



Making a Difference
Faculty of Health Sciences
Bachelor of Science –Public Health and Health Promotion
Course outline

The university reserves the right to amend programmes, rules, and fees with the approval of Senate and Council. Such changes take immediate effect.

SCHEDULES 2015-2016

SEMESTER ONE

Monday 10th August 2015
Friday 14th – Sunday 16th August 2015
Sunday 20th December 2015

Semester One begins with orientation week
Orientation days at Lubaga
End of semester One-University closes for
Christmas break

SEMESTER TWO

Monday 12th January 2016
Friday 15th January 2016
Tuesday 8th March 2016
Friday 1st April 2016
Sunday 3rd April 2016
Sunday 8th May 2016

Semester One begins
Lecturers begin at Lubaga
Women's Day (Public Holiday)
Good Friday
Easter Sunday
End of semester II

RECESS TERM

Friday 20th 2016

June -July.

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Preamble

The academic policies and guidelines in this Student's Handbook are derived from the decisions taken, agreed upon by the Faculty Board and finally approved by the senate. This Handbook constitutes the Faculty of Health Science's guidelines, rules and regulations governing the management of all the academic programmes in the Faculty. It complements the University Charter and Statutes, the Personnel Handbook, the academic Handbook for undergraduates, as well as other rules and regulations governing the operation of the academic programmes and units of Uganda Martyrs University passed by the senate from time to time.

Mandate of Faculty of Health Sciences

Our mandate is to contribute to the advancement of knowledge and improvement of health sector performance through training of health managers, promoters and public health specialists, primarily at and by the university. On invitation, we also contribute to the training of health managers/promoters/public health officials at their workplaces and within their area of jurisdiction in Uganda and anywhere else.

Vision

Our vision is to have a critical mass of competent and responsible managers of health services, health promoters and Public Health officials in Uganda, who will contribute to equitable, efficient and effective healthcare system enabling the residents of Uganda to enjoy a good health status.

Mission Statement

Our mission is to create a health workforce of health managers, health promoters and public health officials with the integrity, knowledge, managerial skills and competencies needed to provide good quality health services to the Ugandan population.

Guiding Principles

We strive to achieve our aims through committed and high quality self-directed study, teaching, research, publications and consultancy relevant to the needs of the country.

We strive to transfer the right attitudes through leadership and example, for we know that no amount of knowledge, skills and competencies can contribute to change and improve society unless they are used and applied through positive and caring attitudes.

We strive to achieve and maintain a strong team spirit, shared objectives, ideas and information, openness, frank collaboration, hard work as the foundations of our philosophy and style of work.

We strive to create the right work environment that enables every member of our staff and student bodies to voice their interests and concerns knowing that they will be listened to empathetically and acted upon rapidly whenever possible.

We strive to keep at the cutting edge of health management, health promotion, public health and policy training, research, formulation, monitoring and evaluation in Uganda and internationally.

We strive to create a critical mass of committed, ethical and technically competent health managers in strategically correct positions in Uganda's health system, not through posting or lobbying but rather through thorough ethically sound training and leadership by example.

Programmes offered

The University may grant the following degrees to students who, under conditions laid down in the regulations, have completed approved courses of study and have passed the prescribed examinations of the university.

- [1] Certificate in Health Services Management
 - [2] Diploma in Health Services Management
 - [3] Diploma in Health Promotion and Education
 - [4] Diploma in Clinical Mentoring
 - [5] Advanced Diploma in Health Services Management
 - [6] Advanced Diploma in Health Promotion and Education
 - [7] Advanced Diploma in Health Insurance Management
 - [8] Master of Science in Health Services Management
 - [9] Master of Science in Hospital Management
 - [10] Master of Public Health (Population and Reproductive Health)-Full-Time
 - [11]] Master of Public Health (Health Promotion) -Full-Time
 - [12] Master of Public Health (Population and Reproductive Health)-Part-Time
 - [13]] Master of Public Health (Health Promotion) -Part-Time
- Faculty Regulations and Guidelines

Reading, writing skills and computer Literacy

All students admitted for faculty programmes are expected to be computer literate and have basic skill in academic writing. The Bachelor students receive two weeks of reading and writing, and computer skills.

Duration of Programmes

The course will last three academic years for: candidates from advanced level of education (senior six leavers), and those with other diplomas. Candidates with a good diploma in Health Promotion or Health Services Management obtained from Uganda Martyrs University may start the course from second year, after passing a mature entry examination.

Entry requirements

Potential candidates	Minimum admission criteria
Direct entrants from Senior Six should fulfil any one of these conditions as a minimum	Two principal passes obtained at the same sitting in any two of the following science subjects: Biology, Physics, Chemistry, Agriculture, and Mathematics OR Two principal passes in arts subjects but with good O-level (UCE) credits of C4 and above in in any four of the following subjects: Biology, Mathematics, Commerce, Chemistry, Physics, Agriculture, Health Science, Home economics or other relevant subject. Non-Ugandan applicants must have studied the science subjects described in (a) above at the equivalent of A-level (UACE) in their country and possess equivalent levels of passes as determined by UNEB. Condition (b) above is not applicable to non-Ugandans. Such candidates should also demonstrate proficiency in the English language before the commencement of the course.
Diploma holders in health-related fields should fulfil all of conditions (a to d) or (c to e) for non-Ugandans, as a minimum	A good Diploma (credit and above) in any health-related field obtained from a recognised institution and with good O-level credits of C4 and above in any four of the following subjects: Biology, Mathematics, Commerce, Chemistry, Physics, Agriculture, Health Science, Home Economics or other relevant subject. Have worked for a minimum of two years in the health sector. Demonstrate ability to express him/herself in both written and spoken English Sits and passes a mature entry test set by the FHS Non-Ugandan applicants must have a good Diploma (credit and above) and possess equivalent levels of passes at the O-Level equivalent in their country

Potential candidates	Minimum admission criteria
	as determined by UNEB.
Other applicants working in but not qualified in health-related fields should fulfil all of these conditions as a minimum	<p>A good Diploma (credit and above) in any field obtained from a recognised institution and with good O-level credits of C4 and above in any four of the following subjects: Biology, Mathematics, Commerce, Chemistry, Physics, Agriculture, Health Science, Home Economics.</p> <p>Having worked for a period of not less than 3 years in any health-related field.</p> <p>Demonstrates ability to express him/herself in both written and spoken English</p> <p>Sits and passes a mature entry test set by the FHS</p>

Library

Each lecturer gives a list of recommended or required reading at the beginning of each module or as outlined in the programme outline. Books can be accessed from the main library or from the faculty library. The Faculty Administrator is available to help you access these books in the faculty library. Other reference materials are available in for form of e-resources.

Registration

For any of the admitted students to qualify to be a student of the Faculty, s/he must be registered. Students shall be required to present their original certificates, transcripts and other relevant documents as declared in the application forms. Students shall register for the programme they have been admitted for. If a student desires to change the programme, the change shall be approved by the registrar in consultation with the Faculty Dean. This should be carried out by the end of the second week of commencement of the year of study.

Student's admission will be deferred once and for a maximum of one academic year upon payment of acceptance fee. A student can apply to the registrar through the faculty to withdraw from the studies at any of the semesters. A student will only be allowed a maximum of two withdraws (two dead years).

ASSESSMENT AND EXAMINATIONS

Attendance and Assignments

Students must attend class and sign in each day, take class tests as determined by the lecturer or module coordinator, participate in group work exercises, and submit assignments and essays at the specified times. Students who absent themselves from class for more than three consecutive days must inform the Dean through the module coordinators. The university requires that the students avail records to support their absence (for valid reasons and supported by acceptable documentation) to the module coordinators or the Faculty Dean.

Full time and part-time students who fail to attend 66.7% or two thirds or more of the hours allocated for the module will not be allowed to take the final assessment and will be expected to follow the module when next offered.

Assignments submitted by Master's students must be typed. Course work or Continuous Academic Assessment must be passed before the final assessment can be taken.

As courtesy mobile phones **must** be switched off during class and are not permitted in any examination room.

Academic Honesty

All students are expected to follow the general rules of academic honesty. Assignments and research papers should be the work of each individual. Any form of dishonesty, cheating, or plagiarism is a serious violation of the norms of academic honesty, and will be dealt with severely. Assignments which are copied will automatically receive a zero. Therefore, students are advised to document all sources they quote, paraphrase, and/or summarize in their writing.

Academic and social problems

Students who have problems, either academic or otherwise, should in the first instance consult with the module coordinator or programme coordinator. Problems that cannot be solved at that level should then be addressed to the Associate or Faculty Dean, who may in turn forward the matter to the University Administration.

Assessment

Senate requires that students to be assessed continually. The module assessment consists of the Continuous Academic Assessment (CAA) and an end of module exam/assignment. The Continuous Academic Assessment carried out is based on the following criteria:

Criteria	Mark
Attendance : Actual attendance [4] Not moving out frequently[2] Being punctual [4]	10
Professionalism: Listening to others contributions [10] Not reading e-mails, newspapers, writing assignments, using laptop, continually exiting and entering classroom [5] Participation: Making useful contributions to the discussions [8] Using relevant personal experiences [7]	30
Group work : Active participation in working in a group [5] Listening to others contributions and not dominating the discussions [2.5] Ability to explain and assist in difficult (conflict) situations [2.5]	10
Personal work : Hands in assignment(s) on time [5] Assignment passed [45]	50
Total	100

Both CAA and end of module examination must be passed in order to pass a module. Students can only take the end of module examination after passing all the assignments. Students who do not present themselves for the final module assessment shall take special examinations if the reasons for non-attendance are acceptable.

Decisions taken by the registrar are binding. However, a student may appeal to Senate through the chairman of the Senate against a decision made. Any student who is aggrieved or dissatisfied with the mark awarded has the right to look at their examination scripts with the permission of the registrar. The candidate may apply to the registrar for re-marking through the Dean of the Faculty. An internal examiner appointed by the Dean does the re-marking provided s/he has had no part in teaching the candidate in the module under examination. The mark given by this examiner is regarded as final and no other appeal shall be allowed.

Students shall not be allowed to re-sit final module examinations for the purpose of improving their grades.

Pass Mark

The pass mark for all courses shall be 50%. Both CAA and end of module examination must be passed independently in order to pass a module.

The passmark for each course unit shall be a total of 50% (adding the results of the CAA and the end of semester examination) which corresponds to a C- or 2.0. The overall marks a candidate obtains in each course shall be graded out of a maximum of one hundred (100) marks and assigned appropriate Letter Grades and Grade points as follows:

Marks (Percentage)	Letter Grade	Grade Point
80 – 100	A	5
75 – 79.9	B+	4.5
70 – 74.9	B	4.0
65 – 69.9	B-	3.5
60 – 64.9	C+	3.0
55 – 59.9	C	2.5
50 – 54.9	C-	2.0
45 – 49.9	D+	1.5
40 – 44.9	D	1.0
35 – 39.9	D-	0.5
Below 35	E	0

The course pass grade is 2.0

Grade Point Average (GPA) per semester

The GPA shall be calculated by:

Multiplying the grade point for each course by the number of CU for that course

Adding the figures for each of the courses to arrive at the grade point total

Dividing the grade point total by the total number of credits for which a grade is received.

Cumulative Grade Point Average (CGPA) at the end of the course

The CGPA shall be obtained by:

Multiplying the grade point obtained in each course by the credit units assigned to the course to arrive at the weighted score for the course

Adding together the weighted scores for all courses taken

Dividing the total weighted score by the total number of credit units.

Classification of BSc PPHP Degree

The BSc PPHP degree will be classified on the basis of the CGPA as follows:

First Class (Honours)	4.40 – 5.00
Second Class Upper Division	3.60 – 4.39
Second Class Lower Division	2.80 – 3.59
Pass	2.00 – 2.79

Progression

A students who obtains a Cumulative Grade Point Average (CGPA) of 2.0 or above in a particular academic year and has passed all supplementary examinations they may have, may proceed to the next year of study.

A students who obtains a CGPA for that year of less than 2.0 will be considered to have failed the year and may not proceed to the next academic year. Instead, s/he will be required to repeat the year and take all the course units offered in that year.

A students who fails not more than 30% of the course units in an academic year may be offered the opportunity to do supplementary examinations, and proceed to the next academic year if s/he passes them.

A student who fails more than 30% but less than 50% of the course units in an academic year will be required to repeat the academic year without chance for supplementary examinations, while taking only those failed course units.

A student who fails 50% or more but less than 65% of the course units in an academic year will be required to repeat the academic year and repeat all the course units offered in that year

A Student who has any supplementary examinations yet to be done may not proceed to the next year of study until these have been done and passed.

A student who fails supplementary examinations will not proceed to the next year of study, and will be required to repeat the academic year while taking the failed course unit(s) only.

A student who fails the course he/she is repeating is entitled to a supplementary examination

A student, who fails a supplementary examination while repeating the course unit(s), shall be discontinued from studies.

Graduation Projects

All enrolled students are required to submit a graduation project as part of the degree programme during their final year of study.

Compensation in the Academic Context

The principle of compensation shall apply only in one module in an academic year where the range is between 48%-49%. A student who is a borderline case 48%-49% in not more than **one** module will have attendance and general participation in courses and class work taken into consideration. The mark on the transcript will read 50% subject to the approval of Senate.

Students are required to evaluate the module by completing module evaluation forms at the end of each module for the purposes of improving on the content and mode of delivery, thus enabling students to learn better. There are also required to evaluate the individual programmes at the end of the academic year.

Special examinations

Candidates who may fail to do module examinations due to medical reasons or extraordinary circumstances may be allowed to sit special examinations with approval of Senate. Special examinations will be treated as first sitting and graded as such. A student who has proof of physical or other difficulties with a written assessment may apply to take oral assessments.

Withdrawal from the programme

A student can apply to the Registrar through the Faculty to withdraw from studies at any time of the semester. A student is allowed only a maximum of two withdrawals in an academic programme and each withdrawal shall not exceed one academic year.

Supplementary Examination

When a candidate passes CAA, but fails a module examination on the first attempt, he /she sits a supplementary examination. In any given year a maximum of $\frac{1}{3}$ failed modules can be taken in a supplementary examination. The pass mark of a supplementary examination will be 50% which mark will also be the overall mark of the course work and the final assessment. The final mark on the transcript will read 50% if successful. A student will be allowed to sit a supplementary examination, when the student fails a repeated module. If a supplementary is passed after a repeat then a CAA mark will be added to the 50% exam mark to determine the mark at which such a subject has been passed. An asterisk (S) is put beside such a mark and explanation is made on the back of the transcript that such a mark was obtained after sitting a supplementary examination.

A student is eligible to sit for a supplementary examination if s/he scores not less than 30% in the module examination. A student that scores below 30% is not allowed to sit a supplementary examination, but such a student is required to repeat the module.

Repeating

A student will be required to repeat the programme/course if s/he fails more than a $\frac{1}{3}$ of the course/programme but not more than $\frac{1}{2}$ of the course/programme in the academic year. The student who fails the continuous assessments will not be allowed to sit the end of module examination, but to repeat the module. Marks obtained after repeating a module will be marked with an asterisk (R) and explanation made on the back of the transcript that such a mark was obtained after repeating. If a student on the master programme fails a repeated programme, s/he is offered the opportunity to continue the programme as a Postgraduate Diploma student. The supplementary examinations in the modules failed must be passed in order to continue as a Postgraduate Diploma Student.

Discontinuation

If a candidate fails a module s/he is repeating such a candidate is given the last chance to sit a supplementary examination of that course after which the student is discontinued in case s/he fails. A student who fails 1/3 of the courses on the Master's programme may be offered the opportunity to repeat the programme (after a stipulated period of time) or to continue with the programme for a certificate of attendance for those courses passed. A student who has over stayed on an academic programme for more than 2 years after the maximum period for offering shall be discontinued from the University.

Dissertations and Research Projects

Students are required to submit a research paper or assignment report in partial fulfilment of the requirements for their course programme or in circumstances where the need does not arise as advised by the Faculty.

When writing the assignment, course works and reports, the Harvard system of citation shall be used.

Research projects shall be marked by the supervisor, internal and external examiner. If the submitted work does not satisfy the examiner or a student attempts to write the dissertation (Masters) and does not successfully complete due to other factors, s/he shall not qualify for the award.

Correction within the dissertation or project report

If your dissertation contains mistakes that do not affect the overall quality of the work, then the dissertation will be passed on to the library once you have corrected the work on diskette or CD ROM and submitted a final corrected, bound copy (an original, not a photocopy) and a copy on diskette or CD. When you receive your copies for correction, please ensure that you collect a Dissertation Declaration form and bind this after the cover page of the work. Graduation cannot take place until a final corrected copy has been submitted.

Corrections should be complete before the end of September following submission or graduation for that academic year will not be assured. Corrected copies should be submitted to the Faculty Administrator's office on the date specified by the faculty. If you fail to correct your work by this date, you will not be allowed to graduate. Dissertations gaining a mark of 70 or above may qualify to be edited and placed on the Internet.

All master's dissertations should be between 20000-30000 words in total and research papers 10000-15000 words, excluding tables, appendices and References.

Approval of Examination Results

All examination results shall be approved by Senate before they can be released to students. The Chairman of Senate will not approve results brought in after the Senate Meeting unless deemed necessary.

Classification of Masters Degrees

Distinction	70 and above
Credit	60 – 69
Pass	50 – 59

Note: All marks obtained shall be rounded off in the final computation to one decimal point.

About the Bachelor of Science Public Health –Health Promotion programme

The Bachelor of Science in Public Health and Health Promotion (BSc PHHP) course is designed for the graduates to be responsive to the public health and health promotion needs of individuals and communities and is guided by a set of core values and principles that underpin Public Health and Health Promotion practice. These include: a social-ecological model of health that takes into account the cultural, economic, and social determinants of health; a commitment to equity, civil society and social justice; a respect for cultural diversity and sensitivity; a dedication to sustainable development; and a participatory approach to engaging the populations in identifying needs, setting priorities, and planning, implementing, and evaluating the practical and feasible health promotion solutions to address the needs (The Galway Consensus, 2008).

Background

Health is a basic human need. It is fundamental to the successful functioning of individuals and of societies. Health Promotion aims to empower people to control their own health by gaining control over the underlying factors that influence health. The main determinants of health are people's cultural, social, economic and environmental living conditions, and the social and personal behaviours that are strongly influenced by those conditions.

Rationale

Globally, there is a high disease burden of disease due to the high prevalence of preventable communicable and non-communicable diseases. Whereas the developed world has a higher prevalence of non-communicable diseases such as cancers, diabetes and hypertension, developing countries like Uganda have a persistently high burden of communicable diseases such as malaria, tuberculosis, HIV/AIDS and malnutrition to mention but a few. To make matters worse, now they have entered an epidemiologic transition in which non-communicable diseases are on the increase even before the communicable diseases are eliminated. It is estimated that non-communicable diseases will be the leading cause of mortality in developing countries by 2030. Ministry of Health (1997) through the first Uganda's National Health Policy emphasised the importance of Public Health, Health Promotion and disease prevention approaches at all levels, however this policy is challenged by, among others, inadequacy of suitably qualified health professionals, especially public health cadres. Most of the current public health professionals hold Diplomas and certificates or Masters degrees in Public Health. Very few have any formal qualification in Health Promotion, and it is usually a Diploma or certificate.

Public Health training in most African Universities is only at postgraduate level (MPH). Between the MPH holders and Diploma holders, there is, therefore, a big gap in thinking, attitudes and readiness to operate at the community level where they are needed most. Those who have the necessary knowledge are very few, are usually not ready to work at lower levels and are not affordable to the community and local government levels. This renders it difficult to have enough public health professionals with relevant public health knowledge and skills to provide public health services to the community. Critical services like health needs assessment, health planning, health education on improved sanitation, safe water, food hygiene and safety are all attended to by less trained public health staff.

Due this created gap, there is strong demand for intermediate cadres of staff with the requisite knowledge and skills in Public Health and in Health Promotion, to be able to serve the needs of rural communities, district local governments at district and sub-county levels, community-based health-related projects, community health departments in health service providers e.g. hospitals and other health-related non-government organisations. Moreover, there is a growing realisation that many people who currently apply for and get enrolled onto MPH-level programmes in the country are not suitably prepared to handle the challenges of these courses. They lack sufficient basic exposure to concepts of public health and health promotion. Yet, the time allowed for such courses does not give them a chance to get sufficiently grounded in the theories and concepts therein. As a result, they study under extreme pressure and the quality of the graduates is less than optimal. In view of all the above, Uganda Martyrs University (UMU) starts this programme of BSc PHHP to contribute to bridging of the gaps highlighted above.

Aim and Goal of the Curriculum

The major aim of BSc PPHP programme is to prepare a public health workforce with skills and competences to exhibit practical and technical leadership in assessing the health needs of communities and individuals in the community, and in designing, implementing and evaluating appropriate and effective public health and health promotion interventions at all levels of society throughout the country.

The goals of the degree programme are to prepare professionals who will be able to:

Meet the public health and health promotion needs of different levels of governments, communities and public health agencies.

Meet the public health and health promotion needs of large and small organisations.

Be very competitive in the search for public health and health education/promotion jobs.

Pursue academic and practice careers in the fields of Public health, Health promotion and other health-related fields at graduate and post graduate levels.

Objectives of the Course

The graduates shall be able to:

Determine the health needs of the communities in which they work and the determinants of those health needs

Increase public awareness on health determining behavioural, social and environmental conditions, and monitoring those conditions for their effects on health status.

Facilitate the organisation of communities, households and groups to take action on health determinants, through dedicated community development and empowerment.

Advocate to policy makers and decision makers to make internal resources (personnel, finances, material goods) more readily available to groups working on health determinants, whether or not these actions are undertaken in the name of health.

Leverage resources internal or external to households, communities, groups, local governments, organisations and institutions to address local health problems and improve health status

Actively and technically participate in joint programming and policy development work, locally, regionally and provincially, with those in the public, private and civil society sectors with a stake in health determinants.

