

## Field Visit Report: Namwendwa, Uganda

December 29 2010 – February 28, 2011

*Maddy Dodd, May 2011*

### Executive Summary

During my two month visit to Namwendwa Parish, my main tasks included, assisting staff at Namwendwa Health Centre, undertaking community health questionnaires and organising frequent meetings with the Ugandan Committee to discuss current and future projects. In addition to this I researched and established contacts with other Ugandan based organisations that could potentially assist us in the future.

### Summary of Recommendations

- Research options for sterilisation in the Namwendwa Health Centre
- Employ translators that are trusted by the Ugandan Committee but also one that Australian volunteer/s feels comfortable with
- Determine the most effective way to deliver health education to the community
- Ensure that isolated regions of the community are aware of the educational services that are available within Namwendwa
- Conduct comprehensive monthly conversations with the Ugandan Committee
- Elect one person to manage all communication with the Ugandan Committee
- Ensure that one person from Australia visits Namwendwa annually

### Field Visit Objectives

1. Strengthen One Village's relationship with health workers in Namwendwa
2. Conduct randomised health questionnaires to gain baseline data that will determine One Village's future health projects
3. Organise the biannual One Village Health Day
4. Strengthen communication between the Australian and The Ugandan Committees



## **Objective 1: Strengthen One Village's relationship with health workers in Namwendwa**

### ***Overview***

During my time at Namwendwa Health Centre, I conducted research about the most prevalent diseases in the community, the current health services that are functioning in Namwendwa Sub-County, and formed professional relationships with clinical staff. This knowledge and the relationship One Village now has about and with The Health Centre is integral for One Village's future work in health.

### ***Outcomes***

From spending time at the Health centre, One Village gained a new member for the Ugandan Team, a woman named Lovisa who is a dental nurse at the clinic. As a result of this relationship, the two dental nurses are going to receive regular educational tools about topics relevant to their practice. This educational tool will become a part of their professional development, something that clinical staffs in Namwendwa rarely receive. This project will be coordinated by Vaihbav Garg, a One Village Australian member who is now responsible for health research and projects within Namwendwa.

Through regular meetings with the Director of Health in Namwendwa, we identified that improved sterilising equipment is essential for infection control and for the reuse of vital equipment at the health centre. This sterilisation project is currently being researched by both the Director of the Health Centre and Australian volunteers. Additionally, we obtained statistics about the prevalence of certain diseases, which is integral for determining the nature of our future health projects.

170 health questionnaires were undertaken. These questionnaires have collected data that provide One Village with knowledge about the community's current understanding of their common health problems. Follow-up questions will allow us to evaluate how effective our Health Days are.

### ***Monitoring and Evaluation***

The effectiveness of the health education will be evaluated when we re-question the clinic's two health workers. The questions contain two components - a series of questions testing their knowledge about three important points in the literature, and questions asking them to give feedback about the relevance and value of the educational tool.

One Village Ugandan and Australian volunteers are still researching the best possible way to implement an effective sterilisation unit at the health centre. Once a plan has been made both Australian and Ugandan teams will design a practical protocol that will govern the use and maintenance of the machine.

### ***Lessons Learned***

Due to both the educational tool and sterilisation unit being in their preliminary stages, we do not currently have any lessons from these two projects.



## ***Recommendations***

The next stage that will be taken with the sterilisation project is to investigate how staff at the health centre will calibrate the machine. To ensure the machine is producing sterile equipment it is essential to undertake routine tests. However, due to the lack of clinical staff, resources and time at the health centre, One Village is concerned this task may not be practical. Therefore, we are currently undertaking research to establish what kind of sterilising unit will be practical for them and will also always produce sterile equipment.

## **Objective 2: Conduct randomised health questionnaires**

170 community health questionnaires were undertaken over a period of two months. These surveys covered topics such as malaria, nutrition, food security, HIV/AIDS and maternal health. They were conducted randomly throughout the sub-county and required participants to answer follow-up questions after our health day was held in March 2011. To ensure people would complete the follow-up questions they were promised one free insecticide treated mosquito net that they can collect at the health day. Together with a local translator, I conducted the surveys. The translator was paid 1000Ush (AUS\$0.24). The Ugandan Committee were then educated about how to ask and record the follow up questions.

