analyses of the results were done to test for associations between training and supervisory activities and the levels of knowledge and use of ORT by VHWs. However, much of the importance of the study derives from its comparison of results from different HSAs. this report, therefore, sometimes presents the frequencies of responses grouped by HSA.

2.3 Interviewing

The survey was conducted between March 21 and April 6, 1990, with experienced interviewers. The majority of the interviews were conducted by Fred Moswang and Teboho Nkhale, with assistance from supervisors from the main (ORT and EPI) survey. Arrangements were made to have the VHWs come on specified dates to the health center that supervised them and they were interviewed there. Although this introduced a bias into the choice of VHWs to be interviewed (those nearest the health center were more likely to be interviewed than those farther away), the cost in time and money to have visited all these VHWs in their own villages was prohibitive.

3. VILLAGE HEALTH WORKERS ATTRIBUTES AND TRAINING

3.1 Personal Attributes of VHWs

The village health workers interviewed were virtually all women (only two men) ranging in age from 24 to 65 years old with an average age of 45 years. Most of them were married at the time of the interview: 79% were married, 8% were divorced, and 13% had

never been married. Although the time of service ranged from 1 to 14 years, about half of the 114 individuals had begun their work four year ago or less. Most VHWs were engaged in working at jobs other than being a VHW for their livelihood. Forty-five percent were farmers, and 28% had no other job. Only three mentioned being a traditional birth attendant as well as a VHW.

3.2 VHW Training

Village health workers were asked how they were chosen for training. Most of them (88%) were elected by some village group such as a group of elders or the village health committee. Only 6% had volunteered to become a VHW. The majority of VHWs (63%) received two weeks of initial training while 12% had three weeks or more. Ninety percent of the VHWs had received at least one more round of training since they began their work. Three-fourths of the VHWs were trained in a health centre. One-half had participated in a retraining programme in the past two years.

The VHWs interviewed were asked to list the main subjects of their initial training in an open-ended question that allowed for up to four answers. Although the subjects of the training varied widely, certain subjects were very frequently mentioned. Table 1 lists the subjects mentioned and the proportion of VHWs who mentioned them.

TABLE 1

SUBJECTS OF INITIAL TRAINING

Diarrhoea	61%
Hygiene	33%
Latrine Use/ Construction	31%
Communicable Diseases	29%
First Aid	27%
Safe/Unsafe Water	25%
Nutrition	19%
Immunisations	18%
Sanitation	16%
VHW Duties	12%
Childbirth/Pregnancies	11%
STDs	10%
Injections	10%

A number of other subjects were mentioned by less than 10% of the VHWs interviewed. Only 5% mentioned having been trained in ORT or dehydration. Several characteristics of this list deserve special mention. First, the most frequently mentioned item by far was diarrhoea. Part of the reason for this high percentage may be that

some VHWs knew what the subject of the interview was and were influenced by that knowledge, though no questions about diarrhoea or ORT were asked prior to asking about the training subjects. Second, the domain receiving the most attention in training was clearly environmental sanitation in the broad sense, indicated by the frequency of subjects such as hygiene, latrines, water, and sanitation. And third, no one at all mentioned training in health education. That may be because health education was never addressed in training, which would have been a serious omission. It is more likely, however, that while health education per se was not taught in training, it was part of the training process without being so labeled. In that case VHWs would not have thought of health education as a special subject.

It should also be noted that almost all (95%) of VHWs said they had taught mothers how to mix SSS or ORS, which can be considered as health education. In fact, 59% had taught the use of SSS, 36% had taught both SSS and ORS, and only 5% had never taught either. Thus with regard to ORT, VHWs have been teaching the use of SSS and ORS. What is unclear is if VHWs anywhere have received training on how best to teach adults about health. Nor is it clear to what extent VHWs are now expected to teach about preventive health care.

4. KNOWLEDGE OF DIARRHOEA, SSS, AND ORS

4.1 Knowledge of Symptoms of Dehydration

Village health workers were asked to name the symptoms of mohlala which we gloss in English as dehydration. They were allowed to name several symptoms. Table 2 lists the symptoms mentioned along with the percentages each symptom was mentioned.