Develop and advocate for policy options that influence health determinants at all levels of government and organisations.

Summary of Competences

The graduates of the course shall be capable of:

Working collaboratively across disciplines, sectors, and partners with a view of promoting an integrated approach among all different programmes that target communities to enhance the impact and sustainability of public health and health promotion programs and policies.

Determining the effectiveness of health promotion programmes and policies, through the use of appropriate evaluation and research methods to support program improvements, sustainability, and dissemination.

Preparing and delivering appropriate written and verbal presentations and reports adapted to a wide range of different audiences and for a wide range of purposes.

Conducting health needs assessment in communities and systems, which leads to the identification and analysis of behavioural, cultural, social, environmental and organisational determinants that promote or compromise health.

Designing and applying appropriate evidence-based, efficient, culturally-sensitive and ethical strategies and health interventions to address the identified health challenges, having appropriate goals and objectives

Appraising the health impact of national and local policies

Implementing health advocacy interventions with and on behalf of individuals and communities to generate actions that improve the health of the affected individuals and communities.

Managing the temporal, knowledge, human, material and financial resources leveraged or available at their disposal to effectively implement strategic and operational public health and health promotion interventions.

Course Units

The programme is run on the basis of course units with different credit units and contact hours. This weighting is based on the relative volume of workload and complexity of the course. One contact hour is equivalent to one hour

of lectures or two hours of tutorials or three hours of practicals. Each course is weighted and allocated the required number of contact hours as determined by the Faculty Board and approved by the Senate. A Credit Unit is the measure used to indicate the relative weight given to an individual course unit in relation to fulfilling the degree programme of study. One credit unit constitutes 15 contact hours.

Course Assessment

Students will be assessed continually throughout the course in at least three assessment exercises. Each assessment exercise may be made up of more than one assessment category. These may include essays, seminars, tests, individual and group assignments, practicals, book or scientific article reviews, tutorials, oral tests, debates, written examinations, field work or other suitable and approved method. Written examinations will be held at the end of each semester while the points accumulated from assessment throughout the semester will constitute a common composite mark called the Continuous Academic Assessment (CAA). Attendance of all course activities is mandatory for all the students. CAA will be a function of attendance; active, meaningful participation and contribution in lectures, tutorials and group work; timely and accurate completion of course work assignments; and demonstration of understanding of the course content through correct application of the knowledge learnt, as judged during lectures, practicals and tutorial sessions.

CAA and end of semester examinations shall be passed independently of each other and contribute equally (50:50) to the final mark obtained in the course unit at the end of that semester. This means that each component is graded out of 50%. The passmark for each component will be 50% of its allocated marks. A candidate who fails to obtain the passmark in CAA will not be allowed to sit for the end of semester examination. Such a candidate, will be required to re-attend the course when it is next offered, and this affects his/her ability to complete the year of study. A candidate who passes the CAA but fails the end of semester examination, will be offered the chance to sit for a supplementary examination in that same academic year at a time approved by the university.

Programme structure

Course Code	Course Title	Credit Units	Contact Hours
Year One, Semester One			
BPHP 2101	Basic Human Anatomy and Physiology 1	5	75
BPHP 2101	Basic Biochemistry and Applied Pharmacology 1	5	75
BPHP 2103	Introduction to Computer Applications 1	3	45
BPHP 2104	Reading and Writing Skills 1	3	45
BPHP 2105	Basic Microbiology 1	4	60
BPHP 2106	Basic Epidemiology and Biostatistics 1	4	60
Year One, Semester Two			
BPHP 2107	Basic Human Anatomy and Physiology 2	5	75
BPHP 2108	Basic Biochemistry and Applied Pharmacology 2	5	75
BPHP 2109	Basic Microbiology 2	4	60
BPHP 2110	First Aid	3	45
Year Two, Semester One			
BPHP 2211	Introduction to Communicable Diseases	3	45
BPHP 2212	Introduction to Non-communicable Diseases	3	45
BPHP 2213	Public Health and New Public Health	3	45
BPHP 2214	Fundamentals of Health Promotion	4	60
BPHP 2215	Reading and Writing Skills 2	3	45
BPHP 2216	Ethics of Public Health and Health Promotion	3	45
BPHP 2217	Introduction to Computer Applications 2	3	45
Year Two, Semester Two			
BPHP 2218	Basic Epidemiology and Biostatistics	4	60
BPHP 2219	Health System Research	4	60
BPHP 2220	Participatory Rapid Appraisal	4	60

BPHP 2221	Public Policy and Health	4	60
BPHP 2222	Project Planning and Management	3	45
	Year Two –Recess Term		
BPHP 2223	Health Communication	3	45
BPHP 2224	Applied Health Promotion	3	45
	Year Three, Semester One		
BPHP 2325	Occupational Health and Safety	3	45
BPHP 2326	Sociology; Anthropology and Health	3	45
BPHP 2327	Environmental Health	3	45
BPHP 2328	Management and Organisational Theory	3	45
BPHP 2329	Management and Evaluation of Health Promotion Programmes	3	45
BPHP 2330	Health Psychology	3	45
BPHP 2331	Management of Human Resource for Health	3	45
BPHP 2332	Quality and Safety in Health Care	3	45
BPHP 2333	Introduction to Health Economics	3	45
BPHP 2334	Food and Nutrition	3	45
	Year Three, Semester Two		
BPHP 2335	Maternal, Newborn and Child Health	3	45
BPHP 2336	Health, Population Trends and Demography	3	45
BPHP 2337	Health in Humanitarian and Emergency Situations	3	45
BPHP 2338	Promoting the Health of Special Groups	3	45
BPHP 2339	Health Informatics	3	45
BPHP 2339	Graduate Project	4	60

Key

BPHP2101-BPHP- Name of the course unit

The first digit indicates the level of the programme for example the bachelor programme is level 2

The second digit indicates the year of study (year1, 2,3)

The last two digits indicate the course unit number

Year One, Semester One

BPHP 2101: Basic Human Anatomy and Physiology 1

Rationale

Human anatomy refers to the study of the form and gross structure of the various parts of the human body, and human physiology is the science of the functioning of human beings and their component parts (Concise medical dictionary, 2007). The study of human anatomy and its physiology is very relevant to public health in a sense that physical ill-health more often manifests as a dysfunction in the human anatomy and physiology. Understanding the physical effects of an illness is crucial to understanding its cause and thence, its prevention. Therefore, understanding normal body structure and function is important in recognising dysfunction, and is of paramount importance to public health workers since the majority of the causes of disease can be prevented using population-based approaches.

This course unit is intended to facilitate the learners with theoretical knowledge that will act as a foundation for other course units that are directly or indirectly linked to human diseases and their prevention which is a major focus of most public health interventions. The course unit is apportioned into two sections i.e. 1 and 2 to be covered in two semesters, in order to provide an opportunity to cover them in a greater depth. The focus of training in this course unit will be geared towards laying the biological basis of public health. The teaching will cover key issues in the embryology, histology, gross anatomy and pathology of the systems under study. The teaching will comprise lectures, tutorials, laboratory demonstrations of body organs on mannequins, microscope slides, video and slide shows, laboratory analysis of sample specimens etc.

Learning outcomes

To enable students to:

Familiarise themselves with, the basic anatomical structures of a human being and their functioning.

Have theoretical knowledge of these anatomical structures and the diseases commonly affecting them.
Understand the systemic nature and functioning of the human body

Competences

At the end of the first semester, the students should be able to:

1. Describe the different organs that form the cardiovascular, renal, musculoskeletal, respiratory and digestive systems
2. Describe the basic functioning of the stated systems
3. Explain how the different systems can be maintained for the good health of an individual
4. List some common diseases linked to the particular systems

Course content

Definition of different terminologies related to anatomy and physiology (tissues, microscopic structures etc).

1. The cardiovascular system
2. The renal system
3. The musculoskeletal system
4. The respiratory system
5. The digestive system

Assessment

The assessment of students for this course unit will be based on group and individual exercises, personal assignments, and a written paper and a practical examination at the end of the semester.

References:

- Tortora and Grabowski. (2006). Principles of Anatomy and Physiology, 11th Edition. Wiley.
- Martini, F.H. (2001). Fundamentals of Anatomy and Physiology 8th edition
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BPHP 2101:Basic Biochemistry and Applied Pharmacology 1

Rationale

The human body utilizes many integrated chemical process in order to sustain its life. It absorbs some products from food, breaks them down and uses their by products to reconstitute other products needed to run its functions. A lot of reactions take place within the body. Some reactions produce desirable products while others produce products that are dangerous for the body. On the one hand, biochemistry is the study of the chemical reactions that take place in the body. Its full scope covers the entire range of the structure and composition of the reacting substances, the conditions that favour those reactions to take place and under which the reactions may fail to occur. In particular, it looks at the production and use of energy in the body, the enzyme catalysts for body reactions and the removal of the breakdown products of the reactions. It also looks at the effect of the body's inability to perform some of the reactions e.g. due to enzyme deficiencies and other inborn errors of metabolism. Its sub-branch of clinical chemistry looks at how the deficiencies and other body reactions can be detected using laboratory methods. On the other hand, pharmacology is the study of the composition and mechanism of action of chemical products used as medicines and their effects on body tissues and functions.

Medicines and other medical products are an important component of health care because they can save lives and can also improve the quality of life. However, under certain circumstances, they may regulate or negatively interfere with normal body function and can even be poisonous to the body. In addition, they may be used to alter or even stop the body functions of disease-causing organisms which affect the body. Moreover, the presence or absence or absence of medicines and other pharmaceutical products influences the perception of quality of care and hence the utilization of healthcare services by the population.

It is important for students of Public Health and Health Promotion to study biochemistry and pharmacology because some of the emerging and the leading public health problems are due to failures in chemical processes in

the body. Diabetes Mellitus, an example of such a failure, is one of the leading chronic non-communicable diseases in the world and is on the increase even in developing countries. Graduates of this course will need to be familiar with the metabolism of glucose for them to properly understand the public health nature of Diabetes. It is also important for them to learn the effects of medicines on the human body and the lives of micro-organisms and what happens when the anticipated effect either fails to take place (e.g. in drug resistance) or when the medicine produces unwanted effects (e.g. in adverse reactions and toxic reactions). This will enable them to understand the popular demand for medicines and their importance to the population. They will also cover an introduction to toxicology. The teaching will comprise lectures, tutorials, laboratory demonstration of bodily chemical reactions and analysis of sample specimens.

Learning outcomes

Enable students to:

- a. Recognise the utility of biochemistry knowledge in disease prevention
- b. List the different enzymes and their functions, and the different diseases associated with enzyme deficiencies.
- c. Understand the use of chemical products to regulate body function
- d. Understand the toxic nature of chemicals

Competences

At the end of the semester, the students should be able to:

- a. List and explain the different enzymes and their functions
- b. List and explain the different diseases linked to enzyme deficiencies.
- c. Discuss the adverse effects of chemical products on the body

Course content

- a. Definition, scope and uses of biochemistry and pharmacology, the nature of cells, cell membrane, cell structure, Biological molecules, genes, amino acids, DNA, the Energy use in cells, defining the concepts of catabolism and anabolism,
- b. Enzymes and their uses, protein synthesis, photosynthesis, C2 and C4 metabolism,
- c. clinical chemistry (urine analysis, enzyme assay etc) origin and sources of drugs, types of medicines, drug resistance, introduction to toxicology, Diabetes mellitus

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments, and a written and a practical examination at the end of the semester.

References:

- Berg, Jeremy M., John L. Tymoczko, and Lubert Stryer. (2006). *Biochemistry*, 6th edition. New York: W. H. Freeman.
- Campbell, M.K. and Farrell, S.O. (2007). *Biochemistry*, 6th edition. Brooks Cole.
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- Farrell, S.O., Taylor, L.E. (2005). *Experiments in Biochemistry: A hands on approach*, 2nd edition. Brooks Cole.
- Boyer, F.R. (2005). *Concepts in Biochemistry*, 3rd edition. Wiley
- Galbraith, A. Bullock, S. Maria, E. and Hunt, B. (2008). *Fundamentals of pharmacology: An applied approach for Nursing and Health*, 2nd edition. UK: Prentice Hall.
- Haveles, E.B. (2010). *Applied pharmacology for dental hygienist*, 6th edition. Mosby.
- Adams, M.P., and Holland, Jr, L, N. (2008). *Workbook for Pharmacology for Nurses: A pathophysiologic Approach* (2nd Ed). New Jersey: Pearson Prentice Hall.
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- Zilva JF, Panall PR and Mayne PD (1988) *Clinical chemistry in diagnosis and treatment*. Yearbook Medical Publishers
- Hodgson E, (2010) *Textbook of Modern Toxicology*. John Wiley and Sons

BPHP 2103: Introduction to Computer Applications 1

Rationale

General knowledge and skills on computer application has become a norm to almost all professionals in Uganda and world over. Any profession especially health workers with limited knowledge of using the most common computer software are increasingly becoming marginalised. Computers are progressively being used not just to produce reports but to make plans, to store and analyse data. They are also being used to facilitate decision-making. Artificial intelligence is currently being used even in clinical diagnosis and public health. Health promoters also need computer knowledge to design attractive and appropriate messages that they may use to educate the public and policy makers about health issues. This course unit is, therefore, intended to equip the students to be able to fit into the current practice of public health and health promotion. For health professionals nowadays it is not enough to be familiar with most common software, but it is almost obligatory to demonstrate competence in vital statistical software packages too. For this reason the course unit has been apportioned into two sections, 1 and 2. The first section covers basic general computing content while section 2 to be covered in the second semester covers selected statistical packages that will enable the graduate perform his/her duties with ease. The teaching will comprise lectures and practical sessions in the computer laboratory.

Learning outcomes

To enable the students to:

- a. Use computers and their accessories with ease
- b. Acquire key computer skills in wordprocessing, internet use, spreadsheets, presentation skills, and use of databases.

Competences

Students should be able to:

- a. Set up a computer and its accessories
- b. Handle the computer software and hardware safely
- c. Write, format, save, retrieve, and print documents
- d. Enter data in databases and spreadsheets, and produce analytical reports from the same
- e. Use the internet for sending and receiving e-mails, searching, attaching and downloading documents.

Course content

- a. Introduction to computer hardware and software
- b. Computer systems and operations, Basic wordprocessing , Typing skills
- c. Spreadsheet programmes, Database programmes
- d. Presenting applications
- e. The internet
- f. Occupation health and Safety while using a computer
- g. Legal and commercial issues with computer use (privacy, intellectual property rights, open source software, open access documents etc)

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a practical exam at the end of the semester.

References:

- Parsons, J. J., Oja, D. (2004) Practical Computer Literacy.Course Technology
- Lombardi, J. V. (1999). Computer literacy: the basic concepts and language. Bloomington: Indiana University Press.
- Parson, J.J., Oja, D. (2009). Practical Computer Literacy: Internet and Core Computing Certification, 2nd edition. Course Technology.
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- Landau, S. and Everitt, B.S. (2003) .A handbook of statistical analysis using SPSS
- Zagummy, M. (2003). The SPSS book: a student guide to the statistical package for social science.
- Acock, A. C. (2008). A gentle introduction to stata, 2nd edition.

BPHP 2104: Reading and Writing Skills 1

Rationale

Reading is a vital component of understanding what is happening around us, from signposts, posters and newspapers to academic literature. We must be able to read and interpret what is being written in a critical way. It is important that we can analyse what is being said and what is not being said. Critical reading for any student is necessary and everything that a reader reads must not be taken at face value, but should be questioned and scrutinized to decide if it has value and meaning. This is especially true in academic literature. Writing is also a vital component of learning, especially for public health workers and managers. It is one of the most important ways of organizing, clarifying and communicating information. As Francis Bacon put it “Writing makes us precise”. One could say that we do not know what we really think until we try to explain it to others or until we write it down. In the Health Sector reading and writing skills are needed for good effective communication, as well as routine activities of compiling reports, preparing effective, accurate and concise summaries for politicians, formulating adequate project proposals etc. Effective reading and writing is not easy; some individuals have the skills, but the majority have to acquire them through hard work. The teaching of this course will comprise lectures, tutorials, practical exercises, video shows of great oratory skills and reading practice.

Learning outcomes

To enable students to:

- a. Understand the rules of correct sentence construction
- b. possess appropriate writing style for different circumstances
- c. acquire the techniques of reading for comprehension
- d. grasp techniques of speechmaking and public speaking

Competences

Students should be able to:

- a. Write official and personal letters,
- b. Write official reports with accuracy, clarity, concision and consistency.
- c. Summarize articles, papers and reports [précis writing]
- d. Prepare and give a relevant speech to an audience
- e. Demonstrate increased reading speed

Course content

Grammatical sentence construction, Text comprehension, Articles, pronouns, prepositions, adverbs and adjectives
Vocabulary expansion, Reading aloud, silent reading, Paragraph writing, précis writing, Speech writing, Speech making, Reading and writing disorders Critical reading and analysis

Assessment:

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a practical examination at the end of the semester.

References:

Roman, K., Raphaelson, J., Harper., and Collins. (2000). Writing that works: how to write effective e-mails, letters, resumes, presentations, plans reports and other business communications.
Strunk, W., White, E.B. (1999). The elements of style. Macmillan.
Fairbairn, G.J., and Taylor, W. (1996). Reading, Writing and Reasoning: a guide for students. Francis Inc.
The Economist Style Guide (1998). The Economist. Wiley John and Sons Inc.
Hall, G.M. (2007). How to present at meetings. Blackwell Publishing.
Greenhalgh, T. (2006). How to read a paper: the basics of evidence-based medicine. Blackwell Publishing.
Peat, J., Elliott, E. Baur, L. and Keena, V. (2002). Scientific Writing: Easy when you know how.

BPHP 2105: Basic Microbiology 1

Rationale

Microbiology refers to the study of Microorganisms (Concise medical dictionary, 2007). In the context of this course, microorganisms are minute living things that are individually too small to be seen with the naked eye. The term includes bacteria, microscopic fungi (yeasts and molds), protozoans, microscopic algae, prions and viruses. Microorganisms have been associated with many diseases, infections and inconveniences such as AIDS, pimples, and spoiled food. Microorganisms are responsible for major disease outbreaks and new/emerging diseases over the years e.g. HIV, SARS, cholera, influenza, meningitis and haemorrhagic fevers. Microbiology is therefore an integral part of many different health-related scientific studies, such as immunology, genetics, molecular biology, biochemistry, medicine, and other sciences e.g. agriculture, ecology and industrial processes. It is very relevant to public health because of the wide range of its applications. Understanding the basics of microbiology is in many ways essential to our complete understanding of health and illness. Though microorganisms can be associated with many diseases, infections and inconveniences as stated above, many microorganisms make vital contributions to the normal functioning of the body and to the processes of industrial production of vaccines and medicines. They also maintain the balance of chemicals and living organisms in the global environment. For example, the algae and cyanobacteria found in the oceans and waters of the globe are the major source of oxygen for living things. In many places microorganisms are the basis for the food chain. They help to recycle chemical elements in the land and water. Microorganisms also have been used for commercial benefits. Cultured microorganisms can be used to synthesize products more cheaply than they can be manufactured by other means (biotechnology). Microorganisms have also been used to produce products that have "always" been a part of human lives, such as vinegar, wine, sauerkraut, pickles, beer, green olives, soy sauce, buttermilk bread, cheese, and yoghurt, to name a few. Therefore it is very important for public health workers to study microbiology for the deep understanding of the Epidemiological Triad. This can form a theoretical basis for understanding disease causation, prevention and treatment.

This course unit is intended to facilitate the learners to understand basic microbiology. The major themes, as stated below are general principles for growth, evolution and classification, description of microbiological life forms, uses of microorganisms, and microorganisms in disease. This theoretical knowledge will act as a foundation of other course units that are directly or indirectly linked to human diseases and their prevention which is of major focus in public health interventions. The course unit is apportioned into two sections i.e. 1 and 2, covered over two semesters so as to provide an opportunity of covering them in a greater depth. The focus of training in this course unit will be geared towards the biological basis of public health. The teaching of this course will involve lectures, practical demonstrations and tutorials.

Learning outcomes

To enable students to:

- a. Familiarise themselves with, concepts that are basic to viruses and prokaryotic and eukaryotic cells
- b. Understand how microorganisms live and the conditions necessary for their existence
- c. Know the diversity and scope of the microbial world.
- d. Understand the ecology, uses and dangers of microorganisms

Competences

Students should be able to:

- a. Identify the microorganisms responsible for common infectious illnesses
- b. Know the structure of bacterial cells: cocci, bacilli
- c. Describe the relationship between microorganisms and disease causation
- d. Describe the nature of viruses, fungi and other microbial life forms

Course content

- a. Definition and scope of microbiology
- b. Discussion and practice on microscopy, Culture and sensitivity, Transport, storage and culture media
- c. History and discovery of microorganisms: Bacteriology: structure of bacteria cell: cocci, bacilli,
- d. Study some common bacteria eg TB bacilli, Treponema pallidum, Salmonella typhi, Cholera vibrio, Neisseria spp (at least gonococcus and meningitidis), Staphylococcus aureus, Streptococci spp (at least S.pneumoniae), Brucella spp (at least abortus), Mycobacterium leprae, Haemophilus spp (at least ducreyi and influenzae), Yersinia pestis, Clostridium spp (at least tetani and perfringens), Common viruses, Common protozoa, Common fungi

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments, a written paper and a practical examination at the end of the semester.

