Salem Brotherhood
Uganda Ltd
Working for Peace

Contact us at:
P.O Box 1558
Mbale, Uganda
Tel: 045 4434630
Fax: 045 4434630
www.saleminternational.org

Salem - Uganda@saalem-mall.net

Where to find us

To Poni
To Tororo
To Nebokobe
To Kumi
To Pelina
To Jinja

North

Mbale, Uganda
Salem Brotherhood Uganda Ltd

Relax in our leafy and shady gardens; enjoy a drink from the bar and some fabulous African cuisine made from local produce in our guest house restaurant.

Cultural events, including authentic African dance and song, can be provided at Salem to make any visit a magical memory.

Fancy exploring? Drivers and guides can be hired for trips to Mount Elgon National Park, Sipi Falls, Mbale and the surrounding area.

Our prices are attractive so why not come and visit us for a tour of our facilities and discover Salem for yourself.

All profits go towards Salem’s Health Centre, Nutrition Centre, Children and Babies’ Homes and outreach projects for the surrounding area.

Alternatively for further information fax, e-mail or write to us at the address overleaf.

Salem Uganda is a non-denominational Christian NGO providing a wide range of support to the people of Nakaloke Sub-County and surrounding districts of Mbale, Managa, Blankedea, Kumi, Budaka Sironko and Pallisa.

Established over twenty five years ago Salem has a reputation for being a self-sustaining, working model of Ugandan life with a highly evolved sense of responsibility and compassion for the local community.

Salem’s work with orphaned, abandoned and abused children includes a children’s village and re-settlement programme.

Salem also supports a health centre level 4 whose facilities includes: out patients, pediatric and adult wards, ante-natal and maternity care, immunisation, HIV/AIDS counselling, community health care, laboratory and an operating theatre.

Training and support in tree planting, carpentry, tailoring, community health development, nutrition and nursing.

To make a donation or for further information please contact us at the address overleaf.

Want to visit an authentic village setting in Uganda?
Salem’s reputation for a warm welcome and comfortable stay in a natural environment is unequalled.

Salem Brotherhood Uganda Ltd offers the very best in traditional Ugandan conference and guesthouse facilities.

Regular Salem patrons include both Government and NGO groups such as teachers, health workers, farmers and volunteer workers.

Our oasis of tranquillity and beauty is found a few kilometres outside of the busy city of Mbale. Easy to reach by both car and public transport Salem is popular with locals, national and international visitors alike.

At Salem you will find traditional African buildings modernised for your comfort. The craft skills needed to maintain this environment provide both employment for local people and the opportunity to appreciate a working model of self sustainability for both Ugandan and international visitors alike.

With comfortable accommodation, catering, dining and modern office facilities, we provide all the support needed to make any occasion a complete success.

Babies Home  Locally Grown Food  Sipi Falls  Guest House  Salem Crafts  Health Centre  Drinks for the children
LEITGEBANKE VON SALEM

- Die Anschauung eines jeden Lebenszweckes
- Die Liebe zu den Menschen, Tieren, Pflanzen
- Und der Schöpfung
- Ein qualifizierter, respektvoller und friedlicher Umgang miteinander
- Eine christlich-überkonfessionelle und ganzheitliche Lebensweise
- Eine gesunde, vegetarische und vollwertige Ernährung

SALEM MÖCHTE FRIEDEN STIFTEN, WIR TUN DAS IN GANZ PRAKTISCHER ART UND WISE:

▶ SOZIALES
Kinder-, Jugend- und Erwachsenenhilfe, heilpädagogische Förderung, Behindertenhilfe, Betreuung von psychisch Kranken

▶ ENTWICKLUNGSZUSAMMENARBEIT
Unterstützung und Hilfe auf Augusthöhe, Friedensarbeit und Zukunftsgestaltung, medizinische Versorgung und Aufklärung

▶ BILDUNG
Berufliche Bildung, Umweltbildung, entwicklungsorientierte Bildungsarbeit, Gesundheitsbildung

▶ GESUNDHEIT UND ERNÄHRUNG
Förderung gesunder Lebensweise und vegetarischer Ernährung, Hilfe bei AIDS/ARVIK, alternative Heilmethoden

▶ UMWELT, NATUR, TIERSCHUTZ
Ökologischer Land- und Gartenbau, nachhaltige Forstwirtschaft, Förderung der Artenvielfalt, erneuerbare Energien

