TRAINING VILLAGE HEALTH TEAMS TO PROMOTE HEALTH LITERACY IN BUKOMERO SUB-COUNTY, KIBOGA DISTRICT

End of 1st Phase Project Report [June 2018]

With Support from: LATEK Stay Alliance Uganda

BY COMMUNITY HEALTH AND INFORMATION NETWORK

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GLOSSARY

CHAIN	Community Health and Information Network
C.O.U	Church Of Uganda
CBOs	Community Based Organizations
IEC	Information Education and Communication
TCMPs	Traditional and Complementary Medicine Practitioners
UBOs	Uganda Bureau of Statistics
VHTs	Village Health Team**s**
WHO	World Health Organization

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BACK GROUND

a) Overview of the Project

Community Health and Information Network (CHAIN) with support from Latek Stay Alliance Uganda implemented a project on Training village health teams to promote health literacy in Bukomero Sub County. CHAIN is a national NGO which works to promote the empowerment of people living with and affected by HIV and AIDS, TB, Malaria and NCDs; Offers capacity building to community based organizations, supports orphans & vulnerable children and their guardians, youth, women, most at risk populations and other vulnerable people in the community. CHAIN also promotes patient centered healthcare and patient safety.

The project goal was to empower village Health Teams to promote health literacy in Bukomero Sub County in Kiboga district; through disease prevention, safe use of medicine and promoting Hygiene through good hand washing practices.

A UBOS survey (2011) showed that, only 28% of Ugandans have access to hand washing facilities. According to WHO, the most important barriers to proper hand washing include: lack of hand washing facilities, scarcity of water, forgetfulness, insufficient time, low knowledge on proper hand washing and poor modeling of regular hand washing.

A community dialogue organized by CHAIN in Bukomero sub-county in 2012 and health literacy campaign in 2014 also revealed that the low levels of health literacy result into consumption of sub standard medication; self medication; poor health seeking behavior; seeking alternative health care from Traditional and Complementary Medicine Practitioners ; poor infant and young child feeding practices, unhealthy lifestyles, and failure to adhere to treatment instructions which has increased the incidence of preventable diseases in Uganda and Bukomero Subcounty in particular. It brought into focus the need to regularly engage and empower VHTs to be health literacy ambassadors within the community for improved quality of life and better healthcare outcomes.

b) Objectives of the project

1. To promote good health seeking behavior among 80% of community members in Bukomero sub-county by December 2018
2. To engage and empower 30 village health teams as health literacy ambassadors within the community by December 2018
3. To increase awareness among communities on disease prevention by 80% through health literacy by December 2018

IMPLEMENTATION OF THE PROJECT

a) Project methodology

To achieve sustainability, the project empowered community owned resources. This involved engaging and working with VHTs, health workers and religious leaders. The sequence of activities was organized, to ensure the project buy in and education about the project for the main stakeholders. The activities included: the introduction of the project to the VHTs, Health workers and religious leaders; selection of (30) VHTs from eight villages including Nakatooke, Masiriba, Kibanda, Wabikunyu, Kayonza, Nakaziba, Kikooba and Nakiruuli .Trainings to empower and equip VHTs with knowledge and skills on health literacy were also conducted.

b) Project achievements and outcomes

Not only did the project promote health literacy but also introduced health technologies like tippy taps, as well as development of health sensitization tools like T-shirts branded with health information.

Find an elaboration of the project outcomes below:

- Three (3) trainings were conducted for VHTs on safe use of medicines, hand hygiene and tippy tap construction.
- Twenty six (26) people including 20 VHTs, 5 health workers and 1 religious leader acquired knowledge on disease prevention, on Safe use of medicines and hand washing. (Each VHT represented 10 households with each household having an average of six (6) people per household therefore **1,268** people directly benefited from the project**.**
- Forty (40) branded T-shirts with health awareness messages were printed and given to the VHTs. Providing the T-shirts to the VHTs allowed for building of their social status hence recognised as smart change agents.
- Twenty tippy taps were constructed for 20 households, and for each of these households a hand washing and sanitation training was conducted. These households became change agents and demo homes for health awareness, for example other households in the community also learnt from them how to construct tippy taps.

c) Project activities

Training VHTs on disease prevention and treatment

On the 3rd March 2018, training on disease prevention was conducted for 25 participants including the VHTs, health workers and CHAIN staff. The sensitization and training on many technical health topics was emphasized. Below are the main considerations that health experts made during the session:

- The most common diseases in the community are caused by poor hygiene and these include diarrhea, typhoid and cholera. It was also noted that diarrhea is the leading cause of death among children below 5 years.
- The key health practices were elaborated and these included the proper and regular use of latrines or toilets, regular de-worming of both children and adults at least every 4 months, use of boiled water or other water purification methods like the use of water guard, aquasafe and Solvatten technology, washing hands before preparing and eating food, after using the latrine and vaccinating children against killer diseases.