References:

- Slonczewski, J. and Foster, J. (2009). *Microbiology: An Evolving Science*. W. W. Norton, Inc.
- Gerard, T. J., Berdell, F.R., Christine, L.C. (2009). *Microbiology: An Introduction*, 10th Edition. USA: Benjamin Cummings.
- Ted, J. R., and Christine, C.L. (2010). *Laboratory Experiments in Microbiology*, 9th Edition. AbeBooks Inc.
- Eugene, W., Nester, et.al. (2007). *Microbiology: A Human Perspective*, 6th edition. McGraw-Hill.
- Alexander, S. and Strete, D. (2007). *Microbiology: A Photographic Atlas for the Laboratory* ISBN 0-8053-2732-0
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- Ogunseitan, O., and Oladele, J. (2005). *Microbial Diversity*. Oxford: Blackwell. ISBN 0-632-04708-9.
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- Kayser FH, (2004) *Medical Microbiology*
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BPHP 2106: Basic Epidemiology and Biostatistics 1

Rationale:

Epidemiology is the study of the distribution and the determinants of health-related states or events in specified populations, in given places and at given times. It aims at scientifically identifying and understanding the causes of health-related states or events. Such understanding leads to the elaboration of measures intended to promote, protect or restore health. Biostatistics is the application of statistical methods and techniques to health and health-related problems.

The basic knowledge of epidemiology is fundamental to understanding the different dimensions of health problems, their nature, magnitude, associated risk factors and the means to address them through Health Promotion and Public Health interventions. Epidemiology and biostatistics are the tools used to appropriately collect relevant data, analyse, interpret and use them to make decisions affecting and protecting the health of entire communities. Basic biostatistics will cover the types of data, how they may be collected, aggregated, analysed and the information obtained therefrom presented.

The width and complexity of the epidemiological domain requires a gradual but systematic approach and for this reason two courses are dedicated to the subject: Basic Epidemiology and Biostatistics 1 in year one (first semester) and Basic Epidemiology and Biostatistics 2 in year 2 (second semester).

In the first year course the foundations of epidemiology will be laid by providing the methods/tools for measuring the occurrence of diseases and of determinants of health (collection, analysis, presentation and interpretation of data). The dynamics of disease transmission, the concept of epidemics and their control will be part of the programme and will be largely based on currently emerging challenges in sub-Saharan Africa. The types of epidemiological studies will be presented to provide the students with the understanding of the scope and methodology of epidemiological research. Only the basic concepts for statistical analysis/inference will be provided as biostatistics will be extensively dealt with in the second year course. The teaching of this course unit will be mainly through lectures, tutorials and extensive practice exercises.

Learning outcomes

To enable students to:

Acquire basic epidemiological and statistical knowledge and skills and the application of these in their routine work.

Competences

Students should be able to:

- a. To describe the occurrence of disease and other health-related events using basic epidemiological and biostatistical language and techniques
- b. To use epidemiological evidence as the basis for planning and implementing Health Promotion and Public Health interventions
- c. To describe and correctly design the main types of epidemiological studies.
- d. Describe the key features and applications of descriptive, analytical and lay epidemiology.
- e. Prepare and apply tables, graphs and charts such as arithmetic scale line, scatter diagram, pie chart and box plot.

- f. Correctly complete, analyse, interpret and use the HMIS collected data

Course content

- a. Definition (s) of epidemiology and Biostatistics, scope and uses
- b. Relevance of biostatistics in epidemiology and public health highlighted and emphasized
- c. Types of data, Sources of health data, Summarizing data: Numerical/quantitative and qualitative data, Discrete/categorical and continuous data, tables, graphs and charts, Maps, frequency distribution, cumulative frequency and histograms, patterns of distribution of data
- d. Measures of central tendency: Measures of dispersion
- e. Epidemiology and public health: Measuring health and disease, Population at risk, Incidence and prevalence, Case fatality
- f. Types of epidemiological studies
- g. Causation in epidemiology

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a written examination at the end of the semester

References:

- Leon Gordis, Epidemiology, Saunders Elsevier, 2009
Ann Bowling, Research Methods in Health – Investigating health and health services, McGrawHill, 2009
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Moon G., Myles G., Epidemiology: an introduction, Open University Press, 2000
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Ashton J., The Epidemiological Imagination, a reader, Open University Press, 1994
Beaglehole R. et al., Basic Epidemiology, World Health Organisation, 1993
Bradford-Hill A., Hill I.D., Principles of medical statistics, Edward Arnold, 1991
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Kiregyera B., Sample surveys with special References to Africa, Phidam, 1999
Kroeger A. et al., The use of epidemiology in local health planning: a training manual, Zed Books, 1997
Ties Boerma J., Health Information for Primary Health Care, African Medical and Research Foundation, 1991
Vaughan J.P., Morrow H.R., Manual of epidemiology for district health management, World Health Organisation, 1989

Year One, Semester Two

BPHP 2107: Basic Human Anatomy and Physiology 2

Rationale:

Human anatomy refers to the study of the form and gross structure of the various parts of the human body, and physiology is the science of the functioning of human beings and their component parts (Concise medical dictionary, 2007). The study of human anatomy and its physiology is very relevant to public health in the sense that physical illhealth often manifests as a dysfunction in the human anatomy and physiology. Causes for the dysfunction are of paramount importance to public health and health promotion workers as most of them can be prevented using population-based approaches. Therefore it is very important for them to study the human body, its components and functioning, as this can form a theoretical basis for tackling the causes of the dysfunction of these components even from a population and public health perspective.

Basic Human Anatomy and Physiology 2 is a complement of what is covered in the first semester, to cover the major systems of the body. The teaching will also comprise of lectures, practical demonstrations on mannequins and other suitable methods, as well as tutorials.

Learning outcomes

To enable students to:

- a. Name, describe, and recognize the important structures and functions of the major organ systems.
- b. Explain how these functions are accomplished in each of the organ systems studied in the semester.
- c. Name and recognize the 4 major tissue types and describe the process of tissue repair and wound healing.
- d. Understand how loss of homeostasis leads to pathology or disease.
- e. Become familiar with the most common pathological conditions through an introduction of clinical examples that are often seen in clinical practice.

Competences

By the end of the semester, the students should be able to:

- a. Describe the anatomical structures of the: nervous, endocrine, lymphatic and circulatory systems and their functions
- b. Describe the functioning of each one of the stated systems
- c. Identify major diseases and conditions that affect the listed body systems
- d. have a working knowledge of the basic physiological processes of each of the stated systems, and how each contributes to homeostasis;
- e. Describe the normal structure and physiological function of the different body systems.

Course content

- a. The nervous system, The endocrine system, The lymphatic system, senses and organs, blood and its composition, The immune system, immunisation and vaccine development

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments, a written paper and a practical examination at the end of the semester.

References:

- Tortora and Grabowski. (2006). Principles of Anatomy and Physiology, 11th Edition. Wiley.
- Martin, F.H. (2006). Fundamentals of Anatomy and Physiology 8th edition
- Saladin (2003). Anatomy and Physiology, The Unity of Form and Function, 5th Ed. McGraw-Hill, New York, NY.
- Seeley, R., Stephens, T., and Tate, P., (2002). Essentials of Human Anatomy and Physiology. 4th Ed. Dubuque, IA: McGraw Hill.
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- Cram, M. (2006). Understanding human anatomy and physiology, 5th edition. Academic internet Publisher.

BPHP 2108: Basic Biochemistry and Applied Pharmacology 2

Rationale:

Biochemistry is the study of the chemical processes and substances occurring in living things, including human beings, and medical pharmacology is the science of the properties of drugs and their effects on the human body. In both cases the chemical processes and substances have an effect on individual health, the effects could be positive or negative; positive in sense that many chemical processes and substances are required for normal functioning of the human body, while others act as therapeutic agents to correct anomalies or dysfunctions in the human body. However, they could be negative in a sense that if they are in excess or insufficient or abused, they could result into abnormal functioning, toxicity and/ or disease. This course unit follows up on Basic Biochemistry and Applied Pharmacology 1 taught in the first semester. The major aim of this course unit is to offer an opportunity to students to cover more of these issues in a greater depth, so as to help them gain more theoretical knowledge that will be used to link the concepts of biochemistry and applied pharmacology to public health practice.

Learning outcomes

To enable students to:

- b. Understand the structures and properties of the four main building blocks of biochemistry (carbohydrates, lipids, amino acids and nucleic acids), the polymers constructed from these building blocks, and the supermolecular assemblies constructed from these polymers.
- c. Gain insight into the kinetic mechanisms of enzyme catalysis, inhibition and chemical binding modes of enzyme inhibitors.
- d. understand the principles of dose-response relationships and their use in quantifying drug action
- e. know the mechanisms of action of selected drugs and their common adverse effects

Competences

By the end of the semester, the students should be able to:

- a. Describe the regulatory and metabolic mechanisms that control the concentration of chemical products in the body.
- b. Describe the nature of genetic materials and the universal genetic code.
- c. Identify and describe the molecular processes of replication, transcription and translation
- d. Describe the mechanism of therapeutic action of a selected drug at the molecular, cellular, organ, system and whole body levels
- e. Describe fundamental concepts of drug-receptor interactions
- f. Describe the relation between cell membrane or intracellular drug targets and intracellular signaling systems which mediate cellular response
- g. Describe the development, prevention and management of drug resistance

Course content

- a. chemical structure and biological activity of drugs, mode of action of drugs, dose-response relationship, the fate of drugs in the body
- b. development of new drugs, drug preparations and routes of drug administration
- c. drug prescribing and dispensing, drug interactions and adverse reactions and their surveillance (introduction to pharmacovigilance and pharmacoepidemiology), adherence to treatment (drug sharing, DOTs, CBDOTs)
- d. the concepts of essential drugs and rational use of drugs: The national pharmaceutical policy
- e. drug addiction
- f. quality of medicines
- g. traditional and complementary medicines (introduction to pharmacognosy), the role and function of the National Drug Authority, the role of the Pharmacy Council, International Network for Rational Use of Drugs (INRUD) and the International Conferences on Improvement of the Use of Medicines (ICIUM)
- h. Drug prices (and brief introduction to pharmacoconomics)

Assessment:

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a practical examination at the end of the semester.

References:

- Berg, Jeremy M., John L. Tymoczko, and Lubert Stryer. (2006). *Biochemistry*, 6th edition. New York: W. H. Freeman.
- Campbell, M.K. and Farrell, S.O. (2007). *Biochemistry*, 6th edition. Brooks Cole.
- Lehninger, A.L., Nelson, D.L. and Cox, M.M. (2004). *Lehninger principles of biochemistry*, 4th edition. W.H. Freeman.

Lehninger, A.L., Nelson, D.L. and Cox, M.M. (1993). Principles of biochemistry: with an extended discussion of oxygen binding proteins, 2nd edition. W.H.Freeman.

Farrell, S.O., Taylor, L.E. (2005). Experiments in Biochemistry: A hands on approach, 2nd edition. Brooks Cole.

Boyer, F.R. (2005). Concepts in Biochemistry, 3rd edition. Wiley

Galbraith, A. Bullock, S. Maria, E. and Hunt, B. (2008). Fundamentals of pharmacology: An applied approach for Nursing and Health, 2nd edition. UK: Prentice Hall.

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Adams, M.P., and Holland, Jr, L, N. (2008). Workbook for Pharmacology for Nurses: A pathophysiological Approach (2nd Ed). New Jersey: Pearson Prentice Hall.

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Hitner, H., Nagle, B. (1999). Basic Pharmacology, Glencoe McGraw-Hill.

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WHO/MSH, (1997): Managing Drug Supply.

BPHP 2209: Basic Microbiology 2

Rationale:

Microorganisms also have been used for medical and commercial benefits. Cultured microorganisms can be used to synthesize products more cheaply than they can be manufactured by other means (biotechnology). Some other microorganisms have also been used to for warfare and terrorism.

This course unit forms the second part of the studies on microbiology for the students. It covers the structure of viruse, fungi and protozoa, and goes into some depth on the details of some common examples of each. The teaching will mainly be through lectures, tutorials, practical examples and demonstrations. Video and slide shows will also be used.

Learning outcomes

To enable students to:

- Familiarise themselves with the different types of viruses, psittacosis, and other non-bacterial microbial agents
- Understand the nature of viral multiplication
- Understand viral immunogenicity and viral chemotherapy
- Understand viral oncogenicity

Competences

By the end of the semester, the students should be able to:

- List the common disease-causing viruses, fungi and protozoal agents
- Know the lifecycles of the common disease-causing protozoal agents
- Describe the mode of disease causation by the common viral, fungal and protozoal agents.

Course content

Virology:

- Viruses and virus-like particles
- Viral DNA and its replication
- Chemotherapy, vaccines and viruses
- Common viruses, mycology and Parasitology

Common viruses	Mycology	Parasitology
HIV, Common flu, H1N1	The growth and spread of fungi	Ecto- and endoparasites
Measles virus, Rubella, Herpes zoster	Chemotherapy for fungal diseases	Life cycles of common parasites
Herpes simplex, Human papilloma	Common fungal infections:	Common parasites
Hepatitis A, B, C and E	athletes' foot, jokers' feet	Plasmodium spp
Ebola virus, Marburg virus	tinea capitis ,tinea pedis	body lice and pubic lice
Rotavirus, Rabies virus	tinea corporis,	entamoeba histolytica
Poliovirus, SARS virus, Herpes	cryptococcal meningitis	shigella dysenteriae trypanosoma spp
Zoonotic viruses	Candida albicans	schistosoma spp
		onchocerca volvulus
		dracunculus medinensis
		trichomonas vaginalis

		scabies mite (sarcoptes scabiei)
		jiggers (tunga penetrans) and other fleas
		bed bugs
		filarial worms zoonotic protozoa
		Helminths taenia saginata, taenia solium, strongyloides stercorales, necator americanus, ankylostoma duodenale etc

Disease vectors

The lifecycles of key common vectors e.g. house fly, tsetse fly, black fly, , water snails and mosquitoes

Other disease causing organisms e.g.

chlamydia trichomatis, other chlamydia spp, LGV, Creutzfeldt-Jacob Disease (CJD or Kuru) agent, Bovine Spongiform Encephalitis (BCE or “mad cow” disease)

Assessment:

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a practical examination at the end of the semester.

References:

- Slonczewski, J. and Foster, J. (2009). Microbiology: An Evolving Science. W. W. Norton, Inc.
 The Microbe blog by Dr. Schaechter’s “Small Things Considered”:
 Gerard, T. J., Berdell, F.R., Christine, L.C. (2009). Microbiology: An Introduction, 10th Edition. USA: Benjamin Cummings.
 Ted, J. R., and Christine, C.L. (2010). Laboratory Experiments in Microbiology, 9th Edition. AbeBooks Inc.
 Eugene, W., Nester, et.al. (2007). Microbiology: A Human Perspective, 6th edition. McGraw-Hill.
 Alexander, S. and Strete, D. (2005). Microbiology: A Photographic Atlas for the Laboratory ISBN 0-8053-2732-0
 Lammert, J. M. (2003). Techniques in Microbiology: A Student Handbook ISBN 0-13-224011-4
 Alcamo, I.E. and Elson, L.M. (1996). The Microbiology Coloring Book. ISBN 0-06-
 Ogunseitan, O., and Oladele, J. (2005). Microbial Diversity. Oxford: Blackwell. Isbn 0-632-04708-9.
 Madigan, M. T., Martinko, J.M., Dunlap, P.V. and Clark, D.P. (2009). Brock Biology of Microorganisms, 12th edition. San Francisco: Pear-Son/Benjamin Cummings.
 Halton DW, Behnke JM and Marshall I (2001). Pratical Exercises in Parasitology. Cambridge University Press

BPHP 2110: First Aid

Rationale:

First aid is the immediate help given to a victim of injury or sudden illness by a bystander until appropriate medical help arrives or the victim is seen by a healthcare provider. First aid is generally not all the treatment the person needs, but it helps the victim for the usually short time until advanced care begins (National Safety Council, 2005). First aid training helps save lives. Whether on the job, at home, by the roadside or in the community, knowledge of first aid enables one to help someone who is injured or suddenly ill until the person sees a healthcare provider. In many developing countries, emergency ambulance services are very inadequate. In addition, the number of qualified health care providers to give the immediate care which is desired in emergency situations is inadequate. Therefore, having many individuals properly trained in first aid would help contribute to the prevention of most aggravation and deaths caused by injuries and sudden illnesses at work and at home.

In Africa and Uganda in particular, there is high burden of injuries and sudden illness, most of which would be prevented. For instance among the top 10 causes of disease in 1998 in Africa, road traffic accidents were ranked the 5th among the 5-14 years age group, whereas drowning, fires, and war injuries were ranked the 8th, 9th and 10th respectively (WHO, 1999). And in the age group of 15-44 years, war injuries, interpersonal violence, and road traffic accidents were ranked the 2nd, 3rd and 7th respectively. In 2004, while Uganda was ranked to have the 4th worst road safety record in the world, Ethiopia was the worst.

In 1996, injuries were the 5th leading cause of the disease burden in Uganda, (MOH, 1996). This clearly indicates that the burden of injuries and sudden illness is high, in most communities of Africa. First aiders can help make a

difference by attending to those in need and, often, save a life. This course unit is intended to provide first aid knowledge and practical skills to the students so that they can contribute to the reduction of sudden death or aggravation caused by injuries and sudden illness in situations where professional care is out of reach until it is accessed. The teaching of this course unit will therefore be both theoretical and especially practical. Lectures will be given as well as tutorials, videoshows, practical demonstration and return-demonstration. It is planned that the students will go through a fully-packaged basic course in first-aid and be tested and certified as first aid providers by a credible organisation specialising in the field, e.g. The St. John Ambulance Association.

Learning outcomes

To enable students to:

- a. Familiarise themselves with basic concepts in first aid services
- b. Identify individuals in need of first aid in emergency situations
- c. Offer appropriate first aid services when needed

Competences

By the end of the semester, the students should be able to:

- a. Provide first aid services to individuals and groups of people in need of the service
- b. Facilitate referral of casualties and patients in need of emergency attention for professional care

Course content

- a. Introduction, scope and history of first aid .
- b. Recognising a person in need of emergency medical care
- c. Decision-making and taking action in a medical emergency
- d. The first aid kit: The home care kit, Basic life support
- e. The injured patient, The unconscious patient, The bleeding patient, The dehydrated patient, The burn patient, The patient with cardiac arrest, Bleeding and wound care, Shock and its management, Burns and scalds
- f. Serious injuries: Head and spinal injuries, Chest injuries, Abdominal injuries, Bone, Joint, and Muscle injuries/ musculoskeletal injuries, Sudden illness, Poisoning, snake bites, Heat and cold emergencies, Rescuing, positioning and moving victims, Drowning, Receiving casualties in a health facility, Emergency childbirth, Administration of fluids, Administration of oxygen
- g. The St. John Ambulance Association's services
- h. The Red Cross Society's services

Assessment

The assessment of students for this course unit will comprise exercises for groups and individuals, personal assignments, a written paper and a practical examination at the end of the semester.

References:

- National Safety Council.(2005). Standard first aid, CPR, and AED. New York: McGraw-Hill Higher Education.
- Wardrope, J. (2005). The Management of Wounds and Burns. Oxford University Press
- Forgey, W. (2007). Beyond First Aid, 5th Edition. Globe Pequot
- British Red Cross Society. (1998). minute First Aid Life-saving Skills. Hodder Arnold Hand S
- First Aid Manual. (2000). St Andrews' Ambulance Association and the British Red Cross St John Ambulance. Dorling Kindersley.
- Trident Press international Staff. (2001). the New International Webster's Pocket Medical and First Aid Dictionary of the English Language. Trident Press International Staff.
- Arco. (2005). First Aid and Safety for Dummies.
- Traynor, O.T. and Coonan, P.R. (2006). The street medic's handbook, 2nd edition.
- National safety council. (1998). First aid taking action.
- Sierpina, V.S. (2002). 1000 cures for 200 ailments: integrated and conventional treatments for the most common illnesses.
- Benson, R. C. (2006). Do it yourself medicine.
- Zand, J. and Walter, R. (2003). Parents guide to medical emergencies: first aid for your child.
- American Medical Association. (2000). Handbook of first aid and emergency care.
- Turkington, C. (2005). The poisons and antidotes source book: facts for life.

Year Two, Semester One

BPHP 2211: Introduction to Communicable Diseases

Rationale:

Communicable disease (infectious disease) is any disease that can be transmitted from one host or vector to another. This may occur by direct physical contact, by common handling of an object that has picked up the infective microorganism or infected droplets coughed or exhaled into air (concise medical dictionary, 2007). This makes communicable disease a very common problem globally, especially in developing and transition countries. Changing global environmental conditions have made it possible for either disease-causing agents or their vectors to be capable of thriving in areas where they never used to exist before. Wind movements have been associated with the spread of communicable diseases to new areas. By easing and increasing human mobility, globalisation has also increased and quickened the spread of communicable diseases.

Understanding the mechanisms through which people get communicable disease opens the way to equipping them with coping skills in order to minimize or control such diseases. Health promoters and Public Health workers need to know how communicable diseases are spread from one micro-environment to another, from one host to another, from the vector to the host and the factors that favour this spread. It is through this knowledge that they may educate the public to avoid such diseases, minimize their spread, be able to control the vectors and advocate for policies that support and promote the control of such diseases, beginning from the individual through household and community levels to national policy levels. This course unit will equip the students with the knowledge and skills required to recognize actual and potentially communicable diseases and to be able to respond appropriately to them, at individual, household, community and national level. It will introduce them to the principles of communicable disease management and national and international policies and practices used for the control of communicable diseases. The teaching will be mainly through lectures, tutorials, reading of scientific texts, video shows and practical laboratory demonstrations.