SALEM –
weltweit für den Frieden tätig

WEITERE INFORMATIONEN

SALEM INTERNATIONAL
gemeinnützige GmbH
Lindenhof Salem
95446 Stadtsteinach | Deutschland

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E-Mail: info@salem-mail.net
Internet: www.saleminternational.org

SALEM-UGANDA

Kindergarten
Allgemeine und berufliche Bildung
Gesundheitszentrum
Umweltbildung
Baumschule und nachhaltige Forstwirtschaft
Gasthaus und Konferenzzentrum

«Um dein Leben zu ändern, ist es nie zu spät!»

Sicherheit auf den Straßen

Spendenkonto: Ulmerbacher Bank eG
Konto-Nr.: 255 777  •  BLZ 771 900 00
BIC GENODE1KU1  •  IBAN DE55 7719 0000 0000 2567 77


Gedruckt auf 100 Prozent Recyclingpapier.
Die SALEM-Dörfer in Uganda liegen im Südosten des Landes, 12 Kilometer nordöstlich der drittgrößten Stadt Mbarara, am Fuß des 4321 Meter hohen Berges Mount Elgon.


Mehr als 80 SALEM-Mitarbeiter sind in verschiedenen Bereichen für eine nachhaltige Entwicklung der Region tätig.

**GESUNDHEITSFÜRSORGE**

Das SALEM-Gesundheitszentrum bietet mit 70 Betten, Ambulanz, Labor, Operationsraum, Kreislauf, Säuglingsstation und Dorfgesundheitsstellen eine umfangreiche Gesundheitsfürsorge für die Region. Wo immer möglich, nutzen wir natürliche Medizin aus lokalen Heilpflanzen, geben Wissen darüber weiter und ermutigen dazu, altes Wissen mit modernen Erkenntnissen der Medizin, wie Hygiene, Dosierung und Prämierung zu verbinden und anzuwenden.

**UMWELT**

Zum SALEM-Konzept der ganzheitlichen Entwicklung gehören auch der verantwortungsbewusste Umgang mit unserem natürlichen Lebensraum.


Darüber hinaus bemühen sich SALEM um stetig steigende Energieeffizienz. In allen Bereichen, vor allem durch die passive und aktive Nutzung von Solarenergie.
Profil der ugandischen Partnerschule Salem School of Nursing

SALEM SCHOOL OF NURSING - KOLONYI, MBALE (UGANDA)

SCHOOL PROFILE

1. Preamble
   The school is under SALEM Brotherhood (U) project
   It was opened on 3rd May, 2010
   It is under the ministry of Education and sports, and is approved by
   the Uganda Nurses and Midwives Council.
   We have a total of 104 students
   We plan to admit a new group of students in May, 2013 to replace
   those who have completed the course in May, 2013.

2. Title of the course:
   Certificate in Enrolled Comprehensive Nursing

3. Minimum entry requirements:
   11 years of formal Education with passes in English Language,
   Mathematics, Physics, Chemistry and Biology.

4. Duration of the course:
   2 ½ years divided into 5 semesters

5. The main professional components are:
   (i) Nursing
   (ii) Midwifery
   (iii) Community Nursing

6. Curriculum:
   The curriculum is divided into modules and each module has
   specified subjects to be taught and clinical hours to be covered per
   subject taught.

7. Clinical experience for students
   This covers a number of units including; medical, surgical, paediatric,
   Gynaecology, ENT, Ophthalmology, Casualty, Outpatient department,
   TB wards and Community placements etc. Our main Practicum area
   is Mbale Regional Referral Hospital but students also use lower level
   units for other experiences.

8. Assessment of students’ progress
   This is done through Monthly progressive assessments, end of
   semester examinations and Clinical ward reports by Clinical
   Supervisors.
   Students sit National Uganda Nurses and Midwives Examination
   Board (UNMEB) exams at the end of the course and are awarded
   UNMEB qualification certificates.
After qualification each nurse goes through an Intensive Uganda Nurses and Midwives Council interview which will decide whether she will be given a professional practicing licence or not.

9. Co-curricular Activities
Students participate and are required to engage in these activities. They have drama and a game club.