The participants were organized into groups to discuss how diarrhea is treated and current facilities and tools existing for the VHTs to manage diarrhea cases in the community. Findings and important lessons during the session were as follows:

- The government provides ORS and zinc tablets in a tool kit given to the VHTs; however the VHTs had run out of supplies.
- The assessment made on the knowledge for the usage and prescription of ORS by the VHTS also revealed that VHTs lacked adequate information on the right dosage of ORS for the children.
- Some homes in Bukomero subcounty do not have latrines, which exposes families to continued poor health, and as part of this training, the trainees declared comprehensive community health support activities which will include sensitizing the community members on latrine construction and proper maintenance.

As part of the training the following outcomes were achieved:

- Twenty five (25) people including VHTs, health workers and CHAIN staff received knowledge on disease prevention and treatment for diseases such as diarrhea.
- The discussion and agreement on the comprehensive health literacy community sensitization approach was drawn, and this included activities such as engaging local and traditional leaders on issues of disease prevention; taking advantage of community meetings and market days as avenues for raising community awareness on the identified issues.

Demonstration on the usage of the Solvatten water purifier

The solvatten technology was introduced during the disease prevention and treatment training, a practical demonstration on the usage of the solvatten was made. The solvatten technology is a patented swedish invention, that uses filteration, heat and UV rays from the sun to purify water making it safe for drinking by killing all the micro-organisms and bacteira in water, it has been proven Worldwide to be an effective tool for water purification.It is promoted by CHAIN to enable rural communities access safe water.

Training on Hand Washing

While engaging the VHTs, the purpose of this session was to test the knowledge and understanding of hand washing practice while considering aspects such social-culture and health needs. The participants were organized into groups of 5 people to brainstorm on why, when and how to wash hands and when the groups presented, the trainers noted knowledge gaps in the hand washing process. The participants were provided with practical hand washing techniques while referring to the WHO hand hygiene poster. (Find poster in annex)

Training on safe use of medicines

Unsafe use of medicine is a public health challenge not only in Uganda but worldwide and in 2017 WHO launched a Global Challenge on Medication safety at the Patient safety ministerial Summit in Bonn, Germany to raise awareness on the issue. Many people in Uganda are involved in unsafe of medicine practices including self medication, sharing medicines, poor storage as well as buying medicine from hawkers and markets etc as revealed in CHAIN medication safety campaigns and by VHTs during the training.

Participants with the help of the trainer identified the key players in the safe use of medicines. These included the patient, the doctors and the dispensers. The trainer emphasized that as much as medicines are used to prevent, control or cure diseases, they help one to live longer if used properly. Medicines are chemicals or natural substances that change how the body works and if not used

properly they can harm, disable or even kill. The trainer elaborated three levels for the VHTs to equip them with skills for education of the community on safe use of medicine. The VHTs would then empower community members who are usually afraid and not empowered to seek clarity from a doctor about proper use of medicine. This renders them helpless and they become victims to habits such as self medication, sharing medicine with friends and relatives, not completing the dosage among others.

- **Dispenser's level**

Here a person being given the medicine needs to get the right information about the medicine, the name and the strength of the medicine, its uses, and the directions on how to use the medicine which include; how much medicine to use, how often to use it and how long one can use it. It is important that patients ask as many questions to fully understand how to use the medicine to avoid medication errors.

- **Doctors or clinic Level**

The patient has the responsibility to give the right information to the doctor, report any history of allergy to a drug, know what they are suffering from, know whether the disease is curable or not, know the role of the prescribed medicines and when to stop treatment, possible side effects, and possible drug interactions. The patient should know when to expect a response and when to stop the medicine.