## ***Monitoring and Evaluation***

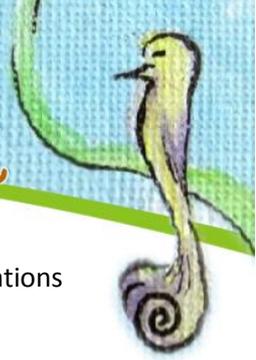
At the Health Day held in March the Ugandan team completed 150 follow-up questionnaires and stated that people who were unable to attend will visit the school to answer the series of questions and receive their mosquito net. Without the promise of a free mosquito net an assumption can be made that a lot less people would have undergone their follow-up questions. The Ugandan committee now needs to send the follow up questions to Australia so they can be reviewed.

The use of translator for the questionnaires was essential because the majority of people interviewed spoke very poor or no English. A local translator also enabled us to survey regions in the Sub-County that Australian volunteers would not have found.

## ***Lessons Learned***

Using trustworthy translators is essential. During the first fifteen surveys a translator who did not know much about One Village or did not know me was used. Unfortunately, he took advantage of my inability to understand Lusoga (the local dialect), and neglected to ask many questions from the questionnaires and did not respond well to constructive criticism. This meant that some of the responses from our questionnaires are invalid.

Initially One Village Australia planned to give people participating in the questionnaire their mosquito net at the time of the initial questionnaire. However, the treasurer of the Ugandan Team advised us that this would not work, because firstly people would not come to the health day to answer the follow-up questions and secondly everybody in the village would demand that they undertake the survey so that they can receive a free mosquito net.



Some of the questions were poorly understood by the translators, despite thorough explanations and therefore One Village failed to obtain all the information we were aiming for.

### ***Recommendations***

In the future, One Village must employ a translator that is trusted by the Ugandan Committee but also one that the Australian volunteer/s feels comfortable with. Once a trustworthy translator has been found, the Australian responsible for the questionnaires needs to work through each question with the translator and explain what data One Village is intending to collect and whether the way the question will be understood by people in the community will provide us with this data. Questions can then be altered to ensure that the questionnaires are culturally appropriate and will provide us with the data we are sourcing.

Further recommendations will be added when the follow-up questions have been reviewed.

### **Objective 3: Organise the biannual One Village Health Day.**

Since 2007, One Village has been hosting health days that are designed to educate the community about health problems that are prevalent in Namwendwa. The aim of these health days is to teach people from the community about preventative measures that can be undertaken to decrease the burden of common diseases in the region.

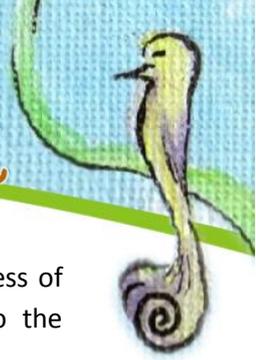
In the past One Village has covered topics such as HIV/AIDS, hygiene, disability and malaria. This year the health day included HIV/AIDS, malaria, nutrition and oral health. The organisations and personnel responsible for delivering this information were Softpower Health (malaria), clinical staff from Namwendwa Health Centre (HIV/AIDS and oral health) and the National Agriculture Advisory Services officer (nutrition).

### ***Monitoring and Evaluation***

Approximately 3000 people attended the event and the Ugandan Committee stated that this was the largest turn out. They also said that advertising the event over the local radio ensured that many people within the community were informed and reminded about the event.

At the end of the day 'Softpower Health' sold approximately 100 mosquito nets to people within the community. Before these nets were sold the people received thorough education about how to position them, when to use them and how to clean them. In addition to this, 160 mosquito nets were delivered to people who participated in the community questionnaire. Overall, 260 Insecticide Mosquito Nets were sold or delivered to people throughout the community.