Table 2

SYMPTOMS OF DEHYDRATION

Dry Skin	73%
Sunken Eyes	68%
Sunken fontanelle	68%
Weakness	46%
Great Thirst	31%
Does Not Know	3%
Other	54%

Thus 73% of the VHWs interviewed mentioned dry skin as a symptom of mohlala and 68% mentioned sunken eyes and a sunken fontanelle. This suggests that at least in the abstract, VHWs know a great deal

about what to look for in diagnosing cases of dehydration if they are speaking of mohlala. However, not many individuals said they see cases of dehydration and even fewer persons had treated it. About 20% of the VHWs reported having seen one or more cases of mohlala in the past month, and one-half of those came from the HSA of Mohale's Hoek.

4.2 Knowledge of Causes of Diarrhoea

Almost all VHWs were able to name one or more causes when asked about what causes diarrhoea, and only 2% said they do not know. The most often cited causes was "unsafe food or water," named by 61% of VHWs. Other causes commonly mentioned were "lack of latrines" and "lack of cleanliness." The answers suggest that most VHWs were well aware of the importance of hygiene and environmental sanitation in the prevention of diarrhoea.

4.3 Knowledge of Treatments for Diarrhoea

The questionnaire included several questions about appropriate treatment for diarrhoea. When asked what a mother should do when a child first gets diarrhoea, 91% said "give SSS," and 2% said "give ORS" or some other fluid. Although several VHWs said the mother should first visit them or go to the clinic, clearly most VHWs have become convinced that mothers should give SSS for diarrhoea. Treatments other than ORT (anti-diarrhoeals, antibiotics) were not mentioned as possible treatments.

Most VHWs knew the beneficial effect of the use of SSS or ORS, for 89% of VHWs said that ORT either "replaces lost water" or "prevents dehydration." Only 7% mentioned that ORS stops diarrhoea. While knowledge of just how much fluid to give varied a great deal, most VHWs gave the same answer when asked about when to give SSS or ORS, that is, 82% said SSS or ORS should be given "after every stool."

It was hypothesized that knowledge of the treatment of diarrhoea would be associated with factors such as the timing of supervisory visits, the length of time since training, and the identity of the HSA. That did not prove to be the case, perhaps because most measures of knowledge level did not produce a very wide range, since most individuals gave what we consider as the correct answers. It should also be noted that the sample size (114) is not large. One relationship that was statistically significant was how recently a nurse had visited a VHW and a VHW knowing the amount of ORT to give.

4.4 Knowledge of Preparation of SSS and ORS

For many years the health service system has taught that the SSS solution should be prepared using three soda cans of water, two pinches of salt, and two scoops of sugar. This remains the officially correct recipe. Almost all VHWs (96%) gave that recipe when asked how they mix SSS. Those who used ORS also knew the correct proportion of water (one litre or three soda cans) to mix with a packet. Only 75% of VHWs had ever seen a packet before, and only 50% of VHWs had ever used an ORS packet. However, 96% of those who had used a packet knew how it should be mixed.

The picture becomes much clearer when knowledge and use of ORT are examined by HSA. While there were 29 VHWs (25%) who had never seen a packet before, 18 of them were from Berea HSA and 5 were from St. James, neither of which has ever promoted the use of packets. In addition, five VHWs in Mafeteng had never seen packets.

5. USE OF SSS AND ORS PACKETS

5.1 VHW Use of SSS or ORS

An estimate of VHWs preference for SSS or ORS was obtained by asking what they had given for a recent case of diarrhoea and what they gave most often. They were asked if they had treated a case of diarrhoea in the past month and if so, what had they given or recommended. A total of 73% had treated a case of diarrhoea within the past month. Of that group (N=83), 86% gave or recommended SSS and 14% gave or recommended ORS packets. Only in Mohale's Hoek had there been there more ORS packets given than SSS for cases of diarrhoea in the past month.

Everyone was also asked which solution, SSS or ORS, they gave most often for diarrhoea. Seventy-three percent said they most often gave SSS and 27% said they most often gave ORS. This ratio of usage of SSS versus ORS (73/27) is somewhat less than the ratio given for a recent case (86/14) mentioned above. Thus, at least three-fourths of the VHWs interviewed give SSS for cases of diarrhoea.