- **Patient level**

It is the responsibility of the health worker to explain to the patient the number of times the medicine is to be taken, how long the medicine is to be taken, the liquid to be used during swallowing, e. g water, milk etc, whether to chew or swallow the medicine, to guide the patient to keep the medicine in the original container, not to combine the medicines with herbs, not to swallow medicine with soda or juice unless advised by the medical personnel, to read the label every time you take the dose, not to share medicine, to store the medicine away from sunlight, heat or humidity, to keep the medicine away from children and to throw away unwanted medicine.

Pictorial for the VHTs trainings:

VHT group work

CHAIN and EDCO LTD team guiding VHTs group work

Regina Kamoga (CHAIN ED) modulates the VHT training

Participants give views during the VHT training

Construction of tippy taps

Two sustainable measures were considered which included constructing tippy taps in 20 households, which are now demo locations and the other was sensitization of the community on hand washing during the constructing of the tippy taps.

A “tippy-tap” is a ‘hands-free’, low cost, water conserving hand washing tool that allows users to wash their hands in a hygienic and convenient manner. It consists of a small (2 or 3 liter) jerry can filled with water and suspended from a wooden frame. A string attached to the neck of the jerry can is tied to a piece of wood at ground level. Pressing on the wood with the foot, tips the jerry can, releasing a stream of water through a small hole. Soap is suspended from the frame beside the jerry can.

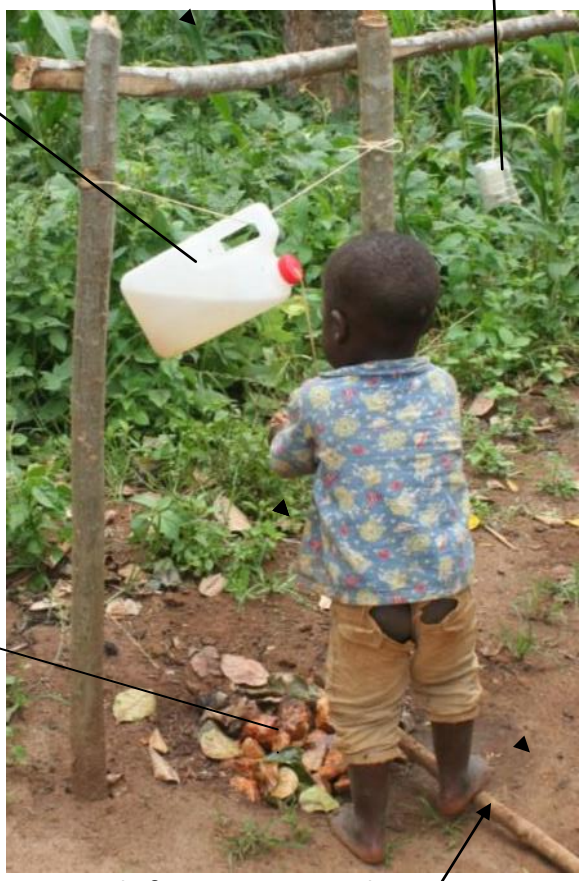
Prior to the installation of the tippy taps, CHAIN together with VHTs sensitized the community on hand washing. Participants admitted that hand washing was not a common practice, and this was mainly because it was not promoted since child hood making it difficult to adopt in adult life.

Tippy tap construction

The first tippy tap was constructed at St. James C.O.U Health Center to serve the hospital community in Masiriba village, and during this session the health experts conducted a practical training for the VHTs on the construction of tippy taps, for which the skills acquired were used to train the members of 20 households to construct tippy taps.

Process was as follows:

Dig 2 holes of 15 inches each and about 2 meters apart. Place the Y-shaped sticks in the holes with soil and pack tightly. Cut 2 thinner branches, each of 1 meter length. Attach a piece of string of 1 meter length to one of the sticks. Make the hole in the (3 or 2 liter) plastic jerry can container (Labeled as Fig 3 in the picture), and a second hole in the cap. Put the rope, which is attached to the stick, through the hole in the cap. Make a knot in the rope which cannot pass through the hole. Screw the cap back on the container. The stick is now connected to the container with the rope. This allows the tap to be operated by foot, avoiding the need for any hand contact with the jerry can (Labeled as Fig 2 in the picture).



A hole is made at the centre of a bar soap then a hanging piece of plastic string is passed through the hole to suspend the soap. Soap can be protected from rain and animals by covering it with the base of an old 0.5-liter drinking water bottle ***(labeled as Fig 4 in the picture***).

