

ASSESSMENT OF DOWNSTREAM NUTRITION SUPPLY CHAIN OF READY-TO- USE THERAPEUTIC FOOD IN KARAMOJA

TRAINING REPORT



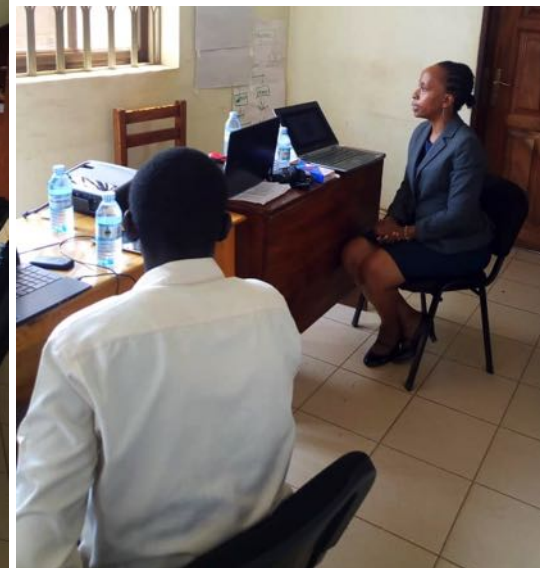
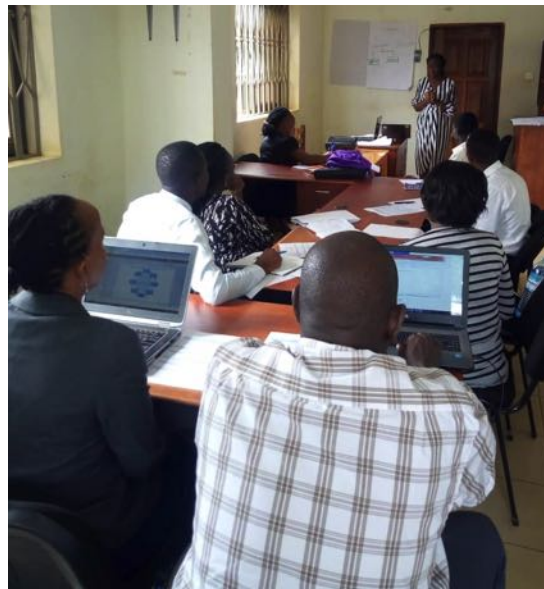
January 2020

ASSESSMENT OF DOWNSTREAM NUTRITION SUPPLY CHAIN: LOSS, LEAKAGE AND MISUSE OF READY-TO-USE THERAPEUTIC FOOD IN KARAMOJA

TRAINING REPORT

Venue: *IBFAN Uganda offices*

Dates: *8th to 10th January 2020*



1.0 PROCEEDINGS

TOPIC	ISSUES RAISED AND DISCUSSED	FOLLOW UP ISSUES/WAY FORWARD
ARRIVAL AND REGISTRATION OF PARTICIPANTS	<p>A total of 14 participants attended the training (<i>Annex 2</i>). This included:</p> <ul style="list-style-type: none"> ▪ National Enumerators - 4 ▪ District Enumerators - 4 ▪ Facilitators – 4 ▪ Chairperson - 1 ▪ Support Staff - 1 	
SETTING NORMS OF THE TRAINING, EXPECTATIONS AND OBJECTIVES OF THE TRAINING [JOHN MUSISI]	<p>Training Expectations:</p> <p>Participants shared the following expectations:</p> <ul style="list-style-type: none"> • Learn more about supply chain management; • Learn about Ready to Use Therapeutic Food (RUTF); • Learn about malnutrition and its management at all levels; • Learn how to use a tablet in collecting data; • Learn about leakage and misuse of RUTF; • Understand application of data tools; and • Learn and collect quality data <p>Norms:</p> <p>The following norms were suggested and published:</p> <ul style="list-style-type: none"> ▪ Phones in silent mode; ▪ Active participation; ▪ Respect for other's opinions; and 	