Again, the pattern of use differed according to HSA. Only in Mohale's Hoek were ORS packets used very often for a case of diarrhoea in the past month. In fact, 8 of the 12 VHWs who used ORS for a case in the past month were from Mohale's Hoek. Similarly, in Mohale's Hoek there was a marked preference for using ORS, in that 11 of 15 said they used ORS most often. In Butha Buthe and Seboche 7 of 10 said they used ORS most often, while in Mafeteng that ratio was 8 of 20. The higher use of ORS in Mohale's Hoek, Mafeteng, and

Butha Buthe, HSAs where ORT training occurred, is statistically significant.

5.2 Reasons for SSS and ORS Preferences

Village health workers were asked why they most often used SSS or ORS. The group (73%) who said they used SSS most often gave four main reasons for their use of SSS rather than ORS. The most frequently cited reason (one-third) was that ORS packets were not available. The other three reasons were given by about 20% of those who used SSS most often, namely, that they had been trained to use SSS, or that they did not know another treatment, or that the ingredients for SSS were available.

The VHWs who used ORS most often gave two reasons for their choice. First, 54% said they used ORS packets because they were easy to use. Second, 18% said they used ORS because the health centre recommended that treatment. Other reasons were given by less than 10% of the group.

Village health workers were also asked which solution they thought mothers would prefer using for treating diarrhoea. They were evenly divided on which solution would be preferred, with 53% saying ORS packets and 47% saying SSS. The main reasons given for thinking mothers prefer SSS were that the ingredients were available and that mothers have become accustomed to using SSS. Most of those who thought ORS would be preferred gave as their reason the ease of using ORS. Some also said that mothers mixed SSS wrong and thus they should use ORS.

The main factor that determined what they thought mothers would prefer was, not surprisingly, what they themselves most often used. For the group that used mostly SSS, 60% stated that mothers would prefer using SSS. For the group that used ORS most often, 82% thought that mothers would prefer ORS packets to SSS.

6. CONCLUSION

The training programmes for VHWs appear to have succeeded in teaching VHWs how to prepare SSS, and also that SSS is the first treatment to be given for diarrhoea. Those who have used ORS packets also have learned how to mix the solution properly. Almost all VHWs have also taught mothers how to mix SSS. In short, there does not seem to be a problem among VHWs with knowledge of how to prepare SSS and ORS or when to give it.

The study did not find evidence of how training programmes go about the teaching of ORT, dehydration, and health education. Only 5% of VHWs mentioned having been trained in ORT or dehydration, and no one mentioned health education. That does not necessarily mean that those subjects were not taught; they may have been taught but labeled differently. It could, however, indicate that VHWs are not being taught about how to conduct health education in their own villages. It may even have been decided that since VHWs remain in their own villages, they do not need any lessons in how to teach their peers about ORT or sanitation or hygiene.

No matter what explanation appears to best fit the circumstances, it seems crucial that the MOH, and especially the personnel from the CDD programme, examine the aspects of training that involve health education directly. Examining how health education is handled in training programmes seems particularly important, since the study shows that almost all VHWs have taught some mothers how to mix SSS. It would be wise to check on how this occurs so that the process can be made as effective as possible.

The study found that VHWs had the knowledge necessary for the preparation of SSS, and those who have used packets also knew how to mix ORS. They have also learned about the beneficial effects of SSS on the body and use and they recommended or used SSS for most cases of diarrhoea. The study found some uncertainty about how much fluid to give.

The interviews with VHWs allow us to make three points about this group of VHWs with regard to their choice of ORT. First, they were willing and able to use either SSS or ORS for the treatment of diarrhoea. Second, the reasons SSS was used far more than ORS at the time of the study were that ORS packets simply were not available, and that VHWs had not been trained to use packets. Third, those who used ORS rather than SSS did so after they had received training in its use and found it easy to use them. This suggests that VHWs would happily use ORS if the packets were available and if they were trained to use them.

Responses to questions about ORS packets showed that few VHWs had packets. It seems imperative that if the MOH decides to widely promote the use of packets by VHWs, the system of packet distribution be properly organized to assure regularity in their availability to health centers. The lack of ORS packet availability was the most frequently cited reason for using SSS rather than ORS.