10. Achievements so far since the school started
(i) We were able to qualify the 1st group of students admitted May, 2010 in November, 2012.
I understand all have some type of employment some where
(ii) School is expanding, new buildings are coming up and we hope in one year or two most of the school buildings in the plain will be completed.
(iii) We have acquired a school bus to transport our students to practicum sites instead of hiring which used to be too expensive.
(iv) Students’ Governing bodies are in place which assist the school administration in smooth running of the school.
(v) We have tried to maintain adequate professional staff numbers needed, although most of them are part time.

11. Staffing
(i) Currently we have total number of 12(twelve) professional staff to cover the different subjects in the curriculum
(ii) Support staff total is 10 (ten)
Our school aims to train Compassionate and Competent Nurses to manage common health conditions in the community!!!
We look forward to achieving this and we thank all our development partners from Germany for their devotion and contributions towards the achievement of this goal.

V. Nalubega
Principal
SUGGESTIONS TO THE INTERVIEWER

➢ Greet the client
➢ Introduce yourself by name and indicate that you are visiting the household as student/visitor **SALEM** School of Nursing.
➢ State that you wish to get information which will be used to improve the Health status in the house holds
➢ Confirm that the interviewee has consented for you to get the information from her/him
➢ Thank her/him for availing time to talk to you
➢ Respect the interviewee and control your tone of voice and face expressions
QUESTIONARE FOR COLLECTING DATA

TOPIC: HYGIENE IN THE HOMES:

IN RELATION TO HEALTH

1. **Introduction**
   The aim is collect data which will be used to establish the availability of facilities which contribute to prevention of ill health in the households.

2. **Objectives**
   (i) To check the availability and state of latrines in the households.
   (ii) To check the presence of available hand washing facilities.
   (iii) To find out if the households have drying racks.
   (iv) To find out if there are members of the households suffering from diarrhoeal diseases.

Name of the interviewer: ______________________________________

Date: ____________________

**Section A: IDENTIFYING DATA**

1. Name of Head of household: ______________________________________

2. Age: ________  Sex: ________

3. Educational status: (Tick one)
   (a) PIV and below
   (b) PVII
   (c) UCE
   (d) > UCE

Specify: _______________

**Marital Status**

4. Married  Single
Widow [ ]  Widower [ ]

Others specify ____________________

5. If married what does your spouse do? (occupation)

6. How many children do you have?

7. Can you tell me their age:-

   (i) ____________________
   (ii) ____________________
   (iii) ____________________
   (iv) ____________________
   (v)  ____________________
   (vi) ____________________
   (vii) ____________________
   (viii) ____________________
   (ix)  ____________________
   (x)  ____________________

8. What is your main source of income?

Section B: Latrine

9. Do you have a latrine?  Yes/No  (tick one)
10. If No where do ease yourself and members of your family?

11. Please show me the latrine
    Observe construction: ____________________
    State of cleanliness: ____________________
    Safety of latrine: ____________________

Section C: Hand washing facilities

12. Do you have water to wash your hands after visiting the toilet?  Yes/No (tick one)
13. Please show me where you put the water for washing your hands after using the toilet (observe and record what you see)

14. What do you use to wash your hands after using the toilet? (observe if there is any soap used and record)

Section D: Drying Racks

15. Where do you dry your plates, cups, cooking pots etc after washing them?

16. Do you have a drying rack? Yes/No (tick one)

17. Please show me where you dry your eating utensils after washing. (observe and record)

18. Observe whether drying rack is well constructed and has a water channel to drain away dirty water and record the findings.

19. What do you use to clean/wash your eating utensils etc?

(find out if she uses soap to wash up)

Section E: Diarrhoeal Disease

20. Is there any member of your household who has suffered from diarrhoea recently?

21. Who is the member of your household who has suffered from diarrhoea?

22. Can you give three (3) causes of diarrhoea?
   (i) 
   (ii) 
   (iii)
23. Why do you think this member(s) from your family suffered from diarrhoea?

24. How often do members of your family suffer from diarrhoea?

**Section F: Evaluation.**

25. Do you want to ask any questions?

(Answer the questions briefly)

Thank the interviewee and close the interview.

**End**

Compiled by

V. Nalubega
SALEM SCHOOL OF NURSING

Results of the small study conducted in the Community surrounding Salem School of Nursing on 16th May, 2013 by student nurses of the school and their German Colleagues.