TOPIC	ISSUES RAISED AND DISCUSSED	FOLLOW UP ISSUES/WAY FORWARD
	<ul style="list-style-type: none"> One person speaks at a time <p>Objectives for the training:</p> <ul style="list-style-type: none"> Improve knowledge and skills of the participants on Nutrition Commodities (RUTF) and Supply Chain Assessment based on survey objectives Prepare enumerators and teams for field work 	
<p>OPENING REMARKS</p> <p>Director – Ms BARBARA NALUBANGA</p> <p>Chairperson - DR SAUL ONYANGO</p>	<p>Welcome Remarks:</p> <p>Executive Director, welcomed the participants to the training and informed them of the background of the exercise, training and data collection programme, logistics and roles each individual was to play. Ms Nalubanga took members through the training programme (Annex 1).</p> <p>Opening Remarks</p> <p>Chairperson of IBFAN Uganda Board congratulated the individuals for having been selected for such an important exercise as both individuals specifically and organization as a whole. He reminded them of what IBFAN stands for – Integrity and being truthful while carrying out such an activity. He then cautioned each of the participants to ensure that they avoid actions such as forging of data as well as not following the methodology or else they face being disqualified during this exercise and never to be considered for any of such activities.</p>	
BASICS OF MALNUTRITION AND ITS CAUSES	<p>The following were discussed based on the training guide:</p> <ul style="list-style-type: none"> Malnutrition definition and types 	<p>a) Participants were informed that they should be able to differentiate between RUSF and RUTF for the purpose of the activity</p>

TOPIC	ISSUES RAISED AND DISCUSSED	FOLLOW UP ISSUES/WAY FORWARD
PROGRAMME ADDRESSING MALNUTRITION IN UGANDA [BARBARA]	<ul style="list-style-type: none"> ▪ Causes of Malnutrition ▪ Components of Integrated Management of Acute Malnutrition ▪ How the Outpatient Therapeutic Care (OTC) through the health system ▪ Description of Ready-To-Use-Therapeutic Food and its benefits. Members were able to understand RUTF as a food product used under prescription and how it is applied or used 	
NUTRITION COMMODITY SUPPLIES AND LOGISTICS MANAGEMENT	<p>The following was presented and discussed basing on the training guide:</p> <ul style="list-style-type: none"> - Definition of terms to be used in the project – Loss, leakage and misuse - Procurement and Supply Management cycle - Challenges of nutrition supply chain - Nutrition Supply Chain in Karamoja - What supply chain is the assessment addressing - Storage conditions based on the Deliver guidelines – Cleanliness, sufficient windows or vents, sunlight, lighting and ventilation, temperature, placing products off the walls and floor, and pest control, - Storage management – FEFO, adequacy of space, security, expiry management, SOP 	<p>b) Participants were taken through the concepts so that they are able to put into perspective issues that could arise while collecting data especially at the health facilities.</p> <p>c) All queries that arose were responded to adequately by the facilitator</p>