This data makes clear that in the HSAs that had participated in the VHW programme to promote ORS packets, the use of ORS was higher

than elsewhere. The data also suggest several things could be done to improve the performance of VHWs with regard to ORT. First, the contents of the training programme should be examined to determine what attention is being paid to teaching health education and ORT. It would be wise to have someone conduct a small-scale evaluation of how effective VHWs are in teaching mothers how to mix SSS. Second, the proper use of fluids for diarrhoea--when and how much--should be emphasized more in training programmes. And third, the MOH should examine the system for the distribution of ORS packets to hospitals and health centers to determine how that system can be made more reliable.

VILLAGE HEALTH WORKERS IN LESOTHO

Knowledge and Experience with Oral Rehydration Therapy

District ..... /____/____/

Ward ..... /____/____/

Health Service Area (HSA) ... /____/____/

Health Center of Reference .. /____/____/

Village ..... /____/____/

Name of Village Health Worker _____

Man Woman (circle)

Name of Interviewer _____

Date of Interview /____/____/1990

I. BACKGROUND INFORMATION

We would first like to ask about you and how you came to be a Village Health Worker.

1. For how many years have you been a Village Health Worker?

   _____ years 88 ... I don't know

2. Are you the only VHW in this village or is there another?

   1 ... I'm the only one 2 ... there is another one too

3. How many villages do you work in?

   _____ villages

4. How many households are you supposed to take care of as a VHW?

   _____ households 8 ... I don't know

5. What other kinds of work do you do besides being a VHW?

   1 ... farmer
   2 ... TBA
   3 ... traditional healer
   4 ... faith healer
   5 ... other
   6 ... no other work

6. How old are you now? _____ years 88 ... I don't know.

7. Are you married? 1 ... yes 2 ... no 3 ... divorced/widowed

II. TRAINING AS A VILLAGE HEALTH WORKER

8. How was it that you were selected to be trained as a VHW?

   1 ... elected 2 ... nominated 3 ... volunteered

   4 ... other 8 ... I don't know

9. When were you first trained as a VHW? In what year? _____
   _____ years ago.

10. Where (what kind of place) did the training take place?

    1 ... hospital
    2 ... Health Center
    3 ... community/village
    4 ... other
    5 ... I don't know

11. How long did the training last? _____ days
    (1 week=6 days)

14

12. Who was in charge of the training?

1 ... Health Center Nurse
2 ... Public Health Nurse
3 ... HSA Coordinator
4 ... other

8 ... I don't know

13. What were the main subjects covered in the training?

_____

_____

_____

_____

14. Have you participated in any other training activities since then (in-service training)?

1 ... yes 2 ... no

(if yes, continue. If no, go to #19)

15. How long ago was that? _____ years

16. How long did that training last? _____days
(1 week=6 days)

17. What were the main subjects covered in that training?

_____

_____

_____

_____

18. Who was in charge of that training?

1 ... Health Center Nurse
2 ... Public Health Nurse
3 ... HSA Coordinator
4 ... other

8 ... I don't know

III. CONTACT WITH THE HEALTH CENTER

19. What is the name of the Health Center to which you are attached?

_____ 2 ... I don't know

20. How many kilometers is it from your village to that HC?

_____ km. 88 ... I don't know

21. How long ago was the last time you went to the health center?

1 ... one week or less
2 ... two weeks
3 ... three-four weeks
4 ... one-two months
5 ... three-four months
6 ... more than four months ago
8 ... I don't know

22. On the average, how often do you go there in a month?

_____ times 77 ... it varies 88 ... I don't know

23. What is the name of the nurse in charge of the Health Center?

1 _____ 2 ... I don't know

24. When was the last time the nurse came to see you in the village?

1 ... one week or less
2 ... two weeks
3 ... three-four weeks
4 ... one-two months
5 ... three-four months
6 ... more than four months ago
7 ... nurse has never come
8 ... I don't know