TOPIC: HYGIENE IN THE HOMES IN RELATION TO HEALTH

1. The aim
   The aim was to collect data which will be used to establish the availability of facilities which contribute to prevention of ill health in the house holds.

2. The objectives were:
   (i) To check availability and state of latrines in the house holds.
   (ii) To establish presence of hand washing facilities in the homes
   (iii) To check whether the house hold had drying racks for eating and cooking utensils
   (iv) To assess the level of knowledge of the causes of diarrhoeal diseases in the house holds.

<table>
<thead>
<tr>
<th>SUMMARY OF FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range of Respondents</td>
</tr>
<tr>
<td>(i) 61 - 70 years</td>
</tr>
<tr>
<td>(ii) 31 - 40 years</td>
</tr>
<tr>
<td>(iii) 41 - 50 years</td>
</tr>
<tr>
<td>(iv) 51 - 60 years</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) Sex of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Females</td>
</tr>
<tr>
<td>(ii) Males</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(c) Educational level of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) &lt; PIV</td>
</tr>
<tr>
<td>(ii) &gt;UCE</td>
</tr>
<tr>
<td>(iii) No education</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(d) Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Widow</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>(e) Occupation of spouse</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Peasant farmer</td>
</tr>
<tr>
<td>builder</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(f) Number of children per Household</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 children</td>
<td>2</td>
</tr>
<tr>
<td>4 children</td>
<td>2</td>
</tr>
<tr>
<td>13 children</td>
<td>1</td>
</tr>
<tr>
<td>8 children</td>
<td>1</td>
</tr>
<tr>
<td>1 child</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(g) Main source of income for the Respondents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Peasant farming</td>
<td>2</td>
</tr>
<tr>
<td>(ii) No answer</td>
<td>2</td>
</tr>
<tr>
<td>(iii) None</td>
<td>1</td>
</tr>
<tr>
<td>(iv) Driver</td>
<td>1</td>
</tr>
<tr>
<td>(v) Small shop</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(h) Availability of latrines in the households</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Construction of latrine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Good construction</td>
<td>5</td>
</tr>
<tr>
<td>(ii) Poor construction</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(j) Cleanliness of latrines</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor hygiene</td>
<td>3</td>
</tr>
<tr>
<td>Very clean</td>
<td>2</td>
</tr>
<tr>
<td>Fairly clean</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(k) Safety of latrines</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>4</td>
</tr>
<tr>
<td>Not safe</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
</tr>
<tr>
<td>(l) Availability of Handwashing After visiting the latrine</td>
<td>Frequency</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(m) Availability of water cans for water of washing hands</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) No</td>
<td>5</td>
<td>71.4</td>
</tr>
<tr>
<td>(ii) Yes</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td>(iii) No answer</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.8</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(n) Availability of soap to wash hands after using the toilet</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) No</td>
<td>3</td>
<td>42.8</td>
</tr>
<tr>
<td>(ii) Yes</td>
<td>3</td>
<td>42.8</td>
</tr>
<tr>
<td>(iii) No answer</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.8</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(o) Dry Racks for cooking and eating utensils</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) No</td>
<td>5</td>
<td>71.4</td>
</tr>
<tr>
<td>(ii) Yes</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.9</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(p) Drying Racks with proper drainage</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>42.8</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td>Present but dirty</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.8</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(q) Soap used to wash utensils</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Yes</td>
<td>6</td>
<td>85.7</td>
</tr>
<tr>
<td>(ii) No</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.9</strong></td>
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</table>

<table>
<thead>
<tr>
<th>(r) Members who suffered from diarrhoea</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>57.1</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>42.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.9</strong></td>
</tr>
</tbody>
</table>
### Relationship of person who suffered from diarrhoea to Head of household

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand child</td>
<td>4</td>
<td>57.1</td>
</tr>
<tr>
<td>N/A</td>
<td>3</td>
<td>42.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.9</strong></td>
</tr>
</tbody>
</table>

### Knowledge of causes of diarrhoea (answers unlimited)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating contaminated food</td>
<td>3</td>
<td>42.8</td>
</tr>
<tr>
<td>Dirty hands</td>
<td>3</td>
<td>42.8</td>
</tr>
<tr>
<td>Eating dirty things</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td>Flies</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td>Eating half cooked foods</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td>Eating cold foods</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td>Drinking dirty water</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td>No knowledge</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>99.9</strong></td>
</tr>
</tbody>
</table>