TOPIC	ISSUES RAISED AND DISCUSSED	FOLLOW UP ISSUES/WAY FORWARD
TOOLS USED IN OTC PROGRAMME	<p>The Inventory Management Tools were described in details:</p> <ul style="list-style-type: none"> - Software for example RX solutions, EXCEL and SCOPE CODA - Order/Requisition forms - Delivery/Issue note (District to Health Facilities) - Stock card - INR <p>Specific to the INR, participants were guided on which columns to focus on specifically during data collection: Client Number, Date, Clients number, Sex, Age, Type of nutrition management and Enrolment and re-visit (1st to 8th visit)</p>	<ul style="list-style-type: none"> - The participants were taken through the data collection tools and guided on how to fill in data based on the information from the tools described. - Participants were advised to use any documentation at the health facility that had the information as described in the tools even if the actual tools were not seen at the health facility
SURVEY OBJECTIVES, METHODOLOGY AND SAMPLING [GERALD]	<p>The following were described in details:</p> <ul style="list-style-type: none"> - Survey objectives; - Definition of terms; - Study population; - Study design – sample size for health facilities, sampled health facilities both purposive and random, sample size for households (380); sample size for retail outlets, sample size for qualitative assessment (KIIS and FGDs); and - Sampling frame for the selected households. 	<ul style="list-style-type: none"> - Data collectors were cautioned to use replacement health facilities after consulting the Data Manager - In situations where a team could not obtain the 19 children despite following the guidance given, they were advised to assess the numbers they are only able to obtain - Teams were advised to identify up to 25 children from the health facility so that they are able to assess 19 of the 25 selected given the foreseen challenges of tracing for the targeted children
QUESTIONNAIRES - HEALTH FACILITY [DONNA]	<p>Participants were taken through the health facility tool using the tablets for data collection and each question was explained in detail. The session covered the following areas:</p> <p>(a) Storage conditions: affect loss of the product. Specific to Qn 5, facilitator stressed the need to first look for all expiry dates and then determine FEFO. Participant were informed that the score on</p>	<ul style="list-style-type: none"> - Regarding the question on how long one was involved with RUTF, the answer should be recorded in months

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	<p>storage conditions will be done automatically by the software on the tablets. Based on the tablets, how to record yes or no for certain parameters was also tackled. In situations where one of the assessed variables was no, the whole question would be scored with a “No”</p> <p>(b) Inventory management: This session focused mainly on the inventory management tools such as Software e.g. Rx Solutions. Facilitator stressed that data collectors should ensure that they access the software so that some of the required information is obtained from there. Other tools discussed included order/requisition form, delivery/issue note and stock card. Clarification was also made on how to calculate expected stock and available stock. It was agreed that the teams go through the stock card again looking at how adjustments are done. Members also learnt about inventory management tool and how different facilities customized their own tools in capturing data in a more user friendly and cost-effective way</p> <p>(c) Verification of stocks: This session involved explaining the process of supply of RUTF by district, receipt and registering of the RUTF by the health facility as well as the difference between quantity supplied and that registered in terms of boxes and sachets. Specific to questions 13 – 16, facilitator highlighted the fact that these are on the date of data collection and not for the whole financial year.</p> <p>Some participants observed that the reason for difference had no option for one to specify in case they selected others. There is also no option to record in case there is no difference and reasons for</p>	<ul style="list-style-type: none"> - The remarks on the tablets should be disabled and not made mandatory especially if the response is a Yes since this becomes invalid - RUTF supplied – this is data that can be got from district store and may be difficult to get at the health facility level. Donna to obtain information/data from most recent deliveries based on district information and share with data collectors - The tablets should be made to generate RUTF difference automatically - If there are no differences registered between physical and expected stock, the reasons for the difference should not appear as it currently does on the tablet - The question on how many boxes of RUTF are in “district store” on the day of visit should be corrected to read “health facility” store - Leaking should be included under the options of damaged or deteriorated - Period of selecting children should be 3weeks and if one cannot get the required numbers then shift one week back to make 4 weeks. There should be no selection of children admitted on ward - Software for inventory management include Rx, Scope Coda and excel. It was also agreed that the software options in the tool will be set to accommodate responses where software uses in a health facility is not seen <p>Corrections to be done on tools included:</p> <ul style="list-style-type: none"> - Qn8 on adjustment options. There was need to include an option of other reasons from those already predetermined - Qn5.4. there is need to separate Stock Consumed as per stock card and that consumed as per dispensing log