Learning outcomes

To enable students to:

- a. Acquire knowledge on the causes and transmission mechanisms of common and emerging communicable diseases
- b. Acquire knowledge on the available control and preventive measures of common and emerging communicable diseases

Competences

By the end of the semester, the students should be able to:

- a. Plan and implement control and preventive measures of communicable diseases
- b. Describe common communicable diseases and their causes, including control and preventive measures
- c. Critique communicable disease control activities

Course content

- a. The nature and causation of disease, natural course of communicable diseases, modes of spread of communicable diseases, patterns of communicable disease occurrence
- b. The host and the infection: Principles of communicable disease control, Approach to outbreaks of disease
- c. Starting a disease control programme: Application of communicable control measures
- d. Contact diseases, Sexually transmitted diseases including HIV/AIDS (to include control strategies e.g. ABC, PMTCT-plus, RCT, HCT, Home-based Counseling and Testing, VCT, ART)
- e. Vector-borne diseases: Water-related diseases (water-borne, water-shortage, water-washed etc) Diseases caused by faecal contamination, Helminthic diseases, Diseases from animals and their products, Airborne diseases, Neglected tropical diseases
- f. Communicable disease control and the international health regulation (2005), surveillance and Reporting of communicable diseases, international classification of diseases (ICD)

NB: the following diseases will be covered in detail as examples of communicable diseases (malaria, drancunculiasis, schistosomiasis, onchocerciasis, sleeping sickness, Cholera, dysentery, SARS, Tuberculosis, Leprosy, Influenza, haemorrhagic fevers, Hepatitis A, Hepatitis B, Hepatitis E).

Assessment:

The assessment of students for this course unit will comprise group and individual exercises, personal assignments, and a written paper and a practical examination at the end of the semester.

References:

- Nordberg, E. (1999). Communicable diseases: A manual for health workers in Sub-Saharan Africa, 3rd edition. Nairobi; African Medical Research Foundation.
- Webber, R. (2009). Communicable diseases, epidemiology and control: A global perspective, 3rd edition. CABI.
- Healey, J. (2009). Communicable diseases

BPHP 2212: Introduction to Non-Communicable Diseases

Rationale:

A non-communicable disease (NCD) is a disease which may not spread from one individual to another through transmission of a disease-causing agent or by the aid of a vector. Such conditions usually result from genetic or lifestyle factors. Occasionally, they manifest as chronic conditions but having arisen from an acute infectious condition.

Non-communicable diseases have become a global concern in the present times because the global burden of disease is shifting from infectious diseases to noncommunicable diseases, with chronic conditions such as heart disease and stroke now being the chief causes of death globally (WHO,2008). Developing countries like Uganda are said to bear a 'double burden' or to be in an 'epidemiologic transition', suffering from communicable diseases with increasing prevalence and incidence of non-communicable diseases at the same time. It is no longer entirely true to say that NCDs are "diseases of the rich" while communicable diseases are "diseases of poverty". The global disease dynamics have changed and even the term 'diseases of lifestyle' is rapidly losing its accuracy. This course unit will introduce the students to an understanding of the current burden of NCDs and the risk factors thereof. This will help them, as practitioners of Health Promotion and Public Health or other related disciplines to know how to address the burden right from individual, household, community up to policy level. The social nature of many NCDs will require knowledge of other disciplines such as sociology, which is introduced in another part of this course. The teaching of this course unit will be mainly through lectures, tutorials, video shows, reading scientific text and some practical exercises. It will also include outreach activities to the community to assess risk factors to NCDs e.g. through the anthropometric measurement of BMI, waist-to-hip ratios and to analyse the content of common foods to determine the levels of risk factors etc.

Learning outcomes

To enable students to:

- a. Familiarise themselves with the knowledge on most common NCDs and their risk factors
- b. Know patterns of NCDs and their associated determinants

Competences

By the end of the semester, the students should be able to:

- a. Discuss the key NCDs affecting their country
- b. Analyse the burden of NCDs on their country
- c. Design appropriate and cost-effective preventive interventions for NCDs
- d. Design and implement surveillance programmes for NCDs
- e. Demonstrate ability to measure and monitor, morbidity, mortality and disease burden associated with NCDs

Course content

- a. international classification of diseases (ICD), Common NCDs and chronic conditions:
- b. Diabetes mellitus, hypertension, obesity, stroke,epilepsy,cancer, accidents, arthritis,
- c. other mental and neurological illnesses,
- d. Violence: interpersonal violence (IPV), gender based violence(GBV), domestic violence (DV), intimate partner violence (IPV)
- e. Alcohol and health (chronic liver disease, liver cancer,renal disease, occupation etc).
- f. Risk factors for major chronic illnesses (the role of diet, exercise, alcohol, genetics etc)
- g. Risk factor trends
- h. Consequences of disease and injury, Road safety, traffic crashes and injuries, Surveillance of NCDs (WHO strategy)
- i. Morbidity and Mortality burden due to NCDs, Economic impact and health inequalities due to NCDs
- j. The myths of chronic diseases burden and control, Preventing and managing chronic diseases

Assessment:

The assessment of students for this course unit will comprise group and individual exercises, personal assignments, and a written paper at the end of the semester.

References:

- WHO. (2005). Preventing chronic diseases: A vital investment. Geneva, Switzerland: World Health Organisation.
- Alna, D., Lopez, C.D., Ezzati, M.M., Jamison, D. T., and Murray, J.L. (2006). Global burden of disease and risk factors. Washington DC: The World Bank and Oxford University Press.
- Jamison, D.T., Feachem, R.G., Makgoba, M.W., Bos, E.R., Baingana, K.F., Hofman, K.J., Rogo, K.o. (2006). Disease and Mortality in sub-Saharan Africa, 2nd edition. Washington DC: The International Bank for Reconstruction and Development and The World Bank.
- Merson, H.M., Black, R.E., Mills, J.A. (2005). International Public health: Diseases, programmes, systems, and Policies. Canad: Jones and Bartlet Publishers.

BPHP 2213: Public Health and New Public Health

Rationale

Historically, public health has been driven by social policy as much as by medicine. The early public health movement in the 19th century used a medical scientific model to explain the disease processes whilst employing social policy interventions to prevent disease occurrence. During the 20th century, these two arms became separated as public health became increasingly dominated by medicine. For instance medical training was, at that time, seen as essential for the practice of public health. It is only of recent that the medical dominance and ownership of public health has been challenged and once again an emphasis placed on broader social interventions to promote public health. Of recent, the strategies of developing health promoting policies and working in partnership with communities has come to be called the new public health (Ashton and Seymour, 1988). This course unit aims at introducing these historical perspectives of public health and highlighting the significance and demerits of all the perspectives so as to equip the students with a well balanced ground for decision making when designing and implementing public health interventions. It focuses on integrating the medical, scientific, and sociological perspectives of Public Health and Health Promotion. Teaching on this course unit will mainly be through lectures, reading assigned texts, personal and group assignments as well as tutorials.

Learning outcomes

Enable students to:

- a. Acquire knowledge on the nature and scope of public health
- b. Acquire knowledge on the historical and contemporary perspectives of public health
- c. Analyse the determinants of the health of communities
- d. Correctly apply the measures of the health status of communities and countries
- e. Analyse the set up of health systems in different countries

Competences

By the end of the semester, the students should be able to:

- a. Explain the historical and contemporary perspectives of public health
- b. Demonstrate competence at describing the components of a district health system, and to identify its weaknesses and strengths.
- c. Analyse the determinants of health in different communities
- d. Analyse the degree of community participation in health programmes
- e. Develop intervention strategies in public health

Course content

- a. Definition and scope of public health, the stakeholders in public health, Community participation in health, Equity in health
- b. Health as a fundamental human right: Health Vs Health Care debate
- c. Determination of the Burden of disease, Determinants of health, medicalisation of health
- d. Levels of prevention: Intervention strategies, Public health programs, Basic clinical services, Effectiveness and cost
- e. PHC and Alma-Ata declaration: National and District health systems
- f. Health systems in the developed world and African health systems
- g. Priority-setting in health :Cost-effectiveness analysis in health
- h. Rationing health care
- i. Mandates: Professional bodies in PH and HP, Public Health and the law, Health promoting policies and laws, Health Promotion as a profession, The role and functions of the International Union of Health Promotion and Education (IUHPE)

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a written examination at the end of the semester

References

- Naidoo, J and Wills, J. (2000). *Health Promotion: foundations for practice, 2nd edition*. London: Bailliere Tindall.
- Naidoo, J and Wills, J. (1998). *Practicising health promotion: dilemmas and challenges*. London: Bailliere Tindall (especially chapter 4 and 8).
- Walley, J., Wright, J., and Hubley, J. (2001). *Public health: An action guide to improving health in developing countries*. Oxford: Oxford University Press.
- Davies, M., and Macdowall, W. (2006). *Health promotion theory: understanding public health*. Maidenhead: Open University Press.

BPHP 2114: Fundamentals of Health Promotion

Rationale

The term health promotion is used in a number of different ways, often without any clarification of meaning. In the 1980s when the term was becoming widely adopted, Tannahill described it as a meaningless concept because it was used so differently. Over a decade later, Seedhouse (1997) describes the field of health promotion as muddled, poorly articulated and devoid of a clear philosophy. These different understandings reflect the origins of health promotion and range from slick salesmanship of health (Williams, 1984) to an approach and philosophy of care which reflects awareness of the multiplicity of factors which affect health and which encourages everyone to value independence and individual choice (Wilson Barnett, 1993). This course unit is intended to introduce historical perspectives of health promotion, and clarify on its philosophy and value base. This is so as to demonstrate how the concepts of health promotion and health education have moved long strides from the past when it was referred to as a muddled and poorly articulated field to a field that is specialised with a clearly defined philosophy with various approaches, methods and strategies that have been used to design and implement health promotion activities world over. This course unit will provide the learners with the theoretical fundamentals of health promotion, which will act as a foundation for the other course units. It will clarify the difference and relationship between health promotion and health education. Teaching will be mainly through lectures, reading assigned texts and tutorials.

Learning outcomes

To enable students to:

Conceptualise on the value base of health promotion

- a. Recognise and apply the different approaches of promoting health
- b. Clearly explain the relationship between health promotion, health education and public health

Competences

Students should be able to:

- a. Evaluate concepts, principles and models of health promotion,
- b. Describe the role of health promotion in influencing the determinants of health,
- c. Analyse the underlying approaches and methods in the practice of health promotion
- d. Explain the historical development of the field of health promotion
- e. Elucidate the place of health promotion within the broader realm of health development
- f. Analyse the health-related vulnerability of sub-groups in communities

Course content

- a. Definition and scope of Health Promotion (HP), History of HP and HP charters, Health Promotion and Health Education
- b. Approaches to HP: The medical approach, behavior change approach, the educational approach, the empowerment approach, the social change approach, Partnership for health-working:
- c. Definitions (of partnership, community, participation and involvement in health, background of partnership policy, advantages of working together for health, characteristics of successful joint working, Characteristics of failed joint working, key stakeholders in health and their roles
- d. Working with communities for community development: Community-owned resource persons (CORPs) for health (e.g. TBAs, VHTs, HUMCs and other community structures)
- e. Values and principles underpinning HP practice
- f. Social determinants of health (social class and health, gender and health, health of ethnic minorities and other marginalized peoples, place of residence and health, social cohesion and exclusion, explaining health inequalities, tackling inequalities in health)

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a written examination at the end of the semester

References

- Adams, L., Amos, M. and Munroe, J. (2004) Promoting Health: Politics and Practice. London, Sage Publications.
- Anand, S. Peter, F. and Sen, A.(eds) (2004) Public Health, Ethics and Equity. Oxford, Oxford University Press
- Baggott, R. (2000). Public Health, Policy and Politics. Basingstoke, MacMillan Press.
- Bayer, R., Gostin, L.O., Jennings, B. and Steinbock, B. (eds) (2006) Public Health Ethics: Theory, Policy, and Practice. Oxford, Oxford University Press.
- Bunton, R. and Macdonald, G. (2002) Health Promotion: Disciplines and Diversity 2nd ed. London: Routledge.
- Ewles, I. and Simnett, L. (2003) Promoting Health: A Practical Guide. 5th ed. London, Scutari.
- Gray, A. (2001) World Health and Disease. Buckingham, Open University Press.
- Kendall, S. (ed) (1998) Health and Empowerment: Research and Practice. London, Edward Arnold.
- Laverack, G. (2004) Health Promotion Practice: Power and Empowerment. London, Sage Publications.

BPHP 2215: Reading and Writing Skills 2

Rationale:

The main purpose of a scientific paper is to report new results, usually experimental, and to relate these results to previous knowledge in the field. Scientific papers are one of the most important ways that the scientific community uses to communicate within itself and with the policy-makers and other stakeholders. However, many novice readers find problems with comprehending scientific papers, just because they could be using a memory strategy that is not compatible with the text they are trying to read.

There are many memory strategies that can be effective in improving an individual's recall of text. However, recent research shows that it is simplistic to think that you can improve your remembering by applying any one of these strategies to all texts. Different strategies are effective with different types of text. One basic classification of text structure would distinguish between narrative text and expository text. Many people are familiar with narrative text (story-telling), and are skilled in using this type of structure. Perhaps for this reason, narrative text tends to be much easier for us to understand and remember. Most study texts, however, are expository texts.

Unfortunately, many students tend to not to be aware of distinctions between different types of expository structure, and generally tend to treat all expository text as a list of facts. Building an effective mental model of the text (and thus improving your understanding and recall) is easier, however, if you understand the type of structure you are dealing with, and what strategy is best suited to deal with it, then it becomes much simpler for one to comprehend the text. Scientific papers are expository texts, and therefore novice readers will always find problems in trying to comprehend such texts. This course unit intends to introduce students to basic skills to use when reading and writing scientific papers. In understanding how to read a paper, we need to start at the beginning with a few preliminaries. We then address the main questions that will enable a student to understand and evaluate the paper. Such type of questions will be used in this course unit to help the students comprehend and learn how to read and write scientific papers with relative ease. The teaching on this course unit will be mainly through brief lectures, extensive critical reading of different writing styles. Tutorials will also be used. Materials will be obtained from leading scientific journals and public media.

Learning outcomes

To enable students to:

- a. Learn and be able to use the different key referencing systems (Harvard, Vancouver etc)
- b. Critically appraise scientific papers
- c. Write scientific papers of publishable quality

Competences

By the end of the semester, the students should be able to:

- a. Read scientific papers critically
- b. Correctly cite References in a scientific document
- c. Write scientific papers of publishable quality

Course content

- a. Reading scientific texts, Writing scientific texts, Writing the abstract, Adhering to journal guidelines, Acknowledging sources and key referencing styles (Harvard, Vancouver)
- b. Personalisation of scientific writing, Acknowledging contribution to scientific papers
- c. Guidelines of the Association of Medical Journal Editors (AMJE), Acknowledging conflict of interest
- d. Reporting scientific data (case reports, case series, epidemiological studies etc)
- e. Writing and reading papers that review other papers (systematic reviews etc)
- f. Preparing a literature review, Searching for s (internet, library, databases, grey literature etc)
- g. Preparing a theoretical framework for a paper
- h. Communication by telephone and Official communication Vs personal communication

Assessment

The assessment of students for this course unit will comprise both group and individual exercises, personal assignments and a written practical examination at the end of the semester

References:

- Kenneth Roman, Joel Raphaelson, 2000: Writing that works: how to write effective e-mails, letters, resumes, presentations, plans reports and other business communications. Harper and Collins
- W. Strunk, E. B. White, 1999: The elements of style. Macmillan
- G. J. Fairbairn, C. Winch, 1996: Reading, Writing and Reasoning: a guide for students, Taylor and Francis Inc.
- The Economist, 1998: The Economist Style Guide, Wiley John and Sons Inc.
- George M. Hall, 2007: How to present at meetings, Blackwell Publishing
- Trisha Greenhalgh, 2006: How to read a paper: the basics of evidence-based medicine, Blackwell Publishing

BPHP 2216: Ethics of Public Health and Health Promotion

Rationale

Whereas medical practice insists on availability of evidence for decisions, in the real world of public health and health promotion decisions are not necessarily based on the hard facts of scientific evidence. More often, decisions have to be made on the basis of hard choices between competing and equally compelling options. The winning decision is often based on whether the society in which the decision is taken considers it the “correct” or the “best” option, irrespective of its scientific correctness. Each society or community sets its own norms of what it considers right or wrong, acceptable or unacceptable. All professions act like communities and they set their own norms and rules based on these norms. Practitioners of Health Promotion and Public Health have their own norms and thus intending practitioners need to be conversant with them before joining the profession. The ethics of these fields is not drawn from the blue but draws from fundamental principles of health care.

Traditionally, medical ethics has generally been focused on the relationship between individual health workers and their individual patients or their professional colleagues, rather than on entire populations. Decisions concerning entire populations are often more political and sentimental than technical. The context of decisions is often as important as the content of the decision, and the actors involved are often as important as the context and the content of the decision. This is why health promoters and public health workers must be politically aware, politically sensitive, capable of seeing the ethical dimensions of their work, and capable of reflecting on them.

This entire course unit is based on the acceptance of the principles and philosophy of “Primary Health Care” as stated at the Alma Ata Conference, in September 1978. If health is a universal human right, not a privilege of the few, efficiency is not sufficient. Social justice, equity, protecting the poorer, the most vulnerable and most powerless strata of the population are all fundamental principles. The search for efficiency has a social value only within the framework of those principles.

Learning outcomes

To enable students to:

- a. Acquire knowledge on principles of professional ethics
- b. Understand the debate on ethical principles in the fields of health promotion and public health
- c. Distinguish between medical ethics and public health ethics
- d. Start developing the ethical practice of their profession

Competences

By the end of the semester, the students should be able to:

- a. Recognise and acknowledge the ethical issues involved in health promotion; public health, health policy; health politics; health research; and health planning and management
- b. Propose and justify appropriate solutions to the ethical issues involved in health promotion; public health, health policy; politics; research; and health planning and management.
- c. List and explain differences between medical ethics and ethics related to public health and health promotion.

Course content

Foundations of ethics

- a. Introduction to ethics, Moral theories, Environmental ethics, religion and ethics
- b. Culture, human rights and ethics in Uganda, the many faces of corruption and its consequences in the health sector, Culture, ethics and gender, The role of the inspector general of government in Uganda, The role of the ministry of ethics and integrity in Uganda, intellectual property rights, homosexuality, prostitution
- c. The ethical principles as the basis of primary health care
- d. Health care as consumption good and the right to health, cardinal principles of ethics in health care: Autonomy, beneficence, non-maleficence and justice
- e. Pharmaceutical firms and access to drugs: the world campaign,
- f. Bioethical issues : Ethical issues of fertility control (contraception, abortion, in-vitro fertilization, surrogate mothers etc, Cloning and stem cell research, Tissue transplantation, blood transfusion, grafting and organ transplant, euthanasia and treatment withdrawal, Siamese twins, adoption, Use of human and animal subjects for research
- g. Medical errors
- h. Palliative care
- i. Ethical issues in setting priorities and resource allocation in the health sector
- j. ethical issues in HIV/AIDS research, employment, Stigma and discrimination
- k. Ethics and health systems research, Professional ethical code of conduct in Uganda (Doctors, nurses, allied health professionals, counsellors etc), privacy and confidentiality, health rights and rights-based approaches

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References

- Beauchamp T., Childress J., Principles of Biomedical Ethics, Oxford University Press, 2001
- Health Commission of the Uganda Episcopal Conference, Code of Conduct of Office Bearers and Personnel in Catholic Health Services, November 2002.
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- Bentham J. 35. *The Principles of morals and legislation*. Oxford: Clarendon Press; 1996
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BPHP 2217: Introduction to Computer Applications 2

Rationale:

This course unit provides the students with the skills to use a computer to enter and analyse research data. It requires a broad understanding of the common biostatistical methods and concepts used in the public health sciences. It requires knowledge of the interpretation of the concepts rather than merely knowing the calculations or mathematical details. In combination with their theoretical background, it widens the students' understanding of the application and utility of statistical packages in health research. The course unit therefore develops their ability to read scientific literature, to critically evaluate study designs and methods of data analysis. It provides an opportunity to revise basic concepts of statistical inference, including hypothesis testing, p-values, and confidence intervals. Other areas of study will include comparisons of means and proportions; the normal distribution; regression and correlation; confounding; concepts of study design, including randomization, sample size, and power considerations; logistic regression; and an overview of some methods in survival analysis.

There are many statistical packages that may be used for statistical analysis of data. A researcher first has to know what statistical tests he/she need to do before deciding on the package to do them. Since some of the said packages are commercial, caution is therefore required in the selection process. Freely available software may be as good as commercial software and save the researcher some resources. This course unit introduces the students to the decision-making process of how researchers come to decide on the statistical package to use for data processing in research. It introduces the most commonly available statistical packages used in public health research in Uganda. Computer packages may also be used for policy-making and the course gives examples of these packages. Teaching on this course unit will largely be based in the computer laboratory, with hands-on illustration of the different packages and statistical tests. The students will be required to enter data and analyse them practically using the different packages.

Learning outcomes

To enable students to:

- a. Decide on the most appropriate statistical package to use for different types of research
- b. Use the appropriate software package to conduct the desired statistical tests on data

Competences

By the end of the semester, the students should be able to use statistical packages to:

- a. Decide on the appropriate statistical tests for different circumstances

- b. Decide on the correct software package to apply the required test
- c. Issue the appropriate command(s) to conduct the required statistical test
- d. Decide on the most suitable method to summarise and present research findings
- e. Interpret differences in data distributions via visual displays.
- f. Calculate standard normal scores and resulting probabilities.
- g. Calculate and interpret confidence intervals for population means and proportions.
- h. Interpret and explain a p-value, Perform a two-sample t-test and interpret the results; calculate a 95% confidence interval for the difference in population means.
- i. Use STATA/SPSS/Epi-Info to perform two sample comparisons of means and create confidence intervals for the population mean differences, Select an appropriate test for comparing two populations on a continuous measure, when the two sample t-test is not appropriate.
- j. Understand and interpret results from Analysis of Variance (ANOVA), a technique used to compare means amongst more than two independent populations.
- k. Choose an appropriate method for comparing proportions between two groups; construct a 95% confidence interval for the difference in population proportions.
- l. Use STATA/SPSS/EPI-Info to compare proportions amongst two independent populations.
- m. Import and export data from or to different file formats

Course content

1. Application of statistical software packages:
2. Epi-Info,
3. SPSS and,
4. STATA

Assessment

This course unit will be assessed using group and individual assignments and exercises, and a computer-based practical examination at the end of the semester

References:

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- Joos, Irene., Smith Marjorie J, and Nelson Ramona. (2009). Introduction to computers for health care professionals, 5th edition.
- Parson, J.J and Oja, D. (2009). Interactive study guide to practical computer literacy.
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- Zagummy, M. (2003). The SPSS book: a student guide to the statistical package for social science.
- Acock, A. C. (2008). A gentle introduction to stata, 2nd edition.
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- Albern, M. (2002). Using Epi info 2002. A step-by-step guide
- Dean, A.G., Sullivan, K.M. and Soe, M.M. (2010). Epi info and openepi in epidemiology and clinical medicine: health applications of free software.