### Knowledge of why family member suffered from malaria

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No knowledge</td>
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<tr>
<td>Yes</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.8</strong></td>
</tr>
</tbody>
</table>

### Frequency of diarrhoea in the household

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not often</td>
<td>5</td>
<td>71.4</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td>28.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.5</strong></td>
</tr>
</tbody>
</table>

### Evaluation through questioning

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>6</td>
<td>85.7</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>99.2</strong></td>
</tr>
</tbody>
</table>

Compiled by

V. Vennila
SUMMARY OF FINDINGS

1. Most of the respondents were female (85.7%) in the range of 61 - 70 years of age. This may contribute to lack of latrines in some homes as women cannot construct the latrines.

2. Most of the respondents had low education status (57.1%) ie below P IV standard who could barely read or write. This may contribute to lack of knowledge of causes and prevention of diseases.

3. Most respondents earned their living from peasant farming. This may contribute to their not being able to meet minimum requirements in the households eg buying soap.

4. Most respondents had large families (57%) yet their sources of income were not well established this leads to poverty and poor purchasing powers of basic needs.

5. Although all had latrines (100%) many latrines were poorly constructed (28.5%) and with poor hygiene (42.8%) 

6. There was shortage of hand washing facilities eg water and soap (71.4%) and (42.8%) respectively. Lack of these facilities contribute to diarrhoeal diseases and others.

7. Although most households had drying racks for eating and cooking utensils (71.4%), many racks did not have proper drainage for waste water (28.5%). This could contribute to many cases of malaria in the households, which is the top killer disease in Uganda.

8. Due to lack of water and soap in many households the number of persons who had suffered from diarrhoea was high (57.1%) and most of those were young children (57.1%).

9. Many household heads knew the causes of diarrhoea (42.8%) although they did not know why their family members had diarrhoea (42.8%)

10. The frequency of diarrhoea in the house holds was (28.4%). Indicating still the high rates of diarrhoeal out breaks in the households.

RECOMMENDATIONS AND WAY FORWARD

1. The school should follow up the households to:-
   (i) Educate the people about the causes, prevention and management of diarrhoeal diseases
   (ii) Demonstrate how to construct proper latrines and drying racks
(iii) Demonstrate the production of simple water receptacles for hand washing
(iv) Provide general knowledge on personal and communal health
(v) Stress the importance of using soap in prevention of common infections eg diarrhoea.

2. The information gathered should be used to improve water and sanitation requirements in other communities
3. Students of Salem School of Nursing should follow up the households where they got information to ensure that the health status in those households reach the required level of health.

**Acknowledgement**

We appreciate the students from Salem School of Nursing and their colleagues from Germany who collected data for this report and their supervisors/ coordinators who supported the students in this exercise

Compiled by
V. Nalubega
Principal
SALEM SCHOOL OF NURSING

"EDUCATION IS THE KEY TO MORE HEALTH."

Data collection tool for Nursery, Primary and Secondary School

The Aim is to assess the inclusion of Health issues in school programmes and find out the impact on the health status of the pupils/students.

Date: ........................................

Name of the Interviewer: ...........................................................................................................

Name of institution: ....................................................................................................................

1. Level of institution - (tick one)
   (a) Nursery
   (b) Primary school
   (c) Secondary school
   (d) Tertiary Institution

2. Identification data
   (a) Name of respondent: ........................................................................................................
   (b) Designation: ....................................................................................................................
   (c) Education level and qualification:

3. Inclusion of Health issues in curriculum/syllabus
   (a) Do you have a curriculum? Yes [ ] No [ ] (tick one)
   (b) If so show it to me( Note the title and author of the curriculum)

   (c) If no, where do you get the subjects and topics you teach the children?

   (d) Can you tell me at least 5 health related topics you teach the children which are in the curriculum/syllabus?
      (i) .................................................................................................................................
      (ii) .................................................................................................................................
      (iii) .................................................................................................................................
      (iv) .................................................................................................................................
      (v) .................................................................................................................................

4. Assessment and maintainance of students' /pupils' health
   (a) Can you tell me 3 methods you use to assess the health status of the children in this school?
      (i) .................................................................................................................................