TOPIC	ISSUES RAISED AND DISCUSSED	FOLLOW UP ISSUES/WAY FORWARD
	<p>difference if any. They wondered whether those which had been selected as showing “no difference” have this question skipped on the tab.</p> <p>(d) Programme Records: This information was to be obtained for the financial year 2018/2019 and specifically July 2018 – June 2019. Specific information included enrollment at the end of month, number of sachets consumed in the month based on stock card or daily dispensing log as well as possible data sources. Another area of clarification was how to extract information from the INR. They were then advised to select clients on outpatient programme that had received RUTF</p> <p>(e) RUTF dispensed to patients to be followed up in the household survey: There will be a total of 19 patients to be followed to household level and the following records will be obtained: Case #, Age, Weight, date of visit, Qty of RUTF dispensed in sachets and return date. Participants were however on the view that obtaining the name of the subcounty, parish, village, household head and child name was critical given the Karamoja setting. They were then cautioned of the confidentiality principle the assessment is trying to adhere to. It was then agreed that the information will only be used to trace for the individual and not recorded in the data collection tool. The form was then adjusted as shown in Annex 3</p>	<ul style="list-style-type: none"> - Qn16. Are there boxes and sachets of unusable RUTF in health facility on day of visit? Under the reasons where we record the number, there should be an option for boxes and sachets separated. - On the verification for physical count on day of visit, the tool should be able to swipe even if the email is not provided - Section 5.3 at the beginning add: Does the HF receive stocks from any source other than the District (UNICEF stock)? (NB ask the respondent to consider the last 2 years 2018 and 2019) Y/N. If yes, what is the source of the RUTF? (list all sources). Are there any of these stocks currently available? Y/ N, if yes count and record the quantity in the store.
QUESTIONNAIRES – HOUSEHOLD [BARBARA]	Using the tablets, participants were taken through the process of identifying households to be assessed. Areas presented and discussed included:	<ul style="list-style-type: none"> - This will be used specifically to identify SAM children who received RUTF 1 to 3 weeks of delivery. <ul style="list-style-type: none"> o Start with the list for the week prior to the survey and if not sufficient beneficiaries

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	<p>(a) Estimated volume losses of RUTF in households – this included the amounts of RUTF received by the households by the OTC as recalled by the caregiver compared to that recorded in both the register and ration card as well as those seen at household levels (unopened and empty sachets)</p> <p>(b) Demonstration of major misuse of RUTF by households: Questions involved asking caregivers whether they normally administered RUTF to children and whether following the recent reception of RUTF the child was given RUTF and reasons why children may not be given the RUTF. Questions also involved sell of RUTF by households, why such practices were done in the households, the buyers and the cost of the RUTF sold. The questions were however changed to “<i>Have you ever sold RUTF?</i>” because the original questions were judging the respondents for selling the RUTF.</p> <p>(c) Control systems in place to ensure effective use of RUTF sachets by households: Involved finding out how the empty sachets of RUTF were disposed of and reasons why the sachets may not be taken back to the health facility as a requirement. Caregivers were to be asked whether they knew the key message on the use of RUTF and if they did, they did apply it fully, partially or not based on the data collector’s judgement.</p>	<ul style="list-style-type: none"> ○ Then include more from 2 weeks prior to survey and up to 3 weeks - In situations where a sachet was opened and had RUTF, data collectors should record that as empty - Information on the amount recorded in the registers should be obtained from the health facility prior to visiting the household
QUESTIONNAIRE – RETAIL OUTLET [BARBARA]	<p>Using the tablets, participants were taken through the process of identifying resale points to be assessed. Areas presented and discussed included:</p> <ul style="list-style-type: none"> ○ Identifying the type of resale point – definitions were provided; 	<ul style="list-style-type: none"> - Participants felt that obtaining resale points would be problematic in Karamoja given the strong socio-cultural influence that may affect the identification of such points. However, they were encouraged to get all possible strategies such as those used for Code monitoring to identify such points