Year Two, Semester Two

BPHP 2218: Basic Epidemiology and Biostatistics 2

Rationale:

Epidemiology is the study of the distribution and the determinants of health-related states or events in specified populations, in given places and at given times. It aims at scientifically identifying and understanding the causes of health-related states or events. Such understanding leads to the elaboration of measures intended to promote, protect or restore health. Biostatistics is the application of statistical methods and techniques to health and health-related problems.

In order to understand the dimension of health problems, their nature and the means to address them through Health Promotion and Public Health interventions the basic knowledge of epidemiology is fundamental. Epidemiology and biostatistics are the tools used by public health officers, health promoters and health managers to appropriately collect relevant data, analyse, interpret and use them to make decisions affecting and protecting the health of entire communities.

The width and complexity of the epidemiological domain requires a gradual approach and for this reason two courses are dedicated to the subject: Basic Epidemiology and Biostatistics 1 in year one (first semester) and Basic Epidemiology and Biostatistics 2 in year 2 (second semester).

The second year course will build on the foundations laid during the first year course and will deal with more complex concepts. Statistical analysis, probability and probability distribution, inference and estimates of statistical significance will be covered. The use of epidemiological studies in health promotion and in health policy formulation, planning, implementation and evaluation will be also highlighted. Special References will be given to the situation in Uganda, East Africa and other sub-Saharan countries. The teaching of this course unit will be mainly through lectures, review of scientific papers and extensive exercises for group and personal use.

Learning outcomes

To enable students to:

- a. Acquire extra biostatistical and epidemiological knowledge and skills and apply them in their routine work
- b. Read and comprehend scientific papers written using common statistical measures

Competences

By the end of the semester, the students should be able to:

- a. Calculate and interpret the measures of central tendency and measures of dispersion,
- b. Determine and interpret confidence intervals around measures.
- c. Design and apply a sampling strategy for an epidemiological study

Course content

- a. Basic concepts of statistical inference: sample size determination, sampling techniques, using samples to understand populations, Sampling distribution, confidence intervals, hypothesis tests, p-values, statistical power, tests of association
- b. Basic methods: t-tests, chi-square tests, correlation, regression, Meta-analysis
- c. The HMIS dataset in Uganda
- d. Subtypes of epidemiology and their application:
- e. descriptive, analytic, clinical and lay epidemiology
- f. designing epidemiological studies

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

- Leon Gordis, Epidemiology, Saunders Elsevier, 2009
Ann Bowling, Research Methods in Health – Investigating health and health services, McGrawHill, 2009
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Mc Cusker J., Epidemiology in Community Health, AMREF, 2001
Moon G., Myles G., Epidemiology: an introduction, Open University Press, 2000
Lankinen K. et al., Health and Disease in Developing Countries, Macmillan, 1994 (Especially chapters 33, 35, 45, 46)

BPHP 2219: Health System Research 1

Rationale

Nowadays, resources to satisfy health demands are ever shrinking and yet the health demands are growing steadily. Moreover, the resources are distributed inequitably, with those who have fewer researchable problems having more resources for research and development, while those who have most of the health problems have very few resources. This inequitable distribution has been aptly described as “the 10/90 gap”, meaning that those with 90% of the problems have only 10% of the resources needed to research into the problems, and vice versa. This situation has been partly blamed on the lack of research capacity in developing countries, where either there is a shortage of people capable of doing high quality research. As a result, several research funding agencies require their own research institutions to engage in collaborative partnerships with researchers from developing countries in order to access research funds, as a way of capacity building. Even then, there is still a shortage of people qualified to be partners in research. It is hoped that this course unit will contribute to building this lacking capacity in the students.

Well conducted research can, if adopted, influence decision-making and policy. However, the evidence must be strong enough to be believed. Health promotion is one field in which strong research evidence is required before people can accept to change their behaviour. This course unit hopes to equip the students with practical skills and knowledge of conducting useful research that will be vital in facilitating the work of health promoters with decision makers and the community. The content on research methodology is spread out over two semesters. Throughout the two sections of the study i.e. HSR1 and HSR2, it is emphasised that the only research worth being conducted is the one likely to improve the significance, efficiency and effectiveness of the health system. There is great demand for a demonstration of the effectiveness of health promotion. The focus of public health and health promotion research must, therefore, be on practical solutions to priority health problems, especially the evidence of what works and what does not work. The approach must be action oriented and any research unlikely to lead to decisions should not be carried out. For that matter the users of all research types should be identified right from the beginning and involved in a participatory manner. The teaching of this course unit will be through lectures, tutorials and coaching. Students will analyse research done by others and practice writing their own proposals, conducting their own research and writing their own research reports. They will also be coached on dissemination skills.

Learning outcomes

To enable students to:

- a. Appreciate the different research paradigms
- b. Understand the importance of research in policy making
- c. Differentiate the types of research: pure [basic] vs. applied [operational]
- d. Know the features of health systems research
- e. Know the ethics of research
- f. Know the common health systems study designs

Competences

By the end of the semester, the students will be able to:

- a. identify and prioritise public health and health promotion problems for research
- b. write a review of scientific literature
- c. critically appraise scientific research documents basing on sound criteria

Course content

- a. Introduction to HSR (characteristics), Research methods, research paradigms, Types of research,
- b. Identifying and prioritising problems for research
- c. Analysis and statement of the problem
- d. Formulation of research objectives, Study Variables
- e. Searching and Reviewing available literature and information
- f. Data collection techniques and tools for quantitative and qualitative data
- g. Making a research plan
- h. Reading and understanding research findings
- i. Research Proposal and Report Protocols
- j. Participatory research, including participatory rural appraisal (PRA) techniques and tools

Assessment

During this course unit, the students will be assessed using group and individual assignments and exercises, field trips for practical sessions, they will write a research proposal and sit for a written examination at the end of the semester

References:

- Burton, D., (ed) (2000) Research training for social scientists. London: Sage.
- Denscombe, M. (2002). Ground Rules for Good Research. Buckingham, Open University Press.
- Denzin, N. and Lincoln, Y.(2000). Handbook of Qualitative Research, 2nd ed. London, Sage Publications.
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- Oliver, P (2003) The student's guide to research ethics Maidenhead, Open University Press.
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- Rea, LM. and Parker, R (2005) Designing and conducting survey research : a comprehensive guide 3rd ed. San Francisco, Jossey Bass.
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- Neale, J. (2009). Research methods for health and social care. UK: Palgrave Macmillan.
- Flick, U, (ed). (2007). Analysing qualitative data. Sage Publications.

BPHP 2221: Public Policy and Health

Rationale:

Policy development, planning and management are usually new concepts for health professionals. Policy-making, planning and management are not purely technical processes. They are political processes which need a careful balance of content, context and sensitivity to the actors and stakeholders. To achieve good results, familiarity with policy making techniques cannot be disjoined from political understanding and political sensitivity. The course attempts to clarify these links and clarifies on the importance of health impact assessment, as this is an essential tool in informing any policy development process. It also looks at health care reforms and the ethics behind them for, in the health sector, efficiency, per se, is not sufficient. Social justice, equity, protection of the poorest layers of society, are, all, essential and are addressed on the course unit. The teaching of this course unit will be mainly through lectures, tutorials, group work, individual assignments and reading scientific texts.

Learning outcomes

To enable students to:

- a. Know the contribution of politics, in the policy formulation process
- b. Analyse policy processes and identify key actors and organisations, especially governments at different levels, NGOs.
- c. Analyse concepts of power, empowerment and top-down approaches to public health
- d. Evaluate examples of practical interventions intended to produce healthy public policy.
- e. Analyse the process and factors affecting formulation and implementation of health policies
- f. Understand health sector reforms and their possible impact on health
- g. Analyse the current Ugandan Health Policy and the Health Sector Strategic Plan

Competences

By the end of the course unit, the students should be able to:

- a. Appraise the different models of making policy and how they can apply them
- b. Appraise the different political and ethical ideologies underpinning different policies and appraise them
- c. Interpret the implications of a policy
- d. Analyse critically how the various health policies are being implemented and the factors affecting their implementation, Appraise and understand health impact assessment

Course content

- a. Defining policy, Meaning and scope of health policy, Developing and making policy, Models of policy development, Policy agenda, political mapping and stakeholder analysis, Policy Advocacy, Policy debates and dilemmas, The role of values and ideology in policy making, Ethical values in health and other public policies
- b. Adoption and implementation:
- c. Policy analysis (health impact assessment), policy withdrawal and policy modification
- d. The Uganda Health Policy and the Health Sector Strategic Plan (HSSP I, II, and III)
- e. The Sector Wide Approaches (SWAs) and other aid instruments
- f. Other health financing policies:
- g. user fees, Social Health Insurance, Public Private Partnership for Health (PPPH), Community-based health insurance

- h. The integration of public and private health services in Uganda: Public-Private-Partnership for Health (PPPH) (e.g. The Uganda Catholic Medical Bureau (UCMB) mission statement: Policy and managerial implications for the delivery of health services, Diocesan health co-ordination in Uganda)
- i. Decentralisation and its impact on district health services in Uganda and its implications on HP
- j. The Health Sub-District policy
- k. inter-sectoral collaboration, The Uganda national development plan (UNDP), MDGs,
- l. International Aid and health
- m. the role and effect of international organisations (Multi-lateral Bi-lateral and NGOs) on national health policy (Structure, mandate and role of WHO, World Bank, UNICEF, IMF), AfDB
- n. health policy reform
- o. health laws and bylaws
- p. Regulation of healthcare practice: the roles of health profession councils: Nurses and Midwives council, Medical and Dental , ractitioners council, Allied Health Professionals councils, Pharmacy council

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

- Adams, L., Amos, M., Munro, J. (2002) *Promoting health, politics and practice*. London, Sage.
- Buse, K., Mays, N. and Walt, G. (2005) *Making Health Policy*. Oxford: Oxford University Press
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- Chapman, S. and Lupton, D. (1994) *The fight for public health : principles and practice of media advocacy*.
- Kemm, J., Parry, J. and Palmer, S. (2004) *Health Impact Assessment*. Oxford, Oxford University Press.
- Lee, K (2003) *Globalisation and Health*. Basingstoke: Palgrave Macmillan.
- Leon, D and Walt, G. (2001) *Poverty, Inequality and Health: An International Perspective*. 2nd Ed. Oxford: Oxford University Press.
- Milio, N. (1986) *Promoting Health through Public Policy*. Canadian Public Health Association
- Tones, K. and Green, J. (2004) *Health Promotion: Planning and Strategies*. London: Sage Publications.
- Tones, K. and Tilford, S. (2001) *Health promotion: effectiveness, efficiency and equity*. 3rd Ed. Cheltenham: Nelson Thornes.
- Walt, G (1994) *Health policy: An introduction to the process and power*. London: Zed Books Ltd.
- Roberts MJ et al. (2004): *Getting Health reform right*. New York: Oxford University Press

BPHP 2222: Project Planning and Management

Rationale:

A “Project” can be identified as “ ... a set of planned actions designed to bring about desired changes in a previously analysed situation through the achievement of pre-set objectives using previously identified resources and in a defined period of time”.

During the last three decades, we have witnessed an exponential increase in public and private sector projects in the health sector all over the world, but more so in developing countries.. Projects are a major employment sector for qualified health workers and many health services are delivered through projects. However, numerous projects have failed because of poor planning, unclear objectives, imprecise understanding of the problems involved and of the resources needed, poor or non-existent monitoring, weak leadership. To put it briefly, many projects have failed (and many still fail) because of poor management. Therefore, new graduates need to understand the rationale, preparation, management and evaluation of projects. Recent policy developments in the Health Sector seem to go against the “Project approach” of solving health problems. The “Sector Wide Approach” stresses the important of general budget support and many private operators have lost their former direct donor funding to general budget support.

Nevertheless, the government and several donors still recognize that, along with the SWAP Strategy, many projects will continue to be designed, planned, funded and executed for a long time. Especially in the Private Non For Profit (PNFP) health sub-sector. Hospitals and Lower Level Health Units (LLHUs) and communities capable of doing so, will continue to write project proposals and submit them to various donors in order to obtain funds to run some of their activities. This course trains the participants in the entire process of preparing for projects, implementing them and evaluating them. The teaching mainly comprises of lectures, tutorials, extensive practical exercises, visits to actual projects on the ground, and reading project documents.

Learning outcomes

To enable students to:

- a. Know Project-Cycle Management
- b. Know the details of preparing a project

- c. Familiarize themselves with the major components of a project proposal

Competences

By the end of the course unit, the students should be able to:

- a. Conduct a situation analysis for a project and write a detailed situation analysis
- b. Identify problems from a given situation analysis and suggest possible solutions
- c. Write a project proposal to solve identified problems
- d. Write a correct fundraising appeal
- e. Write concise, accurate and well-structured financial and activity reports for a project
- f. Conduct an evaluation of a project

Course content

- a. Projects versus programmes
- b. Project planning (including community participation), feasibility study for projects
- c. Project structure and the project cycle
- d. Project proposal writing and logical frame work approaches and ZOPP
- e. Leveraging resources, including budgeting: needs-based budgets and resource based budgets
- f. Project implementation and project monitoring and evaluation
- g. Rapid assessment and other Participatory Rural Approaches
- h. Most Significant Change Approach
- i. accounting for project resources (funds, personnel and materials), Accounting for results: activity reports
- j. project failure and project sustainability
- k. Stakeholder involvement in projects
- l. Procurement of project inputs and The environment: Influences of policies and politics on Projects

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

- Cusworth J.W., Franks T., R., *Managing Projects in Developing Countries*, Longman, 1993
- Kielman A.,A., Janovsky K., Annett H., *Assessing District Health Needs, Services and Systems, Protocols for Rapid Data Collection and Analysis*, AMREF – Macmillan, 1991
- Lankester T., *Setting up Community Health Programmes: a Practical Manual for use in Developing Countries*, Macmillan, 2000
- Mac Mahon R., Barton E., Piot M., *On Being in Charge*, World Health Organisation, 1992, (Second Edition).
- Rifkin S. B., Pridmore P., *Partners in Planning, Information, Participation and Empowerment*, Macmillan – TALC, 2001
- Schumacher E. F., *Small is Beautiful: a study of economics as if people mattered*, Abacus, 1973
- Sample Piggot C., *Business Planning for Health Care Management*, Open University Press, 2000

Year Two: Recess Term

BPHP 2223: Health Communication

Rationale

Communication is the interactive process by which people exchange, share, transfer information, ideas, knowledge, meanings and feelings. This “exchange” is done by using verbal and non-verbal messages. Good and effective communication implies the full understanding of what the various parties involved in an “exchange of ideas” actually mean and feel. It is the basis of positive interaction between human beings. Yet, it is rarely achieved. Many people think that the ability of communicating effectively is a sort of gift some individuals are born with. This may be true in some cases. However, proper training, underpinned by good theoretical and practical spheres can improve significantly the communication skills of almost anybody. For health education messages to be effective, they must not only be transmitted, received and understood, they must also be believed and accepted. For educators in general (and health educators in particular) being effective communicators is an obvious must. Health promotion relies heavily on the vital skill of communication, which is applied in its three spheres of health education, health protection and disease prevention. The health promoter needs to know his/her audience properly to be able to communicate effectively. This course unit will equip the student with the skills to analyse and know the different audiences to be addressed with particular messages, to design appropriate messages for different audiences, to deliver the messages effectively and to evaluate the effect of the messages given. Due to the wide scope and importance of health communication in the practice of public health and health promotion, this course unit has been spread out over two semesters, into two course units. This is meant specifically to impart detailed and in-depth communication skills and knowledge to the graduates so as to make them efficient health

communicators. The teaching on this course unit mainly relies on lectures and practical sessions in which the students analyse different audiences, design messages to suit those audiences and deliver the messages. They will also analyse the health messages designed by others to see their appropriateness.

Learning outcomes

To enable students to:

- a. Acquire knowledge and skills in all the different forms of the communication process.
- b. Know the different methods of communication and use them appropriately
- c. Appraise different communication media commonly used for transmitting health messages

Competences

By the end of the semester, the students should be able to:

- a. Select and use appropriate communication methods, and gather information from individuals or groups
- b. Choose and use the most appropriate communication methods and media for different circumstances and different target individuals and groups.
- c. Design appropriate IEC materials
- d. Critically appraise different IEC products available

Course content

- a. Communication defined and communication theories introduced, Body language
- b. Communication stages: The components of communication: source, message, channel, receiver, feedback, Common problems leading to poor communication and how to solve them: Active listening, Planning a communication session
- c. Advocacy, Negotiation, Interviewing skills and health literacy
- d. Factors affecting perceptions and understanding: Cultural aspects of communication, the dos and don't's of Face to face communication
- e. Introduction to counseling & guidance, giving feedback
- f. Working with groups: group dynamics
- g. Speaking in public
- h. Using mass media: radio, television, leaflets, booklets, newspapers, magazines, Posters and Internet etc.
- i. Social marketing: Needs assessment and analysing the situation to start from
- j. Developing and using IEC materials
- k. Communicating "bad news"
- l. Communicating health risks
- m. Planning and conducting a health campaign: barriers to communication: evaluating communication (individual communication, mass education campaigns etc), Communicating to different audiences

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips to health communication bureaux and media houses for practical sessions and a written examination at the end of the semester.

References:

- Thomas, K.R. (2006). Health Communication. Springer.
- Schiavo, R. (2007). Health communication: from theory to practice. USA: Jossey-Bass.
- Thorogood, M. and Coombes, Y. (eds). (2004). Evaluating health promotion: practice and methods, 2nd edition. Oxford: Oxford University Press.
- Seale, C. (2002). Media and health. London: Sage Publications.
- Rice, R.E., and Atkin, C.K. (eds). (2001). Public communication campaigns, 3rd edition. London: Sage Publications.
- Robinson, M. (2002). Communication and health in a multi-ethnic society. Bristol: Policy Press.
- Ellis, R.B., Gates, R.J., and Kenworthy, N. (2001). Interpersonal communication in nursing: theory and practice. London: Churchill Livingstone.
- Tones, K. and Green, J. (2004). Health promotion: planning and strategies. London: Sage Publications.
- Corcoran, N. (eds). (2007). Communicating health: strategies for health promotion. London: Sage Publications.
- Huble, J. (2004). Communicating health: an action guide to health education and promotion, 2nd edition. Macmillan Publishers Ltd.

BPHP 2224: Applied Health Promotion

Rationale

This course unit is intended to introduce the learners to the politics of health promotion and the application of health promotion techniques in the various settings. Politics and health promotion are often thought of as separate activities; however the different approaches to health promotion all reflect different political positions. Working in health promotion will, more often than not, entail one to become political. The politics emphasised here is not about party politics, but rather, it is the broader perspective of politics that encompasses the distribution and effects of power in societies. The health promotion structures, organisations, methods and content that are employed in the various settings of health promotion have political ideologies that underpin them. The concept of a settings approach to health promotion, first emerged in the 1980s, and the Ottawa charter (WHO, 1986) emphasised that health is created and lived by people within the settings of their everyday life, i.e. where they learn, work, play and love. It is in settings such as at school, at work, in our communities and in our contact with the health services that we spend most of our lives and it is these contexts/settings which need to be made more conducive for health. This course unit offers the students the knowledge and skills to analyse the health-promoting and health-endangering conditions in different settings. It also gives them the skills to navigate through the politics of each one of these settings, to be able to deliver health messages to the appropriate target groups and policy makers in those settings. The teaching on this course unit will comprise lectures, tutorials, review of documents and field visits to different settings in which health promotion may be conducted.