Between the two poles on the ground, a shallow depression filled with gravel or stones act as a soak-away and prevent a pool of water from forming below the tap ***(labeled as Fig 1 in the picture***). The gravel also keeps mosquitoes from breeding.

CHAIN provided the materials for the construction of 20 tippy taps in 20 households in 8 villages of Nakatooke, Masiriba, Kibanda, Wabikunyu, Kayonza, Nakaziba, Kikooba, and Nakiruuli .The materials included; a 3 liter jerry can, soap, nails and strings and to promote community ownership, the households provided poles, stones and labor. The CHAIN team together with the VHTs inspected all the tippy taps to ensure quality work and also trouble shoot for any challenges.

Pictorial for tippy tap activities:

Tippy tap construction materials quality check and distribution to the VHTs

VHTs constructing a tippy tap at St James Health Center III in Masiriba Village

Jean from CHAIN trains VHTs on hand washing

▪ Construction of tippy taps - Case studies

Allen Nabwami a 70 year old widow in Kibanda village lives with her 10 year old grandson. When asked about her opinion of the tippy tap in her home, she says with a smile as she demonstrates to the team on how to wash hands using the tippy tap, *" Before I got this tap, I used to have a small jerrican which we used to keep behind the chicken house. We would sometimes wash our hands but many times we used not to but this is a good one because it encourages us to wash hands. First of all it is raised up which keeps it clean. And the way the soap is kept is good so it is easy to wash with soap unlike before. It is also difficult to miss because it is not hidden; it reminds you that you have to wash your hands."*

Left - Allen demonstrates hand washing at her home and right Allen's grandson, trained by a CHAIN member on hand washing

Dan Lukengele a 48 year old man with disability in Nakatoke village lives in a very sorry state. He is married to a one Nabulime who is also disabled. The couple has 9 children with the first born being 22 years who all live in a dirty two roomed mud house infested with jiggers. This is one of the families without a toilet. They dug an uncovered pit behind their house and this is what they have been using as a toilet including their father who crawls on the ground. The family has not been practicing hand washing because they didn't know its importance. This home was identified by the VHT because of its known poor hygiene standards which was improved through the project. The family was sensitized on the issues of personal hygiene, hand washing and disease prevention. The need to have a toilet was also emphasized. Dan's three sons, who have challenges of drug addiction, were empowered to take lead in construction of the pit latrine for their home, and a written agreement was made between the family and the VHT. CHAIN and the VHT continue to support the family and currently the family is effectively using the tippy tap.

Left side in the picture, Dan's two sons empowered and sensitized by CHAIN team to construct an improved pit latrine

Dan's family latrine made of wood logs with a dug a hole

Dan demonstrates on hand washing at the family house tippy tap

Nasaazi Allen a 75 year old grandmother lives with her 7 grandchildren in a limited space house. She says*, "While my tap was being constructed, neighbors came to see and they liked it. The VHT urged them to also construct one in their homes which they did; to date 20 households in my neighborhood have tippy taps. This tap reminds us to wash hands especially when coming from the toilet because as you pass you see it hanging close by.*

The children are also very happy with it; they keep running to the toilet just to be able to use the tap. The way it is made is good" she says this as she demonstrates to the team how to use the tap.

▪ Construction of tippy taps - Evaluation meeting

On the 15th May 2018, CHAIN together with VHTs attended an evaluation meeting, which focused on the assessment of the construction of the 20 tippy taps, the impact of the awareness on hygiene for the target villages and the adoption of the tippy tap technology.

The table below illustrates the adoption of tippy taps per target village:

Village	No. of households	No. of tippy Constructed
Kibanda	100	30
Nakatoke	156	45
Masiriba	110	10
Nakaziba	30	20
Kayonza	77	8
Nakiruli	56	8
Wabikunyi	156	14
Kikooba	150	60

NB: The baseline was the 20 tippy taps constructed in 20 house Holds.

Development of the IEC materials

Information, Education and Communication (IEC) materials is a very strategic tool in creating community awareness in Uganda since Ugandans are brand sensitive. The community change agents including the CHAIN staff, Latek staff, the VHTs, health workers and religious leaders were provided with T-shirts branded with health literacy awareness messages. Prior to the provision of the T-shirts, the recipients were engaged in a brain storming meeting to develop customized health literacy message suitable to the target audience.