(b) Do you provide meals to pupils/students? Yes [ ] No [ ]
(c) If Yes, can you tell me 3 foods you give the students/pupils?
   (i) ..........................................................
   (ii) ..........................................................
   (iii) ..........................................................
(d) If no, where do the students/pupils get the food for the period they are at school?

(e) Is there any way the school checks the students'/pupils' immunisation status? Yes [ ] No [ ]
(f) If yes, can you tell me the method(s) used?

..........................................................
..........................................................

(g) If no, what do you do for the children who have not been immunized?

..........................................................
..........................................................

(h) Can you tell me 5 common diseases the children suffer from, in this school?
   (i) ..........................................................
   (ii) ..........................................................
   (iii) ..........................................................
   (iv) ..........................................................
   (v) ..........................................................

(i) Where do the children get treatment when they fall sick while at school?

..........................................................
..........................................................

(J) Do you have a school garden? Yes [ ] No [ ]

(k) Can you show it to me, please?

(L) What foods do you grow to feed the children/pupils? (list 5)
   (i) ..........................................................
   (ii) ..........................................................
   (iii) ..........................................................
   (iv) ..........................................................
   (v) ..........................................................
5. **Water and sanitation Facilities**

(a) What is the water source for the school?

(b) Is the water always available for washing, drinking and other purposes? Yes [ ] No [ ]

(c) If no, what do you do in order to supply water for teachers', pupils' and students' needs?

(d) What type of latrines do you provide in the school? (tick one)

   i) VIP [ ]

   ii) Traditional [ ]

(e) What is the ratio of the children per latrine?

(f) How often are the latrines scrubbed?

(g) Who cleans the latrines?

(h) Do you provide soap, protective gear and cleaning materials to clean the latrines?

(i) Do you provide water and soap to children to wash hands after visiting the toilet? Yes [ ] No [ ]

(j) Can I have a look at the water cans which are used to hold water for washing hands? (Observe and record what you see)

6. **Recreation and games**

(a) What recreational and games activities are the pupils/students engage in? (list 5)

   i) [ ]

   ii) [ ]

   iii) [ ]

   iv) [ ]

   v) [ ]

(b) Do Recreational/games activities appear on the time table? Yes [ ] No [ ]

   (Observe timetable and record)

(c) List 5 challenges the school faces regarding maintenance of good health of students/pupils in this school.

   i) [ ]

   ii) [ ]

   iii) [ ]

   iv) [ ]
Report of 1st Student Exchange Program between our two Schools 10.05.2013 to 01.06.2013 as of today

1.) Preamble

Our school is a vocational college under the Ministry of Education of the federal country of Baden-Wuerttemberg, Germany.

It incorporates at present 10 different types of vocational training schools of various levels and profiles with a total of almost 980 pupils, among those the Secondary School for Social Sciences. The students of this school type join our school after having passed O-levels, in order to achieve their A-levels within a period of three school years, following a curriculum with a special emphasis on subjects of social care and social management issues. After the A-levels, most students will go to university studying social sciences, social and health work or social management.

The Secondary School for Social Sciences was opened in September 2011, The present course being the second of three years and it will be the first one sitting for A-levels at the end of school year 2013/14 in July 2014.

2) Participants of students exchange programme

This one being a pilote project, we would open participation mainly to our students of the second year of the above mentioned Secondary School for Social Sciences. Out of originally ten interested students, there remained 4 female students who would finally sign the participation form. In order to get a sizeable group of students, we therefore opened participation also for our Secondary School of Technical Engineering, where one male student would participate in the program. Through Tukolere Wamu Germany we learned that there was a group of three other interested female students from a secondary school in Ulm, who applied for participation in the pilot program, and we accepted them after personal interviewing in order to make sure they would fit into the program.
So our present group now consists of four female and one male students of our College, as well as three female students from a secondary school in Ulm, and is accompanied by one teacher, Ms. Eva Bergmeister, on behalf of our school, as well as Ms. Gertrud Schweizer-Ehrler and Mr. Siegfried Kunz from Tukolere Wamu association, Germany, who put us in touch in order to start an exchange program between our two institutions.

3) Appreciation of present stage of the program

On behalf of the German participants I should like to thank you very much for this wonderful opportunity for our students to come and share three weeks with students of the Salem School of Nursing.