Learning outcomes

To enable students to:

- a. Familiarise themselves with the political ideologies that underpin health promotion practice
- b. Appraise the settings approach to health promotion practice
- c. Analyse the challenges to and enablers of health promotion in different settings

Competences

By the end of the course unit, the students should be able to:

- a. Link health promotion practice to the politics of different settings
- b. Design and implement health promotion interventions in the various settings
- c. To identify and apply appropriate methods and techniques of health promotion in the various settings

Course content

- a. The politics of HP: Politics: definition , Political ideologies; the politics of HP structures and organisation; the politics of HP methods; the politics of HP content; being political , the political economy of health
- b. politics without politicians
- c. Health promotion in the workplace: why the workplace is a key setting for HP; relationship between work and health; responsibility for workplace health; Promoting health at the workplace, Barriers to promoting health at the workplace
- d. HP in schools: why the school is a key setting for HP; relationship between schools, education, and health;
- e. the context for HP in schools; barriers for promoting health in schools; the health promoting school;
- f. effective interventions for school health; the concept of school health (as per WHO, school health in Uganda etc), promoting the health of school youth, school health services, school children as health promoters
- g. HP in neighbourhoods/communities: defining neighbourhoods; why neighbourhoods are a key setting for HP;
- h. the concept of social capital and its implications; healthy living centres; evaluating neighbourhood HP work,
- i. model households and model villages, Community Health workers and The Village Health Team (VHT) strategy
- j. HP in health care settings i.e. Health centres and hospitals: why health care facilities are a key setting for HP; responsibility for HP in health care facilities; the health promoting health facility,
- k. HP activities in health facilities
- l. HP within the National Health System: HP at Health Sub-district (HSD) level, HP at District level
- m. HP at National level, HP within non-public operators e.g. local NGOs and international agencies

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, practical HP sessions and a written examination at the end of the semester

References

- Naidoo, J., and Wills, J. (2000). Health promotion: foundations for practice, 2nd edition. London: Bailliere Tindall.
- Hubley, J., and Copeman, J. (2008). Practical health promotion. Cambridge: Polity Press.
- O'Neill, P. (2001). Caring for the older adult: health promotion perspective. London: W.B. Saunders.
- Kerr, J., Griffiths, A., and Cox, T. (eds.) (1996). Workplace health, employ fitness and exercise. London: Taylorand Francis.
- O'Donnell, O. (2001). Health promotion in the workplace. Albany, NY: Delmar.
- McPartland, P. A. (1991). Promoting health in the workplace. New York: Harwood Academic
- Blankinsopp, A., Panton, R., and Anderson, C. (1999). Health promotion for pharmacists. Oxford: Oxford University Press.
- Maville, J. (2001). Health promotion in nursing. San Diego: Singular Press.
- Webb, P. (ed.) (1997). Health promotion and patient education: a professional's guide. Cheltenham: Nelson Thornes.
- Minkler, M. (ed.) (1997). Community organising and community building for health. New Brunswick, NJ: Rutgers University Press.
- Henderson, P., Summer, S., You, C., and Raj, T. (2004). Developing healthier communities: an introductory course for people using community development approaches to improve health and tackle health inequalities. London: Health Development Agency.
- Gittel, R., and Vidal, A. (2002). Community organising: building social capital as a development strategy. Thousand Oaks, CA: Sage.

Year Three, Semester One

BPHP 2325: Occupational Health and Safety

Rationale:

Occupational Health is the promotion and maintenance of the highest standard of physical, mental and social well-being of workers in all occupations. The prevention and protection of workers from risks resulting from factors caused by their working conditions resulting in health-related illnesses is a statutory international law. It ensures that the placing and maintenance of the worker in an occupational environment needs to be adapted to his physiological and psychological capabilities. In summary, it is important to ensure the adaptation of work to an individual and of each individual to their job. Work is an important feature in being healthy, as it is a form of exercise and brings money to meet human needs. However, it is also, often, a source of many diseases and ill-health. The work environment can lead to disabilities or even death through accidents at work. Many of these are often not reported; especially in developing countries, partly because there is ignorance of the need to report, on the part of the casualties and their relatives. However, there is also ignorance of occupational illnesses on the part of frontline health workers and many such conditions go undiagnosed. In addition, many employers block health promotion efforts in their workplaces for fear of having an alert workforce which may demand for good working conditions and costly compensation in case of occupational illness or injury. The cost of making the work environment occupationally safe is also prohibitively high yet many employers only eye production targets rather than the health of their workers. Safety inspectorate and law enforcement to ensure compliance with safety regulations and standards are usually weak in developing countries. All these factors act synergistically to increase the frequency, prevalence and severity of occupational hazards and illnesses.

Good relationships between employees and employers are crucial if high safety standards at the workplace are to be met. Moreover, gender aspects at the workplace are particularly important as women (who make over 42% of the working population) are often exploited. The issues of child labour and human trafficking are a tragedy that is escalating around the world. The International labour Organisation estimates that over 250 million children are working in developing countries including Uganda, many in hazardous conditions. This course unit will expose all these issues and analyse in depth, to give the students skills to inspect and analyse the safety of different workplace settings. The teaching of this course unit will be mainly based on lectures, tutorials, review of documents, field visits and inspection.

Learning outcomes

To enable the students to:

- a. Understand the relationship between work and health
- b. Understand occupational hazards, their prevention and their control
- c. Identify gender-related abuses and injustices occurring at work and possible solutions

- d. Understand the global and local situation of child labour and to identify the types of child and human abuses
- e. Understand the reality and current situation of human trafficking and the health outcomes associated with it

Competences

By the end of the semester, the students should be able to:

- a. Demonstrate an understanding of the health hazards that can arise at work;
- b. Demonstrate an ability to assess risks relating to the health of individuals and groups;
- c. Analyse and apply the law relating to workplace health and safety issues; and compensation of workers
- d. Demonstrate an awareness and understanding of the objectives of business operations and their effects on occupational safety and health

Course content

- a. Definition, history and scope of Occupational Health
- b. Occupational Health and the law in Uganda: insurance of workers, social security, Workers' Compensation Act, The Employment Act
- c. Industrial relations and occupational health in Uganda
- d. The most common occupational hazards: noise, poisoning, vibration, temperature, light, radiation etc
- e. Occupational Health surveillance in places of work, Health and safety risk management
- f. Most common and important health hazards in different workplaces and occupations and their control:
- g. agriculture, small scale industries, drivers and riders (taxi, truck, long-distance truck, motorcycle/bodaboda etc), fishermen, Military , sex workers, health workers etc
- h. Occupational health and gender
- i. Child labour: the world situation and the situation in Uganda and East Africa and its effects
- j. The work of ILO, Confederation of Free Trade Unions (COFTU) and other similar bodies
- k. Human trafficking: extent, purpose and effects
- l. Occupational hygiene and Industrial occupational hygiene inspection, Occupational health surveillance
- m. Pre-employment medical examination and legislation for occupation health and safety
- n. HIV workplace policies (UMU- HIV workplace policy, post exposure prophylactic treatment etc).

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

Fundamental principles of occupational health and safety. Second edition (2008). Alli
 Occupational Health: Risk Assessment and Management (2009). Sadhra and Rempel
 Employment Law and Occupational Health: A practical Handbook (2010). Lewis and Thornbory
 Human Factors and Behavioural Safety (2007). Stranks
 Industrial Relations: Theory and Practice (2010). Colling and Terry
 Global Industrial relations (2006). Morley, Gunnigle and Collings
 Occupational health Psychology (2010). Leka and Houdmont
 Gender and Health: The Effects of constrained choices and social policies (2008)
 Occupational Hygiene (2005). Gardiner and Harrington
 Occupational Hygiene and Risk Management (2004). Tranter
 An Occupational Hazard (2009). Wrethman
 Occupational Health Law (2010). Kloss
 Implementing ILO Code of Practice on HIV/AIDS and the World of Work- An Education and Training Manual (. ILO
 Unbearable to the Human Heart: Child Trafficking and Action to Eliminate it (2003). ILO
 A Crime so Monstrous: A Shoke Expose of Modern-day Sex, Slavery, Human Trafficking and Urban Child Markets (2008). Skinner
 Oxford Handbook of occupational Health (2007). Smedley, Dick and Sadhra
 Fitness for Work: The medical Aspects (2007). Palmer et al

BPHP 2326: Sociology, Anthropology and Health

Rationale

Health and illness are interpreted variously in different communities, and the perceptions of the causes of ill-health have evolved over the centuries. Whereas many societies have evolved from traditional to modern allopathic medicine, many others still depend on complementary forms of treatment. In most cases, the treatment applied depends on the perceived cause of the illness. Thus, even people who use modern medicine frequently resort to traditional medicine for selected disease conditions. The interpretation of illness and its causes, the definition of health and what brings it about, disability and what brings it about all frequently vary between social classes in any given community. As a result, health workers (qualified or not) occupy a special position in different societies because of their ability to interpret symptoms and signs and prescribe and administer a cure to the ailments of people. The doctor-patient relationship is, therefore, one unique relationship among the relationships in society. In addition, informal carers e.g. the women, the elderly, grandparents etc have a special position in society. Conditions such as HIV/AIDS have further enhanced the demand and the actual and potential contribution of informal carers, as well as increasing their burden and exhaustion.

This course unit introduces the students to the concepts of disease and its causation, stigma due to illness, the role of the sick in society, the role of the different health care providers, the doctor-patient relationship, relationships between different professional cadres, professional autonomy and medical and social models of disability. It is essential that students of Public Health and Health Promotion have the necessary basic knowledge in the fields of sociology and medical anthropology because in the course of their practice, they will work alongside medical professionals and informal carers. They need to understand the concepts that inform such health workers because it shapes their behaviour towards patients and other health workers. The course unit also helps them to understand the position of the community regarding what seem to be dangerous health risks in the view of health workers but which do not seem to bother the community, and helps them to understand how to approach the community in order to change their behaviour. The emphasis is placed on how society and culture influence health. The teaching of this course unit is mainly through lectures, tutorials, field visits, community exposure and reading scientific texts.

Learning outcomes

To enable students to:

- a. To provide students with an introduction to an overview of major classic and contemporary works in the field of sociology of health and illness.
- b. To provide a forum for the discussion of controversies within this subfield, including debates about theory, substance, and methodology, and across various disciplines that are concerned with health, illness, and healing.
- c. To contextualize the course in ways that illuminate links between anthropology, sociology, public health and health promotion.
- d. To highlight health policy implications of medical sociology,

Competences

By the end of the semester, the students should be able to:

- a. Identify and define key concepts and distinguish several major theoretical approaches in sociology and medical anthropology.
- b. Demonstrate a very good understanding of how people in different cultures and social groups define and explain the causes of illness, and
- c. Demonstrate how responses to illness fit into broader ecological, biological, social, political, and economic contexts.
- d. Illustrate how social forces become embodied as pathologies and how specific local and global events influence health and disease among different populations.

Course content

- a. Definition and scope of sociology and anthropology
- b. Contribution of Sociology and anthropology to HP and PH
- c. Contemporary approaches in medical anthropology
- d. social structure and health
- e. Introduction to rural and urban sociology
- f. Individual and society
- g. Social systems, concepts of socialisation and social control
- h. Peasantry life, farming systems, population trends and changes in rural life

- i. Rural development
- j. community work and voluntarism in health
- k. Relationships between cultural and social structure and health
- l. Links between social stratifications(gender, ethnicity, social class) and health
- m. Access to material and immaterial goods (food, water, health services, education and etc) and their influence on health and wellbeing of individuals and communities
- n. social links between poverty and health
- o. power relations between health workers and patients
- p. power relations between different cadres of health workers
- q. the role of family in health care, non professional careres, self care and self medication, the extended family
- r. gender and health
- s. the role of Age in health (the role of children and the elderly)
- t. perceptions of health and illhealth
- u. Stigma in health and illhealth

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

- G. Scambler (ed): Sociology as Applied to Medicine
 R Detels, J McEwen, R Beaglehole, H Tanaka. Oxford Textbook of Public Health. Vol. 2: The Methods of Public Health
 Birchenall M and Birchenall P. Sociology as applied to nursing and health care. Baillière Tindall,
 Pope C and Mays N (eds.) Qualitative research in health care, BMJ Books
 Armstrong, D. An outline of sociology as applied to medicine. Butterworth Heinemann
 Boswell and Wingrove (eds) The handicapped person in the community. Open University Press
 C Barnes, G Mercer (Eds) Exploring the Divide: Illness and Disability. The Disability Press
 White P. (ed) Biopsychosocial Medicine 2005. Oxford, Oxford University Press
 Smaje C. Health, race and ethnicity, King's Fund
 Arber S and Attias-Donfut C (Eds) The Myth of Generational Conflict, London, Routledge
 Johnson P and Thane P (eds) Old Age from Antiquity to Post-Modernity, London, Routledge
 Gabe J, Kelleher D, Williams G. Challenging Medicine
 Salter B. The Politics of Change in the Health Service London, MacMillan
 Saks M. Professions and the Public Interest London, Routledge
 Nettleton S. The sociology of health and illness. Polity Press

BPHP 2327: Environmental Health

Rationale.

Environmental health looks at the interaction between human beings and the environment. The consequences and how we manage these interactions are crucial to our health and to the sustainability of the resources we rely on, for example population growth and water availability. Human beings do not live in a vacuum and everything we do affects our health and the environment either positively or negatively, for example planting trees as opposed to indiscriminately chopping them down. Over the years, the process of development has exerted extreme pressure on the environment globally and threatened the ability of planet earth to sustain human life for long. Natural resources have been either depleted or polluted by human activities. Several disasters with environmental and human consequences have occurred in the world over the years. Such environmental hazards have caused a great deal of ill health and disease and they must be prevented and their effects mitigated or even removed. Thus, a study of environmental health encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. Awareness and concern about this interaction has grown considerably especially after the Rio Conference on Sustainable Development and "Green conscientiousness" and many charters and conventions have been ratified in an attempt to ensure that we play an active part in preserving the environment. The teaching of this course unit will be through lectures, tutorials and field visits.

Learning outcomes

To enable students to understand:

- a. The interaction between humans and their environment and the effects of this on their health

- b. The relationship between development and environmental sustainability
- c. Policies and conventions relating to the environmental and health in Uganda and Internationally
- d. understand Environmental Impact Statements
- e. assess and manage risks in the environment

Competences

By the end of the semester, the students should be able to:

- a. Design environmental disaster preparedness plans
- b. Participate in the drafting of environmental protection policies
- c. Design and advocate for environmental impact assessments for projects
- d. Engage various stakeholders in the promotion and protection of the physical environment
- e. Conduct a sanitary inspection

Course content

- a. The state of the environment: Introduction to global environmental problems, Health and the environment, Sustainable development and environmental management
- b. Environmental Impact assessment of development projects and activities
- c. Poverty, health and the environment, Urbanisation and health
- d. The Uganda National Environment Management Policy
- e. The Uganda National Environment Action Plan
- f. Population and environment in Uganda
- g. Human settlements and housing
- h. Energy resources and their use in Uganda, Energy use in the health sector
- i. Farming systems and their impact on the environment in Uganda, Conservation of biodiversity in Uganda, Forest management in Uganda, Management of water resources in Uganda
- j. Food handling and food safety: Safe water supply, Water and disease: Water-borne, Water-washed, Water-based and Water-related (vector-borne) diseases
- k. Waste disposal systems: Waste disposal in Health Units and management of medical waste
- l. Conflicts, wars, forced population movements and the environment in great lakes region
- m. The Public Health Act. The National Environment Act, The Kampala Declaration on Sanitation, The Rio de Janeiro conference on sustainable development, The Copenhagen conference on climatic change, Basel declaration on persistent organic compounds e.g. DDT
- n. The role, mandate and activities of: international atomic energy agency, HABITAT international, UN environment programme
- o. carbon compensation and carbon sinks
- p. Environmental disasters: man made, natural, cholera outbreaks, unique situation e.g. in Rwandan refugee camps 1994 and Zimbabwe 2008

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

Environmental Science: A Global Concern (2008). Cunningham and Cunningham
 Essentials to Environmental Health (2006). Friis
 Environmental Health Policy (Understanding Public Health) (2006). Ball
 Environmental Health in the Tropics: An introduction text (1993)* Cairncross and Feachem
 Handbook of Waste Management and Recycling (2011). Letcher and Vallero
 Waste Management: A Reference Handbook (Contemporary World Issue Series) (2009). Vaughn
 Waste Treatment and Disposal (2005). Williams
 Waste Management Practices: Municipal, Hazardous and Industrial (2005). Piichtel
 Hospital Waste Management: Principles and Guidelines (2004). Mohd
 A Community Guide to Environmental Health (2008). Concint and Fadem
 Living with the Earth: Concepts in Environmental Health Science (2007). Moore
 Health and Environmental Impact Assessment; 7 (Health and Population) (2009) BMA
 Occupational and Environmental Health: Recognising and Preventing Disease and Injury (2005). Levy et al
 Toxic Exposures: Contested Illnesses and the Environmental Health Movement (2007). Brown
 Effective Environmental, Health and Safety Management using the Team Approach (2005). Taylor
 Environmental Health: Ecological perspectives (2004). Hilgenkamp
 Risk Assessment for Environmental Health (Public Health/Environmental Health (2007). Robson and Toscano
 Introduction to Environmental Impact Assessment: Guide to Principles and Practice (2006). Noble
 Environmental law (2008). Bell and McGillvray

BHHP 2328: Management and Organisational Theory

Rationale

The concept of Management is as old as the human race itself. Management refers to concepts of control and organization (Oxford Advanced Learner's dictionary). All over the world the demand for health services seems inversely related to the resources available to satisfy it. In poor countries, the rapid population growth, with increased need for social services is perversely matched by progressive cuts in spending in social sectors. Inefficiency and corruption make the situation worse. The importance of carefully, skillfully and honestly managing scarce resources cannot be overemphasized. Yet on the other hand, planning and management are concepts that have not been accorded enough emphasis for the majority of health professionals. Public health professionals and health promoters need background knowledge in planning and management in order to carry out effective public health interventions and to advocate realistically for health action. In today's dynamic society, while using the concepts of management, one must be able to anticipate changes and their impact and be able to take appropriate measures to deal with these changes. This is of paramount importance to public health workers as many changes are bound to take place in the communities and timely response may save many lives. However, the speed of response by organisations depends on their set up and internal dynamics. Health promoters and public health professionals in general often unrealistically expect speedy response from organisations with complex decision-making processes. Therefore it is very important for them to understand the different organisation types and to know how to deal with each type during their work, or to know which one they should set up if given the chance. The study of management and organizational theory is thus an important step in that direction for them. This course unit is intended to facilitate the learners with theoretical knowledge that will act as a foundation of other course units that are directly or indirectly linked to planning, management and, to a large extent, policy making which are vital foundations in the implementation of any public health intervention. Teaching on this course unit will mainly be through lectures, tutorials and practical exercises. Management videos will also be shown.

Learning outcomes

To enable students to:

- a. Know the basic principles of management
- b. Know the basic organisational theory

Competences

By the end of the semester, the students should be able to:

- a. Discuss the key management functions
- b. Identify the application of management functions in organisations
- c. Demonstrate mastery of all the stages of the planning cycle

Course content

- a. Organisations and their structure, organisational culture, organisational development,
- b. Definition and scope of management, the functions of management, management and leadership, theories of management, styles of leadership, strategic management, time management, change management
- c. Health planning: the planning cycle, planning theories, planning tools

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References

- Estrella M. et al. (Editors), Learning from change: issues and experiences in participatory monitoring and evaluation, International Development Research Centre, 2000
- Ian Brooks, Organisational Behavior: Individuals, groups and organization(4th Edition)
- Green A., An introduction to health planning in developing Health systems, Oxford University Press, 2007 (Third Edition).
- Jackson A. C., Donovan F., Managing to survive: Managerial Practice in no-for-profit organisations, Open University Press, 1999
- Kahsay H.M., Oakley P., Community Involvement in Health development: a review of the concept and practice, World Health Organisation, 1999
- Green A., An introduction to health planning in developing countries, Oxford University Press, 1999 (second Edition).
- Morgan C., Murgatroyd S., Total Quality Management in the Public Sector, 1994, Open University Press
- Reinke W., (Editor), Health Planning for Effective Management, Oxford University Press, 1988
- Semple Piggot C., Business Planning for Health Care Management, Open University Press, 2000

BPHP 2329: Health Programme Evaluation

Rationale:

The current public health and social policy context is rapidly changing, with policy initiatives resounding with terms such as ‘community engagement’, ‘social inclusion’, ‘equity’, ‘participation’, ‘empowerment’ and ‘evidence-based practice’ (Green and South, 2006). Responsibility for delivering the evaluation agenda ultimately resides with the public health workforce and puts pressure on practitioners to embrace new methods and ways of work. There is also unprecedented pressure to evaluate work and demonstrate achievement of targets. However, some years ago Pawson and Tilley (1997) likened evaluation to “a vast clumsy overgrown adolescent.....it does not know quite where it is going and it is prone to bouts of despair”. Whether it has matured into a sophisticated adult during the intervening years is debatable. However, it is indisputable that it has become much more pervasive and, some might feel, intrusive. Whereas in the past, evaluation tended to be confined to major programmes and so-called demonstration projects, it is now part and parcel of everyday professional activity. In both the public and voluntary sectors, the acceptance of funding, for even small-scale projects, carries with it the obligation to evaluate. This course unit is intended to introduce to the learners varying facets of evaluation methodology in the multi-disciplinary public health arena, so that evaluation could become an essential part of their daily work in whatever public health sphere they will be engaged in. It intends to introduce qualitative evaluation, to broaden the students’ paradigm from the common quantitative approach. The teaching on this course unit is largely through lectures, tutorials, reading of scientific texts and project reports and field visits to ongoing and completed health programmes and projects.

Learning outcomes

To enable students to:

- a. Identify different ways of assessing outcomes from a range of perspectives
- b. Understand how the principles of evaluation can be applied in professional practice

Competences

Students should be able to:

- a. Assess the effectiveness of health programmes, services and interventions which impact on individual and population health
- b. Engage in debates on the nature of evidence and methodologies for assessing effectiveness in Public Health and Health Promotion

Course content

- a. The purpose of evaluation; the scope of modern public health; internal and external evaluation
- b. Planning for evaluation: problem definition; solution generation; resource mobilisation;
- c. implementation; and evaluation
- d. Key stages, methods and types of evaluation: evaluation methods and types; balancing scientific design with practical need; stages of evaluation; Choice of evaluation method (quantitative and qualitative methods in programme evaluation); The timing of evaluation (formative, process and outcome evaluation); Writing evaluation reports; Dissemination and presentation of evaluation reports
- e. Preparing to be evaluated; Receiving and responding to an evaluation report
- f. Statistical concerns in Health Program Evaluation: Bias in evaluation, Sampling, response rate and representativeness, validity, reliability and data analysis
- g. Measurement in Health Promotion programmes: purpose of Health promotion measurement;
- h. Modes of measurement and data collection; Commonly used techniques in questionnaire design; Measurement error and its consequences; Different measures for different purposes; Feature challenges in measurement in HP

Evidence and practice (Critical appraisal of research and evaluation evidence; Getting evidence into practice): evidence on Health Promotion effectiveness, evaluation of MNCH interventions, The Most Significant Change (MSC) technique, Visualisation in Participatory Programmes (VIPP), Narratives, discourses, grounded theory and story-telling techniques, Participatory Rural Appraisal (PRA), Action Research

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

- Davies, H., Nutley, S. and Smith, P., (eds). (2000) What works? Evidence based policy and practice. Bristol: The Policy Press.
- Green, J. and South, J. (2006) Evaluation. Maidenhead: Open University Press.
- Brophy, S., H. Snooks, and L. Griffiths (2008) Small-scale evaluation in health. A practical guide. London: Sage.
- Tones, K. and Tilford, S. (2001) Health Promotion. Effectiveness, efficiency and equity. Cheltenham: Nelson Thornes.