Brainstorming session on the health messages for the T-shirts

Distribution of IEC materials to the VHTs

Health message at the Front side of the T-shirt

Health message at the back of the T-shirt

d) Lessons learnt during the project and recommendations

- Engaging and empowerment of VHTs should be an ongoing program due to knowledge gaps identified in the community on disease prevention and treatment. A key lesson has been that engaging and empowering VHTs requires long term engagement in terms of understanding their needs and designing tailor made interventions.

- The bringing together of VHTs together with health workers and religious leaders was powerful, it bridged the gap and increased relations between all parties. Such engagements are a welcome strategy.

- Local leaders, religious leaders, traditional /cultural leaders wield a lot influence in the community and as such they need to be engaged and empowered to support the efforts aimed at improving the community.

- There is need to sensitize the community on the importance of a latrine in a household as a key hygiene tool.

- More time (longer project) is needed in order to have behavior change because changing behavior and attitudes takes time. However, this requires a lot of resources and time. There is need for community sensitization to increase awareness on the identified issues.

e) The project challenges

- The distance to the training venue and planting season affected full participation of all selected VHTs. Only 20 participated in the project instead of 30. There is need to adequately facilitate VHTs to enable them attend trainings in future.

- The VHTs also cited a challenge of long distances they have to walk from one household to another. This hindered them from reaching all homes in

the agreed time; the project took longer than anticipated. The distance was underestimated.

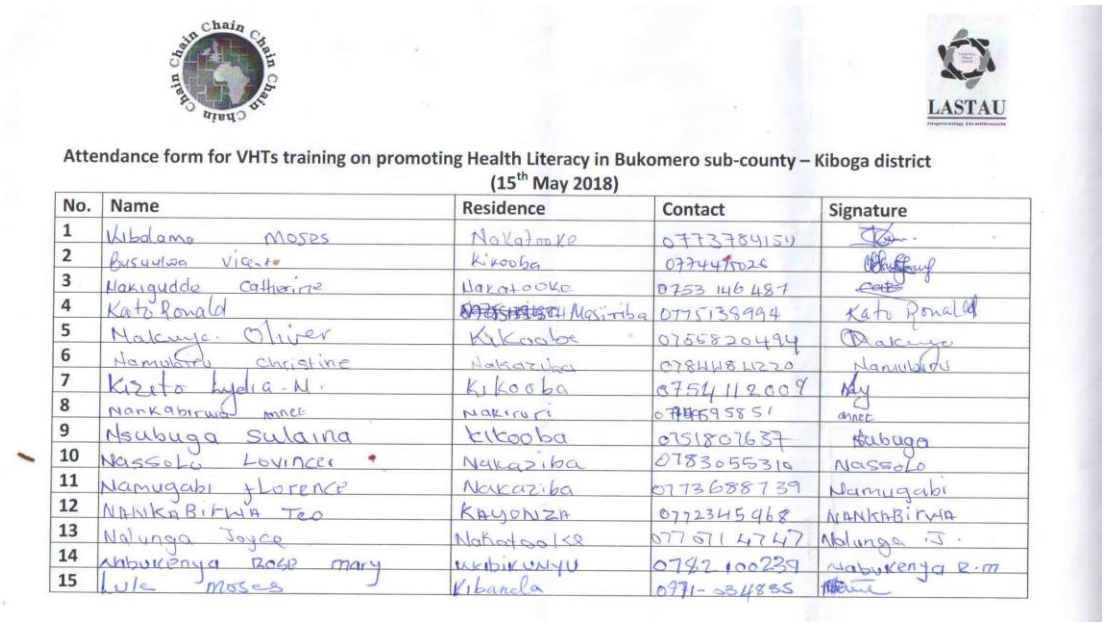
- Adoption of the hygiene tools and good health habits takes a while, because of poor attitudes and social cultural norms existing in the communities. For example, some people have a belief that when you use a latrine you do not conceive and therefore cannot have children and yet children are the foundation of a family in the community. They consider having a latrine as bad omen. The herbalists on the other hand believe that when mixing herbal medicine and you wash your hands the mixture will not work. Such beliefs affect the disease prevention efforts. There is need for more sensitization on the issue.

- The 20 VHTs only accessed a limited geographical scope, compared to if the project managed to train the 30 VHTs as intended, hence more recruitment of VHTs needs to be done to increase impact.

