

**MBALE COALITION AGAINST POVERTY PHC REPORT
CAP**

**ANNUAL REPORT FOLLOWING PHC ACTIVITIES UNDER MBALE
PONT/CAP**

PERIOD FROM MARCH-07 TO MARCH -08

**SUBMITTED BY
MBALE PHC SUB COMMITTEE**

**TO
PHC SUBCOMMITTEE
PONT WALES -UK**

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ACRONYMS

NGO.....	Non Government Organizations
SAO.....	Share An Opportunity
FDNC.....	Foundation for Development of Needy Communities
UWCM.....	Uganda Women Concern Ministries
UK	United Kingdom
AIC.....	Aids Information Centre.
TASO.....	The AIDS Support Organization
PONT.....	Partnership Overseas Net work Trust
CAP	Coalition Against Poverty.
PHC.....	Primary Health Care.
OPLS	Operational Level Health Workers
TOTs	Trainer Of Trainers
CDO.....	Community Development Organization
CHPs.....	Community Health Promoters
DDHS.....	District Director of Health Services.
DNO	District Nursing Officer
DHV.....	District Health Visitor
CPD.....	Continued Professional Development
HIV.....	Human Immune Virus
AIDS.....	Acquired Immune Disease Syndrome

ACKNOWLEDGEMENTS

We extend our sincere thanks to the following in making this programme successful:

The Chief Administrative Officer (CAO), Mbale, Chairman Mbale CAP

The District Directors of Health Services of Mbale, Manafwa, and Bududa.

The Political leaders of the 3 Districts

Team leaders of the partner NGOs

The Coordinator Mbale CAP / Chairman Mbale PONT

Staff of health units in partnership and supervising OPL health workers.

BACK GROUND;

Mbale CAP is a coalition against poverty, which comprises of Non-governmental organizations (NGOs) and Local governments of three districts of Manafwa, Mbale and Bududa. The NGOs involved in this network must include Share An Opportunity Uganda (SAO-U) Uganda Women Concern Ministries, (UWCM) Foundation for Development of Needy Communities (FDNC), Salem brotherhood and Jenga CDO.

This coalition is geared towards reduction of poverty amongst the communities of Mbale region.

Mbale Primary Health Care Committee

Chairman: Chemuko Fred (SAO)

NGO representatives:

FDNC: Amollo Sandra
Mangali Richard

UWCM: Makheti Paul
Mangaga Robert

SAO: Ichakara Deborah

Salem: Medeyi Dennis
Watala Micross

JENGA: Jo Purle
Grace Munyosi

DDHS representatives:

Mbale: Sr Jennifer Wandawa for Dr Abwaimo Francis

Manafwa: Muto Paul for Dr Wamasebu Gideon

Bududa: to be confirmed for Dr Mulekwa Godfrey

INTRODUCTION

The weather conditions have been moderate with hazy atmosphere. Mbale CAP /PONT Net work trust with its vision of making poverty history in Mbale sub region has made great strides in the course of the year to ensure effective service delivery at the grass root level as far as Primary Health Care is concerned.

In its endeavors we have been able to carry out the following activities in the course of the year:

- Holding PHC meetings
- Hosting Welsh visitors/partners
- Purchase and distribution of mosquito nets
- Training of OPL health workers.
- Training of TOTs
- Refresher trainings for CPD for OPLs
- Data collection and compilation
- Supportive supervision and follow up
- Monitoring and evaluation.

OVERALL PHC OBJECTIVE

To reduce mortality and morbidity rate among children under 5 years and pregnant mothers.

Specific Objectives;

- To increase access to professional health services by community members.
- To have reduced disease burden at house hold level
- To improve on Environmental Sanitation at grass root level.
- To build the capacity of Community Health Workers for effective service delivery and utilization.
- To inculcate in the local population the spirit of professional health seeking behaviour.

ACTIVITY SCOPE:

Activity Description

Activity description	SAO		UWCM		FDNC		TOTAL		Comments
	M	F	M	F	M	F			
1. Training of OPLs 2 nd in take	11	9	7	3	7	3	40		Gender still an issue to be addressed gradually
2. Procurement and Distribution of mosquito nets	300		1500		1500		6,000		Achieved as planned though still high demand for ITNs by city members
3. Continue professional development trainings	22	15	11	7	12	5	72		Participation of other stakeholders from these communities for integration on quarterly basis.
4. Supportive supervision	Bubutu sub county		Bugobero Busano Bungokho sub county		Busiu Bukiende Namanyonyi sub county		7 sub counties		The OPL activities are now becoming more visible and community members were very happy with help they get from the OPLs in terms of knowledge and skills on prevention of communicable diseases
5. Data collection analysis and compilation	650		300		100		1050		FDNC was going through restructuring services
6. Conducting PHC meetings	1	1	1	1	1	1	6		learning to cope up with process has been so gradual in bringing on board other stakeholders so more dialogues needed for effective working system
7. Monitoring and follow up on NGOs performance		2		3		3		8	There are still many gaps to be addressed in Each NGO hence need for more follow ups to strengthen the program for community benefit
8. Participation in International health days (TB)	20	18	5	5	7	3	32	26	More members were from SAO because it was the organizing agency.

9. Community mapping for the NGOs operational areas	Bubutu Busiu		Namanyon yi Nakaloke		Bungokh o Bushika		Bufumbo Bungokh o Mutoto	Bungokho had a similar activity on malaria by UWCM under Laamps hence challenge to FDNC
10. Curriculum / review & development by facilitators to fit the changing community needs								This activity still in progress because consultations are being made with MOH for their input

Training of OPL health workers

This activity was carried out at Health Man power Development centre for second cohort training which took a period of one month from 24th March to 23rd April 2007.

This training attracted 41 OPL Health Workers from the three sister organization of SAO – 20 UWCM – 10 FDNC – 10 – UK – 1.

Outcome

- Strengthened working relationships between the NGOs and the local government through dialogue.
- The government recognition of NGOs as partners in development has been realized. The partner NGOs have now the government health programmes right from the planning level to implementation, which sets a firm foundation for sustainability of this program.
- By the end of the training, the OPLs were able to confess, “We now have tools to reduce the disease burden in our communities”. This was a sign of commitment with the knowledge and skills gained.

Observation:

There was great transformation among the participants through their exposure to field study.

- Communication skills were attained as the expressed in their facilitation during plenary presentation from their group work.
- Commitment to learn was also observed.
- Effective participation by participants and facilitators.
- Conducting PHC meetings was also another activity continuously carried out amongst the partner NGOs and the local government on how to improve support and sustain the PHC activities under Mbale CAP/PONT.

MEETINGS

Have also helped the NGOs linked to learn a lot from each other which is an asset for their improved performance through exchange of views.

The meetings have also stimulated the partner NGOs to map up their operation areas which has made resource allocation easy and minimized duplication and overburdening of communities. This has given community members a breathing space which can enable them to plan and effectively implement their activities with a lot of ease.