IV. DIARRHOEAL DISEASE AND ORAL REHYDRATION THERAPY

25. During the past month, how many cases of diarrhoea among children were brought to you for treatment?

_____ cases
88 ... I don't know

26. What treatment did you give or recommend for the last case of diarrhoea brought to you?

_____

_____

27. During the past month, how many cases of <u>mohlala</u> among children were brought to you for treatment?

_____ cases 88 ... I don't know

28. What did you give or recommend for the last case of <u>mohlala</u> brought to you?

_____

_____

29. What are the common signs of mohlala (dehydration)?
(mark each one mentioned with a 1)

___ sunken eyes
___ weakness
___ dry skin
___ sunken fontanelle
___ great thirst
___ other
___ I don't know

30. What are the main causes of diarrheal disease in your village?

_____
_____
_____
_____

31. When a child in your village becomes ill with some kind of diarrhoea, what should the mother do first for the child?

1 ... give SSS
2 ... give ORS
3 ... give fluids
4 ... come see the VHW
5 ... go to a health center
6 ... other

EXPLAIN: Oral Rehydration Therapy is a term that means giving fluids to children with diarrhoea to prevent dehydration. Those fluids can be water, SSS mixture, ORS packets, rice water, tea etc.

32. Have you ever heard anything about such things in any of your training?

1 ... yes 2 ... no (go to #39)

33. How long ago was that training? ____ months ago (1 yr=12 months)

34. When you were taught about ORT for children with diarrhoea, what fluids were you taught to use: water/sugar/salt solution (SSS), ORS packets, both of them, or something else?

1 ... SSS 2 ... ORS packets 3 ... both 4 ... something else

35. How does giving ORT to a child with diarrhoea help the child?

1 ... it stops the diarrhoea
2 ... it replaces the lost water
3 ... it prevents dehydration
4 ... it restores energy
5 ... other
8 ... I don't know

36. When (at what point in the day) does one give the SSS or ORS mixture to a sick child?

1 ... after every stool
2 ... whenever the child is thirsty
3 ... whenever the child cries
4 ... other
5 ... I don't remember

17

37. How much of the SSS or ORS mixture should one give to a two year old child at a time?

1 ... one cup/can
2 ... two cups/cans
3 ... three cups/cans
4 ... as much as he'll drink
5 ... other
6 ... I don't know

38. Please describe how you mix the SSS mixture, that is, how much of each ingredient you use and how you measure it.

WATER SUGAR SALT

a) 1 ... right water
2 ... wrong water

b) 1 ... right sugar
2 ... wrong sugar

c) 1 ... right salt
2 ... wrong salt

39. Have you ever seen packets like this before?

1 ... yes (if yes, go on)
2 ... no (If no, go to #50)

40. When did you first see ORS packets? How long ago?

_____ months ago
(1 year=12 mo.)

41. Where did you see them first?

1 ... hospital
2 ... health center
3 ... pharmacy
5 ... other
6 ... I don't remember

42. Have you ever used them in treating children with diarrhoea?

1 ... yes
2 ... no (go to #50)

43. How much water do you use with one packet?

1 ... three soda cans
2 ... one liter
3 ... other quantity
4 ... I don't remember

44. Do you have packets now to use for diarrhoea?

1 ... yes
2 ... no (go to #50)

18

45. Where do you get the packets you now have?

1 ... hospital
2 ... health center
3 ... PHAL stocks
4 ... other (explain _____)

46. Did you buy those packets or did you get them free?

1 ... I bought them 2 ... I got them free

47. Could I see them please?

1 ... shows standard packet from LPC
2 ... shows another packet
3 ... does not show packet
4 ... other

48. How many did you use last month? _____ packets 88 ... DK

49. How many do you usually need for a month _____ packets
88 ... DK

50. Have you taught mothers how to mix SSS or ORS?

1 ... yes, SSS
2 ... yes, ORS
3 ... yes, both SSS and ORS
4 ... no, neither one

51. I would like to see the educational materials you have to help teach mothers about SSS and/or ORS?

1 ... shows HealthCom brochure
2 ... shows other printed materials
3 ... shows a poster
4 ... shows something else
5 ... shows no materials

52. When a mother comes to you with a young child with diarrhoea, and you can give either SSS or ORS, which one do you give most often?