- The risk of the rainy season was not forecasted, during this season, community members are engaged in planting. Since the project was implemented during the planting season, this led to reduced time dedicated for the training because of the late start, additionally some beneficiaries were not able attend.

f) The Annex

I) Participants' lists



Attendance form for VHTs training on promoting Health Literacy in Bukomero sub-county – Kiboga district
(15th May 2018)

No.	Name	Residence	Contact	Signature
1	Kibdamo Moses	Nakatooke	0773784154	
2	Busuulwa Vicent	Kikooba	0774470026	
3	Nakigudde Catherine	Nakatooka	0753 146 487	
4	Kato Ronald	Masiriba	0775139994	Kato Ronald
5	Nakunye Oliver	Kikooba	0755820494	
6	Namulondo christine	Nakaziba	0784484220	
7	Kizito hydia-N.	Kikooba	0754112009	
8	Nankabirwa	Nakiroti	0	
9	Nsubuga Sulaina	kikooba	0751807687	Subuga
10	Nassolo Lovincer	Nakaziba	0783055310	Nassolo
11	Namugabi florence	Nakaziba	0773688739	Namugabi
12	NANKABIRWA Teo	KAYONZA	0772345968	NANKABIRWA
13	Nalunga Joyce	Nakadoolo	0775147447	Nalunga J.
14	Nabukenya Rose mary	Nkibikunyu	0782100239	Nabukenya R.m
15	Lule Moses	Kibanda	0771-334835	

No.	Name	Residence	Contact	Signature
16	SSALI PETER	KIBANDA	0774-118762	
17	KANTEGIATE JOVENTA	MASIRIBA(St James HCIII)	0782870974	
18	Ayiko Aloysious	Nakirundi	0774536116	
19	Gladys Nalukenge	Busenge	0782304880	Gladys
20	Saverina Nabatanyi	Namugoona	0772936892	
21	Kyampuriira Micheal	Kawala	0703174196	
22	Nalusimbi Zaituna	Kayanga	0782165712	
23	Nabawanuka Zam	Kayanga	0720638348	Zam
24	Oumashabe poline	St James HCIII	0774768736	
25	KIGUNDU ABDU	KAYONZA	0777466659	
26				
27				
28				
29				
30				

II) Training Manuals

DIARRHOEA DISEASES

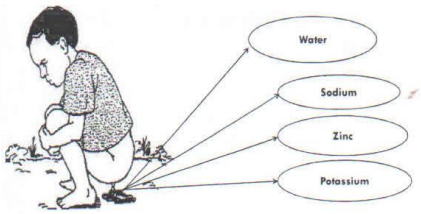
A big burden

but solved by simple solution

What is Diarrhoea

- Diarrhoea is the passage of watery stool more than 3 times in a day
- Diarrhoea is most common and dangerous among children below 5yrs.
- Diarrhoea is very severe among children with malnutrition.

Bad part of Diarrhoea



Diarrhoea in Uganda

- Diarrhoea is the 3rd leading cause of death among children below 5 years in Uganda.
- Children die of Diarrhoea as result of excessive loss of water and salts from the body.
- Diarrhoea may lead to malnutrition as a result of loss of appetite and poor feeding.
- Children of poor and **un educated** mothers and fathers are affected most

How Diarrhoea is spread

Hands

- Feeding or eating with contaminated hands

Water

- Drinking water contaminated with feces.

Food

- Eating food contaminated by flies.

Contaminated plates and cups

- Using plates or cups contaminated by flies

Symptoms of diarrhea

- Abdominal cramps
- Vomiting
- Blood in stool
- Loss of appetite
- Gas in the stomach
- Excessive loss of water

Who is likely to get Diarrhoea

- People who stay in crowded places
- People who drink un boiled or purified water
- People who defecate in the bush or polyethene bags (open defecation)
- People who do not deworm themselves regularly

Who is likely to get Diarrhoea -2

- People who have HIV/AIDS
- Children who not breast feed and instead drink powdered milk
- People who do not wash hands before eating

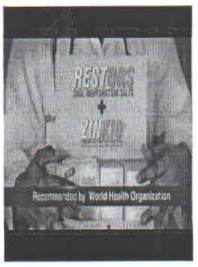
Group discussion

- How do we treat diarrhoea in children

Treatment of Diarrhoea

Give the child oral rehydration salts(ORS)

Give the child in



DOSE OF ORS

Children

1month to 2years

5 table spoonful every time the child defecates

2-5years

10 table spoonful every time the child defecates.

zinc tablets

- Zinc reduces the severity and duration of diarrhea.
- It also reduces the frequency of attacks of diarrhoea for the next 3 months.