BPHP 2330: Health Psychology

Rationale

Human beings are not just physical, somatic beings, but they are also psychological organisms, and they apply contextual analysis to interpret situations as they apply to their health. For individuals and communities, health and illhealth are viewed through contextual lenses. Social systems such as culture and family are as significant as cognitive motivational and emotional aspects of psychology because they influence human behaviour, which frequently appears contradictory to our expectations. People knowingly and willingly engage in risky behaviours which eventually lead to illhealth, either for lack of alternative action or for thrill, addiction or due to peer pressure. Health psychology attempts to integrate educational and scientific contributions to the promotion and maintenance of health and the prevention and treatment of illness especially through behaviour change. Adherence to treatment is a current concern globally, with multi-drug resistant infections e.g. TB, malaria and HIV on the increase, mostly due to inappropriate behaviour by the community, patients and health workers. This course unit attempts to facilitate the learners with the knowledge of how psychology theory informs strategies for health enhancement and the prevention of health damaging behaviours by all these stakeholders.

Health communication between health workers and clients is frequently poor because of lack of knowledge of what the other party believes to be the correct cause or treatment of health problems. The emphasis of this course unit is to demonstrate the links between psychology and the health of individuals and communities. The role of psychology in individual and community learning is earnestly harnessed as this forms the basis of health learning which is moderated through health education opportunities. The teaching of this course unit is mainly through lectures, tutorials, reading scientific texts and practical exercises in health behavioural analysis.

Learning outcomes

To enable student to:

- a. Analyze the role of psychology in interpreting and preventing illness and in promoting wellness.
- b. Compare different health behaviours, attitudes, outcomes, and illnesses from the perspectives of various theories.
- c. Describe the health challenges facing people at different periods in the life span.
- d. Discuss the role of health psychology as a profession that works with other disciplines to develop theory, conduct research, and engage in clinical practice.

Competences

By the end of the semester, the students should be able to:

- a. apply the major theoretical perspectives on behaviour (e.g., cognitive; behavioral; psychoanalytic; humanistic; biological).
- b. communicate effectively and professionally both orally and in writing, for behaviour change.
- c. integrate the theory, practice and current research of the field of Health Psychology by reviewing and discussing the fundamental and more recent contributions to the science.
- d. describe the science of the field of Health Psychology by identifying and discussing the interplay of psychological, biological, behavioral, and social factors in the study of health issues
- e. apply the basic tenets of Health Psychology to common health issues including both acute conditions and chronic concerns such as HIV disease, cancer, terminal illness, heart disease, arthritis, and diabetes.

Course content

- a. Definition and scope of psychology: Branches/perspectives of psychology: behaviourism, psychoanalysis, cognitive psychology, physiological psychology, environmental psychology, critical psychology, feminist psychology
- b. Health Psychology: Definition and scope, Why health psychology, The mind-body connection, Models of illness: Bio-medical, bio-Psycho-Social, Advantages of the Biopsychosocial model, Clinical implications of the Biopsychosocial model
- c. Health behaviour and primary prevention: Scope of health behaviours, Relevance of health behaviours to health promotion practice
- d. Practicing and changing health habits: intervening with children and adolescents, Intervention with at risk people, determinants and epidemiology of differences in health risks and habits
- e. Changing health habits: Attitude change and health behaviour, The Health Belief Model, Theory of Planned Behaviour
- f. Cognitive-Behaviour Approaches to Health Behaviour Change: Self-Observation and Self-Monitoring, Classical conditioning, Operant conditioning, Modelling, Stimulus control, The Self-Control of behaviour, Broad-spectrum of cognitive behaviour therapy, Stages of behaviour change, Changing

- behaviours through social engineering, Venues for health-habit modification, Health enhancing behaviours, Health compromising behaviours
- g. Stress and Its Effects: Nature of Stress, Stress as an everyday event, Perspectives on Stress,
- h. Determinants of stress, self-imposed stress, Culturally inflected stress
- i. Major types of Stress: Prostration, Conflict, Pressure, Change
- j. Potential effects of stress: Impaired task Performance, Disruption of Cognitive functioning Burnout, Post-traumatic stress disorders, Physical illness, Positive effects
- k. Coping with stress: Concept of coping and common coping patterns, Giving up, Striking out of others, Indulging yourself, Blaming your self, Using defensive Coping, Appraisal focused constructive coping, Problem-focused constructive coping
- l. Illness and utilisation of health services: Patient provider relations, Pain and its management, Management of chronic illness, Psychological issues in advancing and terminal illness, Heart disease, hypertension, stroke, and stroke, Psychoneuroimmunology, AIDS, Cancer, and Arthritis, Health psychology challenges for the future, Suicide and suicidal tendencies , Adherence to treatment

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester.

References:

- Brannon, L., and Feist, J. (2007). Health psychology: An introduction to behavior and health (6th ed.). Belmont, CA: Thomson-Wadsworth. (ISBN: 0-495-09065-4)
- Demotte, M. R. Martin L.R. (2002) Health Psychology. A. D. Person.
- Marks, D.F. (2000). Health Psychology: Theory, Research, and Practice. Sage Publications, Inc.
- Sanderson, C. (2004) Health Psychology. NJ: Wiley
- Friedman, H.S. (2002). Health Psychology, 2nd edition. Upper Saddle River, NJ: Prentice Hall.
- Gurung, R. A. R. (2006). Health Psychology: A Cultural Approach. San Francisco: Wadsworth.
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BPHP 2231: Human Resource Management

Rationale

As Peter Drucker put it, “*management is an organised body of knowledge*”, it is not just common sense or codified experience. Arguably, good management is a matter of knowledge, reflection, openness, incremental learning and, most of all, dedication and integrity. Managers are leaders. They are good only as far as the example they set is good. Management works through people. Effective management works through involved, informed, motivated and committed people. Material and financial resources are scarce and must be used in the most efficient and effective way. To do this, managerial tools and techniques exist and go through a continuous process of refinement and change. However, material and financial resources are used or misused, well managed or mismanaged by people. Analysing jobs and designing job descriptions, interviewing, selecting and recruiting personnel, are essential preliminary steps. They must be undertaken on the basis of clear thinking and long term vision. The mission statement of any organisation is only fulfilled if the people in the organisation are really involved in its management. The value added to any organisation comes from the sum of its people’s ideas, intelligence and innovative capabilities. The only effective and fruitful way of managing human resources is to promote their continuous development and growth. This human centred approach to management is stressed throughout the course.

This course unit is intended to facilitate the learners with knowledge that will help in working with people in order to effectively fulfill their goals. The teaching will be mainly through lectures, tutorials, group discussions, individual assignments and reading of selected scientific texts.

Learning outcomes

To enable students to:

- a. Understand with ease, the central role of human resources in the overall managerial process
- b. Know the labour-intensive nature of healthcare
- c. Gain insight into the human resource employment process

- d. Know different human resource management techniques
- e. Know staff appraisal methods
- f. Know human resource planning techniques
- g. Appraise and appreciate the global crisis in human resources for health
- h. Know types of organisational structure, and Leadership skills
- i. Gain insight into change and its management at individual, group and organisational level
- j. To understand the dynamics that make groups turn into performing teams
- k. Understand the need for and process of training needs assessment
- l. Appraise the Human Resources for Health Policy, and the Human Resources for Health Strategic Plan for Uganda
- m. Appraise the international labour laws and national laws of Uganda and regional countries

Competences

By the end of the semester, the students should be able to:

- a. write a job advertisement
- b. write a job description
- c. develop appraisal criteria for staff
- d. Analyse and critically appraise organisational structures
- e. analyse critically a given Human Resource Plan
- f. develop a Human Resource Plan
- g. Design an appropriate Organisational Structure
- h. Conduct a Training Needs Assessment

Course content

- a. People as resources (introduction to Human and Social Capital approaches)
- b. Managers Vs leaders, leadership styles, personality types
- c. The human resources cycle: Human resource planning, selection, recruitment, orientation, performance management, retention (appraisal, compensation, conflict resolution, incentives, payment mechanisms, payroll and salary structure etc), staff development, retirement and post retirement (social protection issues)
- d. Compensation management
- e. Conflict management
- f. Industrial relations (including trade unions)
- g. Labour laws: child labour, workers compensation act, employment act, trade unions, human trafficking, equal opportunities, migrant workers, the role of ILO

Unemployment and social protection

The global human resources for health situation; health worker migration, remittances, negotiation and persuasion, career planning and development, group dynamics, team work

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester.

References:

- Armstrong M., Human Resource Management Practice, Kogan Page, 2001 (8th Edition)
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BPHP 2332: Quality and Safety in Health Care

Rationale:

Health care, even in developed systems, always carries a degree of risk, to the patient/client and to the providers. Some of the risk arises from systemic issues such as the organisation and flow of decision-making processes, the

flow of resources etc, but it may also arise from employee attitudes, behaviours and other characteristics. The majority of the risk arises from errors in the design of equipment, processes and the function of the human being. Health care systems in both developed and less developed countries are plagued with dysfunction and under-performance in the effectiveness and quality and safety of care they provide. Studies on health care quality and safety illustrate large variations with respect to their impact and levels of success, measured between and within countries and between and within health care organisations. Also, harm caused by health care appears to be considerable. For example, it is estimated that each year over 1.4 million people worldwide suffer from infections acquired during hospital stays. In modern hospitals in developed countries, between 5% and 10% of patients acquire one or more infections from the hospital. The World Health Organization estimates that the risk of health care associated infection (HAI) in African hospitals is almost 2 to 20 times higher and can even exceed 25%. One key underlying factor is the lack of a culture of thinking about and working to improve quality and safety. Next to the human suffering caused by low quality and unsafe care, the financial costs of adverse events in terms of additional treatment, extra days in hospital and litigation are considerable with, for example, the UK spending £ 1 billion in lost bed days alone. It makes the price of low quality and unsafe care very high. It is for this reason that many healthcare systems in developing countries, healthcare professionals and others have started to develop and implement organizational structures and processes that enhance the quality and safety of care, through improvement of systems. The need for further shifting focus on quality and safety improvement is because countries additionally face demanding new challenges, such as HIV/AIDS treatment, drug-resistant pathogens, and a growing burden of chronic diseases.

Learning outcomes

To enable students to:

- a. Gain insight into and understand quality and safety related to their discipline, work practice and healthcare in general,
- b. Gain insight into essential issues for implementing change needed to improve the quality and safety of care within their own settings.

Competences

By the end of the course unit, the students should be able to:

- a. Develop essential health care quality and safety plans and proposals.

Course content

definitions of quality and safety: aspects of quality of care, perspectives of quality of care, quality assurance, continuous quality improvement, accreditation, patient and provider safety, human error and health and safety culture

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

Grol, R. Improving the quality of medical care: building bridges among professional pride, payer profit, and patient satisfaction. *JAMA*. 2001.

McGlynn EA. Introduction and overview of conceptual framework for a national quality measurement and reporting system. *Med Care*. 2002.

Baker GR, Norton PG, Flintoft V, Blais R, Brown A, Cox J, et al. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *CMAJ*. 2004.

Gaba DM, Howard SK. Patient safety: fatigue among clinicians and the safety of patients. *N Engl J Med*. 2002.

Davies HT, Nutley SM, Mannion R. Organisational culture and quality of health care. *Qual Health Care*. 2000.

Scott T, et al. Does organisational culture influence health care performance? A review of the evidence. *J Health Serv Res Policy*. 2003.

Pronovost PJ, et al. Evaluation of the culture of safety: survey of clinicians and managers in an academic medical center. *Qual Saf Health Care*. 2003.

Scott T, et al. Implementing culture change in health care: theory and practice. *Int J Qual Health Care*. 2003.

Waring JJ. Beyond blame: cultural barriers to medical incident reporting. *Soc Sci Med*. 2005.

Veillard J, et al. A performance assessment framework for hospitals: the WHO regional office for Europe PATH project. *Int J Qual Health Care*. 2005.

BPHP 2333: Introduction to Health Economics

Rationale

Everything has a cost. Nothing is free. When it comes to production, delivery and consumption of health services, there is always, along the line, someone who pays, in one way or another. Only by being conscious of costs, scarcity and choice, can health managers be effective. Understanding the mechanisms of supply and demand, the concepts of elasticity of demand and opportunity cost is essential to formulate and evaluate policy choices, plans and objectives. Understanding the limits of the market, on the other hand, is essential to plan a productive cooperation between public and private initiatives for health. In most countries in the world, it is known that resources for health care are insufficient and with growing populations and technology, increasingly so. Health financing is one aspect of health economics that, of recent, has gained in importance, with emphasis on collecting sufficient resources, equity in distribution of resources, and innovative purchasing techniques to obtain better use of scarce resources. The course will cover different types of costs met in health care. Cost analysis techniques, which are essential tools for evaluating how best resources are used, will also be covered, as well as cost-containment techniques.

The teaching of this course unit will be mainly through lectures, tutorials, reading scientific texts and extensive exercises.

Learning outcomes

To enable students to know:

- b. The basic principles of economics and health economics
- c. How these principles relate to the health sector goals
- d. The concept of equity and how it applies to the health sector
- e. The different financing and funding mechanisms
- f. Some methods of cost analysis
- g. Basic principles of economic evaluation

Competences

By the end of the semester, the students should be able to:

- a. understand non-specialist articles in the field of health economics and health financing
- b. evaluate the merit of different health financing and funding options
- c. analyse access, equity, efficiency and use of resources in their work environment
- d. appreciate the need for cost analysis and economic evaluation in their work environment.

Course content

- a. Definition of key terms: economics, health economics, scarcity, equity in health, health care rationing
- b. Introduction to macro and micro economics, Economics of health care, economic impact of illness
- c. Health planning and economics
- d. The social goals of government: Poverty (types, measurement, effects etc), poverty eradication Vs poverty alleviation/reduction strategies
- e. Millennium Development Goals and health of the population
- f. Demand, supply, elasticity and opportunity costs: The role of the market and the state in the provision of health care conditions for a perfect market, market failures
- g. Types of costs, cost containment in health care, cost analysis
- h. Different health financing options: community financing, health savings accounts, external aid, taxed based funding, social and private insurance, health equity funds etc
- i. Objectives and strategies for health financing in Uganda and their implications to health promotion
- j. Economic development, poverty and health
- k. Structural adjustment programmes and their implications to Health Policies
- l. User fees in Uganda
- m. National budgetary allocation to health sector
- n. Ethics and philosophy of health economics
- o. The role of health economics in evaluation of health promotion
- p. What contribution can health economics make to health promotion
- q. Economic evaluation techniques, health technology assessment
- r. Equity, Efficiency and economy
- s. Provider payment mechanisms

Assessment:

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

CSDH (2008) Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization.

Gottret P, Schieber G (2006) Health Financing Revisited, A Practitioner's Guide. Washington DC: World Bank.

McIntyre D (2007) Learning from experience: health care financing in low- and middle-income countries. Geneva: Global Forum for Health Research.

McIntyre D, Mooney G (2007) The Economics of Health Equity. New York: Cambridge University Press.

Poullier J-P, Hernandez P, Kawabata K (2002) National health accounts: Concepts, data sources and methodology. Geneva: World Health Organization

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Tan-Torres Edeyer T, Baltussen T, Adam T, Hutubessy R, Acharya A, Evans D, Murray C, eds (2003) Making Choices in Health: WHO guide to cost-effectiveness analysis. Geneva: World Health Organisation.

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WHO (2008) The World Health Report 2008. Primary Health Care: Now more than ever. Geneva: World Health Organisation.

Witter S, Ensor T, Jowett M, Thompson R (2000) Health Economics for Developing Countries. A practical guide. Oxford: Macmillan.

World Bank (2003) World Development Report 2004: Making services work for poor people. Washington DC: World Bank.

BPHP 2334: Food and Nutrition

Rationale:

Nutrition (also called nourishment or alimentation) is the provision, to cells and organisms, of the materials necessary (in the form of food) to support life. Many common health problems can be prevented or alleviated with a healthy diet. In turn, many health problems can be caused by taking excessive and imbalanced levels of certain food nutrients. Unlike plants, human beings cannot manufacture most of the nutrients that they need to function. They must eat plants and/or other animals as their sources of energy. Although nutritional therapy came to the forefront of the public's awareness in the late twentieth century, the notion that food affects health is not new. John Harvey Kellogg was an early health-food pioneer and an advocate of a high-fiber diet. An avowed vegetarian, he believed that meat products were particularly detrimental to the colon. In the 1870s, Kellogg founded the Battle Creek Sanitarium, where he developed a diet based on nut and vegetable products. It is important for a public health worker to have firm theoretical, and practical knowledge and skills to handle nutrition problems, given the fact that over 40% of the general population of Uganda is undernourished. Health promoters, for their part, are very crucial in educating people about what constitutes good and healthy food that should be eaten, in what quantities and what should be avoided or minimised. They also serve to advocate with policy-makers for the correct policies which have an impact on food availability and diet for the population.

This course will examine nutritional needs of individuals and communities. Emphasis will be placed on the relationship of diet to health and on the selection of food to satisfy needs. Emphasis will also be placed on the nutrition cycle as it relates to the life cycle, special dietary needs and nutrition sources. An attempt will also be made to engage the students in the steps and dynamics of policy making processes that address nutrition problems and issues. An underlying tenet is that, wherever nutrition problems exist, policy and program options may be enacted to address the problem directly (e.g. food subsidies to the poor) and/or indirectly (e.g. income generation or job creation).

For the purpose of this course, nutrition and food policy is viewed as a specific set of decisions with related actions, established by a government and often supported by special legislation, which address a nutrition or food problem or set of problems. We realize that the lack of an explicit government policy may represent an implicit "hands off" policy; however, explicit government policies will also be of major focus. A candid presentation of the importance of nutrition for maintenance of health and as a component of appropriate and effective health care and focusing on the introduction to basic principles of nutrition and nutrition throughout the life cycle will also be given emphasis. Introduction to diet therapy in disease states is integrated throughout the course, to enable students have practical and live experiences from those managing malnutrition. The teaching on the course will be mainly through lectures, tutorials, reading scientific texts and visits to health facilities and communities.

Learning outcomes

To enable students to:

- a. understand the relevance of a balanced diet to having a healthy lifestyle
- b. know the requirements of a balanced diet

- c. analyze the consequences of having an unbalanced diet
- d. analyze the consequences of a balanced diet in special circumstances e.g. Weaning, HIV +ve

Competences

By the end of this semester, the students should be able to:

- a. Promote food security and nutrition in the general population
- b. Engage various stakeholders in communities to prevent malnutrition
- c. Appraise the role of agriculture and its extension services in Uganda

Course content

- a. Concept of nutrition: Nutrients and other natural compounds in food, the balanced diet, Importance of nutrients and natural compounds, Local foods and their nutritional values, Community nutrition
- b. Assessment of nutrition status: anthropometric measurement, Other measurements of nutrition status
- c. Malnutrition: its causes, classification and its mgt: Protein-energy malnutrition (PEM), Vitamin deficiencies, mineral deficiencies, micronutrients deficiency
- d. Therapeutic Nutrition interventions: Nutrition in specific conditions: Breast feeding and HIV,
- e. adult nutrition in HIV, childhood nutrition, weaning practices, nutrition in pregnancy
- f. Nutrition health surveys
- g. Food and nutrition policies and food security,
- h. Large scale commercial farming,
- i. Agricultural mechanisation
- j. Drivers of malnutrition: food distribution, food storage, food preservation
- k. The role, mandate and activities of: World Food Programme (WFP), Food and Agricultural Organisation (FAO), The national bureau of standards (UNBOS)
- l. The effects of Fast foods
- m. Early warning systems on food security
- n. Prevention of pre harvest and post harvest food losses
- o. Value addition chains
- p. organic agriculture, genetically modified foods, Uganda's Plan for modernisation of agriculture (PMA), Agricultural extension system in Uganda, The role, mandate and activities of NAADS

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

- Food Safety Culture: Creating a Behaviour Based Food Safety Management System (Food Microbiology and Food Safety) (2008). Yiannas
- The HACCP Food Safety Training Manual (2006). Paster
- The Petit Appetit Cookbook: Easy organic Recipes to Nurture your Baby and Toddler (2010). Barnes
- Food Safety Governance: Integrating Science Precaution and Public Involvement (Risk, Governance and Society) (2009). Dryer and Renn
- Manual of Nutrition by Food Standards Agency (REF 342) (2008). FSA
- Nutrition for Life (2005). Campbell and Deen
- A Clinicians Guide to Nutrition in HIV and AIDS (2001). Fieldsgardener, Thompson and Rhodes
- HIV/AIDS, and Food and Nutrition Security: From Evidence to Action (Food Policy Review (2005). Gillespie and Kadiyala
- Essentials of Human Nutrition (2007). Mann and Truswell
- Handbook of Nutrition and Immunity (2004). Gershwin, Nestel and Keen
- Management of childhood Obesity (2008). Poskitt and Edmunds

Year Three, Semester Two

BPHP 2335: Maternal, Newborn and Child Health

Rationale:

The paradigm of maternal newborn and child health (MNCH) continuum of care is based on the hypothesis that the health and well-being of women of all ages, newborns, and children are closely linked and should be managed in an amalgamated way. This calls for availability and access to indispensable health and reproductive health services: for women from adolescence through pregnancy, delivery, and beyond; and for newborns into childhood, young adulthood, and beyond; because a healthy start can lead to a longer, healthier and more productive life (Sines et al, 2006). A continuum of care for MNCH can be defined in the facet of time (throughout the life cycle) and in the facet of place, or level of care. Women and children are the most vulnerable members of any society in

economic, social and health terms. High maternal mortality ratios and high infant mortality rates remain a persistent and big challenge to most developing countries.