We were overwhelmed by your kind hospitality in every regard and it was a unique experience for our students to be able to communicate so easily and thoroughly with their counterparts from your institution right from the very beginning when we were met by the nursing trainees at Entebbe Airport. The students found it particularly interesting to be able to share one part of the lives and studying situation of the Ugandan trainees and that their partners would share and explain to them the way of life in Uganda and explain the conditions of health and hygiene as well as the educating system of their country to them.

They were surprised how easily they could communicate not only on professional matters but also on private everyday life and they found that young people in Uganda seem to have many interests in common with their own ones.

After two wonderful weeks in Salem (UG) we shall now proceed to a sightseeing tour to the north of Uganda and the whole group is already very excited about this challenge. The German students love to be with their Ugandan counterparts very much and I think both parts were able to learn from each other a lot and are indeed profiting from this intercultural exchange program.

We therefore would like to thank you very much indeed for offering this wonderful opportunity to our students and our college and we hope that we will be able to work out a way to continue the program on a scale which is convenient to both our organisations.

Eva Bergmeister
7. **Pupils'/students' Assessment on Health issues**

(if any students/pupils are available. If not omit this section)

(a) How long have you been in this school?
- 3-4 years
- 1-2 years
- Below 1 year

(b) Can you tell me 3 things you have been taught about maintenance of good health?
(i) ..................................................
(ii) ..................................................
(iii) ..................................................

(c) What are some of the challenges which students/pupils face regarding maintenance of good health in this school? (mention 3)
(i) ..................................................
(ii) ..................................................
(iii) ..................................................

(d) What do you eat at school?

(e) Have you been immunized against the following diseases? (tick all)
(i) TB ..................................................
(ii) DPT ..................................................
(iii) Measles ...........................................
(iv) Tetanus .......................................... 

Others specify...........................................

Thank you for your participation.
Close the interview.
Compiled by
V. Nalubega
SALEM BROTHERHOOD UGANDA LTD
Children's and Youth Welfare, Health and Medical Services
Salem Brotherhood Uganda Ltd. P.O. Box 1558, Mbaale, Uganda. Tel: 04544 36030, Fax: 04544 34461

Salem School of Nursing

27th May, 2013.

To the Germany Friends

who visited the school from

11th May to 26th May, 2013.

Dear friends,

Thank you for visiting us to establish a linkage between our school and your school, as well as creating friendship between the students of the two institutions.

I hope you had good experience and good time while in Uganda.

Thank you for the nice gifts you gave us.

God bless you all!!!

Yours sincerely.

Victoria Nabdenga

Principal

On behalf of the students and school administration.
Tukolare hilft uns, das Leben lebenswerter zu gestalten“

**BZ**: Was erwartet Sie von Afrika-Tage 2013?


**BZ**: Wie ist es für Sie, eine Ausbildung in Deutschland zu bekommen?

**Nabagga**: Es war ein großartiger Erfolg für mich, meine Ausbildung in Deutschland zu absolvieren. Ich habe mich stets bemüht, über meine Erfahrungen zu berichten und meine Ziele zu verfolgen. Ich bin froh, dass ich die Möglichkeit hatte, meine Erfahrungen in Uganda zu nutzen und mich zu engagieren.

**BZ**: Wie wichtig ist es, dass die Menschen ihre Kindheit in Friedenszeiten erleben?

**Nabagga**: Es ist sehr wichtig, dass die Menschen ihre Kindheit in Friedenszeiten erleben. Die Kinder müssen lernen, um die Zukunft zu gestalten. Die Afrika-Tage bieten eine Plattform, um diese Aufgaben zu bewältigen.

**BZ**: Was denken Sie über die Zukunft der Afrika-Tage?

**Nabagga**: Ich bin optimistisch und trauere nicht daran, dass die Afrika-Tage in Zukunft erfolgreich sein werden. Die Afrika-Tage sind ein wichtiger Weg zur Bildung und Entwicklung der Kinder und Jugendlichen. Ich bin sicher, dass sie weiterhin einen großen Einfluss haben werden.
Auch der Botschafter kommt zu Besuch

Am Wochenende sind die „Afrika-Tage“ des Vereins Tukolore Wamu in Gallenweiler.

