



colalife

Research from Northern Uganda

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# Mothers

*We surveyed a total of 82 mothers groups (656 mothers in total; group sizes ranged from 1-45) from villages across Lira, Oyam, Amolotar, Apac and Albertong. Results were gathered collectively as a group with average opinions recorded, therefore the numbers below refer to the number of groups questioned that shared that opinion.*

## Child Health

1. Which childhood conditions are a problem?

- Malaria = 69
- Diarrhoea = 49
- Cough = 49
- Vomiting = 46
- HIV = 21
- Fever = 15
- Typhoid = 1
- Lack of vitamins
- Swelling of ears
- Bad water
- Malnutrition

“Children under 5 years of age get malaria almost monthly but sometimes every 6 months”

“Diarrhoea less common than malaria”

“Patients feel they don’t know more about their conditions”

15 mothers at Christian Children Fund said children get diarrhoea when they start crawling

2. How often do children suffer from diarrhoea?

- Every two weeks = 15
- Once a month = 56
- Twice a month = 4
- Rarely = 2

“Worse in rainy season”

“Malaria is a bigger problem”

## Diarrhoea Treatment

3. What do you do when your child suffers from diarrhoea?

- Buy sugar (2400sh/kg) and salt (500sh/kg) and mix together = 36
- Go to health centre/drug shops = 27
- Buy septrin too (100 sh per day) = 21
- Loperamide = 5

- Drink water = 5
- Metronidazole + albendazole for deworming = 2

4. When do you decide to go the health clinic?

- Straight away = 25
- Last resort = 57

“To get free ORS if it is in stock”

“Don't go to doctors - hospital is too slow and children acquire secondary infections at the hospital”

“Received no advice from doctors”

5. What did health clinics do to prevent diarrhoea?

- Clinics are “useless” as they go 2/3 months without ORS, mothers have to go to Aduku instead (19-24km) = 15

“This clinic sells hardly any medication – mainly just stuff for cold relief, headaches and toothaches”

“Advised to keep home clean and boil water”

“Nothing, they just get encouraged to wash hands more regularly”

“Advised to keep toilet, utensils clean and wash hands”

“Advised to keep babys things clean, house clean, clean sheets etc.”

“Given ORS, metrogyl. No advice”

6. What would make treating your child when they have diarrhoea easier?

“Provide more money”

“Provide medicines and tablets!”

“Have ORS locally”

“Sell it locally”

7. What medicines for diarrhoea?

- ORS & zinc: (can buy from drug store for 15,000 shillings consists of 2 ORS packets and 5 tablets of Zn, only 1 group mentioned buying it being an option) = 70
- ORS = 12
- Immodium = 3
- Panadol
- Chloroquine, quinine
- Metronidazole
- Amoxicillin syrup

“No drugs in hospital”

8. What can you afford?

- 200-500 shillings = 15
- 300 = 24
- Free! = all!

“It costs 1,500 for one packet of ORS in town but 3,000 in villages” - only one group could afford this

9. Do you keep ORS in the house?

- Yes = 27

10. What is the household knowledge of ORS?

- Good = 1
- Understand you must drink it when you have diarrhoea = 21
- None = 2

“Village health-workers know how to make it up”

“ORS can be made at home and can be obtained from hospitals if they have stock”

## Diarrhoea Prevention

11. How much does soap cost you?

- Small bars - 500 - 3,000 Shillings
- Large bars - 4,000 - 8,000 Shillings
- Groups that use soap = 80

12. What else do you use to clean hands (for groups that don't use soap)?

- Soap but is expensive = 5
- Just plain water = 4

13. Do you clean/purify water?

“No purifying needed as water comes from spring water” - responses seemed location specific  
“Too expensive to purify”  
“Don't wash as no time”  
“Boil it”



## ColaLife Aidpod

14. What do you think of the AidPod?

- Good product = 21
- Product will work = 42

15. What would you expect to pay for this kit?

- Price of an egg is reasonable (300) = 52
- Overall range 200 - 500

16. Would you trust your shopkeeper?

- Yes = 12
- Concerned they might price it too high = 29
- Prefer to buy from local village health team or drug store = 15

“Some concerned that shopkeepers sell expired products”  
“If the product was explained by village health workers, we would be happy to buy it from shopkeepers”

17. Would you try a voucher system?

- Never used voucher system before = 52
- Yes = 2

“We would like somebody to explain the voucher system to them first”

18. Suggested name?

- Need to use symbols
- ORS Mixer



“We are very happy with this idea. We see these drugs as a new thing. We will be able to stay healthy in this region if we have got these drugs.”