This course unit is intended to introduce the learners to the basic health care services for newborns, children and women, putting in mind their strength and weakness, and the implications of the lack of these services to these categories of the general population. It addresses the key causes of marginalisation of these people, and their key causes of morbidity and mortality, and the solutions thereof. The teaching of this course unit is through lectures, tutorials and reading of scientific texts. Field visits will also be made to hospitals and health centres.

Learning outcomes

To enable students to:

- a. Identify major MNCH health indicators and appreciate the challenges of measurement and monitoring in diverse environments
- b. Identify the major governmental and non-governmental players --nationally and internationally
- c. Increase knowledge about key issues pertinent to the health of women, infants, and children
- d. Describe the historical background and contemporary trends of maternal and child health
- e. Explain the pertinent issues related to all aspects of women's health
- f. Describe the anatomical, physiological and pathological changes during pregnancy from preconception through birth to the end of the post-natal period
- g. Identify the most common complications of pregnancy including the causes of low birth weight and premature infants
- h. Discuss the factors related to newborn care including acquired problems, nutrition, feeding options
- i. Identify the common causes of morbidity and mortality among children

Competences

By the end of the semester, the students should be able to:

- a. Describe the major socioeconomic and biomedical causes of illness, disability and death in mothers and children in developing countries.
- b. Explain the importance of and key approaches to understanding community needs and involving the community in the design, implementation and evaluation of MCH programs.
- c. Design one component of an MCH program for a specific setting, including the following elements: assessment of needs, involvement of the community, SMART objectives, staffing/training plan, technically correct and culturally-responsive interventions, a budget, and a monitoring/evaluation plan.

Provide a critique of a proposal for an MCH program, based on its content, approach and presentation

Course content

- a. Definition of terminologies and scope of MNCH, the physiology of pregnancy,
- b. The continuum of care for MNCH: antenatal care, labour and maternity care, postnatal care,
- c. Uganda's roadmap to safe motherhood: the role of the three delays model
- d. Maternal and child health: Burden of disease; mortality, historical development of MCH services;
- e. MCH services in Uganda; the MCH package of interventions; the integrated management of childhood illnesses (IMCI); expanded programme of immunisation (EPI), its activities, logistics and monitoring;
- f. Neonatal and child health care services: cord care, breastfeeding, hypothermia, birth injuries, asphyxia, early child development, growth and milestones, weaning practices, immunisable diseases and immunisation schedules in East African countries
- g. The role, mandate and activities of the Uganda's national expanded programme on immunisation (UNEPI): routine immunisation and mass immunisation campaigns (child health days plus, national immunisation days (NIDs) and sub national immunisation days (SNIDs), the role and activities of UNICEF, the State of the World's Children report, the UNICEF – Government programme approach
- h. The recruitment, training, role and contribution of TBAs, and other voluntary health workers
- i. Fertility and population control, ethical dilemmas, the Cairo ICPD conference, the Maputo Protocol
- j. The role mandate and activities of international alliances: the new partnership for maternal newborn and child health (PMNCH)
- k. MNCH programme planning, monitoring and evaluation
- l. Child friendly environments
- m. The lost generation (5-13 years)

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

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- WHO. (2005). The world health report 2005: make every mother and child count. Geneva: World Health Organisation.

BPHP 2336: Health, Population Trends and Demography

Rationale:

Population is the foundation of our society. Population structure and its constant change affect social processes at both macro and individual choice levels. It is not an overstatement to say that there are always connections between population and social issues, e.g. over-population and poverty, over-population and global warming; immigration, border security and disease spread; aging, social security crisis and the health of the elderly, etc. This is an introductory course to the field of demography, with a focus on the health of the population. It looks at the impact of demographic transitions on the health of the populations and the ability of the state to assure health care at different stages of the transition. It is devoted to study the relationship between population and society from a global perspective. The course is designed to help students learn three basics of doing demography: a demographic perspective that connects population to social theories on how the world/society operate, an array of quantitative measures that characterize population and its changes, and a working knowledge of past and current population trends, along with their socioeconomic determinants and policy implications. It looks at issues of population control, the ethical issues surrounding population control (pro-life, in-vitro fertilisation etc), the measurement of population growth. Teaching on this course unit will be mainly through lectures, tutorials, extensive exercises, data searches and reading selected scientific texts.

Learning outcomes

To enable students to:

- a. Learn how to communicate, orally and in writing, about the quantitative characteristics of populations and their significance.
- b. Learn to critically assess empirical research and theoretical perspectives offered to explain regional and cross-national differences in demographic outcomes.
- c. Build an awareness of how the livelihoods of the world's populations are interdependent through a host of phenomena, such as migrations, the spread of infectious disease, and the shared threats to natural resources and the physical environment posed by population pressure on ecosystems.

Competences

By the end of the semester, the students should be able to:

- a. Understand the meaning and context of commonly utilised demographic data
- b. Critically understand how demographic data are gathered and analyzed,
- c. Locate, interpret and apply global and national demographic data, such as data collected by the US Census Bureau, World Bank, United Nations and its agencies, and other international organizations, Uganda Bureau of Statistics (UBOS) etc.
- d. Have working knowledge of worldwide variation in population structure, fertility, mortality, and migration patterns.
- e. Demonstrate sensitivity to how variation in social, cultural, economical and historical factors contribute to contemporary global demographic diversities, and acquire an ability to examine demographic differences using a comparative framework.
- f. Have quantitative skills that are essential for describing and analyzing features of population composition, distribution, and dynamics

- g. Practice reading, constructing, and interpreting quantitative measures that describe population and population change,

Course content

- a. Definition of key demographic terms and indicators,
- b. Sources of demographic data, methods of collection of demographic data, population projections, population structures,
- c. population growth: models of population growth, Cultural views on population growth, Population trends and their impacts on health, population control, Fertility rates, fertility control, Population and health indicators, Population structure, Mortality, fertility and migration, Demographic transitions
- d. Demographic and health surveys, multi indicator cluster survey (MICS), living standards measurement surveys (LSMS), Uganda national population policy,
- e. The role mandate and activities of: UNFPA, World population council, Family health international,
- f. Marie-stopes, Kolping societies
- g. Theories of population control, urbanisation and health, The Cairo International Conference on Population and Development (ICPD) and its aftermath, The Beijing Conference and its aftermath
- h. The work of the Uganda Bureau of Statistics

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

- Stillwell, J., Norman, P., Thomas, C. and Surridge, P. (2010). Spatial and social disparities: understanding population trends and processes, volume 2. Springer.
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- Preston, S., Heuveline, P., Guillot, M. (2000). Demography measuring and modelling population processes, EPZED, edition. Wiley-Blackwell.
- Newell, C. (1990). Methods and models in demography. The Guilford Press.
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- Siegel, J.S., Swanson, D.A. (2004). The methods and materials of demography, 2nd edition. Academic Press.
- Hinde, A. (1998). Demographic methods. Aheddern Arnold Publications.
- Rowland, D.T. (2003). Demographic methods and concepts. Oxford University Press.

BPHP 2337: Health in Humanitarian and Emergency Situations

Rationale:

According to figures published by the US Committee for Refugees and Immigrants in June 2007, at the end of 2006, about 13.9 million people around the world were Refugees and, according to the Internal Displacement Monitoring Centre, 25 million were Internally Displaced. This brings the number of uprooted people to a staggering total of about 38.9 million. In Africa alone, the Refugees were about three million and the Internally Displaced were between 10.9 million and 12 million. In Uganda alone, the Internally Displaced People (IDP) are estimated to be more than 1 million and the refugees about 200,000. These figures may change very rapidly and often differ according to the source. However, they give a fairly good idea of the magnitude of the problem. With the exception of Tanzania, all the countries in the Great Lakes Region of Africa have been torn by wars and internal conflicts. Without exception, all are affected by huge population movements of "forced migration" leading to the huge numbers of Internally Displaced People (IDP) and refugees. Whenever and wherever huge groups of people move suddenly and forcibly, and resettle in new communities or crowded together, they affect, among others, the existing health infrastructure and create a huge demand for additional services and resources. International laws governing the management of refugees and IDPs, as well as those governing refugees and local populations vary significantly and often cause conflict and accusations of unethical practice. The nomadic culture is prevalent in many African countries, imposed by adverse environmental conditions. Nomadic movements cause conflicts between the nomads and host populations, due to cultural practices like cattle raiding, and conflict over natural resources like grazing ground and water, as well as transmission of animal and human diseases. Their interaction with the environment and with the local population in the area of resettlement creates health hazards that must be recognised in order to be managed. In addition, nomadic communities are hard

to reach for health services and, as a result, usually have high mortality rates for the most vulnerable groups of women and children.

The risk of epidemics of previously known and emerging diseases is ever present in these circumstances. Unfortunately, these situations have become more and more frequent, more serious and more long lasting. Public health workers and health promoters must be equipped with the knowledge, the skills and the competences needed to address all these challenges adequately.

The teaching on this course is mainly through lectures, tutorials, video shows and reading selected scientific texts.

Learning outcomes

To enable students to:

- a. identify the causes of mass population movements
- b. familiarise themselves with the global and regional magnitude of mass population movements
- c. know the International laws governing the management of humanitarian situations and conflict
- d. know the local and international players in mass population movements
- e. know the health and other effects of mass population movements

Competences

By the end of the semester, the students should be able to:

- a. analyse and describe political, legal, cultural, social, environmental and economic implications of being and hosting refugees, displaced persons or nomads
- b. describe and take the most urgent steps in the initial emergency phase created by sudden population movements
- c. carry out a rapid situation analysis and to plan, deliver and manage the health services needed by refugees, IDPs and nomads on the move
- d. analyse the health effects of mass population movement

Course content

- a. Definitions of Emergency and Humanitarian situations,
- b. introduction to international humanitarian law: international human rights charter, International Conventions and Laws on Refugees
- c. The global, regional and local situation of refugees, Internal Displacement and IDPs, Resettlement of formerly displaced people, Refugees and forced migration, Nomadic culture and pastoralism, Understanding nomadic culture, Health effects of nomadism and response of the health system
- d. Complex emergencies: The international response to complex emergencies, definition and role of international community in complex emergencies
- e. The concept of "Disaster" and the principles of "Disaster preparedness"
- f. Refugee communities: political, social and cultural factors, Refugees and local communities, Refugee encampment vs. integration into local communities, Refugees and economics: from assistance to dependence, Refugees and human rights, Women refugees, Formal and informal education for refugees,
- g. Counting refugees: numbers, age, sex.
- h. Planning and carrying out surveys: Sudden population movements: health services in the emergency phase, Situation analysis and mapping
- i. Planning for the post-emergency health service, Planning and Management of a refugee camp, Managing resources in a refugee camp
- j. Examples and discussion of some tools used in refugee camps
- k. Water supply, sanitation and waste disposal in refugee camps
- l. Communicable diseases and epidemic prevention and control, Control of sexually transmitted diseases and AIDS among refugees, IDPs and nomads
- m. Measurement of excess mortality among refugees, IDPs and nomads
- n. Nutrition of refugees, IDPs and nomads
- o. Curative health services for refugees, IDPs and nomads
- p. Reproductive and child health care among refugees, IDPs and nomads
- q. The journey home: Repatriation and resettlement
- r. **Assessment**

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

De Waal A. (Editor), Who fights? Who cares? War and humanitarian action in Africa, Africa World Press Inc., 2000.

5. Hyndman J., Managing Displacement: Refugees and the Politics of Humanitarianism, University of Minnesota Press, 2000.

United Nations High Commissioner for Refugees, The state of the world's refugees: fifty years of humanitarian action, Oxford University Press, 2000

Pan American Health Organisation, Natural Disasters: Protecting the Public's Health, World Health Organisation, 2000.

Schneid T.D., Collins L., Disaster Management and Preparedness, Lewis Publishers, 2001.

Taipale Illka, Editor, War or Health? , Zed Books, 2002

Pavignani E. and Colombo S [2004] Analysing Disrupted Health Sectors - A Toolkit

BPHP 2238: Promoting the Health of Special Groups

Rationale:

While targeting the health of the general population, the health of special population sub-groups is often neglected. Such sub-groups include the elderly, adolescents, orphans and vulnerable children (OVC) and people with disabilities (PWD). Their health is more often a concern for human rights advocates but not for policy makers. This course would like to bring their cause to the policy agenda through appropriate training of future policy-makers and carers. HIV/AIDS has killed many parents and guardians and contributed significantly to leaving many children orphaned and vulnerable to abuse and exploitation, to disease and hunger. With the break down of the traditional social networks of child protection, the population of OVCs in sub-sharan Africa continues to rise with many vulnerable child-headed households. Armed conflict has also involved children as soldiers, abductees or among displaced peoples. Therefore, many have been psychologically and physically traumatised. Despite the low life expectancy in many developing countries, there is still a significant number of elderly people in those countries. However, there are virtually no social services for the elderly in developing countries. Health workers are not even trained to handle the health problems of the elderly because there is no formal training in geriatrics. Many are neglected and end up with mental illness or premature death. Many have turned into carers of their children dying of HIV/AIDS and even remained with orphans. Many people with disabilities are discriminated against directly and indirectly. They are denied many opportunities in life and even social services and infrastructure are not sufficiently adapted to meet their special requirements. Adolescents have special health needs in the transition from childhood and preparation for adulthood. They need a lot of understanding and support to undergo this transition successfully.

This course unit raises the participants' knowledge about these groups and equips them with skills to provide the services needed by these special groups. The settings approach to health promotion highlights other special groups of people that need the skills of health promotion to fulfill their dreams and be active and productive citizens. The teaching on this course will be mainly through lectures, tutorials, case studies, assignments, visits to child protection centres, visits to individuals in these special groups in the community, visits to rehabilitation programmes and through reading scientific texts.

Learning outcomes

To enable students to:

- a. know the existence and important potential contribution of these special groups to the development of society
- b. develop a rights-based approach to health
- c. be know the key theoretical and practical concepts in working with special groups
- d. know and be able to identify the special needs of these groups and be able to offer support and facilitate them to be valued citizens

Competences

By the end of the course unit, the students should be able to:

- a. design and implement health promoting interventions for special groups, and mobilise resources needed for implementing the interventions
- b. advocate and lobby for the interests and needs of special groups
- c. participate in the policy processes meant to uplift and safeguard special group needs

Course content

- a. Targeted groups are: The Elderly, Adolescents, People with Disabilities, Orphans and Vulnerable children
- b. Rationale for targeting special groups
- c. Critique of targeting as a health promotion/public health strategy
- d. Definition of key concepts and terms
- e. Vital statistics of four major groups identified for targeting, nationally and internationally

- f. **Older people:** Theories relating to aging; sexual health and ageing; relationships between gender, health and ageing; health promotion interventions/strategies for the elderly; personality and cognitive changes in the older people, prevention of falls among the elderly, degenerative and connective tissue diseases,
- g. Chronic and non-communicable diseases in the elderly, sexual dysfunction, urinary obstruction, social protection and social care for the elderly, homes for the elderly.
- h. **B.People with Disabilities :** Disabled persons: classification of disability, motor and sensory disability, Cerebral palsy and birth asphyxia, People with learning disabilities, access to services by the disabled (disability-friendly services), the role, and activities of the disability prevention and rehabilitation programme in MOH, the role and activities of National Union of the Disabled Persons of Uganda (NUDIPU) and others e.g. Uganda National Association of the Blind (UNAB), Uganda National Association of the Deaf (UNAD) and Uganda Epilepsy Association (UEA), the national Disability policy for Uganda, special needs education e.g. sign language, Braille etc, Disability rehabilitation e.g, the making of prostheses
- i. **Adolescents:**pubertal changes and their implications, peer pressure, drug abuse, adolescent and sexual reproductive health, Adolescent-friendly services
- j. **Orphans and vulnerable children:** juvenile delinquency, child-headed households, adoption and distance adoption, child trafficking, child abuse and child sexual abuse, child sacrifice, street children, Unaccompanied minors during conflict

Assessment

Students undertaking this course unit will be assessed using group and individual assignments and exercises, field trips for practical sessions and a written examination at the end of the semester

References:

A Generation at Risk: The Global Impacts of HIV/AIDS on Orphans and Vulnerable Children (2005).
 Williams et al Interventions for Orphans and Vulnerable Children at four Project Sites in South Africa (2008).
 Setswe and Skinner
 Situational Analysis of Orphans and Vulnerable Children in eight Zimbabwean Districts (2008). Chandiwana
 Vulnerable and Disconnected Youth: Background and Policies (2010). Neumann
 Creating Responsive Environments for people with profound and Multiple Learning Difficulties (2006). Wane
 Smart kids with Learning Difficulties: Overcoming Obstacles and Realising Potential (2006). Weinfield et al
 If only I'd known that a YearAgo 2009:
 A Guide for Newly Disabled People, their Families and Friends (2009). Gaskell
 Creating Livable Communities for are for People with Disabilities (2010). Vanags
 Being Old Is Different: Person Centered Care for Old People (2007). Pörtner
 The Adolescent period: Its Features and Management (2008). Starr

BPHP 2339: Graduation Project

Rationale

Many undergraduate programmes require their students to write a dissertation as part of their requirements. However, the preparation of undergraduates for this task is not sufficient because there are very many concepts that undergraduate courses are not designed to impart to students. As a result, many undergraduate dissertations, though costly in terms of supervision time and financial costs, produce unusable data due to the poor quality of the studies. Most of them end up off the shelves because university libraries cannot even display them for local consumption. This course will differ from the rest by equipping and requiring the students to produce a project proposal as the final graduation project. The proposal, to be prepared on a topic in the field of Public Health and Health Promotion, will be about a concrete problem identified by the student. It will contain a feasible, original, innovative solution to the said problem. It will be written in a professional and scientific manner, ready for financing and implementation. The purpose of this project is to equip the students with the skills to be innovative and to provide concrete solutions to health problems faced by the communities where they will live or serve after graduation. Such skills will make them not only problem-solvers but also job-creators upon graduation. The students will be assigned a personal supervisor for their project.

Learning outcomes

Competences

Course content

This should take on a solution-based design, which will be characterised by:

- a. concept development (develop something practical or solution based project, e.g. radio campaign programme etc)
- b. The student should rely on all practical knowledge gained during HSR1 and 2 such as:
- c. proposal writing

- d. data collection and analysis
- e. writing the report and etc
- f. The dissertation report should be submitted by April of the graduating year.

Assessment

The assessment will be the final draft of the project submitted by the Students to the faculty in april of every graduating year.

Teaching and Learning Methods

Exposure to, analysis and discussion by participants of their experiences is one of the most useful and enriching teaching and learning methods used throughout the course.

Interactive lectures, case studies, problem analysis and problem solving, practical exercises, guided sessions with audiovisual aids, are the main teaching methods. Students will frequently be given articles, studies and reports to read and summarise in presentations. They will also be frequently asked to write and present short summaries of articles. Students are involved in community work to enable them to consolidate the health education modules as well as contribute to the improved community health in the immediate surrounding community and other areas.

Whenever possible and advisable, course participants are facilitated to attend, together with academic personnel, conferences, seminars, workshops or other relevant events taking place in Uganda and elsewhere. Such participation is followed by plenary presentations of what was learned. Participants are also taken on visits to selected health units and other health establishments to get a hands-on experience of the situations they study in class. After each visit they are requested to write a short report on a specific topic, concerning the visit, previously assigned to them. Individual learning, using the library, the Internet, the mass media, peer discussions and interaction, is stressed and encouraged throughout the course.

Learning Resources

The Existing Learning Resources in the Faculty of health sciences will be utilised. However, the Faculty is also embarking upon the expansion of the reading material through the purchase of new books. The recently expanded bandwidth for internet connection will also be exploited fully by the students and staff. A simple public health laboratory will be set up initially to enable the staff to demonstrate some of the specimens discussed in class e.g. disease vectors etc. Plans are underway to set up a more comprehensive teaching laboratory with support from our partners.

Implementing the Curriculum

The curriculum will be implemented majorly by both the staff and students of the FHS. At least 85% of the course units will be facilitated by the staff of FHS and the remaining 15% will require some external facilitators, especially in some specialised areas in the curriculum whose expertise might be inadequate in the FHS and to expose the students to other teachers.

Monitoring and Evaluation of the Curriculum

This will be the responsibility of the FHS, under the auspicious stewardship of the course coordinator in the faculty. Evaluation of course units will always be done by both the learners and the teachers at the end of each and every course unit. The final evaluation will always be conducted at the end of each and every academic year and thereafter put in practice what will have been recommedde in the next academic year. External evaluators will also be called in periodically.

Future Job Employment Opportunities for the Graduates

This course is aimed at preparing graduates for various career opportunities in the health system of Uganda, East Africa and Africa in general, the specific job opportunities could include: Working as public health officers and health promoters at various levels of the health system, at the ministry of health (Health Promotion division, and other departments at that level), at the district and health sub-district, managing health projects and health services initially at a lower level. Managing community health departments in hospitals, programme officers of public health and promotion activities in schools, factories, industries, and other sectors, teaching at various institutions having public health aspects e.g. nurse and clinical officer training schools, Programme officers in national, international and multinational organisations, including WHO, UNICEF and etc. The graduates of the programme would be suitable candidates to advance their career into medicine and nursing, and others may choose to proceed to Masters degree level in Public Health, Health Promotion or Health Services Management.