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	<ul style="list-style-type: none"> ○ Sell of RUTF by respondent and incase they did, the information to be collected was for the 3 months prior to the assessment – Oct, Nov and Dec 2019; ○ Stocks of RUTF on the day of the assessment; ○ Legal knowledge on the sale of RUTF; and ○ Procurement of RUTF especially from the local manufacturers such as RECO. 	
KIIS AND FGDS [BARBARA]	<ul style="list-style-type: none"> - Participants were taken through the key concepts of KIIs and FGDS and these included: what KIIS and FGDS were and the differences between the 2 terms; logistical planning for qualitative assessments, facilitation skills – body language, reflective listening and guiding conversation. - Targets for FGDS – 6 to 10 men and 6 to 10 women with children below five years; and 3 KIIs involving VHT, LC1 and PDC Chairperson - Approach and method involved: FGDS and KIIS will be done at the 5 health facilities selected for deep dives; to be led and moderated by data collectors with support of the supervisor; Interviews to last for about 1hour and half - Information to be sought was grouped in themes were broken down into questions. 	<ul style="list-style-type: none"> - FGDS will be done by the district level data collectors (2 per FGD) preferably 2 women and 2 men and are fluent in the language. - The interviews will be recorded and later transcribed by a fluent person in Ikaramajong. The notes will then be compared with those taken in the field - Participants will sign individual consent forms and thereafter, register. Snacks will be provided after the discussions - KIIs will be conducted by national data collectors since the interviewees may be fluent in English
INTERVIEWING TECHNIQUES [BARBARA]	Using the developed training guide, participants were taken through the interviewing techniques that involved: Introductions; Consent; Setting ground rules; Body language – Face, voice; Reflective listening; Guiding conversation, probing; and Interview activity – Pairing up, strategies of keeping interviewees engaged, dealing with difficult situations gracefully.	<ul style="list-style-type: none"> - Data collectors were encouraged to use the skills they learnt from the session

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SURVEY IMPLEMENTATION [BARBARA]	<p>The teams were taken through the different tools as attached in the guidance for data collection – Forms 1 to 7:</p> <p>Form 1: List of supervisors and Enumerators</p> <p>Form 2: Supervisors and respective enumerators</p> <p>Form 3: Daily Data collection Matrix</p> <p>Form 4: Assigned Health Facilities per team</p> <p>Form 5: Equipment Checklist</p> <p>Form 6: Daily Field Reporting Format</p>	<ul style="list-style-type: none"> - Data collectors to use the forms on a daily basis while planning and collecting data; and - Form 6 to be used in the daily reporting to the overall supervisor
PRE-TEST [JOHN/DONNA]	<ul style="list-style-type: none"> - The teams went to Mubende district to conduct the pre-testing exercise given that both the district and Mubende Regional Referral Hospital obtained supplies from UNICEF. Information from the district showed that UNICEF had last distributed RUTF in the last quarter of 2018/2019 and therefore there were no recent records that could provide the necessary data required by the team. The team then visited both Mubende RRH and one of the HCIII - KIBALINGA - The process and tools were pre-tested and findings included: <ul style="list-style-type: none"> o Stock verification: The only stock available was for HIV clinic supplied by Maul it was not clear how this should be handled o Stock consumed at the OTP: it was difficult to quantify the stock consumed in OTP because stock cards for 18/19 which had the quantity dispensed per patient had already been archived. The stock card however did not give the age of the patient but only the case number o The practicability of getting accurate consumption data from the INR was found to be quite challenging because of the way the register was completed and its nature. Entry fields were small 	<ul style="list-style-type: none"> - There were notable repetitions in the deep dive sections of the health facility tools that needed to be revised: Section 4.2 - delete 1.2 (2) it is the same as 1.2 (8) and 1.2 (5) given that they are the same 1.2 (7) - Section 5.3 questions 7 and 8 - stocks issued to units/ departments/ sections within the facility to be consumed by patients attending the facility should all be totaled under 7 whether they are recorded in the card as quantity out or a negative adjustment. From the pilot in Mubende stock used for appetite test is issued as a negative adjustment. It is only stock issued for use outside the facility or unusable stock that should be recorded under (8) - A question should be added to the tool under HF section 5.3 for the enumerators to note any RUTF other than that from UNICEF that they