# Health Clinics

*We surveyed a total of 16 health centres and hospitals in the districts of Lira, Oyam, Amolotar, Apac and Albertong. The results have been summarised below*

## Access to Healthcare

### 1. How often do people visit?

- Range: 60-150 people per day
- Average answer: around 100

Aduku Morningside Clinic – “people visiting every 2 mins”

### 2. How do people get there?

- Bicycle or 3-4 hour walk = 16

Amach Health Centre- “The nearest hospital is in Lira (30km away!). Most locals travel with their feet or cycle as fuel is very expensive.”

Obim Healthclinic – “It’s a 3-4 hrs walk for most”

Ogur Healthclinic - “People from 5-8km come and many come on foot, women take 3-4hrs”

Alebtong Hospital – “Bike or people can walk for up to 3 days”

### 3. Are consultations free?

- Free = 13
- Cost for consultation if they need treatment = 2

Plus Medic Clinic – “2000 sh per consultation if they need treatment only”

Aber Hospital – “1500sh for adults, 800sh for children and 5000sh for inpatient care (but ORS is free)”

### 4. What is U5 mortality in the area?

- No health centre had quantitative data, thought to be low. Biggest causes of mortality thought to be malaria

### 5. Which medicines are available?

- Medicines supplied to health centres from national medicines store (although not always available):
  - Diarrhoea - ORS and zinc, Loperamide
  - Worms - Albendazole, Praziquantel
  - Diuretics - Frusamide
  - Salbutamol
  - Antibiotics - Amoxicillin, Cotrimoxazole, Chloramphenicol, Septrin
  - Antimalarials - Chloroquine, Artesunate
  - Antihistamines - Cetirizine,
  - Supplements - Vitamin B, Iron, Folate

- Proton Pump Inhibitor (indigestion/peptic ulcers) - Omeprazole
  - Steroids
  - Antihypertensives
  - Analgesics - Panadol, NSAIDS, Aspirin
- Deliveries supposed to be every three months
  - Had no delivery in last 6 months = 5
  - Run out before next delivery therefore have to ration medicines = 13
6. What do most children come to the for?
- Malaria (2 in 5 cases)
  - Diarrhoea (1 in 5 cases)
  - Worms
  - Respiratory tract infections



## Management of Diarrhoea

7. How often do they see cases of diarrhoea?

- Range from 1-100 daily

Aduku Morningside Clinic - "100 cases of diarrhoea daily and peaks in December, January and February"  
 Obim Healthclinic - "4/5 cases daily"  
 Ogur Healthclinic - "somedays they see 10 cases, others days only see 1"  
 Apwori Healthclinic III - "5-8 daily"  
 Chegere Health centre II: "10 cases of diarrhoea daily"  
 Apac Healthclinic: "15 daily"  
 Alebtong Hospital: "Friday is for children with diarrhoea"

8. What are the professional attitudes regarding ORS?

- Understanding of ORS, Zinc, Loperamide and the need for IV fluids in serious cases is very good amongst health professionals
- Locals are taught how to make ORS at home by village health workers but health professionals concerned that mothers take too many shortcuts to save money or time, reducing its effectiveness as a treatment

9. Is ORS available at the clinic? Free?

- Free in all health centres - Zinc and ORS stocked by UNICEF
- Main problem is insufficient supply