1 ... SSS 2 ... ORS 3 ... I don't know

53. Why do you give _____ most often?

_____
_____
_____
_____

54. In your opinion, which one is easier for mothers to learn to prepare and to give: SSS or ORS?

1 ... SSS 2 ... ORS

55. Why is that true?

_____
_____
_____

56. Which one do mothers themselves like to use better?

1 ... SSS 2 ... ORS 8 ... I don't know

57. Why is that?

_____
_____
_____
_____

Coding Guide

#13 and #17 subjects of training sessions (multiple answers)

1- Diarrhea:causes treatments preventions

2- SSS or ORS/dehydration

3- Vaccinations

4- Injections

5- Communicable Diseases (except STDs and AIDS)

6- STDs

7- AIDS

8- First Aid: wounds, eye problems

9- Sanitation: environmental, household

10- Contaminated water, unprotected springs and wells

11- Toilets/latrines: use, construction

12- Personal hygiene/cleanliness

13- Childbirth, TBA, Family Planning

14- Good nutrition, good food, breastfeeding

15- Using health services: MCH, rehabilitation, outpatient care

16- Duties and resp. of VHWs: treating patients properly, dispensing medications

17- Doing health education

18- Refresher course

19- Other: mental health, epilepsy, diagnosis

#26 and #28 Treatments given or recommended for Diar. and Mohlala
(one answer)

1- Advised SSS

2- Taught/Gave SSS

3- Advised ORS

4- Taught/Gave mixed ORS

5- Advised to go to clinic or doctor

6- Hygiene: use clean dishes, wash hands

7- Traditional Healers care for Mohlala

8- Never had case, N/A

9- Other

10- Don't know

#30 Causes of Diarrhea (multiple answers possible)

1- Poor hygiene

2- Unsafe food, unsafe water: unprotected springs or wells

3- Lack of latrines/toilets

4- Lack of cleanliness in home: dirty kitchen utensils

5- Flies

6- Dirty feeding bottle

7- Malnutrition: poor, improper feeding

8- Other: carelessness, littering

9- Don't know

#53 SSS or ORS: Why do you give it so often? (one answer)

1- Trained to use SSS; I'm used to it

2- Trained to use ORS

3- Ingredients readily available (SSS)

4- ORS is accessible, easy, faster, mothers make fewer mistakes

5- Clinic/doctor/nurse recommends SSS

6- Clinic/doctor/nurse recommends ORS

7- Mothers mix SSS wrong

8- ORS pleases mothers/ Moms like it better

9- SSS is effective

10- ORS is effective

11- Mothers can make SSS without aid of HW

12- Mothers have already tried SSS at home

13- ORS packets are seldom/never available

14- Have never had/seen ORS packet, don't know another treatmt.

15- Less serious cases need only SSS

16- It replaces lost water/salts to body

17- N/A

18- Other

#55 and #57 Why is SSS or ORS easier to use/ why do moms prefer?
(one answer)

1- ORS is easy to mix and/or use: premixed, saves time, mothers too lazy to mix SSS

2- Women make mistakes with SSS

3- Moms trust ORS

4- Moms trust SSS

5- SSS is inexpensive

6- SSS ingredients are available in homes

7- SSS ingredients are NOT available in homes

8- Because health centers provide ORS (and mothers respect them)

9- Women have been trained in SSS/ used to SSS

10- Children prefer SSS: taste, used to it

11- Children do not like taste of ORS

12- ORS is effective

13- SSS is effective

14- Only one that HW knows

15- N/A

16- Other

17- SSS is easy

HEALTH CENTER IDENTIFICATION

4. Mohales Hoek (HSA=37)

41. Liphiring
42. Morifi/Phala
43. Mpharane
44. Lithipeng

5. Mafeteng (HSA=36)

51. Tsa Kholo
52. Thabane Morena
53. Thaba Tsoeu
54. Mt. Tabor

6. Butha Buthe (26)

61. Boiketsiso
62. Makhunoane
63. Khabo
64. Rampai

7. Scott

71. Masemouse
72. Matelile
73. Masite
74. Kolo

8. Leribe

81. Pilot
82. St. Magdalena
83. Ntlama

9. St. James

91. Marakabei
92. Lisobeng