TOPIC	ISSUES RAISED AND DISCUSSED	FOLLOW UP ISSUES/WAY FORWARD
	<p>making writing often illegible and one had to go back and forth in order to collect data on the RUTF given to re-visit cases</p> <ul style="list-style-type: none"> ○ RUTF is not in a segregated store – this makes the assessment of storage difficult because different practices appeared to apply for different product categories ○ INR: has very few telephone contacts for SAM cases ○ Delivery notes: were not found ○ Diffuse functions stock management functions: ordering is at the program level (OPD) whereas receipt and storage is in the main store. ○ No monthly consumption totals were available other than those reported in HMIS 015 ○ Availability of staff ○ Sample selection for household component ○ RUTF is given to adults - even the stock from UNICEF ○ Documents not found for quantitative data 	<p>may find separately. Otherwise the data collection will focus on RUTF from UNICEF</p> <ul style="list-style-type: none"> - For consistency stock consumed (HF Section 5.4) should only be got from the daily dispensing log, stock registers, stock counter book or stock card if these are used in the OTP - Assessment should focus on the way RUTF is managed where there are discrepancies for different commodity types. The assessment should be based on the way RUTF and other nutritional commodities are handled - Not many telephone contacts are expected in Karamoja but use of VHTs who know mothers was encouraged. The process would involve working with the VHT attached to the HF so that she/he links the data collectors to the VHT in the respective villages where the selected children could be - Confirmation on quantity received can only be got from a signed GR or delivery note. Fill 999 in the quantity column if the signed delivery note cannot be found - Data collectors will have to look for the requisitions from where they are in the OTP or Records - Totals for stock consumed will have to be obtained from whatever document is available and has a complete data set - Stores and other relevant staff need to be alerted about the exercise in advance with notification about the expected arrival time in the facility - Look at 21 days immediately preceding the study date if there are not enough cases go back another week and randomly select the number required to make the requisite sample size. If there are not enough cases in the last 4 weeks then follow up the number found.

TOPIC	ISSUES RAISED AND DISCUSSED	FOLLOW UP ISSUES/WAY FORWARD
		- For consumption data all UNICEF RUTF dispensed should be totaled to get the monthly consumption figures
EVALUATION OF THE TRAINING – DAILY AND END OF TRAINING EVALUATION [JOHN]	Participants were provided with forms on a daily basis to evaluate the training and other facilities that could affect the outcome of the training. Annex 4 shows the outcome of evaluation. Specifically, participants had challenges understanding the health facility questionnaire; however, this was addressed through the pre-testing exercise that was carried out in Mubende district.	<p>The recommendations from the training included:</p> <ul style="list-style-type: none"> ○ Having printed copies of the training materials would be easier to read through and understand ○ The content should be taken up as it is because it meets the learners' expectations ○ Have physical product to clearly read the package details ○ The survey should be done periodically for proper support and utilization ○ The methodology should be used constantly because it gives right data ○ The time should not be adjusted because it was enough



ANNEXES

ANNEX 1: TRAINING SCHEDULE FOR THE ENUMERATORS

DAY ONE: Wednesday 8 th January 2020		
TIME	ACTIVITY	Responsible
8.00 am	Arrival and Registration of Participants	
8.15 - 8.20 am	Remarks from IBFAN	Dr Saul Onyango
8.20 - 8.35 am	Setting norms of the training, Expectations and Objectives of the Training	Mr. John Musisi
8.35 - 8.40 am	Administrative briefs	Ms Joan Nakamya
8.40 - 10.40 am	<ul style="list-style-type: none"> Basics of Malnutrition and its Causes Programme Addressing Malnutrition in Uganda 	Ms Barbara Nalubanga
10.40 - 11.15am	BREAK	
11.15 - 12.15pm	Nutrition Commodity Supplies and Logistics Management	Ms Donna Kushemererwa
12.15 – 1.30	Tools used in the OTC programme	Ms Donna Kushemererwa Ms Joyce Nabwanika
1.30– 2.30p.m.	LUNCH	
2.30 – 3.30p.m.	<ul style="list-style-type: none"> Survey Objectives Survey Methodology and Sampling procedure 	Ms Barbara Nalubanga Mr. Gerald Onyango
3.30pm - 5.00pm	Questionnaire [District]	Ms Donna Kushemererwa
5.00pm	Evaluation of the day's work	Mr. John Musisi
DAY TWO: Thursday 9 th January 2020		
8.30 - 8.45 am	Review of the previous day's work	Mr. John Musisi
8.45 - 10.15 am	Questionnaire [Health Facility]	Ms Donna Kushemererwa
10.15 – 10.30 am	BREAK	
10.30 – 11.15 am	Questionnaire [Households]	Ms Barbara Nalubanga
10.30 – 12.15 am	Questionnaire [Retail Outlet]	Mr John Musisi
12.15 - 1.15 pm	KIs and FGD questionnaires	Ms Barbara Nalubanga