10. Other treatments offered for diarrhoea?

- Loperamide in rare cases
- Health centres refer severe cases to the hospital



11. Does the clinic advise mothers on preventing diarrhoea?

- All advised to drink clean water and wash hands

Amach - "We felt it was necessary to teach locals about handwashing and better sanitation habits through workshops"

Aduku Morningside clinic - "We advise on washing hands but some people keep coming back"

Ogur Healthclinic - "Advise mothers on drinking clean water which they never follow. They are trained to make ORS at home but prefer to come to clinic as sugar is too expensive"

12. What are mothers attitudes regarding diarrhoea?

- Malaria is a bigger priority. Government stopped supplying mosquito nets a few years ago
- Most mothers know what they are supposed to do - it is just whether or not they do it or can get hold of ORS

Ogur Healthclinic - "They are trained to make ORS at home but prefer to come to clinic as sugar is too expensive"

13. What % of cases could be treated with ORS in the home?

- Range: 50-80%

14. Voucher system?

- None had used one before

15. Suggested names for the AidPod?

- Box me gwoko yat
- Suggested that symbols be put on the lid so people know what the box is for (drawn below)
- 'HomePack' or 'Medicine Home Pack'
- Combipack





# Shopkeepers

*We surveyed a total of 22 rural shopkeepers from villages across Lira, Oyam, Amolotar, Apac and Albertong.*

## CocaCola Supply

1. Does the retailer stock Coca-Cola? Price?

- Yes = 22
  - ▶ 700-800 sh per 300ml
  - ▶ 1200-1500 sh per 500ml

2. Number of crates bought and sold in a month?

- Range: 15-40 per month

Apac Shopkeeper (Angawa Walter) – “15 crates per month”

Lira Market (Rannac) – “daily delivery for 15000 per crate and 3-4 are sold daily. Overall, 80 a month”

Kobil – “16500 per crate of 12 delivery included, 20 crates a month”

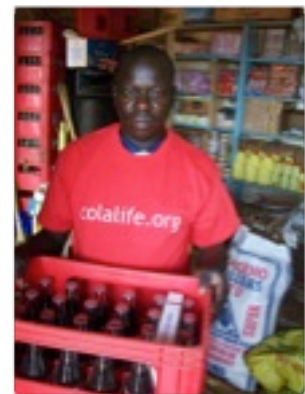
Obote – “14500 per crate, 4 sold daily”

Etam (Amolotar) – “40 crates per month”

Nabwego – “120 a month at 13500”

3. With regards to stocking Coca Cola, where do you get your crates from and are any costs incurred?

- 500 sh for delivery from depot in nearest town (Lira or Apac) = 9
- Collect from depot = 8
- Delivery by Coca Cola lorry, costs included in price (1500 - 16500 per crate) = 4
- Calls Mr Atiam when they run out of stock who uses his motorbike to get them from the coca cola depot! = 1



## Shop Stock and Competition

4. What else does shop stock?
  - Range of sodas and snacks eg. biscuits = 22
  - Basic foods eg. eggs, dried foods = 21
  - Basic toiletries including soap = 14
  - None stocked medicines
5. Egg cost?
  - 300 = 22
6. Nearest health clinic?
  - Range: Pharmacy next door - 10k



## ColaLife AidPod

7. Would they sell the AidPod?
  - Yes provided there's demand = 19
  - Cant sell medicines as ORS has zinc in it and doesn't want to compete with the pharmacy opposite = 3
8. Estimate the demand of product?
  - All think it could be popular and that demand will increase over time with familiarity of the product

Rannac reckons he can sell "12 Aidpods a day!"
9. Name for it?
  - Aidpod is a good idea
  - Should have conditions in local language and English
  - Yatcado (diarrhoea medicine)
10. How would they promote the product?
  - Radio
  - Posters
  - Community demonstration
11. Have you used a voucher system before?
  - Had used one before = 1
    - ▶ All would be willing if they had training



"I think this one is a good idea because this medicine can work and if someone needs it they could get it from this shop. This would help us to prevent diarrhoea in our area"



# Health Shops

*We surveyed a total of 12 health shops in the districts of Lira, Oyam, Amolotar, Apac and Albertong. The results have been summarised below*