On the morning of the Health Day, the treasurer of One Village Uganda was informed that the clinical staff from the health centre were unable to attend the health day, because they had all been called to attend an information session. This meant that people could not receive HIV tests nor could they be educated about oral health. The director of the health centre has promised One Village that they will run a health day that specialises in HIV/AIDS to ensure the objectives of the One Village Health Day are achieved.



The Ugandan Committee conducted 160 follow-up questionnaires to evaluate the effectiveness of the preventative health education. These responses have not yet arrived in Australia, so the effectiveness of the education has not been evaluated.

### ***Lessons Learned***

Guaranteeing that all invited guests and clinical personnel will attend the health day is a challenge One Village has faced since 2007. In the past representatives from an organisation outside of Namwendwa failed to attend the day. This year staff from The Namwendwa Health Centre were invited to deliver HIV/AIDS education, because we were sure they would attend the day because of their close proximity to Namwendwa Primary School. However, due to poor communication systems in Uganda, particularly rural areas, One Village learnt that having people pull out on the day is something that cannot be easily avoided.

By inviting several different organisations One Village managed to run a successful Health Education Day, despite some of their most important educators being absent. To ensure the community was well informed the Ugandan Committee featured on the local radio (most household in Namwendwa own a radio), the committee received a positive response from this and they suggested that this should be done before every community event.

Conducting randomised health questionnaires was a useful tool that gave people that did not value the importance of health education a reason to attend the education day. These questionnaires also enabled One Village to measure the effectiveness of the education. Due to our educational focus being prevention, the follow-up questions were mainly based around what kind of steps people are going to take to protect themselves and their families from diseases in the area.

### ***Recommendations***

In order to evaluate whether the education One Village is delivering is making a difference (e.g. are more people using mosquito nets) questionnaires will be conducted at the beginning of 2012. The next round of questionnaires will be designed in collaboration with the Ugandan team to ensure the questions are easily translated and understood. This will strengthen the quality of our findings and assist us in implementing the most appropriate education.

The next health day will target only one specific topic such as nutrition. This will prevent confusion which can happen when people receive too much information, whilst giving us the opportunity to explore the topic in more detail (e.g. delivering cooking lessons and teaching people how to plant carrots and leafy greens).

### **Objective 4: Strengthen communication between Australian and Ugandan Committees**

Bridging the communication gap between One Village Australia and One Village Uganda is a challenge that One Village is constantly working to overcome. Therefore, a vital role during my trip was to have discussions with the Ugandan Team about each project and to also give them the opportunity to raise their concerns and suggest a possible solution to overcome these issues.



Some of the main issues that were raised at the meetings were:

- Receiving funds for projects on time - sometimes the funds arrive late and the project's budget changes;
- Not knowing which person in Australia to communicate with about certain projects; and
- The lack of priority projects that One Village decides on for the year.

### ***Monitoring and Evaluation***

After discussions with the Australian Committee, One Village has designed a new system for communication. There is now one person in the Australian Committee that is responsible for all of the communication with One Village Team. All of the information from phone conversations, text messages and emails is documented and posted on our internal website for the rest of the committee to view. The person in charge of the communication is required to speak to the Ugandan Committee every month to allow them to share issues they are experiencing and also ask questions that Australia One Village requires. After six months this system will be evaluated and changes will be made if they are required.

### ***Lessons Learned***

As a result of information being lost, questions being repeated and funds arriving late, One Village needed to review their current communication system and implement the system described above. Due to the distance and expense of communication, One Village has failed to operate as efficiently as we would like to.

### ***Recommendations***

The recommendations made by the Ugandan Committee included having monthly comprehensive conversations, electing one person to manage all communication, and to ensure that one person from Australia visits Namwendwa annually. We have incorporated the first three recommendations into the new system and we are going to strive to ensure one person can travel to Namwendwa each year.



## Annex 1: List of Travelling Personnel

Name	Position	Dates Travelled
Maddy Dodd	Vice-President	29 Dec 2010 – 28 Feb 2011