1.15 - 2.15pm	LUNCH	
TIME	ACTIVITY	Responsible
2.15 - 3.30pm	Interviewing techniques	Ms Barbara Nalubanga
3.30 – 4.30pm	<ul style="list-style-type: none"> ▪ Coordination of the data collection ▪ Data collection and Quality Assurance ▪ Survey Implementation 	Ms Barbara Nalubanga
4.30 – 5.00 p.m	Preparation for Pre-test	Mr John Musisi
5.00pm	Evaluation of the day's work	Mr John Musisi
DAY THREE: Friday 10th January 2020		
7.30 a.m.	Leave for Mubende	Mr. John Musisi
9.30 a.m.	<ul style="list-style-type: none"> ▪ Converge at the district headquarters ▪ Pre-test starts 	Ms Donna Kushemererwa
2.00 – 3.30pm	Feedback from the Pre-test	Mr. Gerald Onyango
3.30 – 4.00pm	Evaluation of the Training	Mr. John Musisi
4.00 pm	Leave for Kampala	Mr. John Musisi

ANNEX 2: PARTICIPANTS LIST

Name	Designation	Department/ Organization	Contact
1. Alweny Rachel	National Enumerator	IBFAN Uganda	0774710305
2. Dumba Abdul	District Enumerator	IBFAN Uganda	0705379211
3. Erabu Emmanuel	District Enumerator	IBFAN Uganda	0772998512
4. Kusemererwa Donna	Facilitator	Hera	0772434007
5. Musisi John	Facilitator	IBFAN Uganda	0772978243
6. Muzibira Muhammad	Support Staff	IBFAN Uganda	0772660933
7. Nabwanika Joyce	National Enumerator	IBFAN Uganda	0782109386
8. Nakamy Joan	District Enumerator	IBFAN Uganda	0796500922
9. Nalubanga Barbara	Facilitator	IBFAN Uganda	0772419029
10. Nalukomwa Rebecca	National Enumerator		0773820245
11. Nalwanga Vivien Galinda	National Enumerator	IBFAN Uganda	0773778482
12. Onyango Gerald	Facilitator		0782523740
13. Onyango Saul	Chairperson	IBFAN Uganda	0772508669
14. Ssebuuma Charles	District Enumerator	IBFAN Uganda	0705884669

ANNEX 3: RUTF DISPENSED TO PATIENTS TO BE FOLLOWED UP IN THE HOUSEHOLD SURVEY

HH	CLIENT CODE	AGE(M)	WEIGHT(KG)	DATE OF VISIT	QUANTITY DISPENSED (SACHETS)	RETURN DATE	SUBCOUNTY	PARISH	VILLAGE	HH NAME	CHILD NAME
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											