Dose of zinc

Babies 2-6 months

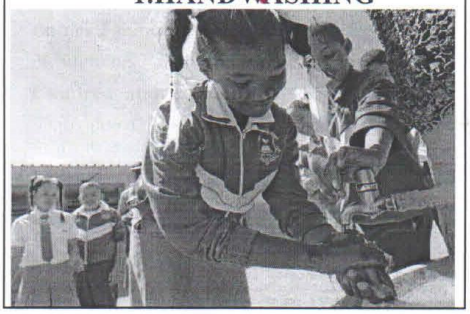
½ a tab once daily for 10days

Children above 6months

1 tab once daily for 10 days

- Prevention of diarrhoea diseases

1.HANDWASHING



Proper handwashing

When should we wash our hands

GROUP DISCUSSION

When to wash hands

Always wash your hands with soap and running water

- **After visiting a latrine**
- **Before and after preparing food**
- **Before eating food including a cake**
- **After cleaning a baby**
- **After touching animals**
- **After sneezing or coughing**

Hand washing and diseases

Diseases spread by not washing hands include

- Diarrhoea
- Typhoid
- Cholera
- Worms diseases
- Food poisoning

Prevention of diarrhoea

- Proper and regular use of latrines or toilets
- Regular de-worming of both children and adults at least every 4months
- Use of boiled water or water purifying substances such as **Aquasafe®/Waterguard®**, Solvatten, etc.

- Wash hands before preparing food
- Vaccination against Rotavirus in children
- Exclusive breast feeding of children

~Thank you~

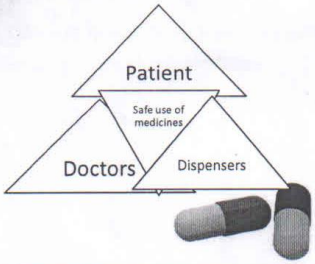
Safe use of medicine

By
MUYINDA NATHAN

Introduction-medicines

- Medicines are chemicals or natural substances that changes how your body works
- Medicines are used to prevent, control or cure diseases
- Medicines can help you live longer if used properly or can shorten your life if used wrongly

Key players



Doctors or clinic level

- Give the right information to the doctor
- Report any History of allergy to a drug
- Know what you are suffering from
- Know whether the disease is curable or not
- Know the role of the prescribed medicine and when to stop treatment