CONTINUING WITH PROFESSIONAL DEVELOPMENT FOR OPLS

This has been going on quarterly basis at a central place. This has enabled us to look in to challenges faced by the OPL health workers in their implementation process and design appropriate topics that can address the challenges and also build their capacity for effective performance. We have so far carried out four (04) refresher trainings with a focus on strengthening the health service delivery and utilization at the grass root level.

Outcome

- ✧ Improved service delivery and utilization as evidenced by low malaria report at the health facilities where OPLs come from and increased service utilization most especially in Reproductive health(safe mother hood) , Family Planning and Immunization coverage
- ✧ Improved working relationship between the OPLs and health workers at health units as now some OPLs are fully involved in carrying out Health education and Immunization out reaches in conjunction with the Health unit staff.
- ✧ Increased professional health seeking behavior among the local population which used to be a myth which has come out as a result of OPLs activities.

PURCHASE AND DISTRIBUTION OF MOSQUITO NETS

This has been a paramount activity carried out by the PHC team this year. We have been able to purchase and distribute 6000 (six thousand) mosquito nets.

The net were given to OPLs on quarterly basis with 25 nets per OPL quarter.

- ✧ The community beneficiaries are now able to say that there is reduced malaria incidence in their families which has enabled increased financial savings and good performance by their children in school due to reduced sickness, absenteeism from school.
- ✧ Increased income at household level as they also confessed that money which was previously needed to buy ant malarial drugs can now be invested in an IGA hence income for the family.

DATA COLLECTION AND COMPILATION

This has been routine work done by the OPL health workers as a way of monitoring progress and effectiveness of mosquito nets distributed.

Outcomes

- The outcomes reveal that mosquito nets have been effective because families who received mosquito nets registered great success as there was a drastic drop in malaria prevalence compared to families who had no nets.

The data collection provides objective evidence of mosquito net efficacy in a practical context of rural community health care.

Supportive supervision, monitoring and evaluation have also been conducted across communities where OPLs come from and have confirmed that the presence of an OPL health worker in the community is an asset. People we interacted with showed a lot of appreciation for the services offered by the OPLs. This created an impression that the OPLs are committed to their work as promised during their graduation.

Training of TOTs;

The first of two phases of training was carried out towards the end of this year. The TOT selection drew candidates from the OPLs who have excelled in their performance at community level and who demonstrated good interpersonal communication skills.

The training attracted 30 participants 08 UWCM, 10 FDNC and 12 SAO who were screened from the already trained OPL health workers.

This training was geared towards empowering the TOTs with knowledge and skills to be able to train other health workers at community level, in particular CHPs, with minimal supervision by the health professionals.

By the end of the training participants were able to echo, “we are a sharpened iron ready to sharpen another iron”.

The training covered two Phases as per with some 05 members qualify as Assistant TOTs and the remaining 25 participants made it TOTs Level so funding is still needed to support supervise their activities for confidence building. (see training content at the Appendix)

Participation in the International Tuberculosis (TB)day hosted by Mbale District on 27/03/08;

This was an activity that made the OPLs more visible as the entire nation admired the Model and its operationalisation. The model was recommended by the Ministry of Health because it is unique and practical.

The local council 5 of Mbale district had this to say on this occasion:

“ The Ministry should also include the community health workers on the Government Pay Roll like other countries do”

The OPLs on this day presented a skit on the processes of an effective referral system of different case incidences and prevention and control of Tuberculosis.

This activity has given a new public awareness of our working together with the Health offices in the three network Districts.

Achievements made

Following the activities carried out as narrated above, we were able to make the following achievements:

1. 100% of planned training activities were carried out successfully such that the participants were able to acquire knowledge and skills which they have applied in their areas of jurisdiction(this Include OPLs, CPD,
2. A strengthened working network system amongst the partner NGOs and local government most especially District health offices.
3. There are drastic sanitation and housing conditions improvements at household level, people can now proudly relax in their home compounds compared to the past.
4. There is continued improvement in marital relationships in families. This has been as a result of OPL activities in the field through health education and counseling.
5. General reduction in malaria burden, mortality and mobility rate level as a result of proper utilization of mosquito nets distributed under this project.
6. Increased professional health seeking behavior as evidenced by many people now utilizing health services from the health units most especially in family planning and immunization.
7. Distribution of (6000) six thousand mosquito nets were procured and distributed to the most vulnerable families most especially those with children under 5 years, orphans HIV infected and pregnant mothers.
8. There is also improved service delivery by the partner NGOs through exchange of ideas and consultation meetings held.
9. Doctors, Medical teams, Ministers of sustainable development and long life education was a big achievement as their presence boosted our visibility more moral support at all levels i.e. from grassroots to the national level. This was great gesture .

10. Increased in knowledge, attitude and practices of OPL health workers in provision of quality PHC services which has become a unique model in the whole country and other districts have shown interest in coming to learn from us.

Challenges

Though many achievements have been made in the course of the year our challenges include:-

- Delay in the Net refreshment (insecticide retreatment) by the Ministry of Health.
- Persuading community members to contribute to wards replacement of old mosquito nets has become a challenge as reported by the OPL health workers.
- Higher expectations by the news partners in net work trust.
- Meeting the ever increasing demand for the Mosquito nets.
- Limited resource base to fund all the PHC activities to supplement PONT Wales efforts.

Way forward/ Recommendations.

- Completion of 2nd phase TOTs training.
- Training of Salem health workers
- Distribution of Coertem to OPLs by the DDHS in the network trust.
- Training of CHPs and leaders on the new implementation strategy in the mapped NGO sub counties.
- Integration of PHC activities with Adolescent reproductive health services.
- Conduct annual review meeting with other departments on the integration process.
- Review meeting with the facilitators and institutional leaders on CHPs training curriculum.
- Conduct regular supportive supervision of the OPLs activities by both PHC committee and respective NGOs.
- Improvement in the data collection and compilation, analysis and interpretation by the sister NGOs already engaged in the data management.
- Procurement and distribution of mosquito nets the next quarter.
- Carry out monthly PHC subcommittee meetings to help each other on service delivery.
- Design sustainability strategy on mosquito net purchase and distribution model among others.
- Strengthen routine inter partnership review meetings.

Conclusion

In conclusion all planned activities were successfully implemented with in the budget frame work despite the challenges a number of achievements were made as explained above we look forward for productive new financial new year as we make poverty history in Mbale region.

Chemuko Fred
PHC Chairman
Mbale PONT/CAP

NB: Please see Appendices for sample copies of meeting minutes, evaluation reports, and activity photographs.

Appendix 1

REPORT ON OPL –CPD-TOT TRAINING UNDER MBALE CAP 05/03/2008.

INTRODUCTION:

Coalition Against Poverty comprises of 3 Districts of Manafwa, Bududa and Mbale.

The focus of this Coalition is to make Poverty History among the people living in this Region.

The PHC Department under this Coalition is set to equipping Health Workers with knowledge and skills to be able to drive disease and ignorance out of its population.

The levels of training have taken the process below.

- Training of CHPs.
- Training of OPL Health Workers
- Then training of TOTs who will in turn train the CHPs in their areas of jurisdiction at Sub County level.