ANNEX 4: OUTCOME OF EVALUATION

Day 1	Understood	Understood Fairly	Not Understood	Comments
Basics of Malnutrition and Programme addressing malnutrition in Uganda	8			
Survey Objectives and Survey Methodology & Sampling Procedure	7	1		
Nutrition Commodity Supplies and Logistics Management	5	2		
Tools used in OTC Management	7	1		
Questionnaire - Health Facility	4	4		Not fully discussed; Need more personal practice Not completed Not yet completed
Other Areas	Good	Fair	Bad	Comments
Venue for Training	8			Comfortable
Facilitation Skills	8			Facilitators answered questions
Food	8			
Toilet Facilities	8			
Day 2	Understood	Understood Fairly	Not Understood	Comments
Questionnaire - Health Facility	8			Hectic but manageable Good work done
Questionnaire - Households	8			Very doable Issues that need to be cleared should be handled
Questionnaire - Retail Outlet	6	2		Hope to see it working through
KIIs and FGD Questionnaires	7	1		Very critical
Interviewing Techniques	8			

Coordination of Data Collection
Data Collection and Quality Assurance
Survey Implementation

5

2

Good

Fair

Bad

Comments

Venue for Training

8

Good environment

Facilitation Skills

8

Facilitators up to date and friendly

Food

7

1

Too good for my expectations
It was excellent

Toilet Facilities

6

2

Perfect

Day 3

Understood

**Understood
Fairly**

**Not
Understood**

Comments

Pre-test

8

Great experience that was an eye opener
All the instruments were understood

Feedback from the Pre-test

6

2

The feedback helped me understand how to carry out the
assessment
The in-charge we met was cooperative

Logistics

6

1

Well handled

Good

Fair

Bad

Venue for Training

8

Good in terms of practice Kabalinga HC III in Mubende

Facilitation Skills

8

Food

7

1

Cold since it was packed early morning

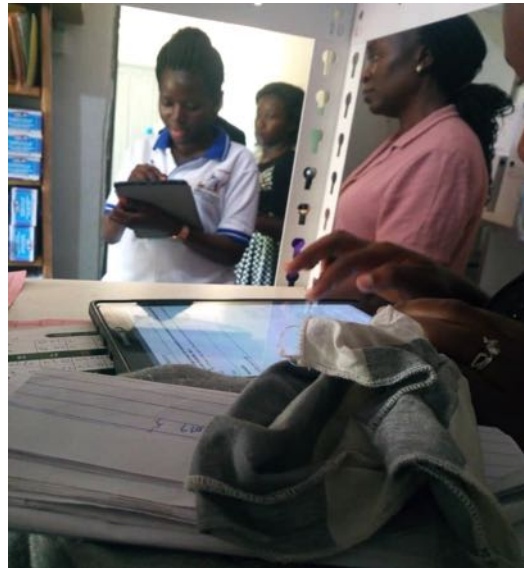
Toilet Facilities

4

2

The hospital toilet facilities were not cleaned well
Never visited toilets

Overall Course Evaluation	Good	Fair	Bad	Comments
Content: Relevance	8			- The training was very educative and added on my experience
Expectations	8			- The training was adequate, easy to understand and implement
Need Responsive	8			- It being my first time to hear about RUTF, the content was clearly explained
Objectives met	7	1		- The assessment is crucial because there's need/ lack of knowledge on how exactly the supply chain is applied
Methodology: Presentation	8			- The course was relevant as I was able to know different terminologies and how they are applied,
Participatory	7	1		- objectives were also met
Material	6	1		- The subject is very relevant so as to enable the service providers to know the supply chain flow at a lower level
Schedule: Topics Addressed	8			- We hope to get the best data, it was very good
Time Adequate	6	2		- The methodology used was appropriate based on nutrition supply chain of RUTF assessment
				- The facilitation was highly concerned with the details to be understood by everyone
				- The methodology will work for Karamoja but may not be 100% applicable elsewhere
				- The facilitators used skills that made me understand; the presentation was also participatory which made it lively
				- Time was well used, and the explanation was fulfilling
				- The time allocated for each topic was good
				- Topics were followed and explained; Time was adequately used and kept
				- The topics were addressed on time



REFERENCE MATERIALS

1. Training Guide
2. Guidance for Field Implementation