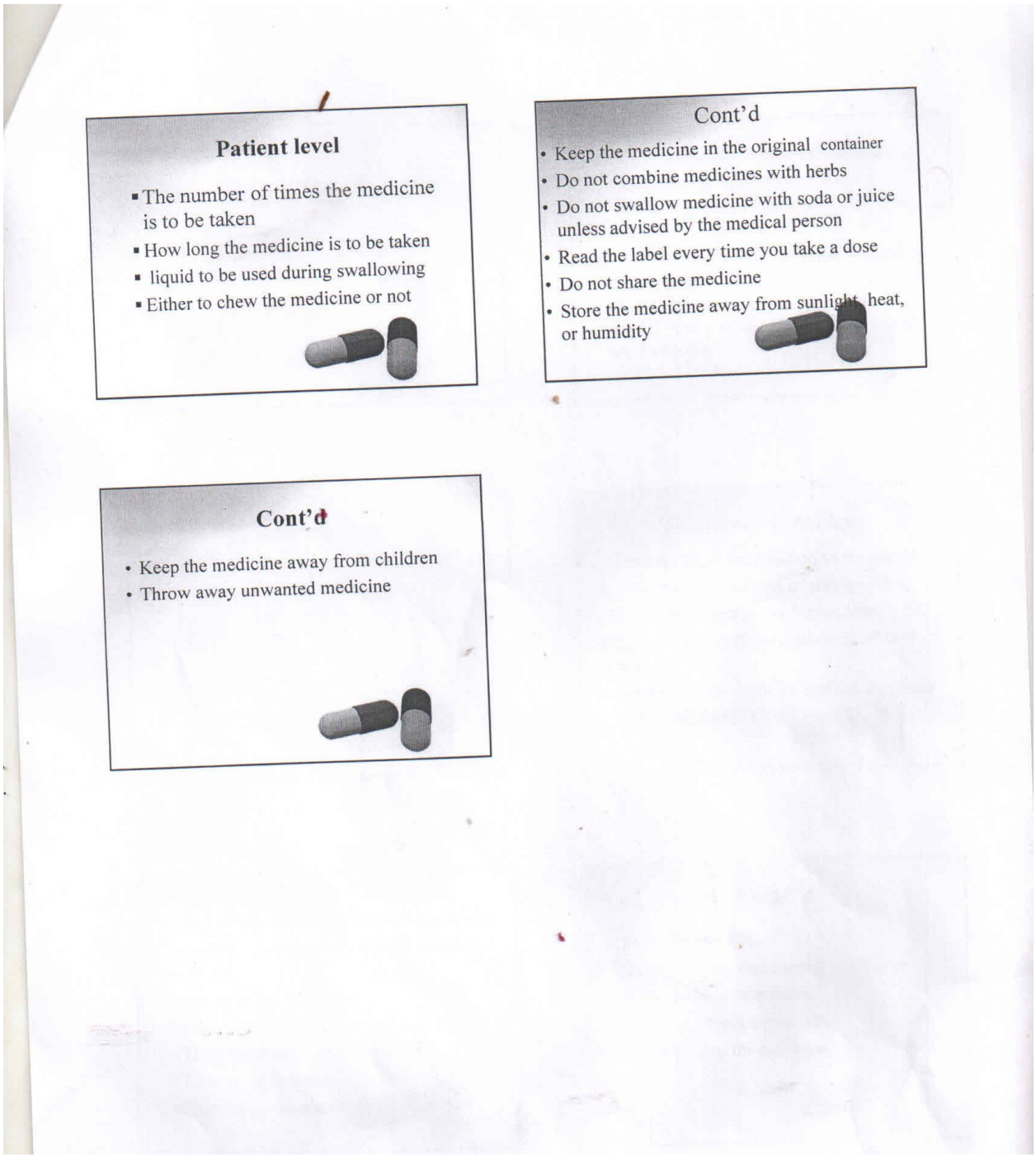
DISPENSER'S LEVEL

- Get right information about your medicine
- Know the name and the strength of the medicine
- The uses of the medicine
- Directions on how to use the medicine
  - ✓How much medicine to use
  - ✓How often to use it
  - ✓How long one can use it

Cont'd

- Possible side effects
- What to avoid when using medicines
- Possible drug interaction
- When to expect a response
- When to stop the medicine

1



III) WHO tool kit on hand washing

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the handwash (steps 2-7): 15-20 seconds

Duration of the entire procedure: 40-60 seconds

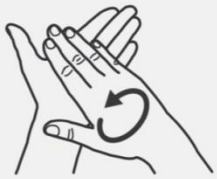
0

Wet hands with water;

1

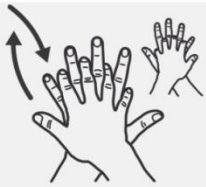
Apply enough soap to cover all hand surfaces;

2



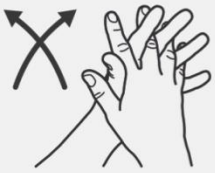
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4

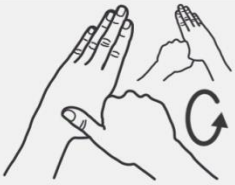


Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

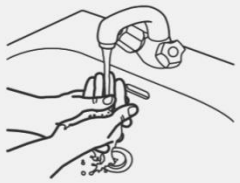


Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

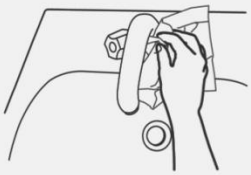


Rinse hands with water;

9

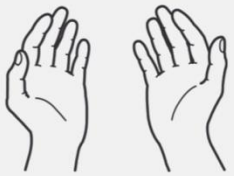
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | **SAVE LIVES** Clean **Your** Hands

May 2009

IV) The picture story

Pictorial: On the left Regina (CHAIN ED) sensitizes the community on hand washing, on the right a child in the community practices hand washing.

Thank you!