The methods used or employed during the training include:

- Brain storming
- Assessment tests
- Group discussion
- Role plays
- Buzz in group
- Role modeling.

The training content was as follows;

1. Topic: Looking at learning and teaching

Objectives:

- Introduction to the course
- Climate setting
- The course outline
- Proposed timetable
- How to conduct the course
- Evaluation

2. Topic: Communication and group dynamics

Objectives:

- Communication process
- Individual aspects of communication
- Counseling
- Group dynamics
- Review of the process of communication

3. Topic: The teaching and learning process.

Objectives:

- Principles of learning
- Teaching and learning
- Theories of learning

- Qualities of a good teacher
- The six tasks of a teacher

4. Topic: Teaching and learning methods

Objectives:

- General principles in teaching
- How knowledge skills and attitudes are taught
- How to decide which method to use
- Principles of public speaking and its art.

5. Topic: Assessment of learning and teaching

Objectives:

- Evaluation, assessment and examination
- The purpose of evaluating learners
- Assessing knowledge, skills and attitude
- Characteristics of a good evaluation.

6. Topic: Teaching and Learning Aids

Objectives:

- Types of learning aids
- Storage of learning aids
- How to use learning aids
- Evaluating learning aid

7. Topic: Application of teaching and managerial skills during the workshop

Objectives:

- Micro teaching / facilitation
- Mini – teaching guidelines
- Organizing an in-service course
- Examples of assessment forms
- Evaluation of teaching skills
- Managing a work shop
- How to write a workshop/training report

ACHIEVEMENT

- The participants now have ability to plan for a lesson and manage the training process.
- All topics planned were covered in time
- Participants were active and showed interest in acquiring facilitation skills.

TRAINING CONTENT FOR OPL-CPD (TOT'S) 1ST PHASE.

TOPIC (I)	Looking at learning and teaching	Persons responsible
Objectives	<ol style="list-style-type: none"> 1. Introduction to the course 2. Climate setting 3. The course outline 4. Proposed timetable 5. How to conduct the course 6. Evaluation 	Mr. Chemuko Sr. Wandawa Mr. Emuron
TOPIC (II)	Communication and group dynamics	
Objectives	<ul style="list-style-type: none"> • Communication process • Individual aspects of communication • Counseling • Group dynamics • Review of the process of communication 	Dr. Wamasebu G. Mr. Madaya P. Mr. Kundu
TOPIC (III)	The teaching and learning process	
Objectives	<ul style="list-style-type: none"> • Principles of learning • Teaching and learning • Theories of learning • Qualities of a good teacher • The six tasks of a teacher 	Dr. Abwaimo Mr. Muto P. Mr. Kawanga
TOPIC (IV)	Teaching and learning methods	
Objectives	<ul style="list-style-type: none"> • General principles in teaching • How knowledge skills and attitudes are taught • How to decide which method to use • Principles of public speaking and its art. 	Mr. Chemuko Sr. Wandawa Mr. Emuron
TOPIC (V)	Assessment of learning and teaching	
Objectives	<ul style="list-style-type: none"> • Evaluation, assessment and examination • The purpose of evaluating learners • Assessing knowledge skills, and attitude • Characteristics of a good evaluation 	Mr. Madaya Mr. Ochieng Sr. Alupo D.
TOPIC (VI)	Teaching and learning Aids	
Objectives	<ul style="list-style-type: none"> • Types of learning Aids • Storage of learning Aids • How to use learning aids • Evaluating learning aid 	Mr. Ilukor Mr. Ongom Mr. Okurut
TOPIC (VII)	Application of teaching and managerial skills during the workshop	
Objectives	<ul style="list-style-type: none"> • Micro teaching / facilitation • Mini – teaching guidelines • Organising an in-service course • Examples of assessment forms • Evaluation of teaching skills • Managing a work shop • How to write a workshop/training report 	Sr. Namataka Sr. Wandawa Mr. Chemuko

TRAINING TIME TABLE FOR TOT'S 2ND PHASE AT HEALTH MAN POWER DEVELOPMENT CENTER FROM 13TH – 04

DAY	8:30 – 10 30		11:00 – 1:00PM	L	2:00 – 4:30		5:00 – 7:00 pm		8:00 – 9:00
I SUNDAY 13/04		B R E A K		H C H N L U L	Facilitators Review meeting	B R E A K	Arrival of participants and registration	MR CHEMUKO SR. NAMATAKA	Briefing & supper
II MONDAY 14 TH /04	Review first phase training		Pre- test and introduction to primary health care issues		Concepts, elements and strategies of PHC		Demonstration on organizing and assisting community health workers	MR CHEMUKO SR. WANDAWA SR BABIRYE	super and group discussion
III TUESDAY 15/04	Management process		important resources to be managed in health services		Application of principles of Management in health care delivery		Medical enthics of health caregivers/ workers	DR. GIDEON SR. NAMATAKA MR OKURUTU	Assignment super group discussion
IV WEDNESDAY 16/04	Introduction, Aims and objectives of instructional design		How to design, plan and programme a course of study		preparation of lesson plans for use of teaching		Factors considered when planning a course study and use of lesson plan when teaching	DR. GIDEON SR WANDAWA MR KAWANGA	Assignment supper group discussion
V THURSDAY 17/04	Introduction to curriculum development		Process of curriculum development and key elements of a curriculum		Factors which influence curriculum development		Approaches to curriculum development & community survey process	DR. ADWAIMO MR EMURON DR WONIAYE	
VI FRIDAY 18/04	Teaching methods		Teaching methods		application of teaching and managerial skills		Application of teaching and managerial skills	MR CHEMUKO SR. NAMATAKA MR MADAYA	
VII SATURDAY 19/04	Application of modern training skills		Assessment and evolution tools for a training session.		Graduation and award of certificates closure			MR CHEMUKO SR. NAMATAKA MR EMURON	

COMPILED BY

APPROVED BY

TOTS PHASE TWO TRAINING CONTENT.

TOPIC I PRIMARY HEALTH CARE AND MANAGEMENT OF HEALTH SERVICES

OVERALL OBJECTIVES

1. Introduction
2. Aim
3. Primary Health Care
4. The Management of Health services
5. Management of resources.

Sub Topic: Primary Health Care

Objectives

Upon completion, the teacher trainee should be able :-

- (a) Define PHC
- (b) Explain the concept of PHC
- (c) Enumerate the elements of PHC
- (d) Explain strategies laid down by WHO for achieving the global goal of Health for all by the year 2000.
- (e) Demonstrate an ability for organising and assisting students in working with and mobilising communities.

Sub topic 2 : Management of health Services

Objectives

Upon completion, the teacher trainee should be able to :-

- (a) Describe the management process
- (b) Identify the most important resources to be managed in health services.
- (c) Demonstrate ability to apply the principles of Management in health care delivery.
- (d) Medical ethics of health care givers /workers.

TOPIC 2 Instructional Design and programming

Procedure

1. Introduction

2. Aims
3. Objectives
4. Activities
5. Evaluation
6. References

Objectives

At the end of this unit, teacher, and trainees should be able to:-

- (a) Design, plan and programme a course of study.
- (b) Prepare lesson plans for use in teaching
- (c) Outline factors to be considered when planning a course of study
- (d) Use lesson plans when teaching.