## Customer Base

1. How often do people visit?
  - Range up to 40 per day
2. How far do people travel to get here?
  - Each shop had customers from a 10-15km catchment area
  - Health centres also send people to buy drugs from health shops sometimes
3. Most common illnesses people come for?
  - Malaria
  - Diarrhoea
  - Cough
4. What percentage of cases could be treated from home with drugs if they were always available?
  - Average: 70%

## Stock and Services

1. Main drugs sold
  - Antibiotics, Panadol, Eye drops
  - Didn't sell ORS = 12
2. How often do they restock?
  - Once a month get supplies from Kampala = 8
  - Buys from store in Lira / Apac = 4
    - ▶ All said drugs were expensive to buy so stock is limited
3. Do you give advice or provide any services as well?
  - Check temperature, BP, stool analysis = 10
  - All advised eg. about cleanliness when they give medicines



# Schools

*We surveyed a total of 49 schools in the districts of Lira, Oyam, Amolotar, Apac and Albertong. The results have been summarised below.*

## Child Health

1. What are the biggest child health problems?

- Malaria = 49
- Diarrhoea = 39
- Cough and flu = 30
- AIDS = 28
- Worms = 10
- HIV = 21
- Typhoid = 2

“Malaria is such a problem for Aloi Primary School they have even tried providing painkillers”

“Poverty unanimously the biggest problem”

“Not enough clinics to support number of children”

## Understanding of Diarrhoea

2. How often do children get diarrhoea?

- Daily = 2
- Seen very often = 35
- 2/3 in a class a month = 18
- Very few cases = 1

3. What are teachers and childrens knowledge and attitude to diarrhoea?

- Take student to health clinic, but often no stock = 24
- Send children home = 27
- Positive attitude towards ORS but poor availability = 46
- 30% Mothers not educated = 10

Adem Primary School – “Happy that the prescription is free at health centre but they have to buy it elsewhere and ORS often gets stolen and sold for 1500 sh on the blackmarket”

4. How often do children die due to diarrhoea

- Range: 1-10 a month

Aloi Primary School – “3-4 children die monthly”

Tegony Primary School – “deadly only when combined with other illnesses”

Ty-Tyang Primary School – “1 a month. Much worse with malaria”

Barr Primary School – “5-10 deaths a month”

Adem Primary School – “would rather medicines went to the school than the health centre; we believe that would save lives as many parents don’t know what they need to do or can’t get to a clinic”

5. Treatments for diarrhoea of U5?

- ORS = 49

Minakulu Primary School – “ORS and tablets”

Ogengo Primary School - “ORS, flygel, metrogel, Vaseline”

Fatima Primary School – “ORS, benezol, flygel, metrogel”

Barr Primary School – “make salt solution”

6. Medicines for diarrhoea? Sufficient?

- ORS is a good treatment but only if affordable. It is too expensive if brought privately, especially as demand is too high demand for insufficient stock levels.

## ColaLife AidPod

7. Is it easier to go to local shop than clinic?

- Yes = 49
- Education needed if medicines sold at shop rather than clinic if it is to be successful = 10

8. Perceived bottlenecks in AidPod model? Amount they can pay?

- Stock levels must be maintained = 21
- Not sure people will even understand product = 1
- 200-300 shillings, need to ensure shopkeepers don’t raise the price = 49

Barr Primary School – “It is necessary to educate the mothers by someone other than shopkeeper, could either be done via school workshops”

Abiaes Primary School suggested “free supply to schools to sensitize communities”

9. Would you trust a shopkeeper to sell it?

- Would trust shopkeepers but concerns that they would raise the price

“This could be avoided if it was advertise widely especially via radio and word of mouth so shopkeepers don’t price it ridiculously”

10. Name for kit?

- MediPod
- Medi-Save
- Clean-life Pod
- ‘HealthPod’ or ‘HelpPad’
- Child Health Kit
- Health Booster
- HomePack
- Killer Disease Treatment
- Asuk calo
- Child Medication Kit