Der Sonntag – im Markgräflerland v. 7. Juli 2013, S.2
Bei den Afrika Tagen wirkten einige Teilnehmer des Schüleraustausches aktiv mit (Waffeln backen, Kuchenverkauf, Kinderprogramm betreuen, Modenschau, Verkauf von afrikanischer Kleidung und Kunsthandwerk).

Eine Woche davor wurde beim Sommerfest des Weinguts Zähringer in Heitersheim Kuchen verkauft. Der Anteil, den die mitwirkende Schülergruppe erwirtschaften konnte, betrug ca. 170,00 €. Dieser Betrag wurde von Tukolere Wamu auf 200,00 € aufgerundet und auf ein Konto überwiesen, auf dem Gelder für den Gegenbesuch der ugandischen PartnerInnen im kommenden Jahr angespart werden sollen.


Afrikatage in Gallenweiler am 6. und 7. Juli 2013

Samstag, 6. Juli 2013

- 11.00 Uhr geführte Wanderung „Große Käsetour“ in Münstertal und Kaltwasser mit Einkehrmöglichkeit und der Möglichkeit Käse einzukaufen.
- Ab 15.00 Uhr Kaffee und Kuchen im Bürgerhaus in Gallenweiler.
- 16.00 Uhr Mitgliederversammlung. Mitglieder und Interessierte sind herzlich eingeladen, Informationen über die Projekte in Wort und Bild.
- 18.00 Uhr Lesung: „Wazungu unterwegs in Uganda - Reiseerlebnisse und Ähnliches“.
- Fortlaufend Bilder aus Afrika.
- 19.00 Uhr offizielle Eröffnung der Afrikatage durch den Botschafter der Republik Uganda und Herrn Bürgermeister Martin Löfler.
- Open-Air-Kino mit Impressionen aus Afrika.

Sonntag, 7. Juli 2013

- 10.30 Uhr ökumenischer Gottesdienst am Gallenweiler Dorfbrunnen mit Pater B. Schweizer aus dem Kongo und Pfarrerin Schleich aus Heitersheim, mitgestaltet vom African Gospelchor.
- Ab 11.30 Uhr Mittagessen.
- Nachmittags: musikalische Darbietungen der Heitersheimer Vereine und afrikanische Tänze vom Kindergarten St. Martin in Staufen.
- Kinderprogramm mit Kindermodenschau sowie weitere Aktionen wie Rollrutsche und Basteln, Schminken und Zöpfe flechten.
- Natürlich gibt es wieder bei Kaffee und Kuchen viele Möglichkeiten sich auszutauschen.
- 16.00 Uhr: Das „Figurentheater Gregor Schwank“ entführt Sie mit seinen fantastischen Geschichten nach Afrika.


Der Erlös der Veranstaltung kommt den Projekten in Afrika zu Gute.
Mehr Infos unter www.tukolere-wamu.de.

Mit finanzieller Unterstützung des BMZ.
Der Herausgeber ist für den Inhalt allein verantwortlich.

www.tukolere-wamu.de
Spendenkonto

Für das Jahr 2014 ist der Gegenbesuch unserer ugandischen PartnerInnen in Deutschland geplant.

Während ihres dreiwöchigen Aufenthaltes werden die PartnerInnen ein zweiwöchiges unentgeltliches Krankenpflegepraktikum in verschiedenen Kliniken im Raum Freiburg – Müllheim absolvieren, sowie den Unterricht in der Abteilung Hauswirtschaft und Pflege an der Georg-Kerschensteiner-Schule in Müllheim besuchen.

Um dieses Vorhaben für die neun Partnerinnen sowie zwei Begleitpersonen realisieren zu können, benötigen wir die Summe von ca. 11 000 Euro für die Flugtickets und ein kleines Taschengeld während des Aufenthaltes.

Daher würden wir uns sehr über Spenden für dieses konkrete Vorhaben in jeglicher Höhe auf folgendes Konto freuen:

Tukolere Wamu e.V. Gemeinsam für eine Welt,

Volksbank Herrenberg-Rottenburg BLZ 603 913 10

Kontonummer 445 35 70 10

Verwendungszweck: Projektnummer 99b

(QM-ugandische Krankenpflegeschüler in D)

Der Verein Tukolere Wamu e.V. ist als gemeinnützig anerkannt und kann Ihnen auf Wunsch eine Spendenbescheinigung ausstellen.