TOPIC 3. Curriculum Development and Design

Procedure:-

- ✧ Introduction
- ✧ Objectives
- ✧ Activities
- ✧ Exercises
- ✧ Evaluation
- ✧ References

Objectives

- (a) Describe the meaning of a curriculum.
- (b) Describe the process of curriculum development
- (c) The key elements of a curriculum
- (d) Factors which influence curriculum development
- (e) Approaches to curriculum development
- (f) Community survey process

Topic 4. Application of Teaching and managerial skills

- ✧ Introduction
- ✧ Aims
- ✧ Objectives
- ✧ Assignment /Activities
- ✧ References.

Objectives

After completing the unit, participants should be able to:-

- (a) Define old skills and develop new ones using micro- teaching and mini teaching.
- (b) Identify training needs through survey or other suitable methods (in order to plan, organize and implement a community training course.
- (c) Design and conduct in service training courses to address the identified training needs
- (d) Evaluate the teaching process and use the feed back for necessary improvement.

- The facilitators showed a lot of cooperation during the whole training process.

CHALLENGES

- Some participants delayed to reach the training venue on time hence missed some topics.
- Little time given to facilitators to prepare due to uncertainty of funding.

WAY FORWARD

- The participants have been assigned to link up with the Health units in place and be given chance to give health talks in order to get used of public speaking and effective supervision.
- Conduct second phase TOT Training before actual training of CHPs starts.
- Conduct 4th CPD refresher training on 11th /03/2008.
- Hold facilitators review meeting in preparation for the 2nd phase of TOTs.

ACKNOWLEDGEMENTS

- Special thanks go to Mbale CAP Management Committee for availing funds to make this training a success.
- Thanks to the DDHS of Mbale for his supervisory role, which kept us on track during the training process.

- Thanks to the DDHS of Manafwa for his technical expertise in the whole planning process that enabled us to come up with a required content for this training.
- Special thanks also go to the following facilitators:

1. Dr. Wamasebu Gideon
2. Sr. Wandawa Jennifer
3. Sr. Namataka Juliet.
4. Mr. Ongom
5. Mr. Ilukor Gerishon
6. Mr. Muto Paul
7. Mr. Madaya Patrick
8. Mr. Emuron Michael
9. Mr. Okurutu Moses
10. Sr. Clare Babirye
11. Mr. Kawanga Michael

for their tireless efforts invested in this training to make it a success.

- Thanks go to the Hotel Management for availing the venue for the workshop.
- Thanks also go to the partner NGOs SAO, UWCM and FDNC for their continued support to making this program grow to this level.

OBSERVATIONS:

- The attitude of the learners was positive towards learning.
- The differences in the levels of Education in relation to the training content may deter some participants from performing well despite the zeal they have.
- The different approaches used by Organisations towards Health programme in nurturing the Health Workers may affect the programme to some extent.
- The zeal to put into practice what they have learnt whatever the level of adoption also varies.
- The self esteem among the learners is promising
- The level of maturity was seen as the participants' behaviour was satisfactory.
- The time allocated to the training content was very small.
- The weather was so hot that participants could drink all the water provided and continued to demand for more which was not availed.

- The level of gender participation was embraced.
- Promising resource persons to support the existing structures in place. (Mbale and Manafwa).
- The facilitators were competent and understood the target group
- The skill of development of learning/visual Aids requires to be built through training.
- The involvement of the DDHSs, DNOs, DHVs, Deputy Principal and Registrar of School of Hygiene was a motivation to the learners.

RECOMMENDATIONS:

- Strengthen networks with sister Organisations to develop strategies which will nurture the Community Health Promoters well to bear positive results.
- Development of training manual for the TOTs to guide them.
- The training content be tested and given adequate time.
- Miscellaneous funds be increased in the budget to cater for the short comings
- Preparation of the training venue between the Organisation and Management

Appendix 2

Report on support supervision of PHC activities under Mbale CAP/PONT second quarter

To achieve this struggle PHC has been pioneered as an entry activity in the communities.

The purpose of the support supervision was to ascertain the impact created through the primary health care activities carried out by the OPL health workers in different sub counties under the 3 NGOs stipulated above (SAO – U, FDNC & UWCM).

Methods used for information gathering.

- Key informants persons – (KIP)
- Focused group discussions (FGD)
- Field visits at household level.
- Interactive talks
- Scrutiny of files and records in place
- Interviewing of beneficiaries.

Key focus areas

- Mosquito nets use in relation to children under 5 years and pregnant mothers.
- The network relationship between the OPLs and the available health units and its staff.
- Effectiveness of OPLs in helping communities benefit from the health services available.
- Record keeping and reporting systems
- General environment sanitation in the catchment areas of OPLs.

Communities reached during the exercise

Sub county	District	Number of OPLs
Bubutu sub county	Manfwa district	30
Bugobero sub county	Manafwa district	3

Busiu sub county	Mbale district	7
Busano sub county	Mbale district	2
Bungokho	Mbale district	7

Findings

- Mosquito nets distributed are in use by the target beneficiaries especially children under 5 years as was evidenced by those hung in the homes visited.
- The parents of the children under the net were very happy with expression that malaria burden has been reduced giving room to concentrate on investments which was very difficult before mosquito net distribution.
- They also confessed school performance has improved as a result of mosquito nets which has minimized on absenteeism in school.
- It was also evident that OPLs, where interviewed, were able to testify of how they have been helped to reduce the disease burden which has given them room to save a little and to invest some into IGAs like poultry, goat keeping and crop growing.
- We were able also to see improved households with basic requirements like drying racks, latrines, bath shelter, Access paths, Food stores, animal houses, flowers among others.
- We also found networking or working relationships between the health units staff and OPL health workers as referral systems and disease surveillance. Most especially in Bubutu (SAO – community) we were able to see the duty roster integrating OPLs and TBAs in place.
- Record Keeping and reporting had also worked out well as most of communities visited had something to show as evidence that the activity took place.
- Communities have also improved on their housing conditions and general environment sanitation because of the awareness created by the OPL health workers and CHPs on the ground, a case in a point is Bubutu where all OPLs have been involved in the sanitation and home improvement campaigns.

Observations made:-

- OPLs' hard work has brought drastic change and people within their catchments areas are proud of what they are doing for them.
- Some subcounties have few OPLs. In this situation covering the whole sub county becomes a big challenge. A case in point is Busano subcounty which has only 02 (two) OPLs.
- It was also observed that OPLs health workers have kept on as they pledged. This was a sign of commitment.
- Subcounty leadership of the local government were very supportive of PHC activities in their areas of jurisdiction and also pledged to work hand in hand with the OPLs for the good of the communities they are serving.

Challenges raised from the field by OPLs

- Increased demand for the mosquito nets
- Polygamous families with a big number of children of the same age with different mothers need additional nets
- HIV/AIDS orphans who are living under the care of another guardian who is not their parents give less attention to them hence vulnerability to other diseases due to lowered immunity.
- Lack of support from some health units like Bugobero health centre IV where the In-Charge cannot give opportunity to the OPLs in place to participate in their activities.
- Limited service provision at some health units most especially VCT, PMTCT as far as HIV/AIDS is concerned. On this matter the OPLs of Bugobero subcounty requested the Team to lobby from TASO and AIC to extend their services to this community
- Low participation of some community members due to negative attitude to change among others.

Lessons learnt

- Ownership is a cornerstone for any community development initiative. In communities like Bubutu, Busano and Bungokho where OPLs have taken up squarely, the implementation process, community members have benefited more than in other project areas where ownership is still weak.
- Capacity building of female OPLs an asset for community development this was evidenced by the commitment women /female OPLs showed in their performance.
- Access to financial services is a necessary condition if community members have to carry out viable enterprises. In Bubutu the goat project has increased from 90 goats to 199 goats within one year which has resulted into some members getting into another enterprise as a supplement like poultry. So far 15 houses are keeping poultry besides goat keeping.
- Teamwork is a key to success. In Bubutu OPLs decided to pool their lunch allowance for data collection now using it as a revolving fund amongst themselves this has built cohesion and boosted unity among the OPLs and other community health promoters.
- When all the four (04) pillars of primary health care are embraced community development will be attained with greater ease as resources from different corners shall be pulled together for the common goal.
- Timely supportive supervision is an asset to program success. The implementers will be helped to keep on track as mistakes will be identified quickly and corrections made.

GAPS Identified

- Absence of, or limited supportive supervision by the NGOs on the work of the OPLs has made their work very difficult to implement.
- Criteria for selection of needy families for the net distribution was not seen in some NGOs
- Records and reports by some OPLs were not in place.

- Data collection in FDNC was still a gap hence need more technical back stopping.
- Scattered OPLs by FDNC and UWCM makes the impact to be too thin to measure in comparison with resources allocated

Strategic Recommendations

- NGOs to have staff on PHC to carry out follow-ups on all activities there in.
- Central PHC committee to be facilitated to conduct dialogue with the community leaders where the OPLs operate to beef up support for activity implementation.
- NGOs involved in the coalition to map up their catchment areas for easy implementation and cost cutting.
- Link up the VCT programs with AIC and TASO for effective service delivery for community welfare most especially in Bugobero Subcounty.
- Quarterly Reviews be conducted both at the NGOs and community levels to harmonize gaps identified.
- Supply of anti-malarial and dewormers to the OPLs is a matter of urgency to make them more functional. This can be done by DDHSs of the 3 districts.
- Referral system to be strengthened at all levels.
- Formation of village health teams in areas where the OPLs and CHPs exist is a prerequisite to effective service utilization and referral system.
- Orientation meeting for all health staff in every district on health development models and systems to be conducted to bring everybody on board and bring the remaining 04(four) centres to the same level of awareness and collaboration.
- Every NGO to develop criteria for selection of need families.

- Training of TOTs to carry on with the CHPs training with minimal supervision by the external facilitators will boost program ownership hence sustainability.

Best practices by OPLs

- Recording all information on activities carried out on daily basis.
- Pooling resources together as a revolving fund.
- Continued volunteerism and commitment to work.
- Team work most especially during home improvement campaigns.
- Seeking guidance and creativeness in trying to overcome challenges encountered.
- Referring clients and patients to the health units for services.

Conclusion

With your continued support towards this program, the sky will be limit.

Appendix 3

Report following CPD refresher training of OPLs 4th quarter.

Introduction;

The training comprised of OPL health workers with other health workers from the government health units.

It attracted 72 participants in total 38 female and 34 males.

Issues addressed;

These were on the current government policy on malaria prevention and control using ACT (Coertem) treatment, management principles and problem solving techniques.

Refresher training programme for OPLs 4th Quarter on 11th March 08

Time	Topic	Person responsible
9:00- 11:00am	Climate setting& Use of Anti-malarials	Chemuko & Dr Wamasebu
11:00 – 11:30am	Break	
11:30 – 1:30 pm	Management principles& Problem solving skills	Sr Namataka & Sr Wandawa
1:30 – 2:30 pm	Lunch	
2:30 -	Departure	Robert mafabi

Out come.

Participants were very happy with the training and confessed that work is now going to be enjoyable with the additional knowledge and skills attained.

They requested the facilitators to carry out follow and supportive supervision on their activities at the grass root level as it will be assign of motivation for effective service delivery and utilisation.

Way Forward.

We concluded the training with the following assignments;

- All OPLs to complete the data collection process for compilation by the respective NGOs.
- Follow up by the facilitators be made to beef up the team spirit to impact at community level.
- Preparation of new communities for the up coming PHC activities under Mbale CAP.
- Supportive supervision by the Health Unit staff be integrated in the PHC activities.
- Arrange another refresher training after an annual Evaluation to fill the Gaps.

Appendix 4

PONT PHC MEETING

Held on 19th February 2008

Venue: Uganda Women Concern Ministry

Members Present

1. Fred Chemuko- SAO/PONT
2. Sandra Amollo- FDNC
3. Robert – UWCM
4. Sister Wandawa- DDHS Mbale office
5. Dr. Wamasebu Gideon- DDHS Manafwa office

Min. 1

The meeting was opened with a prayer led by Robert. The committee received apologies from Jenga; the organisation could not send anyone for the meeting due to unforeseen circumstances.

Min. 2

Minutes of the previous meeting were read by Robert of UWCM and adopted

Min. 3

- OPLs were expected to work throughout the week. Each OPL was to collect data from 25 households specifically, the same households for the entire year.
- Chemuko Fred(PHC Chair man) was working closely with Sandra Amollo on malaria data collection forms. Two data collection forms had already been presented and ready for distribution to participating NGOs, the forms developed were;
 - Household forms to be filed by OPLs, the OPL supervisor was to get information from the house hold forms and summarize it into the general malaria data collection forms.
 - Log book; each NGO was to purchase black books for OPLs under them and help them design the books in a format agreed at the PHC meeting. All OPLs were to record information regarding their day to day interactions with patients in their respective villages. The log book was to help in future assessment of the effectiveness of the PONT health program at the village level.
- OPLs were also expected to fill in quarterly reports and hand over to their respective supervisors. Quarterly report forms had already been passed in the previous meeting.

Min 4. Mosquito Nets

The PHC chairman informed members of the committee that mosquito nets had already been procured (2500 nets) and distributed to respective NGOs. Details of distribution are as follows;

- 625 nets for UWCM
- 625 nets for FDNC
- 1250 nets for SAO

SAO had already distributed their nets to beneficiaries while FNDC and UWCM were yet to distribute their nets to beneficiaries. The PHC Chairman requested members to give him an update of the mosquito net distribution at a later date.

Min. 5

The chairman informed members present that training of Salem CHPs was proving to be a challenge citing lack of communication from Salem to feed the planning process, he however said that Denis later reported to him that they were ready for the training.

The training still could not be scheduled because communication from Wales was not forthcoming, this is because those responsible for this program (in Wales) were of the view that NGOs clear all funds on the Mbale CAP accounts before further funding can be made.

NB. Salem CHPs training was put on hold until authorities in Wales gave a go ahead.

The chairman further said he was consulting with the DHSS on areas to build capacity of OPLs as part of the continued professional development plan.

Min. 6

There was to be training on use of artemetha – anti malaria, this was to be conducted by the PHC chairman and DHSS of all 3 districts under PONT.

Min. 7 Progress Reports;

The chairman received reports from FDNC, SAO and UWCM recommendations from the three NGOs is as follows;

- Need to carry out refresher courses for OPLs; the PHC Chairman informed members that this was in plan, a refresher course (CPD) is to be conducted in March, the chairman was to confirm dates for this course and communicate to partners concerned.
- Need to boost morale of OPLs in order to carryout activities with renewed zeal; the chairman responded saying that funds for boosting OPLs work were available but could not be released until all NGOs concerned submitted their accountabilities for funds received earlier.
- Need to train more CHPs, on this issue, the chairman said it was in plan and will be communicated when everything was ready.
- Need to improve housing conditions in the communities served
- Need to equip OPLs with drugs for distribution when need arises
- OPLs to register all households, children in areas of operation saying it would help them in the course of conducting their duties.
- It was suggested that OPL activity files be opened at health units
- It was also said AIC/TASO services were missing in Bugobero and therefore their was need to introduce these services in the area
- OPLs should register all households, children, women etc in their respective areas of operation
- It was also recommended that the programme provides for two nets per homestead in an effort to cover households that have a considerable number of toddlers (mainly in polygamous families). This was seconded by sister Wandawa citing that it's a recommended government policy.

- UWCM also requested to be equipped with a computer and digital camera, to which the PHC Chairman objected saying PONT was not meant to equip organisations with everything but only to supplement on what the organisations already had, NGOs are to take up PONT programmes as part of their day to day activities in communities they covered and not an independent programme.
- On the issue of salary top ups (recommended by one partner), the PHC chairman explained saying the agreement between PONT and partners did not spell salary top-ups as an area to cover. He however said NGOs can use some 300,000 to run their administration cost in line with PONT Supported activities.
- It was recommended that NGOs and health system needed to network closely since they were serving the same purpose.

Challenges

- There were no lights in Bubutu health centre which had greatly affected the Maternity section, SAO however provided two lamps for the same but there is need to replace the solar batteries.
- There were a few anti-malarials brought to health facilities because transportation was a challenge to the centres and the quantities brought were not enough to distribute to OPLs. The chairman was to follow up on this with the DDHS and report in the next meeting.
- Accountabilities from NGOs were not forthcoming causing delays in disbursement of monies to NGOs for fieldwork.

Way forward

1. Follow up on anti-malarials by Tuesday 21st/Feb/2008
2. Planning meeting with DDHS for training of OPLs in CPDs
3. Handing in of accountabilities by 21st Feb/2008 from NGOs that received funding.
4. Each NGO was to prepare communities allocated to them for upcoming program under PONT/MBALE, CAP, and PHC.
5. Feed back from Salem on their preparations for training of their CHPs.
6. All NGOs were to collect data (monthly) and compile it; they were also to help OPLs design log books for record keeping purposes.
7. All NGOs prepare OPLs for CPDC refresher due in March 2008 date to be agreed with DDHs office.
8. NGOs were to draw map of areas of operation.
9. Next meeting was scheduled for 19th/March/2008.

Appendix 5

Mbale PHC / PONT –RCT tLHB* Planning meeting Saturday 1st December 2007 at Mount Elgon Hotel

Present: Dr Francis Abwaimo (Mbale), Sr Jennifer Wandawa (Mbale), Fred (SAO), Richard (FDNC), Sandra (FDNC), Robert (UWCM), Micros (Salem).

Dr Cath Taylor (Health links coordinator, PONT); Drs Carl & Sally Venn (PONT)

Apologies: received from JENGA and Manafwa and Bududa districts.

It was agreed the PHC should constitute members from all three districts and all 5 NGOs involved in the PONT – RCT tLHB link.

CHPs training (OPL level 1) needs of each NGO were listed:

Salem have 36 community based health workers who need completion of training to achieve standard to pass accreditation exam.

JENGA have 45 CHPs who have completed training. They will need some to be identified to progress to OPL2. CHPs currently travel from Namatala into the local villages, ie are not drawn from the villages. Future CHPs should come from the local communities rather than commute.

UWCM have all their CHPs now trained to OPL2 level (15 in total), so need further CHPs trained to improve coverage.

FDNC have 5 CHPs and 15 OPL2s. Need more CHPs

SAO have over 100 CHPs and 30 OPL2s. They need more CHPs.

The Process of expanding the CHPs cadre

SENSITISATION COMMUNITIES – SELECTION CANDIDATES FOR TRAINING – TRAINING – EXAM - CERTIFICATION -> selection about one third to progress to future OPL2 training. [VHT – OPL2 + 1 - 3 CHWs]

It has been previously agreed by PHC and in discussions this week that the priority is to train more CHPs, but to achieve optimal effectiveness, the process of selection should be preceded by careful sensitisation of communities and particularly their leaders as a priority.

Both SAO and Salem have expertise in needs assessment and sensitisation. It was agreed the other 3 NGOs should draw on their expertise to build the capacity of their organisations through initially 2 selected volunteers (drawn from the OPL2 cadre). SAO/Salem personnel will accompany chosen volunteers to receive this training, by teaching them in the field, setting assignments, etc.

Sensitisation of communities would take one day; further training one week.

Identification of CHPs candidates a further 2 weeks. *Action: costings - Fred*

Each CHP would cover around 100 homesteads / households (with an average of 8 individuals per homestead).

Need to identify and select a cohort of 40 per locality to be trained locally (subcounty level). If begun immediately the time to start of training would be around one month, with training Jan – June. By September, OPL2 candidates could be selected from that cohort for training in, say, November 2008 if funds allow. *Action: costings – Fred*

Equipment: T shirt; WTIND book; gumboots; raincoat; umbrella; bag.

CPD training.

It was agreed to provide 3 monthly training centrally for OPLs.

This allows efficient use of human resources and offers a forum for not only teaching on subjects requested or of current importance, but a regular exchange of ideas and peer support, with “cross fertilisation” of ideas from the different NGOs.

3 monthly CPD for CHPs would be provided locally (efficiency cost and time)

Data collection

Changes agreed through deliberations this week:

Quarterly returns [OPL2s] – as per suggested data sets, with PHC to refine before commencing in January.

Quarterly reports compiled by supervisors by end April / July / Oct / Jan to be forwarded to Wales, with response within 2 weeks.

Malaria net data forms – refined to simpler form (quarterly return captures births, deaths) 25 per OPL2.

Starting with 25 new homesteads with next issue of nets. This cohort of 25 to be followed monthly, with NGO supervisors collating and returning quarterly figures for 12 months.

Lap top computers to support data processing and admin to be provided to each NGO for use by supervisor.

Estimated costs: £750 + £300 x 4 = £1950

Admin budget

stationery, transport, log books, referral forms

Action: costings – Fred

Referral forms: requested and designed at conference by OPL2s (confers credibility, facilitates learning). To include Reply slip.

Action: Jennifer

Log book – every CHP / OPL to keep a simple log in a sturdy book.

[Quarterly returns collected by OPL2s to include information from CHPs]

Appreciation – nil at present. Sustainability issues. Subject to be kept on the agenda.

Nets: Beyond current commitment, which will be met ASAP, nets to be supplied as funds allow. No set number of nets per CHP or OPL (though aim for at least one per household with under 5s eventually; polygamous or those with large numbers children may need two nets). PHC / supervisors to decide how to allocate. *[Not discussed at meeting but please consider LAMPS project and interaction 2 projects may have. CT].*

*Note: Rhondda Cynon Taff [Pontypridd district] teaching Local Health Board [counterpart to DDHS office]

**Fred and Cath discussed further to this meeting the need for provision of ToTs (trainer of trainers) training, suggested 3 per subcounty ie 30 in total, which would enable facilitation of training CHPs at local level. Agreed in principle.

Action: further discussion / recommendation of PHC. Fred to give costings please

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Appendix 6

Report on visit to Mbale – November 23rd to December 3rd 2007

Sally and Carl Venn

Aims of the trip

The trip covered both primary and secondary care. The aims were as follows:

Hospital links:

- To establish links between healthcare professionals in Mbale Regional Hospital and Royal Glamorgan Hospital
- To identify practical ways of sharing expertise, training and resources to the mutual benefit of patients and healthcare professionals in both communities

Primary care links:

- To review progress of bednet project and data management
- To plan consolidation and rollout of training of volunteers
- To take part in OPL training update conference

Our role

Our role to work with the primary care links with the specific task of reviewing the data collection system.

Specific activities

Meetings:

- With representatives of the NGOs and DDHS offices
 - Monday afternoon
 - Saturday morning
- With SAO (Chemoko Fred)
 - Wednesday morning
- With UWCM (Robert and majority of OPLs)
 - Wednesday afternoon
- With FDNC (Justin, Torrey, Nicole, Richard and Sandra)
 - Thursday morning
- With Natasha Tamplin (UWCM LAMPS project)
 - Thursday afternoon
- With Cath and the DDHS of Mbale, Manafwa and Baduda
 - Thursday afternoon

Teaching

- Participation in OPL CPD session
 - Friday – all day

Building relationships

- Informal contacts throughout the week.
- Village visits – Tuesday all day

Summary of discussions at first meeting

Where do we want to be?

- More OPLs - two per village (male and female)
 - All villages
 - Prioritise the hard to reach
 - Organisational structure:
 - One core facilitator
 - 3 or 4 Trainer of trainers per sub-county
- Delivering the teaching
 - Monitoring and evaluation
 - To provide community-based data
 - Updating through CPD
 - Linked to their nearest health facility (and TBAs and parish mobilisers)
 - Mapping of human resources
 - Who else is there?
 - Mapping of NGOs
 - Rationalisation and coordination
- Communication networks
- Regular supplies to OPLs
 - ORS
 - Anti-malarials
 - Deworming tablets
 - Nets
 - Teaching aids
 - Reporting materials
- Referral system
 - Who to refer and when and how
- Follow up system
 - F/U own referrals

- F/U hospital discharges
- Support and accountability
 - NGO level / OPL 2
 - Primary Health Care Committee
 - CAP

Where are we now - positives?

- Data collection system
 - OPLs are trained as information givers and information collectors – both functions are integrated into their role (rather than being introduced as ‘add ons’ at a later date)
 - Data is providing a measure of OPL activity
 - The data informs the questioning in relation to OPL activity
 - Supports advocacy for further funds and support for the OPL / CHP model
- Primary healthcare capacity
 - The training of 60 OPLs has already built the capacity of primary healthcare coverage at village level
 - It has provided entry into communities
 - Improved access to services and utilisation
 - OPLs are referring patients to health centres
 - Improved access to anti-malarials
 - Access to health messages
 - Improved access / extension of messages to the most needy
 - Strengthening of Government / NGO links
- Increasing interest in this model
 - Other NGOs (wanting to join)
 - Political – Uganda and Wales
 - Wales in Africa initiative
 - Communities – requesting OPLs

Where are we now – challenges?

- Raising up the OPLs in sufficient quantities (capacity ‘on the ground’)
- Resources to provide monitoring and evaluation
- How to maintain motivation
 - Community involvement
- Data collection
 - Distorts the work of the OPL
 - ? data robust

- Forms complicated
- Data collecting demanding
- NGOs are all different
- Sustainability

Next steps

- Reflect – do the NGOs standardize or do they remain separate?
- Working together to decide which data is collected
- Clarity of what PONT can provide
- ? SACCOs to support the OPLs
- Government across three districts to work together
- Draft data collection form and referral form
- On-going liaison

Meeting with Fred on Wednesday.

At this meeting we confirmed that even in SAO, which was the best organization for data collection, the system was not perfect. This was because, as we had deduced from the data supplied, the OPLs were visiting different families each month. Thus, although the data was a good measure of activity and it did indicate that the bed nets were being used properly and producing an effect, it did not provide a robust picture of the effectiveness of the project. It is also time consuming and unsustainable as the number of families with nets grows.

This led to a discussion of other ways of collecting the data on the bed nets, and the idea of a cohort arose. In this model, each OPL would select 30 families (this figure came from Fred, as an easily achievable number for an OPL to visit each month) and follow them up with regular monthly visits at which data about the bed nets could be collected, as well as other health advice given.

The current form is complicated and needs simplification if possible. This led to discussion about other ways in which data which the Govt wants, about key indicators and demographics, could be collected. A quarterly village report was suggested. This would involve the OPL in supplying the answers to a number of questions about their village each quarter. Most of this data would be known to them or easy to get hold of. The rest of the week was spent gathering the impressions of how this form should look from the gov't and other NGOs and the final compilation form looked rather like this:

Quarterly Village Profile.

Q. 1

Village name.....

Parish.....

Sub-county.....

OPL name.....

NGO.....

Supervisors Name.....

No of Homesteads in the village.....

No of Homesteads with nets in the village.....

No of children under 5 in the village.....

No of children under 5 in the village who are fully immunised.....

No of Births this quarter.....

- Home alone.....
- Home with TBA.....
- Health Facility.....

No of Deaths this quarter.....

- Age.....

Cause (best guess).....

No of referrals this quarter.....

No of Homesteads with latrines in the village.....

- With handwashing facilities.....
- Without handwashing facilities.....

This form was submitted to the stakeholders in the meeting on Saturday and they will take it away and work on it in the Primary Health Care Team. They should be able to come up with an agreed format for the workers to have in plenty of time for the March deadline.

The current structure is that one OPL may be responsible for several villages, supervising several CHPs and it was agreed that the latter could collect the data from their villages and the OPL compile it.

Going back to the meeting with Fred, we felt that this would allow us to simplify the form for the bednet data collection by removing several columns which were now covered in the quarterly report. This meant that the OPLs would now have just one sheet which would contain the following columns.

- OPL name.
- Number of the family (1-30)
- Number of children under 5 in the family
- Number of children under 5 sleeping under the net
- Number of children under 5 not sleeping under a net
- Number of cases of fever in the children under 5, under nets.
- Number of cases of fever in the children under 5 not under nets.
- Number of pregnant women in the family
- Number of pregnant women under nets.

It was decided, after wider consultation, that the 30 families should be new ones to whom nets are given in the New Year. This would allow us to get some measure of the uplift of these families through the regular contact with the OPL.

The final strand of the data collection then arose because the govt and some of the NGOs wanted to try and capture the range of things which the workers were seeing on a day by day basis, not just malaria. The idea was raised that they could keep a log of all their activities. SAO and UWCM were already thinking on these lines but we took their idea, mixed it with the cultural idea of a visitors book which we had observed everywhere and came up with the following.

Each worker would get a decent book in which they would rule lines to divide the rows into the following columns

- Date
- Family identifier
- Problem presented
- Action taken
- Outcome

This book would give us, the govt, the NGOs and the OPLs themselves a good record of how much they are seeing and what sort of problems their communities bring to them. We felt that in time this could do the following.

- Inform CPD needs
- Show what sort of resources would be most useful.
- Make collection about referral data much easier.

- Allow collection at the village level of disease data currently only collected at health centre level

The rudiments of this system were arrived at during the meeting with Fred and then slightly refined and modified by the other stakeholders through the week.

At the meeting with UWCM the OPLs raised the issue that their referrals were not always taken seriously and they felt that if they could have a special referral form to send with the patient it would help. With the help of the DDHS we were able to make a suggested draft for the PHC team to look at. These could then be printed and circulated to the NGOs and OPLs.

SV/CV

OPL conference

Challenges for OPLs

1. Community leaders are reluctant to assist in supporting them
2. Some communities are hard to change
3. Some are hard to reach – they close their doors
4. High expectations from the communities
5. Wrong perceptions that OPLs earn a salary and the community want some of it for their co-operations
6. Community leaders want to get nets even if they are not eligible
7. Patients look to the OPLs for help with transport and subsistence
8. Some community members claim that OPL will sell the data. Some will only give half at this time and ask the OPL to come back later with a reward
9. Some members of the community are too busy
10. Polygamous families need more nets
11. Three deaths in the same area of small children with cough. Jessica wrote a report and took it to the Health Centre, but no action was taken
12. Pit latines were flooded and some pits collapsed. It was hard to mobilise the community again
13. ‘Who sleeps under the net’ – not always children under 5
14. Sometimes the person contacted in the family for data collection gives wrong information
15. Some families chose to give the net to school-aged children
16. Some families are demanding re-treatment
17. OPLs lack first aid kits to help when they encounter sickness

18. Defaulters for immunization
19. Floods / natural disasters
20. Few OPLs – too many people
21. Need to spray and remove mosquito breeding places
22. Low motivation
23. Contraception is given without counseling – this applies to medication obtained from official and unofficial sources
24. People fail to disclose their HIV status to communities
25. Many orphans
26. Some OPLs have not been attached to health centres
27. Some find that health centre staff do not respect their referrals
28. Some women fear that fees will be demanded by staff at the Health Centres for AN services
29. People with disabilities – still encounter stigma
30. Lack of educational material to use in the villages

Issues raised by the NGOs during the week

1. Data collection from every family with a net is not feasible as number of nets distributed increases
2. Families are visited 'ad hoc' each month therefore it is not possible to aggregate the data
3. Polygamous households are effectively several families – with each wife having her own 'family' of children. It is difficult to decide who should have the net if only one is given out in this situation
4. Every illness that occurs – especially if there is a fever – is termed 'malaria'. So the incidence figures are higher than the true level of malaria
5. Other organizations – not just PONT – are giving out bednets in villages
6. As the role of OPLs develops they may be involved in activities which attract funding from elsewhere for the NGO
7. Some wanted to give a small financial gift to the OPLs on a regular basis, but this has not been agreed as may not be sustainable and, also, there is a need to maintain the concept of 'volunteers'

The UWCM LAMPS project is built on the concept of community empowerment to tackle malaria. Giving bednets creates passivity. There are some villages in the LAMPS project which have OPLs and therefore, will get free nets. However, for the most part, the PONT work and LAMPS work will be kept separate.

Summary of RCT / MbaleCAP Health links visit Mbale Nov / Dec 07

SAO Uganda, UWCM, FDNC, Salem Uganda, Jenga
PONT / RCT LHB – Mbale PONT / Mbale / Manafwa DDHS Primary care links
P&R NHS Trust RGH / Mbale Regional Hospital Secondary Care links

The team: 3 GPs, 5 nurses, 1 university head of care sciences (nursing background)
1 estates manager / engineer, 2 prospective med students

Primary care Aims & Objectives:

- Review bednets / data collection project
- Agree and plan consolidation and rollout training CHWs
- Feedback and encourage by participation in OPL conference

Achieved our objectives mainly through a series of meetings with the PHC at outset, and almost all stakeholders individually. This involved listening to OPLs and their NGO managers, working with key managers to address problems and work towards an agreed strategy.

Penultimate meeting with PHC to agree way forward, prioritisation.

Additional discussion CT, Fred on the bus.

Project outline prepared for presentation of bid to WAG.

Outcomes, agreed strategy:

Data, record keeping:

- Log books for qualified volunteers
- Quarterly returns to DDHS on key indicators
- Quarterly data returns on limited samples (25) of households with nets for 12 month period. Future annual samples; future nets to be distributed as agreed by PHC.

NGO capacity building:

- Trainers of Trainers.
- IT support.

- Coordinated rollout by rationalisation of sub district NGO cover

Training:

Programmes of sensitisation, training volunteers, certification, NGO supervision, HC clinical supervision, regular update trainings and future selected candidates for OPL2 training.

[Identified future need for Area Coordinators (remunerated)].

Secondary care Aims & Objectives:

- To establish links between healthcare and supporting professionals in Mbale Regional Hospital and Royal Glamorgan Hospital.
- To identify practical ways of sharing expertise, training and resources to the mutual benefit of patients and staff in both our Welsh and Ugandan communities.

Outcomes:

Real links made through visits and Conference. Good lines of communication through Dr Olupot Olupot. Excellent training day. Reports of lessons learned into practice. Proposed endoscopy project. University report. Engineering report.

Other: Global citizenship: Increased personal awareness, organisational awareness. Inter-organisational collaboration. Team members enjoyed and benefited from the visit and made helpful suggestions for improvements.

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Appendix 7

Photographs for PHC Activities.



Training of OPLs health Workers in Progress at Health Manpower Development Center by Dr. Francis Abwaimo (DDHS Mbale District)



OPLs on rural appraisal program in Musoto Community.



OPLs graduation day at HMDC presenting a song on community health to the guest of Honor.



OPLs health workers drawing their community maps.



Community needs assessment by OPLs and other stakeholders in their communities.



OPLs training community members on health related issues and savings culture.